**LIST OF ABBREVIATIONS**

AKUSONAM: Aga Khan University School of Nursing and Midwifery  
ASRH: Adolescent Sexual and Reproductive Health  
ATH: Aman Tele-health  
BoC: Bureau of Curriculum  
CCA: Client Centered Approach  
CHW: Community Health Worker  
CMW: Community Midwife  
CSA: Child Sexual Abuse  
DeH: Department of Health  
FLE: Family Life Education  
FP: Family Planning  
FWW: Female Welfare Worker  
HCP: Health Care Provider  
HIV: Human Immunodeficiency Virus  
HR: Human Resource  
IAS: International Accounting Standards  
IEC: Information, Education and Communication  
IMC: Indus Medical College  
IRC: Indus Resource Center  
IRD: Interactive Research and Development  
IWHC: International Women’s Health Coalition  
LGBTIQ: Lesbian, Gay, Bisexual, Transgender, Interested and Questioning  
LHV: Lady Health Visitor  
LHW: Lady Health Worker  
LSBE: Life Skills Based Education  
LSE: Life Skills Education  
MAP: Midwifery Association Pakistan  
MO: Medical Officer  
MoU: Memorandum of Understanding  
MT: Master Trainer  
MVA: Manual Vacuum Aspiration  
NGO: Non-Governmental Organization  
NMNCH: National Maternal Neonatal Child Health  
PAC: Post Abortion Care  
PITE: Provincial Institute for Technical Education  
PCC: Pakistan Penal Code  
PWD: Population Welfare Department  
RAAYH: Responsible Actions for Adolescent and Youth Health  
RH: Reproductive Health  
RHRN: Right Here Right Now  
RME: Research Monitoring and Evaluation  
RTI: Reproductive Tract Infection  
SAAF: Safe Abortion Action Fund  
SDG: Sustainable Development Goals  
SIDA: Swedish International Development Authority  
SON: School of Nursing  
SP: Service Provider  
SRH: Sexual and Reproductive Health  
SRHM: Sexual and Reproductive Health Management  
SRHR: Sexual and Reproductive Health and Rights  
STB: Sindh Textbook Board  
STEVTA: Sindh Technical and Educational Vocational Training Authority  
SZABIST: Shaheed Zulfiqar Ali Bhutto Institute of Science and Technology  
TAC: Technical Advisory Committee  
ToT: Training of Trainers  
UHS: University of Health Sciences  
UNPA: United Nations Population Fund  
VCT: Value Clarification and Attitudinal Transformation  
YCL: Youth Champion’s League  
VTC: Vocational Training Centre  
WMO: Woman Medical Officer  
YFS: Youth Friendly Space  
YHRN: Youth for Human Rights Nepal

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ABOUT AAHUNG

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 (SRH) 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 (CSA), 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.

<table>
<thead>
<tr>
<th>Statistics</th>
<th>Description</th>
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<tr>
<td>28,416</td>
<td>Student beneficiaries from primary and secondary schools</td>
</tr>
<tr>
<td>19,711</td>
<td>IEC material disseminated</td>
</tr>
<tr>
<td>8,300</td>
<td>People reached through community outreach</td>
</tr>
<tr>
<td>4,572</td>
<td>Client outreach through mid-level Healthcare Providers (HCPs)</td>
</tr>
<tr>
<td>1,266</td>
<td>Parents of primary and secondary schools sensitized</td>
</tr>
<tr>
<td>400</td>
<td>Trainings conducted for school teachers, medical faculty, healthcare providers and other project staff</td>
</tr>
<tr>
<td>244</td>
<td>Primary and secondary teachers trained</td>
</tr>
<tr>
<td>390</td>
<td>Youth engaged</td>
</tr>
</tbody>
</table>

Data from July 2016 to June 2017
Sheena Hadi
Executive Director’s Note

The objectives selected for the coming three years have been based on an evaluation of where Aahung’s programs have gained traction and paved the way for sustainable change, while paying attention to those areas in SRH that are not being attending to in enough depth. For this reason, Aahung will continue to work on issues that are challenging, such as the rights of young people to information and education pertaining to their bodies and life choices. We will also keep striving to improve the landscape for reproductive health services with a focus on improving quality services that use a rights-based lens. For Aahung, impact definitely includes scale and being able to reach a maximum number of stakeholders is of critical importance. But at the same time, each individual and their story matters. Examples of girls bargaining for school, delaying their marriage or claiming decision making power over their reproductive choices reinforce that our programs are sparking the social change that we want to see. Stories of health care providers shifting their values to provide services free of judgment inform us that the kind of impact we envision is occurring.

The process of evaluating impact also comes at a time of global uncertainty in sexual and reproductive health, where many of the gains that have been made in the past have become vulnerable. The new U.S. administration under Trump and the re-introduction of the Global Gag Rule will have far reaching effects on women’s reproductive rights and access to safe services. Growing conservatism in countries across the world and in particular, in Pakistan, add to the fear that women’s reproductive rights will be further curtailed. As a result, there is an urgent need to have local voices amplified at the global level to present strong examples of how holistic sexual and reproductive health programs impact the lives of young people, particularly girls, adult men and women and whole communities.

Through a year long strategic planning process, tough choices had to be made, priorities set and in some cases, areas of work, which are personal and deeply important, handed over. While challenging, the process has provided Aahung with more clarity and sense of purpose.

Similarly, at the national and provincial level, it is essential that strong advocacy work continue to persuade governments to make smarter laws, stronger social programs and invest in women and girls and Pakistan’s young population through education and health services. Aahung has made significant strides in building public-private partnerships with the government in order to integrate life skills-based education in the Sindh provincial school curriculum and to incorporate quality protocols in public and private healthcare providers training institutes. Our vision continues to be focused on systemic change, which ultimately enables every individual in Pakistan to be free from violence and coercion, and realize their sexual and reproductive rights to lead healthier lives.

Board of Governors

Maliha Zia
Maliha is a lawyer who has been championing women’s rights. She has been instrumental in drafting the domestic violence law and making amendments to the Pakistan Penal Code (PPC) and Criminal Procedure Code so that they can be better used to try cases of honor crimes.

Al-Malik Khaja - Treasurer
Al-Malik is an economist with diverse experience working in the commercial and development sector. He has held leadership positions in various institutions and now advices on building organizations and on building business models that factor in social impact.

Kamyla Marvi
Kamyla is a gender and public health specialist with over twenty years experience in organizational development, program management, and leadership experience in the Reproductive Health (RH) and women’s empowerment sectors in Pakistan. She is a founding member of Aahung and is passionate about organizational effectiveness and governance.

