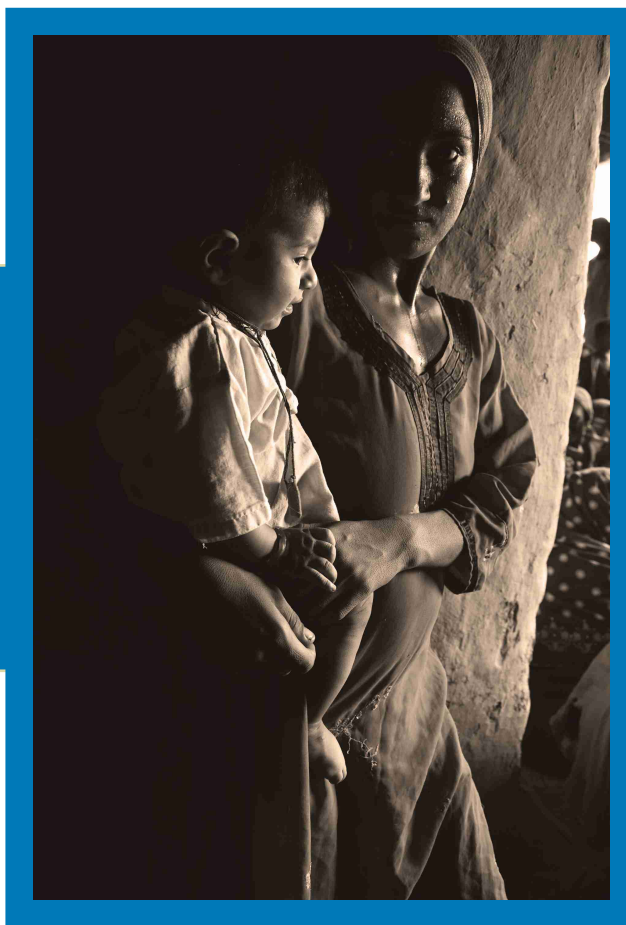


2014 - 2015

voice family
reproductive
choice marriage refers
care planning
education



information
services aware rights
health women
development children

Annual Report July 2014 – June 2015



Acknowledgements

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List of abbreviations

AIDS	Acquired Immunodeficiency Syndrome
APWA	All Pakistan Women's Association
ASRH	Adolescent Sexual and Reproductive Health
BRSP	Balochistan Rural Support Program
CBO	Community Based Organization
CDC	Child Development Center
CDO	Child Development Organization
CHW	Community Health Workers
CSA	Child Sexual Abuse
DIL	Developments in Literacy
DUHS	Dow University of Health Sciences
FGD	Focus Group Discussions
FHRRDA	Fundamental Human Rights and Rural Development Association
FP	Family Planning
FPAP	Family Planning Association of Pakistan
HIV	Human Immunodeficiency Virus
IEC	Information, Education, Communication
IRC	Indus Resource Center
LSBE	Life Skills Based Education
LSE	Life Skills Education
MRDS	Masoom Rights Development Society
PAC	Post Abortion Care
PIDS	Participatory Integrated Development Society
PMDC	Pakistan Medical and Dental Council
POEM	Prevention of Early Marriage
RLCC	Ra'ana Liaquat Craftsmen's Colony
SAAF	Safe Abortion Action Fund
SCMR	Sindh Child Marriage Restraint Act 2013
SDS	Sindh Development Society
SEF	Sindh Education Foundation
SRHM	Sexual and Reproductive Health Management
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
ToT	Training of Trainers
UNGEI	United Nations Girls Education Initiative
VAW	Violence Against Women
VCAT	Value Clarification Attitudinal Transformation
PNC	Pakistan Nursing Council
WEDO	Women Empowerment and Development Organization
WHO	World Health Organization

Executive Director's Note



Aahung turns 20!

In 1995, Aahung was registered as the first organization working on improving the sexual and reproductive health landscape of Pakistan. The founding projects for the organization, The Karachi Reproductive Health Project and AIDS Awareness Program, aimed to improve access to information for adults on HIV transmission and prevention. Very quickly, the program design team, which is still actively involved with Aahung today, recognized the extreme dearth of information on sexual health in the urban communities in which the projects were running. Moreover, the social silence around the pervasive reproductive health problems revealed the extent to which sexual and reproductive health topics were considered taboo to discuss and address.

Aahung was founded in this silence as a pioneer in sexual health information and training for health care providers. Very quickly the lack of inter-generational communication around issues of reproductive health also started to be addressed through the development of the first adolescent life skills education curriculum which addressed critical areas of health, rights, and development.

20 years on, Aahung is working with leading medical universities to improve sexual and reproductive healthcare services, working with government departments to improve service protocols for doctors and mid-level service providers, integrating life skills education in over 400 schools across Sindh and advocating with provincial governments to integrate life skills into the secondary school curriculum of government schools. Through the steady growth, Aahung has continued to expand its own learning by interacting with key stakeholders, looking towards mentors locally and internationally, and pushing our own knowledge and skills base to become stronger. Through this, the organization has maintained a strong rights-based framework and has maintained the original goal of Aahung: to improve the sexual health scenario of men, women and young people across Pakistan. To achieve this goal, Aahung has worked in every province of the country, and with diverse target groups including: madrassa students, nomads living in remote areas of the Thar desert, street children, religious leaders, IV drug users, and sex workers.

Aahung's 20 years have been full of many challenges and a number of risks in continuing to push forward an agenda which was often met with resistance, indifference and negativity. However, many of our worst critics are today our greatest champions, which is a testament to the organization's perseverance, the tireless work of the staff, the assistance of our Board and advisors, and the consistent support of Aahung's donors - in particular The International Women's Health Coalition, The David and Lucille Packard Foundation, and Oxfam NOVIB, which have all consistently provided Aahung with mentorship and financial support for over a decade of the organization's growth. It is with this support that Aahung has continued to grow and establish itself as a leading technical organization in sexual and reproductive health and today stands at the forefront of dialogue and policy change on sexual health.

Here's to 20 more years of breaking the silence!

Aahung's Board of Governors



Kamyla Marvi

Kamyla is one of the founding members of Aahung and has more than 20 years experience in the reproductive health, gender and development sector. She has an interest in organisation effectiveness and governance and facilitated the initial organisational development process of Aahung. Kamyla is currently the Director of the Karachi Health Initiative working with Aman Health Care Services.

Dr. Naila Baig-Ansari

Naila Baig-Ansari has a PhD in Epidemiology from the University of California, Davis. Along with her rigorous training, she has vast experience in the area of health research. Naila would be a strong asset to Aahung because as an epidemiologist, she can provide mentorship to strengthen Aahung's research programs. She is currently part-time research faculty at The Indus Hospital as well as the Director of a local Institutional Review Board (IRD-IRB) that reviews human subject research.

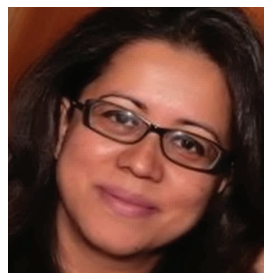


Fatima Haider

Fatima is currently working as a consultant in the development sector. She has vast experience in monitoring, research and evaluation. Prior to consulting, Fatima worked with Aahung for over 9 years leading the organization's programs as well as its monitoring and evaluation department. 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.

Bina Yousef

Bina is practicing as a clinical psychologist and psychotherapist. Along with her private practice she also provides specialized tutoring to children with learning difficulty and has been affiliated with Readyslexics Pvt. Ltd. since 2003. She has completed an MSc in Psychology from Bahria University, Karachi. Bina also holds a Diploma in working with Learning Difficulties from Readyslexics and an Advanced Diploma in Humanistic Integrative Counseling from CPPD Counseling School London in affiliation with AAS Trust. Her affiliation with Aahung is driven by her passion for spreading awareness about issues related to sexual health and rights and most significantly childhood sexual abuse.



Dr. Laila Shah

Dr. Laila has been working in the reproductive health sector as an OBGYN for over 20 years. She was with Marie Stopes Society for over ten years as their training lead and through that has had experience working with clinical practitioners as well as traditional birth attendants. Dr. Laila is well known in the RH sector and has contributed to the development of RH manuals and tools that are being used in training service providers.

Kausar S.Khan

Kausar is a professor at Community Health Sciences. 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.



Maliha Zia

Maliha has been activating for women and human rights law for several years. She has been in the forefront of drafting the new domestic violence law as well as making amendments to the Pakistan Penal Code (PPC) and Criminal Procedure Code (CrPC) so that they can be better used to try cases of Honor crimes. She is well versed in sexuality, sexual and bodily rights in addition to her strong legal background.

Al-Malik Khoja

Mr. Khoja has worked in senior management positions in Operational and Strategic Planning, Business Development, Project Management, Budgeting and Forecasting, Accounting and Finance. His current responsibilities include operational oversight of existing projects, strategic planning, business development including product development, marketing and channel development, and monitoring and evaluation of operational flows.



Aneeta Pasha

Aneeta is a Manager of Programs at Interactive Research and Development (IRD) and has previously worked with Aga Khan School of Nursing as a manager of the International Nursing Program and is now working as a Research Fellow with Dr. Rozina Karmaliani. Aneeta has worked with Aahung in the past on the research and monitoring component and at the time, undertook an independent research project on communication regarding puberty and development between mothers and daughters.

