



# Aahung

Annual Report 13 - 14

# STENZEN CONTENT

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# List of Abbreviations

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



## Director's Note

The initiation of the founding project of Aahung known as the Karachi Reproductive Health Initiative was done so in 1994 at a time when sexual and reproductive health and rights were only discussed in hushed tones and reluctantly acknowledged as fundamental human rights. Now twenty years on, Aahung is at the forefront of sexual and reproductive health dialogue in Pakistan and continues to play a critical role in influencing the SRHR agenda particularly with young people. Aahung's perseverance and commitment to sexual rights has been recognized and rewarded in the past year. In December 2013, Aahung was awarded the prestigious Human Rights Tulip Award by the Dutch Foreign Minister in a ceremony in The Hague. The award was given to the organization to celebrate the use of innovative strategies in tackling the complex issue of sexual health and rights in Pakistan.



Along with providing us a moment to reflect on how much Aahung has matured as an organization and take pride in all that we have achieved, the award also reminded us that there are many innovative platforms we have yet to explore in the this new age of technology. Since 2013, Aahung has made a music video in collaboration with a popular band, moved to visual documentation of many aspects of our evaluation work, worked on an SMS mobile text campaign, initiated a mobile cinema project to reach rural areas, and greatly increased our communication through social media. We are committed to improving our communications skills further and finding novel outlets for broadening our target base through the use of technology.

Aahung has also made strategic choices in the last year to increase our programmatic focus on key thematic areas including the prevention of early age marriage and post-abortion care. Through new initiatives in these areas, Aahung hopes to capitalize on the greatest strengths of the organization, which include promoting a rights-based approach to sexual health and rights issues and maintaining flexible, needs-based programming which is tailored to the requirements of the particular target group involved. Aahung's focus has been and continues to be on developing empowerment models in which individuals have the information, skills and access to quality services required to make safer reproductive health choices.

For the first time, Aahung has also focused its energy on a broad school-based initiative in urban Karachi, whereas in previous years, a majority of interventions were done in rural Sindh. In partnership with Aman Foundation, Aahung is working on an exciting multi-year family life project which will scale up school-based life skills education interventions and work more specifically on decreasing the current threats and vulnerabilities young people face as they enter their reproductive years.

Along with continuing our work and challenging ourselves to try new methodologies and interventions, we also see the need to document Aahung's journey and consolidate our learnings as an SRHR organization through the years. Through this, we hope to share best practice models for advocacy and program design with other organizations at the national and regional level and ensure that organizations working in the SRHR sector move forward building on one another's experience and expertise.



# Aahung's Board of Governor



**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 (IRB-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 Mehvesh Agha**

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.

**Khalid Siddiqui**

Khalid Siddiqui specialises in financial analysis and portfolio management with a proven track record, possessing multinational experience as well having worked with JPMorgan Chase. Along with possessing a large spectrum of experience in financial and economic analysis, Khalid has cleared the first level of the CFA Curriculum with plans to complete all three levels.



## 1.1 About Aahung

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

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

Functioning in an environment devoid of expertise or resources, Aahung has been successful in developing culturally relevant strategies to respond to the sexual and reproductive health needs of the Pakistani population. Moreover, Aahung has had success in integrating quality sexual and reproductive health education in medical 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 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. The next three years will be a time for Aahung to foster and strengthen partnerships with institutions, continue to engage the public sector, and reach out to different population groups through direct communication strategies. Aahung's strategies over the next three years will contribute towards fulfilment of the following goal:

"To contribute towards the creation of an enabling environment in Pakistan where people have control over their body, are practicing sexually healthy behaviours and are able to exercise their sexual and reproductive rights"

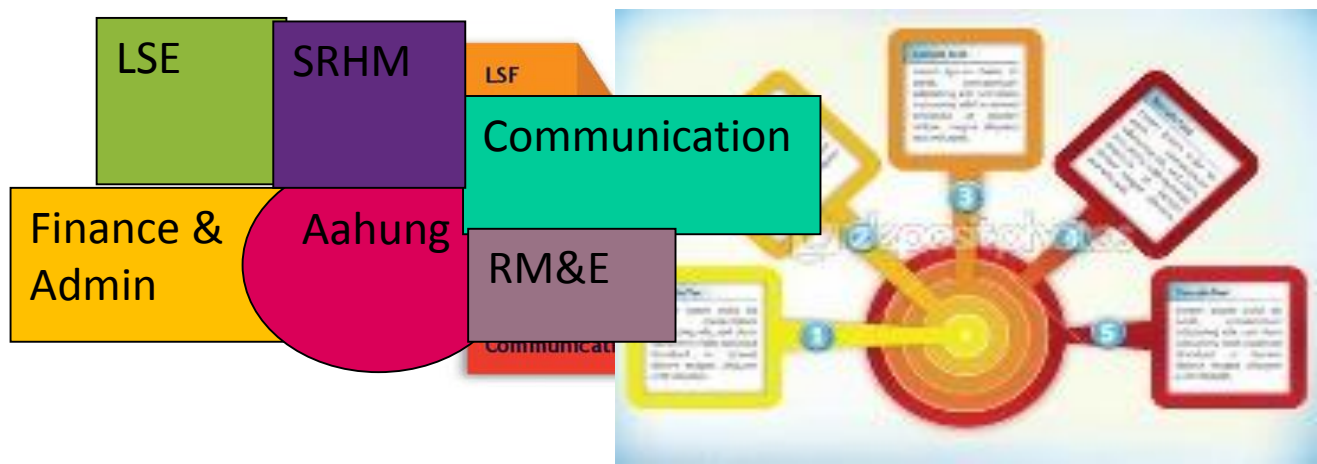
To contribute to the overall goals; Aahung will work towards the achievement of the following objectives:

- 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. Life Skills Education

Aahung develops the capacity of public and private school teachers to integrate quality Life Skills Based Education (LSBE) into the school curriculum. Teachers are equipped with accurate knowledge, and effective teaching methodology to be able to discuss adolescent issues in the classroom.

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



## 2.1 Child Sexual Abuse

Child Sexual Abuse (CSA) remains common in Pakistan with approximately 15-25% of all children in Pakistan enduring some form of sexual abuse before the age of 18 (SPARC). However, this is only the tip of the iceberg as many cases go unreported and/or undetected.

When children are not educated about their bodies or their rights they are left vulnerable to abuse. Furthermore the taboos, guilt, and shame associated with sex and sexuality can make children reluctant to discuss any incidents of abuse. Children may also be unsure of who to turn to for help in such a situation because as with all topics related to sexuality and the body, child sexual abuse is also often ignored by caregivers.



### 2.1.1 Capacity Building Refresher Session for Teachers in Primary School

Over the last two years Aahung has formally partnered with schools from organizations such as Raana Liaquat Craftsmen Colony (RLCC) Karachi, All Pakistan Women's Association (APWA) Karachi and Hyderabad, Developments in Literacy (DIL) Karachi, Indus Resource Center (IRC) Karachi and the Zindagi Trust to build the capacity of their primary school teachers. The second phase of the program with these schools is underway where after a successful round of implementation with students; Aahung has re-trained the teachers on the same modules so that they can implement it with the next batch of students.



The process was to conduct a one day capacity building refresher training for teachers from a total of 38 schools associated with the organizations listed above. The main objectives of the training were 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.