Imran Zafar
Imran is a public health specialist and practicing psychologist who is a Director at Community Health Solutions, an organization developing private sector strategies to create greater and more sustainable public health impact. He has served two previous terms on the Board.

Dr. Naiya Baig- Ansari
Naiya Baig-Ansari is an epidemiologist who is currently a research faculty at The Indus Hospital as well as the Director of the Institutional Review Board (IRD-IRB) that reviews human subject research. She has vast experience working in the area of nutrition and food security in Pakistan.

Shama Mohammad
Shama is an independent consultant specializing in research methodologies for monitoring and evaluation of social development programs. Since 2000, she has led programs in public health, education, and gender. Shama has previously served two terms on the Board.

Rabia Khan
Rabia is an independent development consultant specializing in gender and institutional growth. Rabia has previously served two terms on the Board.

Khusro Mumtaz
Khusro Mumtaz, a banker and currently the Chief Risk Officer at NIB bank. Khusro frequently writes opinion pieces for a national newspaper on development issues. He is also an award winning film critic. Khusro has previously served two terms on the Board.

Myra Khan
Myra is a health communication specialist heading Marketing and Communications at Interactive Research and Development (IRD). She has commercial sector experience in in marketing with her experience at Glaxo SmithKline.
TEAM AAHUNG

(L-R) Sheena Hadi, Executive Director; Aisha Ijaz, Program Manager

(L-R) Muhammad Akhlaq, Assistant Manager, Administration and Finance; Haris Sabir, Coordinator, Finance; Sehali Farooqui, Senior Manager, HR and Finance

(L-R) Sheneel Gill, Senior Trainer, LSE; Sana Khan, Manager, LSE; Mahnaz Rehmani, Coordinator, LSE; Nazo Pirzada, Senior Trainer, LSE; Muniza Yaseen, Trainer, LSE

(L-R) Nuzhat Ansari, Field Coordinator, Sukh; Musarrat Jabeen, Senior Coordinator, Advocacy; Shazia Neer, Field Coordinator, Sukh

(L-R) Naureen Lalani, Manager, SRHM; Rabia Qasim Ali, Coordinator, SRHM

(L-R) Zainah Khan, Coordinator, Research Monitoring and Evaluation; Sehrish Shaban, Manager, Communications

(L-R) Lamia Walijee, Support Staff; Muhammad Umair, Office Boy; Sanaam, Support Staff

(L-R) Asim Ur Rehman, Support Staff; YFS; Anna Siddiqui, YFS Officer; Hassan Ur Rehman, YFS Coordinator; Gultab Shahid, YFS Officer
<table>
<thead>
<tr>
<th>AAHUNG’S NEW PARTNERS</th>
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<tr>
<td><strong>6</strong> Life Skills Education LSE Networks</td>
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<tr>
<td><strong>20</strong> Schools</td>
</tr>
<tr>
<td><strong>104</strong> Teachers</td>
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<tr>
<td><strong>958</strong> Parents</td>
</tr>
<tr>
<td><strong>2816</strong> Students</td>
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<td><strong>4</strong> Sexual and Reproductive Health Management Institutions</td>
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<tr>
<td>Department of Health</td>
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<td>Population Welfare Department</td>
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<td>Midwifery Association of Pakistan</td>
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<tr>
<td>University of Health Sciences</td>
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<td><strong>14</strong> Health Care Providers</td>
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<td><strong>70</strong> Mid-levels Providers</td>
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<td><strong>54</strong> Faculty</td>
</tr>
<tr>
<td><strong>131</strong> Students</td>
</tr>
<tr>
<td><strong>4572</strong> Clients</td>
</tr>
<tr>
<td><strong>1762</strong> Students</td>
</tr>
<tr>
<td><strong>2</strong> Sukh Partners</td>
</tr>
<tr>
<td>Sindh Lady Health Workers Program</td>
</tr>
<tr>
<td>City District Government Karachi</td>
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<tr>
<td><strong>219</strong> Lady Health Workers</td>
</tr>
<tr>
<td><strong>01</strong> Youth Friendly Space</td>
</tr>
<tr>
<td><strong>2500</strong> Beneficiaries</td>
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EMPOWERING, ENGAGING, AND EDUCATING YOUTH ON SRHR

Seeing the potential of a peer-education model in imparting SRH information to future health care providers, Ashung’s SRHM component piloted a peer education model at the Indus Medical College (IMC) in Sindh. Selected faculty members and final year students were trained on the holistic management of SRH to become Master Trainers (MTs). A total of 14 medical students were divided into four groups, each one supervised by one of the four faculty members trained for this purpose. These groups have been conducting sessions on SRH with their peers during obstetric and gynecological clinical rotation. During this phase, Ashung has been providing technical support to trainers.

Approximately 75 students have been trained on SRHR. The success of the first phase led to a commitment from faculty members to scale up peer educators in subsequent years.

Through these interventions at IMC, a student-led group by the name of Indus Reproductive Health Society (IRHS) has emerged. It is comprised of MTs and medical educationists. IRHS has taken ownership of providing SRH education to other students and has led sessions on various themes including the reproductive health scenario in Pakistan, Value Clarification and Attitude Transformation (VCAT), promotion of maternal health, Post Abortion Care (PAC), Family Planning (FP), and reproductive history taking.

“I still remember the nervousness I had before the training started. I was worried about how it would feel, how I would openly discuss SRHR because we generally avoid discussing such topics in a public space. It all changed after the training because with time I realized why it is important to educate people, especially youth, about these neglected topics. Moreover, I think one should have courage to speak publicly about SRHR because many people in society are suffering from SRHR issues. Today I am a confident advocate of SRHR in my college and an active member of IRHS-peer educators.”

A Representative from IRHS

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LSE Baseline Study in Karachi and Punjab

Education level of Parents VS Children’s aspiration to study further

Participants of Karachi seemed to have more aspirations in terms of attaining more education as opposed to those of Punjab. However, the parents’ of participants of Punjab were relatively more educated as opposed to the parents’ of the participants of Karachi.