Sana Khan
Manager LSE



Musarrat Jabeen
*Senior Trainer and Advocacy Coordinator-
SUKH Project coordinator*



Shazia Noor
Field Coordinator



Nuzhat Ansari
Field Coordinator



Asrar Ahmed
Field Coordinator

Nishey Jan
Clinical Coordinator



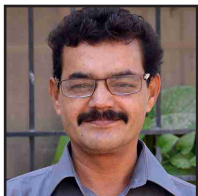
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Field coordinator



Nazo Pirzada
Senior Trainer



Shehneel Gill
Senior Trainer



Ashok
Support Staff



Nasir Masih
Support Staff



Kamla
Support Staff



Naeem
Support Staff



Laxmi
Support Staff



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Night Watchman



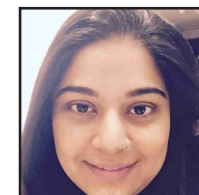
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Director



Neha Mankani
Manager RM&E



Muniza Yasin
Trainer

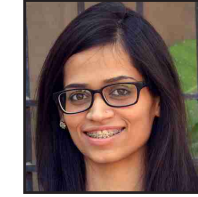


Aisha Ijaz
Program Manager

Dr. Sikander Sohani
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Haris Sabir
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*Senior Manager Finance,
Admin & HR*



Muhammad Akhlaque
*Senior coordinator Finance,
Admin & HR*



1. About Aahung



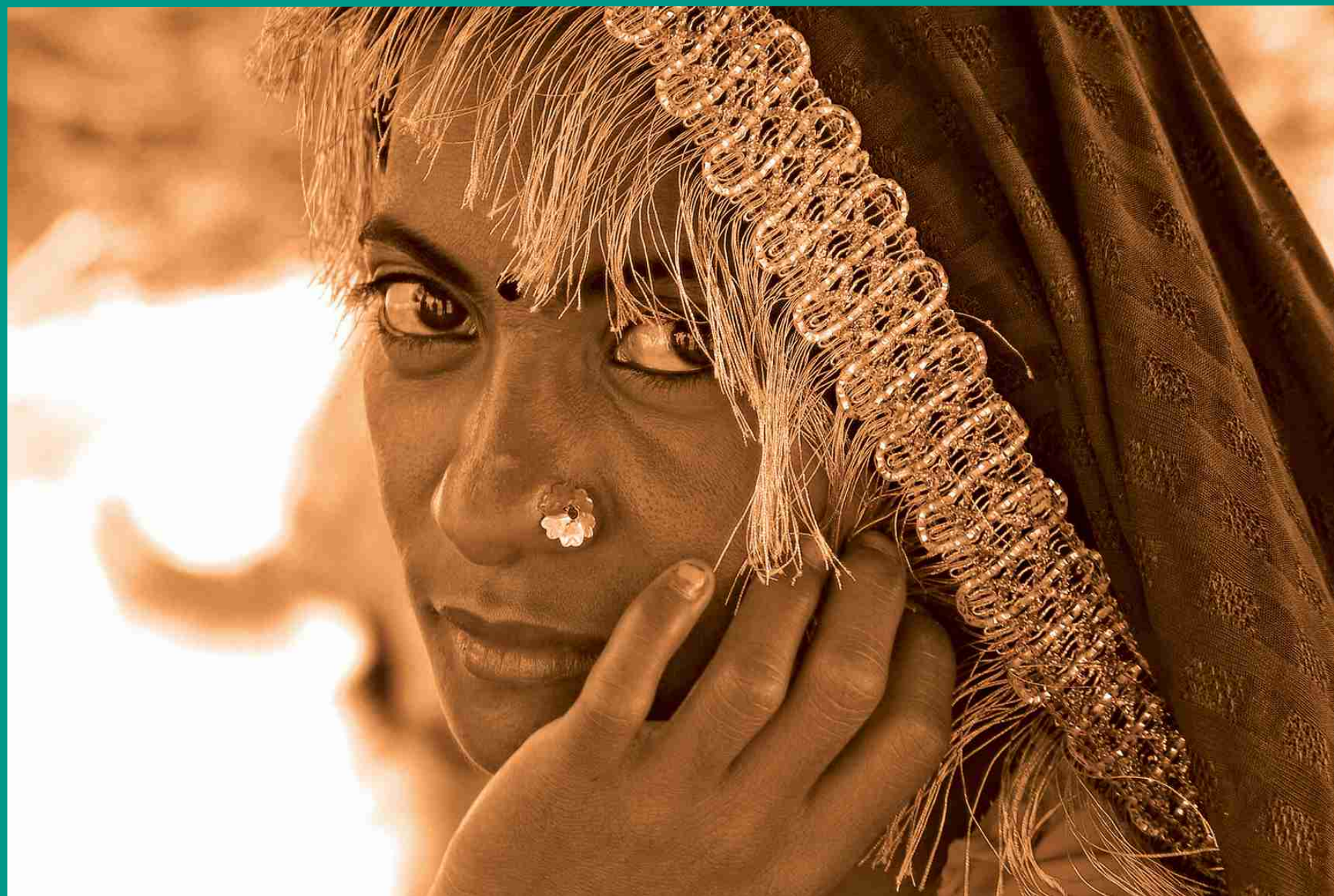
1.1 Background

Aahung is a Karachi-based NGO that has been working to improve the sexual and reproductive health and rights (SRHR) 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.

SRHR 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 academic 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 communications activities.



1.2 Strategic Plan 2013-16

The strategic direction and goals laid out in the strategic plan for 2013-16 are Aahung's response to the SRHR needs of Pakistan's population identified through literature review, internal assessment of our work, and feedback from key stakeholders. From the beginning of the strategic planning period, Aahung has continued to foster and strengthen partnerships with institutions, engage the public sector, and reach out to different population groups through direct communication strategies. Aahung's activities through the course of the strategic period will contribute towards fulfilment of the following goal:

To contribute to the overall goals; Aahung will work towards the achievement of the following objectives:

- 1) To empower individuals to make healthy sexual and reproductive choices by enhancing knowledge and improving their skills on SRHR issues
- 2) To improve the quality of sexual and reproductive health service provision by developing the capacity of pre and in-service health care providers

1.3 Programmatic and Organizational Structure

In order to implement this strategic plan, Aahung works through two program components:

- 1) Sexual and Reproductive Health Management (SRHM) and
- 2) Life Skills Education (LSE).

These program components work with the support components of

- Communications,
- Research, Monitoring and Evaluation, and
- Finance, Administration and Human Resources.

2. 20 Years of Life Skills Education

Aahung pioneered the first locally developed adolescent life skills curriculum in 1997 which was used in communities across Karachi to impart critical health information to young people. Over the course of the last several years, Aahung has continued to expand the life skills program to include private schools, government schools, new communities across rural and peri-urban Sindh and vocational centers. The curriculum is now in its third phase with new chapters being added that address issues such as violence, diversity and marital rights. In addition, due to varied needs across different age ranges, Aahung has also divided the curriculum into progressive stages to match the evolving needs of the young person. Pre-adolescents are introduced to concepts of health, well being and human rights while older adolescents are given more detailed information about puberty and development and family life education.

Aahung’s training program focuses on building 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 adolescent issues in the classroom as well as more challenging topics, such as child sexual abuse prevention.

Life skills are behaviors that enable individuals to adapt to and deal effectively with the demands and challenges of life. These skills include the ability to think critically, make decisions, and negotiate, while improving self-confidence, communication and developing conflict resolution skills. Ultimately, the interplay between the skills is what produces powerful behavioral outcomes, especially where this approach is supported by other strategies such as media, policies and health services.

LSBE refers to an interactive teaching methodology, which imparts factual information about health and the body to children and adolescents, while giving them the skills to better manage their own lives and make healthier decisions. This approach is holistic as it looks at knowledge based education and combines it with a promotion of healthy attitudes like positive body image, self-esteem, and confidence. LSBE also includes components of values clarification and gender sensitization and incorporates skills like communication, decision making, assertiveness, negotiation, help seeking, self awareness and stress management. Within the umbrella of Life Skills Based Education, Aahung focuses on two tracks which ensure that information and skills are reaching primary school children as well as adolescents. For primary school children, Aahung works on training teachers and imparting information to children about the prevention of Child Sexual Abuse (CSA). As children develop more maturity and enter their pubertal years, Aahung moves towards implementing an adolescent sexual and reproductive health (ASRH) program in schools which focuses on those issues that arise as young people approach their reproductive years.



2.1 Preventing Child Sexual Abuse

While Aahung has always focused on young people as a key area of intervention, in 2005, a critical decision was made to incorporate a focus on primary school children. In particular, Aahung was alerted to the growing concern in schools and homes that children and adults were in need of capacity building to prevent child sexual abuse.

Child Sexual Abuse 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. In addition to stigma associated with CSA, a multitude of myths and misconceptions also prevail in society and contribute towards caregivers being unaware of how they can better protect children or altogether giving incorrect messages to children, many of which are often fear-based.