Overall feedback from participants regarding the training was positive. Teachers even developed additional flashcards they would like to run with their students, based on the issues they were noticing in their relevant schools and communities.





*"The video is very helpful because the students understand and relate to it very easily. It can be used within the home and the school. The activity book is also very attractive to students and they are able to talk confidently with the correct words about their issues and concerns after doing all the exercises."*

*"The refresher training has taught us to be more empathetic towards our students and how we can equip them with the skills to protect themselves. We also learned about the correct way to deal with parents."*

*"The refresher was very helpful because it was good to learn from other teachers experiences. Throughout the implementation I struggled with feelings of shame however, this refresher training has helped me a great deal. After discussing the issues I had with my peers, and learning from their experiences, I became more confident."*

**Table 2.1: Number of Teachers Re-Trained on CSA Prevention Strategies**

Institutes	Participating Schools	Primary Beneficiaries		Secondary Beneficiaries	
		Male Teachers	Female Teachers	Male Students Receiving Education	Female Students Receiving Education
RLCC	6	0	17	354	336
APWA Karachi	2	0	10	725	568
APWA Hyderabad	4	2	22	395	321
DIL	5	0	23	574	559
Al Noor School	1	0	6	0	310
The Learning House	1	0	25	132	197
Zindagi Trust	1	0	7	0	950
IRC Karachi	5	6	22	669	520
Qamar-e-Bani Hashim School	1	0	30	625	825
TOTAL	26	8	162	3474	4307



## 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.



<http://undp.org.pk/undp-and-the-youth.html>

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<http://www.fhi.org/NR/rdonlyres/eigijwd5fk77pulmn347njeecnbnh6yuxeoefplsggsmrvfqvzclu3woa%k%6%7ak%uxysyggso/YL20e.pdf>



### 2.1.1 Capacity Building Refresher Session for Teachers in Secondary School

In the last year, the LSE Component has conducted refresher trainings with teachers from IRC Karachi, IRC Khairpur, Zindagi Trust, and Sindh Education Foundation Child Development Centre (SEF-CDC) 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 learning and challenges from the previous implementation process and during the refresher training learned from their peers on how to overcome these challenges. Aahung hopes to ensure that young people have access to information and skills that will enable them to lead healthier and safer lives.

Teachers from all 20 schools provided Aahung with detailed work plans for implementation of the curriculum, and Aahung will provide students with the level appropriate workbooks, plan observation visits accordingly to monitor the implementation of teachers and gain feedback from students.

*"When students would talk to us about their issues we would often not take them seriously and even joke about them- but now I understand the value of solving these issues and taking them seriously."*

*"The refresher was a great learning experience because we explored the solutions to our challenges with our peers. This provided us with realistic and effective solutions to our issues."*

*"During the refresher my misconceptions were cleared on HIV and AIDS-a lesson I was having a great amount of difficulty with."*

*"The chapter on body development was taught to some pre pubertal girls and the teachers did not know how to handle that as many of the girls got frightened and confused. During the course of the refresher this challenge was overcome."*





### Case Study – SMB Fatima Jinnah School

*"A student had been staying back after class for a few days, I could tell she wanted to share something with me but she was too afraid. Eventually when she got the courage to talk to me, she cried so much I could barely make out her words in between her tears. I told her that when she was a little calmer I would be there to listen, and she eventually told me that she lived in a very small neighborhood where all the houses were in one small alley. Her neighbor was a close friend of their fathers, and because of the close proximity of their houses, he would visit often. She said that this man had been touching her inappropriately, and similar to the lesson that we had given them on good touch and bad touch, his touch made her very uncomfortable. She related an incident when once when her mother was out, this man snuck into their house and locked himself in the bathroom with her, but because she started yelling, her younger brother began knocking on the door, and the neighbor fled. The student was extremely rattled and was hysterically crying while telling me all this. I told her that she needed to trust her parents and tell them, and they would be able to help her in this situation. A few days passed, and I could tell that the girl was still very disturbed and upset. She told me that when she told her parents they did not believe her, and her father even beat her and told her that she was being influenced by bad children at the school, and that the neighbor was a loving man who would never do such a thing. I was very disturbed by this and lost in thought for two days, about how I should help this girl- because if her parents did not help her I thought I could not. At one point I even wanted to tell her that I was sorry and could not help her and that life is just unfair sometimes. But then I remembered my training, and I called the student and told her that next time the man comes over and tries to touch her she should yell loudly and run outside in the narrow alley to the woman that would sell goods outside. This ended up saving her, because people in the alley heard her screams and were able to convince her parents that this neighbor was an abuser, and ended up removing him from the neighborhood. I felt so relieved when she shared this information with me. I feel that without Aahung's training I would have never been able to help her as I would have not had the confidence to deal with the sensitive situation. I cannot express the happiness that I felt when I saw the joy on the girls face when she told me that the situation had been dealt with."*



## 2.2.2 Number of Teachers and Students re-trained on ASRH

Institutes	Participating Schools	Primary Beneficiaries		Secondary Beneficiaries	
		Male Teachers	Female Teachers	Male Students Receiving Education	Female Students Receiving Education
IRC Karachi	5	0	26	173	139
IRC Khairpur	5	0	10	215	503
Zindagi Trust	1	0	12	0	1150
SEF-CDC	1	4	7	276	314
Al Noor School	1	0	7	0	111
The Learning House School	1	3	8	90	110
TOTAL	14	7	70	754	2327

## 2.2.4 Dissemination of LSE Component's IEC Material

Type of IEC Material	NGOs	School	Clinic	Symposia & Seminars	Total
Puberty Guide for Girls	7492	350	890	2450	11182
Puberty Guide for Boys	7492	350	890	2450	11182
Pamphlets for Caregivers on Puberty	1854	695	1313	660	4522
Pamphlets for Caregivers on Child Sexual Abuse	2694	945	1313	3460	8412
Total	19532	2340	4406	9020	35298

## 2.2.5 Partnership with Sindh Education Foundation (SEF)

The Sindh Education Foundation is one of the largest educational foundations in Pakistan with student beneficiaries exceeding 250,000. With the financial support from the Department of Education and Literacy, Government of Sindh, they work with lower income schools in various parts of Sindh. SEF provides communities with access to educational facilities by opening schools/ educational centers across the province in partnership with individuals and/or organizations.

In 2012, Aahung was approached by the management of SEF since they were interested in prioritizing LSBE to conduct a pilot project in some of their schools. As a first step of the process, Aahung staff sensitized management and SEF trainers on ASRH and the importance of providing young people with LSBE in order to improve their knowledge and attitudes related to ASRH. The next step of the process was to conduct a training in May 2013 where Aahung trained 18 master trainers from SEF on ASRH and improved the master trainers' skills on replicating the training with teachers from the SEF pilot schools.

In December 2013 the master trainers replicated the training they received with teachers from 20 pilot schools from 2 districts of Sindh. The impact of these trainings is going to be measured to see the changes in the knowledge, practices and attitudes of the students in those schools. Based on that information, the project will then expand into other districts and schools that are managed by SEF.

With a network of over 2,000 schools, the partnership between Aahung and SEF is critical and Aahung looks forward to continuing its work with SEF in the hopes of integrating LSBE across a maximum number of schools in Sindh.



