

AAHUNG ANNUAL REPORT

September 2011 – August 2012



Acknowledgments

ANNUAL REPORT FOR PROGRESS PERIOD

September 2011 - August 2012

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Director's Note



What would Pakistan look like if every individual's sexual and reproductive health and rights were protected and fulfilled? We have some of the answers to this critical question as we continue to see the positive impact of Aahung's education and capacity building programs in shaping attitudes and behaviours during school years. Adolescents who have been through life skills programs in school speak of having more confidence, delaying their marriage age and therefore staying in school longer, making safer decisions about their health and hygiene, and envisioning a safer future for their own families. These young people do not stop at changing their own attitudes and behaviours, but also spread information to their families and communities thus paving the way for larger social development.

Aahung has also seen significant transformations in the training and development of service providers who play a pivotal role in promoting safer reproductive health behaviours in men, women and young people. Aahung has worked with leading medical and nursing schools throughout the country to integrate stronger reproductive health programs into the pre-service training of medical professionals. By developing better inter-personal communication skills, non-judgmental attitudes and a stronger knowledge base at the foundational level, service providers of the future have a better chance of providing more effective care and support to clients and addressing the pressing reproductive health concerns of Pakistan.

And just as reproductive health has started to be seen as a priority at medical institutions, so too has Aahung been able to work with community development organizations across Pakistan to integrate information on sexual health and rights as an integral part of economic development and gender empowerment programs. Moreover, with the support of community-based partners, Aahung is also working with adult men and women, particularly young couples, to improve inter-spousal communication and decision making around key issues of reproductive health such as family planning and violence.

Yet, even with these significant developments, we know there is still an immense amount to be done.

The current country scenario includes a large population of 64% falling into the category of youth who has limited access to information and education, unjustifiably high maternal mortality rates, rapid population growth due to stagnated contraceptive prevalence, rampant gender discrimination and violence, increasing levels of poverty, and a glaring absence of accountability and political will. In facing such a reality, one of the most pressing needs involves a consolidation of our efforts in sexual and reproductive health to witness greater impact and accountability on the part of decision makers and the government.

Many of the best practice models required for advocacy already exist. Such models need to be replicated, scaled up and taken forward through sustainable efforts that result in system level change. Of course, there is also a need for innovation, new approaches to still unsolved problems, and greater inclusion of technology and communications in development programs.

We have seen glimpses of what Pakistan can look like if we improve the sexual and reproductive health of our society by providing individuals with their basic right to information, choice and adequate services.

As we continue to work towards our mission, we also need to move into the future with a clear focus to build on our successes and nurture our partnerships and alliances to ultimately lift the social and political inertia that has become associated with sexual and reproductive health. Some of this movement will involve exploring the challenges being faced and the failures that continue to occur, but a great deal can also come from refocusing on what has worked and continuing to think about what can be done.

Sheena Hadi
Director
Aahung

Aahung's Board of Governors



Mehvesh Agha (Bina) is a Redmedial Therapist and Counselor. She provides specialized tutoring to children with learning difficulties and has been affiliated with Readyslexics Pvt. Ltd. Since 2003. Mehvesh is also practicing as a Humanistic Counsellor, working therapeutically with adult and adolescent dealing with life challenges, trauma, relationship, depression and anxiety related issues. Currently she is also pursuing a Master Degree in Psychology from a local university.



Imran Zafar has worked primarily in Reproductive Health and Social Marketing during his career in Public Health. He is now a consultant and also studying psychology and practicing as a counseling therapist.



Insha Hamdani is a General Manager at Marie Stopes (MSS) for the past five years, therefore has a background and clear understanding of SRH. She works for advocacy, communications and demand generation. She has always been an ardent supporter of Aahung's work and has helped establish partnership between Aahung and MSS.



Kausar S. Khan is a professor at Community Health Sciences at Department of Community Health Science Aga Khan University Hospital. She brings with her years of experience in health with a specific focus on social determinants, justice and equity. Kausar is also a women's activist and member of Women's Action Forum and Shirkatgah.



Khusro Mumtaz is a head of Corporate Credit Risk at Standard Chartered Bank. He writes on various development and civil society related issues for leading news papers in Pakistan. He is also a well-known film and theatre critic of the country.



Dr. Laila Shah is a medical doctor and one of the leading Reproductive Health specialists in Pakistan with over twenty years of experience in this field. Currently she is working with the National Committee for Maternal and Neo-Natal Health where she leads their family planning initiatives. She is a Reproductive health trainer and a dedicated development worker. She has conducted numerous national and international trainings on RH, FP and other related topics. She has worked with Marie Stopes Society as a medical development team leader.



Shama Mohammed is currently a director for community outreach at Interactive Research and Development (IRD). An Organization working on research and health delivery, in Karachi. Shama has been working in the development sector since 2000 and has worked in the fields of health, education, gender, community development, early child development and microfinance. She holds a BA in Economics from Wellesley College and Master in Public Health Administration in International Development (MPA/ID) from Harvard University.



Shazia Mohammed is an Art Therapist with a private practice in Karachi. She is a co-founder of Aahung.



Fatima Haider is Development Consultant; She has worked with Aahung for over 7 years leading the organization's programs as well as its monitoring and evaluation. Fatima has performed as Acting Director for Aahung in the past coordinating with donors and managing the overall finances and program targets of the organization. She has extensive knowledge of Aahung's model of work and is also well connected with many of Aahung's partners.

Aahung's Team



1. Introduction

1.1. About Aahung

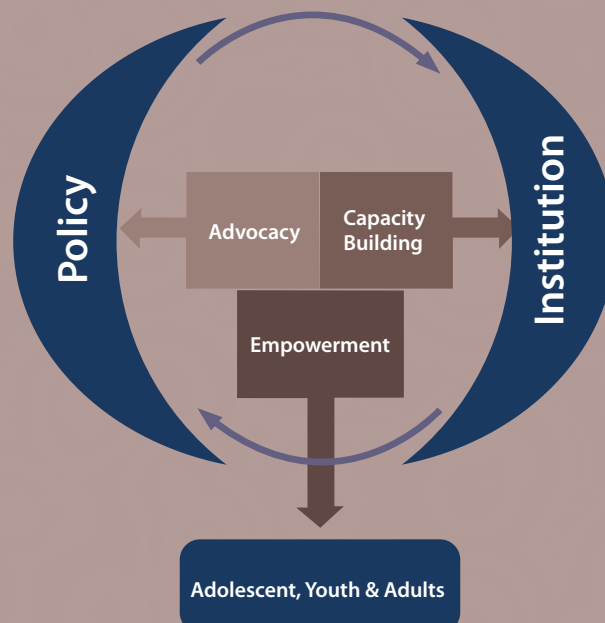
Aahung is a Karachi-based NGO that has been working to improve the sexual and reproductive health of men, women, and young people since 1995. The Aahung team works for capacity development to improve the quality of sexual and reproductive health services while advocating for an enabling environment in which every individual's sexual rights are respected, protected, and fulfilled.

Sexual and reproductive health (SRH) covers a range of issues including child sexual abuse, violence against women, early and forced marriages, unwanted pregnancies, sexually transmitted infections, HIV / AIDS and sexual disorders. Aahung works towards the prevention and management of these issues.

Functioning in an environment devoid of expertise or resources, Aahung has been successful in developing culturally relevant strategies to respond to the sexual and reproductive health needs of the Pakistani population. Moreover, Aahung has had success in integrating quality sexual and reproductive health education in medical and educational institutions across Pakistan.

Aahung's key strategy involves partnering with organizations for integration of SRH information into their programs and for advocating policy and practice change at institutions through various communication activities.

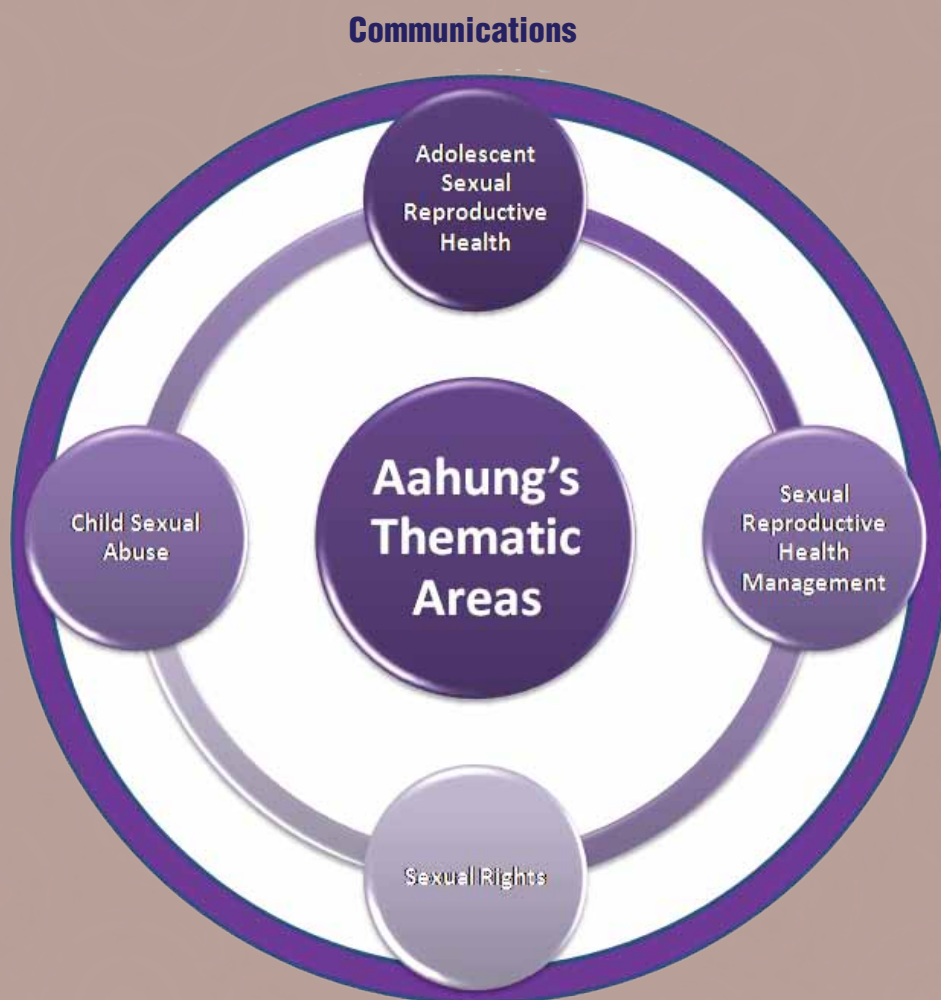
Aahung's Model



Strategic Plan 2011-2014

The prime focus of Aahung's strategic plan for September 2011 to August 2014 is to address the problem of limited access to quality information and services that is a major cause of several sexual and reproductive health problems. During the first year, the Aahung team has undertaken advocacy, capacity building and information dissemination activities in the following thematic areas:

Aahung's Thematic Areas





i. Child Sexual Abuse (CSA) Prevention

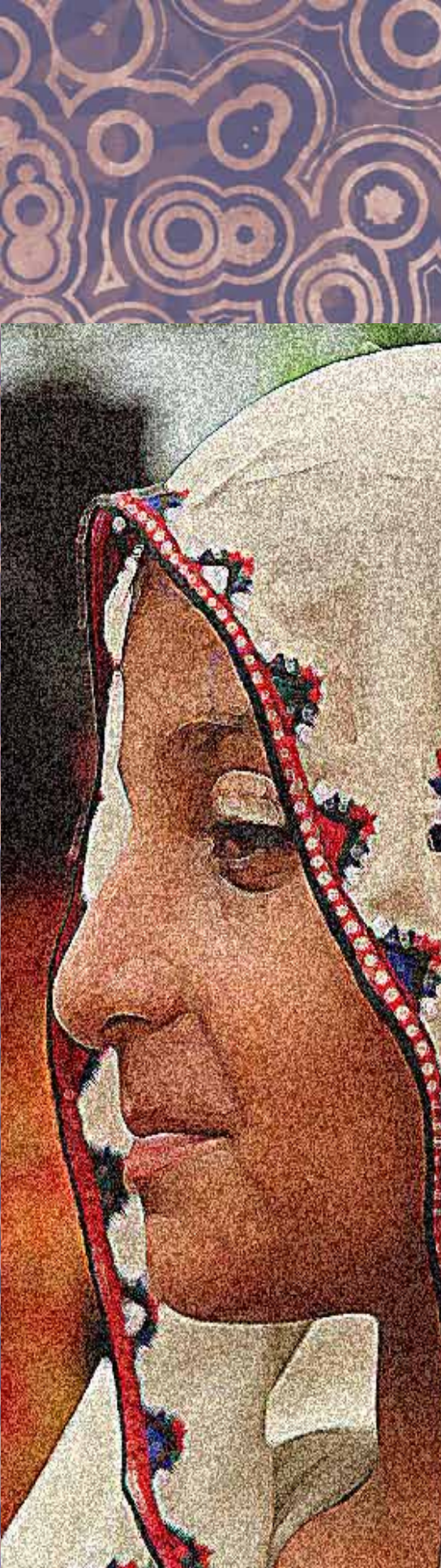
Child sexual abuse is regarded as any activity in which an adult or adolescent uses a child for sexual purposes. It involves exposing a child to any kind of sexual activity, content or behaviour. CSA is not only the abuse of power over a child but also involves a betrayal of trust and is often accompanied by other forms of mistreatment.

Aahung builds the capacity of primary and secondary school teachers and caregivers to develop their knowledge, comfort and skills on this topic. This includes developing essential communication skills amongst teachers and caregivers to be able to communicate with children on this highly sensitive issue as well as teaching them techniques and strategies for preventing child sexual abuse.

ii. Adolescent Sexual and Reproductive Health (ASRH)

Adolescents and youth form the largest cohort of Pakistan's population. Adolescence is defined as the stage in life which lies between childhood and adult life. Adolescence begins before puberty and goes on till the individual is a fully developed and mature adult. It is during this phase of life that individuals go through a host of physical, emotional and social changes. Due to the taboo nature of discussing puberty and related changes, adolescents in Pakistan are usually left in the dark to deal with these changes independently. Similarly, adolescence is the stage when individuals are beginning to shape their values and are extremely vulnerable to peer and external influences. It is crucial to inculcate positive values, provide adolescents with correct knowledge and support them in developing essential skills that will enable them to make better decisions about their lives.

Aahung develops the capacity of public and private school teachers to integrate quality Life Skills Based Education (LSBE) into the school curriculum. Teachers are equipped with accurate knowledge, and effective teaching methodology to be able to discuss ASRH issues in the classroom. Aahung's LSBE curriculum covers a range of issues including pubertal changes, gender discrimination, HIV / AIDS, protection from violence, peer pressure, rights within the nikah nama, positive health seeking behaviours and the importance of planning a family. Aahung's modules have been run in diverse social and cultural contexts across the country and have been accepted as highly culturally and religiously appropriate for the Pakistani context.



iii. Increased Awareness on Sexual Rights Related to Marriage

Due to the taboos associated with talking about sex, very few people in Pakistan are comfortable openly discussing sexual rights issues related to the marital relationship. Hence, the widespread prevalence of violation of sexual rights that results in forced marriages, aggressive inter-spousal communication patterns and coerced sexual relationships is not surprising. Violation of sexual rights related to marriage culminate into maternal ill health and sometimes death, thereby inciting the vicious cycle of morbidity in all family members, particularly children.

Aahung's information dissemination activities aim to impart culturally appropriate and accurate information on sexual rights and values. Information, education and communication (IEC) tools and material in Urdu and other local languages are used to inform community people throughout Pakistan.

iv. Improved Management of Sexual and Reproductive Health (SRH) Issues

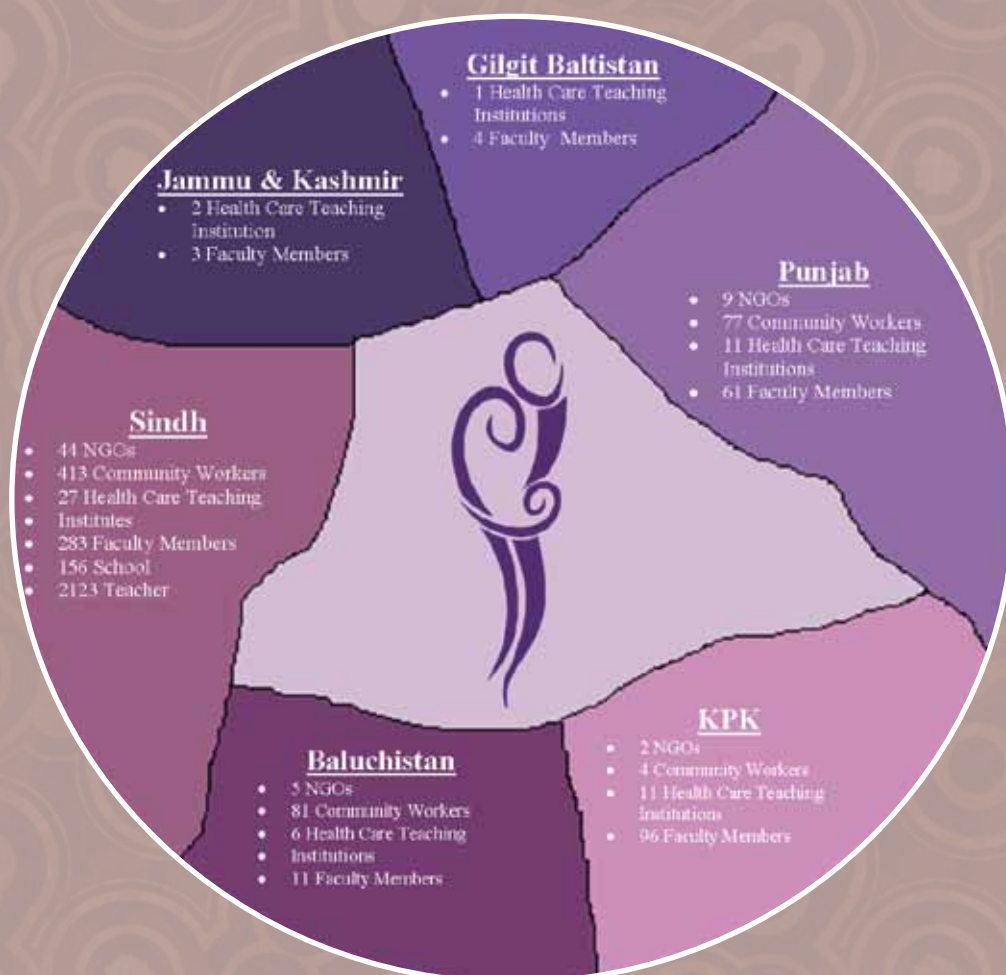
Health care providers in Pakistan are not given appropriate training and education to manage the complexities associated with sexual and reproductive health and rights (SRHR) issues. Topics such as management of reproductive tract infections, how to take a sexual history, counseling for family planning / post abortion care and HIV / AIDS are covered extremely superficially in healthcare teaching curricula. When health care providers go out in the field, not only are they unable to manage these issues, but they often perpetuate prevailing myths and misconceptions about sexual and reproductive health issues.

Aahung works with healthcare academic institutions such as medical, nursing schools and health worker training institutions to integrate quality SRH education in their curricula. Faculty are provided with training tools, modules and in-depth information on SRH topics so that they can further impart this information to their students, fellow doctors, nurses, midwives, lady health workers and visitors. This ensures that future generations of health care providers have the necessary knowledge, comfort and skills to appropriately manage the SRH concerns of the population.

1.2. Programmatic Structure and Geographic Scope

In order to implement the strategic plan, Aahung has organized itself into three program components that are supported by three support components. Each program component works with a different target audience through various types of institutions. In accordance with its specific thematic area each program component is named as 1) Sexual and Reproductive Health Management (SRHM); 2) Sexual Rights Resource Center (SRRC); and 3) Life Skills Education (LSE). Together with the support components of Communications, Research, Monitoring and Evaluation and Finance, Administration and Human Resources, the program components aim to create an enabling environment in Pakistan where sexual and reproductive rights of both young people and adults are realized.

Aahung's Reach



Child Sexual Abuse (CSA)





2. Child Sexual Abuse (CSA)

Child Sexual Abuse (CSA) remains common in Pakistan with approximately 15-25% of all children in Pakistan enduring some form of sexual abuse before the age of 18 (SPARC). However, this is only the tip of the iceberg as many cases go unreported and/or undetected. When children are not educated about their bodies or their rights they are left vulnerable to abuse. Furthermore the taboos, guilt, and shame associated with sex and sexuality can make children reluctant to discuss any incidents of abuse. Children may also be unsure of who to turn to for help in such a situation because as with all topics related to sexuality and the body, child sexual abuse is also often ignored by caregivers.

