

Format for Report on end-line Outcome Measurement 2015 UFBR

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Introduction

General points for reporting

Chapter 1: Introduction end-line outcome measurement

Introduction of outcome measurement (in relation to the baseline)

Introduction of country program

Chapter 2: Methodology

Per indicator: Tools/instruments for data collection & Sampling

Data entry, cleaning and analysis

Limitations and evaluation of the end-line outcome measurement

Ethical aspects

Chapter 3: Results (per indicator)

In this reporting format the information required is stipulated per indicator. Mostly an overall table is required with additional narrative explanation. The detailed tables – e.g. per health facility or per community – are included and elaborated in the end-line Outcome Support tool. These detailed tables should be included as annexes to the report and the data are used to compile the overall tables which are included in this reporting format.

Per indicator, please write the following two paragraphs:

1)Presentation of findings (table with quantitative results & if relevant additional qualitative information)

2)Interpretation/explanation of findings (including comparison with baseline)

Result area 2 – Strengthening SRHR Education

Outcome Indicator 2.1 “% of the exposed target group has an increased capacity to make safe an informed decisions”

Please use this reporting table to document the results from the questionnaires. The (number of) questions differ per country. Please refer to your PME buddy about the precise calculation of the overall scores. Please note, that most of this this table will be filled in during the quantitative analysis workshop in the Netherlands (planned for mid-September)

	First measure	Second measure	Change	Significant? (t-tests) (YES/NO)
KNOWLEDGE				
GENERAL KNOWLEDGE (e.g. on HIV/AIDS)				
According to the law everyone has the right to choose their own marriage partner	45.5%	54.5%	9.0%	Yes
HIV/AIDS affects non-Muslims only	39.7%	60.3%	20.6%	Yes
AIDS is completely curable.	31.4%	68.6%	37.2%	Yes
It is possible for a healthy-looking person to have HIV	40.3%	59.7%	19.4%	Yes
Average score 4 questions	39%	61%	22%	
KNOWLEDGE CONTRACEPTIVES				
Can HIV/AIDS be prevented through the New, packed syringes	40.7%	59.3%	18.6%	Yes
Can HIV/AIDS be prevented through the New razors	38.5%	61.5%	23%	Yes
Can HIV/AIDS be prevented through the Screened blood transfusion	40.6%	59.4%	18.8%	Yes
Can HIV/AIDS be prevented through the Safe intimate interaction	35.7%	64.3%	28.6%	Yes
Average score	39%	61%	22%	
OVERALL SCORE KNOWLEDGE				
% score 0				
% score 1				
% score 2				
% score 3				
% score 4				

% score 5				
% score 6				
% score 7				
% little knowledge (= Index to be calculated during analysis workshop in September in the Netherlands)				
% good knowledge (= Index to be calculated during analysis workshop in September in the Netherlands)				
ATTITUDES (Rights-based sexuality attitudes)				
In my opinion girls should be allowed education equal to boys	47.7%	52.3%	4.6%	Yes
In my opinion I should have the freedom to choose my marriage partner	40.5%	59.5%	19%	Yes
In my opinion girls should be married before the age of twenty years	41.2%	58.8%	17.6%	Yes
In my opinion if boys cry it means they are weak	33.6%	66.4%	32.8%	Yes
Average score 4 questions	41%	59%	19%	
SCORE ATTITUDE				
% score 0				
% score 1				
% score 2				
% score 3				
% score 4				
% with "negative" attitude (Index to be calculated during analysis workshop in September in the Netherlands)				
% with "positive" attitude (Index to be calculated during analysis workshop in September in the Netherlands)				
SKILLS / BEHAVIOUR / EMPOWERMENT				
I am confident about speaking up in class	46.5%	53.5%	7%	Yes
I feel as valuable as other children in my class	48.0%	52.0%	4%	Yes
I always feel compelled to say yes to my family's decisions	27.1%	72.9%	45.8%	Yes
Average score	30%	45%	14%	
SCORE SKILLS/BEHAVIOUR/EMPOWERMENT				
% score 0	92.2%	7.8%	-84.4%	

% score 1	66.4%	33.6%	-32.8%	
% score 2	10.4%	89.6%	79.2%	
% little skills / empowerment (Index to be calculated during analysis workshop in September in the Netherlands)				
% sufficient skills / empowerment (Index to be calculated during analysis workshop in September in the Netherlands)				
OVERALL INDICATOR “CAPACITY TO MAKE SAFE AND INFORMED DECISIONS”				
% overall score 0				
% overall score 1				
% overall score 2				
% overall score 3				
% low capacity (Index to be calculated during analysis workshop in September in the Netherlands)				
% good capacity (Index to be calculated during analysis workshop in September in the Netherlands)				

For the results coloured in blue, please also distinguish between age and sex groups. If possible or applicable, you could also make comparisons based on educational level or marital status. Such tables could look like this:

Comparison base on Age and Sex Group

	Pre-test	2015 /post-test	Change	Significant?(t-tests) (YES/NO)
% good knowledge				
Girls 10-14	19.1%	85.0%	65.90%	Yes
Girls 15-18	27.8%	90.2%	62.40%	Yes
Girls 20-24				
Boys 10-14	19.4%	91.1%	71.70%	Yes
Boys 15-18	20.8%	77.3%	56.50%	Yes
Boys 20-24				

% “positive” attitude				
Girls 10-14	25.1%	80.8%	55.70%	Yes
Girls 15-18	36.8%	90.3%	53.50%	Yes
Girls 20-24				
Boys 10-14	14.1%	79.8%	65.70%	Yes
Boys 15-18	12.8%	64.9%	52.10%	Yes
Boys 20-24				
% good skills				
Girls 10-14	8.0%	65.0%	57.00%	Yes
Girls 15-18	5.3%	83.9%	78.60%	Yes
Girls 20-24				
Boys 10-14	12.3%	79.8%	67.50%	Yes
Boys 15-18	6.4%	68.7%	62.30%	Yes
Boys 20-24				
% good capacity				
Girls 10-14	1.1%	52.5%	51.40%	Yes
Girls 15-19	1.7%	75.0%	73.30%	Yes
Girls 20-24				
Boys 10-14	1.1%	65.4%	65.4%	Yes
Boys 15-18	0.0%	50.0%	50.00%	Yes
Boys 20-24				

Comparison base on school categories

	Pre-test	2015 /post-test	Change	Significant?(t-tests) (YES/NO)
% good knowledge				
Girls Public School	0.00%	91.70%	91.70%	Yes

Girls Private School	41.40%	83.80%	42.40%	Yes
Boys Public School	13.90%	77.00%	63.10%	Yes
Boys Private School	28.70%	91.50%	62.80%	Yes
% “positive” attitude				
Girls Public School	7.30%	93.60%	86.30%	Yes
Girls Private School	45.60%	78.80%	33.20%	Yes
Boys Public School	9.80%	59.70%	49.90%	Yes
Boys Private School	20.40%	86.90%	66.50%	Yes
% good skills				
Girls Public School	0.00%	94.50%	94.50%	Yes
Girls Private School	13.70%	57.70%	44.00%	Yes
Boys Public School	6.80%	75.40%	68.60%	Yes
Boys Private School	17.00%	72.00%	55.00%	Yes
% good capacity				
Girls Public School	0.00%	86.20%	86.20%	Yes
Girls Private School	2.20%	45.30%	43.10%	Yes
Boys Public School	0.00%	50.00%	50.00%	Yes
Boys Private School	1.90%	66.40%	64.50%	Yes

Comparison base on Cities

	Pre-test	2015 /post-test	Change	Significant?(t-tests) (YES/NO)
% good knowledge				
Girls Multan	26.30%	76.50%	50.20%	Yes
Boys Multan	27.10%	93.30%	66.20%	Yes

% “positive” attitude				
Girls Multan	38.30%	71.70%	33.40%	Yes
Boys Multan	13.40%	86.70%	73.30%	Yes
% good skills				
Girls Multan	7.50%	62.50%	55.00%	Yes
Boys Multan	9.20%	91.70%	82.50%	Yes
% good capacity				
Girls Multan	0.80%	43.30%	42.50%	Yes
Boys Multan	1.70%	80.80%	79.10%	Yes

Interpretation/explanation of findings (including comparison with baseline)

1. Explain the above findings based on the FGDs, interviews and the reflection workshop. Include the following in the narrative descriptions.
 - What are the major results in this indicator
 - What are the factors that contributed to this results, or the factors that constrained positive changes
 - What are unexpected changes and insights
2. Include all stories of change in a separate paragraph
3. Include the analysis of the FGDs, in the annexes of the report

Reporting sheet per FGD

Opinions about the CSE/SRHR education	Main opinions on process
	Main opinions on content
What have participants according themselves gained due to participation in the CSE/SRHR education	What gains?
	What has been the reason for(not) having gains?
Have participants according to	What change?

themselves realised changed in their personal lives because of the CSE/SRHR Education	What has been the reason for a (not) reaching change? What has been the role of the programme?
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FINDINGS OF FGDS WITH COMMUNITY IN MULTAN

Early Age Marriages

Practices in the Past

According to participants of FGDS, in the past most of children particularly girls were married at early ages. In rural areas girls were married as early as 12-13 years old. Some community members claimed that as many as 70 percent of marriages early ages marriages. Though they also noted that incidence of early marriages differed among different sub-groups e.g. Siraiki speaking people tend to marry their children earlier compared to Punjabi speaking population. Similarly, *Pathans* also marry their children at early age. Incidence of early age marriages is much higher in rural areas compared to urban areas. Even among rural areas there are differences. In remote rural areas with little access to education e.g tribal belt, incidence of child marriages is much higher compared to those rural areas that are closer to the cities and have better access to education.

FGD participants also identified some peculiar marriages practices. For example, in Chand community, a community associated with the profession of pottery making, children are engaged once they reach their first birthday. When they reach the age of 10 they are married or sent to their in laws home.

Changes regarding early marriages

Changes identified by the participants of FGD regarding early marriages can be divided into following two categories: 1) increased awareness and 2) changes in practices.

Increased awareness regarding negative consequences of early marriage

Awareness about harmful effects of early marriages is key to discouraging practices of early marriage. Whereas mid-term review report noted that communities considered any discussion on GBV issues, including early marriages, as being against their honour and pride, community members interviewed for the final outcome measurement actively shared their views about early marriages. This itself is an indicator of change. Discussions with male and female community members show that there is a significant increase in awareness about harmful effects of early marriages. The harmful effects identified by the communities can be divided into two major categories, 1) social and psychological effects and 2) health effects. Social and psychological effects identified by the participants include girls not being able to handle domestic responsibilities, lack of compatibility between husband and wife, weak social bonding of girls with their in laws, inability to meet expectations of in laws. These issues sometimes result in altercations between husbands and wife or with other family members, culminating in physical abuse or even in divorce. According to one of the participants of FGD, sometimes husbands mentally torture their wives to escape from family responsibilities. One harmful effect of early marriages identified by the participants is that girls after getting married at young age cannot continue their education.

Harmful consequences of early age marriages are not associated with girls only. According to an unmarried male participant of FGD, boys who are married young age cannot distinguish from good and bad. Since they do not earn an income, they cannot run their house properly and remain dependent on their parents. One of the participants shared his own experience saying that at the time of marriage he was a student and his wife was also immature. He said, as a result, all the expenses of his

wedding were born by his father.

Health related negative consequences identified by the community members include complications in pregnancy, miscarriages, complications in delivery and stillbirths and death of mother. Some women community members said they also learnt from Parwan interventions that children born to underage parents could also suffer from physical and mental abnormalities. According an unmarried male participant, if boys and girls are married when their body is still growing, it can affect their growth and their bones can get weak. Highlighting health related challenges resulting from early age pregnancies a women participant of FGD shared an example: *“there was a girl who was married when she was still studying in the middle (8th grade). After marriage, she had two or three miscarriages. When she finally had a pregnancy, there were complications in the delivery and baby could not survive.”*

Awareness regarding importance of consent to marriage

No data is available in the mid-term review report regarding perceptions of community regarding consent to marriages. However, discussions in FGDs regarding consent to marriage show that community members are more sensitized about consent to marriage than they were before. One of community members shared an example of a failed marriage and described the failure as the result of lack of consent to marriage. He described his experience saying “few days back a girl got divorced because the consent of boy and girl was not taken into account.” A group of women who participated in one of the FGDs said importance of seeking consent of parents was already well established, but consent to marriage by girls and boys is important and increasing gaining currency.

