

Apr 21 - June 21

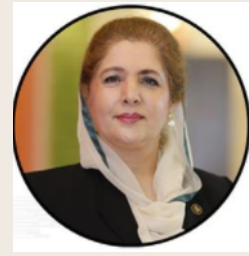
Women's Health



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Message from the CEO



In these challenging times of Covid-19, HRDN pursues its goal to be a policy advocate and driver of change. We launched a Virtual Café to engage and connect with our members digitally during the lockdown. Virtual Voyage was initiated to engage the students and allow cross-pollination of ideas, for our growth and theirs. We strived to keep the HRDN family connected during the pandemic.

HRDN is proud to play its role in bridging the gap between the government and NGOs through the Economic Affairs Division (EAD) registration. I am grateful to the members of HRDN who appreciated us for signing the MoU with EAD.

I am obliged to our partners and network and hope to grow our network, with the help of our members. I look forward to future collaborations and build competent human resources through them. HRDN will continue its work in policy advocacy and be the voice for not just our members but NGOs and development network everywhere.

From the Editor



This issue, on women's health, is particularly important for an organization that is run by a woman. When I was deciding on the theme, women's health kept coming up.

Being a woman, I continue to see and experience how little importance is given to issues relating to women. In a male-dominated society, decisions, and policies that impact women are made by men. And unless that changes, unless women's voices are heard, unless they are empowered enough to make decisions for themselves, we cannot change anything. We need women in the policy-making arena to make sure their issues are heard and solved.

Women's health is not just a point of concern for women but everyone. They are mothers, they bring humans into this world, and their bodies and health bear that pain. They are daughters and wives and sisters, but most importantly they are human beings who should not be treated as second-class citizens. Menstrual health is important for every woman yet it is completely ignored. Most women cannot afford to buy sanitary products, many do not have access to water and sanitation. Sanitary products are expensive because they are taxed under luxury items. Being able to deal with something as natural as menstruation, should not be a privilege, and it is certainly not a luxury. It is a basic human right. Girls drop out of school because they lack the capacity for menstrual hygiene management safely and with dignity. This leads them to be uneducated, unable to become empowered, to become financially independent and the circle of oppression continues and it must be stopped.

We talked to doctors and nutritionists who tell us the importance of good nutrition for a female body, which builds up your immunity against infections and diseases. While covid-19 was a challenging milieu, it did do something positive, like bringing our attention to the poor health infrastructure and the safety of a marginalized group of people.

I hope that we adopt effective and efficient policies towards improving women's health and hence, women's status in Pakistan. Women can be the backbone of our economy and it is our failure as a nation if their health, safety, and rights are ignored.

Quotes



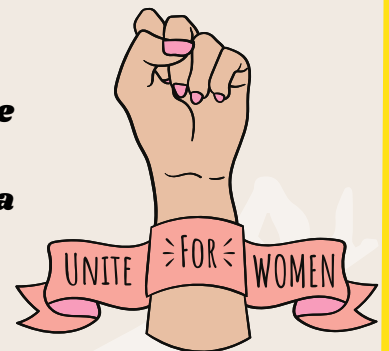
"We need to start identifying the triggers that aggravate mental health issues in our society - bullying, social media negativity and anxiety, gender based violence, substance abuse, stigma around issues such as maternal issues, etc., and we need to speak up about these more and get to the source of the problems"

-Sanam Saeed

"Our body is a sacred place, but only if you treat it as one".

"Communities and countries and ultimately the world are only as strong as the health of their women".

-Michelle Obama



"Your body hears everything your mind says".

"An illness of the mind is an illness of the body, and vice versa".



"A woman's health is her capital".

-Harriet Beecher Stowe

"Healing yourself is connected with healing others".