2.1.1 Capacity Building Sessions for Teachers in Primary Schools

During the year Aahung conducted five-day training workshops with primary school teachers from a new partner network, Development of Institution and Youth Alliance (DIYA), and also old partner networks, Indus Resource Centre (IRC) Khairpur and Jamshoro. The purpose of these trainings is to build the capacity of new teachers that will be replicating the child sexual abuse module with students. The objective of the course is to familiarize students, aged 5-9 years, with a basic understanding of the body and introduce concepts such as good touch and bad touch to them, as well as equip them with the skills to recognize abuse and protect themselves.

Feedback from the teachers reaffirmed that there is a great need for CSA prevention training and teachers felt more confident to address such a sensitive topic.

"CSA is really prevalent in our society and this training has given us an understanding of how to deal with this problem. We should be friendly with our students and provide them a safe and trustworthy environment where they are able to talk about their problems. We want ourselves and our society to live a respectful life"

"I learnt that we should teach students the power of saying “no” and encourage them to try and locate a safe place. We should trust our children when they tell us what has happened with them and teach our children to communicate with their parents"

TABLE: 2.1.1 Number of Teachers Trained on CSA Prevention Strategies

			Primary beneficiaries		Secondary beneficiaries	
Network	Type of Network	Participating Schools	Male Teachers	Female Teachers	Male students	Female students
DIYA	Charter	12	22	10	2404	1182
IRC Khairpur	Charter	20	10	22	-	-
IRC Jamshoro	Charter	3	0	6	-	-
Total		35	32	38	2404	1182

*IRC Khairpur and IRC Jamshoro will begin replication with students in August 2015 after the admissions of new students

2.1.2 Capacity Building Refresher Sessions for Teachers in Primary Schools

Over the years Aahung has formally partnered with several organizations that are implementing the CSA module in their primary schools. To ensure that this replication is of a high standard, refreshers are held almost every year. This year a one day refresher was held with Child Development Organization (CDO) Dadu. The main objective of this training was to deal with the challenges that the teachers faced in their first time implementation and revisit topics on CSA prevention and the use of related tools in the classroom. The overall feedback received from participants regarding the training was positive.

TABLE: 2.1.2 Number of Teachers Re-Trained on CSA Prevention Strategies

			Primary beneficiaries		Secondary beneficiaries	
Network	Type of Network	Participating Schools	Male Teachers	Female Teachers	Male students	Female students
CDO Dadu	Charter	12	16	6	2314	1788
	Total	12	16	6	2314	1788

2.2 Adolescent Sexual and Reproductive Health (ASRH)

Pakistan’s demographic profile depicts the features of a young and highly fertile population with 41% of the population being under 15 years of age and 63% being under 25 . The country profile suggests a population momentum that will maintain the number of children, adolescents and young adults for the next two decades and highlights the need for development policies and programs to focus on addressing the needs of these age groups. According to figures reported by the World Health Organization (WHO) in 2009, the life and health of children and adolescents in developing countries is most commonly affected by issues pertaining to SRHR. In Pakistan, adolescents and youth 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.

Results from Aahung’s baseline study, conducted in 2013 with 495 female and 398 male adolescents from 9 schools across 4 districts of Sindh, showed that only 34% of adolescents would talk to their parents about pubertal issues. Inadequacy of information results in adverse sexual and reproductive health outcomes reflected as high rates of unwanted pregnancies and maternal mortality . 49% of the 893 adolescents that participated in Aahung’s baseline study thought that AIDS is curable while only 15-17% understood that there is no cure for the disease. Research on ASRH and HIV/AIDS education programs for youth has demonstrated desired behavior change/s. Therefore, it is essential to provide SRHR education and information to adolescents in Pakistan so that they are better informed about puberty, human reproductive parts and processes, pregnancy and childbirth, HIV/AIDS, body protection and dealing with violence. Moreover, such information also needs to be delivered through a methodology which ensures that young people develop critical skills for effective communication, decision-making, assertiveness, negotiation and self-awareness to eventually practice healthy sexual behaviors and develop more positive attitudes towards diversity and gender equality.

" I come from a Pakhtun family and I love football, it's my passion but my family would not let me play because I am a girl. After studying the LSBE curriculum my self-confidence increased and I developed the skills to ask for permission and managed to persuade my family to allow me to play. I explained LSBE to them and they adopted the teachings from it as well "

" In LSBE we have learnt a lot of confidence and life lessons that we did not learn in our home. Before, we would make decision quickly, but LSBE has taught us to make decisions calmly, after thinking. It taught us about our 'nikkahnama' and informed us that the whole family has to know about the age of marriage and the correct way to do it"

"I was happy to receive the refresher because it rebuilds my confidence in teaching such a sensitive topic. It also helped in motivating me that I can make a difference in society"

"It was really motivating to come to the refresher training because I saw that I was not the only one facing challenges in my school teaching the flashcards. I was able to learn from my peers and we bounced ideas back and forth which were very helpful"



2.2.1 Capacity Building Sessions for Teachers in Secondary Schools

This year several new partnerships were developed with secondary school networks such as Rana Liaquat Craftsmen's Colony (RLCC), Development of Institution and Youth Alliance (DIYA), Nasra Trust, Development in Literacy (DIL), and Asa Jalal. As Aahung is also working with RLCC, DIYA and DIL primary schools, the introduction of LSBE at the secondary school level, is the next logical step and reinforces the institutional model and enabling environment that Aahung aims to create. The partnership with NASRA Trust is a key breakthrough for Aahung as it had approached the trust several times in the past, at which point they were resistant to LSBE. A five-day capacity building session was held with each of the secondary school partners to equip teachers with the knowledge and skills required to replicate Aahung's LSBE Curriculum with students aged 10-15 years. The objective of such trainings is to increase teachers' knowledge about child sexual abuse, puberty, hygiene, gender roles, gender violence, early marriage, communication and decision making skills. Aahung also works with teachers to help them develop a more participatory instruction methodology. Feedback received from the teachers demonstrated that the prevalence of myths and misconceptions relating to puberty and hygiene was very high amongst themselves and in their communities. They also shared that the training made them reflect on their own attitude and behaviour towards sexual and reproductive health issues.

"While I had always read about these topics, I had never really considered the link between them and my own behavior. After this training I want to bring a positive change within myself and enlighten my students with the same information"

"In the workshop I tried to let go my lecture teaching method and embrace the participatory methodology. I saw that we can be a better teacher by involving all students and not lecturing them. They will appreciate me more and will learn better. I also learnt that I should use this approach in my daily life when communicating with family and friends"

"During this training so many of my misconceptions were cleared. When I was growing up I always believed that my nocturnal emissions were a disease or I often blamed myself. So today, when I learnt about puberty and the changes one's body goes through are all natural I felt relieved and wish that I had received this information earlier in my life. I now feel confident on this matter and want to share this new information with my friends. I truly believe Aahung has opened my eyes and taken this fear away from my life"



TABLE: 2.2.1 Number of Teachers Trained on ASRH

Network	Type of Network	Participating Schools	Primary beneficiaries		Secondary beneficiaries	
			Male Teachers	Female Teachers	Male students	Female students
RLCC	Charter	8	3	17	800	1000
DIYA	Charter	12	20	8	1676	968
NASRA	Charter	4	3	43	1209	938
DIL	Charter	7	1	29	148	353
ASA JALAL	Private	1	0	5	205	220
Total		32	27	102	4038	3479



2.2.2 Capacity Building Refresher Sessions for Teachers in Secondary Schools

In the last year, the LSE Component has conducted refresher trainings with teachers from Child Development Organization (CDO) Dadu, Indus Resource Centre (IRC) Khairpur, IRC Jamshoro, Qamer-e-Bani Hashim School (QBHS), Child Development Centre Bansaeedabad (CDC- SEF) on ASRH.

After a successful first round of implementation of the LSBE manual, the secondary school teachers were provided with a two day refresher training on the content so that they could roll out the manual with their new batch of students. Teachers shared their challenges from the previous implementation process and during the refresher training learned from their peers on how to overcome these challenges. Aahung subsequently planned observation visits to monitor the implementation of teachers and gain feedback from students.



"In the middle I became hesitant to talk about these topics and had a lot of negative thoughts. I was happy to attend the refresher training because it cleared these negative thoughts and I felt positive again"

"I was happy to receive the refresher because it has rebuilt my confidence in teaching such a sensitive topic. It also helped in motivating me that I can make a difference in society"

"We live in a very conservative society and in our country all these sensitive issues are not discussed even though there is a dire need. I am very happy that an organization like Aahung is working on such sensitive issues and giving us the appropriate words to speak on such things. If we run this manual the way it is meant to be then I am certain that it will bring a very positive change in our children and in our society where we live in"

TABLE: 2.2.2 Number of Teachers Re- Trained on ASRH

Network	Type of Network	Participating Schools	Primary beneficiaries		Secondary beneficiaries	
			Male Teachers	Female Teachers	Male students	Female students
CDO Dadu	Charter	10	15	5	2242	2433
IRC Khairpur	Charter	5	0	10	-	-
IRC Jamshoro	Charter	3	0	6	-	-
QBHS	Charter	1	4	14	536	570
CDC- Bansaeedabad (SEF)	Charter	8	0	17	120	180
Total		27	19	52	2898	3183

*IRC Khairpur and IRC Jamshoro will begin replication with students in August 2015 after the admissions of new students

2.2.3 Para-counseling Training

Aahung hosted its first para-counseling workshop in interior Sindh (Hyderabad) with 21 secondary schools teachers from 4 partner networks in April 2015. Two trainers were contracted from Rozan, an NGO that provides psycho-social counseling services, to provide some fundamental counseling and communication skills to teachers. They were equipped with the skills to effectively identify and respond to common emotional and behavioural problems that adolescents have as well as specific problems shared by students. Teachers were also encouraged to set-up drop in/ counseling sessions to strengthen and institutionalize LSBE implementation.

