

AAHUNG

ANNUAL REPORT

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Annual Report
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Acknowledgements

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LIST OF ABBREVIATIONS

APWA	All Pakistan Women's Association	LSE	Life Skills Education
ASRH	Adolescent Sexual and Reproductive Health	PCP	Pakistan Centre for Philanthropy
CCA	Client Centered Approach	PNC	Pakistan Nursing Council
CDO	Child Development Organization	PPC	Pakistan Penal Code
CrPC	Criminal Procedure Code	PWDS	Population Welfare Department Sindh
CSA	Child Sexual Abuse	RLCC	Ra'ana Liaquat Craftsmen's Colony
DHS	Demographic and Health Survey	RME	Research, Monitoring and Evaluation
DIL	Developments in Literacy	RTI	Reproductive Tract Infections
DUHS	Dow University of Health Sciences	SDS	Sindh Development Society
FHRRDA	Fundamental Human Rights and Rural Development Association	SEF	Sindh Education Foundation
GGHS	Government Girls High School	SRH	Sexual and Reproductive Health
GGSS	Government Girls Secondary School	SRHR	Sexual and Reproductive Health and Rights
IEC	Information, Education and Communication	SRRC	Sexual Rights Resource Centre
IRC	Indus Resource Centre	STI	Sexually Transmitted Infections
LHV	Lady Health Visitors	ToT	Training of Trainers
LHW	Lady Health Workers	VSO	Village Shadabad Organization
LSBE	Life Skills Based Education	WEG	Women's Empowerment Group



Director's Note

This past year has held particular significance for Aahung as a number of program initiatives have started to show impact and sustainability potential. Aahung's approach to capacity building with medical institutions, schools and community-based organizations has always been one of developing a long-term partnership in which Aahung facilitates the integration of sexual and reproductive health education and services within the institution or organization. The approach often takes a considerable amount of advocacy initiative to develop ownership in partners so that SRHR is prioritized as a critical area of health and well being for adults and young people. While time intensive, the objective of such an approach is to build institutional capacity through the development of human resources, technical resources and administrative support which ultimately should allow an institution to integrate a unique,

needs-specific program into their education and service delivery system which holds the potential of sustainability as well as scalability.

In medical and nursing teaching institutions as well as with partner school networks, Aahung has now begun to witness the impact of such an approach. Dow Medical University of Health Sciences, along with other leading teaching facilities have integrated Aahung's SRHR medical education modules into their teaching framework thus ensuring that pre-service doctors are adequately trained to address SRHR issues of future clients. These modules do not just focus on knowledge consumption, but also support the development of key skills such as communication and history-taking of clients. Moreover, with the introduction of values clarification and motivation modules on a number of complex issues such as family planning and adolescent SRHR, practitioners and pre-service medical professionals are also developing greater capacity to deal with SRHR issues more sensitively and without judgment and bias. With major medical institutions integrating Aahung's content, the goal is to see a more capable and effective cadre of medical professionals being introduced in Pakistan in the near future which is critical for the improvement of national maternal health indicators. Already, evaluation studies conducted by Aahung have indicated that in-service and pre-service doctors who have received training have shown improvement in their interaction with clients.

Similarly, Aahung has also made headway in working with schools to integrate culturally relevant SRHR education programs. Aahung has worked closely with educationists, religious scholars, head masters, the Department of Education and field implementers to refine its life skills curriculum so that multiple levels that are sensitive to the evolving capacity of the young person can be implemented by schools. Extensive networks of schools, such as those managed by the Sindh Education Foundation, have now begun to pilot the curriculum in their schools and preliminary evaluation results show increased capacity in the young person who has been through the life skills based education. Skills such as decision making, protecting oneself from harassment and abuse, and communication with adults have been some of the skills which have shown a marked change and which are critical for improving the future health outcomes of Pakistan's youth population. This impact will continue to be shared with relevant government departments to advocate for improved ownership and implementation of life skills programs in the public sector.

Aahung has also continued to face challenges that exist due to political instability, institutional management turnover and a resistance to SRHR programming in some areas. However, revised strategies and renewed advocacy initiatives will continue to be developed to overcome inevitable barriers. The real success that can be celebrated by the organization today is that a long-term strategic plan which has been in the undertaking for nearly a decade has started to show tangible results and Aahung's vision of positively impacting the sexual health of Pakistan's adults and young people is being realized through sustainable system level change.

Sheena Hadi

Director
Aahung



Kamyla Marvi

Kamyla is one of the founding members of Aahung and has more than 20 years experience in the Reproductive Health (RH), gender, and development sector. She has an interest in organisational 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

Dr. 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 is 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.



Imran Zafar

Imran is an independent consultant, working in the areas of women and children's health, communicable diseases, organizational development, social marketing and program design and evaluation.



Sadiq Alwani

Sadiq Alwani is a Chartered Accountant with 10 years experience in the development sector. He has led the finance and operations of Aga Khan Health Service Pakistan. His areas of expertise and interests include working for improving health and promoting entrepreneurship amongst marginalized communities.



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 Agha

Bina is practicing as a clinical psychologist and psychotherapist. Along with her private practice she also provides specialized tutoring to children with learning difficulties 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 child 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 10 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 at 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 honour crimes. She is well versed in sexuality, sexual and bodily rights in addition to her strong legal background.



ABOUT AAHUNG

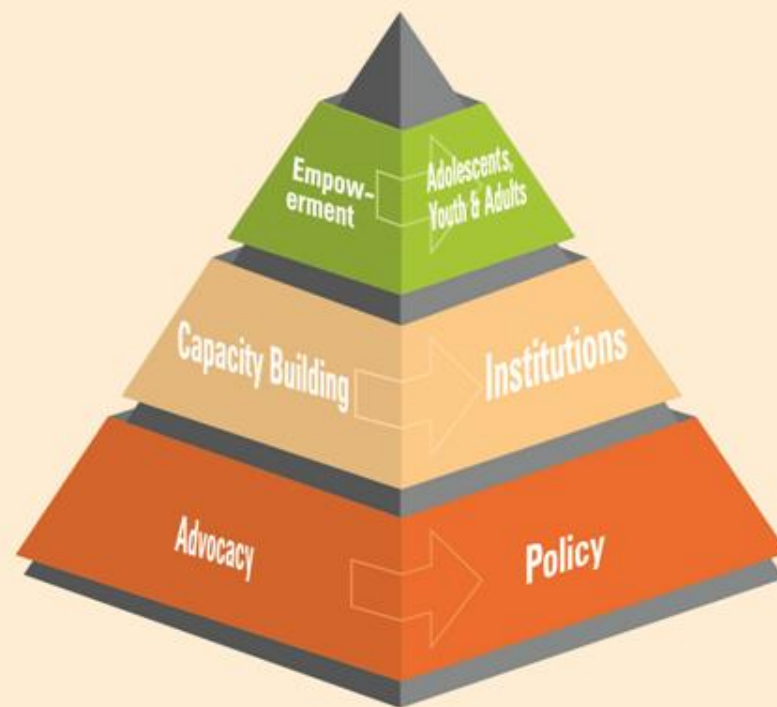
1.1. About Aahung

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

SRH covers a range of issues including child sexual abuse, violence against women, early and forced marriages, unwanted pregnancies, Sexually Transmitted Infections (STIs) 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 SRH needs of the Pakistani population. Moreover, Aahung has had success in integrating quality SRH 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 advocating for policy and practice change through various communications activities.