"You can't say 'yes' to everything and not say 'yes' to taking care of yourself"

-Shonda Rhimes

Dr. Ali Mohammad Mir, on Reproductive Health and Importance for Family Planning for Women's Health

Pakistan is falling behind most of its neighbors and many other Muslim countries in terms of its overall health indicators, particularly maternal and child health indicators. When it comes to health and survival for women and girls, Pakistan ranks 149 out of 153, which includes a measure for reproductive rights and takes into account the worrying sex ratio of 92 percent (as opposed to the naturally occurring rate of 94 percent) of girls born as compared to boys. This is predominantly evident in the levels of maternal mortality, and incidence of unintended pregnancies. It is estimated that 11,000 maternal deaths are occurring annually in Pakistan (186 deaths per 100,000 live births) which seems particularly high when compared to the maternal mortality ratio (maternal deaths per 100,000 live births) in other regional countries like the Islamic Republic of Iran (16), Turkey (17), Saudi Arabia (17), and Malaysia (29).

According to the Pakistan Demographic and Health Survey PDHS 2017-18, nearly 18 percent of women became pregnant six to seventeen months after a live birth and 37 percent within 24 months. PDHS data shows that the highest proportion of closely spaced pregnancies occur in the adolescent age group of 15-19 years. Compared to older women, this group also has the highest unmet need for spacing, nearly one out of six women in this age bracket want to space her pregnancies but is unable to do so.



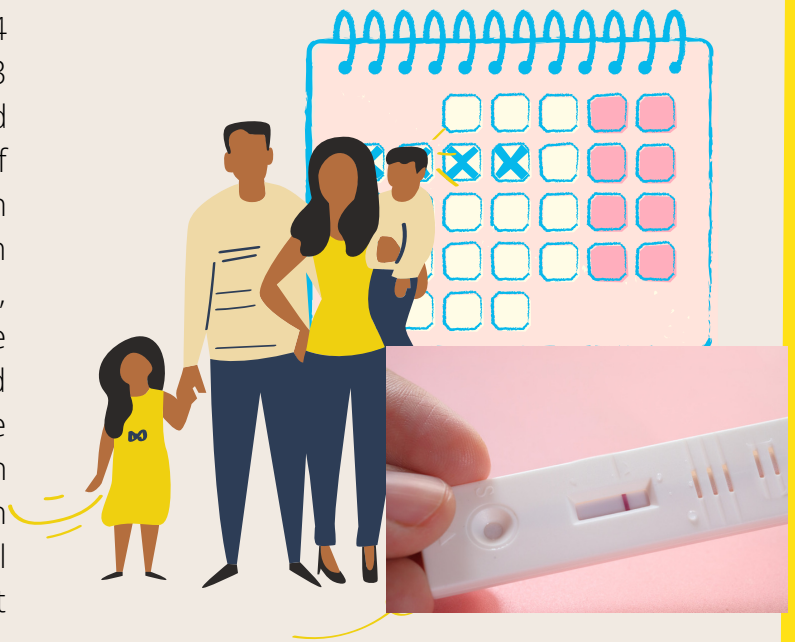
Dr. Ali M. Mir is an accomplished researcher and senior programme director with over 20 years professional experience and expertise in Family Planning (FP). His key skills are research design and implementation, capacity building, and advocacy to increase access to FP services. He is responsible for technical leadership of the Population Council projects in Pakistan related to FP, reproductive health (RH), including sexually transmitted infections, capacity building, and leadership development in population and RH.

Through Dr. Mir's guidance, birth spacing has now been recognized by the Government of Pakistan as a key health intervention and the Prime Minister has required birth spacing services be provided nationwide. Dr. Mir has made a significant contribution to the evidence base for FP in Pakistan. He has authored two books, published numerous research publications, presented at many scientific conferences and meetings, and is in frequent communication with policymakers through his work.

Dr. Mir holds a master's in public health from Leeds University, UK and a degree in Medicine from Rawalpindi Medical College. A Pakistani national, Dr. Mir is fluent in English and Urdu.

Global evidence has unequivocally established that closely spaced pregnancies contribute to adverse maternal and child outcomes. When a pregnancy occurs six months after live birth, it leads to a 70 percent increased risk of maternal death, 60 percent increased risk of a stillbirth, 230 percent increased risk of a miscarriage, and 170 percent increased risk of newborn death. Healthcare providers must counsel all women in the reproductive age bracket on the benefits of birth spacing and provide the requisite family planning services to mitigate this risk.