Changes in Practice

Community members believe that in recent years notable decline has occurred in the incidence of early age marriages. For understandable reasons perceptions regarding extent of decline differ. Many described the decline as “a lot” (*kafi faraq parha hay*), some chose to quantify the decrease and said that they had witnessed roughly 40 percent decline. The participants of FGDs also narrated examples of families cancelling their children’s marriages as a result of improved awareness about harmful effects of early marriages. For example an unmarried male community member said, *“a lot of change in thinking has come in most of people. My aunt, for example, had fixed marriage of her daughter who was barely twelve or fourteen years old, but later she cancelled the marriage and declared that she would marry her daughter once is she was more mature.”* Another participant reflecting on the changes in practice said, *“before Parwan programme girls used to get married in the age of fifteen or sixteen years, but now the girls are married in the age of twenty or twenty one. By this time, they also complete their studies and are mature enough to fulfil the responsibilities a wife is supposed to fulfil.”*

Another change related to early age marriage described by the participants is that men increasingly take women into confidence regarding decision-making; earlier they did not, said unmarried men group. Thus there is more room for negotiation and more space for girls and boys to influence decision-making through their mothers. Marriage was once considered as strictly private family affair, as noted in mid-term outcome measurement report, but because of increased awareness early age marriages are gradually seen a societal issue. For example teachers with a knack for social activism are trying to prevent early marriages. Such teaches when they hear about a case of early age marriage invite parents to school and try to convince parents change their mind. Occasionally they are successful as well. For example, one of the participants of FGD who served as a teacher in a local school in a village located at the outskirts of Multan city said that once he received an invitation for marriage. When he opened the invitation card he learnt that girl being married was one of his students studying in grade 7th. He said, he was shocked. He invited the parents to school and convinced them to desist from marrying their daughter, who was interested in studying further, from getting married.

The participants of FGD shared a number of examples highlighting their attempts to prevent early age marriages in their villages or in their neighbourhood. These examples mostly entailed stories of individuals trying to convince their relatives, neighbours and friends not to marry their children, particularly girls, at an early age. However, none of the examples reflected an institutional or organized response. Examples were limited to individual actions.

Attribution for Change

Project interventions seem to have played an important role in sensitizing communities about disadvantages of early marriages. It has also resulted in some changes in attitude as exemplified by the following quote from a discussion with married women:

“No I would never marry my daughter in this age because she is not old enough to take care of her children and husband. We are quite thankful to Awaz for giving us the knowledge and for informing us.”

Community members interviewed for the outcome mapping gave a lot of credit to Parwan interventions, particularly to Documentary and theatre, for increasing awareness about early age marriages. However, there is also a recognition that increased awareness about early age marriages is not limited to Parwan intervention areas. Having said that, it is also recognized that those who were exposed to the programme are more sensitized than those who are not.

It is important to recognize that one of the more important developments that has contributed to decrease in number of early age marriages is a law passed by government of Punjab that forbade *Moulvis* (religious leaders) from performing Nikkah. Some people in the village still circumvent the law by choosing not to register the marriage. But in case of divorce or dispute families cannot go to court of law if the marriage is not registered. Both the law and associated condition are serving as an important disincentive against early age marriages.

However, the question remains about value addition of Parwan. According to participants of FGDs and as well as other stakeholders change comes faster in Parwan intervention areas compared to other areas. Besides, reasons for decline in early age marriage practices in Parwan intervention areas are for more positive reasons than the fear of punishment.

Domestic Violence

Prevalence of Domestic Violence

According to women respondents for one reason or another domestic violence is present in almost every household in the area. One respondent estimated that at least 30% of husbands beat their wives, often on flimsy grounds, such as for getting out of the house or visiting their parents without their permission. Domestic violence was also reflected in the form of fights between parents and children and child beatings. The participants identified following reasons for domestic violence:

- Lack of family planning practices that results in large families and huge economic burden, which is not tolerable for poor families.
- Poverty and frustration caused by unemployment is another cause that leads to domestic violence.
- Age difference between husband and wife because young age girls are married to older men
- Girls are married at young age because parents are old or for some other reasons and they are unable to handle burden of domestic responsibilities

There is an increased sense among men and women community members, both young and older community members, that domestic violence is undesirable. Parwan interventions successfully created awareness about importance of maintaining friendly relations in families e.g. between husband and wife and between parents and children. Community members identified communication gap among family members, particularly between fathers and sons, as an important issue.

According to the participants, Parwan programme helped the communities to critically reflect on the situation and reduce domestic violence. The participants identified two strategies for reducing domestic violence i.e. 1) husband and wife respect each other and listen to each other, and 2) parents and children communicate with each other openly. According to one of the male respondents prior to the project intervention domestic violence issues were at the peak, but with project interventions, which also involved community activists visiting door to door to give awareness about domestic violence, incidence of domestic violence as decreased. A women community member reflecting on result of sensitization said,

“in our village domestic violence has come to an almost complete stop owing to proper sensitization. Yes, before sensitization, our husbands used to beat us. Now even if such a thought crosses their minds, they remember the meetings and discussions....the biggest example of this (changed attitude) is that our husbands have began calling us yar.”

This assessment probably overstates the impact of the Parwan. This may be an example of projecting ones positive experience on others. This might be true in her own case, and may of reflective some of the women she knows, but this cannot possibly be projected to all the community members. Following extract from a discussion of a married male community member shows that men are also sensitized about their role in domestic violence: *“Not only I used to beat my children, I did not give my son and daughter their due rights on property. I completely ignored them and did not share anything with my children and my wife, and I did not listen to my elders.”*

Puberty related information

There is a clear sense in the communities that parents should share information about pubertal changes with their children, fathers with sons and mothers with their daughters. The community members also recognized the role teacher could play in sharing such information. It appears that to some extent mothers and daughters share information with each other, but there is large a huge communication gap between fathers and sons. A women community member highlighting the importance of information sharing said, *“We should also share information with girls being married so that when the times comes they should not be scared. If the a girl does not have complete information she might not be able to develop a healthy relation with her husband.”*

Another women reflected same views by saying this:

“information regarding puberty should be given to our children. It is the responsibility of the mother to tell about puberty to her daughter. Mother should tell her that how can she take care of herself and clean herself, and cover herself. Information regarding puberty should also be given to boys separately. Otherwise, they might get involved in negative practices.... hence for preventing such a situation, information should given to them.”

Another married women participant said that she had heard from her cousin who lives abroad that *“children over there are trained and sensitized regarding puberty so that they do not get anxious and worried when they experience changes....there should be something like this here. Female teachers should be trained so that they can give information to their students. Sessions should be held for boys and girls and there should be some books and pamphlets.”*

Parwan Interventions

Of the Parwan interventions most talked about and appreciated were documentary, theatre documentary, sessions related to responsible father--in that order. Messages shared in the documentary and theatres seems to have left a deep impression. The extent to which documentary was liked by people can be gauged by the fact that in one of the FGDs a respondent claimed that 50-60% of change was the direct result of the documentary. Others in the FGD concurred with him. One person claimed that after watching the documentary one of their fellow community members was so inspired that he cancelled the planned marriage of his daughter.

Community members also mentioned different discussions and sessions organized by Awaz CDs. Theatre and documentary may have been most effective in conveying key messages, but ongoing discussions were important in preparing the ground to deliver lasting messages through documentary and theatre. One participant said, earlier that they knew what was wrong, but this programme (Parwan) showed them practically, which helped us understand the issues more. He said also helped them reflect on our past made them feel ashamed of our their past practices.

Comparing the information they received through Parwan interventions and information available on electronic and print media, particularly on TV, community members said *“those documentary videos changed us more than TV programmes could do in many years.” In a village one of the participants of FGD said “Awaz has been working with us for the past four years, while television came in our villages only a year ago. So we owe our information to Awaz. They told us to get our children educated, to take care of our health.*

Sustainability

Communities appreciated the Prawn interventions but argue that there should be more iterations of the programme in the same area and replication in other areas not previous reached by the programme. One of the participants captured this desire in these words:

“positive changes are occurring [as a result of the project activities] and we wish this program is arranged again and again.....to ensure that the lessons are not forgotten.”

Referral clinic

Community members remembered being told about the clinic, but none of participants of FGDs mentioned using services of the clinics. In some cases they were able to identify the clinic they were asked to visit to address any relevant issues; in others cases they did not know the location of clinic.

HIV/AIDS

Some people in the communities in Multan had not heard about HIV/AIDS before Parwan programme, and those who had heard about HIV/AIDS did not know what it was and what were the causes. Parwan interventions has contributed to significantly increase awareness about causes of HIV/AIDS and methods of prevention.

The community members mostly identified right causes, and but also some wrong causes. Their information about HIV/AIDS was not not accurate as that of students of target schools where LBSE syllabus was taught. The causes identified by the participants included, using blade used by infected persons, promiscuous behaviour, using previously used injections and transfusion of blood. They also knew that HIV/AIDS transmit from infected mother to child, from infected husband to wife and vice versa. One of the respondents also identified sitting with AIDS patients and eating with them as potential causes for transmission of HIV/AIDS. This was clearly the result of miscommunication and highlights the importance of reiteration of important messages.

Eve Teasing

Eve teasing was a common phenomenon in the communities. Participants also narrated examples of eve teasing. However, there was a culture of silence. Girls would not complain to parents because girls feared that instead of being listened to sympathetically they could be blamed for attracting the attention of boys. This could also lead to restrictions on mobility or discontinuation of their education. Therefore, it was more expedient to remain silent.

It appears that Parwan programme has made a contribution to break this silence as people have begun to talk about eve teasing. As a result of exposure to project activities girls have developed confidence. Earlier they would be subjected to eve teasing silently and would not complain, now some girls, if not all, have developed confidence to speak about eve teasing. An unmarried girl narrated her own experience in the following words:

“On my way to school a boy followed me and teased me. I went to school and told our principal about it. The principal went out, caught the boy and beat him. I wasn’t this confident before. I developed this confidence through my participation in the meetings and sessions.”

Key message community activities is that they should not stay silent. Unmarried girls and unmarried boys said that they learnt from the project that if the girls are teased they should speak to their parents and parents in turn should speak to parents of boy(s) involved in teasing. They said they have learnt that in some cases they can even gather a group of people from their neighborhood to speak to parents of boys involved in eve teasing.

As married women responding to the question what should parents do if their daughter is subjected to teasing said, *“They told us through theatre that girls’s parents should go to the boys’ parents and tell them about the situation and should solve this matter without any fight or dispute.”*

FINDINGS OF FGDS WITH SCHOOL STUDENTS, TEACHERS AND SCHOOL MANAGEMENT

Outcomes at School Level

Students are aware that purpose of LSBE curriculum is to teach them about life skills. They often refer to the LSBE curriculum with its Urdu name or the title of the book, Zindgi ki Maharatain (which is direct translation of the term Life Skills). When asked to name skills they were taught under LSBE or Dance for life they more or less name all the topics, though some remember more than others. The skills they were able to recall included: goal setting, decision-making, gender, human rights, feelings, protection, HIV/AIDS, relationships, emotions, self-respect, health, self-awareness.

Detailed findings related to topics surfaced during the FGDs are given below:

Decision Making

With respect to decision-making children says that have learnt from LSBE curriculum importance of being aware about the big decision in life, and that they need to have a say in those decisions. For students the big decisions in life include deciding whether to opt for science group or general group after 8th grade, decision regarding what do you want to become and decisions regarding marriage, such as when to marry and who to marry. Both girls and boys students admit that as result of exposure to LSBE curriculum, they are more sensitized than they were ever before about the need have a bigger say in decisions affecting their lives. However, they are cutely aware that having a say does not necessarily mean that they can take whatever decision they want to take. For example, both girl students as well as boys recognize that is imperative to take their parents views into account. They say, in case if parents’ decision appeared to be unfair, they know now that instead of fighting with them they should try to persuade them.

