OUTCOME REPORT

SENSITIZATION WORKSHOP ON
SEXUAL & REPRODUCTIVE HEALTH RIGHTS
(SRHR)

December 2 - 3, 2010
Lahore

Facilitated by:

Rutgers World Population Foundation - Pakistan
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BACKGROUND & RATIONALE

The capacity development programme “Capacity Development of WPF and Partners working in Sexual and Reproductive Health and Rights” is based upon the Learning Work Trajectory basis document prepared by WPF that was approved by PSO in May 2009. It presents the capacity development interventions that are geared towards answering WPF’s learning question for the LWT: “What is, for WPF as a thematic organization, the right balance between technical support in SRHR on the one hand and technical support in organizational capacity building on the other?”

This question is further translated for Pakistan as “How to best work in partnership with multi-purpose organizations and SRHR organizations (including the relationship between these two) in order to achieve highest impact by focusing on South-South partnerships”.

Seven organizations from Pakistan are part of the World Population Foundation’s “Learning Work Trajectory initiative the WPF (Pakistan) Field Office i.e. Aahung (Karachi), AwazCDS (Multan), Balochistan Rural Support Programme – BRSP (Quetta), Health and Nutrition Development Society – HANDS (Karachi), Khwendo Kor (Peshawar), and the National Trust for Population Welfare – NATPOW.

The initial phase of the project consisted of having the organizations fill out the Management Assessment Checklist developed by MDF (International consultant), as well as a checklist focused on SRHR, developed by the local consultant. The checklists were reviewed by the consultant, who then visited each organization for in-depth discussion on the needs and areas of strength they identified. This process took place in February-March 2010. Following these visits, the consultant developed individual reports on each organization assessed which were shared with the relevant organization for their agreement and approval before being sent to the MDF international consultant. The findings from these reports were consolidated into the Organizational Capacity Assessment (OCA) prepared by the international consultant.

In June 2010 the seven partner organizations and the local consultant met for two days at the WPF, Pakistan Field Office. On the first day, highlights from organization-specific findings were shared with each partner (taken from the individual organization reports developed by the local consultant and shared with the organizations earlier), after which partners were asked to fill out a matrix on their individual organization’s capacity development needs.

Consequently, a one day workshop was held where representatives of six partner organizations participated to identify common areas for capacity building and also identify their potential to build capacity of partner organizations. In the process of this discussion, SRHR sensitization was identified as a key area of improvement from board members to middle level management.

To strengthen South-South partnership with/between multi-purpose organizations and SRHR organizations by offering each other their strength to build the capacity of other member organization in their respective identified needs, WPF took the responsibility...
and as a result SRHR sensitization workshop was designed with RIZ consulting for top management of all 6 organizations.

Background Sexual and reproductive health and rights (SRHR)

Sexual and Reproductive Health and Rights, the scope of work of WPF is in many countries a sensitive and often ignored issue which is at the basis of many health and social problems such as unwanted pregnancies, sexually transmitted infections, and HIV/AIDS.

Sexuality is part of everyone’s life. Sexuality can (and should) be a pleasurable, satisfying and enriching part of life, but it can also be painful, harmful and place one at risk of disease, violence and other unwanted negative consequences. Most of the messages people receive about sexuality evoke feelings of fear, shame or guilt. Using a positive, affirming approach to sexuality, rather than one based on fear, addresses both the pleasure and safety aspects of sexuality. A perspective that positively affirms sexuality encourages safer sexual practices, relationships and improved sexual well.
DESIGN & METHODOLOGY


Based on meetings and desk review, program agenda (annexure 1), presentation, handouts, and action plans (annexure 8) and additional materials were prepared and agreed with RWPF team. A finalization meeting was held with RWPF to agree on the workshop design and presentations (attached). Moreover, a debrief meeting was conducted right after the conclusion of day 1 and selected participants to receive feedback and finalize day 2 design.

A total of 19 participants of four RWPF partners/volunteers participated in the workshop. The workshop process was designed to be interactive and participatory. A variety of techniques such as; reflection (reconsidering something that has been said or done previously), group activities (working on something with a group of people), brainstorming (expressing their thoughts and ideas), buzz sessions (discussing in small groups, all at the same time), role plays (acting something out) and meta card (cards with one word used to trigger a discussion) were applied during the workshops. These techniques helped to involve participants at an emotional, cognitive and personal level, contributing to concrete commitments and action plans.

Participants were provided with a set of workshop materials including program agenda and handouts for each session.

At the end of the workshop, participants developed a three months action plan for “Integrating SRHR into organizational development” in the project areas. Participant’s evaluation showed overwhelming satisfaction of achievement of workshop objectives.
WORKSHOP PROCEEDINGS

DAY 1

OPENING SESSION

Prior to the commencement of the workshop, a words exercise (annexure 3) was conducted wherein participants were given twelve words and asked to link them with SRHR. This exercise was done to assess their understanding about the subject matter and check on “associative” thinking.

Mr. Qadeer Baig, Country Director, RWPF commenced the workshop by commenting on the working history of RWPF and its efforts along with partner organizations for the promotion of SRHR. He gave an overview of the “Learning and Work Trajectory” initiated by RWPF, supported by PSO in December 2009. He explained that PSO-RWPF Partners met in the Netherlands to map out/list the tools for SRHR which are expected to be concluded in the next meeting which will engage local consultants to further mainstream SRHR initiatives. Moreover, he drew upon RWPF and its partners commitments to SRHR. Mr. Baig also explained that the workshop was arranged after approval of partners.

The facilitator welcomed participants to the workshop and requested them to briefly introduce themselves. This was followed by an “icebreaker” exercise wherein participants were divided into four groups and requested to list their Expectations and Fears from the workshop at a personal and Organizational level and contributions they could make in meeting those expectations and fears towards SRHR work. Expectations revolved around learning, understanding and being sensitized on the concept of SRHR and how it can be applied to participant’s daily lives. They identified barriers in communication for SRHR at community level as being of concern. Participants feared that even if they conceptually believed in and understood SRHR, integrating its attributes to their daily personal and professional lives would be limited by socio-cultural barriers. The facilitator explained that the workshop was an orientation designed to open participants minds to SRHR, build conceptual clarity and internalize SRHR and related concepts that would allow them to assist with the “hows?” and “whats”?