Spacing pregnancies at least 24 months apart (the equivalent of 3 years between births) is directly linked to the reduction of a key measure of malnutrition, stunting, among children under 5 years of age. Children born after a two-year interval or less, compared with a four-year interval, are 27 percent more likely to be stunted and 23 percent more likely to be underweight. It is pertinent to mention here that a mother's poor nutrition can also have adverse effects on fetal nutrition and growth, and hence infant survival. Notably, one out of seven



(14.4 percent) women of reproductive age in Pakistan are undernourished; the population of malnourished women is higher in rural areas, while obesity is more prevalent amongst urban women. Apart from maternal mortality and morbidity, closely spaced pregnancies can also lead to iodine deficiencies and intellectual deficit in mothers and their newborns, respectively.

The majority of pregnant women in Pakistan still do not have access to the kind of maternal and newborn care that they need. Most notably, in stark contrast to the improving trends in antenatal care and institutional deliveries, the modern contraceptive prevalence rate has dropped from 26 percent in 2012-13 to 25 percent in 2017-18. Meanwhile, 17 percent of women have an unmet need for family planning.

There are disparities in contraceptive use and the extent of unmet need for family planning across different segments of women: those who are poor, less educated, live in rural areas, and are young have greater unmet needs.

Expanding access to contraceptives and increasing the number of health outlets, with trained health care providers, can help address the unmet need for family planning. Enhancing financing for family planning services can be an effective mechanism of reaching out to the rural poor and marginalized women and can be effectively achieved through greater engagement of the private sector. To ensure equity, poor and rural

couples who cannot access family planning services through conventional means need to be reached in creative ways, for example, through the provision of subsidized products through private sector providers; through voucher schemes; and especially through public sector community-based distribution systems employing community health workers. As per the CCI endorsed Plan of Action to achieve population stabilization, federal and provincial governments are mandated to link population programs with social safety net programs like the Benazir Income Support Program and introduce conditional cash transfer schemes or other incentive schemes for the adoption of family planning services and institutionalized birth delivery.

There is a dire need to invest in girl's education for 5–16 years, as guaranteed in the Constitution of Pakistan as a fundamental right that would enable and give voice to women in decision-making about critical issues of survival, development, and participation in choices at personal and societal levels. It is equally important to invest in their healthcare and to remove inequities in the provision of services. Today several factors are aligned to propel Pakistan forward on the trajectory towards growth and development; we have a youthful population that is motivated, enthusiastic, and optimistic about their future. Girls' education is becoming more commonplace; the realization that we need to bring down our population growth rate to sustainable levels is evident among all sections of society and everyone wants to achieve a better future for themselves and their children and is willing to go to any length to achieve it. It is this spirit that will enable us to achieve our rightful place in the comity of nations.



Nutrition, Health and Immunity

Webinar with Dr. Nasira Malik

In a patriarchal society, women in Pakistan are treated as second-class citizens and their health and well-being are neglected on all policy levels. By improving and focusing on women's health we will not only reduce the maternal mortality rate but also the child mortality rate, as an unwell mother cannot care for her child's nutrition either. In this quarter, focusing on women's health, HRDN held a seminar with Dr. Nasira Malik on Nutrition, Health, and Immunity.

What are nutrition, nutrients, and their importance?

Nutrition is the process of taking in food and using it for growth, metabolism, and repair. It plays a pertinent role in supplying energy. Nutrients are the units that supply that energy source to heal, build, and repair tissue to sustain growth, to regulate bodily functions. Dr. Nasira described six types of nutrients; carbohydrates, protein, fats, vitamins, minerals, and water.

What is the difference between hunger and appetite?

It is important to know the difference between hunger and appetite. Hunger refers to the physiological requirement of your body for food whereas appetite refers to the psychological desire for food. You might be tempted to eat despite being full or despite being hungry you might not want to eat. Losing your appetite or having an increased appetite could refer to an underlying problem such as stress, anxiety, or depression.

Nutrition Health and Immunity

Friday - JUNE 25th - 2021 @ 3:00 PM

DR. NASIRA MALIK
Nutrition & Health Consultant

LIVE ON zoom

ROBEELA BANGASH
CEO
Human Resource Development Network

f LIVE

Beyond Paradigm

What are a balanced diet and its significance?