Aahung's Model

1.2 Strategic Plan 2011 - 14

Aahung's strategic plan for September 2011 to August 2014 intends to address the problem of limited access to quality information and services, which is a major cause of several SRH problems. During this period the Aahung team will undertake advocacy, capacity building, and information dissemination activities in the following thematic areas:



Aahung's Thematic Areas



CHILD SEXUAL ABUSE



ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH



SEXUAL AND REPRODUCTIVE HEALTH MANAGEMENT



SEXUAL RIGHTS

(i) Child Sexual Abuse (CSA) Prevention

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

Aahung builds the capacity of primary school teachers and caregivers in order to increase their knowledge, comfort and skills on this topic. This includes developing essential communication skills amongst teachers and caregivers to be able to communicate with children on this highly sensitive issue as well as teaching them techniques and strategies for the prevention of CSA.



(ii) Adolescent Sexual and Reproductive Health (ASRH)

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

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



(iii) Sexual Rights

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

Aahung's Sexual Rights Resource Centre (SRRC) actively advocates for the integration and institutionalization of sexual rights within the programs and policies of non government and government service delivery organizations. Aahung's information dissemination activities aim to impart appropriate and accurate information on sexual rights and values. IEC tools and material in Urdu and other local languages are used to inform community people throughout Pakistan.



(iv) Sexual and Reproductive Health Management

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

Aahung works with healthcare academia, which includes medical, nursing and health worker training institutions to integrate quality SRH education in their curricula. Faculty are provided with training tools, modules and in-depth information on SRH topics so that they can further impart this information to their students, fellow doctors, nurses, midwives, Lady Health Workers (LHWs) and Lady Health Visitors (LHVs). Aahung also provides classroom support to the institutions on board. This ensures that future generations of health care providers have the necessary knowledge, comfort and skills to appropriately manage the SRH concerns of the population.



1.3 Programmatic Structure and Geographic Scope

In order to implement this strategic plan, Aahung has organized itself into 3 program components:

1) Sexual and Reproductive Health Management (SRHM); 2) Sexual Rights Resource Centre (SRRC); and 3) Life Skills Education (LSE). Together with the support components of Communications, Research, Monitoring and Evaluation and Finance, Administration and Human Resources; the program components aim to create an enabling environment in Pakistan where the sexual and reproductive rights of both young people and adults are realized.

Aahung's Outreach

	SINDH	PUNJAB	KHYBER PAKHTUNKHWA	BALUCHISTAN	JAMMU & KASHMIR	GILGIT BALTISTAN
NGOs	54	12	2	8	1	1
Community Workers	851	267	4	196	105	4
Health Care Teaching Institutes	31	14	11	6	2	
Faculty Members	341	92	96	11	3	
Schools	185					
Teachers	2255					





CHILD SEXUAL ABUSE

2. Child Sexual Abuse (CSA)

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, CSA is also often ignored by caregivers.

2.1 Capacity Building Sessions for Teachers in Charter Primary Schools

Aahung has formally partnered with schools from Developments in Literacy (DIL) Karachi, Child Development Organization (CDO) Dadu, All Pakistan Women's Association (APWA) Karachi and Hyderabad, Village Shadabad Organization (VSO) Dadu and Ra'ana Liaquat Craftsmen's Colony (RLCC) Karachi to build the capacity of their primary school teachers. As the first step of the partnerships, the Aahung team met with the management of these schools and sensitized them on CSA and the benefits of providing children with preventative information at an early stage.



Once the management of the schools was on board, Aahung conducted sensitization sessions with parents from the schools to introduce them to Aahung and the CSA program and take their permission to work with children in the schools. However RLCC Karachi and VSO Dadu decided that they would prefer to have their parent sensitization sessions conducted by the teachers from the schools once they had been trained.

The next step of the process was to conduct a 3 day capacity building training for each organization, for the teachers from a total of 38 schools. The main objectives of the training were to increase the participants' knowledge on basic CSA awareness and prevention strategies and to build their skills on implementing Aahung's CSA prevention related tools. One objective of the training was also to build the skills of the participants' so they could confidently run sessions with students and parents.



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



"This is a special workshop because it changed my and my fellow colleague's thoughts. Firstly, a lot of our misconceptions related to health were cleared. We learnt about what health is and how we can be healthy on a physical, mental and social level. What affected me the most was how to keep children safe and how communication is vital in keeping a child safe."



"The tools that Aahung has provided for teaching children about CSA are amazing and have provided us simple and easy methods to teach our students about such sensitive topics."



"After discussing the effects of CSA, I realized that a child's personality is greatly affected by abuse. We need to be more observant and pick up on these signs so that we may take action."



"The workshop/training was extremely informative, and not only did we talk about the problems of children, we also talked about how to solve them as a teacher. I am confident that because of the information that we received that we can now teach our students about these sensitive topics. Today I realized that we need to put away our fears of talking about such things because just a little effort on our part can save our children."

Table: 2.1 Number of Parents Sensitized on CSA

Institutes	Participating Schools	Fathers	Mothers
CDO	8	135	155
APWA Karachi	4	0	239
APWA Hyderabad	7	0	374
DIL	5	0	368
TOTAL	24	135	1136

Tabel : 2.2 Number of Teachers Trained on CSA Prevention Strategies

Institutes	Participating Schools	Primary Beneficiaries		Secondary Beneficiaries	
		Male Teachers	Female Teachers	Male Students Receiving Education	Female Students Receiving Education
CDO	8	26	4	1055	1495
VSO	8	0	24		
RLCC	6	0	21	354	336
APWA Karachi	4	0	16	725	568
APWA Hyderabad	4	0	17	395	321
DIL	5	0	25	574	559
TOTAL	38	26	107	3103	3279



ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

3. Adolescent Sexual and Reproductive Health (ASRH)

Adolescent issues are of particular concern for Pakistan as 63% of the population is under the age of 25. Adolescents and youth in Pakistan desperately need information about their bodies but 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. The largest nationally representative sample of young people (aged 15 – 24) in Pakistan¹ found that only 29% of girls and 41% of boys were informed about the developmental changes associated with puberty whereas other research has shown that adolescents want this information and are being denied access. Inadequacy of information results in adverse sexual and reproductive health outcomes reflected as high rates of unwanted pregnancies² and maternal mortality³.