### 2.2.6 Integration Forum Hosted by Aahung and SEF

Aahung and SEF have developed a best practice model in capacity building of teachers and in turn with the students and parents to have better communication at family and school levels. Aahung and SEF in collaboration hosted a consultative meeting to discuss the strategy and framework to integrate LSBE into the secondary provincial curriculum. Some notable attendees at the forum were Mr. Shahzad Roy, Dr. Abdul Majeed (Bureau of Curriculum), Dr. Raza Ur Rahman (Dow University) and Professor Yusuf Pardesi (University of Sindh). Mr. Shahzad Roy spoke about how his organization Zindagi Trust had adopted the LSBE program and how it has been successfully integrated at the government school SMB Fatima Jinnah.

The forum started with Mr. Aziz Kabani from SEF welcoming the participants and giving a short introduction on LSBE and the issues that young people in our society are facing today. Mr. Kabani also spoke about the importance of LSBE integration into the curriculum at a provincial level. Dr. Sikander Sohani from Aahung took to the podium and gave a short presentation on the work that Aahung has been doing on LSBE and what steps need to be taken towards the integration of LSBE into the provincial curriculum. Ms. Farzana, from SEF, presented the best practice model that was developed between Aahung and SEF on LSBE and also shared testimonials from students and teachers who had been through the LSBE program.



After the presentation a Q&A session was held to address the queries of the participants which was followed by a group discussion in which all the participants discussed possible strategies by which LSBE can be successfully integrated into the provincial curriculum. A very important outcome of the forum was the formation of an expert committee to take forward the process of integration. The way forward that was agreed upon by the expert committee at the conclusion of the meeting was to review the provincial curriculum for all secondary subjects, and to see where LSBE can be integrated.





### 2.2.7 Advocacy Mapping for the Integration of LSBE in Secondary School Curricula in Pakistan – A Project Funded by Oxfam Novib`

The National Education Policy 2009 clearly states the need for the provision of LSBE through secondary education; however it has not been implemented. Advocacy failures for implementation of LSBE in schools can be linked to fragmented advocacy efforts and lack of a thorough power mapping of stakeholders related to LSBE integration. Aahung, in line with its advocacy goals to promote adolescent health, conducted a thorough power mapping exercise in each province taking post-devolution governance into account.

The purpose of this exercise was to identify important stakeholders and map out their powers (financial, decision making, and power to influence) in support or opposition to the integration of LSBE in school based curricula. It also provided insight into the challenges that must be overcome and the possible strategic directions that should be taken to overcome the barriers that have prevented the successful integration of LSBE in Pakistan.

The power mapping exercise took into account government but also a number of other social players that influence decision making at the national and local level. Some of the significant groups that were engaged to gauge opportunities, barriers and threats included: media, private sector, government departments, religious institutions, community men and women, school administrators, and adolescents themselves. With the help of its partners, Aahung ran six focus groups in each province (three urban and three rural) by which power maps were created.





At the end of the project, Aahung hosted a Learning Forum on 22<sup>nd</sup> April 2014 at The Regent Plaza Hotel in Karachi, to share the findings of the project and a draft of the final report. The chief guest at the event was the Director of the Bureau of Curriculum and Extension Wing Sindh, Mr. Abdul Majeed, who graciously presented implementing partners with a shield for participation at the end of the ceremony. The speakers at the learning forum were Ms. Musarrat Jabeen and Dr. Sikander Sohani from Aahung, and Dr. Aminah Rajput who was the consultant who analyzed the data and drafted the report.

According to the findings of the power mapping process, in order to integrate LSBE in the secondary school curriculum a receptive and enabling environment is required not only at the community level but also at the government level. Examples from the current knowledge pool focusing on the problems of youth, research on risky behaviors and the role that LSBE can play in overcoming these problems should be shared with government representative working in various capacities. There is a dire need to involve all the stakeholders in dialogue and debate. Future efforts can only be successful if advocates of the strategy win the confidence of the government, religious leaders as well as communities.

### 2.2.8 Inter-School Art Competition on LSBE

Aahung has developed an LSBE curriculum which is being imparted in private and public schools. Through training tools, modules and in-depth information, Aahung educates teachers with accurate knowledge and effective teaching patterns to address the subject of reproductive health and assists teachers in developing comfort levels and skills to discuss stigmatized topics. Since art is a medium whereby students can express themselves freely, creatively and honestly without coming under direct scrutiny, Aahung decided to conduct an inter-school art competition on LSBE. Aahung hoped that through this competition students would learn how to express themselves through non-verbal communication and take part in some healthy competition.

180 paintings were submitted by students, aged 12-15, from 18 different schools in Karachi who have undergone Aahung's LSBE curriculum. Out of the 18 schools that participated, each school shortlisted 10 painting. The 180 shortlisted projects were further shortlisted by a panel of judges including Sheheryar Munawar Siddiqui (Actor), Nida Azwer (Fashion Designer), Izdeyar Setna (Photographer) and Fatima Haider (Consultant), who were also present at the prize distribution event held on 20 November 2013 (Universal Children's Day) at KMC Sports Complex Karachi, to distribute the winning prizes.

The day was not simply dedicated to children for who they are, but to bring awareness about children around the globe who have been subjected to violence in forms of abuse, exploitation and discrimination. To acknowledge and honor children around the world, a short tableau was performed by Pak Grammar School, followed by Aahung's Music Video launch. Sung by vocalist Umair Jaswal, the music video highlighted issues that adolescents are faced with in Pakistan. Speaking at the occasion, Aisha Ijaz, Life Skills Component Manager, Aahung, said, "We at Aahung are thrilled to hold our first large scale Art Competition.







The main aim of this competition was to assess children's understanding of Aahung's LSBE. The competition has given the students an opportunity to exhibit their creativity and reflect their perception on the two topics that were given to them: **Gender Equality and Human Rights**. To date, Aahung has educated over 300,000 children in more than 300 schools, teaching students basics of health and hygiene and at the same time encouraging the youth to acquire skills of life to face challenges in life. At Aahung we wish to educate and empower children's futures for a brighter Pakistan."





### 2.2.9 Para Counseling Training

In December 2013, Aahung contracted Rozan, an Islamabad based NGO working on the emotional health of adolescents and young people, to conduct a Para-counseling training on SRHR with some of its partner schools in Karachi. The objectives of the training were to help participants understand the link between self awareness and counseling and to give advanced information to participants on issues such as Violence against Women (VAW), CSA and gender. The 25 participants were from Aahung's Karachi based partner schools including the IRC schools, Qamar-e-Bani Hashim School, The Learning House, Al Noor School and Zindagi Trust schools.



After implementing Aahung's LSBE modules, a lot of schools had approached Aahung stating that students now had the confidence to speak up about the issues that they were facing, but the teachers were not adequately equipped with the skills to deal with these problems. Thus, the Aahung team thought it necessary to build the capacity of the teachers in identifying some common emotional and behavioral problems in young people and to teach them some fundamental counseling and communication skills for dealing with adolescents. Participants of the training were allowed space to practice their counseling skills and to better prepare themselves to provide students with the best referrals.



*"We spend much time appreciating others but we spend very little time appreciating ourselves. It made me happy to think about the good qualities that I have."*

*"When we discussed aggressive and defensive behavior it made me think a lot about those around me and think about them in a different manner."*

*"Discussing the differences between feelings and thoughts made me think about how we can help our children and students before any actual issues happen."*

### 2.3 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 formal institutions such as colleges and vocational training centers, and using informal group settings at the community level. Aahung has partnered with Community Based Organizations (CBOs) that 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.