To promote the prevention of CSA, Aahung is working on building the capacity of primary school teachers so they can empower young people to protect themselves from abuse. The 3 day capacity building training focuses on enhancing teachers' knowledge on the basic concept of CSA and imparts the necessary skills required to implement Aahung's CSA prevention tools. These tools include a set of Flashcards and an Activity Book, which provide various informative messages that enforce the concepts of body ownership, body protection, good-touch and bad-touch and saying "no".

2.1. Capacity Building Sessions for Teachers in Charter Schools

Partnership with Indus Resource Centre (IRC) – Rehri Goth, Karachi

Aahung has formally partnered with the Indus Resource Centre (IRC), since March 2012, to build the capacity of teachers in their 5 primary schools in Rehri Goth, Karachi on CSA. As the first step of the partnership the Aahung team met with the management of the 5 schools and sensitized them on CSA and the benefits of providing children with preventative information at an early stage.

Once the management of the schools was on board, Aahung conducted a 3 day capacity building training for 25 teachers from the 5 schools. The main objectives of the training were to increase the participants' knowledge on basic CSA awareness and prevention strategies and to build their skills on implementing Aahung's CSA prevention related tools. Since IRC adopted the strategy of utilizing trained teachers to conduct awareness raising sessions on CSA with parents and community members, one objective of the training was to build the skills of the participants' so they were confidently able to run these sessions.

Overall feedback from participants regarding the training was positive and despite some initial hesitance from teachers towards running a program so sensitive in nature in their community, by the end of the 3 days there was a noticeable increase in their confidence and willingness to work on this issue:



After the training, the teachers ran awareness raising sessions on CSA with 475 parents from the community and shared the details of the program that was going to be run in the 5 primary schools. Once they had approval from the community the teachers successfully implemented the prevention tools with 858 primary students from class 1 till class 5 and have now requested more materials so they can run the program in the upcoming school year.

“ I am feeling very relaxed and all the fears and sadness in my mind has gone because now I am confident enough to talk to people about this issue. Prior to this training I felt unsafe but now I know that I have the power to protect other children from being abused the way that I was abused. ”

“ Initially I was very skeptical about this training but after attending it my fears and hesitations have been alleviated. I have a lot more factual information related to CSA and can confidently work towards its prevention. ”

Participants from Rehri Goth
Primary School Training

2.2. Capacity Building Sessions for Teachers in Private schools

Partnership with 3 Private Primary Schools under the Al-Abbas Welfare and Management Trust

Aahung has partnered with 3 of the Private Schools (Al-Noor School, Learning House School and Qamar-e-Bani Hashim School) managed by the Al-Abbas Welfare and Management Trust, since the year 2000. Secondary school teachers from these schools had been trained on Life Skills Based Education (LSBE) and have been implementing Aahung's "Aware for Life" Adolescent manual. In a recent meeting which was held with the management of these 3 schools to revive the partnership, it was discussed that they would like a program in their primary sections which would address body protection and the prevention of abuse.

As the first step of the process Aahung staff conducted sensitization sessions on CSA with 525 parents from all 3 schools in order to give them a basic understanding of the issue and shared details of the program that would be commenced with the students.

Once the parents had given their consent to the program being run in the schools, Aahung conducted 2 trainings to build the capacity of 48 primary teachers on CSA awareness and prevention strategies. The teachers from all 3 schools were already somewhat sensitized on CSA since Aahung had conducted short sessions at their schools in the past and were extremely receptive and responsive to breaking the silence and talking to children about protection.

The Al-Noor School has finished running the program with 341 primary students whereas the Learning House and Qamar-e-Bani Hashim are expected to complete implementation in the last quarter of 2012.

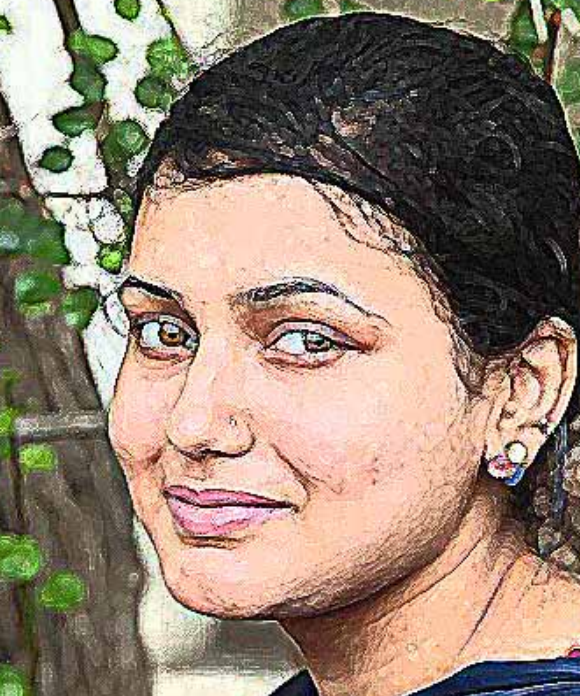


“ The tools that Aahung has shared with us are very new and innovative. The practice implementation session has given me a sense of ownership and confidence and I feel like I am much better equipped to run these tools with my students and answer any questions or queries that they might have. ”



“ Before this training I didn't think it was possible to talk to children about body protection. Now I feel like I have the skills to talk to children by utilizing the tools and activities that Aahung has shared with us. ”

Participants from
Private Primary School Training



“I learned that we must teach our kids to say ‘NO’. This message needs to be continuously reinforced. Children must be encouraged to share their problems with us so that we can help them.”

“I can now discuss this topic with my students and children without any hesitation. My vocabulary has increased to include words such as secret touch, good touch and bad touch. These will be useful in communicating this message in an appropriate manner.”

Participants from
Private Primary School Training

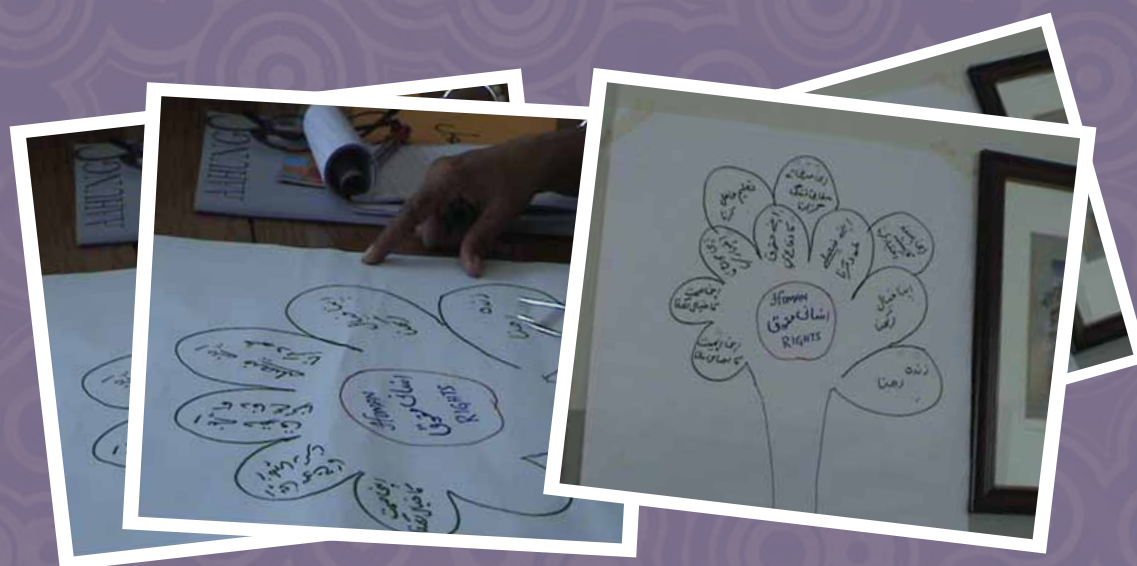


Table 2.1

Number of Teachers trained on CSA Prevention Strategies

Institutes	Participating Schools	Primary Beneficiaries		Secondary Beneficiaries	Female Students
		Male Teachers	Female Teachers	Male Students	
Indus Resource Centre	5	6	19	469	389
Learning House & Al Noor	2		19		341
Qamar Bani Hashim School	1		29		
TOTAL	8	6	67	469	730

Adolescent Sexual and Reproductive Health (ASRH)





3. Adolescent Sexual and Reproductive Health (ASRH)

Adolescent issues are of particular concern for Pakistan as 64% of Pakistan's population is under the age of 25. Young people desperately need information about their bodies and yet they lack avenues for obtaining this information. Due to the taboo nature of the subject, parents are often uncomfortable with, or unwilling to, discuss sensitive issues with their children, including basic information on puberty and development.

In the last year, the Life Skills Education Component has worked on building the capacity of private secondary school teachers to integrate quality and age appropriate Life Skills Based Education (LSBE) into their teaching programs. By advocating with the management of these private schools for the inclusion of LSBE into their teaching work plan, and building the capacity of teachers to implement Aahung's participatory curriculum with students, Aahung hopes to ensure that young people have access to information and skills that will enable them to lead healthier and safer lives.

3.1. Capacity Building Sessions for Teachers in Private School

Partnership with 3 Private Secondary Schools under the Al-Abbas Welfare and Management Trust

Aahung has partnered with 3 of the Private Schools (Al-Noor School, Learning House School and Qamar-e-Bani Hashim School) managed by the Al-Abbas Welfare and Management Trust, since the year 2000. Secondary school teachers from these schools had been trained on Life Skills Based Education (LSBE) and were implementing Aahung's Aware for Life Adolescent manual until a few years ago. In a recent meeting which was held with the management of these 3 schools to revive the partnership, it was discussed that they would like to train their secondary teachers on Aahung's revised LSBE curriculum which includes topics such as communication, decision making, values, feelings, puberty, HIV/AIDS and information on the Nikkah Nama.

To facilitate this process Aahung started by conducting sensitization sessions with all the teachers and parents in the 3 schools. The sensitization sessions gave basic awareness on the need and importance of LSBE and shared the content of the curriculum with parents so they could give informed consent to it being implemented with their children. A total of 255 parents from the 3 schools were sensitized and gave their consent to the program being taken forward.

The next step of the process was to conduct intensive 5 day trainings with the secondary teachers from the schools. 2 separate trainings were held and a total of 50 teachers were trained and equipped with accurate knowledge and effective teaching methodology to be able to comfortably discuss ASRH issues in the classroom. The first 2 days of the trainings focused on building participants' knowledge on issues such as health, gender, human rights, sexual and reproductive health and rights and pubertal changes. The last 3 days of the training focused on building their skills as effective and participatory facilitators and this was achieved by involving all teachers in conducting mock implementation of lessons from the LSBE curriculum.

