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Annual Report 2011





ACKNOWLEDGEMENTS

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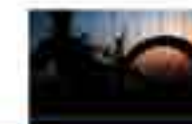


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Director's Note

As Aahung closes out the second year of its programs in "Prioritizing Sexual Health", a great deal of exciting progress can be reported. Significant headway has been made in cooperating with the public sector in introducing an age appropriate sexual health curriculum for adolescents into middle schools in four districts of Sindh. Such a significant step forward in collaborating with the public sector will help ensure that critical information reaches young people so that they are empowered to make safe and responsible choices which protect them from sexual health risks. Moreover, Aahung has also continued to educate hundreds of caregivers and teachers about child sexual abuse prevention by conducting capacity building sessions as well as by creating culturally sensitive tools that can be used by children in the classroom.



Aahung has continued to collaborate with the medical sector by conducting training and capacity building sessions at over 40 medical universities and nursing colleges across Pakistan. With partner teaching facilities established across each of the four provinces, Aahung has successfully continued to expose established faculty as well as aspiring doctors and nurses to vital sexual and reproductive health content and medical skills. Moreover, Aahung has also effectively branched out to collaborate with the public sector by building the capacity of government health workers through Reproductive Training Institutions across the nation.

The past year's focus on initiating partnerships with the public sector, however, has not deterred the Aahung team from continuing to build the capacity of private sector organizations specializing in reproductive health services. Through training workshops and ongoing support, Aahung has worked with management and field staff of private organizations in order to further sensitize those in the service delivery sector on issues of sexual health.

Yet even with the substantial accomplishments seen during the last year, there remains a great deal of work to be done as Aahung moves into the new program year. Relationships that have been forged need maintenance and growth so that more men, women and young people gain access to sexual health education and services through the public and private sectors. Aahung aims to continue providing support to existing organizations and educational facilities in the hope of developing greater understanding and acceptance of the need for quality sexual health information and services. Furthermore, Aahung's own programs require analysis and monitoring in order to determine the impact that is being made on the sexual health scenario of Pakistan. Close coordination with partner organizations as well as internal and external evaluations of Aahung's programs will allow the capacity building and informational tools developed by Aahung to become more effective and better targeted to the needs of local populations.

Thus, while we celebrate the new relationships and significant advancement of sexual health and rights in the public and private sphere made through the course of the year, the Aahung team acknowledges that there is still a great deal to be done, as the sexual health scenario in Pakistan is still disquieting. Myths and misconceptions and harmful practices abound and a dearth of accurate knowledge and quality services still exists. In such an environment, it is essential that Aahung continue to reflect on the impact of its programs and strategize to make improvements wherever possible to improve outreach and outcomes. We thank our partners for a successful year as our work would not have the impact that it has without their support and implementation efforts.

Sheena Hadi
Director

Aahung's Board of Governors

Abdul Mannan Memon is a retired government officer who started off his career as a radio journalist some 40 years ago. After putting in a productive few years there, he switched over to a semi-government development organization called 'Sindh And Sindh Development Authority', where he proceeded to become the Director of Finance and Special Projects. His academic background includes a Masters Degree in Economics and certificates and diplomas in the fields of journalism and development.



Bina Agha is a Remedial Therapist and Counsellor. She provides specialist tutoring to children with learning difficulty and has been affiliated with Readwlexics Pvt. Ltd. since 2003. Bina is also practising as a Humanistic Counsellor, working therapeutically with adults and adolescents dealing with life challenges, trauma and addiction. Currently she is also pursuing a Masters Degree in Psychology from a local university.

Haidar Ali Khan serves as Chairman of Asia Strategy Institute, Chief Executive of United Registrar of Systems Limited in Pakistan and Saudi Arabia, and as a Director of Registrar of Standards Inspection Services Limited UK. Asia Strategy Institute is a Not for Profit Development Consultancy service focused on creating an enabling enterprise culture in Pakistan. United Registrar of Systems is a Risk Management and Compliance auditing organisation operating in 35 countries with over 50,000 clients. Ali has managed and led projects for Enterprise and Management Development for UNIDO, the European Commission and a number of other development sector organisations.



Imran Zafar has worked primarily in reproductive health and social marketing during his career in public health. He is currently studying psychology and practicing as a counselling therapist.



Indira Handam is a General Manager at Marie Stopes Society (MSS) for the past five years. She works for advocacy, communications and demand generation. She has always been an ardent supporter of Aahung's work and has helped establish partnership between Aahung and MSS.

Khurro Murtaza is a banker at Standard Chartered Bank. He writes a column for The News, addressing various development and civil society-related issues. He also writes a weekly film review for The Review.



Ovais Adam is the Secretary General of Pakistan Press Foundation (PPF) and Chairman of Pakistan Press International (PPI) news agency and Asian-Pakistan E.E. He is a member of the Executive Committee of the International Freedom of Expression Exchange (IFEX), the Executive Board of the International Press Institute (IPI) and of the Board of Studies, Media Studies, Institute of Business Management (IoBM).