The facilitator then thanked the participants for starting the workshop on an honest and open note. Reflecting on these expectations, the facilitator described background / design process for the two day workshop which included sharing of the agenda and the objectives. He explained that the workshop was meant to sensitize participants about Sexual and Reproductive Health and Rights (SRHR) and to challenge the stereotypes at an interpersonal and organizational level. The facilitator concluded this session by explaining that although RRWPF partners were fully aware about SRHR, through this workshop they would further be able to revisit their approaches and understandings of SRHR concepts at a personal, organizational and community level.
SESSION: OVERVIEW OF SRHR

Following this icebreaker exercise, the facilitator gave an overview of SRHR consisting of its genesis, the SRHR movement and its contextual history both nationally and internationally. The importance of 5C’s was shared which formed the basis of the two day workshop. The 5C’s are:

I. CONTEXT: Cultural, Religious, Political, Beliefs, Values, Gender, Policy etc;
II. CONCEPT: For clear understanding and framing of context;
III. COMPETENCIES: What kind of competency is required for understanding and propagating the SRHR, e.g., communications, analysis, conflict resolution etc.;
IV. CHANGE: What kind of changes are required, etc Qualitative or Quantitative?
V. COMMUNICATION: Communication is the best way to disseminate the messages of SRHR and facilitate change management.

The aforementioned concepts were elaborated, e.g., context containing vision, mission and values which were linked to the concept of development. Various stages of development approaches were further related to the struggles of NGOs and civil society movements which paved the way for basic development processes in regard with SRHR in Pakistan, i.e., family planning, birth spacing, mother and child care etc. Nationally, less progress has been made on SRHR due to socio-cultural barriers. Pakistan could only develop two Acts related to SRHR, "The Protection of Women Act, 2006" and “Protection against Sexual Harassment of Women at the work place – Act 2010” apart from basic SRHR work of Family Planning, Birth Spacing, Mother and child care etc. by the NGOs. Participants were then made aware of the many International Conventions and Universal Declarations of Human Rights, CEDAW, MDGs etc which Pakistan is signatory to and are supported by the Constitution of Pakistan, NPA etc.

WORDS EXERCISE

For this exercise, participants were divided into four groups; each group was given three words (used earlier in word exercise) upon which a role play had to be performed in correspondence with SRHR:

- SRHR + Rights
- SRHR + Reproductive Health
- SRHR + Institutionalization
- SRHR + Organizational development
- SRHR + Power
- SRHR + Self Awareness
- SRHR + Advocacy
- SRHR + Development
- SRHR + Gender
- SRHR + Violence
- SRHR + Sexual Health
- SRHR + Empowerment
- SRHR + Masculinity
GROUP 1:
Depicted an NGO in Khuzdar community whose responsibility was to promote awareness about SRHR

Group members (as NGO) started their awareness campaign and resistance from community members showed rigid behaviour which illustrated disinterest in SRHR and that they have to earn livelihood for their family and for that they had to involve their children in work as they were unable to bear the costs of education. NGO members dealt with the situation professionally and related their needs with SRHR and suggested that through educating their children they could reduce their burden and SRHR will improve their quality of life.

GROUP 2:
NGO counsels a vulnerable HIV positive woman

WORDS GIVEN:
- Masculinities;
- Violence;
- Sexual health.

Group members showed a truck driver who finds an HIV positive woman and brings her to an NGO that works on HIV. NGO counsellor asks the woman how she became infected with HIV to which she responds that she was ousted from her home by her husband. The counsellor meets with the husband and finds that he was deported from Dubai due to being HIV positive and ultimately infects his wife.

GROUP 3:
Head Master and a NGO educator (who sets the SRHR as part of curriculum for 8th standard) advocating the inclusion of SRHR in the syllabus

WORDS GIVEN:
- Self Awareness;
- Gender;
- Power.

Group showed parents being angry at the head master and NGO staff on inclusion of SRHR into the school syllabus, as it teaches “vulgarity” to the students, and may cause elopement of their daughters and disturbance in their social lives. Counselling showed that SRHR education is for their own benefit, and that it will solve the problems of young children entering into the age of puberty, explained the harms of early marriages and not educating their daughters.

GROUP 4:
Showed a NGO advocate from Sindh advocating for SRHR to legislators be the part of new syllabus

WORDS GIVEN:
SENSITIZATION WORKSHOP ON SEXUAL & REPRODUCTIVE HEALTH RIGHTS (SRHR)

- Development;
- Advocacy;
- Empowerment;

Dr. Nikhat advocated that SRHR should be part of the new syllabus and there should be advocacy at institutional level as well for capacity building and sensitization of teachers, parents and community members. She found resistance in the following ways:

From Parliament: i) This is not our issue, NGOs say whatever donors ask them to say;
From NGOs: ii) No separate books are required rather same syllabus needs some incorporation;
From Teachers: I am already teaching a syllabus that is too much.

SESSION: GENDER, SELF AWARENESS & SRHR

This session started with sharing basic definitions of sexuality and SRHR which stirred discussion among participants on sexual and reproductive health and considered it as a major part of ones personality development. It was described by as participants as taboo resulting in prevailing misconceptions about the concept within the society at large.

It was pointed out by participants that reproductive health is part of sexual health and only “safe” issues relating to reproductive health are discussed but not sexual health per se. According to an IPPF study, Pakistan remained below average on account of raising awareness on sensitive issues relating to SRHR. RWPF mentioned that even health workers and religious leaders show resistance to SRHR. Internalization and institutionalization of the concept was stressed upon as being key.

The concept of SRHR and its relationship with power relations was further described and discussed. Conventional sources of power were brainstormed and these included land, arms, ammunition, skills, reference, education and physical power. Participants acknowledged that most of these types of power were concentrated in the hands of men while women had access to only “referent” power i.e. power linked with males and reassure (e.g. boy child) authority e.g. pressure on women to produce a boy child and pressures associated with producing boy child. The facilitator emphasized that in order to understand the dynamics of power, an analysis would assist in ensuring a thorough understanding of rights holders and duty bearers to ensure timely program interventions which would address the needs of stakeholders and related gender dynamics.

This discussion linked self awareness and power relations to types of behavior and communication practiced by men and women. Three behavioral types were discussed i.e. assertive, passive and aggressive. Questions were asked as to why women are viewed as passive whereas men are largely described as aggressive and how a sense of power or powerlessness determines such behaviors.
EXERCISE: GENDER TRAITS

To agree on a common definition of gender, a traits exercise was conducted in which participant’s brainstormed commonly associated traits of men and women. Predictably, women were described as “jealous, caring, loving, scary, tolerant, deprived, and greedy”. Whereas male traits identified were to “cooperative, strong, and committed”. But when male and female traits were looked at in reverse order, participants agreed that both have similarities. The facilitator explained that gender sensitivity relates to stereotypes leading to discriminatory practices wherein certain men and certain women have access to development efforts and most women lose out since identities of men and women are also based on other dimensions such as ethnicity, class, language, color, disabilities, age, language, regions, caste and religion etc. Gender sensitivity provides a way of identifying clearly, rights holders and guides to serve those that are most vulnerable, marginalized and excluded from mainstream development efforts specially women, girls and boys. It was also clarified that traditional / cultural classifications made for men and women are just man made and not natural, which cause problems in societies to absorb yjr concept of SRHR. Pakistan’s standing of Gender Equality Index at 92nd position out 94 was also shared.