"We should learn to say "NO"- this can save us from many bad circumstances"

"I learnt about the pubertal changes that take place within one's body. I learnt that anger is not a habit rather it's a feeling. Violence occurs not because of anger but power. When we have power then violence takes place"

"I was fascinated by the concept of counseling rule. I learnt that our approach should not be solving the problems of our clients rather to guide them so that they can solve their issues. Hence, being a teacher my goal should not be solving my student's problems but I should guide them enough that they are able to solve their issues in their life ahead"



2.3 Extracurricular Activities

Aahung has focused on expanding its LSBE program to include extra-curricular activities that directly involve adolescents and youth, and engage teachers. An interschool debate competition on human rights, peer pressure and gender discrimination was held in November 2014 where 35 students from 7 charter schools participated in the event, attended by approximately 100 people. The debate provided students with a platform to express their knowledge and beliefs about prevalent social issues in Pakistani society. It also enabled Aahung to assess the extent to which students are able to grasp the complex issues and concepts encompassed within the LSBE curriculum.



An interschool drama competition was also held with five secondary schools from Aahung's new partnership networks, in April 2015 in Karachi, attended by 250 students, teachers and parents. The theme of the event was 'Gender Discrimination within Families in Pakistan- Does it End Anywhere?'. In a society that is fraught with gender inequality, this activity gave adolescents an opportunity to critically reflect on the forms of gender discrimination they face directly or indirectly at the household level. This platform also enabled adolescents to express how they perceive such acts of discrimination and feel it can be resolved. Such initiatives promote students to work in teams, creatively share their understanding of LSBE and its importance and fosters healthy competition.



Aahung hosted two teacher exposure forums this year in September 2014 and April 2015 in Karachi. The former catered to schools only in Karachi engaging 30+ teachers whilst the latter included almost all schools across Sindh involving 50+ teachers. A diverse array of teachers working in different capacities and environments were able to come together and exchange ideas based on their experiential learning. Such peer learning enabled teachers to analyze the factors that made their LSBE implementation successful or challenging and identify strategies to overcome any barriers. Teachers left with increased awareness and a sense of ownership, whilst new partners were better prepared for what to expect when implementing LSBE in their schools.



Aahung also conducted 8 theatre performances on 'Early Marriages' reaching out to 4000 young people, caregivers and teachers in Karachi, as several teachers had shared that this was a major concern in their schools. Theatre is an effective tool for conveying key messages to a large audience- it's visual, interactive, and entertaining nature facilitates audience of varied ages to grasp complex concepts with ease. Feedback from the audience revealed greater understanding of the harmful effects of early marriage- physical, emotional, and social consequences- experienced by girls and their families. It also demonstrated greater awareness of the need for a Citizens National Identity Card as well as increased knowledge about the amended Sindh Child Marriage Restraint Act 2013 and its legal implications.

All these activities were conducted for the first time, many of which were on a large scale, and promoted an enabling environment. Students in particular revealed that such activities required them to think creatively, boosted their confidence, and left them feeling empowered beyond the class room. Aahung has been requested to conduct more of such diverse extra-curricular activities on a regular basis.





2.4 Integration

This year, Aahung has hosted two forums to encourage dialogue amongst stakeholders and develop mutual objectives/action plans with those working to address adolescent and youth sexual and reproductive health and rights (SRHR) in Pakistan. The first forum was hosted in collaboration with WPF Rutgers in December 2014 in Islamabad. This National Consultative Meeting resulted in significant strategic decisions being made by the Comprehensive Sexuality Education Taskforce. The term 'Life Skills Based Education' (LSBE) was adopted as a culturally appropriate and uniform term that will be used by the taskforce. Additionally, the task force decided that the advocacy strategy going forward will push for integration of LSBE content into various subjects within the provincial curricula and based on its success encourage its adoption as an independent subject in the long run.

The second forum was organized by Aahung and Plan International Pakistan in collaboration with the Sports and Youth Affairs Department, in February 2015 in Karachi. Stakeholders actively engaged in a consultative dialogue and conceptualized an 'Adolescent Development Policy Framework' for Sindh. Using the recent amendment in the youth policy in Punjab as a precedent, this framework addresses the needs of adolescents in the 10-15 year age bracket currently unaccounted for under the 'youth' umbrella. Stakeholders willing to participate in the advocacy efforts to push this amendment forward were identified and are working towards this collective cause.

2.5 Advocacy Efforts

Aahung has made unprecedented leaps in its advocacy efforts this year. Aahung hired a curriculum specialist with significant experience of working in the Federal Ministry of Education to develop a Curriculum Framework that outlines where Aahung's LSBE modules could be integrated within the secondary school provincial curriculum. This tool provides key government decision makers with a practical implementation plan for LSBE integration into government schools.

Aahung has also formed successful strategic partnerships with key allies in the Department of Education and the Sindh Curriculum Wing. Through these allies Aahung was able to meet directly with the Secretary of Education and share the integration framework. As a result Aahung gained the Secretary's approval to operationalize the integration of LSBE content into the curriculum framework for secondary schools. He has also endorsed the pilot testing of Aahung's LSBE modules in 25 government schools under the Sukh umbrella. Aahung is now at the final stage before integration and is working closely with the Curriculum Wing to review and adopt the Curriculum Framework. In the next few months, Aahung will meet with the Curriculum Council. The purpose of this meeting is to share the integration framework and receive formal written permission for its operationalization.

Additionally, Aahung was also introduced to the director of the Provincial Institute or Teacher Education Sindh (PITE) who invited Aahung staff to conduct a sensitization session on LSBE for key institute staff. As a result of this sensitization, Aahung was requested to develop a case study on body protection to be included in the class 4 science textbook which was in the process of being updated at the time. This achievement is a testament to the success of Aahung's strategies and has paved the way for future LSBE module integration.



2.6 Community Approach to Target Pre-marital Groups of Young People

Since the drop out of students at the higher secondary level grows exponentially every year, particularly with regards to girls, targeting pre-marital groups is challenging through school programs. Furthermore, this group of individuals is in critical need of reproductive health information since they will be faced with reproductive health choices and decisions in their near future but lack access to quality information. None of the respondents from a sample of 30 girls from Karachi, aged 15 to 20 years, who participated in Focus Group Discussions (FGDs) conducted by Aahung, were aware of marital rights or had any knowledge related to Family Planning (FP). A majority of respondents in the above FGDs also stated that decisions related to marriage were made by male elders in their families such as fathers and paternal grand fathers, and that they did not have any say in their choice of marriage partner.

Aahung has made a strategic choice to integrate programming that will target pre-marital populations by accessing them through informal group settings at the community level. Aahung has partnered with Community Based Organizations (CBOs) whose Community Health Workers (CHWs) have been trained on SRHR and integrate activities that focus specifically on raising awareness on marital rights, age of marriage and family planning decisions through a maternal health lens. To support the outreach of the CBO's, particularly Salvation Army and Strengthening Participatory Organization, Aahung is also conducting some direct sessions through the organizational capacity of its partners.