Punjab - Level two participants

<table>
<thead>
<tr>
<th>Education Level (%)</th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle</td>
<td>23</td>
<td>42</td>
</tr>
<tr>
<td>Matric</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Inter</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Graduation</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Advanced Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Educated</td>
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Desired Level of Education - Punjab Level

Ease/Difficulty to Convince Parents

<table>
<thead>
<tr>
<th>Level</th>
<th>Very Easy</th>
<th>Easy</th>
<th>Difficult</th>
<th>Very Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle</td>
<td>0</td>
<td>9</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>Matric</td>
<td>9</td>
<td>34</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>Inter</td>
<td>9</td>
<td>34</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>Graduation</td>
<td>9</td>
<td>34</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>No Education</td>
<td>9</td>
<td>34</td>
<td>17</td>
<td>6</td>
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Karachi - Level two participants

<table>
<thead>
<tr>
<th>Education Level (%)</th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle</td>
<td>63</td>
<td>31</td>
</tr>
<tr>
<td>Matric</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inter</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Graduation</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Advance Education</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Not Educated</td>
<td>31</td>
<td>25</td>
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Karachi - Desired Level of Education

Ease/Difficulty to Convince Parents

<table>
<thead>
<tr>
<th>Level</th>
<th>Very Easy</th>
<th>Easy</th>
<th>Difficult</th>
<th>Very Difficult</th>
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<tr>
<td>Very Easy</td>
<td>14</td>
<td>14</td>
<td></td>
<td>74</td>
</tr>
<tr>
<td>Easy</td>
<td>0</td>
<td>0</td>
<td>33</td>
<td>67</td>
</tr>
<tr>
<td>Difficult</td>
<td>50</td>
<td>25</td>
<td>0</td>
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<tr>
<td>Very Difficult</td>
<td>0</td>
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Baseline Study with Public Midlevel Providers

Aahung conducted a Baseline study with 25 Community Midwives (CMWs), Lady Health Visitors (LHVs) and Medical Officers (MOs) and Women Medical Officers (WMOs) in March–April 2017. Following were some of the key findings:

- **Prevalence of personal biases among mid-level providers with regards to family planning methods before first child**
- **WMO’s had knowledge on symptoms of RTIs but not its management**
- **Biased preferences for certain family planning methods because of lack of supply, inadequate knowledge or desire to meet certain targets**
- **Unsafe methods still being used for Post Abortion Care (PAC)**
- **Ineffective referral networks as patients were not referred to senior healthcare providers**

This year, Aahung’s LSE component has made headway in its direct engagement with young people by establishing a leadership group known as the Youth Champions League (YCL). Men and women between 18-24 years who are keen to advocate for youth SRHR in Pakistan are represented in the YCL. Aahung held a five-day training with 16 youth champions to build their capacity and train them on disseminating information and addressing prevalent SRHR youth issues in Pakistan. These issues include sexual violence, early marriage, and gender discrimination. The participants subsequently developed social action projects which focused on raising awareness with young people and parents on body changes, sexual rights, and healthy adolescent behaviors.

So far, 12 Youth Champions have conducted awareness sessions in schools and communities on CSA and puberty, reaching out to 60 caregivers and 150 young people in low-income communities. Aahung’s Youth Champions have independently convinced the administration in specific government schools to let them hold sessions despite school administrators initially displaying a resistance to working on SRHR. They have also been able to confidently and effectively conduct these technically sensitive and challenging sessions.

The Youth Champions have demonstrated ownership of the SRHR agenda by advocating for it in their communities and in other networks that they are a part of. Aahung will continue to work closely with them to strengthen their capacity to address SRHR issues and contribute to their empowerment.
The Power of Speaking Up

Samina was being molested by her uncle’s friend for several years before the issue came to her teacher’s notice. She had been trying to avoid contact with the man but she was helpless and at his disposal as he was a family friend and visited her house often. During an Aahung LSBE class, as the teacher was explaining the concept of a good and bad touch to students, she noticed Samina was holding back tears. Upon questioning her in confidence, Samina sobbingly told her teacher about what had been happening to her: “I try to hide but he calls me to the gallery and makes me sit next to him in front of my family.” The teacher counseled her and convinced her speak to her mother. Sharing the issue with her mother released Samina of the emotional and psychological trauma, and together they took action against the man.
INTRODUCING CREATIVE STRATEGIES TO IMPART SRHR INFORMATION

In addition to reaching out to youth and community members through schools and support group sessions with health workers, Aahung has also used entertainment activities to raise awareness on SRHR through the Sukh Initiative. A new docudrama called “Jee Sukh Ke Saath” (“Live in Peace”) was developed to promote SRHR messages on gender equality, early age marriage, and violence. The docudrama was aired over 150 times on cable TV reaching out to 500,000 households within a specific catchment area in Karachi. Because of unprecedented demand for it by viewers, the cable network that broadcasts the docudrama continues to air it on an ad-hoc basis. Over 90,000 households were reached per station with an average size of five people per household.

Through monitoring and evaluation of Aahung’s past activities, we have learned that entertainment docudramas have high levels of message recall.

Docudrama Recall Study

Aahung aired a docudrama on the prevention of early age marriage – Bandhan Nain Binpan on two cable channels of Mair Landhi, Korangi and Bin Qasim. 1012 participants became part of a recall study, where they were expected to recall the messages which they had seen in that particular serial. 94% females and 65% males were part of the study.

41% recalled seeing a drama (26% saw it on 4XM or MS; and 15% were referring to another drama)

Messages Delivered Through Docudrama

- Legal age of marriage in Sindh
- Societal effects of early marriage
- Incomplete education due to early marriage
- Importance of consent in marriage
- Health risks of early marriage

This year, youth at the YFS conducted three theatre performances reaching out to 1,200 stakeholders in neighboring schools. A YFS theatre group was established with 15 young people who developed a theatre script on issues including early age marriage, harassment, and gender inequality.

Aahung’s Sukh team established the YFS at the Anf Hussain School in Karachi’s Korangi neighborhood in August 2016. The purpose of establishing a community center for young people is to provide a platform for school-going and out-of-school youth, aged 12-22 years, where they can come together in a safe environment and learn about SRHR issues. Trained YFS staff members conduct sessions on Family Life Education (FLE) and offer individual counseling services on a daily basis.

The YFS has seen an overwhelmingly positive response as there have been 374 registrations across the year. A total of 257 health sessions were carried out on puberty, violence, personal development, basic human rights, early and forced marriages and responsible parenthood. Several counseling sessions have also taken place where young boys and girls have brought forward issues regarding early marriage, sexual abuse, and harassment. There have been multiple success stories where the counselors have supported the young people in overcoming these issues.