EXERCISE: WHO AM I?

Participants were divided into four groups and asked to answer the following questions:

- First time you were made aware of your sexual identity!
- Whose voice was that?
- How did you feel about your sexuality?
- Impact today?

Participants found difficulty in recalling the first time when they were made aware of their sexual identity. Most participants couldn’t answer the questions directly, although they shared that due lack of knowledge about SRHR they faced many problems at different stages in life. Participants mentioned that after learning about SRHR, they feel quite confident and will make more informed choices.

Participants agreed that females were not allowed to develop their sexuality, rather they have controlled sexualities throughout their lives and questioning such stereotypes generally leads to sexual violence.
DAY 2

RECAP DAY 1

Day 2 started with a recap of day 1, participants were requested to write their key learnings of the previous day on yellow meta cards and burning questions on a pink meta card (annex).

Key learnings shared were:

| National and international context and commitments | Learnt more about SRHR | I learnt the previous day that SRHR is not only sexual harassment; it is beyond sexual harassment and many more |
| Exercise about self awareness and gender dynamics. | I learnt about SRHR and difference between the sexual and reproductive health, its links with development and our daily activities | It was a better opportunity to reflect on the hidden things and to think about them |

Similarly, some of the burning questions are as follows

| How can we discuss SRHR with the rigid community and religious people? | Are we promoting homosexuality? | Need to learn to unpack "SRHR" as it has become a jargon without proper understanding of it |
| How to speak in community (Role Play) | Expression of the concepts at family community, and society level | How we can differentiate between homosexual love and homosexual lust? |

A Session titled “GEO SRHR KEY SAATH!” was conducted. This simulation invited participants to role play an interactive live TV show with audience based on learning’s of Day 1. Three volunteer participants were called to talk about their learnings and discuss the burning questions for their understanding towards SRHR. Participants generally showed clear understanding about the basic definitions and context of SRHR. They valued the contextual background of the concept and connections at national and
international levels. Self awareness for further identifying ones sexuality was appreciated along with its exercises. Participants agreed that raising awareness at community level regarding SRHR is a great service to humanity, and society will take time to absorb the concept.

Burning questions showed that participants were convinced to use the learnings for further sensitization at community level and recorded to internalize themselves and own the concept for personal growth. Most of their questions were relevant to advocacy regarding SRHR at community level.

Participants suggested that sensitization at community level cannot take place according to the needs and understanding of SRHR advocates because of the varied requirements of different communities. Therefore, this can be achieved if we i.e. SRHR advocates can address the community needs directly by reflecting their concerns, queries and subjective interpretations of SRHR.

One participant urged that instead of looking for better ideas to sensitize communities, focus should instead be upon personalizing SRHR into personal lives and owning the idea completely.

Talking about the general trends in the society, participants shared that participants didn’t like to talk about SRHR and relevant problems in open, and issues such as puberty were not addressed. Even during sensitization at community level, selective issues which are “safe” are talked about. Describing inner resistance, participants agreed that they have limited clarity about SRHR and therefore have a sense of guilt about their work; open dialogue and categorical understandings can only break those barriers and allow them to feel confident.

Answering in terms of religious perspectives, participants said that it is only misinterpretation of which has caused a feeling of shyness regarding the issue. The Holy Quran is not silent on SRHR, and they must understand that they are doing a positive service for the community rather than teaching them “homosexuality”, they are just telling them to identify their sexualities, after that it is their (society) own choice to choose whatever they think better for them, sensitization doesn’t mean that they must follow what we say them to, it means we are making them aware of their rights.

The facilitator urged participants to relate SRHR to a developed vision; it is the clarity of vision that allows one to make informed choices, and identify ones strategic and practical needs.

**EXERCISE: SEXUALITY AND LIFE LINE**

The facilitator then requested participants to write their ideas and perceptions about sexuality.

Participants wrote their understandings on cards which were arranged in accordance with age brackets, (cross cutting these that prevailed for a longer period of time were separated). It was concluded that all the participants shared understanding regarding SRHR, and personal experiences varied from person to person and across gender lines.
EXERCISE: MATRIX

Participants were requested to take a position on the following statement:

“It is indispensable and urgent that we stop governing ourselves by the absurd notion that only two possible body types exist, male and female, with only two genders inextricably linked to them, man and woman. We make trans and intersex issues our priority because their presence, activism and theoretical contributions show us the path to a new paradigm that will allow as many bodies, sexualities and identities to exist as those with each one of them respected, desired, celebrated”

And to relate their understanding on SRHR and place themselves as follows:

- Strongly Agree;
- Agree;
- Disagree;
- Strongly disagree.

Participants chose two positions: “agree” and “strongly agree” and discussed reasons as to why they chose their respective positions.

Group comments are listed below.

Agree:

- I don’t have enough knowledge to convince people, so I need more knowledge to strongly agree to the concept;
- I intend to further explore SRHR;
- I have my own barriers towards SRHR, which needs to be removed;
- I am unable to advocate SRHR at family level;
- Personal barriers stop me, if I discover my son homosexual, then I fear, I wont accept that;
- My religion and culture stops me to strongly agree.

STRONGLY AGREE:

- As far as advocacy with colleagues is considered, we can’t stop them from their desires, then why should we change their views?
- I told my son about wet dreams, and he got comfortable with me and shared me his experiences;
- We carry burdens by worrying unnecessarily about SRHR;
- As much as we influence the society about SRHR, we face reactions;
- Social exclusion prohibits development e.g. transgender must be included.

SESSION: RESISTANCE & COMMUNICATIONS

Importance of communications for advocacy for SRHR was stressed upon by the facilitator. “Interpersonal communications” is one of the most powerful kinds of communications; in which Non verbal communications is most affective (93% non verbal
communications and less than 7% is verbal. “Feedback” is a critical component of communications.