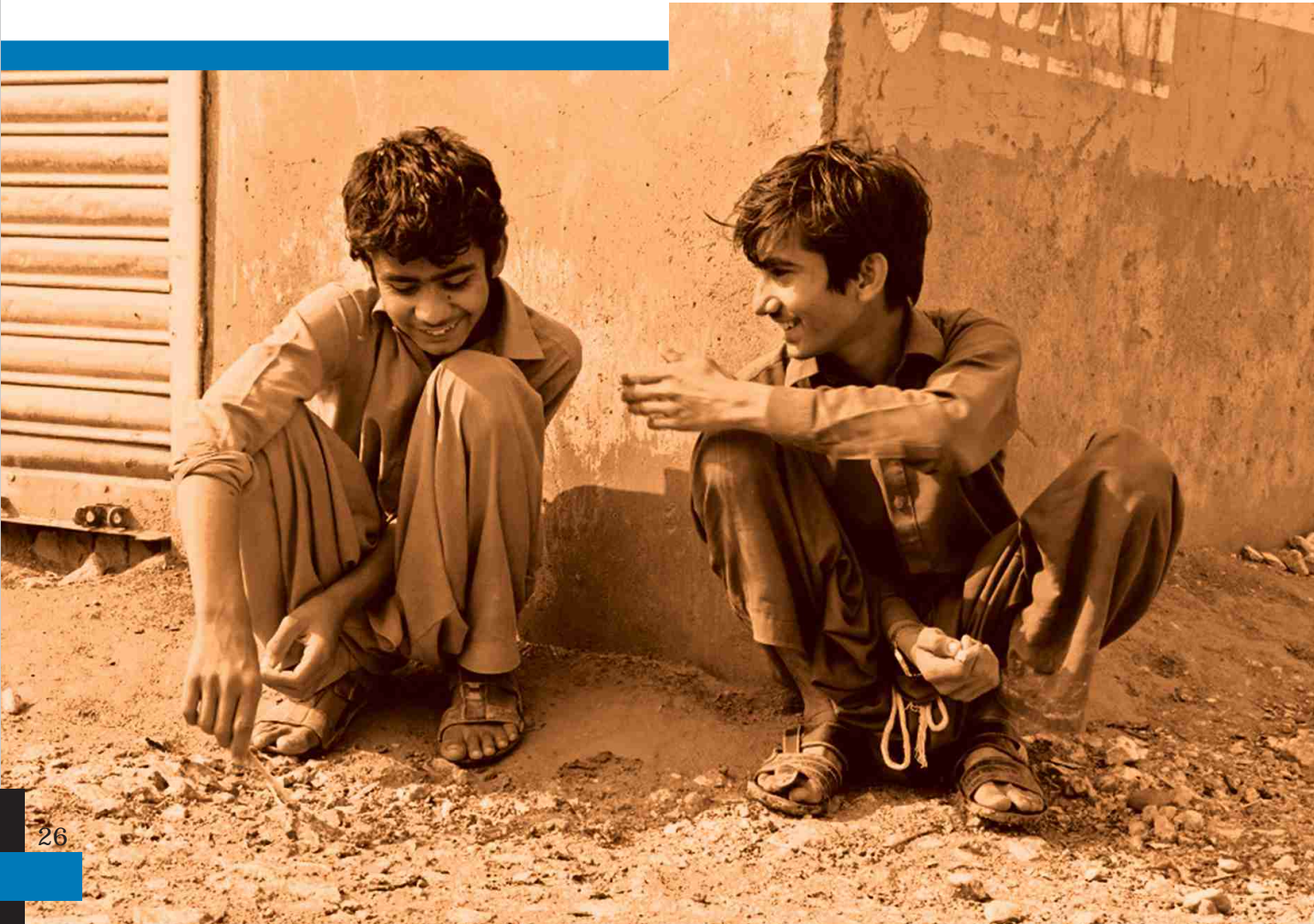


TABLE: 2.6 Number of Community Health workers Trained and Re-Trained on the Community Module (April 2014- May 2015)

						Secondary Beneficiaries reached through CHWs	Secondary Beneficiaries reached through Aahung	Monitoring Sessions
Partner	Male CHWs	Female CHWs	Male CHWs	Female CHWs	Trans-gender CHWs			
Organization For Change	2	8	-	-	-	Partnership Dissolved		
Home Based Women Worker Federation	0	11	-	-	-	Partnership Dissolved		
Madadgaar International Helpline	7	18	8	14	1	1041	-	1
Salvation Army	4	3	3	5	-	313	156	4
Raana Liaquat Craftsmen Colony (RLCC)	0	3	0	4	-	820	17	8
HANDS	0	10	-	-	-	297	-	2
Strengthening Participatory Organization	3	5	-	-	-	321	34	2
Total	16	58	11	23	1	2975	207	17

2.7 New Initiatives

2.7.1 Gender Initiatives in Urban Slums of Karachi

Under the umbrella of UNICEF's Social Cohesion and Resilience (SCR) Programme, Aahung was selected by UNICEF to implement the "Gender Initiatives through Life Skill Based Education in Urban Slums of Karachi" Project in Gadap Town ,Bin Qasim Town & Kemari Town from September 2014-June 2015.

Aahung has worked closely with the SCR partners- Pakistan Fisher Folk Forum (PFF); Pakistan Institute of Labour Education and Research (PILER); Strengthening Participatory Organization (SPO). It has trained their Alternate Learning Pathways (ALPs) (non-formal schools), Community Schools (CS) and partner government schools on LSBE with a focus on gender, conflict resolution, prevention of violence and health and hygiene. The teachers have also been trained on adopting a participatory methodology in the classrooms so that students and young people are engaged and active participants in their own personal development.

UNICEF Project Outreach- Number of teachers trained on LSBE and number of students replicating the module.

"Today I understand that human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, ethnic origin, color, religion, language, or any other social status. We are all equally entitled to our human rights without discrimination. But I don't know why our culture and norms are so constricted when it comes to accepting these matters"

TABLE: 2.2.1 Number of Teachers Trained on ASRH

Partner	Primary Beneficiaries		Implementing Teachers		Participating Schools			Secondary Beneficiaries	
	Male Teachers	Female Teachers	Male Teachers	Female Teachers	ALP's	CS's	Govt.	Female Students	Male Students
PFF	12	20	4	18	18	1	3	229	123
PILER	23	20	8	16	24	0	1	474	390
SPO	15	34	3	22	25	1	0	289	455
TOTAL	50	74	15	56	67	2	4	992	761



2.7.2 Family Life Education in Karachi

The Sukh Initiative is a five year program (2013-2018) funded by the Aman Foundation, the David and Lucile Packard Foundation, and the Bill and Melinda Gates Foundation. Aahung has been selected as one of the implementing partners to contribute towards preparing adolescents and youth for responsible adult life, by increasing their access to age-appropriate information and knowledge regarding issues of Sexual and Reproductive Health and Rights (SRHR) using life skills based approach. The program is to be implemented in selected areas within the urban slums of Karachi- Korangi, Landhi, Bin Qasim and Malir.



In this regard, Aahung has begun training teachers to implement customized SRHR modules in selected secondary schools, vocational centers and Madrassahs to provide adolescents (12-16 years) with culturally appropriate Family Life Education (FLE). FLE will empower young people to make positive and informed decisions about their reproductive lives. The Aman Community Health Program is a Sukh implementing partner, and Aahung has developed an FLE module for its Community Health Workers (CHWs) and trained them on its implementation. This module will be implemented with out-of-school young people (15-22 years) to raise awareness on marital rights, age of marriage and family planning decisions, through a maternal health lens. Aman Tele-Health is another Sukh implementing partner and Aahung has trained their operators on youth related SRHR issues, and has also developed youth friendly protocols for them to follow. Aman Tele-Health will also be sending outbound text messages in the intervention districts to raise awareness on youth SRHR. In order to create an enabling

environment on youth SRHR within the target areas, Aahung's Sukh team is also conducting direct awareness sessions with community men and women regarding the importance of FLE.

The Sukh initiative is also working closely with the Sindh Education Department and the Curriculum Wing to integrate key concepts of SRHR and FLE into the existing secondary school curriculum for future sustainability. This year has been spent developing strong linkages within the Sindh Education Department, and a MoU has been signed with the Secretary of Education to pilot test FLE in select schools in Karachi and to formalize the process of integration.

In the coming year, Aahung will build the capacity of private school teachers on FLE and will also start training staff from vocational centers. Aahung will also work closely with JHPIEGO, Sukh's implementing partner working with Health Care

Providers (HCPs), to train HCPs on FLE and youth friendly services so they are better equipped to provide quality services to young people. Two youth friendly centers will be established at existing spaces frequented by young people such as vocational training centers and schools. These centers will provide young people a safe space where they can interact with instructors who are trained on FLE and can provide them with accurate information and knowledge on SRHR. Tele-Health booths will be placed at these centers so young people can call Aman Tele-Health operators with FLE related concerns. On-going refresher trainings will also be conducted with the CHWs and Tele-Health operators trained in the previous year in order to address on-going challenges with practical implementation. Communication activities will be scaled up in the coming year and a short docudrama on early marriage prevention will be developed and aired on local cable television. We are also planning on conducting theatre campaigns on early marriage prevention in the intervention sites in order to continue building community awareness and willingness to engage on FLE.



Activity Update 2014 - 2015

Training	Number of Trainings	Female Beneficiaries	Male Beneficiaries
Training of teachers from 15 Govt. secondary schools	2	27	10
Training of CHWs	10	200	50
Training of Tele-Health operators	2	8	17

Session	Number of Sessions	Female Beneficiaries	Male Beneficiaries
Direct community awareness sessions with females	3	41	-
Direct community awareness sessions with males	11	-	141

2.7.3 That’s No Way to Marry: Bachpan Bachao Project

The Bachpan Bachao Project is the Pakistan intervention of the multi country project titled ‘That’s No Way to Marry’ funded by the Netherland’s Ministry of Foreign Affairs and implemented by Oxfam Novib and Save the Children. The main goal of the project was to raise awareness among stakeholders on the detrimental effects of child marriage and building capacities to take action against the practice; especially around the Sindh Child Marriage Restraint Act (SCMR Act) 2013 under which the legal age for both boys and girls in the province of Sindh has been raised to 18. This project was implemented in the districts Shikarpur and Larkana in Sindh.

The activities conducted in this project included on-going sensitization sessions with community and religious leaders, teachers, judges, nikkah registrars, police officials and lawyers. In the course of the project; 2577 stakeholders (young people, community adults, lawyers, judges, marriage registrars, police, and community and religious leaders) were reached through sensitization sessions and theatre activities and a further 1,800,000 through communication activities.

Aahung also worked on training healthcare providers on provision of Youth Friendly Services (YFS) and judgement free client centred care for young people in order to reduce the prevalence of child marriage in the community. . IEC material dissemination took place through ongoing sensitization sessions and through clinics and police stations that were targeted as part of this project. An Early Marriage Task Force was formed consisting of a range of stakeholders who have taken ownership of the task of early marriage prevention in their community and work through actively transmitting information, intervening in cases of early marriage, and making referrals where needed.