Youth Friendly Space (YFS)

374 Total Registrations (Since Aug 2016)

Number of attendees who have attend at least 5 sessions

- 30 Girls
- 55 Boys
A youth mela was held this year in Karachi. Aahung advertised the mela through flyers that were disseminated with the support of Aman Tele-Health (ATH). As a result, over 1,000 youth, teachers, parents, and caregivers attended the mela. The purpose of this event was to enhance the interaction of community youth with the Sahi Initiative and involve them in constructive activities (theatres, quizzes, puppet and music shows) that disseminate information about SRHR. The YFS theatre team also performed at the youth mela.

Aahung has been developing a range of interactive SRHR audiovisual tools that will provide standardized SRHR content to students and encourage more engaging discussions in classrooms. These tools will supplement the schools’ ability to impart SRHR education, and will serve as self-administered teaching aide resources. The audiovisual modules provide students with information on issues that are particularly rampant in the local context such as lack of accurate information about puberty and hygiene; gender discrimination; violence; early marriage practices; and communication gaps between young people and caregivers. The videos will be finalized and pilot tested in the next financial year.

This year Aahung has continued to focus its efforts on scaling up its gender work by providing more advanced content on gender roles, gender and sexual identities, and gender discrimination to students in secondary schools. The team has tested a new teaching methodology, using an activity-based approach that enables more interactive engagement with the content. So far Aahung has built the capacity of 45 teachers from 21 schools to replicate this module. Feedback from the mentoring visits have revealed that teachers and students prefer this learning experience over workbook based activities because it encourages a more in-depth reflection of key concepts through participatory, critical analysis exercises.

Aahung has also developed an interactive board game titled ‘Khelnay Ke Din Hain’ (These are our Days to Play) that addresses key aspects of SRHR information for young people. This board game is an effective supplement to Aahung’s school based LSBE curriculum and enables young people to explore SRHR concepts in an engaging manner.
INTERNATIONAL WOMEN’S HEALTH COALITION (IWHC)

IWHC works globally to advance women’s SRHR. In recognizing that women’s and girls’ human rights, health and equality are essential to social, environmental, and economic justice for all, IWHC’s work focuses on empowering adolescent girls.

Since its inception, IWHC has helped build and strengthen over 80 organizations across Asia, Africa, South America and the Middle East. Its partners are securing access to safe and legal abortion, ending child marriage, providing Comprehensive Sexuality Education (CSE), and building safe communities for women and girls. IWHC plays an active role in shaping global policy on women’s health and rights by collaborating with governments and international health policymakers.

Since 1999, IWHC has supported Aahung’s efforts to promote gender equality and strengthen LSBE in Pakistan. Their financial and technical assistance has enabled Aahung to carry out its mission and reach millions of adolescents in Pakistan directly and indirectly.

This year Aahung’s Executive Director Sheena Hadi received IWHC’s prestigious Joan B. Dunlop Award for her work in promoting the health and rights of women and girls. The award is presented annually to an activist championing women’s rights.

EXPERT IN THE SPOTLIGHT
Dr. Firdous Memon

Dr. Firdous Memon is a graduate from Liaquat Medical College and currently heads the Gynecology and Obstetric Department at IMC.

Dr. Memon attended Aahung’s training during her tenure as a professor and practitioner at Liaquat Medical College and has been an advocate of SRHR since. According to her, the depth of facts shared in the training moved her to endorse the cause and since then she’s been successful at counseling several students, patients, and colleagues on SRHR. The training she received by Aahung has enabled her to adopt a new approach—she now records her patients’ emotional, medical, and family backgrounds which help her to connect with them and provide better services. Her biggest achievement from the training has been the change in her approach to the patient-doctor relationship. This has had a vast impact in her life as a medical professional and also on her patient’s approval of her services.

“In Aahung’s training I learnt of several SRHR related issues which I was not aware of, even as a medical student. Above all, I learnt how a patient’s personal well-being affects their health and how as a doctor I can reach out to help solve their concerns.”
1. **The Right to Life**
   All persons have a right to life. No one's life should be put at risk or endangered by pregnancy, childbirth or gender.

2. **The Right to Equality and to be Free From all Forms of Discrimination**
   All persons are born free and equal. No one should be discriminated against on the grounds of race, ethnicity, color, poverty, sex or sexual orientation, marital status, family position, physical or mental disability, age, language, religion, political or other opinion, national or social origin, property, birth or other status.

3. **The Right to Freedom of Thought**
   All individuals have the right to make decisions about sexual and reproductive health and rights, and the right to seek, receive and impart information and ideas via any media.

4. **The Right to Choose Whether or Not to Marry and to Found and Plan a Family**
   All persons have the right to choose voluntarily whether or not to marry and to found and plan a family.

5. **The Right to Healthcare and Health Protection**
   All persons have the right to the highest attainable standard of physical and mental health.

6. **The Right to be Free From Torture and Ill-treatment**
   All men, women and children have the right not to be subjected to torture or to cruel, inhuman or degrading treatment and not to be subjected to medical or scientific treatment without free and informed consent.

7. **The Right to Liberty and Security of the Person**
   The Right to Liberty and Security of the Person includes the freedom to control one's sexual and reproductive life.

8. **The Right to Privacy**
   The Right to Privacy includes the right to make autonomous decisions regarding one's sexual and reproductive life, and to have the privacy to do so respected.

9. **The Right to Information and Education**
   The basic right to education includes the right of access to information and education on sexual and reproductive health and rights.

10. **The Right to Decide Whether or When to Have Children**
    All persons have the right to decide freely and responsibly on the number and spacing of their children. This includes the right to decide whether or when to have children and access to the means to exercise this right.
IDENTIFYING A PLAN OF ACTION TO ENSURE INSTITUTIONAL SUSTAINABILITY

Over the years, Aahung has developed several strong partnerships with public and private educational institutions to provide quality SRHR information through the LSBE program to young people in Pakistan.

During this time, certain partners have been able to institutionalize the LSBE program more effectively than others due to having varied financial resources, human resources, and implementation capacities. As a result, the team has revised its expectations of schools from a standardized, one size fits all model, to a three tier system that allows for different levels of SRHR information provision in schools.

A flexible implementation approach that supports schools that are willing to provide SRHR information to young people, but are unable to systematically integrate the program into their school operations (timetable, policies, etc.) These schools often select key SRHR themes to focus on.

An awareness raising approach which enables Aahung to respond to the demand based requests of schools to conduct one off sensitzation sessions on SRHR issues such as puberty and CSA with parents, teachers, and students.