The concept of Johari window, also called as “Three Sixty Degree” (360˚) was shared. Participants showed interest in this tool. They assured that through good communication skills, trust and feedback they can better advocate SRHR at community level, and enhance their knowledge through sharing their experiences

SESSION: INTEGRATING SRHR INTO ORGANIZATIONAL DEVELOPMENT

“SRHR checklist for organizational development” (Annexure 7) was shared with participants to form a basis for the action plan (Annexure 8). The exercise focused on the following areas:

- Identity and strategy;
- Governance & participation;
- Management systems;
- Planning, monitoring and evaluation;
- Financial resource management;
- Human resource management;
- Technical and methodological capacity & expertise;
- Programme activities;
- External relations, networking and lobby & advocacy.

The facilitator briefed participants on the action planning exercise and develop a asked participants to draft a 3 months action plan (1st January, 2011 to 31st March, 2011) for their respective organizations. This was an opportunity for participants to also develop a list of indicators which would assist in improved monitoring and evaluation efforts. Action plan matrix looked at:

- Area of intervention;
- Activity;
- Capacity gaps;
- Result;
- Who leads and with whom?
- Resources required Internal / external;
- By when?

WORKSHOP EVALUATION

At the end of the workshop, participants were requested to complete the evaluation forms which were provided to each participant. A total of 14 evaluation forms (annexure 9) were completed.

Most participants strongly agreed that the training was relevant to their needs; they clearly understood the concepts of Sexuality and SRHR in a wider spectrum. Methods used and information included was appreciated and found interesting. Some of them were pleased to have conceptual clarity regarding sex, sexuality and SRHR; however, majority of the participants showed keen interest in the contextual background and
shared valuable experiences. Generally all of them appreciated the management and acknowledged the facilitators knowledge on SRHR and suggested to hold more of these workshops and increase their time duration. Comfortable learning environment was praised and noted by the participants. Similarly the informal sitting arrangement and mode of discussion were generally the best reckoned components of the workshop.
ANNEXURES

ANNEXURE 1: PROGRAM AGENDA

Objectives:

- To recognize the importance of Sexual & Reproductive Health Rights for the well being of women and men;
- To take an inclusive, gendered, and positive approach to SRHR in the context of Pakistan; and
- To describe rationale and strategies to integrate SRHR in their respective organizations and programmes.

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<th>Time</th>
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<td>1</td>
<td>0900 –0915</td>
<td>Welcome and Introduction</td>
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<td>2</td>
<td>0915 –1000</td>
<td>Icebreaker Exercise; Expectations, objectives &amp; norm setting.</td>
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<td>3</td>
<td>1000 –1100</td>
<td><strong>Overview of SRHR</strong></td>
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<td>▪ International &amp; National context and commitments; SRHR and Development.</td>
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<td>4</td>
<td>1100 -1115</td>
<td>Tea Break</td>
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<td>5</td>
<td>1115- 1330</td>
<td><strong>Key SRHR Concepts</strong></td>
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<td>▪ What is sexuality and reproductive health?</td>
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<td>▪ Sexual and reproductive health rights; Essential components.</td>
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<td>6</td>
<td>1330-1430</td>
<td>Lunch &amp; Prayer Break</td>
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<td>7</td>
<td>1430 - 1630</td>
<td><strong>Gender, Self awareness &amp; SRHR</strong></td>
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<td>▪ Self awareness and gender dynamics; Role of self awareness and gender sensitive SRHR; Exercise.</td>
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<td>8</td>
<td>1630-1700</td>
<td>Closing &amp; Next Steps</td>
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<tr>
<td>7</td>
<td>0900 –1000</td>
<td>Recap Day</td>
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<td>8</td>
<td>1000 –1100</td>
<td>Exercise</td>
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<td>9</td>
<td>1100-1115</td>
<td>Tea Break</td>
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<td>10</td>
<td>1115-1245</td>
<td><strong>SRHR, Masculinities and Violence</strong></td>
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<td></td>
<td></td>
<td>▪ Notions of masculinities, violence and need to engage men and boys;</td>
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<td>▪ Forms of resistance and communication skills.</td>
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<td>11</td>
<td>1245-1330</td>
<td>Exercise – Role Plays</td>
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<td>12</td>
<td>1330 - 1430</td>
<td>Lunch and Prayer break</td>
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<td>13</td>
<td>1430 - 1630</td>
<td>Integrating SRHR into organizational development</td>
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<td></td>
<td></td>
<td>▪ Draft action plan</td>
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<td>13</td>
<td>1630-1700</td>
<td>Closing, Evaluation &amp; Next Steps</td>
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## ANNEXURE 2: PARTICIPANTS LIST

**PSO–WPF Learning and Work Trajectory**

**Two days Training on Sexual and Reproductive Health and Rights**

2-3 December, 2010

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<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Designation</th>
<th>Email</th>
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<tr>
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<td>CR</td>
<td><a href="mailto:qadeer@wfp.pk">qadeer@wfp.pk</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Farhat Firdows</td>
<td>Aahung</td>
<td>Senior Manager</td>
<td><a href="mailto:farhatfirdows@ahung.org">farhatfirdows@ahung.org</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**PSO–WPF Learning and Work Trajectory**

Two days Training on Sexual and Reproductive Health and Rights

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Designation</th>
<th>Email</th>
<th>2nd Dec, 2010</th>
<th>3rd Dec, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.</td>
<td><em>Male</em></td>
<td>NAT PWN</td>
<td>Regional Office</td>
<td><a href="mailto:khalilnazir@org.pk">khalilnazir@org.pk</a></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td><em>Mamun</em></td>
<td>BRSP</td>
<td>Manager</td>
<td><a href="mailto:opencare@valeur.com">opencare@valeur.com</a></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td><em>Kanwal Qayyum</em></td>
<td>WPF</td>
<td>RM, IS</td>
<td><a href="mailto:kanwal@wppak.org">kanwal@wppak.org</a></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td><em>Za</em>*.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>21.</td>
<td><em>Za</em>*.</td>
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<td>22.</td>
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<tr>
<td>23.</td>
<td><em>Za</em>*.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>24.</td>
<td><em>Za</em>*.</td>
<td></td>
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</tr>
</tbody>
</table>
ANNEXURE 3: WORDS EXERCISE

SRHR + Rights
- Should have choice
- To give equal opportunity to everyone
- A key element in human life
- To protect the rights of women and men from sexual harassment and must develop rights policy in organization
- It is a basic and human right and one can become empowered to have this right.
- Implementation/Exercise of these rights in Pakistan society is difficult

SRHR + Reproductive Health
- Reproductive health starts at puberty and ends at menopause
- It leads to the right of freedom
- Life is continuation

SRHR + institutionalization + Organizational development
- To integrate SRHR at institutional level, it should be the part of curriculum
- The organization overall institutional mechanism should be SRHR friendly and respecting