Getting a proper balance of nutrients during our teens can improve our health through adulthood according to Dr. Nasira. A balanced diet with a sufficient amount of all necessary nutrients is important because your organs and tissues need proper nutrition to work effectively. Without nutrition, your body is more prone to disease, infection, fatigue because of low immunity. For women, it even more important to have a balanced diet as their bodies go through very drastic changes. Women are more prone to problems such as osteoporosis because they are either unaware of the importance of good nutrition.

What are the effects of an improper diet?

Improper diet may result in poor growth, poor development, poor physical and mental health, being more prone to infectious diseases. Eating too much can lead to weight gain insulin resistance, diabetes, obesity, and heart conditions. It is important to keep a check on your sugar intake as it weakens your immune system.

What nutrients are important to maintain your health and immunity?

Organic and inorganic complexes contained in food are called nutrients. These are classified as macronutrients which include carbohydrates, proteins, fats/lipids, and micronutrients which include vitamins, minerals, and trace elements such as calcium, phosphorus, fluorides, etc.

Having each of these in your diet is important. We should make sure to include fatty acids, amino acids, proteins, carbohydrates, etc in our diet. Dr. Nasira emphasized including vegetables, fruits, nuts, whole grains, and dairy products in our diets in adequate amounts. We must also include iodized salt in our food as iodine deficiency leads to hyperthyroidism. She also emphasized developing an active lifestyle to build our strength and immunity



Vitamin B, C, zinc, and protein are important for supporting a healthy immune system. Vitamin B5 (pantothenic acid) promotes the production and release of antibodies from B-cells. Vitamin B6 and B12 are important for T-cell functioning while B1(thiamin) and vitamin B2(riboflavin) is important for normal antibody response. Vitamin E is an important antioxidant and supports a healthy inflammatory response.



What are some of the health issues caused by the deficiency of these essential nutrients?

Proteins provide muscle growth tissue repair, fluid balance, hormone synthesis, immune function, and energy. Its deficiency can lead to constant cravings, muscle and joint pain, insomnia, low energy, stress, and mood swings. In children below 18 months of age, its deficiency causes Kwashiorkor while in children over 18 months, it leads to Marasmus. It is pertinent for mothers to take care of their health and nutrition and be aware of what their young children require.

Calcium deficiency in women particularly is very common. At the age of menopause, bones start becoming brittle because there is a lack of calcium deposition in the bones. This increases the chances of getting a fracture, causes sleep disturbance, muscle aches and pains, mental fatigue, and mood swings.

Vitamin A and D are important for the eyes, vitamin K for blood, vitamin E for skin, vitamin B for intestines and food absorption, and vitamin C plays a key role in developing a healthy immune system. The deficiency of vitamin C slows wound healing, weakens the immune response making you susceptible to infectious diseases, cause scurvy, tissue bleeding, and cause easy bruising. In addition, it can also lead to anemia.

Anemia is one of the most common deficiencies among women. In Pakistan, 80% of women are anemic. It is caused by a lack of iron and vitamin C. Vitamin C is important for iron absorption. It is because of the monthly menstrual cycle and since women do not take iron, folic acid, and vitamin C supplements. Our diets are not sufficient to fulfill our needs. Anemia can lead to a lot of health complications in women. Symptoms of iron deficiency include restless leg syndrome, frequent headache, increased sensitivity to cold, brittle nails, hair loss, depression, shortness of breath, drowsiness, and fatigue. It is important to include spinach, meat (liver), beetroot in our diets.



Women's Health – Problem with our Laws

By Amna Ali

The 18th Amendment gave us hope that the health sector will improve now as the devolution of power would allow the provincial and local governments the power and authority to make decisions that curtail their locality. However, the situation has not improved much. Lack of political will, lack of institutional capacities and divided and problematic priorities have contributed to the failure of provincial and local governments in improving health services.