According to a girl student in an urban school in Multan *“decision-making means to decide something for yourself, [in doing so] everybody’ view should be considered. We should decide something after discussing it with parents. Like if a child wants to be something else and the parents want him/her to become a doctor, this shouldn’t happen. There should be a mutual decision regarding everything.”*

A girl explained her experience of reaching a decision regarding mutual agreement with parents:

"I wanted to become a religious scholar because I am a Hafiza, but my parents wanted me to go into medical field. Then I talked to them and convinced them that I don't want to become a doctor but a religious scholar and they agreed with me."

It would be simplistic to presume the before Parwan students were not consulted or their consent was not sought regarding decisions affecting their lives, but project has contributed to a heightened sense about importance of participation in the decision-making. Their expectations are high but so is their ability to make a plausible argument, it appears. One of the girl students laying down her expectations regarding her marriage said, *"often parents marry their children without their consent. I believe that my parents would ask for my consent when the time of my marriage comes."* She said, she believes, with increased knowledge and skills, she convinces her family.

Early Age Marriages

Both girls and boys students are aware of high incidence of early age marriages in their area, although they recognize that incidence of early age marriages is considerably lower in urban areas where families are more educated. Students admit that they gained knowledge about downsides of early age marriage as result of their exposure to LSBE curriculum. Harmful effects of early age marriages identified by students during FGDs were, negative health effects (girls can get weak), compulsion for girls to leave school after marriage, lack of compatibility with their spouse, and not being able to handle domestic responsibilities.

Interestingly, students do not only talked of appropriate age to marry, they also talked about importance of achieving educational goals before getting married. So merely delaying marriage is not enough. Responses of two girl participants underline this: One girls said, *"girls should be married when she complete their studies, like MSc, M.Phil."* Another girl said she believes, *"girl should marry after completing her Ph.D, probably at the age of 35.* This shows that a girl believes that they can delay their marriage to achieve education goals.

Even teasing

Both girls and boy students believe that eve teasing is common practice in their area. They said, as a result of LSBE syllabus they were more sensitized about the issue of eve teasing. They said through their exposure to LSBE curriculum they understood that if a girl is teased by boys she should not remain silent, rather she should talk to parents and people she trusts. A girl said she learned from the book that *"if someone teases us we should report it to our parents and teachers....we should not be shy and should tell our parents about it...if we do not share it with our parents and keep it to ourselves, it can lead to bigger problems in future...we read about this from the story book as well."*

Sharing information with parents with parents is made important by increased awareness about the issue eve teasing and proposed strategies to deal with it. Parwan not only engaged with students but in many communities it has also engaged with parents (both mothers and fathers), which has resulted in increased awareness among parents about eve teasing. One student highlighting increased awareness among parents said, *"parents have become very friendly. She said, earlier when they had any problem, they wont share it at home. For example, she sai, if she did not feel well, she hesitate to share, she would be scared to share. Now we are less hesitant in sharing information, she said. For example, there is this girl who would be teased by some boys on her way to school. Instead of keeping a mum about it she shared the information with teachers. Teachers called her parents and then together they caught the boys and gave them a stern warning."*

Some girl students, however, were conscious about potential negative consequence of speaking to parents. They suggested that this one-shoe-fit-all type strategy of telling parents might not be useful in all cases. They recommend that before sharing the information with parents, orientation of parents should also be considered. If there is a risk of being blamed for attracting negative attention of boys, they should not share this with their parents.

HIV/AIDS

LSBE curriculum has contributed to radically increase awareness about causes and prevention from HIV/AIDS among students, though **use of condom** does not figure in the discussion about prevention methods, the following extract from an FGD with female students is one of many examples shared by students that indicate increased awareness about HIV/AIDS among students:

“We know that this disease could be transferred through infected blood, if the infected blood touches the wound of a healthy person, he can contract Aids. It can also be transmitted through used syringes and used blades. It can also be inherited from parents. It can be transferred through sexual relations, if one of the partners have it. We know that this is a non-treatable disease. To prevent this disease, we should use a new blade and a new syringe. Should get the blood tested before giving it to a patient. Husband and wife should also get their blood tested.”

Some students had heard about HIV/AIDS others had not, but even those who had heard the term before did not know what HIV/AIDS actually was. They gave credit to LSBE classes for increasing their awareness about HIV/AIDS. A student credited LSBE curriculum with the following words: *“I had information regarding HIV as I studied it in biology but this book gave me a better understanding of the disease.”*

How is LSBE Curriculum Taught?

Curriculum is typically taught by teachers trained by Parwan project. Typically, teachers who were seen as competent and dedicated to teach the syllabus were selected by the management for training. Teachers teaching science subjects to higher classes were generally preferred, but this was not a mandatory requirement. In most schools, LSBE syllabus is taught by two teachers trained by Parwan project, in some schools other teachers are also given this responsibility by the school management. For example, in one of the schools in Multan syllabus is taught by four teachers-two trained teachers, an additional teacher and **principal of the school himself. Principal decided to teach himself because of his personal interest in the topic and his belief that giving this knowledge was very important.** Practices in terms of how LSBE curriculum is taught in different schools vary. LSBE classes were typically not reflected in the formal timetable for the school, rather an informal arrangement was reached by the school management with the respective teachers to teach the curriculum in their own classes. In one school LSBE curriculum was taught in specially arranged combined classes for 8th, 9th, and 10th grade. In one case, **head teacher of school lectured on specific topics in the assembly.**

Most students who took part in FGDs said they read the books **on their own** and said they found the book interesting. Syllabus is mostly taught to students of 7th to 10th grades; in few schools it is also taught to students of 6th grade, for example in Ujala School in Multan where it is also taught to students 6th grade.

Schools may not continue teaching of LSBE syllabus; some teachers are determined to share this information with students on their own. One of the teachers, for example, said she intends to give this knowledge to all the girls going through this age, although it is not clear at this stage whether this intent changes into practice or not.

Some teachers share information regarding LSBE with their colleagues, family members and relatives. For example, one of the teachers interviewed for the outcome measurement, when asked whether she shared this information with others outside the class, said, *“yes, we obviously had discussions [with other teachers] on this topic and we also talk about it with our relatives and also share this information with them. We do so because this is new and interesting information.”* Another teacher said she shared this information with her nephews, *“as they are growing up and I thought they should have this information.”*

Frequent load shedding makes it difficult to use Dance for Life Syllabus. This challenge was addressed by Awaz team by complementing the CD with the book.

School principals and teachers shared that they had received complaints from parents regarding LSBE curriculum. Complaints were mostly related to topic of puberty. School management addressed their complaints by explaining concept of LSBE and why it is important. One strategy some school used to reduce risk of further complaints was to stop sending LSBE books with students. Instead they kept the books in school to avoid what they considered undue exposure.

Gender Balance

LSBE allowed students to reflect on their own experience and experience of their families and sensitized them about gender relations. Both girls and boys recognize that women are typically discriminated against in Pakistani society. For example, a girl respondent talking about discrimination faced by women in Pakistani society said: *"Women are not given equal rights in the society. Men enjoy many rights in the society. Girls don't get the right to education and then right to work after completing their education. As women cannot play their role in the society to the fullest, Pakistan's progress is quite slow."*

A number of students reflected on gender imbalance in terms of distribution of workload at home. Their sense was that there was visible imbalance in distribution of workload in their homes e.g. girls bear greater work burden than boys. There were few students (both girls and boys) who said that gender imbalance is not quite pronounced in their households. Few respondents also said they had also seen some households where women tend to have an upper-hand, so much so that they even beat their husbands.

A boy student said that he learnt from LSBE curriculum *that a woman could also work outside home. He also said he was also sensitized that taking care of children should not be the sole responsibility of women. Men should share some responsibility and women should also work outside home, if she wishes to do so."*

Protection

As a result of participation in the LSBE classes' students are more knowledgeable about protection issues and strategies to avoid potential threats to protection. When asked to tell what did they learn about protection, they said they learnt about good and bad touch and bullying. They said they learnt that one potential source of threat to protection could be hanging out with older kids. When asked how can they identify possible threats, one student said "if older boys are bullying smaller boys, if they make fun of smaller boys, if they call them by funny names, if they use abusive languages, this indicates they are bullying." Students also recognize that they need to avoid unnecessary company of older boys; instead, they should be friends with children of their own age. They have also learnt that in case of any issue, they should share information with their parents, so that they can tackle this issue.

Information about Pubertal Issues

The topic related to Puberty was the most sensitive topic that had raised many eyebrows, yet this topic was found to be highly relevant and appreciated by students. Increased awareness among students about pubertal issues is highly remarkable. Students said they learnt from reading of the book and classes that puberty accompanies a number of changes, such as change in voice, increase in height, hair growth, and growth of moustaches and wet dreams. These changes also accompany psychological issues such as anxiety, stress, irritation and anger. They learnt that these are natural changes, which should not be a cause for concern and stress. Another girl student also mirrored these views with following words: *"yes the book talked about puberty. It told us about the physical and psychological changes a person goes through when she steps into adulthood. We get angry, anxious, irritated easily. It tells us that we shouldn't be scared of it and that we should talk about it with our sisters and mothers."* In majority of cases, students, both girls as well as boys, had not received this information prior to onset of puberty. As a result, when they experienced changes, i.e. boys had their first wet dreams or girls had their first periods, they were extremely confused about it. Some student had received some information from other sources e.g. in case of boys from friends, and in case of girls from mothers or elder sisters, but with the benefit of hindsight they realize that the information they got from other sources was less authentic. For example, boys said they were told about wet dreams, but in most cases wet dreams were painted as harmful from health standpoint. They said, in

LSBE classes they learnt that there was nothing to be afraid about it, because it is quite normal to have wet dreams at this age. One student narrated his experience of wet dreams: *"when I read this book, I got to know that wet dreams are normal. I was scared of it at first, but after reading the book I became calm and normal."*

At one level the LSBE curriculum has contributed to reduce communication gaps between students and parents and taught students anger management. By explaining the causes behind anxiety and anger and teaching how to communicate, LSBE has taught students to control their anger and helped them to establish good relations with their families and friends. A boy student said, *"The book taught me how to control my aggressive behavior. If anybody used to tease me in school, I used to get angry. Now I don't get angry."* A girl students shared similar sentiments, *"Earlier I use to be very close to my friends and would feel like staying or even going away from my family. After reading the book, I have felt relaxed and now I share things with my mother."*

One of the important lessons students said they learnt from LSBE is that they should communicate with their parents regarding all issues, including puberty related problems. They said they also learn that they can discuss on these issues with their teachers. For example, a girl discussing importance of sharing information with others said, *"the book tells us more comprehensively. Information is deeply explained. Our mothers used to tell us not to share this information with anyone, but after reading this book we learnt that it can be shared with teachers and friends, and there is no harm in sharing this information."*

Interestingly, girls feel more confident in sharing information with their mothers than boys do when it comes to sharing information with father. Most students who choose to comment on this said something to the effect that even though they realize that they should share information with their father, but they feel shy and it is not possible for them to overcome the communication barrier. This is reflected by an excerpt from a discussion with boys, *"yes it should be discussed with the parents. But we aren't that confident enough to have a discussion on these topics with our parents. We feel shy, that's why. We told them about the book but never discussed the topic of puberty."*

Increased Confidence

Increased confidence among students is an important outcome of LSBE. One visible indicator of increased confidence was students' openness and confidence in share information about even most sensitive topics with the consultant during the FGDs. Owing to a smaller sample a meaningful comparison is not possible, but girls appeared more confident and eager in sharing information than the boys. This is evidenced by a quote from a girl student, *"yes our confidence has increased. Before studying this book, we couldn't have thought about talking about these issues with a man. Now we can talk about this with you."*

Another indicator of increased confidence is sharing information with parents. According to a girl student, after their exposure to LSBE curriculum they have become very friendly with their parents. She said, *"first when we used to have any problem, we didn't share it at home, like if we aren't feeling well, we used to be hesitant and scared but now we can share about these things at home."*