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

1. Sathar, Z., Ul Haque, M., Faizunnissa, A., Sultana, M., Lloyd, C., Diers, J. and Grant, M. 2003. Adolescents and Youth in Pakistan 2001-02: A Nationally Representative Survey. Islamabad/New York: Population Council.
2. Sathar, S., Singh, S., Fikree, F. 2007 Estimating the Incidence of Abortion in Pakistan. Studies in Family Planning: Vol 38, No 1, pp 11-22(12)
3. Zaidi, S., The Role of the Obstetrician in Reducing Perinatal Mortality, in Zaidi S., (Ed.), Maternal and Perinatal Health, 1992. Karachi.



Teacher Feedback on ASRH Trainings

"Aahung has developed and changed my thoughts. I thought I was doing great work with my organization before but then on the third day of the workshop I realized how my teaching was lacking and what a great job Aahung was doing."

"Through this training not only did I learn about sexual health, most importantly I learnt how to be a good facilitator. The participatory method taught in the workshop is a great way to work with students. This has boosted my confidence in talking to my students and being a good teacher for them."

"This workshop has cleared many of my misconceptions regarding puberty. I learnt about the difficulties and changes that students experience during this period, especially emotionally, and how I may guide them with confidence through this process."

"What really affected me was that all the problems that we have never been able to openly discuss, we were able to discuss them easily and comfortably. The environment provided in the workshop was extremely friendly which further simplified the discussion of such sensitive topics. We were taught easy words that give us comfort and confidence to talk on such matters. This has affected my thinking very positively."

3.1 Capacity Building Sessions for Teachers in Charter Secondary Schools



Aahung has partnered with 3 organizations; Indus Resource Center (IRC) in Karachi, Child Development Organization (CDO) in Dadu and Village Shadabad Organization (VSO) in Dadu to work on promoting ASRH education in affiliated schools. Secondary school teachers from these schools have been trained on LSBE.

To facilitate this process Aahung started by conducting sensitization sessions with all the teachers and parents from the various schools of the organizations involved. The sensitization sessions gave basic awareness on the need and importance of LSBE and shared the content of the curriculum with parents so they could give informed consent to it being implemented with their children. Overall the parents felt the need for such topics to be taught to their children and felt that the content



was age appropriate. Parents from the 20 schools were sensitized and gave their consent to the program being taken forward.

Aahung has also conducted sensitization sessions with schools affiliated with the Mirpurkhas Private School Association (MPSA) and Fundamental Human Rights and Rural Development Association (FHRDA) trainings with these schools will take place in September 2013.

The next step of the process was to conduct intensive 5 day trainings with the secondary school teachers from IRC, CDO and VSO. Separate trainings were held with each organization and a total of 69 teachers were trained and equipped with accurate knowledge and effective teaching methodology to be



able to comfortably discuss ASRH issues in the classroom. The first 2 days of the trainings focused on building participants' knowledge on issues such as health, gender, human rights, SRHR and pubertal changes. The last 3 days of the training focused on building their skills as effective and participatory facilitators and using the tools that Aahung had prepared- this was achieved by involving all teachers in conducting mock implementation of lessons from the LSBE curriculum.

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

Table 3.1: Number of Parents Sensitized on ASRH

Institutes	Participating Schools	Fathers	Mothers
IRC Karachi	4	35	238
CDO	8	185	117
FHRRDA	17	97	494
MPSA	10	33	347
TOTAL	39	350	1196

Table 3.2: Number of Teachers Trained on ASRH

Institutes	Participating Schools	Primary Beneficiaries	
		Male Teachers	Female Teachers
VSO	8	0	24
CDO	8	19	5
IRC	4	8	13
TOTAL	20	27	42

Table 3.3 Dissemination of LSE Component's IEC Material

Type of IEC Material	NGOs	Schools	Clinics	Youth Centres	Symposia and Seminars	TOTAL
Pamphlets for Caregivers on ASRH	945	585	5200		720	7450
Pamphlets for Caregivers on CSA	805	855	4500		645	6805
Puberty Guides for Boys	750			2850	485	4085
Puberty Guides for Girls	3750			2850	485	7085
TOTAL	6250	1440	9700	5700	2335	25425

3.2 Life Skills Based Education Learning Forum – Karachi



Aahung and the Sindh Education Department have partnered since 2009 to conduct a pilot project on LSBE in 27 Secondary Govt. schools across Sindh. The project was completed in May 2011 when all the schools had implemented the curriculum with their students. In subsequent meetings with the then Secretary Education, Mr. Siddique Memon, it was decided that Aahung and the Sindh Education Department would co-host a learning forum where master trainers and teachers from the pilot project would have an opportunity to come together and share their learning and challenges.

The learning forum was held on September 19th, 2012, at hotel Beach Luxury in Karachi, and focused on sharing a best practice model for the partnership between Aahung and the Sindh Education Department.

The speakers for the event included Mr. Arshad

Mehmood and Ms. Bushra Mirza, 2 master trainers from the Sindh Education Department who had been trained by Aahung; Ms. Farzana Iqbal - Head Mistress of GGSS Safia Khan Memorial – Karachi; and Ms. Naheed Kausar - teacher from GGHS Dastagir – Karachi, who had implemented the curriculum with students. Mr. Arshad and Ms. Bushra shared their experience of being trained by Aahung, and the impact that the Aahung training has had on their personal and professional lives in terms of making them more confident and enhancing their communication skills. They also shared that their experience of training the Govt. school teachers on LSBE allowed them to put the participatory approach into practice and understand the difference it makes in enhancing learning.

Ms. Farzana and Ms. Naheed focused on the changes that they have seen in their students

and the school community at large, after introducing LSBE. Parents were involved in the program from the start and were given a detailed orientation on Aahung, LSBE and the curriculum that was going to be run. They were also sensitized on the different changes that take place during puberty and the importance of communication at this critical juncture of life. Ms. Farzana and Ms. Naheed also shared that after the introduction of the LSBE program, parents started to take a more active interest in the lives of their adolescents and made an effort to communicate more with school management and teachers. The students themselves gained a lot of confidence from the program and a lot of myths and misconceptions associated with puberty, menstruation, HIV/AIDS and hepatitis were clarified for them. According to Ms. Naheed, the most positive

3.3 Life Skills Based Education Learning Forum – Karachi



impact of LSBE that she noted in her students was the confidence with which they were able to approach her with questions and concerns.

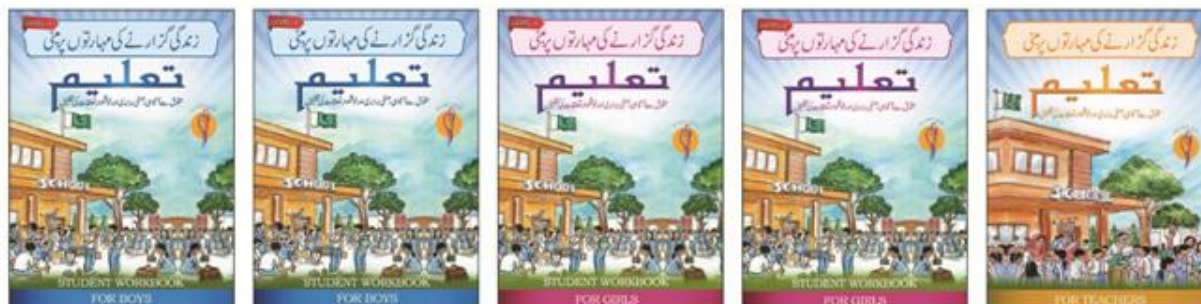
The next speaker was Mr. Aziz Kabani who is Director Programs, Operations and Research at Sindh Education Foundation (SEF). Aahung has recently entered into a partnership with SEF and is conducting a pilot project on LSBE in 15 of their schools. An evaluation study is also being designed in the form of a baseline and end-line study which will be conducted with teachers and students, to measure the impact of the pilot project. Mr. Kabani gave a brief overview of SEF and its programs and then talked about the importance of LSBE and how it has to become a national priority. He also shared that SEF's ultimate goal is to make LSBE a part of their existing school curriculum to ensure that all students enrolled in the schools benefits from it.