Policies safeguarding women are often not our priority. Changing the narrative around that requires us to unlearn the patriarchal values that are very deeply embedded in our society. A recent bill to protect women against domestic violence was rejected in Sindh. Realizing that we live in a country where laws for protecting women from violence can simply be rejected as if promoting abuse against women is pertinent. Because unless we realize the problem that exists, that makes Pakistan one of the most dangerous countries for women according to numerous reports, we will not be able to solve the problem. Many of you might think that this paints a very negative picture of Pakistan. While Pakistan is a beautiful country with tremendous potential, many laws have been passed to protect women, we still have a long way to go. The efforts to reduce harassment against women, initiatives to promote education for women, and their inclusion in politics are commendable. All of this has happened because we realized that there is a problem that needs to be solved. And realizing that improving women's health is directly related to improving women's status will also help us move in the right direction.

We have a high infant mortality rate and mother mortality rate (women who die during childbirth). Forced marriages, child marriages, illiteracy, and unplanned pregnancies have led to these high rates. Women are unaware of how to take care of their health, what nutrients they require to stay healthy for their and their child's wellbeing. 80 % of women in Pakistan are anemic which leads to complications during childbirth. It also hinders their everyday life, as it causes weakness, fatigue and aggravates other problems.



Poor health does not only cause problems for mothers or during childbirth, it hinders them in every stage of their lives. Not having access to good health care and lack of education, prevents women from becoming financially independent, it weakens them, enabling further oppression and discrimination. Our health care system is not just bad for women, but it impacts women more severely as they are more exposed to poor health.

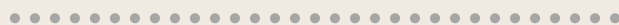
Besides the lack of institutional capacity at provincial levels, another reason for poor health care is that our policies are based on ad hocism i.e. policies are made for the immediate problem without regard for its long-term prospects. This short-sightedness in our laws makes for poor health sector policies.

Furthermore, our laws are oppressive and discriminatory as evident by the fact that sanitary products, that are absolute necessity and a basic right for hygienic menstrual management, are very expensive and thus inaccessible because “luxury tax” otherwise referred to as “pink tax”, is levied on these products that are not a luxury or a privilege, but a necessity for women.



Reproductive health is not talked about as it is stigmatized. In Pakistan, every one in nine women is at risk of having breast cancer. While many organizations are now taking the initiative to raise awareness regarding breast cancer, it is still stigmatized to be talked about. Young girls should be educated and taught how to identify, deal and converse about their health issue. This must occur at the policy level, with a shift that focuses on women's health, such as including it in the school curriculums. Women are given very little control over their bodies. Men are mostly the ones in decision-making positions making, approving, and rejecting policies that impact women.

We must ensure that women are included and lead policy decisions that impact them. A participatory decision-making system needs to be adopted. Capacity building at the provincial level, education, and a review and abolishment of discriminatory policies are pertinent.



Initiatives regarding WASH and Menstrual Hygiene Management



As important as menstrual hygiene management is, it is just as stigmatized. Only one fifth of the women in Pakistan have access to a disposable sanitary napkin. 44% of women do not have access to basic sanitation facilities. Girls in Pakistan still drop out of schools because of something as biological and natural as menstruation. Why? It is due the lack of conversation surrounding the core issue. Menstrual hygiene management is unaffordable and inaccessible. Sanitary products have a heavy luxury tax levied on them, and this is just the kind of systemic and institutionalized discrimination against women that make women a second class citizen. It immobilizes them, strips them of their basic right to manage their menstruation safely and with dignity.



To address this issue, HRDN provided fund management and logistical support to the project "Institutional Support for National Coordinator Pakistan, funded by UNOPS. The project aimed to carry out capacity building initiatives for the WASH program (Water Sanitation and Hygiene) and for menstrual hygiene management. It was a training program to train and educate women in rural areas of Pakistan regarding menstrual hygiene management. The program was completed successfully.

When we are talking about women's health, we must include menstrual health and hygiene as the lack of access and knowledge about menstrual hygiene management leads to infections and diseases among women. The stigma around menstrual health and hygiene must be removed.