Teachers also admit that LSBE curriculum has contributed to increased confidence of students. Principal of a private school talking about the changes he had noticed after LSBE curriculum was taught in the school said, *"I have seen drastic change in our students, children have changed a lot, rather, I would say, they have become mature now. They have become more civilized. The children of grade 6th to 10th grade have stopped showing childish behavior."* Another teachers also shared this opinion when she said, *"yes children have changed a lot. First they used to hesitate. Now they have started to talk about any issues they have."*

Changes in Teachers

Teachers selected and trained to teach LSBE curriculum have benefited in two important ways: 1) their knowledge of topics and issues has increased, 2) their confidence has increased largely owing to their participation in the training of teachers on LSBE curriculum, where they had a chance to do presentations in front of the whole group. One the teachers said,

“Now we can give presentations in the class. During the training, I was asked to give a presentation in front of the whole group about what I learnt. Before this I had never presented something in front of many people. I was very nervous at that time, but through training and refreshers, I increased my confidence and now I easily give presentations in my class as well.” (MSC Stories)

Another teacher talking about how their participation in the programme has changed her as a teacher and as person said, *“Our personalities have changed. We feel more confident now. We feel confident in delivering lectures now. Before this curriculum and training, we would hesitate to talk to our madam but now we are confident enough to talk to madam regarding anything. We also learn that we should deliver lecture according to the mental level or understanding of children.”*

Sustainability

The challenges to sustainability are captured by the following excerpt from an interview with a head teacher of a private school. When asked knowing that LSBE curriculum is very important to bring about positive changes in the lives of children, would he continue to teach LSBE after Parwan programmes comes to an end, he said, *“To be very honest, no. We won't be able to continue to teach this in our school. We might talk about it, but not that often. Until and unless this would not be a part of the curriculum, it would be difficult for us to teach it our school after the program comes to an end. We could give children information for another year through the used books, but that's it. It could not continue further.”*

Another teacher also shared his views:

“No it would be quite difficult because we need to have some motivation in order to go on. Awaz comes and increases our motivational level. If we won't have Awaz team visiting our school, our motivation would be affected. We could try, however, but it would be very difficult.”

TRANSCRIPT OF FGDS WITH CSOs

Focus group discussion with CSO

Participants: M. Jameel

Mr. Ameer Nawaz Malik

Mr. Shahid Ansari

Mr Raana Altaf

Grace Sania

Shahbaz Hussain

Misbah

Consultant: Aslam Aman

Organizations' Introduction

1. Taraki Pasand Organization: The organization is been working since last 10 years. It is working on different issues like advocacy lobbying, peace building, rights for minorities, etc. TPO has done 36 projects in ten years out of which 4 are from international donors rest from national donors. Geographic coverage, main outreach is in 3 districts, otherwise have worked in 17 18 districts.

2. Shaur Tarakiyati Organization: the organization works in different projects. It is more like a welfare organization. Through Parwan, we came into developmental sector and became more skilled and empowered. Currently the organization is working under 6 districts on different issues. Working in both rural and urban areas. Most of our work is with line departments.
 3. Society for Special Person: Mostly works for disability. With Parwan, the organization got a chance to work for something other than disability. The organization didn't work with any other organization. The last project of the organization was regarding active citizen. The organization has worked with USAid, Creative Solutions.
 4. Aman Welfare Organisation: The organisation got registered in 2008. The main component is of service delivery. Currently the organisation has its health centers running for the health care of mother and child. The organisation organizes monthly awareness sessions. Other than that dengue information, breast feeding information is given to people. Before Parwan, it was a village based organisation but after Parwan, it got upgraded. Now the organisation is working with different other organizations. The organisation is working in Lodhran, Kakharpur and Bahawalpur and giving awareness regarding right to information to people. The organisation is working on climate change as well. First MoU signed was with Awaz and Rutgers after which people started identifying this organisation.
 5. Shaujla Organisation: The organisation took its start through theatre performances on creating awareness among people. The organisation is working on art and culture, climate change. They have different projects. One of the projects is focusing on interfaith harmony in which they have established a Hindu school, a Muslim school and a Christian school and organize school visits among each other. Other than that a Citizens' First project is been run by the organisation which is working in southern Punjab and it gives awareness regarding human rights and citizen rights on local and national level.
- Why SRHR? Why SRHR is important? What activities did you perform? Where? What activities did you perform as part of the project?

Aman organization's core program is regarding health and it is currently working on its service delivery point hence we believe that SRHR is an important aspect of health and people don't know about it. We didn't have SRHR included in our policy but then we revised it and included this aspect as well. As our specialty is of service delivery, hence we took the service delivery part. We tried our best to provide counseling to people who were coming in the health centers because some of the issues can only be solved through awareness. We wanted to give counseling to women children and the youth because we have almost a group of 80 young people with us. To fully aware the people regarding it, we thought it an important issue to talk about.

Tpo-I visited transgender and sex workers during my field visits under a project that took place in 2006. There I got to know that they have their sexual and reproductive health affected really bad, and that they have no proper knowledge regarding it so then I realized that to work on such a topic is difficult. After that we conducted a study on HIV through PLYC and then I visited red light area and places like that, there I realized the need of information on SRHR. I even talked to a doctor friend of mine living in London, she said that it is the need of time and people should know about SRHR. In Child Rights Commission we also realized the importance of this topic. It is the need of society. So whenever we used to conduct any awareness session regarding any topic, we used to touch SRHR as well. So through Parwan we got to work on this topic. It is difficult in the initial stages to talk about this topic but then we had to convince them about the importance of info on such topic. Swiss Ambassador came in Multan and inquired that whether anyone is working on transgender, etc. or not and no one spoke up because people don't want to talk about such stuff. The reproductive rights of transgender and sex worker are been exploited.

STO- we thought that this is essential for society. Everything has SRH included in it. According to me when parents give information and guidance regarding the child's aims of life, he should aware him regarding SRH as well. Now even though we are sensitized, if we unpack the abbreviation SRHR, it includes the term Sex, and after hearing this term, we become concerned and feel odd. So when we went to our community, this work concerned them as well, then we used different tool and ways to give information regarding SRHR, now everyone including me is sensitized and fully aware of the importance of this topic. The community was blind regarding this topic. When we started

working on this topic, everyone opposed it, be it the media or the government or the religious scholar. We were tagged with Anti-state activities and it was said for us that we are taking the world towards sex. If people would have known about SRHR, the incident of Kasur would not have taken place. People are not sensitized so that's why child sexual abuse prevails in society. Ngos are working in different allocated communities and weren't working in every place. When Parwan alliance came into being, there were 12 organizations in the beginning, but then we were cut down to 10 and then those organizations that Awaz found are serious and passionate for their work, were only left. Now only 5 organizations are a part of Parwan Alliance. Then we focused areas and highlighted the issues and then budget for our activities was allocated. After sensitization, we didn't find any such issue. But still its really important to aware people regarding SRH and SGBV

Shaujla- well I believe that we need to talk about SRH. I personally worked on a project called Dance for Life since 2011, which talks about SRHR, I was doing it voluntarily. Then I joined shaujla and worked on Parwan. When I was voluntarily working on SRHR in schools and colleges, children used to have many questions even though they have sources like internet, social media. Then I felt that we need this topic discussion. In Parwan, I noticed that there is communication gap and lack of awareness regarding discussing SRHR with their children. Compared to elite class, the middle class hesitate to talk about SRH with children. The best part of Parwan is that it targets community and discuss about this and hats amazing is that people are absorbing this information now. Now what I think is what will be the next step of involving people. We need to take more steps regarding awareness raising and recognizing the problem. Because even if now a girl will come home and tell that a boy teased her, her parents would blame their girl instead of listening to her and no one understands their issue. So we need to reach to that level.

- What I think is that we can see the impact of this project in the community, may it be very less but there is some impact in the society.

SSP- we used to work with person with disabilities and never touched SRH or GBV. We were talking about gender equality. But the problem that came the woman facing disability faced issues when she had to move out from the house. And after studying, we found that the major issue was SRHR. Because being a disable, she has to face extra issues. Male survives in shifting but while shifting a woman, her private parts are touched. So first time in Multan, we celebrated women with disability day where we talked about their SRHR. So I think that we should talk about this issue.

The cultural restrictions were and are an important hurdle in our community. There, it is difficult to sit with a girl and talk about things. The mothers also hesitate on talking about SRHR. Both the girls and mothers felt shy while talking on such issues. So we talked to them and told them that mothers should create an enabling environment so that girls could talk about this issue without being hesitant. So that's why I feel that this project has great importance.

- What do you think SRHR is? What issues did you cover?

It means bodily changes with time. Health issues of females, reproductive health. When we unpack it, 2-3 things are most focused, reproductive health rights, we try to tell people about it, about a child's body changes and we ask them that do you want your child to face the same issues you faced when you were growing up? We also talk about rights of both girls and boys. We don't use SRHR word in community. Because people didn't even understand the urdu translation of the SRHR. When we went to talk to people, we say that we want to show you documentary regarding the child's issue of growing age in the dimension of health. We didn't use the word medical because we didn't want to create a negative impact on our audience. We focus more on social demerits of health.

When this topic was introduced to us, even we got hesitant for a moment that how will we talk about this topic. Then for our and the community's better understand, we told that we are here to talk about your health. If they agreed to this that means they are giving us permission to talk about it, then after that we say that we aren't talking about fevers or headaches but those things that a male or female goes through when he or she is growing up. Sometimes we used to quote religious things to support our arguments. We sensitized people that pubertal changes should be discussed with parents rather than friends and other people of community.

We used to include doctors in our session and religious scholars to make our session more fruitful. I think that it talks about physical and psychological changes that person goes through when he/she is growing up.

I believe that family planning is also included in SRHR because people should know about family planning and it is also a very sensitive topic of discussion. The Shaur organisation included Population Welfare Department in the activities of Parwan to guide people. He told about the health of both the mother and child. He also told about

the weightage of taking break in the birth of children and told its advantages and disadvantages. It talked about life skills, how to survive in this world and we enabled a friendly environment between parents and children. It is now a part of this alliance that whatever the activity's aim might be but we make sure that we also talk about SRHR. Dr. Humaeyo Shehzad works as a health specialist and in one of our sessions with our youth, we invited him to discuss about SRH and after the sessions, 2-3 young people said that they wanted to talk to the doctor privately. Then when Dr. talked to them, we got to know that one of the youth was being stalked and harassed. One said that I felt my body changes, who I should talk to, so a level of trust was established.

What we felt that there was a communication gap before Parwan. But Shaujla tried its best to remove these communication gaps through effective messages. We developed many messages, like peer pressures for smoking in schools. After this there are many financial issues and for the want of a son, many daughters are being born and then people suggest to sale out the new born daughter and no one would know about it and so that they could get money. We gave messages regarding gender discrimination and equality.

Component of pre and post natal care is also linked with SRHR. People don't talk about this and people don't take care of their pregnant wives, but after the sensitization, people started taking care of their wives. When we tried to know that why don't the men take their wives to doctor, they said that they are against the service delivery points because whenever woman goes for her checkup, there is a male doctor on the job. There are few female doctors in Multan and they charge heavy fees. There was a friend of mine who wasn't educated, when he showed his pregnant wife to the doctor, they told that his wife would have a C-section but as he was sensitized, he said that we won't go for it and that she will have a normal delivery. And she actually had a normal delivery.

We had many refresher trainings and after that our concept of male and female has changed. Now service delivery is available and people didn't know about it and we told them about health centers.

I did two functions with barbers and transgender because barbers they play an important role in transferring diseases because of reused blades.

Relatives in the family are now sexually abusing the children. I saw many people touching and teasing the girls and I stopped them. When I asked one of them what are you doing, he said that I am showing my affection to her by touching her on her head or shoulder. So I said that you shouldn't do this and show your affection in this way. It feels nice in the beginning but feels worse later on.

- Do you think that such a situation was present from the beginning or it has been developed recently?

I think that this already existed in our society. Now we are aware and are giving awareness so we think that these things are emerging now but these actually were present from a long time. The communication tools have increased this because I remember once I had to visit to a net club to send a mail as my internet wasn't working so when I went there, no computer was free and there were young boys on each computer. So I sat there and observed that young people were watching porn movies and might be masturbating as well. If it isn't computer, then there are nude clips in mobiles. The phone packages now have increased this as well. Now on single call, prostitutes are available. How can the SRHR be kept safe then? The parents should keep a check on the phones and computer of their children. No doubt media has played some positive role and has awakened the middle class to look into such matter.