The Bachpan Bachao project was implemented between October 2014 and August 2015 and it was found that as stakeholders and community members began to take ownership of the cause, a number of cases of early marriage were averted in the community; especially by the Early Marriage Prevention Task Force



3. 20 Years of Improving Sexual Health Medical Training and Practices

Perhaps one of the first problems in the area of sexual health identified in the early days of Aahung was the lack of knowledge and skill about sexual and reproductive health in the health care community. Doctors and public health professionals did not possess the language or comfort levels to discuss sexual health issues with clients, and certainly did not have the medical training to be able to deal with cases effectively. Being products of the same social influences that make sexuality a taboo topic in Pakistan, the teaching faculty of medical and nursing institutions refrained from discussing issues related to sexuality, sexual health and rights with students and even fellow faculty. These topics were not given due importance in undergraduate and postgraduate curricula and even trained doctors did not possess the capacity to approach such matters with clients. As a result, it was also noticed, that much of the gap left by healthcare providers was filled by alternative providers, like spiritual healers, untrained/unskilled birth attendants, and alternative medicine providers. It quickly became clear that one of the most effective areas for Aahung to intervene was to improve the medical training received by students on sexual and reproductive health. In addition, to improve existing services, Aahung also started to make in-roads to public and private providers to improve their knowledge and skills.



The Sexual and Reproductive Health Management Component of Aahung was created with the aim of creating an enabling environment for individuals to access comprehensive, quality sexual health services. To accomplish this, the component was structured to fill the existing void left by service providers and to strategically build the capacity of future providers by intervening at the pre-service level of training. In particular, the component focused on developing new technical tools for training and capacity building, practical reference materials for health care providers, curriculum content to be used with pre-service medical and nursing students, and simple communications materials for clients to also access critical information on their reproductive health and therefore, create appropriate demand for quality services.

3.1 Capacity Building

In this year, the SRHM Component conducted seven ToTs with six institutions all over Sindh and Lahore included nursing institutions (Aga Khan Health Services Pakistan, Ziauddin College of Nursing, Lady Dufferin Hospital, Pakistan Nursing Council Punjab, Affiliated institutes with Director General Nursing - Sindh, Pakistan Welfare Department). SRHM trained a total of 122 participants including faculty members and service providers on the Holistic Management of Reproductive Tract issues, Sexual and Reproductive rights, client centered approach, prevention of unwanted pregnancy and post abortion care, sexual history taking skills and Value Clarification and Attitudinal Transformation (VCAT) as well as sexual health in non-communicable diseases, which remained cross cutting in all trainings.

40 of the trained participants went on to replicate their learning's with the reach to 1457 students with SRHR education. Ultimately, from this intervention, it is estimated that 7920 clients benefitted from improved services related to issues of SRH.

These capacity building trainings have markedly enhanced knowledge and skills of the faculty and service providers for addressing and teaching issues related to sexual and reproductive health. It has been shared by several faculty members that their comfort level has been significantly enhanced after the training to deal with issues pertaining to reproductive and sexual health which were difficult for them prior to training. In follow up discussions for evaluation purposes, participants have stated that they have more detailed discussions with clients regarding sexual and reproductive health topics, make an effort to address myths and misconceptions, approach client issues with less judgment and criticism and provide single standard care to all clients. Participants also mentioned that they try to take a holistic history of the client coming to them considering physical, social and emotional aspects of an individual's health. At times due to an increased client load, it can be difficult to manage the time required to provide comprehensive services, but there is still often an attempt to try. Much of this transformation has been attributed to the values clarification and attitudinal transformation (VCAT) training participants undergo which helps to clarify their own judgments and values. The capacity building trainings have also been noted to augment service skills of the participants in areas such as sexual history taking, risk assessment and partner notification.

A significant learning for Aahung has been related to the degree of readiness service practitioner's show with regards to challenging their own stereotypes. For the most part, working with junior doctors has proven to be far more effective as they have fewer years of experience in which they have cemented their own values. Thus while senior faculty members still play a critical role in advocacy and training, there is a need to focus on younger doctors who are far more open to the content of the VCAT training and therefore, more likely to incorporate it into their future practice.



3.2. Networking and Lobbying for Curriculum Change

Through the past fiscal year, Aahung has also continued to be actively involved with advocating for policy level change which has amounted to significant progress with the Departments of Health and Population Welfare, Sindh, which have both expressed interest in further trainings on PAC, family planning services and on adolescent sexual health and awareness on family planning for their doctors and public health workers. Trainings have already been conducted in Regional Training Institutions with FWWs and doctors through the course of this past year and plans are being shaped to continue scaling up training and development of government workers and service providers.

Additionally, ongoing advocacy with Sindh-based institutes has resulted in a greater acceptance of trainings on SRHR and PAC with VCAT for service providers and faculty members. A number of representatives from partner institutions have been involved with Aahung's core group of advisors which meets annually to strategize about institutional strengthening of SRHR. The core group meeting this year showed an increased involvement of the Pakistan Nursing Council which has shown greater acceptance of Aahung's tools and modules and has mapped out clear steps to ensure integration of a more comprehensive approach to SRHR in the Lady Health Visitor (LHV) Curriculum. Moreover, core group members shared their interest in adopting the model of SRHR education which has successfully been integrated at Dow University of Health Sciences (DUHS). DUHS recommended that all medical students undergoing their internship should attend Aahung's SRHR training workshops before they are certified and that SRHR should be extended to other facilities as well. DUHS is now in the process of developing monitoring tools to assess the knowledge and skills of the students in order to build a system of measurement of SRHR into their curriculum.



3.3. New Initiatives

3.3.1 Improving Institutional Provision of Comprehensive Sexual and Reproductive Health and Post Abortion Care Education and Services in Sindh

In 2013, Aahung was awarded the SAAF project "Improving Institutional Provision of Comprehensive Sexual and Reproductive Health and Post Abortion Care Education and Services in Sindh, Pakistan". The project started in January 2014 and is expected to end by December 2016. Among several other organisations working on abortion-related issues in Pakistan, Aahung is the only one working on post-abortion care exclusively within the context of SRHR. Under this project Aahung is establishing partnerships with select healthcare institutions in urban and semi-urban areas in Sindh, which has the highest recorded number of early marriages, unwanted pregnancies and abortions. Women in rural areas either do not have access to post abortion care/SRHR services, or they may end up with unskilled providers. Aahung has already been working with some of these identified institutions, and has selected them since they are the centres for referral of complicated and/or incomplete abortions cases from underserved rural populations. Aahung is focusing on developing healthcare providers' capacities for VCAT, contraception (including post-abortion and post-partum), MA, emergency contraception (EC) and referral for MVA as part of a comprehensive SRHR education and service package. It is also working with teaching institutions to integrate comprehensive sexual health and rights education in large hospitals in Sindh. A primary focus area for these interventions is on increasing acceptance of client rights to safe SRHR services, and improving knowledge and attitudes on safer, non-surgical methods for abortion and post abortion care. This project is innovative because the first approach, of training healthcare providers at intervention sites to provide comprehensive SRHR services, will ensure provision of safe abortion services in the short term. The second approach, of integrating SRHR education in intervention sites' teaching and training plans, will institutionalize education on FP, MA, VCAT and referrals for MVA. It will thus help change healthcare providers' judgemental attitudes towards clients, and will enable women in the long term to transition from alternative providers to qualified service providers, ensuring their access to safe, comprehensive abortion services. The effective combination of these two strategies will also help in the sustainability of this initiative. Aahung's position as a technical expert on SRHR issues will be helpful in influencing sustainable policy and practice change within these institutions.

3.4 Community Approach to Raising Awareness on SRHR

In the last grant period, Aahung learnt that while we have been very effective in strengthening the capacity of community outreach workers from partner NGOs and CBOs, they are not always able to integrate and sustain SRHR awareness raising into their existing programs. We also realized that there was a lack of synergy between youth, adults and service providers that Aahung was working with simultaneously. As a result, after careful deliberation and a multitude of consultations, in this grant period Aahung decided to refine its community approach.

Therefore, during this period SRHM developed modules in which it talked about prevention of early age marriage. Along with the module SRHM developed a video called "Ghairelo Khushiyoon ka Raaz" in Urdu and Sindhi. To address issues pertaining to complications of early age marriage. For this; SRHM developed partnership with Marie Stopes Society, HANDS, Aga Khan Health Service Sindh (AKHSP), All Pakistan Memon Youth (APMY). SRHM conducted training and sensitization of the community mobilizers of these organization and distributed modules and CDs to them to arrange session with community people in Karachi. For this intervention; these organizations focused areas were Korangi, Interior Sindh and other areas of Karachi.

4. Visibility

4.1 CSBR – One Day One Struggle

Every year, November 9th marks the celebration of CSBR's One Day One Struggle (ODOS) - an international campaign that contributes towards advocacy efforts across the Middle East, North Africa, South and South East Asia to promote sexual and bodily rights. As a member of the coalition, Aahung in collaboration with Madadgar celebrated ODOS by conducting a sensitization session on Child Sexual Abuse for teachers and parents of students of grade nine and ten of Government Girls Secondary School Landhi, in Karachi.