SRHR + Power
- Having power to protect ones SRHR
- Make dominant society

SRHR + Self Awareness
- About making safe decisions to keep oneself healthy and protect from STI’s
- Every one saved everywhere if he/she has SRHR awareness
- It is a very important component to know and aware regarding sexual and reproductive health

SRHR + Gender
- Gender discrimination in our society is a very common practice
- Equal rights for everyone

SRHR + Violence
- Majority of the violence’s are because of ignorance and non provision and availability of SRHR right
- SRHR should have free of violence
- Violence is a major barrier in SRHR
- Violence is one of the negative aspects of SR Process
- Violence is a part of sexuality

SRHR + Sexual Health
- SH is one important aspect in SRHR
- Sexual health is a broader term and involves the whole life
- The whole life related to SRHR
- Is not only being disease free, but being happy!
SRHR + Empowerment
- Empowerment: by providing enabling environment improving knowledge at school level about pubertal changes
- Protect them from unsafe behaviors
- Make safe decisions regarding SRH
- Protect them from violence
- Improvement in communication skills
- Empowerment is the base in making healthy decisions
- Empowerment at all levels is important to bring change in SRHR
- Empowerment related with SRHR is necessary to make healthy and safe decisions

SRHR + Advocacy
- Advocacy is important for any intervention related to SRHR
- The communications strategies for advocacy on SRHR needs to be accepted
- Advocacy: at three levels
  - Individual/community awareness/sensitization, change/modification in the behavior
  - Institutional level:
    - Sensitization with parents/teachers/religious scholars and faculty
    - Capacity building on SRHR and ASRH issues
  - Policy Level
    - Integrate LSBE at school level
    - SRHR in medicine and nursing curriculum
    - To implement sexual harassment policy or to introduce SRHR concept in organization
  - Advocacy can be a best tool to ensure SRHR at all levels
  - Important for policy level change and allocation
  - To bring change in an organization either on small levels or large scale, with positive influence of human life
  - Help in addressing the issues and building knowledge

SRHR + Development
- Improved knowledge and skills lead to healthy relations
- Respect dignity
- Freedom of expression
- Freedom from discrimination
- Healthy individual
- Healthy society
- Change at policy level
- More development more knowledge
ANNEXURE 4: KEY LEARNINGS AND BURNING QUESTIONS

BURNING QUESTIONS

- How we can differentiate between homosexual love and homosexual lust?
- If sexuality is personal expression, how can we reconcile personal choice, social restriction and religious commandments?
- Need to learn to unpack “SRHR” as it has become a jargon without proper understanding of it
- How can we discuss SRHR with the rigid community and religious people?
- Expression of the concepts at family community, and society level
- How independently we can interlink SRHR rights with each other
- How to speak in community (Role Play)
- Are we promoting homosexuality?
- Are we a good trek in the light of our religious, values and culture?
- No talk about bridging the gap between SRHR agenda and Islamic way of thinking but some issues remain out of question for Islamic scholars for example sexual orientation-abortion. How to come up with solutions on these and other similar issues that is For Example reconciliation between homosexuality and Islam?
- How SRHR can be disseminated to all or how everyone can get information of SRHR?
- Lets assume it we implement the sexual rights or sexual rights are implemented by laws of countries different typed of sexes, my question is that is not against the nature, like different sayings from different people on history that men and women are made for each other but what are the others?

KEY LEARNINGS

- Integration of SRHR with development and planning in Pakistan
- Recalling ones history when ones identity was being recognized by oneself
- SRHR development
- Scattered picture of sexual health link with development approaches and integration become more clear and structured
- Some SRHR rights
- Figure in 2020 of population my god where we going (320m)
- The whole day was very useful
- The correlation of sexuality and R.H was good
- SRHR is a tool for overall development brought clarity and reinforced importance of the field.
- How men feel about their sexuality, there perspective
- The nexus between self-awareness, Gender and Power
- Pakistan's commitment towards SRHR
- Men's vulnerabilities in the context of sexuality and HIV and AIDS
- It was a better opportunity to reflect on the hidden things and to think about it
- The linkage between various aspects example sexual health, masculinity, violence, advocacy and others with SRHR
- National and international context and commitment
Exercise about self awareness and gender dynamics
Learn more about SRHR
The learning of the previous day is SRHR is not only sexual harassment; it is beyond sexual harassment and many more
How independently we can interlink SRHR rights with each other
How to speak in community (Role Play)
I learnt about SRHR and difference between the sexual and reproductive health, its links with development and our daily activities
## ANNEXURE 5: PARTICIPANTS FEARS AND EXPECTATIONS

<table>
<thead>
<tr>
<th>Group 1: Natpow, Awaz, Khwendo Kor</th>
<th>Personal</th>
<th>Organizational</th>
<th>Contribution</th>
</tr>
</thead>
</table>
| **Expectations**                  | • We’ll be able to communicate SRHR knowledge with our children  
• More clarity and realization on the importance of SRHR  
• To become more sensitive towards SRHR | • Integration of SRHR may become practical in organizational policies, culture and approach  
• Can expand more and to explore the needs to strategies in a better way | • Being senior manager can influence the policies, systems of the organization to become more SRHR friendly.  
• Organization can create sensitivity in public sector, and influence policy or legislation. |
| **Fears**                          | • Socio-cultural may not receptive to SRHR  
• May not become sensitive and unable to integrate in personal and organizational approach  
• Biasness, misinterpretation and contradiction with religion | May it not be possible to integrate CO2 of the environment, where organization is working | May not able to convince the BOP, public representative and team on SRHR |

| Group 2: Anwar Panezai, Hashim Khan, Malik Kakar(BRSP)  
Dr. Khalid, Ms. Rubina (HANDS) | Personal | Organizational | Contribution |
|---------------------------------|----------|----------------|--------------|
| **Expectations**                | • Understand concepts of SRHR  
• Identifybeerier in understanding and implementing SRHR  
• Learn to align SRHR in my personal life, keeping in view the cultural and religious context. | • Make SRHR part of organization and policies.  
• Identify beerier in understanding and implementing SRHR at organizational level.  
• Include SRHR in job descriptions / programs | • SRHR will be incorporated in the attitude  
• Make it part of organizational SOPs.  
• Development of Human resources in the context of SRHR |
## SENSITIZATION WORKSHOP ON SEXUAL & REPRODUCTIVE HEALTH RIGHTS (SRHR)