History tells us that SRHR existed from the beginning of time. People used to fall in love back then also. And then we only think of information when we need it. I was abused because no one told me about SRHR even though my family was quite educated. Now as the time is being changed, we want to know about it and talk about it. Now I talk about SRHR with my Nephew.

- What issues could not be covered?

In our society, there are underdeveloped areas like we didn't reach transgender, sex worker. Because of this being a taboo, we couldn't talk about it. We were told that we shouldn't touch those issues that create hierarchy in the society. In 2010, we used to get anti-state tags because of working with transgender.

Whilst we were working on these issues, a resolution passed in the senate that became a strong hurdle in our work. So we had to be very careful regarding everything.

Media first used to oppose us now they favor us because of this, the RPO gave a statement that touches our project.

Whenever we used to do some activities, we got to have MPA that was a bridge to us.

We touched the religious component and the religious scholar gave message regarding transgender as well but we couldn't fully approach it.

We could not formulate a committee on government level for looking after any SRHR issues.

We formulated 5 video messages regarding transgender and it has still been to release. We talked about the girl being sale for money, give abnormal child to transgender. Health service providers is not functional in this project. We got to know about them last year, if we could have known about them we could have included them. We took a lot of time in understanding the project. As a volunteer were are providing SRHR services in two health centers and the staff also got its training.

Because of security reasons and time shortage, we couldn't achieve some aims of the project. They are missing but due to less time.

We couldn't touch and work with the people in Jail and those in darrulaman.

- Why were you not part of school intervention?

The basic purpose of CSOs was to approach community regarding early age marriage fatherhood, etc. we were told that we could talk about pubertal information but its not compulsory. Rutgers gave this guideline to us. Some assignments were with us and some not. And the policy makes might think that CSOs shouldn't be burdened with many activities as it might effect the quality of the work.

We didn't work with the Life Skilled Based Education Curriculum but what we did was that as we work on the grass root level, we identified schools for them and played supporting role.

Other than that in the beginning we felt talking about this topic difficult so it would have been difficult to take the responsibility of the curriculum. it is also possible that Awaz didn't find us capable enough for this responsibility. We even lacked some man power. But in future we could play all the roles as we are networked with all the ground level organizations. Another thing is that advocacy could not receive those results by Awaz. I recommended that the advocacy component should be given to CSOs and then they received good results.

All CSOs think tha Shaur has linkages with district heads of all the departments of government. We think that it might be possible that Awaz underestimated our capabilities and capacities that's why they didn't give us LSBE. We weren't included in the formulation of the content of LSBE.

- What challenges did you face?

There was hurdle by the society. They didn't find the discussion very pleasant in the beginning. It was a like a bomb for them.

Another major challenge was that when we started to talk about SRHR and early and forced marriages, we thought that men would support us in this campaign, but men didn't support us to the fullest. And then we could not use the word SRHR in community because of cultural restrictions plus the people couldn't understand the term.

One of the biggest challenges was that there were and there are security threats to Ngos regarding every activity and we needed to require a "no objection certificate" in order to perform any activity. Politics affected our work.

Media did not support us in the initial stages but after sometime they begin to favor us. There was a column by a columnist against ngos that began creating hurdles for ngos.

Senator also passed a resolution against ngos.

Education DCO got a complaint regarding the curriculum and thought that SRHR is been promoted and when the curriculum and IEC material was studied, she favored us and said that its good information that is been given to children.

Because of small grants, we faced administration costs. Volunteers used to work with us and if they left after a year, then we had to train the new volunteer so we need administration costs.

We were capacitated but lack of institutional development, we didn't work out the way we could have.

Another challenge is that due to lack of resources, we can't include more ngos in our alliance and many organizations want to work with this alliance and Parwan.

Shaujla didn't face any such challenges while working in the community.

- What did you expect the activities would result in?

Every year's theme was different. When we wrote the concept note on SRHR, we felt it very difficult to work on it. I remember that in 2008 my first training took place regarding SRHR and the trainer was talking about these issues very openly and we used to say that this trainer is quite bold and how can she talk about such things, we felt awkward at that time. There were 3-4 components, we worked on early age marriage, green ribbon campaign, and sexual gender based violence.

I attended a lot of trainings in which we talked about SGBV and SRHR. When we listened to trainers regarding early age marriage, we thought that they might be against what Islam says regarding early age marriage. But then we got to know that Islam says to marry your children when they cross puberty and his body is able to handle the things after marriage.

Second thing that we learnt was consent to marriage. Often we used to hear from our community that you are guiding our children on the wrong path. But we corrected them and said that we don't mean that way. If you think that we are saying wrong then you tell the right thing to their children. Now we don't talk about double meaning in poems because the words have double meaning and it also means gender based violence.

- What results were achieved?

We did session with Nikah readers and scholars and after that nikah reader asked for the identity of the couple, and when it wasn't given, he didn't read their nikah and the Baraat had to go back as they talked to the parents and told them consequences of early age marriages.

I was sensitized and I belonged to remote area and my cousins over there, not being sensitized, tried to marry their children in small ages and when I reached there and talked to them and discussed with them, they agreed to marry their children once they grow up both physically and mentally.

We organized a Rickshaw campaign in which we gave our helpline number so we got a telephone call from a person and wanted to talk to you regarding the message given on the Rickshaw. So after talking to him, we got to know that in his neighbors, there was a child marriage going to take place. The father agreed to it but the mother didn't want to marry her girl in small age. So we assisted them and gave an application in the related police station and then the policeman threat them and the marriage stopped. After this program, not only early marriages is reducing but the enrollment of girls in the school is also increasing, a friend of mine called and said that as compared to last year, this year there is an increasement in the enrollment ratio of the girls. Parents are now focusing on the education of the girls as well.

I also want to share something, as we are sensitizing people we didn't know that it would be accepted. When we used to have theatre performances, we used to collect people from the community to play roles in those plays. So I requested some boys from one of the schools and they gave us 5-7 boys of same age. In that school, there was a child whose father was marrying her early and the mother didn't know what to do so she talked to the principal. The principal talked to him and invited him to the theatre performance and after watching that performance, the father changed his mind and said that I won't marry my girl until she is mature enough to handle her house.

We had two communities: phul munday wala and total pura. We worked in both these communities and in both the communities, we got success stories regarding stopping early age marriage and parents took stand for their daughter.

We got some topics of discussion like gender equality, gender discrimination, sexuality, so we developed plays and theatrical performances on these issues as well IEC material and radio messages.

- Did you work in your own separate areas or did you do some activities together too?

Some activities were combined. When this alliance came into being, through discussion, we decided that we will be working in these areas. When green ribbon campaign was introduced, we decided to work in each other's areas. Then we were also helping hands for each other.

Awareness and services delivery was our component. Last year each organisation formulated their own theatre groups and Awaz gave them training. We did joint advocacy, we got the role of communication in different departments. We got communication role on behalf of alliance (Aman).

We used to participate into each other's events and organized meeting in each other's office. We organized the rickshaw campaign's flexes. (TPO)

Our job was to handle the disability issues. If any of the partners got any disability case, it was referred to us. (SSP)

We are the coordinators of this alliance. And we manage the alliance. I am also the district coordinator of Parwan. We also got to contact the line departments and engage them in Parwan. In 2014, we had regular meetings with EDOs and DCOs the basic health units were handed over to ngos and then we told our communities about the health units in their areas.(STO)

We formulated a Charter of Demand in this alliance focusing on Youth Friendly Health services should be announced by the government and then they announced them. We lined up networks through this policy. Then we also wrote about SRHR in that charter and asked to implement it as written in youth policy. We wrote a letter to EDO regarding this.

People really enjoyed the theatrical performances and wanted to see more of them. They need these because they need to refresh their information.

After community sessions we got people from the community that became our focal persons, now whenever we go for an activity, our volunteers organize it for us. Shaur has most volunteers. We have built strong linkages with the community. We developed trust among people, recognition has improved. We have a volunteer with us who went into Nikah 8 years back. He talked about this issue in his family and his wife's family and resolved the issue without any dispute. He and his sister were married in the same house. He mobilized his family and his in laws. His wife was 20 years older than him and he, very clearly, solved the issue.

After sensitization, one of our focal persons felt confident enough to stand for elections.

- Do you think that people have an access to SRHR services?

The youth friendly health services are not up to the mark and are working on a small scale.

But our private centers are youth friendly and we have trained staff and separate rooms for the youth to discuss their problems. We also maintain the health record of the increasing people coming to the health centers. Females tend to approach more than males. Last year we sensitized almost 16-17 males. The people approaching health centers have issues like domestic violence, violent behavior of parents, early age marriage effects etc. the basic health unit isn't available to a longer time and should be available 24 hours.

There is no proper service of SRHR in jails, crises centers, in military.

- Which activity do you think has created a strong impact on people?

I think videos and documentaries were most effective.

Theaters were liked by many people.

Rickshaw campaign also had a strong impact on people. Community sessions (organized with 20-25 people) and the collaborative sessions of males and females gave good positive response.

- Where there any collective efforts done by communities for stopping eve teasing?

As such there were no collective efforts seen but there was this school where we organized a session, there the shopkeepers and the administrative staff sat together and made their own committee and at the time the college went off, the shopkeepers made sure that no boy would be standing outside the gates of school just to avoid eve teasing.

- Do you think that the availability of contraceptives has increased?

I believe that it has increased. Our health staff can provide better statistics regarding it. Talking about contraceptives was not our target but we used to discuss about it.

- What impact did the project have on your CSOs as an organization?

We got developed, our capacity got build. We are now known as organizations due to Awaz. The alliance helped us in making strong networks, due to this Shaujla got project from Netherlands. This project is a ladder of success for us. We strengthened our systems, learnt policy making, donor negotiations. Our community leadership improved.

Result area 2 – Strengthening SRH Services

Outcome indicator 2.2a: % of targeted SRHR facilities increasingly comply with IPPF standards for youth friendly services

The example tables provided in the *outcome support tool* are used to collect and report the data of each facility. These tables should be included in the annex to the 2015 report. The table below can be used to calculate for indicator 2.2.a whether or not an increase in compliance has been established, per health facility and to calculate the % of health facilities with an increased score. (**Note: the figures in the table are examples, replace with own figures!**).

	2011 baseline	2013		2015		2011 – 2015
	Mean score	Mean Score	Change 2011-2013 (increase/decrease/no change)	Mean Score	Change 2013-2015 (increase/decrease/no change)	Change 2011-2015 (increase/decrease/no change)
BHU Khairabad, Urban and government	n.a	2.7	n.a	2.83	INCREASE	n.a

BHU BuchKhusroabad, Urban and government Awaz– Multan	n.a	3.5	n.a	3	DECREASE	n.a
BHU Tiba Masood Pur, Urban and government. Awaz –	n.a	2.7/2.8	n.a	3.16	INCREASE	n.a
Dr. Ghulam Mujtaba Clinic	3.8	2.0	DECREASE	n.a	n.a	n.a
Total number of facilities assessed	1	5				
Total number of facilities with increased score			0		2	
Percentage facilities with an increased score			0		66.6%	n.a

Interpretation/explanation of findings (including comparison with baseline)

Outcome indicator 2.2c: % of targeted maternal health facilities increased their compliance to the (national) quality standard

The example tables provided in the *outcome support tool* are used to collect and report the data of each facility. These tables should be included in the annex to the 2015 report. The table below can be used to calculate for indicator 2.2.c whether or not an increase in compliance has been established, per health facility and to calculate the % of health facilities with an increased score. **(Note: the figures in the table are examples, replace with own figures!).**

	2011 baseline	2013		2015		2011 – 2015
	Mean score	Mean Score	Change 2011-2013 (increase/decrease/no change)	Mean Score	Change 2013-2015 (increase/decrease/no change)	Change 2011-2015 (increase/decrease/no change)
MCH Center Gulgusht, Urban and government	n.a	3.1	n.a	3.16	INCREASE	n.a

Total number of facilities assessed	1	3.1	n.a	3.16	INCREASE	n.a
Total number of facilities with increased score	n.a.		n.a		1	n.a
<i>Percentage facilities with an increased score</i>			100%		100%	n.a

Interpretation/explanation of findings (including comparison with baseline)

Outcome indicator 2.2b: % of SRHR facilities with an increase in satisfaction by young people

The example tables provided in the *outcome support tool* are used to collect and report the data of each facility. These tables should be included in the annex to the 2015 report. The table below can be used to calculate for indicator 2.2.b whether or not an increase in compliance has been established, per health facility and to calculate the % of health facilities with an increased score. (**Note: the figures in the table are examples, replace with own figures!**).