The closing discussion was moderated by a panel of experts that included Professor Anita Ghulam Ali – Managing Director – Sindh Education Foundation; Mr. Abdul Hakim Hannan – Vice Chancellor, Hamdard University and Dr. Rozina Karmaliani who is affiliated with the Aga Khan University. An interactive discussion took place on recommendations on how to take the LSBE agenda forward. Some suggestions from participants were involving the media; putting pressure on the Government to implement the National Youth Policy which already mentions LSBE; tapping into large networks of youth such as the scouts and guides and mobilizing them towards action; working with religious institutions and religious leaders to sensitize them on the importance of LSBE and making LSBE workshops compulsory for all teachers who are enrolled in teacher training programs.

Based on the success of the feedback from stakeholders at the Learning Forum, the Sindh Education Department is keen to continue its partnership with Aahung. The Department has committed to take forward the process of refresher trainings with teachers from the schools in Karachi and Hyderabad, and is also currently in the process of discussing curriculum change at the provincial level with Aahung.



3.4 Aahung's Revised Life Skills Based Education Curriculum for Adolescents



In a continuing effort to make its work with adolescents more age appropriate and culturally acceptable, Aahung has recently disaggregated its LSBE curriculum into two levels. Level 1 has been developed for ages 10 – 12 years and Level 2 for ages 13 – 15 years.

Certain core topics such as gender, human rights, effective communication, decision making and puberty have been prioritized in both levels and concepts in Level 2 build upon those introduced in Level 1. We also hope that a revision of these core topics in Level 2 after being introduced to them in Level 1 will help enforce the key messages and deepen students' understanding. Topics which are more sensitive in nature such as nikkah-nama, addiction, maternal health and

HIV/Hepatitis have been introduced in Level 2 so students are better equipped to understand them and gatekeepers such as parents and school management are also able to accept the content and not cause resistance.

As always, this process could not have been completed without the feedback and support of key stakeholders such as students, parents, teachers and school management personnel. We are thankful to all the stakeholders who made this process possible, and look forward to continuously revising our efforts to increase the acceptance of LSBE and make it culturally relevant to our current country scenario.

Aahung Staff

School Teachers

Students

Aahung's Cascading Model

3.5 Women's Empowerment Group: Module Development Project on Life Skills Based Education

The Women's Empowerment Group (WEG) is a Lahore based NGO aiming to strengthen the process of socio-economic development and the empowerment of disadvantaged sections of society. WEG recently contracted Aahung to develop a comprehensive LSBE curriculum for school going adolescent boys and girls. The development of this curriculum is part of WEG's "Life Line Campaign" which aims to improve adolescent access to adequate information about LSBE and help create an enabling environment where their rights and choices are respected and fulfilled.

As part of the process of developing modules on LSBE, Aahung formed a Module Review Committee in order to review the content to ensure that it is age appropriate, culturally appropriate and provides accurate information in easy to understand language. The Module Review Committee consists of Education Department officials and Curriculum Bureau officials from all 4 provinces as well as school management personnel, teachers, parents, religious scholars, subject experts, language experts and media personnel.

The first meeting of the Review Committee took place on April 17th at the Aahung office and was attended by all 24 members. The objective of this meeting was to formally introduce the Aahung and WEG collaboration and give members a detailed orientation to LSBE and its importance. Aahung's long history of working with adolescents on issues of LSBE was shared and previous curricula developed for adolescents were also shared. The Aahung team had worked on developing module outlines for the WEG curriculum and these were shared in detail with the Review Committee and their feedback and comments were noted. It was decided at the meeting that the Aahung team would work on incorporating the feedback given by the Committee on the module outlines and would develop detailed modules for adolescents and for the teacher's guide. Once the modules had been pilot tested and finalized, the next Review Committee meeting would be held to share the final draft and gain formal endorsement from the Committee establishing the age appropriateness and cultural relevance of these

modules in a Pakistan context.

A final meeting was held with the Review Committee on July 4th where the drafts of the modules were shared and feedback was taken on the language, the age appropriateness and the cultural appropriateness of the modules. This feedback was noted by the Aahung team and was duly incorporated in the 2 weeks following the meeting. The final drafts of the modules were shared with the Committee via email and formal written endorsements were taken from all the members certifying that they were in agreement with the age appropriateness and cultural appropriateness of the developed content.

The modules are currently in the process of being illustrated and designed and as soon as the process is finalized they will be handed over to WEG for future advocacy purposes. We wish WEG the best of luck in their endeavors and look forward to future collaborations in taking forth our common agenda of LSBE integration into the national education curriculum.





INTEGRATING
SRH EDUCATION
INTO MEDICAL
TRAINING
INSTITUTIONS

4. Integrating SRH Education into Medical Training Institutions

Health care providers in Pakistan are unable to manage prevalent SRH issues largely because they lack necessary skills and training, but also because they have not developed the comfort to work on such issues. Being products of the same social influences that make sexuality a taboo topic in Pakistan, the teaching faculty of medical and nursing institutions often refrain from discussing issues related to sex, sexuality and sexual health and rights with students and even fellow faculty. These topics are not given enough importance in the undergraduate and postgraduate curriculum and even trained doctors do not have the capacity to approach

such matters with clients. As a result, the gap in service provision becomes filled by alternate service providers such as spiritual healers, traditional birth attendants, etc. who clients feel more comfortable approaching for services.

Aahung's SRHM component addresses gaps in health care providers training through advocacy for partnership with institutions to lobby for curriculum change at the national level. The component conducts advocacy meetings with institutional decision makers, sensitization sessions with heads of relevant departments and professors, and capacity

building and Training of Trainers (ToT) workshops with faculty and health care service providers. The participatory trainings focus on developing participants' comfort, skills and knowledge on sex, sexuality, sexual health and sexual and reproductive rights.





4.1 Capacity Building

During the second year of the strategic program, Aahung's SRHM component conducted 5 ToT sessions with 7 institutions across Pakistan. The selected institutions included medical, nursing and a regional training institute, respectively. A total of 89 faculty members were trained on holistic management of reproductive tract infections, sexual and reproductive rights, client centered approach, and sexual history taking.