Role of HRDN in Policy Advocacy

Economic Affairs Division – NGO's policy

HRDN played a key role in bridging the gap between the NGOs and the government. There is often a lot of mistrust between the two because of the lack of transparency and understanding of the operations. HRDN played a key role as a policy advocate in the revision of the NGO's policy which have been approved by the Economic Coordination Committee (ECC).

HRDN has always been an advocate for connecting the government with the civil society. HRDN conducted the orientation to the Charity Commissions of every province of Pakistan in collaboration with Beyond Paradigm. Charity Commission of each province is established to register and regulate charities and for the regulation of charitable funds. Charities registered in the Charity Commission must also register with the EAD and sign the MoU to ensure a trust between the government and the civil society. This will aid the charities and organizations to secure foreign funding through legal channels, allow the organization to carry out its operation for socio-economic development and establish an office.

This is to ensure transparency and accountability. It will enable the civil society to aid the government in the socio-economic development of the country. For a country like Pakistan, HRDN has provided a platform of policy advocacy to connect the government and NGOs in this momentous move.



Digital Learning

Covid-19, with its problems, also opened door towards new opportunities when the whole world shifted to the digital medium. HRDN was able to adapt to this new situation and avail the opportunities that the digital world provides. HRDN launched the **Virtual Café** during Covid-19 and conducted 19 Webinars in collaboration with Beyond paradigm. More than 11k people attended these webinars. These webinars were on various topic such as nutrition, health and immunity, managing stress during covid-19, mental health awareness, on policy advocacy and much more.



21st All Members Meeting on “Digitizing Skills Development & HR Management, ‘A New Normal’ in post-COVID-19 situation”

HRDN's All Members Meeting (AMM) is held every year to give the members a platform to reconnect and share new ideas, as it promotes innovation. This year due to the pandemic it was held online, and the topic discussed was “Digitizing Skills Development & HR Management, ‘A New Normal’ in post-COVID-19 situation” with Federal Secretary (Ministry of IT & Telecommunication) Mr. Shoaib Ahmad Siddiqui as the key note speaker.

Mr. Roomi Hayat started the meeting by welcoming the members with gratitude and shedding light on the evolution of HRD Network. He then highlighted the theme of the conference and described why digital skill development and digitalization of human resource management is pertinent in this age and time. It was followed by a technical session by expert panelists including Mr. Syed Javed Hassan-Chairman (NAVTTTC), Ms. Sabahat Bukhari (Director HR-British Council), and Mr. Shahriyaar Hydri (Independent Consultant- ex SG-PASHA).

Our keynote speaker, Mr. Shoaib Ahmed Siddiqui then weighed on the importance of digitalization and applauded HRDN's efforts and appreciated them for holding this virtual session successfully. He commended HRDN's role in policy advocacy and mentioned the launch of Digital Pakistan by the government. He said digitalization is the only way forward. Mr. Siddiqui further mentioned that the government is considering signing certain MOUs to create and incorporate policies regarding digitalization.

The AMM further included a session with the CEO of Beyond Paradigm, Mr. Mahmood, who have collaborated with HRDN in their virtual voyage.

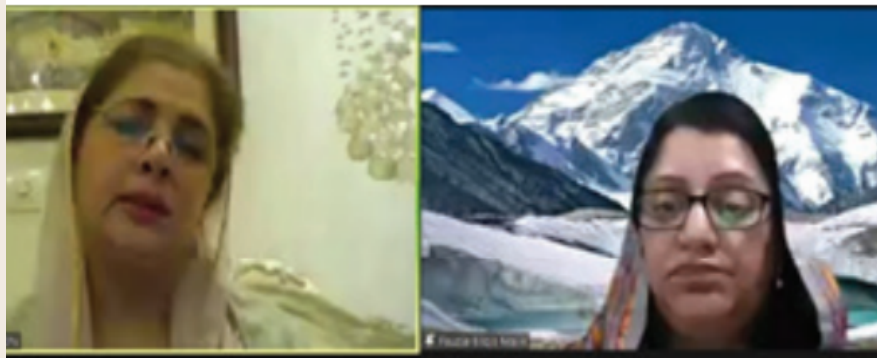


Chief Guest: Mr. Shoaib Ahmad Siddiqui, Federal Secretary (Ministry of IT & Telecommunication)



The second part of the meeting included a Members' Junction. The session was facilitated by Ms. Fauzia Bilqis Malik and Mr. Sohail Bangash, both lifetime members of HRDN. The purpose of this junction was to bring the queries of the participants in the secretariat's notice. The points emanated from the discussion included specific guidelines to be developed by organizations for the HR Management, in view of the COVID-19 pandemic, HRDN's outreach to be extended towards Baluchistan and Sindh, non-members to be guided on how to become a part of HRDN and SDG units existing on provincial level to be made part of the HRDN's initiative.