Teachers from all 3 schools provided Aahung with detailed work plans for implementation of the curriculum, and this will give Aahung a chance to plan observation visits accordingly to monitor the implementation of teachers and gain feedback from students.

“At the start of this workshop I was annoyed at having to come in during the holidays. However, this training has been very useful and many misconceptions have been cleared. This workshop has been a great confidence booster. I feel more comfortable broaching such topics with my students and family members.”

“This is the first time I have ever given a presentation in public even though I have attended plenty of workshops in the past. I feel empowered and confident after this experience.”

“The discussion on Puberty was highly informative. This is a period of transition from childhood to adulthood and can be very confusing for adolescents. Discussing the changes and problems faced by children during this period was insightful. It can help us to better understand and communicate with our students and children.”

“I would like my school to introduce mandatory pubertal health classes for all students. Only then can a change in attitudes and thinking take place.”

Participants from Private
Secondary School Training



Table 3.1 **Number of Teachers and Students Trained on ASRH**

Institutes	Participating Schools	Primary Beneficiaries	
		Male Teachers	Female Teachers
Learning House	1	12	13
Qamar Bani Hashim School & Al Noor School	2	7	18
TOTAL	3	19	31

3.2 . Re-Strengthening Old Partnerships on ASRH

a) Collaboration with Indus Resource Centre (IRC) - Khairpur and Dadu

The Indus Resource Centre (IRC) is working for the empowerment of marginalized communities in rural areas of Sindh. IRC has designed its programs in the larger framework of Millennium Development Goals, and focuses on poverty alleviation, girls' education, participatory governance and democratization.

IRC and Aahung have partnered since 2010 for the "Girl's Empowerment Project," to increase awareness and access to reproductive health information for adolescents and community members in Khairpur, Sindh. As part of the first phase of the project, Aahung staff trained 20 teachers from 5 secondary IRC charter schools in Khairpur on key topics relating to Adolescent Sexual and Reproductive Health (ASRH) and Life Skills Based education (LSBE). These teachers then went on to implement Aahung's "Aware for Life" curriculum with approximately 500 adolescent girls from the 5 schools as a pilot project.

In the last year, IRC called upon Aahung to retrain secondary teachers from their 5 SMS schools in Khairpur and 3 schools in Dadu on Aahung's newly revised LSBE curriculum which was developed in conjunction with Rutgers – World Population Foundation (WPF). This new LSBE curriculum covers a range of issues including pubertal changes, gender discrimination, HIV / AIDS, protection from violence, peer pressure, rights within the Nikkah Nama, positive health seeking behaviours and the importance of planning a family. 20 teachers were successfully re-trained from the 8 IRC schools and are in the process of implementing the new curriculum with their students.



b) Collaboration with the Zindagi Trust - Karachi

Zindagi Trust is a non-profit organization that aims to provide quality education to the underprivileged children of Pakistan. Additionally, Zindagi Trust is committed to promoting quality Government school reform and improving the curriculum and textbooks of the education system of Pakistan. In 2007, Zindagi Trust took over the management of SMB Fatima Jinnah Government Girl's School. The objective was to turn it into a centre of excellence with the hope that the Government would replicate the model all over Pakistan.

Aahung and Zindagi trust have partnered since March 2011 to increase adolescent access to sexual and reproductive health information in the SMB Fatima Jinnah Government Girl's School which is comprised of 4 Secondary Schools. This year the Aahung team went back to re-train the 9 teachers who had been trained in the previous year, and had successfully implemented Aahung's LSBE curriculum with approximately 350 students from class 8 and class 9. The refresher training focused on giving teachers advanced information on topics that they had identified such as gender, human rights, puberty and hepatitis.

The work plan provided by the teachers at the end of the refresher training indicated that implementation would commence at the start of the new school year. It was also very heartening to see that management has introduced LSBE, by the name of LM (Learning Module), into their time-table and it is run once a week with all students from class 8 and class 9.

Table 3.2

Number of Teachers Re-trained on ASRH

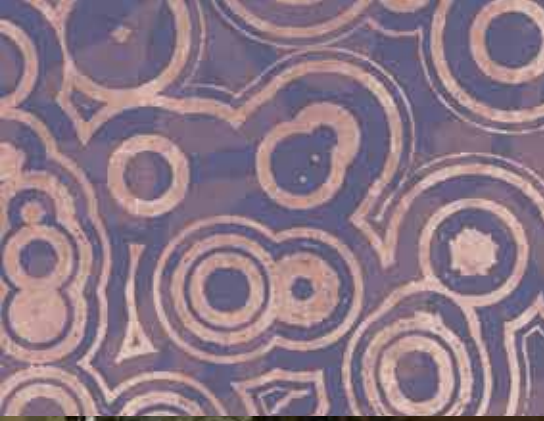
Institutes	Primary Beneficiaries		
	Participating	Male Teachers	Female Teachers
IRC SMS Schools in Khairpur and Dadu	8	-	20
SMB Fatima Jinnah School (Zindagi Trust)	4	-	7
TOTAL	12	-	27



Table 3.3

IEC Dissemination - LSE Component

Type of IEC Material	Title	NGO's	Schools	Clinics	Youth Centres	Symposia & Seminar	Total
Pamphlets for Caregivers on ASRH	A Caregiver's Guide to Puberty	706	675	1600		370	3351
Pamphlets for Caregivers on CSA	Empowering your Child and Preventing Child Sexual Abuse	606	1533	1600		370	4109
Puberty Guide for Boys	A Guide for Growing up Girls	132	7		1455	100	1694
Puberty Guide for Girls	A Guide for Growing up boys	132	7		1455	100	1694
Booklet for Teachers on Puberty	Communication Booklet	72	7				79
Total		1648	2229	3200	2910	940	10927



3.4. LSE Component's new IEC Material

Puberty Brochure for Caregivers and Parents

In order to facilitate communication between caregivers and adolescents on puberty and related issues, Aahung has developed an Urdu brochure for caregivers that impart simple strategies for effectively communicating with adolescents on sensitive topics. The brochure also provides caregivers with basic information on puberty and associated physical and emotional changes, and clarifies common myths and misconceptions. The brochure was developed and designed in order to be cost-effective when printed in large quantities because Aahung aims to widely disseminate it to caregivers and parents through general practitioner and pediatric clinics across Karachi. Prior to printing, the brochure was also pilot tested with groups of parents and teachers to ensure that its language was easy to understand and the content was culturally appropriate.



3.5. Volunteering at Aahung

An Experience for Life

Going through puberty can be scary, especially if you are unaware of what is going on. Yet no matter how much information you get, you always have questions running through your mind. Teenagers who do learn about what is going on know how to take better care of their bodies and deal with becoming an adult. Teenagers who don't get enough information are confused and are at risk of doing dangerous things to their body. Knowing about puberty can make it easier to go through-it.

Now at the age of fifteen, I look back at my own experience of going through these bodily changes. I was lucky that I gained much knowledge on puberty through different programs at school because I was growing up in USA. My school started teaching us about puberty in class 5. Though afraid of the changes that I was going through, I was fully aware of what was happening to me but some of my friends who were never allowed to learn about puberty, were completely thrown off.

In Pakistan, people don't get enough information about puberty. Because of this, there are many myths and misconceptions that can harm them. With the help of Aahung, I believe that people's insight on puberty will broaden. Aahung gives accurate information on puberty to not only children, but teachers too. Through training sessions, they are able to expand the teacher' and students' ability to know and talk about sexual and reproductive health.

Aahung and the organizations it partners with have a major impact on the sexual and reproductive health in Pakistan. Because of Aahung, people in poor areas of Karachi who would usually not be able to get this type of education are learning more. I believe it is essential for these people to learn about puberty and any other subjects associated with it. When I went to the training, I saw how many people thought that different myths, which I never thought anyone would believe, were true. People said they wouldn't shower while menstruating, while someone else said they would not eat oranges. After the training, they did learn that they could eat what they want and shower, but it made me realize that some people know very little about sexual health. Because I received proper information, I was not confused by any myths.

In addition to puberty, Aahung gives information about things like the Nikanaama and Human rights which are also important to discuss since people take advantage of these things. Because these different subjects are taught, adolescents are able to stand up and decide their future for themselves.

Aahung and its training program are necessary for the people of Pakistan who have little or no information. No one should be deprived of the facts.

**Shehzil Shah
Summer Intern 2012**

Youth Projects

3.6. Hamara Kal (HK)

Aahung has been implementing the Hamara Kal project in Karachi district since 2009. The project is supported by the European Union and implemented by RutgersWPF through partners in 3 districts of Pakistan. The main purpose of this project is to improve the Sexual and Reproductive health of youth and to create an enabling environment.

A MoU was signed with the City District Government Karachi (CDGK) under this project aiming to provide trainings to the teachers of 140 public schools, to implement Life Skills Based Education in their respective classes. Holistic approaches were programmed in this project not only to make the youth aware of their sexual and reproductive health but to empower them to take responsible decisions and adopt safe practices. Teachers, school administrations, Civil Society Organizations (CSOs) and Health Care Providers (HCPs) were taken on board to create an enabling and conducive environment for youth.

During the second year the project faced varied challenges in implementing the activities of introducing sexual education in Life Skills Based Education (LSBE).

Aahung strategized to work through the Education Department to address the challenges. Meetings were held with the then Secretary Education and under his directives a review committee was formed comprising of members from the Education Department and Aahung.

Aahung kept the Secretary Education informed about the review process of the content of the LSBE work book that was taken after the formation of the committee. The Secretary was presented the edited version of the workbook along with the report of CRC showing their consent over the content.

The Education Secretary gave his approval to Aahung for the implementation of the LSBE in schools as the reviewing process of the curriculum would also require it to incorporate Life Skills based Education and not only updating the academic information. Aahung was also invited for suggestions and feedback on the revised curriculum after the review.

Aahung proposed to work with private schools as they have their own governing bodies and are free to take decisions related to curriculum and education boards.

In the introductory meetings that were held with several schools the HK project sensitized the management on youth issues. As a result, 20 private schools gave their consent to run LSBE in their schools. A total of 80 teachers were trained through 4 workshops.

Furthermore, a theatre group comprising of 4 boys and 2 girls was formed and trained to convey LSBE key messages like early marriage, gender discrimination, education, child sexual abuse, peer pressure and communication to reach a large audience comprising of students and teachers.