The audience was engaged and empowered through a combination of training tools like flash cards, video clips and music video. Caregivers were made to understand and recognize the warning signs of abuse and were guided on how to report a case. Based on the interest that was generated in the session amongst parents and teachers, the school management requested Aahung's team to conduct a similar session for the entire teaching staff and parents of all the students of the school, as an activity for the 'Universal Children's Day'.

4.2 Aahung joins IWHC in Anniversary Celebrations

Aahung's Director - Sheena Hadi attended a gala event in New York, which was hosted by IWHC (International Women's Health Coalition) as part of its 30th Anniversary celebration. The U.S. Supreme Court Justice – Ruth Bader Ginsburg was the honorable guest at the occasion and around 300 guests attended the event.

A panel discussion was led by Erin Burnett, host on CNN, with three IWHC partners: Sheena Hadi, director of Aahung in Karachi (Pakistan), Fadekemi Akinfaderin, co-founder and executive director of Education as a Vaccine (EVA) and Yvette Kathurima, head of advocacy of African Women's Development and Communication Network, in Nairobi (Kenya). The three panelists gave the audience insight into progress on women's and girls' health and rights in Pakistan, Nigeria, and across Africa.

The Director talked about Aahung's educational programs comprising of Life Skills which are being run in more than 250 schools across Sindh (Pakistan), and cover a range of issues including pubertal changes, gender discrimination, HIV/AIDS, peer pressure, rights within the *Nikkahnama* (Marital Contract) and positive health seeking behavior.



4.3 Youth Champions Initiative

Aahung's RME manager Neha Mankani was selected to participate in the Youth Champions Initiative; a project hosted by the Packard Foundation in honor of its 50th Anniversary. The aim of this event was to highlight the work and accomplishments of 19 emerging leaders from Pakistan, India, Ethiopia, and the U.S. South who are working on sexual and reproductive health and rights in their communities.

The champions participated in a week-long incubator in Los Altos, California, USA, from December 5-11, 2014. Youth Champions are being supported through capacity building, leadership development, mentorship, project funding and technical assistance to help launch creative projects improving SRHR in their communities.



4.4 Aahung's participation in United Nations Girls Education Initiative's (UNGEI) South Asia Regional Meeting

Aahung's LSBE program was selected as a case study for good practice in girls' education, and Aahung was given funding to document this case study by UNGEI. In April 2015, UNGEI invited Aahung to be part of a panel in their South Asia regional meeting in Kathmandu where Aahung presented the case study to a range of UNICEF and UNGEI partners. LSE component manager Sana Khan represented Aahung and highlighted our experiences with LSBE implementation; our successes, challenges, and lessons for other South Asian countries.



5. Communications

The use of social media through Aahung's website and Facebook page has also allowed increased dissemination of information, particularly to a young audience. Aahung's Facebook page has received 700,000 hits over the past six months and our website is visited from a number of countries worldwide indicating an increase in visibility and outreach. Additionally, as a result of increased awareness of Aahung's work; requests for collaboration, internships and volunteer opportunities, and IEC materials have also greatly increased. Aahung has also developed a working partnership with key journalists through its media sensitization workshop who now disseminate critical SRHR information to the general public on an ongoing basis.

Additionally, Aahung is beginning to increase its use of video as a tool for information and results dissemination. This is being done through development of video testimonials by beneficiaries, highlighting case studies through video and development of telefilms and multimedia training tools. Use of video as a training and teaching tool followed by a participatory discussion and analysis of the video content proved to be a very successful strategy that was very well received by the community. It was engaging, drew larger numbers of audience, and helped maintain quality and uniformity in training content.

Aahung has increased its use of theater as a tool to engage community adults and young people. In June 2015, 10 theatre performances were conducted for an audience of 2500 in selected localities to support the implementation of LSBE. These performances depicted everyday issues that people in Pakistan face such as harassment, financial impoverishment, marginalization, ethnic strife, gender discrimination, and power struggles amongst others. The significance of knowing, understanding, and respecting one another's rights was emphasized and the audience was encouraged to reflect on the actions of others and their own.



6. Monitoring and Evaluation

The following case studies highlight the impact of Aahung's work in the community:

This case study was narrated by a student who has studied LSBE:

"I belong to a middle class patriarchal family where only males are the decision makers of the family. Today I want to tell you my story of how I was able to develop the confidence within myself to fight violence against women in my home, so that other women and daughters can also develop confidence within themselves to fight against such violence in their surroundings.

One day, as per my everyday routine, I went to school. My eyes and the area around it was swollen and bruised and upon looking at me, my teacher seemed very worried.

When my teacher saw me she was taken aback. She came to me and asked about the reason for my black eye but I got very scared and worried. My teacher probed me about what had happened but I got very scared. However when my teacher asked me so affectionately, I broke down into tears and couldn't help but share my feelings. I shared with her that my father had beaten me up because the packet of surf slipped from my hands. My father beats us most of the time. Every other day he fights with us and my mother.

After listening to this story, my teacher took me to our school health nurse. She also sent a message to my mother, asking her to come to the school. My teacher explained to my mother that parents should not raise their hands on children, and suggested how she could talk about this to my father. My teacher arranged a meeting for my mother and I with the other LSBE teachers and they spoke to us about this problem. I went home and explained to my father that it is wrong to raise ones hand on their daughter. I also told him that if you do not control/stop what you are doing, I along with my LSBE teachers, will come down on you in accordance with the women's rights act.

By the blessings of God, my father does not raise his hand on us anymore. I am very thankful to my LSBE trained teachers for their support during this tough time. I used to be scared and introverted. My confidence level was very low. I could not concentrate on my studies and was losing interest in everything.

However, today I study with enthusiasm and participate in extra-curricular activities alongside my studies and have recently become goal keeper of my football school team. The credit behind this success goes to my LSBE teachers."

The following case study is of a 15 year old boy in Larkana and his experience in the Bachpan Bachao project

When Muhammed was 12 years old, and studying in class 8; his parents decided to get him married. His wife at the time was 11 years old and had only studied till class 5. His grandmother was not well at the time, and her dying wish was to see her grandson as a groom. Muhammed was very young and did not understand what was happening; he let his family decide what should be done. Muhammed shared that as a result of getting married, he is now facing a lot of hardships in his life. Where he used to study 5 hours a day before, he now has no time to study; is doing badly at school and also has no job or steady income with which to support his family.

“My grandmother’s dreams came true, but all my dreams died.”

He also adds: “If a husband is not able to work, is underage, has no income, is not able to meet expenses and does not know how to run a household, the wife is also facing the brunt of all these problems.”

He now has a daughter, and as a result of not being able to meet the needs of his young wife or his child; the entire family faces a lot of emotional, financial and health problems.

“My wife is a child so she is emotionally unable to handle all these problems. When a child is faced with so much burden, and none of her needs are being met; she is naturally very depressed and upset all the time.”

His own inability to manage his household due to his young age, and lack of experience and income results in a lot of pressure in their household, and a lot of fights between the couple.

Pirbhat Women Development Society conducted a series of theater activities in schools and the community for young people and caregivers on early marriage, and the problems associated with it. Muhammed attended a theater session that took place in his school.

When Muhammed attended the theater event, he felt that it was highlighting his own life.

“If I had seen this play before I got married I would never have let my family get me married! I had no idea about these problems before; and everything that I saw in the theater has been my exact life experience.”

Muhammed shared the theater activity made him aware of all the problems associated with early marriage, and also how early marriage can be stopped; including the law related to age of marriage in Sindh, the legal age of marriage, and the punishment for people who break this law. He also learned about other problems he may face as a result of early marriage, especially related to his wife’s health, and now knows how he can avoid those problems.

As a result of attending this theater activity, Muhammed has decided to become an advocate for early marriage in his community.

Muhammed has committed to preventing early marriage in his community. He has shared the information he learned with a number of his friends, family and community members and equipped with his own experience and the knowledge on how to stop a child marriage from happening, he is ready to take on this practice in his community.