The session was a huge success as it welcomed remarks from the participants which allowed them to actively engage and allow their voices to be heard.



HRDN's efforts to bring all the members together and create engagement digitally was applauded by the members, participants and panelists. It encouraged HRDN to adapt quickly towards digitalization and hold enlightening virtual meetings in the future as well.



Annual Trainers' Retreat to Jordan



ATR is our flagship annual training retreat. This year is the 21st ATR, which will be taking place in the Hashemite Kingdom of Jordan. The land is versatile with fertile valleys, desserts and nothing compares to the beautiful beaches of the Red Sea and the Dead Sea. The itinerary for the retreat includes a visit to the Cave of the Seven Sleepers (Ashabul Kahf), to the beautiful town of Mu'tah which is known in Islamic history for the Battle of Mu'tah, fought between the Arab Muslims and the Byzantine Empire. The University of Mu'tah is located in this town.



Our visit further includes the ancient city of Madaba. It is known for its ancient mosaic and artifacts. The Madaba Archaeological Park preserves the mosaic-rich Church of the Virgin Mary and artifacts from the Hellenistic, Roman, Byzantine and Islamic eras. Our next site is the Mount Nebo, located northwest to the city of Madaba. Mount Nebo is considered to be the place where Hazrat Musa was granted a view of the promised land before he died. Close to Mount Nebo, is the Dead Sea in Jordan, the lowest place on Earth with the saltiest water. The ATR definitely has this in its itinerary.

Next on our itinerary is one of the seven wonder of the world, the historic "Lost City" of Petra. The Petra Archeological Park was recognized as a world heritage site by UNESCO in 1985. It was once a trading city and the capital of the Nabataean empire between 400 B.C. and A.D. 106 (NatGeo). It is one of the most famous tourist attraction sites.

Next on our list is the Jordanian port city of Aqaba. It is one of the largest and most populous city of Jordan, famous for its waterpark, windsurfing and scuba diving to the site Yamanieh coral reef among others, in the Aqaba Marine Park. The Wadi Rum is a protected dessert, also known as the Valley of the Moon, with sandstone and granite mountains cut among the sand dunes.

This ATR will take place and give its members the chance to explore the archeologically and historically rich land of Jordan.



CUTOFF
FOR SUBMISSION OF
DOCUMENTS & TRAVEL COST
March 10th, 2021

**Adventure
Awaits
Jordan**
22nd – 28th May, 2021

Places to Visit
Cave of 7-Sleepers
Mutah
Mudaba
Mt. Nebo
Dead Sea
Petra
Wadi Rum
Aqaba
Folk Dance
MUCH MORE

21st ATR

CONTACT
0092 302 555 3443
robeela@hrdn.net

HRD
network


Philanthropic ventures

"Care through Share" – Sarjani Flood Relief

HRDN has always been a flagbearer in charity and philanthropy. It conducted a charity campaign called "Care through Share" for Sarjani flood effected small entrepreneurs. A considerable amount of funds was generated and distributed among the small entrepreneurs who suffered the loss and damage to their livelihoods because of the floods. HRDN helped them get back on their feet.

"Live and Let Live" Campaign

HRDN also conducted a "Live and Let Live" campaign to raise awareness for avoiding risks of COVID-19.