Table 3.6

Hamara Kal Project Activities

S.#	Activities	Beneficiaries
1	Schools	129
2	Students	49565
3	Master Trainers	34
4	School activities	92
5	School event with students	33304
6	Parents engaged (direct beneficiaries)	785
7	Trainings for teachers	19
8	Trained teachers	410
9	Professional Development Forums	26 (51 Schools)
10	Head Masters orientation workshops	4(190)
11	Health Care Providers Trained	75
12	Sensitization Workshops	7
13	Sensitization of elected Representatives	82
14	Sensitization of government officials	77
15	Civil Society Organizations Training	04
16	Capacity Building of Civil Society Organizations Representatives	96

3.7. Innovative Project

The Sexual Reproductive Health and Rights (SRHR) for Adolescents: Innovation to Incorporate into Rural Development Program Project, sponsored by Oxfam/Novib was implemented in two districts of two different provinces of Pakistan: Tehsil Ghazi in District Haripur, Province Khyber Pakhtunkhwa, and in Tehsil Mithi in District Tharparkar, Province Sindh. Of the consortium of four organizations – Aahung and Rozan provided technical resource expertise while Sungi and Thardeep Rural Development Program (TRDP) were the implementing partners, with strong community-work presence in the rural target areas of District Haripur and Tharparkar, respectively. Sungi was responsible for directly implementing the project in Ghazi with in-school adolescents (boys and girls) aged 12-18 years. TRDP, on the other hand, undertook the implementation of the project in Mithi with community-based, out-of-school adolescents (boys and girls) in the same age group of 12-18 years.

The end line evaluation was carried out against the baseline study conducted at the onset of the project with the specific objectives to measure change in Knowledge, Attitudes and Practices (KAP) of the target beneficiaries. The study was based on five key evaluation standards/criteria including: Relevance, Efficiency, Effectiveness, Impact and Sustainability. Both quantitative and qualitative data collection methods were employed to gather information. These included a structured questionnaire survey with the in-school and out of school adolescents aged 12-18 years, Focus Group Discussions (FGDs), In-depth Interviews, Key Informant interviews and case studies with the adolescents, parents of adolescents, community members, implementing partners, and key public office representatives, along with document reviews comprising secondary sources of information.

The triangular (i.e. Education, Gender and HIV/AIDS) prevention approach to raise awareness among adolescents through formal (education system) and informal means (IEC material, sensitization sessions, Theater and Radio) has been a comprehensive approach to reach beneficiaries in an effective and logical manner. The project objectives that were used throughout the project were significantly pertinent to the approach. The initiatives planned and designed to educate adolescents and to sensitize community elders, health providers and school teachers were in line with the needs of the targeted groups. Reaching a variety of stakeholders in a limited period of time was a strong strategic formulation of the project design.

The findings marked a change in Knowledge Attitudes and Perceptions on SRHR and gender roles among the target groups when compared to the baseline results.

The sensitization initiatives like awareness sessions and theater performances, especially in District Tharparkar provided opportunities to communities to realize the sensitivity of adolescents SRHR issues and discuss them openly, allowing a discourse on it which was considered a taboo before. The adolescents developed a clearer perception about gender roles, puberty, sexual health and early marriage. The level of knowledge appeared considerably increased amongst the target boys and girls, establishing a foundation for future actions and decisions.





In addition, the sensitized community members and the enhanced capacity of health care providers and teachers as facilitators can go a long way in imparting the knowledge to the adolescents and the community at large. Though the interventions faced hindrances from political groups and religious clerics in Haripur, yet the project proved to be a ground breaking initiative on which more awareness raising interventions can be built for sustainable results with continued support from technical experts and mentors.

The study suggested that integrated curriculum and resource material would further prove helpful if it would be reviewed and revised in the light of feedback received from the stakeholders; the revision would contextualize the resources making it culturally sensitive. The inputs from the community elders, religious and political leaders will help promote a sustainable behavioral change, adding to an enabling environment, and debarring resistance for any future interventions in the same area.

Despite these achievements, the study indicated delayed implementation of activities including the baseline survey, curriculum, late permission from the education department (owing to the line department's repeatedly delayed responses and eventual permission to implement the LSBE curriculum in the schools) and hence, comparatively less time spent on conducting awareness sessions with adolescents. The time constraint directly affected the quality of inputs and resources invested, thereby affecting the cost efficiency of the planned initiatives.

Based on the recommendations for sustainability of the efforts and for the betterment of SRHR status, the proposal has been resubmitted to Oxfam/Novib for implementing the project in the existing as well as extended districts of KPK and Sindh.



Integrating Sexual & Reproductive Health Education into Medical Training Institutions



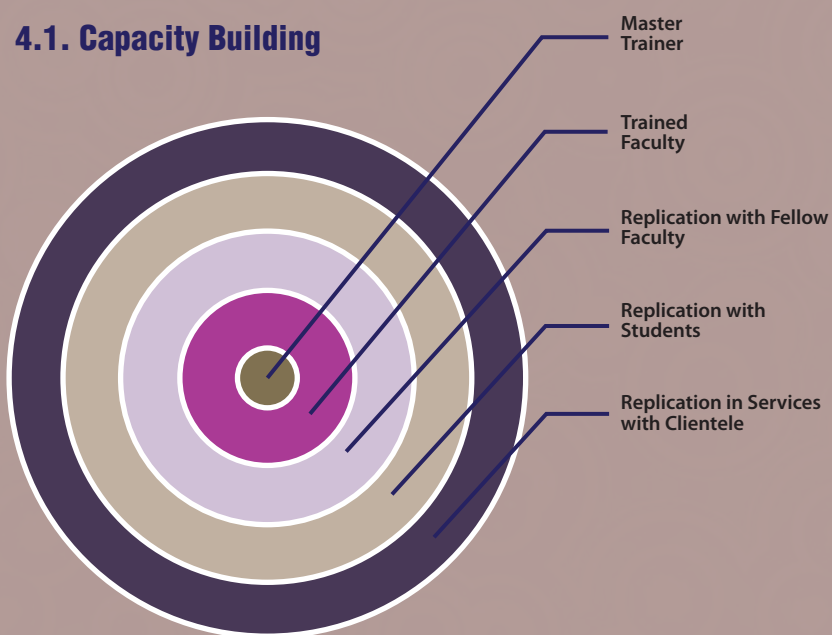


4. Integrating Sexual and Reproductive Health Education into Medical Training Institutions

Health care providers in Pakistan are unable to manage prevalent SRH issues largely because they lack necessary skills and training, but also because they have not developed the comfort to work on such issues. Being products of the same social influences that make sexuality a taboo topic in Pakistan, the teaching faculty of medical and nursing institutions often refrain from discussing issues related to sex, sexuality, sexual health and rights with students and fellow faculty. These topics are not given due importance in the undergraduate and postgraduate curriculum and even trained doctors do not have the capacity to approach such matters with clients. As a result, the gap in service provision is filled by alternate service providers, like spiritual healers and untrained / unskilled birth attendants, who clients feel more comfortable approaching for services.

The Sexual Reproductive Health Management (SRHM) Component of Aahung addresses gaps in health care provider training through advocacy for partnership with institutions to lobby for curriculum change at the national level. The SRHM component conducts advocacy meetings with institutional decision makers, sensitization sessions with heads of relevant departments and professors, and capacity building and Training of Trainers (ToT) workshops with faculty and health care service providers. The participatory trainings focus on developing participants' comfort, skills and knowledge on sex, sexuality, sexual health and sexual and reproductive rights.

4.1. Capacity Building





4.2. Networking and Lobbying for Curriculum Change

In the first strategic year, the SRHM component built partnerships with 16 institutions throughout Pakistan for institutionalization of Aahung's Reproductive Health Modules into the undergraduate curriculum. Networking and lobbying was done for institutionalization with 6 medical institutes, 9 Nursing Institutes and 2 Regional Training Institutes all over Pakistan.

Efforts of the SRHM component materialized into substantial results when Dow University of Health Sciences integrated the Aahung Reproductive Health Module into the undergraduate medical curriculum. In this regard, Dow University stands as pioneer among all medical universities of Pakistan. Today, the partnership between Aahung and Dow University of Health Sciences has become a role model to be followed by other universities to attain this objective.



4.3. Core Group

The Curriculum Core Group comprises of departments heads and policy makers of medical and nursing colleges, members of Pakistan Medical and Dental Council (PMDC), Pakistan Medical Association (PMA), policy makers from government ministries and departments, donor representatives and civil society members. This group serves as an advisory and advocacy body for Aahung. In particular, this group advises and supports Aahung on how sexual and reproductive health education can become integrated into the national medical and nursing curricula.

Objectives of the core group meetings are;

- Developing advocates of sexual and reproductive health
- Institutionalization of SRH education in the medical and nursing curriculums
- Developing monitoring and evaluation mechanisms





4.4. New IEC Material Development

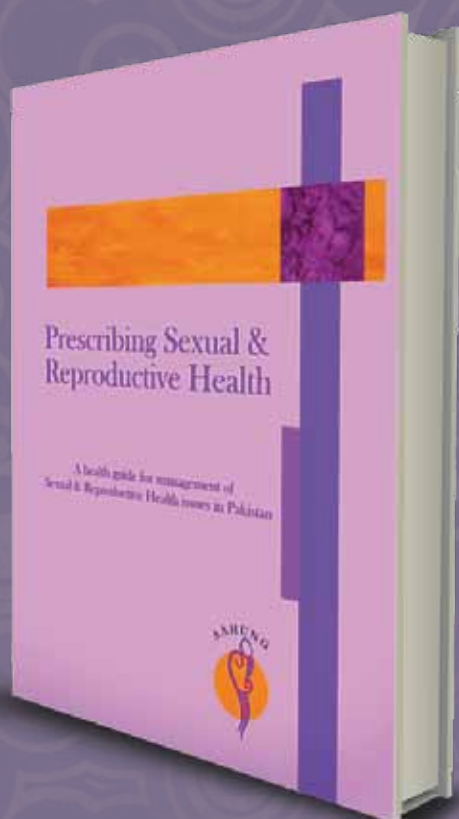
The SRHM component has developed a variety of information, education and communication materials on SRHR issues to empower individuals. IEC material development and dissemination is an important strategy of the SRHM component to raise awareness of health care providers and their clientele. There is a strong demand of trained faculty to provide information material on sexual and reproductive health issues especially HIV, STIs, Vaginal discharge, Penile discharge and Hepatitis.

The two new brochures on HIV and Hepatitis developed this year have been designed in a user friendly way and provide basic information to create awareness amongst the general public. Prior to printing, the brochure was pilot tested with patients and physicians from different hospitals and clinics. Their feedback was incorporated to make sure that the language and pictures used are appropriate, culturally sensitive and easy to understand. To raise awareness on HIV and Hepatitis, new bilingual pamphlets were also developed and disseminated during the year.