## 2.4 Upcoming Project

### Sukh Initiative- Aman Foundation

The Sukh Initiative is a 5 year program which emerged out of commitments made by Aman Foundation, Bill and Melinda Gates Foundation and David and Lucile Packard Foundation at the London Summit for Family Planning 2012. The program aims to increase the use of modern family planning amongst 1 million underserved beneficiary populations in Karachi through both demand and supply related inputs. In order to achieve its goals, the Sukh Initiative will implement a variety of strategies and innovations including door-to-door service delivery, motivation and counseling, providing call center support services and family life education to girls and boys. In May 2014 Aahung came on board as the Sukh Initiative's official partner for promoting Family Life Education (FLE) with boys and girls, and providing them with information about maternal health, maternal rights and communication skills. Aahung has extensive experience of having developed and implemented culturally appropriate life skills curriculums for young people through both primary and secondary schools and will also innovate to access those children who are not in school through local NGOs and CBOs. The family life component of the Sukh Initiative will also work very closely with the program Community Health Workers (CHWs) who will identify young people to participate in classes locally.

### Prevention of early marriage (POEM Project)

Recently, Aahung was awarded a project by Oxfam Novib for early marriage prevention called POEM: Prevention of Early Marriage. In this project, Aahung will partner with local CBOs, and NGOs in Jacobabad, Muzaffargarh, Lodhran and Shadadkot and create awareness about Sindh Child Marriage Restraint Act 2013, complication & prevention of early marriages. The project will entail three main strategies:

**Strategy 1:** Aahung will develop a short tele-film on the negative consequences of early marriage and will air it in chosen clusters within the selected districts through a mobile cinema campaign. A small scale market survey of rural Sindh conducted by Aahung has shown that communities are open to receiving this form of information if it is preceded by a small sensitization session with the community leaders and gatekeepers. The target audience for this campaign is parents and gatekeepers in the community who have a say in decision making around age of marriage.

**Strategy 2:** Aahung will conduct a research study to assess the status of early marriage in Pakistan in four districts of Punjab and Sindh. A household survey will be conducted which will gather information on factors contributing to early marriage, age of marriage of men and women in the household, age at first birth, number of children, health complications and status of women and children, and other related socio-economic variables.

**Strategy 3:** Aahung will conduct training of Oxfam-Novib field workers on working with the community on early marriage prevention and the SCMR Act 2013.

### 3. Sexual and Reproductive Health Management

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

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







### 3.1 Capacity Building

In this year Aahung, SRHM Component conducted six ToTs with six institutions all over Pakistan. Trainings included five nursing institutions and 1 Public Health School. SRHM trained total 109 participants including faculty members and service providers on the Holistic Management of Reproductive Tract issues, Sexual and Reproductive rights, client centered approach, sexual history taking skills and the session of value clarification and attitudinal transformation remained cross cutting in all trainings.

Out of trained participants, 52 further replicated the learning's of training into 1056 fellow faculty members that further enhanced the capacity of the faculty members and the service providers. Those who were trained on Sexual and Reproductive health issues further replicated the topics in their teaching to 12174 students within their institutes. They further utilized their learning of the training during the service provision to 61042 clients.

In order to further incorporate SRHR into education and service provision; SRHM also trained the faculty and service providers from nursing institutes. Those institutions include: Nishtar College of Nursing Multan, Post Graduate College of Nursing Lahore, Peoples School of Nursing Nawabshah, Mayo School of Nursing Lahore, Public Health School Sukkur and faculty from Pakistan Nursing Council.

These capacity building trainings have markedly enhanced knowledge and skills of the faculty and service providers for dealing and teaching issues related to sexual and reproductive health. It has been shared by several faculty members that their comfort level has been markedly enhanced after the training to deal issues pertaining to reproductive and sexual health which were difficult for them prior to training. Some of the participants mentioned at the time of follow up calls that they discuss in detail about certain behaviors, myths and misconcepts with the client without being judgmental and provide single standard care to all individual clients; this transformation was possible because of Value Clarification Attitude Transformation (VCAT) session at the beginning of the training. The capacity building trainings have also augmented skills of the participants in their practice in areas like sexual history taking, risk assessment and partner notification. At the time of follow up participants mentioned that they try to take holistic history of the client coming to them considering physical, social and emotional aspect of an individual's health. At times due to increased client load it becomes difficult to manage but then also they try to do the maximum they can. The diversity in group of faculty members enhanced learning of training participants due to rich experiences and discussion. It has been learned that senior faculty members despite their interest find it difficult to accommodate themselves for the whole duration of training due to time constraints and commitment. Moreover, it was a great learning that as compared to senior faculty members it is easy to take junior faculty members through the process of value clarification and attitudinal transformation.

### 3.1 Networking and Lobbying for Curriculum Change



In this strategic year, SRHM component was able to make networks with different stakeholders and policy makers of regulatory bodies. SRHM developed a strong network with Pakistan Nursing Council (PNC) with the support of Registrar PNC, Director General Nursing, Sindh and Punjab. In addition, SRHM also developed network with Principal, Liaquat Medical and Dental College and he is also a member and representative of Sindh in Pakistan Medical and Dental College.

In continuation of the collaboration with PNC from last year; SRHM was able to upscale the partnership with PNC. SRHM reviewed the curriculum of Lady Health Visitors and incorporated topics related to SRHR in their curriculum. After going through a series of revision and feedback PNC signed that curriculum which has topics suggested by SRHM and training tools and methodologies of Aahung; it has been signed by president of PNC and soon it will be announced as well. In addition, SRHM also trained different levels of nurses for testing the module developed by SRHM.

### 3.3 Improving Institutional Provision of Comprehensive Sexual and Reproductive Health and Post Abortion Care Education and Services in Sindh-Safe Abortion Action Funds (SAAF)

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 abortion within the context of sexual and reproductive health and rights. Under this project Aahung is establishing partnerships with the selected 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 the 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 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 Mainstreaming SRHR in Humanitarian Settings- DOABA Foundation

Pakistan is prone to natural disasters that adversely affect already struggling reproductive health indicators. Unfortunately, reproductive health is often overlooked in such crisis situations. Although, the ongoing relief efforts to provide water, sanitation, food and medicines are appreciable it's crucial to mainstream SRHR even in natural disasters. The provision of lifesaving reproductive health services is essential to improve maternal health indicators in a country like Pakistan which is prone to natural and manmade disasters.



Oxfam Novib collaborated with Aahung to Mainstream SRHR in Pakistan with the help of its 19 humanitarian partner organizations. Aahung conducted a need assessment on SRHR in humanitarian response with program management and the field staff of these organizations. It developed guidelines for these organizations based on the findings of the need assessment and research of

local and international literature. Moreover, Aahung conducted a 5 day workshop with them for the conceptual clarity on SRHR which helped the participants to translate the guidelines into practice. Doaba Foundation played a key role in facilitation of this workshop and development of the guidelines.

Later in the year again a five day training of trainer workshop on "Mainstreaming SRHR in Humanitarian Response"; was arranged in continuation of the collaboration with Doaba Foundation, Oxfam Novib and its partner organizations. During the last capacity building workshop on "Mainstreaming SRHR in Humanitarian Response" a need was identified for developing trainers from each humanitarian partner organization in order to make the program sustainable.



The overall training was focused majorly on three areas that are developing comfort of the participant, enhancing knowledge and practicing communication skills which were important to know for their replication purpose and would help them while responding in crisis situation.