Out of the trained faculty members, 46 further replicated the learning's of the training with 1535 fellow faculty members who then enhanced the capacities of service providers. Replication sessions on SRH issues were then carried out by the trained faculty members with 20,290 students who utilized their learning in service provision to 100,950 clients.

Trainings were conducted in a number of training institutes including Allama Iqbal Medical College, Shalamar Medical College and Lady Willingdon Hospital in Lahore. Trainings in Sindh were conducted in Ziauddin Medical University and Karachi Medical and Dental College.

In Mirpurkhas, the clinical team trained the faculty of a nursing school for improving skills and knowledge of SRH issues. A capacity building workshop was conducted with the faculty members of St. Teresa Midwifery School (Regional Training Institute) for building the capacity of LHWs.

Faculty members of both the institutes shared that the holistic approach towards SRHR during the training sessions enhanced their knowledge and improved their

understanding of the topic. They felt their comfort level in taking sexual history had increased, which they considered challenging prior to the training.

The trainings augmented the skills in areas like sexual history taking, risk assessment and partner notification. The interactive discussions and sharing of experiences by a diverse group of faculty members enhanced the learnings of the participants. One challenge that surfaced during the trainings was getting senior faculty members commitment for attending the entire training session, which was primarily due to time constraints and their prior commitments.



4.2 Networking and Lobbying for Curriculum Change

Aahung's clinical team was successful in cultivating networks with different stakeholders and policy makers of regulatory bodies. An alliance was formed with the Pakistan Nursing Council (PNC), which includes the Registrar of PNC, the Director General Nursing of Sindh and 6 principals of various nursing schools in Punjab. In addition, separate networks were also developed with the principals of Allama Iqbal Medical College (Lahore) and Karachi Medical and Dental College (Karachi).



4.3 Core Group Meetings

Outcomes of Networking with Institutions in Peshawar

Three core group meetings were organized in different provinces of Pakistan. The first meeting was held in Khyber Pakhtoon Khuwa which was chaired by Dr Rashid Iqbal. Those who participated in the meeting included professors from Rehman Medical College, representatives from Regional Training Institutes, Khyber Medical University and from an NGOs consortium (SABAWOON). The core group was immensely inspired by Aahung's model of integration of SRH into the curriculum of Dow University of Health Sciences (DUHS) in Karachi. The core group members requested Aahung's clinical team to conduct more trainings and refreshers in their respective Nursing, Medical and Regional Training Institutes.

Outcomes of Networking with Pakistan Nursing Council (PNC)

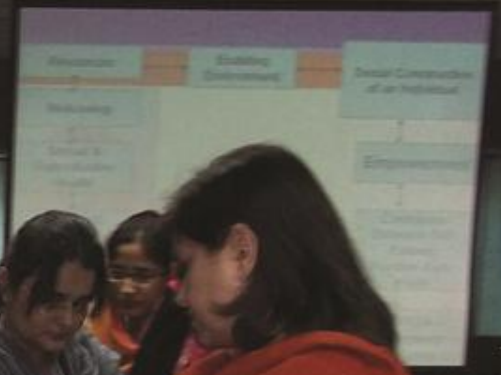
A significant breakthrough was made in one of the core group meetings that was held in Islamabad with PNC and was chaired by the Registrar (PNC). The Director General of Nursing along with principals of various nursing schools from the provinces of Sindh and Punjab attended the meeting. The meeting laid the foundation for a long term partnership between Aahung and PNC. The core group members showed keen interest and expressed their commitment in taking SRH education forward within the curriculum. This gave Aahung an opportunity to review the framework of Community Health Nursing as well as the curriculum of LHV's for integration of SRH related topics.

Outcomes of Networking with Institutes in Lahore

A core group meeting was held in Lahore, which was chaired by the principal of Allama Iqbal Medical College. The meeting was attended by a large number of stake holders and representatives from Allama Iqbal Medical College, King Edward University and College, and Post Graduate College of Nursing-Lahore. The outcome of the meeting was the initiation of a project in any 2 districts of Lahore. It was decided that a steering committee would be formed for the project to select a school, healthcare setup, and a community where sessions related to ASRH and LSBE would be conducted. Lady Willingdon Hospital and Allama Iqbal Medical College took responsibility for facilitation of these sessions. Students of the Post Graduate College of Nursing were chosen to conduct community awareness sessions with married/unmarried men and women of reproductive age.

Table 4.1: Partner Institutes and Number of Beneficiaries

Number of Partner Institutes	Number of Beneficiaries	
	Males	Females
7	275	1265





INCREASING
AWARENESS
ON SEXUAL
RIGHTS

5. Increasing Awareness on Sexual Rights

The reproductive health indicators in Pakistan have shown an improving trend in the recent Demographic and Health Survey (DHS), but pregnancy related issues and maternal mortality still remains high. Health seeking behaviors and services accessed by Pakistani women vary by place of residence, educational level, wealth quintile, age group of mothers, and the number of pregnancies and surviving children. Generally, women who live in rural settings have limited education, belong to lower wealth quintiles, have more children, and/or are in the 15-20 or 40-49 year age groups and 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 who seek healthcare from private providers.

The SRRC at Aahung aims to build the capacity of private healthcare providers, especially those working at the community level and affiliated with large government and non government service delivery organizations. The capacity building forum provides a safe space

to discuss sexual rights issues in the marital relationship and impart accurate information. The key strategy involves partnering with organizations having large community outreach and providing them with the IEC 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 are disseminated through clinics and to community workers throughout Pakistan.





5.1 Sensitization Sessions

Aahung was successful in conducting 8 sensitization sessions with partner organizations in Johi, Dadu, Quetta, Bagh, Hyderabad, Shahdadt and Lahore respectively, with a total number of 492 participants. The objective of the activity was to sensitize officials, volunteers and community stakeholders of partner organizations on issues related to SRHR.

5.2 Trainings of Trainers (TOTs) on 'Pur Sakoon Azdwaji Zindagi'

SRRC organized a 7 day ToT workshop with 3 organizations in Sindh between June and August 2013, in which 60 participants were trained. Two trainings were held in Hyderabad with Population Welfare Department Sindh (PWDS) and FHRRDA and Sindh Development Society (SDS) and 1 in Shahdad Kot with Pirbhat.

The workshop aimed at building the capacity of partner organizations and community workers on issues related to marital rights including transfer of knowledge, improving communication and building comfort in discussing matters around sexual and reproductive rights. The modules were conducted using a participatory methodology which takes into account various needs of learners and provides opportunities for both learners and facilitators to share their input and experiences. The methodology included a series of activities, group work, lectures, presentations and participatory discussions, which helped in strengthening participation through involvement, enabled flexibility in analyzing issues and encouraged creativity.

After providing conceptual clarity on SRH, specifically related to marital rights, module implementation was practiced by the participants for replication of sessions in their respective communities. Tentative work plans were developed and replication report formats were shared to help achieve the goal of providing information on sexual rights to the community.