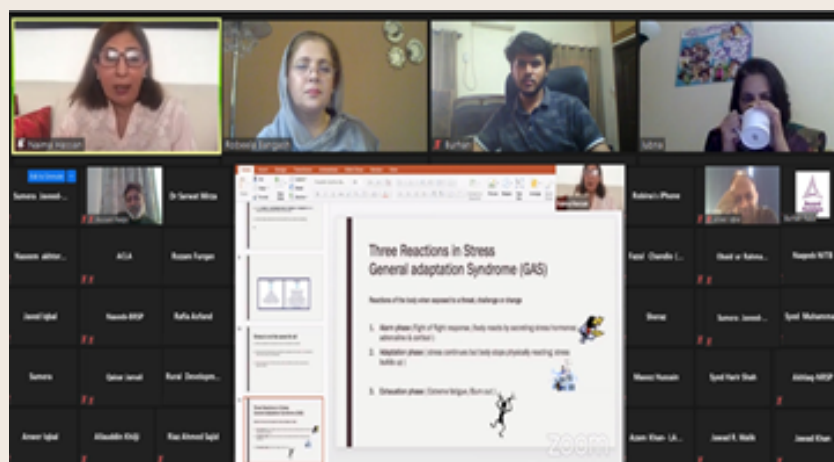
Plant for Pakistan

Human Resource Development Network, in collaboration with the Rawalpindi Forest Division, carried out a tree plantation drive in Islamabad in August 2020. This venture was HRDN's effort to aid the government in their initiative for clean and green Pakistan. We planted a 1000 plants in Tamair reserved forest area such as Kikar, Sukhcahin, Iple, Kachnar, Tacoma and Darek. 500 plants from the Pine, Chinnar and Darek species were planted around Max Care Hospital, Misrial Road and 500 plants from Sukhcahin, Darek, and Kikar species were planted in Boys Middle School, Kori Dolal and Ghosia Market Place collectively. This initiative was covered by the press as well. It brings to the fore the importance of civil society's role in addressing climate change. HRDN has always stressed on the responsibility of NGOs in the socio-economic development of a country and initiative like these are reflective of our goals.



Future Projects

- HRDN has always been an advocate for mental health, which will be the focus of our upcoming quarter. We, in collaboration with Beyond Paradigm, conducted a webinar by Dr. Naima Hassan on Mental Health Awareness among Masses and on Managing Stress and Anxiety during Covid. This is a three part program, the last of which is yet to be conducted.



- **GIZ/LSP** - A session on Business Growth Opportunities and Emerging Possibilities was held on May 21st, with Mr. Ubaid from Labor Standard Program/GIZ. Discussion on creating job opportunities for returning Pakistanis and revision and upgradation of HR policies at International standards of 20 to 24 organizations from the textile industry. The project is expected to be held in the upcoming quarter.
- **WVLP-OXFAM** - Collaboration with OXFAM on the Women Voices and Leadership Project (WVLP). Plans to have national level secretariat for four provincial was discussed to assist in coordination and administration, engaging policy corners at all levels and website development and management.
- **AMM** (All Members Meeting)
- **AFC Meetings**
- **MAC** (Need based)



New Lifetime Members



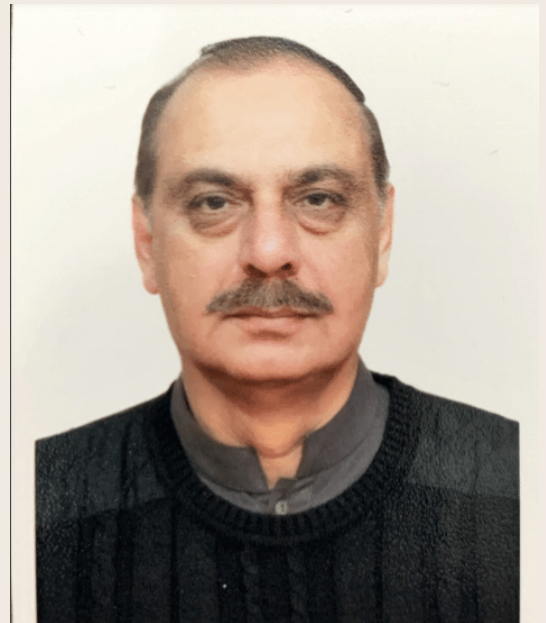
Sohail Akhtar



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Sharif Khan



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