Shazia Mohamed is a co-founder of Aahung and is currently working in Karachi as an art psychotherapist.



Shazia Mohamed is currently a Director for Community Outreach Programmes at the Interactive Research and Development (IRD) institute. She has Master's in Public Administration in International Development from Harvard University. Her areas of interest are community development, economics, and research.



ABOUT AAHUNG

1.1 Who We Are

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 towards enhancing the scope and improving 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 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.

1.2 Thematic Areas of Focus (Strategic Plan 2008 – 2011)

i. Prevention of Child Sexual Abuse (CSA)

Child sexual abuse occurs when an adult or adolescent uses a child for sexual purposes. It involves exposing a child to any kind of sexual activity, content or behaviour. CSA is a betrayal of trust and an abuse of power over the child and is often accompanied by other forms of harassment.

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

ii. Promotion of Adolescent Sexual and Reproductive Health and Rights (ASRHR)

Young people under form the largest cohort of Pakistan's population. Adolescence is defined as the stage in life which lies between being a child and being an adult. 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-pressure and external influences. At this stage it is crucial inculcate positive values in adolescents, provide them with correct knowledge and support them in developing essential skills that will enable them to make better decisions about their lives.

Aahung works with public and private schools to support them in integrating quality life skills based education into their curriculum. Teachers are equipped with the knowledge, language and methodology to be able to sensitively discuss ASRHR issues in the classroom. Aahung's life skills based education curriculum covers a range of issues including pubertal changes, gender discrimination, HIV / AIDS, protection from violence, peer pressure, rights within the nikah nunn, positive health seeking behaviours and the importance of planning a family. Aahung's modules have been run in diverse social and cultural contexts across the country and have been accepted as highly culturally and religiously appropriate for the Pakistani context.

iii. Equipping Health Care Providers to Better Manage SRH Issues

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

Aahung works with medical academic, nursing and health worker training institutions to integrate quality sexual and reproductive health education in their curricula. Faculty are provided with training tools, modules and in-depth information on these topics so that they can further impart this information to their students. Aahung also provides classroom support to the institutions on board. This strategy has been employed to ensure that future generations of health care providers have the necessary knowledge, comfort and skills to appropriately manage the sexual and reproductive health concerns of the population.

In order to improve the quality of services being provided by in-service health care providers, Aahung partners with large service delivery organizations (public and private) and provides them with continuing medical education and refresher training courses. Aahung tries to target all cadres of health care providers including doctors, nurses, midwives, lady health workers, family welfare workers and lady health visitors.



iv. Increasing Awareness on and Dispelling Harmful Myths Related to SRHR

Once again due to the taboo nature of the topic, very few people are comfortable to openly discuss sexual and reproductive health related issues. Hence, it is not surprising that there are so many myths and misconceptions related to sexual and reproductive health. Myths range from something as harmless as believing that you cannot eat spicy food during menstruation to believing that you can abort a pregnancy using herbal sticks. Some of these myths lead to extremely dangerous practices, which can lead to serious infections, dysfunctions and even death.

Aahung provides a forum and safe space to discuss sexual and reproductive health concerns and aims to impart age-appropriate and accurate information on these issues. Our key strategy involves partnering with organizations having large community outreach and providing them with the information, education and communication tools and materials to impart this information to members of their communities. In addition, Aahung has a range of informative publications in Urdu and provincial languages that are disseminated through clinics and community workers throughout Pakistan.

L3. Programmatic Structure

In order to implement this strategic plan, Aahung has organized itself into four departments. Each department focuses on a different target audience through various types of institutions. Together, they aim to create an environment in Pakistan where the sexual and reproductive rights of both young people and adults are recognized.



PREVENTING CHILD SEXUAL ABUSE

Child sexual abuse remains a common issue in Pakistan. It is estimated that between 15-20% of girls and boys from all socioeconomic groups in Pakistan are exposed to sexual harassment and abuse before the time they turn 18 years old ("The Bitter Truth", Rozan). With many cases going unreported or undetected, it can be assumed that in reality the statistics are probably much higher. When children are not educated about their bodies or their rights they are left vulnerable to abuse. The taboos, guilt, and shame associated with sex and sexuality can make children reluctant to discuss any incidents of sexual abuse. Caregivers also often ignore incidents of sexual abuse as they are unsure how to deal with it. This leaves children with no one to turn to for support. In order to address the issue Aahung has employed the following strategies:

- Sensitization sessions with primary and secondary school teachers and parents on CSA
- Media campaigns
- 'My Body is Mine!' - Development of a fun activity book for children

2.1 CSA Sensitization Sessions: Flash cards and Instructional Video

Aahung provides teachers and parents with a 2-hour sensitization session on Child Sexual Abuse (CSA). The sensitization session focuses on providing teachers with basic information on CSA as well as prevention strategies and resources which enable them to empower their students to better protect themselves. These sessions are supplemented by various Aahung resource materials including the CSA Flashcards Toolkit and the Instructional CSA video for parents and teachers. Over the past one year, 475 teachers from various schools across Karachi have been sensitised on CSA. Furthermore, CSA prevention has been included in the content of Aahung's trainings for health care providers.