A model school approach where Aahung will build the capacity of old partner schools that have shown potential for exit planning and carrying the LSBE program forward independently and sustainably.
As part of efforts to explore which schools have the potential to effectively institutionalize LSBE, a Teacher Exposure Forum was held with 68 teachers from 32 schools in Karachi. An assessment was conducted with these schools to ascertain their LSBE implementation status, willingness and ability to implement LSBE independently, and capacity building needs for this purpose. The team is analyzing the findings from the forum to determine which partners are ready to commence with exit planning. Aahung will focus on working with these schools in the immediate future.

The exit planning initiative will involve a range of activities that enable partner schools to implement the LSBE program holistically and sustainably. Aahung will conduct a master training program to equip management and teachers with the capacity to hold internal trainings on LSBE. Additional resource materials (audiovisual modules, digital workbooks, activity-based modules, extra-curricular guides) will be provided that are low in cost and can be used as endowment activities that reinforce classroom learning. Schools will also be encouraged to adopt policy guidelines that include SRHR institutional policies and psychosocial referral guides which will contribute towards the development of an enabling environment in schools. Finally, the team will establish parent groups to enhance the support they provide to adolescents and youth in addressing their specific SRHR needs.

Given that medical and nursing students are future healthcare providers, and many of them may eventually work in SRHR prevention, care, and treatment, it is imperative that they are trained to do so. This will enable them to provide high quality, nonjudgmental services that will engage vulnerable populations who are at risk. The main goal of SRHR education in medical and nursing trainings is to equip providers with the right information needed to provide effective and culturally appropriate care and support to their clients.

During this year, Aahung partnered with IMC and the Badin School of Nursing in Sindh, and University of Health Sciences (UHS) in Punjab to build the capacity of faculty and students on SRHR related topics. Topics that were addressed included VCAT, sexual health, sexuality, Client Centered Approach (CCA), FP, RTIs and PAC.

As a result of a very successful partnership, IMC has taken ownership of integrating SRH education into their existing curriculum. During this process, a steering committee was formed which included heads of departments and senior faculty members. The steering committee members (including Aahung’s team) have been involved in reviewing the existing curriculum and identifying gaps and possible areas to integrate SRH related topics and tools. As a result, IMC has developed an integrated SRHR framework that will be implemented going forward.

In May 2016, Aahung and the Education and Literacy Department of Sindh signed an MOU to institutionalize Aahung’s LSBE content into the existing secondary school curricula. This initiative will ensure the provision of age appropriate SRHR education and information to adolescents and youth on a mass scale.

To oversee this process a Technical Advisory Committee (TAC) has been set up, which is comprised of key decision makers from the Sindh Textbook Board (STB), Bureau of Curriculum (BOC), and Provincial Institute for Teacher Education (PITE), the Curriculum Wing, and Aahung.

Aahung has conducted several meetings with the TAC to sensitize members about the significance of integration of LSBE into the provincial curriculum and work closely to develop an action plan to take the integration process forward. Aahung led efforts in collaboration with the Education Department to develop a draft LSBE integrative framework, which represents a major advocacy breakthrough that will serve as an essential platform upon which the integration process can further be built.

Aahung will work towards pilot testing this framework across six schools in Sindh, including Karachi. This will enable Aahung and the Education Department to evaluate the efficacy of the framework and inform the scale up process for formal integration of LSBE into mainstream curricula across Sindh.

To ensure systemic change and sustainability, Aahung has also developed successful partnerships with the Department of Health, Sindh and the Population Welfare Department for promoting maternal health and prevention of unwanted pregnancies in rural Sindh. Aahung also held advocacy seminars in Karachi and Hyderabad with different key stakeholders from public and private institutions, and civil society organizations, to share experiences with them regarding the institutionalizing of SRHR in healthcare.
Tell us a bit about yourself, and your journey in the Education Department?

I have always been enthusiastic about education. In 1995 I joined the Education Department. I worked in the department for around 10 years after which I joined the Shaheed Zulfiquar Ali Bhutto Institute of Science and Technology (SBUIT) as the Dean for Social and Media Sciences. In July 2013 I re-joined the Education Department as the head of the Provincial Curriculum Wing.

What are your views on SRHR in Pakistan?

SRHR is a much-neglected domain in Pakistan that needs to rise quickly so that we can ensure an equitable distribution of resources between men and women. It is important for society to start accepting the magnitude of problems which are faced by Pakistani women on a daily basis. Let girls speak about their encounters with puberty because it is a natural phenomenon and everybody needs to be aware of it so that it is not made a reason for subjugation.

In the domain of our work, how do you think we can empower teachers parents to be able to identify issues among their students and how it is indeed very important to work closely with parents and teachers. A good way to start is to formulate parent groups and train teachers on the complexities of the issues which exist in communities. No problem/issue stems on its own, and it is mostly a consequence of something. Moreover, providing teachers with para-counselling trainings is also a good way of introducing them as to how they should approach a problem or speak to a child without leaving him/her feeling isolated. I believe Aahung is already providing para-counselling trainings which will greatly help teachers in bridging the communication gap between them and their students.

Could you tell us a bit about your journey with Aahung?

I have been working with Aahung for over three years now. After Aahung presented the model on LSBE at an advocacy seminar, I tried to connect Aahung with relevant key officials and influencers enabling Aahung’s efforts in the domain of SRHR.

What were some of your expectations of Aahung, and how far has Aahung come in meeting or falling short of those expectations?

Aahung, without any doubt, is doing exemplary work. It is important for Aahung to keep working towards advocacy and try to remain consistent in its efforts. Without losing any hope, because every day is a new day and each day comes with challenges which have to be dealt with in order to reach the goal.

Tell us a bit about your journey with Aahung?

I joined Aahung’s cause for SRHR advocacy back in 2010 when I was the Principal at Allama Iqbal Medical College for Nursing. The Vice Chancellor of UHS nominated me to attend Aahung’s training. Since then I have been in active contact with Aahung, and have been helping the organization spread its wings in Punjab.

How was Aahung introduced to colleges in Punjab?

I held training, training with nursing students and faculty members from all major nursing colleges of Punjab including Allama Iqbal Medical College for Nursing, Shaalimar College of Nursing, and Fatima Memorial College of Nursing. I invited Dr. Sikander from Aahung to conduct the training while I co-facilitated. After the training, we devised a replication plan for the students and faculty members to replicate the training in their colleges. They have continued the replication process and it’s been very successful to date.

You have also worked in designing an SRHR course module for the Postgraduate Nursing College (PNC). Can you share some details of it?