Table 4.5

IEC Material Distribution - SRHM Component

Type of IEC Material	NGO's	Medical Universities	Nursing Institutes	Clinics & Hospitals	Symposia & Seminars	Total
HIV Guidelines	169	106	82	1453	2309	4119
Urethral Discharge Pamphlets	169	106	82	1453	2190	4000
Vaginal Discharge Pamphlets	169	106	82	1553	2115	4025
Penile Discharge Pamphlets	169	106	82	1453	2115	3925
STI Booklet	169	106	82	1453	2490	4300
HIV Flyer	0	0	0	375	0	375
Hepatitis Flyer	12	54	22	1150	2515	3753
Total	857	584	432	8890	13734	24497



4.6 Prescribing Sexual and Reproductive Health

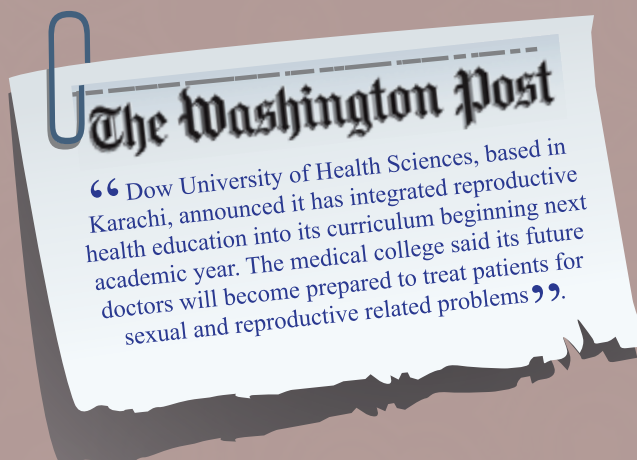
The first edition of Prescribing Sexual and Reproductive Health (PSRH) was developed in 2001 in response to the demands for local guidelines on sexual and reproductive health issues for health care service providers trained by Aahung. Over the past decade, there have been changes in the guidelines and information on many topics that were discussed in this reference guide. In order to encompass new information and recent guidelines on the same issues, Aahung decided to revise and republish Prescribing Sexual and Reproductive Health in the form of a 2nd edition.

The 2nd edition of PSRH incorporates new information and, data and feedback from those who have used the guide in their practice. The result is a comprehensive reference guide for practitioners which focuses on common reproductive and sexual disorders and their treatments. It also develops the skills of practitioners to be able to professionally discuss the sexual history of a patient using a client centered approach.

The new edition includes chapters on gender, sexual and reproductive rights, domestic violence and child sexual abuse, thus creating a more holistic sexual health reference guide. This edition is a more comprehensive compilation of seventeen chapters written by medical professionals, faculty, gender specialists and technical experts who have studied and researched various aspects of sexual and reproductive health.

4.7 The Washington Post Covers Medical education

In a first, DUHS adds sex ed to curriculum...



http://www.washingtonpost.com/world/asia_pacific/in-a-first-pakistani-medica



4.8. Aahung and Dow University of Health Sciences A Best Practice Model

In 2008, Aahung initiated advocacy efforts in the Dow University of Health Sciences (DUHS) in an attempt to incorporate more thorough knowledge and skills on sexual health and rights into the undergraduate medical curriculum. In response to the efforts, a steering committee was formed in DUHS including chairpersons from the departments of Gynecology & Obstetrics, Psychiatry, Endocrinology, Pediatrics, Community Medicine and the Professional Development Center. After several meetings and tireless efforts, the committee was able to identify the most appropriate areas in the medical curriculum for the incorporation of reproductive health knowledge and skills spreading from the first to the final year of MBBS.

The next step was the development of content and teaching strategies for the integrated topics of sexual and reproductive health. It was a matter of success when DUHS adopted Aahung's Reproductive Health Module for teaching of Sexual and Reproductive health as a cross cutting theme in the undergraduate curriculum. To further this initiative, a comprehensive reference guide "Prescribing Sexual and Reproductive Health" was developed. To share the best practice model of collaborative efforts between Aahung and DUHS with other medical and nursing institutes, a seminar was organized on Sep 26th 2012 on the topic of "Integration of Reproductive Health in Medical Curriculum"





“ The Professional Development Centre has many partnerships but the relationship with Aahung is the most pleasant and smooth collaboration so far. I am honored to be part of the collaborations that brought a positive change in the undergraduate medical curriculum.”

“I feel the change in myself as well as I am comfortable now to talk about SRHR issues.”

Dr Salim Ilyas
Director Professional Development Centre, DUHS



“ I am very happy that we finally made it. Children rights, neglect and abuse are the types of violence that exist in the society. So, we have made sure that undergraduate students should be oriented to these RH issues.”

Prof. (Dr.) Aisha Mehnaz
Chairperson Department of Pediatrics
DUHS



“ Though, the SRH issues were already addressed in the curriculum but the content wasn't focused and holistic and Aahung's advocacy helped to incorporate cultural and psychological aspects in the curriculum in order to cover these issues in a holistic manner. Now we are addressing all these issues with our students in detail such as cultural bound syndromes, quackery practices and other related issues.”

Prof. (Dr) Raza-ur-Rehman
Head of Psychiatry Department and medical educationist
DUHS



“ I want to appreciate and applaud Aahung for the marvelous effort they have made. This is an excellent idea to educate the medical doctors from the undergraduate level. ”

Professor (Capt.) M. Zaman Shaikh
Consultant Physician and Professor Medicine
DUHS and Director NIDE



“ Aahung’s workshops proved to be effective and sensitized all the participants on the holistic management of SRH issues. After conducting and observing these workshops as a facilitator, I realize that participatory methodology is the best way of learning and training. ”

Dr Subhana Tayyab
Head of the Gynecology Department
DUHS

“ Being a member of the steering committee, I took it as a personal task to integrate SRH into the curriculum in a holistic manner. We liaison with all the steering committee members in order to develop modules and took Aahung’s support to build capacities of teaching faculty. The integrated module is being implemented from November 2009. ”

Dr Rukhsana Rubeen
Associate Prof. of Bio Chemistry
DUHS

Increasing Awareness on Sexual Rights





5. Increasing Awareness on Sexual Rights Related to Interspousal Communication

The reproductive health indicators in Pakistan have shown an improving trend in the recent demographic and health survey, but pregnancy-related and maternal mortality remains high. Health seeking behaviours and access of Pakistani women vary by place of residence, educational level, wealth quintile, age group of mothers and the number of pregnancies or children. In general, women living in rural settings, having limited education, belonging to lower wealth quintiles, having more children or in the 15-20 or 40-49 year age groups are more vulnerable. Although teenage marriages have declined, 80% of women of reproductive age have been found to be married by the age of 25-29 years and there is a significant proportion of women with unmet needs for contraception and inadequate knowledge on sexually transmitted infections (STIs) and HIV/AIDS. Most health care consumers seek healthcare from private providers.

The Sexual Reproductive Rights Component (SRRRC) aims to build the capacity of private healthcare providers, especially those working at the community level and affiliated with large government and non government service delivery organizations. The capacity building forum provides a safe space to discuss sexual rights issues in marital relationship and impart accurate information. Aahung's key strategy involves partnering with organizations having large community outreach and providing them with the information, education and communication tools and materials to impart this information to members of their communities.

5.1. Advocacy Initiatives with Sindh, Baluchistan and Punjab Partners

Three Advocacy and Partnership Meetings were conducted with senior management of organizations working on Sexual and Reproductive Health and Rights in Sindh, Baluchistan and Punjab. The objectives of the meetings were to explore possibilities of developing effective and meaningful partnership between Aahung and institutions working on Sexual and Reproductive Health and to share Resource Centre Program, activities and baseline study findings on sexual and reproductive health issues of married men and women and service providers at the community level.

24 (15 male, 9 female) participants from 14 (2 GOs and 12 NGOs) organizations in Sindh, 12 (8 males, 3 females) participants from 7 (2 GOs and 5 NGOs) organizations in Baluchistan and 17 (14 male, 5 female) participants from 5 (1 GOs and 4 NGOs) organizations in Punjab attended the meetings in Karachi, Quetta and Lahore respectively.

Aahung's Sexual Rights and Resource Component (SRRRC) shared its intent to advocate the integration of Sexual and Reproductive Rights within programs and policies which are being run by government and non-government service delivery organizations. The target group would be adult men and women (premarital and young couples) as resource centre's thematic area is marital rights. The SRRRC strategy, focuses on inter-spousal communication to address issues related to unwanted pregnancies, family planning, reproductive tract infections, violence and coercion, decision making which will in turn improve individual's sexual wellbeing. Discussion also took place on building strong partnerships with selected NGOs/GOs throughout Pakistan and the capacities of community work who would further provide services or education to adults in their respective communities.

During a meeting held in Karachi, Additional Secretary – Population Welfare Department (PWD) Sindh appreciated Aahung's strategy of using culturally appropriate language in its training tools and materials. As PWD and Aahung shared the same objective of improving the health of the society, it was decided, PWD was going to give preference to building partnerships with NGOs to strengthen Family Planning services, after the devolution.



Similarly, Provincial Coordinator – LHW Program while appreciating Aahung's efforts towards a sexually healthy society showed keen interest in working with Aahung and ensured full support and cooperation of the LHW program.

Aahung was welcomed by Director Admin and Planning – PWD Baluchistan to work in Baluchistan as there is a need for function integration with health department to address unmet needs. He felt that the coordination and strengthening of the system would be essential to address issues related to SRHR that are being faced by the poor people of the community. He extended support to Aahung on behalf of PWD Baluchistan and welcomed Aahung to conduct trainings of its service providers.

After the three successful meetings, SRRC signed a Memorandum of Understanding with five organizations and looks forward to partnering with another 13 organizations in the following year.

5.2. Collaboration with PWD -Sindh

Aahung has been working in collaboration with the Population Welfare Department – Sindh since 2003. For the current strategic plan that envisages improving community's access to quality sexual and reproductive health information and services, Aahung requested PWD- Sindh for support in conducting a study with adult men and women in Hyderabad. The PWD Sindh's District and Tehsil Officials supported in identification of data collectors and provided Aahung with logistical support during the baseline study.

The first phase of baseline study was conducted in January 2012 in which data was obtained from 710 adult men and women in Hyderabad. The second phase of the study was conducted in March 2012 to gauge knowledge, attitude and practices of service providers (Female Welfare Workers, Male Mobilizers, Family Welfare Councilors, Family Welfare Assistants) at tehsil level, to assess the availability of service delivery and the environment at all Family Welfare Centers at union council level.