<table>
<thead>
<tr>
<th></th>
<th>Personal</th>
<th>Organizational</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fears</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict of ideas / acceptance of SRHR</td>
<td>Resistance from group/staff</td>
<td>Interpretation of SRHR in the context of Islam / culture (cultural sensitive approach)</td>
<td></td>
</tr>
<tr>
<td>We'll learn but may not express when it is needed.</td>
<td>The staff may not adopt the policies (SRHR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Socio cultural and religious differences of SRHR issues consider if a western agenda.</td>
<td>Human and financial constraints.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Group 3: Mr. Qadeer baig (RWPF), Mr. Akhlaq, Mr. Nikhat Shakeel (Aahung)

<table>
<thead>
<tr>
<th></th>
<th>Personal</th>
<th>Organizational</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expectations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase knowledge about SRHR</td>
<td>SRHR friendly policies, modification in SRHR module</td>
<td>Sharing of experiences</td>
<td></td>
</tr>
<tr>
<td>To learn new trends and new dimensions about SRHR</td>
<td>Development of training program for the mainstreaming of SRHR</td>
<td>Openness</td>
<td></td>
</tr>
<tr>
<td>Learning to deal with sensitive but important issues- SRHR</td>
<td></td>
<td>By following norms of the workshop</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fears</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict with personal believes and values</td>
<td>Difficulty in motivating the decision makers about the new learnings</td>
<td>Though discussion and dialogues</td>
<td></td>
</tr>
<tr>
<td>2 days are not enough with SRHR</td>
<td>Backlash from media and religious leaders</td>
<td>Culturally appropriate and through consultation with stakeholders</td>
<td></td>
</tr>
<tr>
<td>Relevancy to the context</td>
<td>Budget constraints</td>
<td>Resource mobilization strategies</td>
<td></td>
</tr>
</tbody>
</table>

22
<table>
<thead>
<tr>
<th>Expectations</th>
<th>Personal</th>
<th>Organizational</th>
<th>Contribution</th>
</tr>
</thead>
</table>
|              | • Personal growth in context of SRHR  
• Change in the mindset after having knowledge of SRHR  
• Learning how to integrate SRHR concepts in diversity (culture, ethnics etc.) | • Preparation of policy level document which is SRHR sensitive to bring a real change  
• Planning culturally sensitive SRHR initiatives  
• Giving SRHR friendly environment | • Clarity of concepts  
• To bring change in organization by carrying policy level change |
| Fears        | • Lacking confidence to speak on SRHR  
• May not settle for less than CSE | • Resistance from staff  
• Constraints from surroundings  
• Lack of resources | Prioritization of focused areas |
ANNEXURE 6: EXERCISE. SEXUALITY AND LIFE LINE

0 - 5

- Role
- Infections
- Biological Determination
- Sex Organs (Male + Female)

6 - 10

- Hugging
- Expression of Emotions
- My Body: My Choice, My control
- Choice, Freedom, personal
- Family
- Homosexuality
- Sexual health

11 - 15

- Safe motherhood
- Abortion
- Sex
- Early Marriage
- Pregnancy (reproductive Health)
- Enjoyment
- Dating
- Lust
- Outer course
- Face of a girl
- Puberty
- Physical relationship
- Love

15 - 20

- Attraction towards opposite sex
- Masturbation critical dimension of sexuality
- Commitment
- Risks
- Pregnancy
- Abortion
- Sexual Desire (in both Sexes)
- Intercourse
- Self Awareness
- Adolescent health
- Sex without Guilt
20 - 25

- Base of Life
- 26-30
- Orgasm is the most neglected area in women’s sexuality
- Relationship
- Marriage
- Diversity

31 - 35 (no comments)

36 - 40 (no comments)

41 - 45

- Menopause

46 - 50

- Menopause

51 - above

- Life without sex

Cross Cuttings

- Desire
- Pleasure (7)
- Intimacy (2)
- Experimentation Exploration
- HIV
- Rape (2)
- Sexual Needs
- Satisfaction (2)
## ANNEXURE 7: SRHR CHECKLIST

<table>
<thead>
<tr>
<th>Organizational Self Assessment sheet</th>
<th>Assessment of quality of each aspect</th>
<th>Supporting documents (yes/no)**</th>
<th>Explanation and/or comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please provide name of your organization in this box</td>
<td>always (/yes)</td>
<td>most of the time</td>
<td>sometimes</td>
</tr>
</tbody>
</table>

### 1. IDENTITY AND STRATEGY

The organization has clearly defined target groups, which may or may not include women, men, youth, sexual minorities and vulnerable populations such as transgender, gay and HIV positive people

The organization has a multi-year strategic planning document with clear objectives, a manageable number of result areas and clear strategies that include SRHR

The strategic planning document is accompanied with a (external) risk assessment that includes or focuses separately on SRHR

### 2. GOVERNANCE & PARTICIPATION

Board members represent sexually vulnerable populations and/or people living with HIV/AIDS

### 3. MANAGEMENT SYSTEMS

There is a clearly defined policy of non discrimination on the basis of gender and sexual health and rights

### 4. PLANNING, MONITORING AND EVALUATION

Monitoring and evaluation indicators include indicators on gender and sexual health and rights
A contextual research (e.g., stakeholder mapping and needs analysis), which includes research on SRHR, is conducted which describes a clear need before an intervention is started

Objectives of interventions are formulated in a clear SMART way and include specific objectives on SRHR

Beneficiaries include women, men and sexual minorities

### 5. FINANCIAL RESOURCE MANAGEMENT

The organization’s budget is based on gender-sensitive budgeting

The organization’s budget allocates a percentage for SRHR-focused activities

### 6. HUMAN RESOURCE MANAGEMENT

The organization makes a concerted effort to hire women and sexual minorities

All staff go through an orientation upon joining the organization that includes training on gender and sexual health and rights

Capacity building trainings are held for staff on an ongoing basis on gender and sexual health and rights

HR ensures that staff is non-judgmental and non-discriminatory towards women, sexual minorities, and HIV positive people who are either working in the organization or who are stakeholders and/or beneficiaries
HR ensures that confidentiality is maintained for staff, stakeholders and beneficiaries who may be part of a sexual minority group, have tested positive for HIV, or may have an STI.

The organization has a health insurance plan which includes, or facilitates testing and treatment for: sexually transmitted infections and HIV/AIDS. If insurance companies do not allow this, the organization makes alternative arrangements for staff's treatment and care.

The organization has a maternity leave policy.

The organization has a paternity leave policy.

**7. TECHNICAL AND METHODOLOGICAL CAPACITY & EXPERTISE**

Staff has knowledge of legislation and policy documents relevant to SRHR, including the Population and Health Policies, the Reproductive Health Package, the Sexual Harassment Bill, etc.