	Unmarried girls			Unmarried boys			Married girls			Married boys			Widowed girls		
Satisfaction with:	10-14	15-19	20-24	10-14	15-19	20-24	10-14	15-19	20-24	10-14	15-19	20-24	10-14	15-19	20-24
	N=0	N=1	N=1	N=3	N=3	N=3	N=0	N=1	N=7	N=0	N=0	N=1	N=0	N=0	N=1
Information received	0	3	3	3	3	3	0	3	2.86	0	0	3	0	0	3
Medical treatment received	0	3	3	3	3	3	0	3	3	0	0	3	0	0	3
Level of skills of service provider	0	3	3	3	2.67	3	0	3	2.57	0	0	3	0	0	3
Opening hours	0	3	3	3	2.67	3	0	3	2.71	0	0	2	0	0	2
Waiting time	0	3	3	3	3	3	0	3	2.86	0	0	2	0	0	3
Price	0	3	3	3	3	3		3	2.83	0	0	2	0	0	2
Privacy and confidentiality	0	3	3	3	3	3	0	3	2.86	0	0	3	0	0	3
Treatment as a person	0	3	3	3	3	3	0	3	2.71	0	0	3	0	0	3
Time for the consultation	0	3	3	3	3	3	0	3	3	0	0	3	0	0	3
Will return or not	0	3	3	3	3	3	0	3	3	0	0	3	0	0	3
Mean satisfaction	0	3	3	3	2.93	3	0	3	2.84	0	0	2.7	0	0	2.8

Interpretation/explanation of findings (including comparison with baseline)

Outcome indicator 2.2d: % of maternal health facilities with an increase in satisfaction by women

The example tables provided in the *outcome support tool* are used to collect and report the data of each facility. These tables should be included in the annex to the 2015 report. The table below can be used to calculate for indicator 2.2d whether or not an increase in compliance has been established, per health facility and to calculate the % of health facilities with an increased score. (**Note: the figures in the table are examples, replace with own figures!**).

Interpretation/explanation of findings (including comparison with baseline)

Regarding the three indicators 2.3a,(use of services), 2.3b (births attended by skilled birth attendant) and 2.3c (antenatal consultations):

- In case the clinics that have been sampled in the baseline are similar to those clinics that partners report data on in the annual report/output monitoring, the Dutch Alliance will take up the analysis for these indicators based on the annual reports (2011 and 2013).
- In case the clinics that have been sampled in the baseline are not being monitored by partners throughout the program, partners/consultant/data collectors should retrieve the statistics from the clinics from the baseline for the outcome measurement. (See: ‘Support tool outcome measurement’)

Outcome indicator 2.3a: % increase in the use of targeted SRHR services by young people and women

The example tables provided in the *outcome support tool* are used to collect and report the data of each facility. These tables should be included in the annex to the 2015 report. Please use the table below to report the increased use per age category and in total for indicator 2.3a.

Target group	Total nr. baseline	Total nr. 2013	Total nr. 2015	Percentage difference 2013-2011	Percentage difference 2015-2013	Percentage difference 2015-2011
Girls 10-14	1261					
Girls 15-19						
Girls 20-24						
Total for girls						
Boys 10-14	n.a					
Boys 15-19	n.a					
Boys 20-24	n.a					
Total for boys						
Women 24+	2636					
Men 24+	n.a					
Total for adults						
Overall total						

Interpretation/explanation of findings (including comparison with baseline)

Outcome indicator 2.3b: % increase in number of births in targeted areas that were attended by skilled birth attendants (PDHS)

The example tables provided in the *outcome support tool* are used to collect and report the data of each facility. These tables should be included in the annex to the 2015 report. Please use the table below to report the increased use per age category and in total for indicator 2.3b.

Baseline data was not collected for this indicator. According to Pakistan Demographic and Health Survey 52% Skilled Birth Attendants attended births. PHDHS does provide disaggregated data for districts. Therefore, data for Multan and Quetta is not available.

Target group	Total nr. baseline	Total nr. 2013	Total nr. 2015	Percentage difference 2013-2011	Percentage difference 2015-2013	Percentage difference 2015-2011
Girls 10-14						
Girls 15-19						
Girls 20-24						
Total for girls						
Women 24+						
Overall total						

Interpretation/explanation of findings (including comparison with baseline)

Outcome indicator 2.3c: % increase in targeted health facilities of women who have 1-4 antenatal consultations

The example tables provided in the *outcome support tool* are used to collect and report the data of each facility. These tables should be included in the annex to the 2015 report. Please use the table below to report the increased use per age category and in total for indicator 2.3b.

Target group	Total nr. baseline					Total nr. 2013					Total nr. 2015					% difference 2013-2011					% difference 2015-2013					% difference 2015-2011				
	1	2	3	4	At least one	1	2	3	4	At least one	1	2	3	4	At least one	1	2	3	4	At least one	1	2	3	4	At least one	1	2	3	4	At least one
Girls 10-14																														
Girls 15-19																														
Girls 20-24																														
Total for girls																														
Women 24+																														
Overall total																														

Interpretation/explanation of findings (including comparison with baseline)

Outcome indicator 2.3d:Nr of facilities with increased availability of contraceptives, ART, ACT & antibiotics

The example tables provided in the *outcome support tool* are used to collect and report the data of each facility. These tables should be included in the annex to the 2015 report. Please use the table below to report the total number and percentage of all health facilities assessed that show an improvement (= increased availability) per stock category for indicator 2.3d.

Baseline provides data for 11 out of 14 health facilities surveyed. It shows that out of 11 that 6 health facilities never had contraceptives available, 4 had contraceptives available sometimes and 1 had contraceptives available all the time. There is not data in mid-term report and no end line data is available to fill this table. Table asks for comparison. Therefore, this table could not be filled.

	Improvement health facility A 2013 compared to baseline? (YES/NO)	Improvement health facility B 2013 compared to baseline? (YES/NO)	Improvement health facility C, D, E, etc. compared to baseline?	Nr. of facilities with Improvement in 2013 N=..	% of all health facilities assessed
Contraceptives					
ACT					
ART					
Antibiotics					

Interpretation/explanation of findings (including comparison with baseline)

Result area 2 – Improved enabling environment on SRHR

Outcome indicator 2.4a:SRHR policies and legislation implemented, changed, or adopted at local, institutional or national level, at least 2 per country

In the outcome support tool a model is explained and a tables included to facilitate an analysis of this indicator.

Outcome: LSBE inclusion into curriculum in Balochistan & Punjab

Policy environment in Punjab was more challenging than Balochistan partly owing to an influential section of media that equates LBSE with promotion of promiscuity. So far Rutgers' efforts to lobby with Minister of Education have not been successful. This is perhaps partly due to Punjab provincial government's right-leaning orientation. The provincial government because of its own orientation and also owing to fear of backlash from strong, right-leaning sections of print and electronic media.

Comparison with baseline is not possible because baseline did not capture this theme, though it did include intent to influence policy environment for inclusion of LSBE. In a sense, absence of any reference to LBSE in existing curriculum constitutes baseline information for the indicator. What is not clear is presence of other co-founding factors e.g. whether other organizations were also advocating for inclusion of LSBE in Balochistan and to what extent their work has contributed to achieve what has been achieved or not achieved in Punjab.

Outcome: Integration of YFHS Protocols in the curriculum of selected health care institutions

In Punjab Rutgers is advocating with district and provincial governments to include YFHS in government-led initiatives. In this regard, Rutgers has signed an MOU with EDO Health at District level for the training of health care providers and up-gradation of health facilities. During the project period 20 health care providers were trained and 10 health facilities were upgraded. 16 health centres have been assessed as youth friendly.

Advocacy efforts at provincial level were more challenging in Punjab. In Punjab, there is no dedicated Health Minister and the ministry directly comes under the supervision of Chief Minister. Because Chief Minister is not accessible, it makes policy advocacy at the ministerial level very difficult. As a result, Rutgers has adopted a new approach that is premised on advocacy with second-tier institutions, particularly with those government institutions which function autonomously such as Punjab Health Care Commission and Punjab Policy and Strategic Planning Unit to influence inclusion of YFHS in existing strategies and programmes. The Punjab Health Care Commission is mandated to develop minimum service delivery standards for all health facilities in Punjab. It has agreed to incorporate YFHS standards in those facilities whose mandate includes catering to young clientele. RutgersWPF will provide them with a proposal on how to integrate YFHS in standards.

Outcome: Laws implemented for elimination of violence against women in Parwan districts

In Balochistan Rutgers and its local implementing partner PIDS successfully advocated and contributed to formulation and passage of the law on Domestic Violence. Formulation of bill was spearheaded by Minister for Women Development who in a roundtable conference organized by Rutgers on Domestic Violence and pledged to formulate and support the bill. With the passage of law Balochistan became only the second province in Pakistan to make a law on domestic violence. Rutgers is now supporting Government of Balochistan to develop rules of business for the implementation of the law.

Rutgers and AWAZ's voices together with many other voices from civil society paved the way for Government's announcement of the Women Empowerment Package in Punjab. In December 2013, Rutgers WPF Pakistan held a Roundtable Conference on Domestic Violence in Lahore in collaboration with Mumkin Alliance. Its partner is also working with Women Development Department. It is hoped that these efforts would contribute to formulation of bill on domestic violence.

Interpretation/explanation of findings (including comparison with baseline)

Outcome indicator 2.4b: Increased involvement of community leaders in realisation of SRHR in x% of the targeted communities.

The example tables provided in the *outcome support tool* are used to collect and report the data of each community. These tables should be included in the annex to the 2015 report. Please use the table below to report the total increase/decrease/no change for all communities.

ONLY in case you used the same methodology as during baseline, you can use the table below. In other cases, develop your own reporting table for presenting the findings.

Table for reporting the increase in involvement of community leaders

Community	Level of knowledge						Level of involvement					
	2011	2013	2015	Difference 2013-2011 (INCREASE / DECREASE / NO CHANGE)	Difference 2015-2013 (INCREASE / DECREASE / NO CHANGE)	Difference 2015-2011 (INCREASE / DECREASE / NO CHANGE)	2011	2013	2015	Difference 2013-2011 (INCREASE / DECREASE / NO CHANGE)	Difference 2015-2013 (INCREASE / DECREASE / NO CHANGE)	Difference 2015-2011 (INCREASE / DECREASE / NO CHANGE)
Community 1												
Community 2												
Community 3												
Etc.												
Nr of communities with increased score												

Interpretation/explanation of findings (including comparison with baseline)

Outcome indicator 2.4c: Increased acceptance of SRHR at community level in x% of the targeted communities

The example tables provided in the *outcome support tool* are used to collect and report the data of each community. These tables should be included in the annex to the 2015 report. Please use the table below to report the total increase/decrease/no change for all communities.

In case you used the same methodology as during baseline, you can use the table below. In other cases, develop your own reporting table for presenting the findings.

Table for reporting aggregated data on country level about the increased acceptance of SRHR

Name of Community and respondent group	Increased acceptance	Remained similar	Decreased acceptance
1			
2			
3			
4			
5			
Etc			
Total score			

For narrative information please summarize and explain the outcome and how the programme contributed to these

Increased acceptance	What are the main changes you have noticed? What has been the role of the programme?
Remained Similar	What has been the reason for not reaching any change? What has been the role of the programme?
Decreased acceptance	What has been the reason for a decreased acceptance in SRHR? What has been the role of the programme?

Chapter 4: Conclusions, limitations and recommendations

Appendices

As indicated in the document your are to include the detailed tables (i.e. on health facilities, communities etc.) to the reports. Please make you own numbering with clear referrals to the relevant indicator and overall table in the main report.