### 3.5 Community Mobilization for Family Planning and Prevention of Unwanted Pregnancies-Marie Stopes Society (MSS)

Aahung and MSS collaborated to arrange a capacity building workshop on Community Mobilization around Family Planning and Unwanted Pregnancies for the promotion of maternal and child health care with the project staff of MSS. The objectives of this collaboration were to enhance the comfort of the participants for discussing topics like family planning and unwanted pregnancies with the community people. Secondly, identifying and overcoming internal and external barriers related to family planning and unwanted pregnancies. Lastly, developing a frame work and enhancing the skills for community mobilization; and improving the interaction with the people in community.

Moreover, MSS seeks to engage the services of a consultant to conduct training of trainers on sexually transmitted infections according to the local context of Pakistan. Aahung responded by proposing its services based on expertise and past experience in this field. This was another consultancy for MSS; the scope of the work included a training workshop which was conducted in June. Aahung classified the participants in to certified trainers and certified participants as trainers on "Sexually Transmitted Infections" at the end of this training workshop. Aahung provided related material for this workshop to each participant, which included a detailed training manual, video documentary/CDs, and IEC material on HIV, Hepatitis and STIs. The major topics which were covered include;

Sexual  
History  
taking

Value  
Clarification  
on Sexual  
Health

Value  
Clarification  
on Sexual  
Health

Value  
Clarification  
on Sexual  
Health





### 3.6 Core Group with Sindh Institutes

*In this strategic year SRHM conducted two core group meetings in Sindh; one core group meeting was held on September 5, 2013 and theme of this core group meeting was "devising SRHR education". Other core group meeting was held on March 6, 2014 for reviewing the highlights from past and making plan for future; main theme for this core group meeting was introducing SAAF project. Both of the core group meetings were attended by 17 and 18 people respectively; they included: policy makers, faculty, instructors, head of department, professors and service providers. The outcomes of both core group meetings are mentioned below:*

#### Outcome of core group – acceptance to VCAT:

*All participants who attended core group meetings came up to a consensus of arranging session of VCAT for all service providers and faculty members to sensitize them and clarify their values regarding SRHR in order to deliver holistic care to clients and provide referrals accordingly. Moreover, all core group members agreed to integrate SRHR education into medical and nursing curriculum by evaluating and tailoring the model of Dow University of Health Sciences (DUHS). Furthermore, the integration of SRHR Education should be made sustainable and continuous in each of the institution by developing more SRHR champions.*

#### Outcome of core group – formation of Technical Advisory Group:

*Core group committee specially emphasized the provision of Post Abortion Care (PAC) services through the rights based approach as shared by Aahung in its new initiatives related to Safe Abortion Action Fund (SAAF). Group also suggested that post abortion care should be dealt more holistically to avoid religio-political barriers within institutions. For instance it was stated that induced abortion can be dealt with in PAC and medical abortion. Moreover, a technical advisory group was formed in order to support SRHM in SAAF project.*

*Furthermore, one of the core group committee member who is also a member of Pakistan Medical and Dental Council (PMDC); Prof. Dr. Naveed Qureshi suggested that PMDC should also endorse SRHR education in the affiliated medical institutions but he suggested that a meeting should be arranged in first phase with PMDC Islamabad chapter to sensitize their members on SRHR; it will help in integration of topics related to SRHR in medical curriculum throughout Pakistan*



### 3.7 Partner Institutes and Number of Beneficiaries

Type of Institution	Number of Institutions	Primary Beneficiaries		Secondary Beneficiaries (students)		Secondary Beneficiaries (clients)	
		Male	Female	Male	Female	Male	Female
Medical Colleges	-	-	-	1470	1124	2201	13261
Nursing Schools	5	6	88	1506	6814	4821	32530
Regional Training Institutes	1	-	15	400	860	700	7529
Total	6	6	103	3376	8789	7722	53320

### 3.8 Community approach to raise 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 lack of synergy between the youth, adults and service providers that Aahung was working with. As a result, in this grant period Aahung has refined its community approach. We will continue to build the capacity of partner NGOs and CBOs on SRHR throughout Pakistan, however we will focus on building synergy and effectively monitoring and supporting community awareness and outreach activities in one pilot community of Karachi. The site will be centered around a health care facility that we are already working with. We will then select a few schools in the surrounding areas and work on strengthening the capacity of these schools to integrate SRHR education. Finally, we will partner with community based organization(s) working in the catchment area to mobilize and sensitize young people (premarital age), their families and other adult community members on SRHR, with a specific focus on maternal health and underage / forced marriages. The major objectives of our community model are to 1. Increase awareness of critical RH issues including nutrition, FP, marriage and infection prevention (Sexually Transmitted Infections (STIs) and Hepatitis), 2. Improve information related to adolescent issues and 3. Increase clients accessing trained providers instead of alternate providers.

### 3.9 IEC Material Dissemination

Informational Pamphlets	NGO	Medical & Nursing Institute	Clinic	Symposia	Total
Vaginal Discharge	300	700	1722	700	3422
Penile Discharge	300	700	1722	700	3422
Erectile Dysfunction	300	700	1722	700	3422
Jinsee beemaryan (STIs)					
Urdu	250	355	1722	700	3027
Hapatitis					
Urdu	485	650	1722	700	3557
HIV Pamphlet					
urdu	485	650	1722	2400	5257
The Truth About HIV					
Englsh	15	189	0	0	204



## 4. Increasing Awareness on Sexual Rights Related to Marriage in the Community

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

Aahung has worked on building the capacity of private healthcare providers, especially those working at the community level and affiliated with large government and non government service delivery organizations. The capacity building forum provides a safe space to discuss sexual rights issues in the marital relationship and impart accurate information. The key strategy for this intervention involved partnering with organizations having large community outreach and providing them with the information, education and communication tools and materials to impart this information to members of their communities. In addition, Aahung has a range of informative publications in Urdu and provincial languages that were disseminated through clinics and community workers throughout Pakistan.

### 4.1 Sensitization and Needs assessment Sessions

Sensitization and needs assessment sessions were conducted with partner organizations Awaz (CDS), Fundamental Human Rights and Rural Development Association (FHRDA) and 'Masoom Rights Development Society' (MRDS) in Multan, Hyderabad and Quetta. A total of 163 stakeholders were sensitized/have assessed training needs on sexual rights.

### 4.2 Training of Trainers

Six ToTs were conducted with ten partner organizations from July to Nov 2013. A total of 120 participants were trained. These trainings were conducted with Awaz CDS, Women Empowerment & Development Organization (WEDO)/Child Development Society (CDO) Family Planning Association of Pakistan (FPAP), Pirbhat Women Development Society, FHRDA/ Sindh Development Society (SDS), MRDS/Baluchistan Rural Support Program (BRSP)/Participatory Integrated Development Society (PIDS) in Multan, Dadu, Shahdadkot, Hyderabad, Quetta and Karachi. A total of 40,971 secondary beneficiaries (community members) were reached through this strategy. The objectives of this capacity building were:

1. To identify, explore and clarify basic core values and to understand its importance in marital life.
2. To understand and explore the discrimination on the basis of sex and its impact.
3. To explain and identify the concepts of basic, sexual and reproductive rights.
4. To understand the participatory methodology of training and to develop effective facilitation skills when dealing with marital rights concerns.
5. To prepare community workers for knowledge transfer and facilitation on relevant issues of community people within their own community.