Ashung PRE-TEST FOR WORKSHOP PARTICIPANTS

Section 1: True or False
Please tick 'True' for correct statements and 'False' for incorrect statements

Question	True	False
1. Unbalanced sexuality will promote sexually healthy individual	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. In Client-controlled care the decision is made by the service provider	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Service providers should advise clients to stop homosexual activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Enjoyment in sexual health is simply pleasure during sexual activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Reproductive tract infections are always related to sexual activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Reproductive tract infections could be related to sexual activity as well as internal organs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Women complaining of vaginal discharge should be treated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Vaginal discharge in Bacterial Vaginosis is thick	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Yellowish copious frothy discharge is a sign of	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Increased frequency of nocturnal	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Sexual history taking	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Risk reduction plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Agenda of Training of Trainers (March 20th-31st 2013)

Day	Topic	Activities	Objectives
09:30-09:45	Introduction	Introductory exercise	Develop comfort among participants Gather information of participants and develop a code of conduct for the workshop
09:45-10:00	Filling out participants profile & Setting out norms		Sharing of objectives of the training from Ashung and hopes by the participants
10:00-10:15	Objectives of Training	Hopes, Fears & Expectations Exercise	Assess pre-workshop knowledge of the participants
10:15-10:30	Present		Understand role of Ashung in Pakistan
10:30-10:45	Background of Ashung		Importance of RH & What is Reproductive Health & Sexual Health & To understand the different components of reproductive health and its relation to overall health
10:45-11:00	Reproductive Health		To understand five components of
11:00-12:00	Sexuality		To identify physical, mental and social components of sexual health and to understand sexually healthy individual
12:00-01:00 PM			To understand importance of empowerment and role of service provider in empowerment
01:00-01:45	Sexual Health & Sexually healthy individual		To understand gender
01:45-02:15	Empowerment		
	Gender		
	Empowerment cards exercise based on case studies		
	Presentation and Statement Exercises		
	Team game exercise & Presentation		
	Brainstorming & sexuality cards		
	Web exercise based on case study of Nisha & Envelop Exercise		
	Video Documentary		
	Tea Break		
	Lunch Break		

RESEARCH MONITORING AND EVALUATION

6. Research, Monitoring and Evaluation

6.1 Baseline Reports

The Research, Monitoring and Evaluation (RME) Component of Aahung designed and conducted 2 institution based surveys during the year in the province of Sindh. The first baseline survey was a cross-sectional study conducted in partnership with 3 government and 1 private healthcare academic institution in Karachi, Sindh during September 2012 and March 2013. The objective of the study was to assess the Knowledge, Attitudes and Practices (KAP) of clients and students of medical and nursing institutes on SRH issues in 3 healthcare academic institutions of Karachi. The second cross sectional baseline survey was conducted to explore the KAP of teachers and students in 10 selected schools of Dadu and Karachi in Sindh, Pakistan. The overall objective of the study was to assess awareness, attitudes and practices regarding gender, pubertal changes, and role of communication, decision-making, violence, and HIV/AIDS.

This study helped ensure that project interventions are responsive to the identified needs of the adolescents and will also serve as a benchmark against which the results of the project will be measured.

Key Findings: SRHM Baseline Study

This baseline study was conducted with 943 female clients, 200 service providers and 223 medical and nursing students.





Knowledge and Attitudes of Clients

The survey results related to Reproductive Tract Infections (RTIs) showed that out of the 129 female clients that consult the healthcare provider regarding vaginal discharge, majority knew about the occurrence of physiological vaginal discharge before and after menstruation and during pregnancy, but only 24% of them could relate it's occurrence to sexual intercourse and 2% associated it with ovulation. Less than 50% of these women knew that complications of vaginal discharge could include infertility, extra-uterine pregnancy and transmission of infection to the partner and newborn. Furthermore, only 5% of the clients were able to identify color change in vaginal discharge as a condition mandating treatment.

Knowledge and Attitudes of Providers and Students

The nursing and medical student's survey showed that considerable percentages (25-51%) of students had incorrect knowledge

about causative agents of exogenous and endogenous RTIs and only 40% could identify immunosuppression as a risk factor. The survey findings also depict the providers' lack of knowledge related to causative agents and treatment regimens of RTIs. Furthermore, many students had incorrect information about modes of HIV/AIDS transmission, sexual behaviors and desire in both males and females, the menstrual cycle, nocturnal emission and the practice of masturbation. These demonstrated gaps in knowledge among providers and students warrants strengthening of technical training as well as rigorous value clarification exercises on SRH problems and their existence in the broader societal context.

Practices and the Client Centered Approach (CCA)

With respect to the practice of CCA, results showed found that during the history taking process majority (>60%) of the clients (n=943) were not asked about the exacerbating and

relieving factors and the associated symptoms of their presenting complaint/s. The student's survey reinforced this, as a limited percentage (45%) of the 223 students reported inquiring about exacerbating factors during history taking. Findings related to the practice of risk assessment during the history taking process showed that very few (1-7%) of the clients had been questioned about their past history of sexual relationships and unprotected sex, abortion and contraception use. Such compromise in quality of healthcare contributes to spread of infection and dissatisfaction of clients who subsequently succumb to social pressures and seek treatment from unreliable sources.

Majority of the clients said that their rights to privacy and communication were safeguarded during consultation, but only 32% of them were given choices for selection of treatment and 12% reported having received accurate and complete information about treatment. Majority (>50%) of the students also said that they were unable to

help clients in decision making about treatment plan and could not ask them to return for a follow up. Many students correctly advised their clients about risk reduction practices like avoiding sexual activity with multiple partners (67%), notifying their partners (58%), abstaining from sex (55%), using condoms (55%), preventing pregnancy (42%), avoiding anal sex (24%) and avoiding oral sex (22%). However, only a third of the students reported advising clients to comply with treatment.

Key Findings: LSE Baseline Study

Fifty three teachers aged 14 to 35 years and 811 students aged 9 to 21 years from 10 selected government and private schools in Karachi and Dadu took part in the LSE baseline survey.

Knowledge of ASRH

Majority of the participants, 98% teachers, 93% boys and 94% girls knew what the process of puberty was but were unaware of the age when it starts and ends. 66% teachers, 66% boys and 80% girls did not know what HIV stands for and large gaps were found in the knowledge related to HIV. It was reported that parents, friends, and mass media are sources of information for puberty among adolescent boys and girls.

Attitudes and Practices

An important life skill is the ability to communicate effectively and make decisions;

however, very limited adolescent and teachers reported being able to make their own decisions. Majority of the respondents said that their fathers were the primary decision makers in the home.

Females are most victimized by violence in our society as acknowledged by all respondents. Physical violence followed by verbal abuse was the most frequently cited forms of violence among the respondents. Two-thirds of the teachers and three quarters of the students stated that in our society boys and girls are given equal rights to education, employment and household responsibilities. According to

the respondents, both sexes should have at least an equal right to education.

This baseline survey has highlighted the fact that knowledge of teachers and students about reproductive health issues and life skills particularly regarding pubertal changes, communication, decision making, and HIV/AIDS is inadequate. It is important to emphasize that there is conformity in the results between teachers and students.