Staff is familiar with relevant international conventions and plans of actions that the Pakistan government has signed, ratified or otherwise committed to, such as CEDAW (Convention on All Forms of Discrimination Against Women), ICPD (International Conference on Population and Development-1994), etc.
Beijing Conference on Women-1995, and the MDGs (Millennium Development Goals)

### 8. PROGRAMME ACTIVITIES

Programme activities include but are not limited to: training, capacity building, service delivery, advocacy on the following SRHR areas:
- Sexual and Reproductive Health and Rights
- Rights Based Approach
- Gender
- HIV/AIDS
- Sexual and Gender Based Violence
- Sexuality Education
- Sexual diversity & gender identity
- Access to SRH services
- Behavior change approaches
- Stigma and discrimination

### 9. EXTERNAL RELATIONS, NETWORKING AND LOBBY & ADVOCACY

Strategic alliances and networks are identified and formed/joined on the basis of SRHR.

The organization has good and active working relationship with strategic networks and partners at local level that focus on SRHR.

The organization has good and active working relationship with strategic
networks and partners at the *national* level that focus on SRHR

The organization has good and active working relationship with strategic networks and partners at the *international* level that focus on SRHR

Advocacy activities clearly include a focus on SRHR

The organization conducts advocacy for policy implementation and change on SRHR

The organization’s donors actively support SRHR-focused activities
## ANNEXURE 8: SRHR OE Action Plan

### SRHR OE Action Plan - December 2010 to March

<table>
<thead>
<tr>
<th>Organization: Aahung</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Area of intervention</strong></td>
</tr>
<tr>
<td>Governance &amp; participation</td>
</tr>
<tr>
<td>Human Resource Management</td>
</tr>
<tr>
<td>Human Resource Management</td>
</tr>
</tbody>
</table>
### Action Plan of Awaz CDS-Pakistan

<table>
<thead>
<tr>
<th>Area of Interventions</th>
<th>Activity &amp; Results</th>
<th>Capacity Gaps</th>
<th>Who Leads with Whom</th>
<th>Resources (Internal/External)</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity &amp; Strategy</td>
<td>Revisiting strategic Business plan (SBP)</td>
<td>Nil</td>
<td>Management with staff</td>
<td>Internal + RWPF</td>
<td>31st January</td>
</tr>
<tr>
<td>Governance</td>
<td>BODs sensitization</td>
<td>Nil</td>
<td>Management with BODs</td>
<td>Internal</td>
<td>31st January</td>
</tr>
<tr>
<td>External Relations, networking and lobbying</td>
<td>Civil Society Sensitization Seminar</td>
<td>Nil</td>
<td>Policy &amp; Advocacy Unit</td>
<td>Internal + RWPF</td>
<td>31st March</td>
</tr>
<tr>
<td>Human Resource Management</td>
<td>Revisiting HR Policy</td>
<td>Nil</td>
<td>Management + HR Unit + BODs</td>
<td>Internal</td>
<td>31st March</td>
</tr>
</tbody>
</table>
## SRHR OE Action Plan - December 2010 to March

<table>
<thead>
<tr>
<th>Area of intervention</th>
<th>Activity</th>
<th>Capacity gaps</th>
<th>Result</th>
<th>Who leads and with whom?</th>
<th>Resources required</th>
<th>By when?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resource Management</td>
<td>Review of existing policies</td>
<td>-SRHR friendly HR system/professionals&lt;br&gt;-Consultant required to facilitate the process</td>
<td>Developed SRHR friendly policies’ recommendations</td>
<td>Anwar Panezai, Hashim Khan&lt;br&gt;With: Malik Kakar</td>
<td>BRSP+RWPF</td>
<td>March 15, 2011</td>
</tr>
<tr>
<td>Technical &amp; methodological capacity &amp; expertise</td>
<td>Orientation trainings for mid level managers</td>
<td>Professional and expert trainer on SRHR</td>
<td>Trained 25 mid level staff on SRHR</td>
<td>Hashim Khan</td>
<td>Training cost</td>
<td>BRSP+RWPF</td>
</tr>
<tr>
<td>Planning, monitoring and evaluation</td>
<td>Include SRHR indicators in projects/programs</td>
<td>N/A</td>
<td>SRHR indicators included in Projects/programs</td>
<td>Senior management</td>
<td>BRSP</td>
<td>March 31st, 2011</td>
</tr>
<tr>
<td>Governance &amp; Participation</td>
<td>Orientation of BoD members of SRHR</td>
<td>N/A</td>
<td>BoD sensitized</td>
<td>Mr. Nadir Gul Barech&lt;br&gt;Mr. Anwar Panezai</td>
<td>Internal</td>
<td>March 31st</td>
</tr>
<tr>
<td>Financial resource management</td>
<td>Develop gender sensitive budgets for programs and projects</td>
<td>N/A</td>
<td>Gender sensitive budgets SRHR focused budgets</td>
<td>Senior management</td>
<td>Internal</td>
<td>March 31st</td>
</tr>
<tr>
<td>Area of intervention</td>
<td>Activity</td>
<td>Capacity gaps</td>
<td>Result</td>
<td>Who leads and with whom?</td>
<td>Resources required</td>
<td>By when?</td>
</tr>
<tr>
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<td>---------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------</td>
<td>-------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Orientation of Staff and Board members</td>
<td>Discussion with management. Work plan for orientation in monthly meeting and board meetings.</td>
<td></td>
<td>Dr. Khalid Ms. Rubina With steering committee</td>
<td>RWPF</td>
<td>January 2011</td>
<td></td>
</tr>
<tr>
<td>There is a clearly defined policy of non discrimination on the basis of gender and sexual health and rights</td>
<td>Discussion with management and HR. Incorporation in HR policies</td>
<td></td>
<td>Dr. Khalid Ms. Rubina</td>
<td>HANDS RWPF</td>
<td>February</td>
<td></td>
</tr>
<tr>
<td>Strategic Document review in perspective of SRHR</td>
<td>Discussion with management Review of policies and incorporation of SRHR in policies</td>
<td></td>
<td>Dr. Khalid Ms. Rubina</td>
<td>HANDS RWPF</td>
<td>Dec- Feb</td>
<td></td>
</tr>
<tr>
<td>All staff go through an orientation upon joining the organization that includes training on gender and sexual health and rights</td>
<td>Discussion with HR. Orientation of new staff on SRHR.</td>
<td></td>
<td>Dr. Khalid Ms. Rubina</td>
<td>HANDS</td>
<td>On going</td>
<td></td>
</tr>
<tr>
<td>The organization makes a concerted efforts to hire women and sexual minorities</td>
<td>Negotiation with board member. Incorporation of policy. Periodic monitoring to ensure implementation</td>
<td></td>
<td>Dr. Khalid Ms. Rubina</td>
<td>HANDS</td>
<td>February</td>
<td></td>
</tr>
<tr>
<td>The organization has a paternity leave policy</td>
<td>Discussion with management and HR. Incorporation in HR</td>
<td></td>
<td>Dr. Khalid Ms. Rubina</td>
<td>HANDS</td>
<td>February</td>
<td></td>
</tr>
</tbody>
</table>
### SRHR OE Action Plan - December 2010 to March