7. Total IEC material disseminated in the last year

Aahung Resource Material Dissemination from July 2014 to June 2015

Name of Item	NGO	Clinics	Symposia	Schools	Community	Total
Informational Pamphlets						
Vaginal Discharge	2885	100	789	0	0	3774
Penile Discharge	3185	100	489	0	0	3774
Erectile Dysfunction	3185	100	489	0	0	3774
Hepatitis						
Urdu	3966	100	662	0	0	4728
HIV Pamphlet						
Urdu	4250	600	953	50	0	5853
The Truth About HIV						0
English	408	0	70	0	0	478
Jeensi Beemariyan (STIs)						
Urdu	626	0	69	0	0	695
Maternal Health SAAF						
Urdu	4249	800	359	50	0	5458
Community Pamphlets						
Nikah Nama	2485	60	843	140	0	3528
Sexual Responses	294	0	214	50	0	558
Sexual Problems	294	0	214	50	0	558
Fertility & Contraception	1244	0	214	50	0	1508
CSA Instructional Video for Caregivers	0	0	0	90	0	90
Teacher Guide - Urdu	0	0	6	113	0	119
Boys Level 1 - Urdu	0	0	6	2586	0	2592
Boys Level 2 - Urdu	0	0	6	2768	0	2774
Girls Level 1 - Urdu	0	0	6	2384	0	2390
Girls Level 2 - Urdu	0	0	6	2705	0	2711
CSA Flashcards Toolkit	0	0	0	74	0	74
Healthy & Peaceful Life Guide Community						
Module - Urdu	0	0	0	0	97	97
Poster Calendar with Pictorial Messages	0	0	0	0	5000	5000
Gender Equality Pictorial	0	0	0	100	2725	2825
How to Talk to Young People About Their Bodies						
My Body is Mine Activity Book (Urdu)	0	0	0	9255	0	9255
Puberty Guide for Young Girls (Urdu)	3085	300	1131	2120	0	6636
Puberty Guide for Young Boys (Urdu)	2985	350	1131	2120	0	6586
Puberty - Parents Guide (Urdu)	3583	900	560	1003	0	6046
Empowering Your Child & Preventing Sexual Abuse (Urdu)	3444	700	744	1438	0	6326
Communication (Urdu)	0	0	104	123	0	227



KPMG Taseer Hadi & Co.
Chartered Accountants

Aahung

Financial Statements
For the year ended 30 June 2015



KPMG Taseer Hadi & Co.
Chartered Accountants
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Independent Auditors' Report to the Members

We have audited the accompanying financial statements of Aahung ("the Organization"), which comprise of the statement of financial position as at 30 June 2015, income and expenditure account, the statement of comprehensive income, the statement of cash flows and the statement of changes in accumulated funds for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

The Board Members are responsible for the preparation and fair presentation of these financial statements in accordance with the approved accounting standards as applicable in Pakistan, and for such internal control as the Board Members determines is necessary to enable the preparation of financial statements that are free from material misstatements, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the approved 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 about whether the financial statements are free of 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 auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessment, the auditor considers internal control relevant to the entity'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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board Members, 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 present fairly, in all material respects, the financial position of the Organization as at 30 June 2015 and of its financial performance and its cash flows for the year then ended in accordance with the approved accounting standards as applicable in Pakistan.

Date: 20 October 2015

Karachi

KPMG Taseer Hadi & Co.
Chartered Accountants
Moneeza Usman Butt

AAHUNG

Balance Sheet

As at 30 June 2015

Note		2015			2014		
		Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
Non-current assets							
Tangible fixed assets	5	1,313,334	779,958	2,093,292	676,529	1,177,492	1,854,021
Security deposits		363,600	-	363,600	361,100	-	361,100
		1,676,934	779,958	2,456,892	1,037,629	1,177,492	2,215,121
Current assets							
Advances, prepayments and other receivables	6	764,157	904,187	1,668,344	146,813	293,491	440,304
Short-term investments	7	5,430,821	-	5,430,821	5,404,624	-	5,404,624
Investment in term deposits receipts	8	10,000,000	-	10,000,000	-	-	-
Inter-fund balances		1,150,356	25,639,042	26,789,398	290,970	45,770,199	46,061,169
Cash and bank balances	9	22,780,449	27,633,386	50,413,835	50,904,371	80,737	50,985,108
		40,125,783	54,176,615	94,302,398	56,746,778	46,144,427	102,891,205
Current liabilities							
Inter-fund balances		7,324,952	19,464,446	26,789,398	37,687,386	8,373,783	46,061,169
Accrued and other liabilities	13	10,023,438	2,360,306	12,383,744	635,449	2,102,267	2,737,716
Non-current liabilities							
Deferred capital grants - net	11	-	779,958	779,958	-	1,177,492	1,177,492
Deferred liability - gratuity	12	4,686,672	-	4,686,672	4,306,845	-	4,306,845
		4,686,672	779,958	5,466,630	4,306,845	1,177,492	5,484,337
Net assets	Rupees	19,767,655	32,351,863	52,119,518	15,154,727	35,668,377	50,823,104
Represented by:							
Restricted fund balances	10	-	32,351,863	32,351,863	-	35,668,377	35,668,377
Accumulated unrestricted surplus		19,382,149	-	19,382,149	14,108,686	-	14,108,686
Unrealized gain on short term investment	7	385,506	-	385,506	1,046,041	-	1,046,041
	Rupees	19,767,655	32,351,863	52,119,518	15,154,727	35,668,377	50,823,104

The annexed notes 1 to 20 form an integral part of these financial statements

BOARD MEMBER

BOARD MEMBER

AAHUNG
Income and expenditure account
For the year ended 30 June 2015

	Note	2015			2014		
		Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
Income							
Restricted funds utilized	10.1	-	58,340,679	58,340,679	-	51,901,969	51,901,969
Deferred capital grants released	5	-	184,910	184,910	-	421,571	421,571
Other income	14	10,745,060	1,511,394	12,256,454	4,454,416	1,749,559	6,203,975
Total income		10,745,060	60,036,983	70,782,043	4,454,416	54,073,099	58,527,515
Expenses							
Operating expenses	15	5,471,597	9,410,304	14,881,901	1,311,423	9,701,170	11,012,593
Program and project expenses	16	-	50,626,679	50,626,679	-	44,371,929	44,371,929
Total expenses		5,471,597	60,036,983	65,508,580	1,311,423	54,073,099	55,384,522
Surplus for the year	Rupees	5,273,463	-	5,273,463	3,142,993	-	3,142,993

The annexed notes 1 to 20 form an integral part of these financial statements

BOARD MEMBER

BOARD MEMBER

AAHUNG
Statement of Comprehensive Income
For the year ended 30 June 2015

	2015	2014
Surplus for the year	5,273,463	3,142,993
<i>Items that are or may be reclassified subsequently to income and expenditure account</i>		
Unrealized gain on short term investment classified as 'available for sale'	519,248	710,189
Reclassification adjustment on sale of investment classified as available for sale'	(1,179,783)	(182,063)
	(660,535)	528,126
Total comprehensive income for the year	4,612,928	3,671,119

The annexed notes 1 to 20 form an integral part of these financial statements

BOARD MEMBER

BOARD MEMBER

AAHUNG

Statement of cash flows

For the year ended 30 June 2015

CASH FLOWS FROM OPERATING ACTIVITIES

Surplus for the year

Adjustments for:

- Depreciation
- Provision for gratuity
- Gain on sale of investments
- Gain on disposal of tangible fixed assets

(Increase) / decrease in current assets

- Advances and other receivables

Increase / (decrease) in current liabilities

- Accrued and other liabilities

Security deposits

Deferred capital grants - net

Restricted funds - net

Cash generated from operations

Gratuity paid

Net cash generated from operating activities

CASH FLOWS FROM INVESTING ACTIVITIES

Purchase of tangible fixed assets

Investment in short term investments

Investment in term deposit receipts

Sale proceed from sale of short term investments

Proceeds from disposal of tangible fixed assets

Net cash used in investing activities

Net (decrease) / increase in cash and cash equivalents

Cash and cash equivalents at beginning of the year

Cash and cash equivalents at end of the year

(Restricted and unrestricted)

Rupees

2015 2014

5,273,463 3,142,993

992,157 939,033

1,820,959 1,951,931

(1,179,783) (182,063)

- (15,999)

1,633,333 2,692,902

(1,228,040) 637,128

9,635,213 867,719

(2,500) -

(397,534) 371,639

(3,316,514) 13,470,252

(3,716,548) 13,841,891

11,597,421 21,182,633

(1,441,132) (1,037,768)

10,156,289 20,144,865

(1,231,428) (793,210)

(1,820,959) (1,802,640)

(10,000,000)

2,324,825 1,037,768

- 16,000

(10,727,562) (1,542,082)

(571,273) 18,602,783

50,985,108 32,382,325

50,413,835 50,985,108

AAHUNG

Statement of changes in accumulated fund

For the year ended 30 June 2015

	Unrestricted funds			Restricted Fund balance	Total
	Accumulated Surplus	Unrealized gain on investments -short term investments	Sub -total		
Balance as at 1 July 2013	10,965,693	517,915	11,483,608	22,198,125	33,681,733
Total comprehensive income					
- Surplus transferred from income and expenditure account	3,142,993	-	3,142,993	-	3,142,993
- Unrealized gain on short term investment	-	528,126	528,126	-	528,126
Change in restricted funds					
Restricted funds received	-	-	-	66,165,431	66,165,431
Restricted funds utilized	-	-	-	(52,695,179)	(52,695,179)
	-	-	-	13,470,252	13,470,252
Balance as at 30 June 2014	Rupees 14,108,686	1,046,041	15,154,727	35,668,377	50,823,104
Balance as at 1 July 2014	14,108,686	1,046,041	15,154,727	35,668,377	50,823,104
Total comprehensive income					
- Surplus transferred from income and expenditure account	5,273,463	-	5,273,463	-	5,273,463
- Unrealized gain on short term investment	-	(660,535)	(660,535)	-	(660,535)
Change in restricted funds					
Restricted funds received	-	-	-	56,255,598	56,255,598
Restricted funds utilized	-	-	-	(59,572,112)	(59,572,112)
	-	-	-	(3,316,514)	(3,316,514)
Balance as at 30 June 2015	Rupees 19,382,149	385,506	19,767,655	32,351,862	52,119,518

The annexed notes 1 to 20 form an integral part of these financial statements

The annexed notes 1 to 20 form an integral part of these financial statements