After we trained doctors from various colleges, they approached PNC for the replication process. We held a meeting with PNC where they expressed interest in designing a course instead. Hence a course was designed titled “Special Sexual Health and Diseases” in which we incorporated components of Aahung’s SRHR module. Then we invited our trained medical experts to run the course which was a great experience for faculty as well as the students.

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What was the impact of the training on your personal/professional practices?

As a medical professional I had reservations about addressing SRHR and engaging in conversations relating to it, even with my patients. As an individual, I could not voice my thoughts and concerns on the matter. Aahung’s training helped alter my behavior and practices, both as a professional and as an individual. I understood the significance of addressing SRHR after attending the training. As it affects all of us. Also, I must add that the information given by Aahung was not a part of our nursing curriculum either, hence the training was very fruitful for me.

What was your motivation for becoming an advocate of SRHR?

When I grasped the importance of addressing SRHR and its intricacies, I started to wonder about a layman’s knowledge of matters related to SRHR. It was obvious that he or she wouldn’t know much about it considering us medical professionals didn’t either. Hence, I felt motivated to further disseminate information. So, I am all for SRHR so that people in communities could benefit from it. The topic of SRHR is important to understand as us all, its significance must be acknowledged for our society to progress.
Raising Voices

Sara, 17, was brought up by her three elder sisters and two elder brothers as she lost her mother as a child and her father has an incapacitating illness. She is a regular attendee at the YFS and eagerly participates in all activities. One day, after attending a session on puberty, Sara asked the counselor whether it was okay to be alone at home with a brother. Bursting into tears soon after, she shared that when she and her brother were alone at home, her brother would touch her inappropriately while she was asleep. She was too scared to stop him and when she complained to one of her elder sisters, she was told, “We cannot stop him or say anything to him because he is the breadwinner of the family.” Sara underwent several counseling sessions at the YFS where she was taught to raise her voice and fearlessly stop her brother from sexually abusing her. Finally, she found the courage to sternly tell her brother that if he came near her again, she would scream and tell her elder, married sister everything. Her brother never touched her again.

AAHUNG AT RIGHT HERE RIGHT NOW (RHRN) COUNTRY PLATFORM PAKISTAN

In July 2016, Aahung became part of a national advocacy platform known as RHRN country platform, Pakistan for 2016-2020. This initiative aims to strengthen the capacity and collaboration of Civil Society Organizations (CSO) working on SRHR issues in Africa, Asia, Latin America, and the Caribbean to jointly advocate for youth SRHR issues at national, regional, and international levels. The RHRN country platform for Pakistan comprises of various organizations that will prioritize key SRHR issues that require urgent attention, and will advocate for these at the provincial and national level. For this purpose, Aahung and other platform members were invited to a national advocacy workshop held in Kuala Lumpur in October 2016. The workshop resulted in the identification of key SRHR issues that require urgent advocacy efforts and the development of a national advocacy strategy. This strategy focuses on the promotion of youth-based SRHR policies in Pakistan, the promotion of equal access of Lesbian, Gay, Bisexual, Transgender, Interested and Questioning (LGBTIQ) to health care services, and the promotion of young people’s access to quality SRHR information at national level. Aahung’s role as part of this platform will involve leading advocacy efforts in Sindh by providing technical support to those pushing for LSBE integration at the provincial and national level along with other member organizations.

AAHUNG AT FP2020

This year Aahung was invited to be a part of the FP 2020 Working Group in Pakistan and was nominated as the technical lead for the sub-group working on LSBE. This group aims to provide critical SRHR information to young people on prevention of early marriage, the importance of healthy timing and spacing of pregnancies, maternal health, marital rights, and other key areas that influence FP. Aahung will provide its on-going technical support to develop an action plan and synergize these efforts with its advocacy work on integrating LSBE into the secondary school curriculum in Sindh.
**Shift in Gender Perspectives**

Bilal, 21, frequently visits Aahung’s YFS in Karachi. His elder sister is a university student, pursuing an MBA degree. However, their parents were disapproving of his sister’s desire to study. For them, a girl shouldn’t study “too much” as a university environment is inappropriate for a girl. Against the wishes of their daughter, his parents decided to cease her education and get her married. In the tense atmosphere at home, Bilal also became in favor of his sister getting married at the expense of her education. But when Bilal was unable to handle the tension at home, he spoke to the counselor at YFS who explained the importance of a girl completing her education before marriage. After several such detailed discussions with the counselor, Bilal realized that his sister was wrongly being forced into marriage especially when she was fond of studying. He took a stand for her and convinced his mother to give her time to study before marriage. His sister is now happily pursuing her degree at university.

**EXPERT IN THE SPOTLIGHT**

**Fatima Imran**

**Vice Principal, The Learning House Higher Secondary School**

Fatima Imran has been associated with The Learning House Higher Secondary School in Karachi for the past 13 years. Her school has been part of Aahung’s LSBE network since she came across it in 2004. Fatima has been an advocate of SRHR awareness since then.

Fatima says that she has witnessed a tremendous change in students’ overall behavior since Aahung’s LSBE intervention, that students now converse about SRHR matters without shame. The LSBE implementation has also improved the student-teacher relationship and students now seek comfort in sharing personal details and concerns with their teacher. As an individual, Fatima’s own beliefs and behaviors in terms of SRHR have evolved since her association with Aahung. This has had a meaningful impact in her life and in her relationship with her children. Her increased knowledge of SRHR has enabled her to communicate with her daughter so that she grows up to become an aware and empowered individual. Fatima believes that if children are introduced to the concept of SRHR at home, it will not only nourish the parent-child relationship but will also prove fruitful for the child’s emotional and psychological well-being. Currently Fatima serves as the Vice Principal of the school and plans to continue the LSBE program at her institution. As an individual, Fatima is determined to educate as many people as she can on SRHR.
COMMUNICATIONS OPPORTUNITIES AND WAY FORWARD

This year Aahung focused on its communication efforts by engaging a consultant to carry out an analysis of its strengths and weaknesses to determine where Aahung stands and has opportunities for growth as an organization. Through a comprehensive analysis, Aahung was able to craft a way forward for the next strategic planning period.

Aahung is known for its strong and specialized knowledge base in SRHR and is well-positioned for greater partnership expansion with the media as an influence of content, both news and entertainment. With Pakistan’s booming entertainment media industry, Aahung has a great opportunity for shaping content around SRHR.