AWAZ Case Studies



Case Study:



Mr. Akmal:

Student: Class 9th

My name is Akmal; I am 16 years old and studying in class 9th. My father and brother have a shop of vegetables in the market. We are total three brothers and four sisters. My mother is illiterate and suffering from different disease. My two elder brothers and

one sister are illiterate as well. My father is very strict man and many times we are beaten by him, so we feel fear from him and don't share personal problems.

Once a time when I was in class 8th, I saw white dots on my pant; I became worry as I was thinking that I was caught by lethal disease. I went to the washroom and washed my pant, I did not share it with anyone and went to the school. I was very much worry and I could not pay attention in my study even I did not complete my homework given by my class teacher.

In the night, again I had nightmares, felt wet myself and woke up. I saw a white spot is looking on my dress. I had no courage to discuss it with my father or brother so I went to the school. I was thinking to share this problem with my friends but could not and two months were passed.

One day my class teacher told me that he had participated in the training workshop, the title of the training was **"Life Skills Based Education"** training had been organized by AwazCDS Pakistan. My teacher told that he will share about LSBE with us once in a week and due to this we would be able to solve petty issues of our life by ourselves.

LSBE curriculum has been started by our teacher, one day when we were reading session **"Puberty"** teacher told me about wet dreams, he told that this is not disease but natural process and there is no need to be worry on it, but we need to keep our self neat and clean.

When I came to know all about body changes, I felt myself relax. Now I am paying full attention to my study because I am confident about myself. All such changes have been made in my personality due to LSBE and I will suggest to the all students to read LSBE workbook as this could be helpful for developing their personality in positive way.



To qualify the contest you must fill out all the form completely. Entries must be in English

Author's Information	
1. Organization's Name	AWAZCDS Pakistan
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Consent Statement	
<input type="checkbox"/>	AWAZCDS can use the submitted story for internal and external communication as per its policy

HIS Write-up	
1. Date of Submission	7-05-2015
2. Project's Name	Parwan
3. Story Category	Behavior Change
4. HIS Title	A step ahead.

A Step ahead:

My name is M.Akram. I live in city Multan Pull Mondhay wala, where people always remain busy in their earning. I have also my own shop of iron works. I have three children, 2 sons and a daughter. The health of my wife is very poor from the last 4 years. She is suffering from hepatitis c disease. I live in a joint family system with my 4 married brothers. My one brother is disabled and he lives with me from his child hood after the death of my parents. Due to the extra burden of responsibility, I worked till night and could not give time to wife and my children. My elder son was not good enough in studies and this made me sad. His teachers always told me that my son could not pass even his matriculation exams. I could not study; it was my dream that my son got higher education. In my family girls are not encouraged to get education and so I also was not in favor of daughter's education. I thought that I am the best father. I fulfill all the needs of my children, good food, best cloths and other necessity of life.

It was hot summer afternoon of June, 2014. I was too tired and wanted to go back home so took rest then suddenly my disabled brother entered in my shop and told me that his organization is organizing an event and invited to come , I refused at once and told that I could not come. My brother went back to home slowly by pushing his wheel chair. I saw him and for his sake I decided to attend the event in the evening. It was hot evening. People were sitting on the chairs. Lots of males and females were gathered. People started to talk about the relation of father and children. At that time I was surprised to listen about the children issues and gap between father and children. It was the day when I started thinking about myself. I was a good father in my eyes.

I recall my life and found that there was huge gap between me and my kids. I remember that once my friend told me that my elder son is standing with some bad boys. I went home and scold and slap my son without enquired. But when I saw drama in my street about father's friendly relation with children, I felt sad. I asked my son and he told me that he was advising the boy to come for the namaz. I felt embarrassed and asked why you did not tell me before and he replied you were not listening me. You did not trust me. This changes my thoughts and after

this I trust on my children now. I realize that my daughter also has the same right of education as my son. Before this I was agree to marry my daughter after matric. But now I realize that daughters should be educated so they live better life. Now my daughter is in first year and I support my daughter a lot as my family is against of my daughter's education.

During the story telling, Mr.Akram's daughter Hina entered with the glass of water.

Hina told

"My father is very good person but he always forced my brothers for studies and not me. Whenever I asked about continuation of my education, he refused and always discouraged me. My father planned my marriage after the metric so he performed my nikah in class 9th. My mother was also with my father. I am thanking full to my Uncle who guided my father. Now I have started my education and my marriage is postponed for 2 years."

Mr.Akram said now I am trying to tell the other fathers that being a father we have to be friendly with our daughters and sons. My son got admission in B.Tech and now if I listened anything wrong about my son, I first talk to him and then try to resolve his confusions. I am Thank full to Parwan for the honor given to fathers.

Mr.Ikram with his Daughter Hina.



Case study of Responsible Father. (Stop early age marriage)

Name: Humayon Khan.
Resident: Gareeb abad.
Marital Status: married
Number of children: 05 Sons
Occupation: Acting
Education: Metric
Current Situation: The girl is living with Humayon's family happily.
CSO name: Sojhla for Social Change.

Humayun Khan Baloach, resident of Ghareeb abad, a community member, who himself was not aware the appropriate age of the girl. He was like other villagers who just knew that when the girl reached at her puberty age, she definitely gets married.

One day he heard about that some people are telling that early age marriage is harmful to the girls and only good fathers can stop this wrong practice in his families and in the society. Humayun was surprised and he decided to attend the session organized by Sojhla for social change. He attended the session and the war started in him that early age marriage of a girl is really a crime and a girl even died due to this brutal act. He started thinking of his family and next he attended the activity with his wife. Different type of activities of theater performances, documentaries and session makeup his mind and he gradually changed himself. Now he realized that early marriage is a crime and it should be stopped and only a responsible father can make enabling environment in the society to stop this act.

After this change in thinking he was invited in a marriage ceremony of his sister in law's home. The father of a girl died some years ago. Humayon heard that her 13 years old daughter is about to marry. He further enquired and asked whether the girl is decided to marry or her father married his daughter by himself. And then he decided that he will stop this marriage. He started to convince her mother that 13 years is not the appropriate age for marriage. He also told her that your daughter is a school going girl so do not stop her education as well. He convinced her that an educated girl can live better life and can serve her home. He said that he told the poor mother that 16 years is the legal age for marriage. He offered his services to bear the girl's daily expense and if the mother does agree. He even adopt the girl. But the mother did not agree. At last some elders (official head man) of the girl's family members decided to send the girl to Humayon's home. Now the girl is living with Humayon's family. They look after the girl as they treated with their own kids.

The step which humayun took was very difficult to him but due to motivation, way of talking which he learned in the session and knowledge he gained from the theater and documentaries change views. Now he is more concern about the family matters. Being responsible father he focuses on his children's education, health and also maintaining gender balance in the family. He also nominated as best father of his locality.

It is really true that "a responsible father can secure the future of his children"

SUCEESS STORY...CASE STUDY DISASTERS OF EARLY AGE MARRIAGE:STORY OF IQBAL BALOCH

SUMMARY:

“ I am having severe headache and my heart is sinking, the elder daughter did not go to school as she does not have a copy to write, and the middle son

has a red eye and he did not go to the welding shop, so no income today, the younger boy is down with fever”

Mrs Iqbal uttered all the events in a single breath when Iqbalbaloch entered his house late in the evening after a hectic day's job as labourer in a factory.

Iqbal sighed and could only say..” what a disaster I indulged into by having an **EARLY AGE MARRIAGE.**

THE CASE:

1.



Iqbalbaloch, A resident of Sultan nagar, a labourer by occupation, vehari road multan, aged 33, father of 6 children, (3 boys, 3 girls) was married at an age of 15 years, her wife was only 13 then, his cell # is 0303-0770187, CNIC #



(Iqbal at the age of 15)

He explained a very simple reason for marriage at an early age that his sister was married, and soon after her marriage his inlaws pressurized his father that you have married your daughter, and fulfilled your parental duty, why *don't you think about our daughter.*

Iqbal was married, and Soon after marriage her wife conceived and then periodically the children were born, *and all sort of problems started popping up.* No education,

no skill, no job. His parents support was only up to their duty to marry him.

He admitted his daughters to a school, as they according to him can't become an earning hand, while the boys were compelled to work (as child labour) to support the family and minimize the economic problems, he himself worked as labourer in different factories.



2.

3. (Iqbal working in a factory)

Depresses by his socio economic and health problems, one day he went to the area local govtcouncillor of his union council, MrMalikAmeer Nawaz, who was an office bearer of an NGO...Shaur development organization.

MrAmeer Nawaz took him to his NGO office where a discussion on the topic of **EARLY AGE MARRIAGE** was going on. Another member of the NGO DrHumayunShahzad Ahmed briefed the audience on health hazards of **EARLY AGE MARRIAGE**.

Iqbalgot sensitized from the proceedings of the discussion and realized that **the only root cause of all his family problems** is **EARLY AGE MARRIAGE**.

He immediately made up his mind..*I HAVE SUFFERED, BUT I WONT LET OTHERS SUFFER.*

Iqbal very enthusiastically joined SHAUR DEVELOPMENT ORGANIZATION, and keeping his interest was given the

assignment of BEST FATHER, by his NGO, who is a proud partener of PARWAN project .

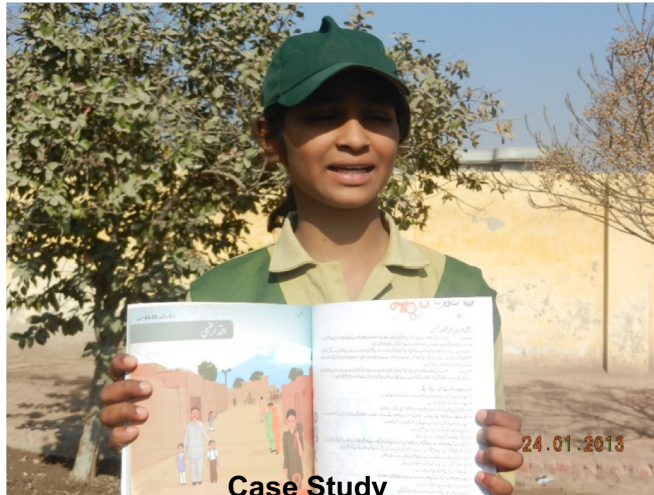
IQBAL BRAVELY CONFESSES: “I HAVE LEARNT A LESSON, ITS MY MISSION TO CONVEY THE MESSAGE OF PARWAN ON *EARLY AGE MARRIAGE*. I HAVE SUFFERED FROM THE EVILS OF *EARLY AGE MARRIAGE*, THE OTHERS SHOULD NOT.

I WILL, IN NO CIRCUMSTANCES MARRY MY CHILDREN AT AN EARLY AGE. *IN SHA ALLAH*“



(Iqbal with his 6 children infront of his house)

Narrator: DrHumayunShahzad Ahmed



Case Study

Fatima Zahra a 13 year old girl studied in grade 8th belonged to village Shorekot . Her mother had died when she was too young. She told that before getting admission in the school she studied in religious school, where on her way to school boys teased her. When her father came to know about this, he stopped her education. Then her aunt took the initiative and got her admission in Al Rafee Education High School. The school was 2 Km away from her home. She had to come by foot, here again boys started teased her. When the teacher Nazia who was also the master trainer in PARWAN project started LSBE curriculum in the class and reached the topic of self protection in the class, Fatima discussed her issue with the teacher.

Teacher guided her how to protect herself from the bad society and advised the students to move in groups while their way to home and also how to react when someone tease you in bad intension. Fatima got encouraged and says that this topic has given me so much strength that i can face such challenges and also can even move alone whenever I need.

She says thanks to LSBE curriculum for bringing confidence in her life.

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6. Story category	Impact of HCP session
7. Date of submission	4/8/15

Title: - Signs of Improvement - but there are still work to be done.

Pakistan exhibits some of the worst health indicators in the country, with a high number of teenage pregnancies, unsafe abortions and high prevalence of HIV/AIDS. This problem is much more aggravating in rural communities by the lack of Sexual and Reproductive Health and Rights (SRHR) knowledge and information. Young people are particularly vulnerable when it comes to unwanted pregnancies, STI infection, sexual and gender based violence, unsafe abortions and maternal mortality.