#### Organization: Khwendo Kor

<table>
<thead>
<tr>
<th>Area of intervention</th>
<th>Activity</th>
<th>Capacity gaps</th>
<th>Result</th>
<th>Who leads and with whom?</th>
<th>Resources required</th>
<th>By when?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Capacity enhanced on SRHR</td>
<td>2 sensitization workshops for management and field staff on SRHR.</td>
<td>No module exist&lt;br&gt;Lack of internal expertise&lt;br&gt;No specific budget is available</td>
<td>5 management and 30 field staff trained on SRHR concepts.</td>
<td>Training manager with external resource person</td>
<td>Internal and external both</td>
<td>December 2010</td>
</tr>
<tr>
<td>1</td>
<td>1 Technical trainings on SRHR for field staff</td>
<td>Non availability of budget</td>
<td>12 field staff trained and able to work on SRHR issues at community level</td>
<td>Training manager with external resource person</td>
<td>External resource</td>
<td>January 2011</td>
</tr>
<tr>
<td>Integration of SRHR in organization systems and policies</td>
<td>JDs of KK staff reviewed in perspective of SRHR</td>
<td>Lack of expertise and resources.</td>
<td>Management and field staff JDs reviewed and integrate SRHR in it.</td>
<td>HR manager with external resource person</td>
<td>External resource</td>
<td>February 2011</td>
</tr>
<tr>
<td>1</td>
<td>Review of recruitment and staff</td>
<td>Lack of expertise and SRHR competency included in</td>
<td>HR manager</td>
<td>Internal arrangement</td>
<td>February 2011</td>
<td></td>
</tr>
<tr>
<td>Competencies and make it SRHR friendly and sensitive.</td>
<td>Resource</td>
<td>the staff overall competence.</td>
<td>for it.</td>
<td>Streamlining of RH program in the perspective of SRHR</td>
<td>No budget</td>
<td>March 2011</td>
</tr>
</tbody>
</table>
### SRHR OE Action Plan - December 2010 to March - RWPF

**Organisation:** RWPF

<table>
<thead>
<tr>
<th>Area of intervention</th>
<th>Activity</th>
<th>Capacity gaps</th>
<th>Result</th>
<th>Who leads and with whom?</th>
<th>Resources required</th>
<th>By when?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR</td>
<td>Ensuring that STI – HIV testing included in the employee’s Insurance plan</td>
<td>STI testing is available to the staff</td>
<td>HR with insurance companies and with consultation with all employees</td>
<td>Funds - Insurance Companies Goodwill</td>
<td>31st Jan-11</td>
<td></td>
</tr>
<tr>
<td>HR</td>
<td>SRHR orientation and capacity building of new staff</td>
<td>SRH sensitized/informed staff</td>
<td>HR – all employees</td>
<td>Opportunities Funds scholarships</td>
<td>Feb 15th, 2011</td>
<td></td>
</tr>
<tr>
<td>HR</td>
<td>Revisions made in the HR policy – including revision of JDs</td>
<td>SRH sensitive and rights based policy</td>
<td>HR-ALL EMPLOYEES</td>
<td>Legal help</td>
<td>Jan 15th, 2011</td>
<td></td>
</tr>
<tr>
<td>HR</td>
<td>Training need assessment</td>
<td>Leadership training for staff</td>
<td>HR – Staff</td>
<td>Funds / internal</td>
<td>On going Jan 2011</td>
<td></td>
</tr>
<tr>
<td>External Relations</td>
<td>Linking the partners with international alliances/campaigns</td>
<td>CSBR, MenEngage, and WAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identity and Strategy</td>
<td>Strategic and operational planning</td>
<td>Strategic plan prepared for 5 years</td>
<td>RWPF staff participation, Funds,</td>
<td>Mar, 2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Activities</td>
<td>Communications Strategy</td>
<td>Communication strategy for 2011</td>
<td></td>
<td>Jan 2011</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ANNEXURE 9: EVALUATION ANALYSIS

Your feedback on this session will help improve future trainings. Please read each statement and respond using the following scale:

<table>
<thead>
<tr>
<th>SCALE</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Yes &amp; No</td>
<td>Agree</td>
<td>Strongly Agree</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statement Overall</th>
<th>Your Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The workshop was relevant to my work.</td>
<td>4.5</td>
</tr>
<tr>
<td>2. Training objectives were clear</td>
<td>4.2</td>
</tr>
<tr>
<td>3. Training objectives were achieved</td>
<td>4.0</td>
</tr>
<tr>
<td>4. The length of the workshop was right</td>
<td>3.7</td>
</tr>
<tr>
<td>5. Overall satisfaction with the workshop</td>
<td>3.9</td>
</tr>
</tbody>
</table>

**Workshop Trainer**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Your Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. The trainer was knowledgeable about subject matter</td>
<td>4.1</td>
</tr>
<tr>
<td>7. The trainer expressed ideas clearly</td>
<td>4.0</td>
</tr>
<tr>
<td>8. The trainer helped me acquire knowledge and skills to apply concepts</td>
<td>4.1</td>
</tr>
<tr>
<td>9. The trainer made sure that everyone had equal opportunity to participate</td>
<td>4.6</td>
</tr>
</tbody>
</table>

**Workshop Methods and Process**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Your Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. The training methods used during training were useful</td>
<td>4.5</td>
</tr>
<tr>
<td>11. The training materials (e.g. manual, handouts) were useful</td>
<td>3.7</td>
</tr>
<tr>
<td>12. A comfortable climate for discussion/learning was established</td>
<td>4.7</td>
</tr>
<tr>
<td>13. Duration of the workshop was appropriate</td>
<td>3.2</td>
</tr>
</tbody>
</table>

**Logistical Arrangements**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Your Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Workshop facilities and arrangement (e.g. venue and refreshments) were satisfactory</td>
<td>4.4</td>
</tr>
</tbody>
</table>

Additional comments? (Use a blank sheet if necessary)

Thank you very much for your feedback