Facilitated by its credible reputation, Aahung plans on establishing stronger communication lines with the media to amplify SRHR messaging through platforms such as TV productions and advertisements, and by building the capacity of journalists and social media influencers. Aahung has learnt that conducting capacity building trainings for journalists and engaging with them helps build strong links that lead to future air time on TV and radio shows which reach out to millions of people.

Another partnership avenue that Aahung seeks to explore is one that will enable it to work SRHR into issues of national importance. With the upcoming general elections, and with climate change and disaster management taking a forefront in Pakistan, Aahung will seek collaborative opportunities with other NGOs and the government in these sectors.

Aahung also plans to increase outreach of SRHR messaging through corporate partnerships, whereby it hopes to build the capacity of staff on specialized SRHR topics such as HIV and gender through brand collaborations.

Aahung has over 20 years of success stories and numerous case studies showcasing the impact of its work. Aahung’s goal over the next year is to make this impact accessible by producing videos of our case studies and showcasing them online.

With its active social media presence, Aahung plans on running several online campaigns on key areas such as FP, PAC, early age marriage, and puberty. These campaigns will be part of a multi-pronged communication effort supplemented by panel discussion with advocates and opinion makers, which also garner media coverage.
Sharing Leads to Prevention

For the purpose of providing a safe space for students to express their feelings, an Aahung trained teacher encouraged her students to write their emotions on a piece of paper after every LSRE session. Once the notes were submitted, the students could choose to either have their teacher read their note or discard it. In one of these sessions, a student's heart-wrenching story came forward. Zainab, a student in the class, wrote down incidents of maltreatment by her elder male cousin. According to the Zainab, her cousin would be called over by her mother to babysit Zainab in her absence. Taking advantage of the situation, he abused Zainab and threatened her to not tell anyone. Frightened by his threats and his treatment, she remained silent. After this was revealed to her teacher, she encouraged her to share the full story. Zainab’s mother was grateful to the school staff for helping her daughter come forth about this abuse and put an end to it.

EXPERT IN THE SPOTLIGHT
Nuzhat Ansari
Field Coordinator, Aahung

Nuzhat Ansari, a Field Coordinator at Aahung, spends her days in high risk neighborhoods around Karachi, walking or commuting in an auto-rickshaw from one school to another. Among the challenges she has faced through her work, she has encountered physical injury after being hit by a rock in the midst of political unrest, and she has been threatened to be shot in the forehead in an attempt to impart SRHR information to young girls. But for Nuzhat, all of this fades in comparison to the injustice done to the most vulnerable people in our society: girls.

One day, while conducting a community support group session on the consequences of early marriage and family planning, Nuzhat noticed that a teenage girl who had quietly snuck into the group was listening in eagerly. She later discovered that the girl was married, had a child, and had not been allowed to complete her education. After being motivated by the session, the girl reportedly went back to her house and convinced her husband to let her continue her education, and to wait before having another child.

For Nuzhat, such stories drive her to continue her work despite all the hardships. As she says, “Who knows, somewhere, someone’s life may change because of my work.”
Regional Consultation to Advance CSE and Gender Equality, Bangkok – Thailand

Early this year, Sana Zafar Khan who is the LSE Manager at Aahung, attended a regional consultation to advance CSE and Gender Equality, hosted by the United Nations (UN) in Bangkok, Thailand. She was invited to be part of panel and conduct a session on ‘Influencing system change and moving forward in challenging contexts: Addressing barriers and harnessing drivers for change.’ Sana was requested to discuss the successful advocacy steps taken by Aahung to integrate LSBE into the secondary school curriculum in Sindh and the challenges faced in the process. Participants working in similar conservative contexts were encouraged to adopt and apply these learnings in their local contexts. This meeting also gave Aahung the opportunity to exchange ideas on research findings around key elements of CSE programs, such as including content on gender and power and recommended teaching methodologies. Aahung has subsequently integrated these points into the resource materials developed this year for secondary school students and for older youth.

7th World Congress on Women’s Mental Health, Dublin – Ireland

Earlier this year, Rabia Qasim Ali who is the SRH Coordinator at Aahung, participated as a delegate in the 7th World Congress on Women’s Mental Health, held in Dublin, Ireland. It was one of the largest gatherings on women’s health attended by over 800 delegates including youth, representatives from the health and development sectors, and government personnel from around the world. Through panel discussions and networking sessions, Rabia obtained informative insights about the current situation and challenges and solutions pertaining to women’s reproductive and maternal health and rights. The silver lining of the conference was the empowering experience of celebrating International Women’s Day together with all the delegates and reaffirming the belief that efforts towards evidence-based approach to women’s health can best support women.

International Youth Forum on Human Rights and UN Sustainable Development Goals (SDGs), Kathmandu, Nepal

Youth for Human Rights Nepal (YHRN) organized an International Forum on Human Rights and UN SDGs in Kathmandu, Nepal early this year. Zainab Feroze, the RM&E Assistant Manager at Aahung, attended the forum as a participant where she was given the opportunity to engage in dialogue with experts from different organizations and share Aahung’s work. YHRN brought together leaders from 28 countries. Zainab has subsequently been invited to attend the International Conclave of Human Rights, Community Welfare, Philanthropy and UN SDGs in India to be a part of a panel discussion where representatives from different countries working towards the same cause will also present their work.

Rise Up, California – United States of America (USA)

In May 2017, Rise Up selected 23 visionary young leaders from Ethiopia, India, Pakistan, and the USA to become a part of a seven-day-long workshop that focused on leadership, technology, and innovation. Naureen Ilaani, the SRH Manager, was selected to attend this. The workshop provided an opportunity to strengthen her vision and leadership skills, and to learn from globally known experts. It encouraged her to develop her own innovative project for the improvement of SRHR in Pakistan. Rise Up awarded Naureen a grant to launch an innovative project “Bringing light-SRHR needs of people living with physical disability” which she developed during the workshop. This initiative made Naureen realize that the SRHR needs and the global status of SRHR policies is the same. Therefore it is important to collaborate to improve the lives of people by advancing innovation in the field of SRHR.
INDEPENDENT AUDITORS’ REPORT TO THE BOARD MEMBERS

Opinion
We have audited the financial statements of AAHUNG (the “Organization”), which comprise the balance sheet as at 30 June 2017, and the income and expenditure account, statement of comprehensive income, statement of changes in accumulated funds and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, except for the possible effects of the matters reported in this basis for qualified opinion paragraph, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as at 30 June 2017 and of its financial performance and of its cash flows for the year then ended in accordance with approved accounting and reporting standards as applicable in Pakistan.