Parwan is working in Multan Pakistan since 2011 and one of key pillar of our approach is increasing and facilitating young people's participation in the decision-making process. Moreover, there are some barriers to meaningful youth participation, including cultural misconceptions, beliefs, practices, attitudes and gender issues. These barriers also inhibit youth participation in discussions on SRHR issues in the presence of adults. This indicates the need for further advocacy and awareness raising on the sexual and reproductive rights of young people. From that perspective, Parwan made a strategy in 2014 to have direct sessions of health care providers with young students of on-board schools under Parwan.

Parwan team organized a session of Health care provider at Iqbal' Elementary school shershah town Multan, which is on-board under Parwan. Dr. Foizia Khanum, resident of Sher Shah Town and health care provider of Parwan project conducted this activity where she discussed General Health Issues of Girls, Puberty, and information about HIV and AIDS, Harassment and Mother Child relationship building. After this session, a student of class 8th of age around 15 years, came to dr. fouzia along with her elder sister to discuss hormonal issues faced by her sister at that time. She gave reference to HCP session in her school and said that I did not had these information before and my sister is suffering from these hormonal disturbances you talked about in that session so I talked to my sister and made her convince to visit this health facility with me and I took complete address of your facility from pan flex of health facilities that is hanged in our schools.

Dr. Fouzia felt very happy by seeing that student that she has got clarity and confidence by discussing these issues and took step for treatment. Dr. Fouzia said "I got reward of that session that I had in Iqbal' elementary School".

After taking complete case history, Dr. Fouzia recommended medicine and proper diet plan. She appreciated her for coming to her health facility that was at quite distance from her school but because of HCP session, student had good rapport and confidence on her; outcome falls that she took her sister to her HF. Overall objective of this session was fulfilled by giving relevant information to young people about puberty and related changes, myths, problems and furthermore building friendly relationship between health care provider and young client (which includes non-discriminatory and non-judgmental behavior).

In regular on-going visits to Health facilities by Parwan team for discussion and data collection, Dr. Fouzia shared it in detail and from project perspective; it was like building a theory of change where we want to teach students about basic life skills including their health issues and in results to visit health facilities without any hesitation if they need. In short we can give name to our efforts as it is **signs of Improvement - but there is still work to be done.**



To qualify the contest you must fill out all the form completely. Entries must be in English

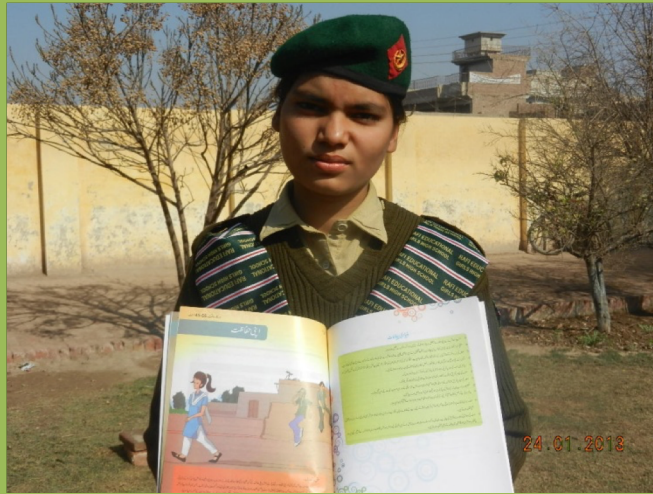
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Consent Statement	
<input type="checkbox"/>	AWAZCDS can use the submitted story for internal and external communication as per its policy

HIS Write-up	
5. Date of Submission	5-8-2015
6. Project's Name	Parwan
7. Story Category	Behavior Change
8. HIS Title	Being a Responsible father is the first step towards the road of successful life.

My name is Muhammad shahid. I am living Total Pura from the last 41 years. I born here and spent my 41 years of life in this colony. We were five brothers. My father was a driver at Saudi Arabia. He worked over there and came once in a year. When I was 2 years old I became paralyzed due to polio attack and my left leg affected. My mother and Khala support me a lot to live a normal life. I left my school when I was in class 7th. As my father did not live with us, me and my brothers could not complete our education. At the age of 25, I got married with my cousin. My mother and Khala bear the burden of my family. I was used to go at billiard club near my home and played games on bet and most of the time I lost all my money. This caused deep frustration and ultimately I fought with my wife and sometimes I beat her badly and also abused her. Often it happened at home. During this time I became the father of 4 children, 2 daughters and 2 sons. I did not beat my children, I loved them but I never sit with them and never talked about their need as I was still jobless and was busy in games, glass bal. one day when I beat my wife I heard that my younger son was talking with his elder brother that when we will grow up we will not enter our father at our home. it was shocking to me because I loved my children and never beat them but because I used to beat my wife they decided to through me out from their lives. It was very painful to me. Three years before one of my friend offered me a job as OCT at SSP office which I accepted. I observed that these people talked about the father and children friendly relations. I often asked about that what would happen if father is friendly with his children. One day SSP team decided to arrange a dram at my residential area. I was very happy and invited all my friends and family members. It was about violence. This drama played a turning role in my life. Almost 1 year has been passed I did not beat my wife again. Now we are living in a separate home from the last 8 months. During this I closed to my children and most important with my wife. I love my children before but now I spend my free time with my children. I play with them. I realize that if I do not love my wife and children, my next generation will be uneducated and my children will suffer as I suffered 13 years. Now I am earning for the better future of my children. In my family girls education is not important. But I will educate my

daughters till class 10th. My message to all the fathers that love your family and children and educate your daughters and sons.



Case Study

Memoona a 13 years old girl studied in class 8th of Al Rafee Education High School. They were 2 sisters and two brothers. She was at second number. They lived in joint family. She had a cousin named Tahir, he studied in grade 12. He used to teach Memoona and also facilitated her for pick and drop to the school. Tahir had bad intension towards Memoona, one day he showed nude pictures of school going girls and boys to her, Memoona got confused.

Next day she again had to go with her cousin to the school, on her way to the school he asked her to put her arm on her waist. She was in a great fix how to react in this situation.

Somehow she reached the class with confused mind. In the class teacher was teaching Self Protection lesson and guiding the students how to protect themselves from the negative attitude of their family and other relative members.

Memoona got courage and talked to her teacher about the bad intention of her cousin. Teacher guided her not to get confused rather inform your parents about her cousin. She also guided her to refuse her cousin if he asks her for such negative things.

Memoona went back to her home and told the entire story to her mother, in the beginning her mother did not trust her, Memoona asked her if she does not believe her then she will bring this matter in to the notice of her father. Then her mother took her daughter issue serious and asked Tahir to keep himself in his limits, otherwise they will deal with him.

Memoona mother and her entire family was surprised from where she has got this confidence. She told them all that our teacher has started LSBE curriculum in our class, she guides us how take positive decision.

Memoona says I am thankful to LSBE which has protected my life, I will suggest the Management of AWAZ to start this book from grade 2 so that all children can protect themselves from such negative attitudes of society.

Parwan Case Study under GRC.2014

Revival Of Happiness.

To qualify the contest you must fill out all the form completely. Entries must be in English

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Consent Statement	
<input type="checkbox"/>	AWAZCDS can use the submitted story for internal and external communication as per its policy

HIS Write-up	
9. Date of Submission	8-05-2015
10. Project's Name	Parwan
11. Story Category	Behavior Change
12. HIS Title	Revival of Happiness.

Revival of Happiness:

My name is Nasreen mai. I live in the old city of Multan named Total Pura. I have 9 children with 2 sons and 7 daughters. My husband is a daily wager labour. I could not get education as my parents were also very poor. We have not enough money to give education to my children. My daughters could not get education. For the desire of a son, Allah gave us 7 daughters. My monthly income is less than 7000PKR. Due to low income I could not send my children to school. When my elder daughters reached at the age of 14 and 12, I and my husband decided to get them marry. Some people come for their marriage. Although one groom was too old but due our cultural norms and traditions we decided the marriage of my 2 daughters Mehrin 14 and Marya age 12. During these days Mussrrat Baji invited all of us on an event. It was June 2014 evening. We all gathered at old City Railway station's back ground. Three males on wheel chair were announcing the people to sit and watch the stage drama. It was stage drama named "Theyyan Nimanyan". Nasreen shared that in this play they highlighted the curses of early age marriages. I began thinking about my daughters. as in that drama young girl was died during delivery and their parents could not even asked about their daughter. I was seeing the dark future of my daughters. When play was finished, I decided at the spot that I will not marry my daughters before the age of 18. My heart was crying and I could hear and felt the pain of my heart. I thanked to my God, who gave me the chance to attend the event. My husband had also seen the drama. Now I and my husband stopped the marriage of our daughters and now they are learning stitching at community woman home. Although we are very poor, but we love our children. Now we are relax to see our daughters happy. The shining of relaxation was shown form Nasreen face.

Nasreen Mai With her daughter Mehreen age 12



Nasreen Mai with her Daughters and sons.



Musarrat BiBi, Mehreen and Nasreen

Author's and case study Information	
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6. Story category	<i>Impact of teachers training on LSBE</i>
7. Date of submission	4/8/15

Title: working in partnership with families

Parwan is working in Multan Pakistan since 2011 and one of key pillar of our approach is increasing and facilitating young people's participation in the decision-making process. Physical, emotional, social and sexual change in adolescents burdens them with irrepressible stress which can result in anxiety, withdrawal, aggression, poor coping skills and actual physical illness.

Shahwar is one of our on-board schools under Parwan where we are focusing on young people to give them proper information related to basic life skills and access of adolescent boys and girls to get the knowledge, skills and attitudes needed to make safe choices in dealing with their health issues. Principal of Shahwar School shared a case study of attitudinal change in their teachers regarding being friendly and non-judgmental with students related to growing up issues of students either emotional or physical. One of their student of age 14 who was in class 7 was reported by his class fellows to class teacher (who was already trained on LSBE module) that he is involved in sexual practices during school hours and used to talk about sexual activities and associated gossips. That teacher showed them a reasonable gesture to handle this situation and not to be worried anymore. She talked to that student that she has information that you are disturbing your fellows by doing immoral conversation with them. If there is any problem for that you are worried, you can share it to me or either sir; named Mr. X who is taking your lectures on life skills.

After few days, she took follow up from his class fellows that are these issues settled now that you had with student Y? Students reported that he is behaving same but infact he is being more annoying to us and threat us that he has some elder friends that can harm them because we did his complaint to you. After that she realized that now it's important to share it with Principal and she discussed that issue with very clarity of being LSBE educator that when we are working with children and young people and becomes aware of situations where under-age risky attitudes or sexual activities has taken place, then we have a duty to consider the impact whether this behavior is indicative of a wider child or group fellows protection concern. Child protection concerns arise in those circumstances when there is a strong likelihood or risk of significant harm to a child, arising from abuse or neglect, or a company of elder age fellow's e.g friends in colonies not of same age.

After sharing this concern, principal realized that there is need to counsel him and it must be shared with his parents to have reasonable check and balance on his activities in a friendly manner so that he may discuss issues to you rather than involving in company of elder fellows. He invited to his parents and counseled them both about issues of young people, friendly environment between children and parents, importance of making friends of same age. That student also admitted that he has company of elder age fellows who share this information to him.

In the end, principal appreciated student on sharing issues honestly and prohibited them to avoid that company and come to me if you need my support. He also requested to parents that it is their right to be involved in an appropriate way. They should encourage children and young people to share information with them because this is in recognition of the responsibilities, rights and duties of parents to direct and guide their children in the exercise of their rights and consistent with their evolving capacities with time.

Principal appreciated the concern and worry of LSBE Educator and suggested other LSBE educators to be friendly and understanding on young people issues because this is natural to be more exploratory and curious about these phenomena's but due to lack of knowledge, access and appropriate information parents feel reluctant to discuss. But it is a need to be discussed at proper time through proper channel like teachers but there is also need to **work in partnership with parents** as they are in their children best interest unconditionally.

From project perspectives, it is all resulted due to having good impact and understanding of two days training of teachers to aware them on SRHR, issues of young people and how to facilitate them by understanding their concerns at this age of puberty emotional, physical, social or psychological.