## 5. Research, Monitoring and Evaluation

### 5.1 Small Scale Evaluations of Aahung's LSE Program

#### 5.1.1 Objective

The objective of this evaluation was to gather preliminary data on the receptivity of Aahung's LSBE program and to gauge the extent to which it has been successful in bringing about positive changes in adolescents, teachers, the school environment and families. This data will also be used as a supplement to quantitative data that measures knowledge, attitude and practice changes in teachers and students who have been through Aahung's LSBE curriculum.



#### 5.1.2 Methodology

Data for this qualitative study was collected through five FGDS and one in-depth interview. There were two parent groups, two student groups of students from 9th and 10th grades, one teachers group, and an interview with management. All participants were affiliated with the SMB Fatima Jinnah Government School in Karachi. Aahung and Zindagi Trust have partnered since March 2011 to increase adolescent access to LSBE in the SMB Fatima Jinnah Government Girls' School. Teachers and students who were part of the FGDS had been through Aahung's training. Participants were chosen through convenience sampling. Consent was taken from participants for participation and for recording and further use of data prior to the beginning of each session. Each session consisted of a facilitator and a note-taker from Aahung. FGDS were recorded and transcribed by note-takers in the field on an ongoing basis to ensure completeness and accuracy. Data from transcripts was coded and analyzed on N-Vivo qualitative data analysis software.

#### 5.1.3 Key Findings

While it has taken some time to get there, the overall acceptability and receptivity of Aahung's LSBE program has been very positive. Teachers, parents and students have had a reported increase in knowledge and positive change in behaviors and attitudes. Teachers and parents shared that the students had become noticeably confident and aware, had increased knowledge about their bodies and their rights, and had a generally positive outlook. There has been a reduction in myths and misconceptions, especially related to menstruation. Teachers and parents also noticed a change in their own attitudes, for teachers as a result of the training and parents because of the change in their children. They all reported that while they did have a lot of initial reservations against these topics being taught, they are now sensitized and communicate very openly with their students. Teachers have started using activity based learning and are encouraging their students to explore their self worth and identify things about themselves that they are proud of.



### 5.1.4 Recommendations

The following recommendations were put forward by parents, teachers and students:

- Organizations working on ASRH should come together and lobby for inclusion into the curriculum because it is the right of all children to be able to learn and benefit from this information.
- Detailed awareness sessions should be conducted for parents. This was requested especially by parents and supported by teachers because mothers have very limited knowledge about these topics and can take a lot out of these sessions.

Based on this analysis, the following recommendations and plan for the way forward have been developed by Aahung:

- Once teachers have been trained there should be consistent follow up sessions and refreshers so teachers can get technical feedback on implementation and discuss challenges with Aahung staff. An important reason behind SMBs success is the ongoing refreshers and support and constant involvement they have maintained with Aahung.
- Feedback received from young people has indicated that many would like to remain involved in LSE activities past the life of the training in school. For this purpose, Aahung has developed a strategy of connecting with existing youth networks in Pakistan to build the capacity of identified young leaders in SRHR. These young leaders will be trained as peer educators to continue awareness raising sessions with their peers in colleges, vocational centers and through their networks to initiate the development of a movement of young people advocating for SRHR in Pakistan.
- To ensure sustainability and continuation of the LSBE program, one strategy Aahung has decided to take is to engage students and teachers in extracurricular activities so students can reflect on what they have learnt and move forward with it. This will help further develop student interest in the topic. The art competition conducted by Aahung on International Children's Day is an example of this and in the coming year Aahung will plan additional activities for students and teachers.
- It is important that school management, teachers and parents are engaged through introductory meetings and sensitization sessions prior to trainings to. A key recommendation is to ensure management buy-in to facilitate smooth implementation, continuity and success of the program. SMB has taken increasing ownership of the LSBE program which contributes to the success of the program.
- School networks should be encouraged to implement the different levels of the curriculum. With level 1 starting as young as age 4 and focusing on body protection and integrity and protection against CSA. It was found that when a school system implements SRHR education starting from a younger age and continuing into adolescence the information presented ranges from basic to advanced and students are more receptive, have a more comprehensive understanding and parents acceptability increases.

## 5.2 Qualitative Evaluation of Aahung's Trainings on 'Holistic Management of Sexual and Reproductive Health Issues'

### 5.2.1 Objective

The objective of this study was to develop a preliminary understanding and evidence base of the way Aahung's training for faculty is received, and to gauge whether the training of trainers model used is successful. This data is also used to supplement quantitative data in measuring the extent and process of knowledge, attitudes and practice change in faculty and pre-service healthcare providers.

### 5.1.2 Methodology

For the purpose of this qualitative study, two FGDs were conducted with faculty and nursing students from the School of Nursing-Mirpurkhas. All faculty members who participated had been through Aahung's training and all students had received this information from the trained faculty

as part of their course work. Participants were chosen through convenience sampling, and the FGDs were conducted in the Nursing School. Consent was taken from participants for participation and for recording and further use of data prior to the beginning of each session.

Each session consisted of a facilitator and a note-taker from Aahung. FGDs were recorded and transcribed by note-takers in the field on an ongoing basis to ensure completeness and accuracy. Data from transcripts was coded and analyzed on N-Vivo qualitative data analysis software.

### 5.2.3 Key Findings

It can be concluded that the overall acceptability of this training has been high in the sample assessed through this qualitative study and students and faculty are satisfied with and have intended to apply training content covered through Aahung's training on 'Holistic Management of Sexual and Reproductive Health Issues'.