With the valuable support of Population Welfare Department – Sindh, Aahung was able to complete the process of community level baseline study and service providers' Knowledge, Attitude and Practices' study in early 2012 and based on the findings of the baseline a new product in the shape of a manual was developed

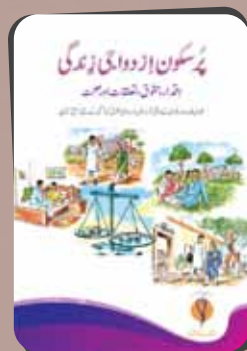
“I came to know about the difference between needs and rights.”

“Gender and sex meant the same to me, but now I know the difference.”

Learning Statements
from Training

5.3. Development of New Training Module

Aahung's new training module "Pursakoon IZdawaji Zindagi" (which means Peaceful Married Life) is a combination of the findings from the baseline study and through revision of the existing module called "Aware for Life." This manual is unique in nature as it focuses on improving inter-spousal communication that leads to a balance in power structure within a family unit, through reducing violence & coercion and by involving females in decision making related to marriage, family planning and access to health care and safe delivery. Some of the innovative modules included in the manual are Special Traditional Marriages, Marriage and Nikah and Inter-spousal Communication and Relations.



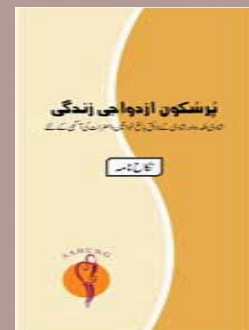
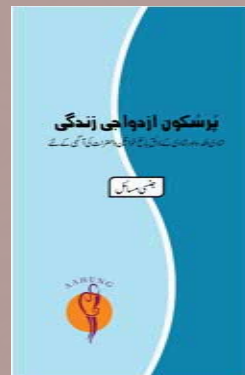
Throughout the process of manual development, strong emphasis was given on use of culturally appropriate and easy to understand language for the community. All modules ensures interactive sessions with participants through participatory methodology of training. The non technical language/jargons were deliberately used keeping in mind the literacy situation of rural areas of Pakistan. The draft of the training manual was shared with in-house and external experts for their feedback and was also pilot tested in Hyderabad with community males, females and trainers, separately. The feedback was then incorporated in the modules.

Manual Topics		
S. #	Section	Modules
1	Basic Concepts	Basic Core values
2		Human physical development & changes in the body
3		Sex and Gender
4		Violence
5		My Sexuality
6		Sexual & reproductive health
7	Marital Relationship	Sexual & reproductive rights
8		Marital Rights
9		Pakistani Islamic Nikkah nama
10		Special traditional marriages
11		Inter-spousal communication and relations
12	Maternal Health and Family Planning	Pregnancy & health of pregnant woman
13		Family Planning
14		Unplanned pregnancy, abortion & post abortion care
15		Infertility
16	Additional Topics for Annex	Breast examination
17		Hepatitis
18		HIV/AIDS
19		Urethral Discharge
20		Vaginal discharge
21		Sexually Transmitted Infections

5.4. New IEC Materials

Four new pamphlets have been developed that talk about issues of effective communication in a marriage including different approaches of the genders to many aspects of relationships, including communication, bonding, pregnancy and family planning which contribute to marital happiness.

One of the pamphlets also sheds light on issues related to rights and responsibilities stipulated for both men and women in different clauses of an Islamic Nikahnama. A scanned copy of Nikah Nama is also incorporated for easy reference. The pamphlet highlights Pakistani laws which are applicable to sensitive issues like marriage and clarification on different forms of dissolution of marriage initiated by women, child marriages, polygamy and domestic violence.



6. Research, Monitoring and Evaluation Department

6.1. Baseline Study Conducted in District Hyderabad

This year the Research, Monitoring and Evaluation (RME) Component of Aahung designed and conducted a community based survey in Hyderabad district of Sindh. The survey was designed and implemented in collaboration with the SRRC team of Aahung and with the Population Welfare Department of Sindh and its staff. The objectives of the study were to assess the knowledge, attitude and practices of married females and males on sexual and reproductive rights (SRR) related to marriage and to identify the available sources of information and healthcare services on such matters.

Survey Findings

Findings of the survey were gathered from 710 respondents, selected from each of the four Tehsils of Hyderabad district. Among the respondents there were 49.3% females and 50.7% males. With respect to age at marriage more than 80 % males and females were of the opinion that the legal age of marriage for boys and girls should be 18 years. In practice, 55% females had gotten married by the age of 19 years, while 82% males got married after the age of 20 years. More males (46%) considered decision making for marriage as their right and therefore 12% had a say in the decision for their marriage. Only 36% females comprehended decision making for marriage as their right and therefore 3% asserted their opinion in their marital decision. Almost 70% of both male and female respondents thought that if the elders in the house agree for marriage then it is not necessary to take consent from the boy or girl. More males (80%) had read their Nikahnama, as opposed to females (59%). More males (60%) recognized haq mahar as a woman's right as opposed to females (9%), however 55% respondents said that their marriage did not involve any exchange of haq mahar.

With respect to interspousal communication, a vast majority (more than 95%) of males and females were of the opinion that it is appropriate for a husband to express his sexual desire to his wife, while only 60% considered it appropriate for the wife to do the same and this translated into the practice of 98% males and 55% females feeling comfortable in expressing their sexual desire to their spouse. More than 80% males and females reported that violence is usual among married couples. Almost 45% males and females thought that women are primarily responsible for making or breaking a marriage, while 67% males and 54% females thought that women usually provoke their husbands to hit them.

When asked about the number of children only 19% males and females were in conformity with having 1-2 children and 22% males and 35% females reported ever using a contraceptive method. The most common reason for using contraception was found to be spacing between two pregnancies, while delaying first pregnancy was the most unusual reason. The most commonly used methods of contraception included condoms (56%), pills (33%) and injections (28%). With respect to utilization of available information and services, most respondents said that they seek information and services from government district hospital followed by private clinics and home.

The baseline survey will be used as a basis for comparison for evaluating the impact of Aahung's work on sexual rights related to marriage. The RME component is in the process of designing and implementing similar baseline surveys for the LSE and SRHM components in the later half of 2012.



7. Communications

7.1 Engaging with Media

Forming partnerships is a strategic imperative which helps in building on strengths of organizations, encourages involvement of communities and maximizes impact. Realizing the media's role as a conduit necessary for all communications, Aahung in collaboration with the Information Department, Sindh organized a consultative meeting in February 2012 on the "Role of Print Media in the Promotion of Healthy Families". The event set an example of public-private partnership and was well received by the print media organizations. The dialogue between the civil society and print media was facilitated by the Information Department Sindh to bridge the gap between the two sectors for initiating collaborative efforts for the promotion of healthy families. Aahung's work was appreciated by the Information Minister Ms. Shazia Marri who also extended her support to all the organizations working on such sensitive issues of the society. She emphasized on media to not only highlight the issues but also initiate and sustain systematic interventions to address the preventative aspects of the issues.

Avenues were opened and strategic linkages between the media, Population Welfare Department and civil society organizations were developed, due to the instrumental role played by the Secretary Information and Population Welfare Department who also held responsibilities of the Secretary of Information and was actively involved in conceptualizing and organizing the event.

Statistics from Pakistan Demographic and Health Survey 2006-07 were used by Yasmin Qazi - the Senior Country Advisor, Population Program, David and Lucile Packard Foundation, to highlight the reproductive health scenario of Pakistan. She asked the media to play the watch dog role as part of the civil society and to work in tandem to build pressure for addressing the gaps in the supply side of health care while strengthening the public demand side.

As the seminar was a first of its kind that was held on social issues, it was decided that media will be consulted for development of effective communication strategies by the Population Welfare Department of Sindh.

The civil society organizations were advised by the Secretary General of Pakistan Press Foundation to remain cautious in highlighting reproductive health issues due to the sensitivity attached to it, but stressed on media relations to be made an integral part of their programs, to ensure privacy and confidentiality in reporting sensitive issues.

Other participants from various print media organizations, government departments and non-governmental organizations stressed the need for educating media personnel; organizing frequent and regular dialogue between non-governmental organizations, government departments and the media; developing a contact list of civil society members who can be contacted for reliable information; developing a contact list of journalists who work on health, education and social issues.

The consultative meeting was attended by representatives of Jang, Dawn Group, Daily Times, Express Tribune, Hilal-e-Pakistan, Daily Awami Awaz, Aurat Foundation, Marie Stopes Society, Dhoom TV, Shirkat Gah, IPAS, Ibrat, Daily Aman, UNFPA, The News, Pakistan Today, Jeeway Pakistan News, Mathar Newspaper, and Sobh Newspaper.





7.2. Aahung and WAR Join Hands to Celebrate One Day One Struggle

November 9th marks the “One Day, One Struggle” campaign to promote sexual and bodily rights in Muslim societies, launched by the Coalition for Sexual and Bodily Rights in Muslim Societies (CSBR). To celebrate the 3rd International Campaign of the Coalition for Sexual and Bodily Rights, Aahung in collaboration with War Against Rape organized a movie screening of “Shame” which narrates the journey of Mukhtaran Mai and the transformative role she played in her community. The screening was followed by a panel discussion on the status of psycho-social and legal support systems for survivors of sexual violence in Pakistan.

The objectives of the event were to:

- Express solidarity with the survivors of sexual violence
- Highlight the need for improving support systems for survivors of sexual violence in Pakistan.
- Create support for organizations working with the survivors of sexual violence
- Create a safe space for sharing any thoughts, feelings or personal experiences

Shame explores the remarkable courage of Mukhtaran Mai who was gang raped on the order of a local tribal council in 2002 in retribution for her 12-year-old brother's supposed relationship with a girl from a higher caste.

In the words of Melissa Silverstein, “Mai did what no woman in Pakistan is supposed to do --stand up and fight back. She had the audacity to report the crime and pushed to have her rapists convicted and jailed.” The documentary showed Mai's strength and resilience in her journey for justice against a system that was against her at every turn. Not only this, she played a transformative role for her community and declined opportunities to leave her village to bring change in a place that desperately needed it. Mai used a small financial settlement from the government to build a local school as she knew that the key to breaking the cycle of violence was education.

The director of the documentary, Mohammed Naqvi says it best when describing the effect that Mai has on people “Her bravery and courage inspires us all. I hope that inspiration carries through to the audience of my film, especially women who have suffered similarly and are silent. One person really can change the world. I have seen it with my own eyes.”