These baseline surveys will be used as a basis for comparison for evaluating the impact of Aahung's work on SRH in schools, medical and nursing institutes. The RME component is also in the process of conducting small scale evaluation studies for the LSE and SRHM components in the latter half of 2013.





MEDIA

Media



7.1 Music Video

Aahung developed a music video to engage and empower youth to become agents of change in society. Umair Jaswal, the lead singer of a popular band "Qayaas" partnered with Aahung to write the lyrics of the song "Dil Ki Awaz" which encourages self reflection and emotional expression.

The video contains themes that represent symbolic versions of realities faced by young people and how they can transcend barriers through their actions to make a difference. The video sends clear and simple messages on how family support and parents involvement surrounding issues of social oppression can help foster healthy youth development.

The video depicts scenarios focusing on gender equality, peer pressure, violence and other related issues such as decision making and communication skills that are being addressed through Aahung's LSBE Program.

7.2 International Marketing Promo

A promo was developed by Aahung to attract a wider audience and explore opportunities to develop collaborations with local and international organizations. The promo highlights key issues related to girl's empowerment and the support and services they need for realization of their potential by making them stay in school, delaying early marriage, protecting them from violence and supporting their right to equality.

Media

7.3 Celebrating International Days

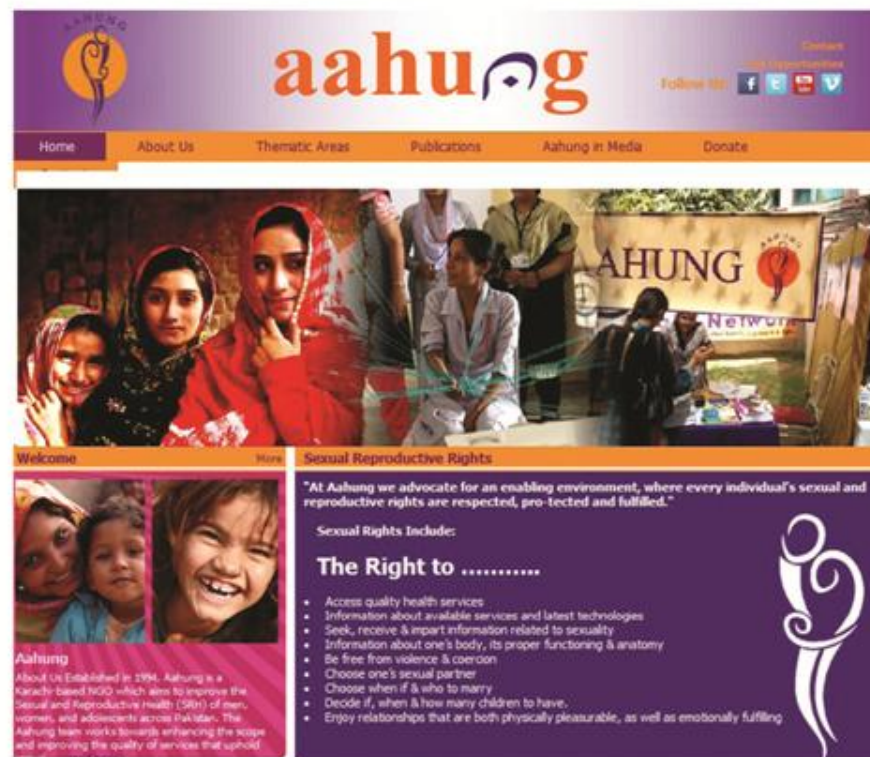
Aahung actively participates through social and broadcast media to reach a wider community by sharing information through television and radio spots on SRHR. Additionally, this year Aahung celebrated a number of international days such as World Population Day, International Women's Day, Universal Children's Day, World Hepatitis and HIV /AIDS Day via social media. Posters were developed which highlighted key messages on the issues falling under Aahung's thematic areas and were shared on facebook for awareness raising.

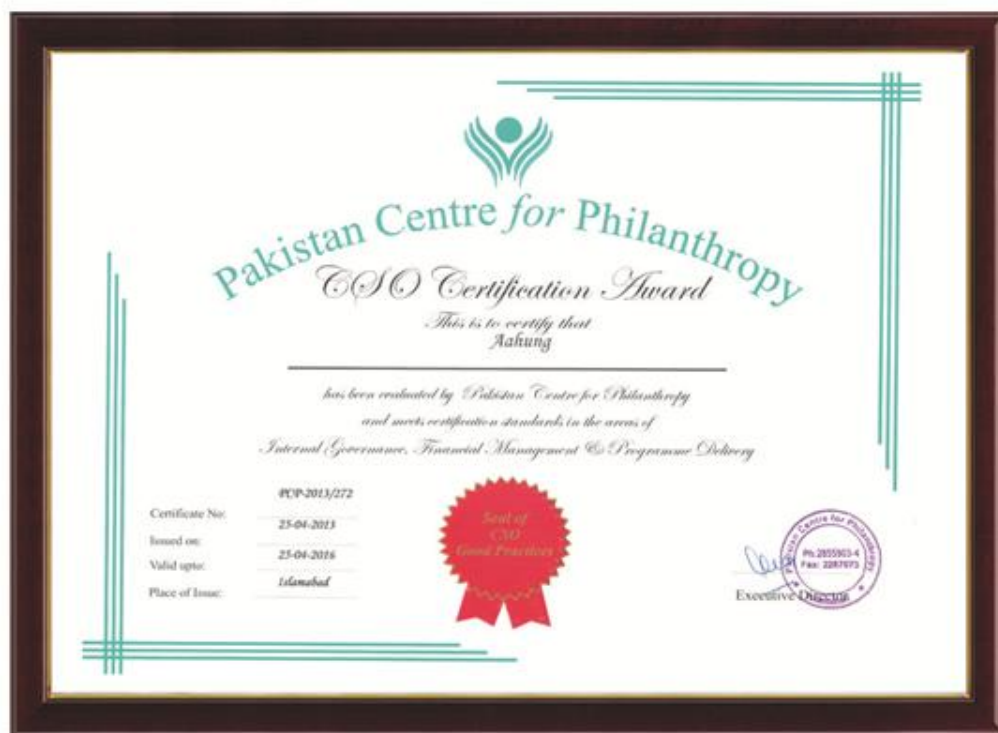
7.4 Website

Aahung redesigned its website earlier this year to update information and knowledge on SRHR for viewers. The website has a new interface and focuses on the thematic areas on which Aahung is working.

The illustrative training modules, IEC materials, good practices and core messages have been showcased to share knowledge and technical expertise related to the sector. The design and tone of these resources reflect the needs and cultural expectations of the people who will use them.

The website also gives visitors an opportunity to view and hear a number of TV and Radio spots that have been conducted to reach urban and rural communities for raising awareness on CSA, LSBE, STI's & HIV and other SRH related issues.