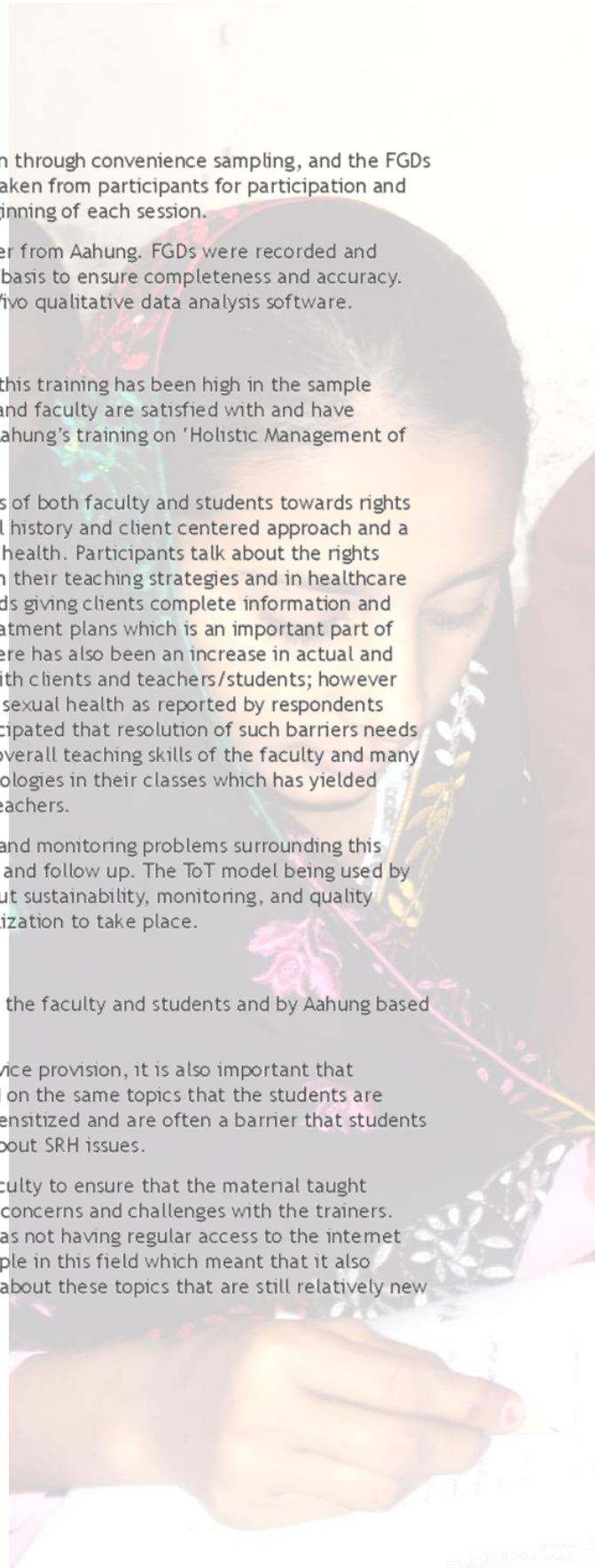
There has been reported increase in knowledge levels of both faculty and students towards rights based approach, reproductive tract infections, sexual history and client centered approach and a decrease in myths and misconceptions around sexual health. Participants talk about the rights based approach and have used it as a starting point in their teaching strategies and in healthcare provision. Faculty and students report moving towards giving clients complete information and allowing them to make decisions about their own treatment plans which is an important part of CCA and incorporating the rights based approach. There has also been an increase in actual and perceived comfort around talking about SRH issues with clients and teachers/students; however barriers still exist when addressing and talking about sexual health as reported by respondents especially when talking to the opposite sex. It is anticipated that resolution of such barriers needs more time and practice. There has been increase in overall teaching skills of the faculty and many of them have adopted participatory teaching methodologies in their classes which has yielded beneficial results as reported by both students and teachers.

Participants raised concerns about the sustainability and monitoring problems surrounding this program and the need for frequent refresher courses and follow up. The ToT model being used by Aahung has been successful in the institute studied but sustainability, monitoring, and quality control measures need to be in place for institutionalization to take place.

### 5.2.4 Recommendations

The following recommendations were put forward by the faculty and students and by Aahung based on findings from this evaluation:

- In order to further increase the quality of SRH service provision, it is also important that staff-nurses and other service providers be trained on the same topics that the students are trained on. These staff members also need to be sensitized and are often a barrier that students face when trying to provide CCA and talk openly about SRH issues.
- Refresher trainings should be given regularly to faculty to ensure that the material taught remains with them and that they are able to raise concerns and challenges with the trainers. Faculty members felt that a constraint they had was not having regular access to the internet and media, as well as lack of trained resource people in this field which meant that it also difficult for them to keep themselves in the know about these topics that are still relatively new to them.





- Advocacy efforts with administration and licensing bodies etc. be continued in order to ensure that Aahung's curriculum eventually gets integrated into the universities curriculum. This was identified as the only method that will ensure compliance and sustainability. Faculty members also identified institutional changes as the only way to bring about 'structural change' within their students.
- Dedicated human resource should be in place in institutions to ensure replication and roll out of SRHM trainings. Faculty members are often over burdened because of existing teaching and client load and face challenges in replication due to this. Having someone in place to ensure support and monitoring of replication will make the process smoother and reduce challenges.

### 5.3 Upcoming Research Studies

#### 5.3.1 United Nations Girls Education Initiative: Fund for Documentation of Good Practice in Girls' Education and Gender Equality

While there is qualitative information provided by teachers and students about impact, Aahung has not conducted any research at the household level with parents. KAP and evaluation surveys conducted with teachers and students do not capture in-depth information about the lives of students and the impact this curriculum has had on girls learning and achievement, as well as their decision making ability and measures related to self-esteem and leadership. Aahung has received a grant from the United Nations Girls Education Initiative (UNGEI) to document its program on 'Empowering Adolescents in Pakistan through LSBE' as a best practice in education. Data will be collected via in-depth interviews with a sample of students and parents of students who have been through the LSBE curriculum. Additionally, oral testimonies from students, parents and teachers will be collected on video.

Aahung can utilize this good practice case study as an advocacy tool to illustrate the transformative power the LSBE curriculum has on adolescents. Equipped with this information, we can make a case for scaling up the program, as well as for integration of the LSBE curriculum into the government secondary school curriculum in the province of Sindh.

#### 5.3.2 Prevention of Early Marriage (POEM) Project: Quantitative Study on Early Marriage and its Consequences in four districts of Sindh and Punjab

In April 2014, Aahung was awarded a project by Oxfam Novib for early marriage prevention called POEM: Prevention of Early Marriage. In this project, Aahung will partner with local CBOs, and NGOs in Jacobabad, Muzaffargarh, Lodhran and Shadadkot and create awareness about the Sindh Child Marriages Restraint Act 2013, complication & prevention of early marriages. The project will entail three main strategies: a mobile cinema campaign, capacity building on early marriage for Oxfam Novib partners; and a research study.

As there is a dearth of data available regarding early and forced marriages on Pakistan; Aahung will conduct a research study to assess the status of early marriage in Pakistan in four districts of Punjab and Sindh. A household survey of 1000 households will be conducted (250 in each district) which will gather information on factors contributing to early marriage, age of marriage of men and women in the household, age at first birth, number of children, health complications and status of women and children, and other related socio-economic variables. Findings from this research study will be disseminated in a national workshop and will be utilized for advocacy purposes and to form an evidence base for future programs on early marriage in the region.

## 6.Communications

### 6.1 Aahung receives Human Rights Tulip Award

On December 11 2013, Aahung became the first Pakistani nonprofit organization that has been awarded the Human Rights Tulip Award. Aahung was the 6th official recipient of the award, which is given every year to individuals or organizations that protect and promote human rights. The Dutch Minister of Foreign Affairs, Frans Timmermans, presented the award to Aahung's director Sheena Hadi, at a ceremony at The Hague - Netherlands.



Dutch Embassies, national and international NGO's and the public nominated candidates for this award. Three finalists were chosen by the public through a vote and three finalists received a wild card from the Hague Institute for Internationalization of Law, the implementing organisation. A jury consisting of academics, professionals and government officials evaluated the six finalists for the award.

Aahung was nominated for its role in advancing reproductive health and rights at the national level through the use of innovative strategies which have overcome barriers to promoting public awareness on critical topics of reproductive health such as gender equality, violence, maternal health, and infection prevention.

In her speech at the ceremony, the director explained how Aahung from the time of its inception in 1995, has been addressing reproductive health, as well as, promoting easy access to quality information and service in a conservative society which often prevents individuals from speaking openly on such issues.



Aahung's programs include educational interventions that work towards equipping young people with essential life skills to support their capacity to make healthy and informed decisions regarding their health. Recently, Aahung has initiated programs with children as young as age 4 with an aim to promote body protection and prevent abuse. Along with training teachers to implement school-based programs, Aahung focuses on strengthening the delivery of quality reproductive healthcare in Pakistan by improving the information and skills of medical professionals and ensuring that pre-service medical students

are better prepared to manage the reproductive health needs of the local population. Aahung also continues to work on enhancing community outreach by working with the field staff of community based organisations (CBOs). Through its efforts, Aahung has significantly increased public access to quality information and services for reproductive health and rights by developing long-term, sustainable partnerships with organizations and institutions providing education and medical services.