The screening was followed by a panel discussion on the status of psycho-social and legal support system. The panelists included Dr Sikandar Sohani, Senior Manager Advocacy and Training Aahung, Barrister Dr. Mohammad Farogh Naseem, Advocate General of Sindh and Rukhsana Siddiqui, case worker from WAR. As the panelists each shared their personal experience working with survivors of sexual violence, the need for social, medical and legal support systems became glaringly clear. This need was further voiced by members of the audience who shared personal experiences and further identified specific areas that need improvement if appropriate social support systems are to be in place for improvement within Pakistan.

Some of the areas identified for improvement within Pakistan included:

- Better knowledge of laws and policies amongst the police force and general public
- Better training of medico-legal officers, police and officers of the court on rape and violence against women.
- Domestic violence shelters and psycho-social support centers for victims and survivors.

7.3. Aahung on Health TV

This year Health TV channel celebrated “International Youth Day- 2012” by inviting Aahung’s team to talk on youth related health concerns. Aahung’s senior trainer Nazo Pirzada highlighted the fact that 63% of Pakistan’s population falls below the age of 25 years, and the adolescent period is the transition period from childhood to adulthood, a period that brings tumultuous physical, social, and emotional changes. Many a times behaviors that are established during adolescence may lead to negative health and social consequences later in life, making it necessary to talk about such issues.

The discussion addressed how young people desire and seek authentic information and understanding of their anatomy and physiology, which is rarely received from parents, teachers and health professionals, but is received from their peers, media or other unauthentic sources which are often incorrect or inadequate. Due to the taboos associated with reproductive health, children often do not discuss their emotions and fears with their parents and that is where the communication gap comes in.

Parents were advised to communicate with children as they have a considerable role to play in assuring that their children lead healthy lives by providing them with supportive environments within their families, schools and communities. Support and understanding of the family during this phase is crucial in enabling them to overcome challenges in their life.



Annexure 1:
Aahung's Publications Disseminated During the Last One Year
(September 2011– August 2012)

Type of Resource	Name of Resource	English & Urdu	English	Urdu	Sindhi
Informational Booklets	Communication	173			
	A Boys Guide Growing Up Booklet	171			
	A Girls Guide Growing Up Booklet	304			
	A Boys Guide Growing Up Brochures	1615			
	A Girls Guide Growing Up Brochures	1595			
	CSA	1615			
	Vaginal Discharge	3791			
	Penile Discharge	3791			
	Erectile Dysfunction	3791			
	Empowering Your Child & Preventing Sexual Abuse (Brochures)			3576	
	Puberty For Parents Guide Brocher			3576	
	Jinsee beemaryan (STIs)			2000	155
	Hepatitis Brochures			400	2981
	The Truth About HIV Booklet		200	3815	
	HIV Brochures		150		
Child Sexual Abuse Prevention	CSA Flashcards Toolkits	89			
	Empowering your Child & preventing Sexual Abuse - English			354	
	My Body is Mine Poster			20	
	My Body Is Mind work book		21	850	
	CSA introductory video for caregivers			93	
Training Tools and Manuals	Aware For Life -Adolescent Girls Manual			29	
	Aware For Life- Adolescent Boys Manual			10	
	AFL Manual			58	
	How to take a sexual history			205	
	RTI Quiz			205	
	Risk Assessment and Risk Reduction			205	
	Reproductive Tract Infections (RTI) Guidelines		173	84	
	Clinical Modules Sexual Health Manual		171	84	
	Reproductive Tract Infections		242		
	Total	16935	957	15564	3136
	G-Total	36592			

8. Audit Report



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INDEPENDENT AUDITORS' REPORT TO MEMBERS

We have audited the accompanying financial statements of Aahung (the Organization) which comprise the balance sheet as at 30 June 2012, and the related statement of income and expenditure for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the Accounting and Financial Reporting Standards for Small-sized Entities issued by the Institute of Chartered Accountants of Pakistan, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards as applicable in Pakistan. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements give a true and fair view of the financial position of the Organization as at 30 June 2012, and of its financial performance for the year then ended in accordance with the Accounting and Financial Reporting Standards for Small-sized Entities issued by the Institute of Chartered Accountants of Pakistan.

Ernst & Young Ford Rhodes Sidat Hyder
Chartered Accountants

Audit Engagement Partner: Omer Chughtai

Date: 17 November 2012

Karachi

A member firm of Ernst & Young Global Limited

**AAHUNG
BALANCE SHEET
AS AT JUNE 30, 2012**

Note	2012			2011		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	Rupees			Rupees		
Assets						
Non-current assets						
Tangible fixed assets	5	1,496,457	237,578	1,734,035	86,351	2,117,119
Security deposits		47,500	316,600	364,100	47,500	316,600
Current assets						
Loans, advances, prepayments and other receivables	6	100,665	1,005,324	1,105,889	82,947	1,157,076
Inter fund balances		4,128,993	232,050	4,361,043	2,508,426	2,508,426
Short term investment	7	3,367,383	-	3,367,383	2,622,522	2,622,522
Cash and bank balances	8	9,561,888	23,126,183	32,688,071	9,366,697	6,578,818
Total current assets		17,158,829	24,363,557	41,522,386	14,580,592	7,735,894
		18,702,786	24,917,735	43,620,521	14,714,443	10,169,613
Fund balances and liabilities						
Fund balances						
Restricted fund balances	9	-	23,773,777	23,773,777	-	5,191,913
Accumulated unrestricted surplus		10,466,706	-	10,466,706	11,409,780	11,409,780
Unrealised gain on short term investment		285,085	-	285,085	292,418	292,418
Total fund balances		10,751,791	23,773,777	34,525,568	11,702,198	5,191,913
Non-current liabilities						
Deferred capital grants	10	-	237,578	237,578	-	2,117,119
Deferred liability – gratuity	11	3,232,611	-	3,232,611	2,330,104	-
Current liabilities						
Accrued and other liabilities	12	940,879	322,842	1,263,721	682,141	352,155
Inter-fund balances		3,777,505	583,638	4,361,043	-	2,508,426
		18,702,786	24,917,735	43,620,521	14,714,443	10,169,613
						24,884,056

The annexed notes from 1 to 18 form an integral part of these financial statements.


BOARD MEMBER


BOARD MEMBER

AAHUNG
INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED JUNE 30, 2012

		For the year ended June 30, 2012			For the year ended June 30, 2011		
Note		Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
		Rupees			Rupees		
Income							
Restricted funds utilized	9.1	-	24,537,783	24,537,783	-	35,317,710	35,317,710
Consultancy fee		1,192,346	-	1,192,346	1,476,600	-	1,476,600
Deferred capital grants released	10	-	143,720	143,720	-	578,784	578,784
Other income	13	3,510,686	2,853,295	6,363,981	1,966,134	2,711,234	4,677,368
Total income		4,703,032	27,534,798	32,237,830	3,442,734	38,607,728	42,050,462
Expenses							
Operating expenses	14	3,321,369	7,723,904	11,045,273	1,207,185	9,744,191	10,951,376
Program and project expenses	15	2,324,737	19,810,894	22,135,631	-	28,863,537	28,863,537
		5,646,106	27,534,798	33,180,904	1,207,185	38,607,728	39,814,913
(Deficit) / Surplus for the year		(943,074)	-	(943,074)	2,235,549	-	2,235,549
Accumulated surplus at the beginning of the year		11,409,780	-	11,409,780	9,174,231	-	9,174,231
Accumulated surplus at the end of the year		10,466,706	-	10,466,706	11,409,780	-	11,409,780

The annexed notes from 1 to 18 form an integral part of these financial statements.


BOARD MEMBER


BOARD MEMBER

9: Aahung Staff Training and Development For 2011-2012 (September 2011 to August 2012)

S.No.	Date Attended	Name of Employee	Topic of Training	Organized by	Location	Sponsored by
1	22-24/12/2011	Ayesha Aziz	Workshop for Identification Values for SRHR	Kausar Saeed Khan	Karachi	Rutgers WPF
2	2-4/04/2012	Ayesha Aziz	Workshop for Movement Building	Kausar Saeed Khan	Lahore	Rutgers WPF
3	30-31/03/2012	Ayesha Aziz Sheena Hadi	Resource Mobilization Training	Mr.Asif	Lahore	Rutgers WPF
4	2-3/11/2011	Musarrat Jabeen	Care Giver Empowerment	Aasia Akber	Karachi	Group Development
5	25-26/01/2012	Musarrat Jabeen	Care Giver Empowerment	Kahsaf Manoob	Karachi	Group Development
6	13-17/01/2012	Zoab Mansoor	Project Cycle Management	Rahal Saeed	Karachi	Rutgers WPF
7	2-3/11/2011	Hassn ur Rehman	Care Giver Empowerment	Aasia Akber	Karachi	Group Development
8	25-26/01/2012	Hassn ur Rehman	Care Giver Empowerment	Kahsaf Manoob	Karachi	Group Development
9	13-17/01/2012	Muhammad Akhlaq	Project Cycle Management	Rahal Saeed	Karachi	Rutgers WPF
10	23-25/12/2011	Muhammad Akhlaq	Workshop for Identification Values for SRHR	Kausar Saeed Khan	Karachi	Rutgers WPF
11	17-19/04/12	Zeeste Faatima Jahanzaib	Prevention of Child Sexual Abuse	Aahung	Karachi	Aahung
12	17-19/04/12	Muniza Yaseen Akhter	Prevention of Child Sexual Abuse	Aahung	Karachi	Aahung
13	11-21/06/2012	Amber Ali Muhammad	Leadership in Family Planning and Reproductive Health	AKU - CHS	Karachi	Packard
14	25-Apr-12	Amber Ali Muhammad	Quality in Health Care	EC Gate way	Karachi	Aahung
15	26-Apr-12	Amber Ali Muhammad	ICT in Health Care	EC Gate way	Karachi	Aahung
16	8-Feb-12	Rozeena Gillani	GPS Training	WPF	Hyderabad	Rutgers WPF
17	16-Apr-12	Rozeena Gillani	Social Media Training	Packard	Dubai	Packard
18	13-17/01/2012	Rozeena Gillani	Project Cycle Management	Rahal Saeed	Karachi	Rutgers WPF
19	25-26/06/2012	Rozeena Gillani	International Training Quantitative Analysis	RCD	online	RCD
20	11-21/06/2012	Doulat Rahim	Leadership in Family Planning and Reproductive Health	AKU - CHS	Karachi	Packard



Aahung Contact Information

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