PCP Certification for Aahung

Aahung has been certified by the Pakistan Centre for Philanthropy (PCP) in recognition of its technical expertise in the field of advocacy and trainings on SRHR throughout Pakistan. The accreditation was awarded after a thorough assessment which evaluated Aahung's internal governance structure, financial management and program implementation.

Annexure 1: IEC and Training Material Disseminated During September 2012 to June 2013

Type of Resource	Name of Resource	English & Urdu	English	Urdu	Sindhi
	A Boy's Guide to Growing Up Brochures A Girl's Guide to Growing Up Brochures Nikahnama Pamphlets Sexual Problems Pamphlets Sexual Responses Pamphlets Fertility & Contraception Pamphlets Vaginal Discharge Pamphlets Penile Discharge Pamphlets Erectile Dysfunction Pamphlets Puberty For Parents Guide Brochures Jinsee beemaryan (STIs) Pamphlets Hepatitis Brochures The Truth About HIV Booklets HIV Brochures	9280 9180 9180	1777 400 1945	5445 5615 1455 2020 1495 2020 7072 9375 9313 1820 8830	55
Child Sexual Abuse Prevention	CSA Flashcards Toolkits Empowering your Child & Preventing Sexual Abuse Booklets CSA Brochure for Parents My Body Is Mine Workbooks CSA Introductory Video for Caregivers	263		182 8941 4497 170	
Training Tools and Manuals	RTI Quiz Risk Assessment and Risk Reduction Reproductive Tract Infections (RTI) Guidelines Clinical Modules Sexual Health Manual Reproductive Tract Infections		153 53 53 53	153 85 85	
TOTAL	102,089				



Annexure 2: Staff Training and Development Report

Dates Attended	Name of Employee	Topic of Training	Organized by	Location
4-7/09/2012	All Aahung Staff	Gender Mainstreaming Learning Trajectory workshop	Shirkatgah	Aahung Karachi
17-24/09/2013	Zeeste Nasim Faatima	Training on Gender and Violence	Coalition for Sexual and Bodily Rights	Cairo, Egypt
28/01/2013	Muniza Yaseen Akhter	Feminist Leadership, Movement Building and Rights Institute	CREA	Nepal
5-12/05/2013	Aisha Ijaz	Capacity Building Workshop on Edutainment Campaigns	Breakthrough	Nepal
11-13/06/2013	Sohail Farooqui	Procurement rules of EU & ECHO	Novib	Multan
11-13/06/2013	Muhammad Akhlaq	Procurement rules of EU & ECHO	Novib	Multan
3-5/07/2013	Rozeena Gillani	World Citizen's Panel Workshop	Novib	Islamabad
9/04/2013	Maliha Noor	Online Training ' High Impact Corporate Fundraising'		Online
9-11/04/2013	Maliha Noor	2nd National Humanitarian Leadership Training	Action Aid	Nathia Gali



Building a better
working world

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INDEPENDENT AUDITORS' REPORT TO MEMBERS

We have audited the accompanying financial statements of Aahung (the Organization) which comprise the balance sheet as at 30 June 2013, and the related statement of income and expenditure, statement of cash flows, and statement of changes in accumulated fund for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

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

Auditors' responsibility

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

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

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

Opinion

In our opinion, the financial statements give a true and fair view of the financial position of the Organization as at 30 June 2013, and of its financial performance for the year then ended in accordance with the Accounting and Financial Reporting Standards for Medium-sized Entities issued by the Institute of Chartered Accountants of Pakistan.

Chartered Accountants

Audit Engagement Partner: Omer Chughtai

Date: 29 November 2013

Karachi

AAHUNG BALANCE SHEET AS AT JUNE 30, 2013

		2013			2013		
	Note	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
		Rupees.....			Rupees.....		
Assets							
Non-current assets							
Tangible fixed assets	5	1,193,992	805,853	1,999,845	1,496,457	237,578	1,734,035
Security deposits		47,500	313,600	361,100	47,500	316,600	364,100
Current assets							
Loans, advances, prepayments and other receivables	6	811,640	265,792	1,077,432	100,565	1,005,324	1,105,889
Inter fund balances		5,553,571	1,279,760	6,833,331	4,128,993	232,050	4,361,043
Short term investment	7	3,929,563		3,929,563	3,367,383		3,367,383
Cash and bank balances	8	7,664,741	24,717,584	32,382,325	9,561,888	23,126,183	32,688,071
Total current assets		17,959,515	26,263,136	44,222,651	17,158,829	24,363,557	41,522,386
		19,201,007	27,382,589	46,583,596	18,702,786	24,917,735	43,620,521
Fund balances and liabilities							
Fund balances							
Restricted fund balances	9	-	22,198,125	22,198,125	-	23,773,777	23,773,777
Accumulated unrestricted surplus		10,965,693	-	10,965,693	10,466,706	-	10,466,706
Unrealised gain on short term investment		517,915	-	517,915	285,085	-	285,085
Total fund balances		11,483,608	22,198,125	33,681,733	10,751,791	23,773,777	34,525,568
Non-current liabilities							
Deferred capital grants	10	-	805,853	805,853	-	237,578	237,578
Deferred liability - gratuity	11	3,392,682	-	3,392,682	3,232,611	-	3,232,611
Current liabilities							
Accrued and other liabilities	12	573,294	1,296,703	1,869,997	940,879	322,842	1,263,721
Inter-fund balances		3,751,423	3,081,908	6,833,331	3,777,505	583,538	4,361,043
		19,201,007	27,382,589	46,583,596	18,702,786	24,917,735	43,620,521

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

BOARD MEMBER


BOARD MEMBER

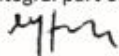


AAHUNG

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED JUNE 30, 2013

		For the year ended June 30, 2013			For the year ended June 30, 2012		
	Note	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
		Rupees.....			Rupees.....		
Income							
Restricted funds utilized	9.1	-	37,322,383	37,322,383	-	24,537,783	24,537,783
Consultancy fee		1,267,950	-	1,267,950	1,192,346	-	1,192,346
Deferred capital grants released	10	-	253,475	253,475	-	143,720	143,720
Gain on sale of investments		104,185	-	104,185	-	-	-
Other income	13	1,652,204	4,385,694	6,037,898	3,510,686	2,853,295	6,363,981
Total income		3,024,339	41,961,552	44,985,891	4,703,032	27,534,798	32,237,830
Expenses							
Operating expenses	14	2,525,352	7,078,684	9,604,036	3,321,369	7,723,904	11,045,273
Program and project expenses	15	-	34,882,868	34,882,868	2,324,737	19,810,894	22,135,631
Surplus / (Deficit) for the year		2,525,352 498,987	41,961,552 -	44,486,904 498,987	5,646,106 (934,074)	27,534,798 -	33,180,904 (943,074)
Accumulated surplus at the beginning of the year		10,466,706	-	10,466,706	11,409,780	-	11,409,780
Accumulated surplus at the end of the year		10,965,693	-	10,965,693	10,466,706	-	10,466,706

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




BOARD MEMBER



BOARD MEMBER



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