*The Aahung method is to engage a wide range of stakeholders, like school teachers, medical staff, religious scholars and parents, to talk about difficult subjects. 'Its efforts to promote human rights are not abstract. They involve the people who we share our daily lives with and who are part of the local community. The fact that Aahung is successful is mainly because they give human rights a human face.*

*(Frans Timmermans- Dutch Minister of Foreign Affairs)*

## 6.2 Media Sensitization Workshop

### 6.2 Media Sensitization Workshop

Aahung organized a media sensitization workshop to increase media's support towards enhancing issues related to human rights and healthcare for the Promotion of a Healthy Society.

The workshop framework for media engagement provided direction on how media should leverage its influence to educate and raise awareness on human rights, reduce stigma and discrimination and support strategies and programmes that help in the creation of an enabling environment, which can ultimately improve the legal, political and social environment in Pakistan.

Some of the topics that were discussed during the workshop included population dynamics, maternal and child health, importance of nutrition and the concept of social accountability with regards to health needs.

Through discussion and group work, the participants were made to understand their roles as agents of change who could share authentic information with heterogeneous audiences to influence beliefs and attitudes, by bridging the knowledge gap. Moreover, participants were made to realize that timely action and responsive reporting for raising awareness on social issues could garner immediate attention which can help in shaping peoples' lives, thus bringing a positive change in the society.

The guiding objectives of the workshop were to:

- Enhance capacity of media reporters to conduct in-depth reporting on maternal and child health and nutrition
- To create a steady drumbeat of information on RH issues to drive coverage and deeper content.
- Increase news editor and news director commitment to covering RH issues

The workshop was well attended and achieved its objectives judging from the feedback received from the participants. The participants felt that the workshop content was short and simple and easy to comprehend.



### 6.3 Social media's impact on enhancing Aahung's engagement with global audiences

Aahung has been consistently using social media to engage with general public while raising awareness about SRHR issues.

*'Aahung's clear communications via facebook and the website gives a comprehensive overview of the vision-driven organization's operations, approaches and impact. The facebook page demonstrates how Aahung is deeply rooted in the local setting while simultaneously keeping abreast of regional and global trends in SRH. For a small organization that deals with a highly sensitive topic, Aahung 3,000+ 'likes' reflect the success of their outreach activities.*

*A website viewer can easily get a sense of the values that drive Aahung and the concrete contribution they make on the ground. This productive blend of vision and impact shines through*



**THANK YOU FOR  
LIKING OUR PAGHE**

**3,000  
facebook.  
Fans**



## 6.4 Supporting Positive Change

Aahung is proud to be a part of Aghaz e Safar Campaign which seeks to highlight and understand the most pressing issues faced by Pakistanis. The campaign is a movement that aims to inspire and enlighten audiences to be their own change makers. Aahung participated in weekly talk shows that explore issues on Child Sexual Abuse. Aghaz-e-Safar is a collaborative effort between AAJ Television and SOC Films, a production house spearheaded by Academy and Emmy award winning filmmaker Sharmeen Obaid Chinoy.

## 6.5 Celebrating Health Awareness

In an effort to generate awareness of an individual's health rights, Aahung collaborated with Health TV to celebrate special days like International Women's Day, Population and World Health Days by participating in the program "Bharpoor Life" with Dr. Shehzad, where he talks about various medical issues and health related topics in an easy to understand manner. The aim of the programs was to explicitly discuss factors that are instrumental in the creation of an enabling environment for the promotion and protection of girls and women's reproductive health rights.



## 6.6 Theater Campaign on Early Marriage Prevention:

In Aahung's experience, theater has proven to be a very effective tool for conveying messages on reproductive health and marital rights. Three theater campaign was conducted in partnership with sever organizations in Hyderabad and Quetta: Hayat-e-nau, Population welfare Department Sindh, Rural Health Development Foundation (RHDF), SDS, MRDS, BRSP and PIDS. A total of 9605 community members received information on reproductive health and rights through this campaign. Prior to each theater campaign, two day theater training was conducted. There were a total of 46 plays-31 in Hyderabad and 15 in Quetta.

Objective of campaign: To raise awareness and sensitize adults on marital rights and issues around early marriage.





Themes:	Physical, mental & social implications of and violations of rights in Early Marriages
Language:	Sindhi, Pashto and Urdu
Duration of each play:	15-20 minutes
Target Area:	Field sites of partner organizations, in Hyderabad and Quetta (Urban and Rural)
Target audience:	Pre marital and married adults



### Audience Feedback:

- “ This is the first time in Quetta's history that the topic of early marriage has been addressed through theater activities. Aahung is the first organization which has talked openly on this and I appreciate this. ”
- “ Kachlak is a tribal area of Quetta, which is completely under the hold of Religious Talban and in this areas early marriages is one of the biggest problems. ”
- “ If you want to see a change in people behaviors around early marriages practices in Baluchistan you must keep conducting these theater presentations and other awareness raising activities. ”
- “ Baluchistan should develop and implement a law against early and forced marriages. ”
- “ Those people (parents and religious leaders) which are conducting early marriages must be punished. ”
- “ Sensitization and awareness of people about complications of early & traditional marriages should part of our curriculum. ”

Aahung Resource Material Dissemination from July 2013 to June 2014				
Name of	Dessemination to			
Resource Material	NGO	Clinic	Symposia	Total
How to take a Sexual History Video	259			259
RTI Quiz's CD	259			259
Risk Assessment & Risk Reduction Video	259			259
Reproductive Tract Infections (RTI) Guidelines				
English	87	0	0	87
Urdu	117	0	0	117
Sexual Health Module				
English	199	0	0	199
Urdu	60	0	0	60
PSH Manual English	48	0	0	48
Informational Pamphlets				
Vaginal Discharge	1000	1722	700	3422
Penile Discharge	1000	1722	700	3422
Erectile Dysfunction	1000	1722	700	3422
Jinsee beemaryan (STIs)				
Urdu	605	1722	700	3027
Hepatitis				
Urdu	1135	1722	700	3557
HIV Pamphlet				
Urdu	1135	1722	2400	5257
The Truth About HIV				
English	204	0	0	204
Community Pamphlets				
Nikah Nama	6258	1350	400	8008
Sexual Repponses	5758	1150	400	7308
Sexual Problems	5758	1150	400	7308
Fertility & Contraception	5758	1250	400	7408
CSA Instructional Video for Caregivers	273	0	0	273
Teacher Guide Urdu	393	0	0	393
Girls Level-1 Urdu	2323	0	0	2323
Girls Level-2 Urdu	2378	0	0	2378
Boys Level-1 Urdu	483	0	0	483
Boys Level-2 Urdu	583	0	0	583
CSA Flashcards ToolKit	84	0	0	84
How to Talk to Young People About Their Bodies				
Urdu	25	0	0	25
English	25	0	0	25
My Body is Mine Activity Book Urdu	5203	0	0	5203
Puberty Guide for Girls Urdu	7842	890	2450	5203
Puberty Guide for Boys Urdu	7842	890	2450	11182
Puberty For Parents Guide Brochure Urdu	2549	1313	660	4522
Empowering Your Child & Preventing Sexual Abuse Urdu	3639	1313	3460	8412



## 7. Audit (Finance)







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