Basis for Qualified Opinion
We conducted our audit in accordance with the International Standards on Auditing (ISAs) as applicable in Pakistan. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Organization in accordance with the International Ethics Standards Board for Accountants’ Code of Ethics for Professional Accountants as adopted by the institute of Chartered Accountants of Pakistan (the Code), and we have fulfilled our other ethical responsibilities in accordance with the Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

The Organization’s obligation towards post-retirement benefit (gratuity) operates for its eligible employees is measured at one month’s gross salary for each year of service rendered. Management has not engaged an independent actuary to ascertain liability using projected unit credit method as prescribed under International Accounting Standard (IAS) 19 ‘Employee Benefits’. Frail Management ascertained liability using projected unit credit method. The amount of liability appearing in the statement of financial position would have been different with corresponding impact on surplus for the year.

Other Information
The financial statements of Aahung for the year ended 30 June 2016 were audited by another firm of chartered accountants expressing an unmodified opinion thereon dated 1 December 2016.

Responsibilities of Management and Those Charged with Governance for the Financial Statements
The management is responsible for the preparation and fair presentation of the financial statements in accordance with the International Financial Reporting Standards (IFRS) as issued by International Accounting Standards Board (IASB) as notified by SECP and for such internal control as the management determines necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the management is responsible for assessing the organization's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless management either intends to liquidate the organization or to cease operations, or has no realistic alternative but to do so. Those charged with governance are responsible for overseeing the organization’s financial reporting process.

Auditor’s Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs as applicable in Pakistan will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs as applicable in Pakistan, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intimidation, misrepresentation, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit 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.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management’s use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organization’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor’s report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor’s report. However, future events or conditions may cause the organization to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

EY Chartered Accountants
Audit Engagement Partner: Omair Chughtai
Date: 11 November 2017
Place: Karachi
AJHUNG
INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED ON JUNE 30, 2017

2017
Note Unrestricted Restricted Total 2016

Income

Restricted Funds Utilized
9,1 53,608,517 53,608,517 - 57,930,722 57,930,722

Deferred Capital Grants Released
10 - 317,362 317,362 - 269,838 269,838

Other Income
13 6,184,220 1,202,003 7,386,223 10,817,034 1,179,740 19,996,788

Total Income
6,184,220 55,127,892 61,312,112 10,817,034 58,980,312 77,797,346

Expenses

Operating Expenses
14 6,003,033 5,258,693 11,261,726 8,015,085 54,968,278 62,983,363

Program and Project Expenses
15 49,452,987 49,452,987 - 54,968,278 54,968,278

Total Expenses
6,053,033 55,127,892 61,180,925 8,015,085 58,980,312 66,983,363

Surplus for the Year
161,187 161,187 10,801,049 10,962,236

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

BOARD MEMBER

BOARD MEMBER

Dear Sirs / Madams

The Board Members

AJHUNG

FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

We are pleased to enclose five copies of the draft financial statements of the Organization for the above year, together with our draft audit report thereon, initiated by us only for identification. We shall be pleased to sign and issue our report, after:

a) The financial statements have been approved by the Board and signed by two Board Members to do so in its behalf;

b) And we have:

i) seen specific approvals of the Board Members in respect of the following:

Rupees

- Capital expenditure 1,556,060
- Investments made during the year 1,466,880
- Proceeds from sale of investment in mutual fund 977,120
- Transfers of property, plant and equipment - carrying value 107,113
- Provision for gratuity 1,306,599
- Board Membership Fee 4,500
- Allocation of staff cost incurred on various projects 17,953,710

ii) received representation letter duly signed by the Board Sub Finance Committee Members

2. RESPONSIBILITIES OF THE MANAGEMENT AND AUDITORS IN RELATION TO FINANCIAL STATEMENTS

While the auditors are responsible for forming and expressing their opinion on the financial statements, the responsibility for their preparation is primarily that of the management of the Organization. The management's responsibilities include the maintenance of adequate accounting records and internal controls, the selection and application of accounting policies and safeguarding of the assets of the Organization. The audit of financial statements does not relieve the management of its responsibilities. Accordingly, our audit of financial statements should not be relied upon to disclose all the errors or irregularities.

3. SIGNIFICANT ACCOUNTING MATTERS

We are given to understand that the Organization does not have legal advisor as there are no pending suits.
a) Actuarial valuation for gratuity provision:

The Organization operates an unfunded defined benefit gratuity scheme for its eligible employees (i.e., employee meeting qualifying period of six months of continuous service with the Organization). Currently, liability is estimated by working out the amount payable at the balance sheet date using eligible employees’ current salary and apply to number of years of service rendered by respective employees. International Accounting Standard 19 “Employee Benefits” requires that liability for defined benefit schemes be estimated by carrying out actuarial valuation of the benefits. We consider that given the increase in service of the employee, an actuarial valuation be carried out and updated at regular intervals to ascertain the liability towards post-employment benefits in accordance with the requirement of IAS 19. We have modified our audit opinion in this respect.

b) Taxation

As per Section 163C of the Income Tax Ordinance 2001, the income of nonprofit organizations, trusts or welfare institutions shall be allowed a tax credit equal to one hundred per cent of the tax payable, including minimum tax and final taxes payable subject to the fact that a return has been filled, tax required to be deducted or collected has been deducted or collected and paid, and withholding tax statements for the immediately preceding tax year have been filed. On discussion with management, we have been given to understand that it is in the process of claiming tax credit equal to one hundred percent of the tax payable under Section 163C of the Income Tax Ordinance, 2001 for the current year. Accordingly, no provision for tax has been made for the year in the financial statement. Management is confident that the exemption will be obtained and no tax provision is required in these financial statements. We appreciate if Board could review and approve management’s correction in this regard.

c) Receivable from World Population Foundation

The Organization has a receivable balance amounting to Rs 226681 from World Population Foundation. The balance is outstanding since 2013 and accordingly should be provided in the financial statements. However, no such provision has been made as the Management believes it will recover the amount.

4. CONTINGENCIES AND TRANSACTIONS WITH RELATED PARTIES

We have been informed by the management that there were no contingencies and commitments and transactions with related parties other than those disclosed in the financial statements.

5. FRAUDS AND ERRORS

We have been informed by the management of the Organization that to the best of their knowledge there have been no instances of frauds or irregularities during the year that could have a material affect on the financial statements of the Organization.

We place on record our appreciation for the co-operation and courtesy extended to us during the course of the audit.