Table 2.1: Number of teachers sensitised on CSA prevention strategies

School	Male Participants	Female Participants	Secondary Beneficiaries (Students)
7 Branches from the Beaconhouse School System		100	2020
8 different schools associated with AKU-IED	2	6	200
ABSA School and College for the Deaf	8	49	450
The Learning House School	7	64	632
Karachi Grammar School, Elementary	1	10	457
4 Branches from the Qamar-e-Bani Hashim School System	21	198	2716
Total	39	436	6484

2.2. Media Campaigns

(Insert PICTURE OF Billboard)

On 19th November, 2009 Aahung celebrated the World Day for the Prevention of Child Abuse by launching a month long radio campaign on Child Sexual Abuse (CSA) on multiple nation-wide FM channels. The Aahung team worked in conjunction with an advertising agency to produce 4 culturally appropriate radio messages. The messages focused on dispelling common myths associated with CSA and provided listeners with simple strategies for the prevention of abuse.

Aahung collaborated with Korpul, an organization working towards preventing child abuse, to launch a temporary helpline which was advertised at the end of each radio message and provided callers with referrals and basic counselling. The radio campaign received a positive response with daily phone calls from areas of Pakistan such as Karachi, Rawalpindi, Sukkur, Azad Kashmir and remote towns in NWFP.

On 6th July, 2010 Aahung re-launched the CSA radio campaign on 6 nation-wide FM channels, supplemented by billboards on CSA prevention in 10 different locations throughout Karachi. For this campaign, Aahung partnered with Rozan to advertise their well-established youth helpline. Aahung also hired a marketing research company to measure the impact of the campaign on parents, specifically to see what message people took from the campaign, and what impact and action they took, if any. The results of this impact assessment will help Aahung in planning future campaigns.

Table 2.2: CSA related media appearances to supplement the radio campaigns

Date held	Radio Channel
October 20th, 2009	Radio Channel
October 31st, 2009	Radio FM91 (Lunch and Munch)
November 19th, 2009	FM103
November 29th, 2009	FM103
March 4th, 2010	FM89 (Aware 89)
July 6th, 2010	Pakistan Press Foundation (PPF)
July 7th, 2010	FM 105 (Hot Dialogue)
July 7th, 2010	FM 107 (Zohra's Tarq show)
August 9th, 2010	FM 105 (Men Not Allowed)

Impact Assessment of CSA Media Campaign

Background

In 2010, Aahung carried out a media campaign on Child sexual abuse prevention, which included radio spots and 110 billboards set up all over Karachi. The entire media campaign lasted almost one month.

Objectives of the Campaign

The objective of the campaign was to dispel common myths associated with child sexual abuse and to provide parents and caregivers with strategies for prevention.

Methodology

There were a total of four (4) 30 second radio spots and 1 billboard (in 10 locations around the city).

The key messages communicated through the radio spots were:

Radio Track 1: Boys are as vulnerable to child sexual abuse as girls.

Radio Track 2: Two children are safer than one & not only strangers are dangerous.

Radio Track 3: Empower your children and improve communication with them.

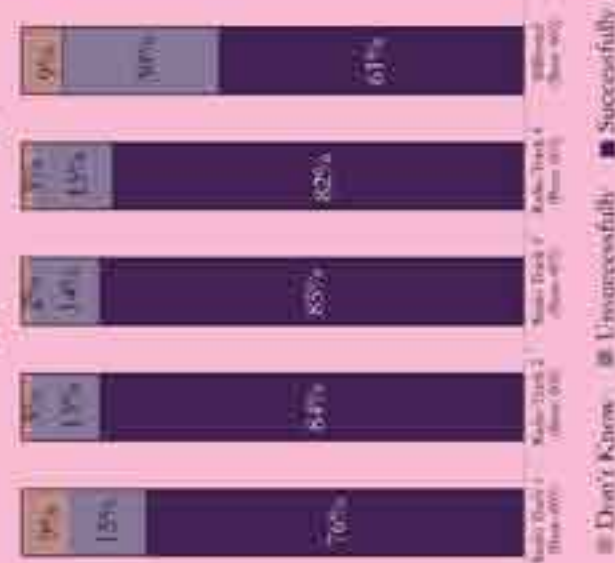
Radio Track 4: Trust your children.

The radio tracks were played on the following radio channels: FM 96, FM 100, FM 103, FM 105, FM 106.2 and FM 107.

Results of Impact Assessment

In terms of the specific messages carried by each radio track, the respondents overwhelmingly felt that they understood the message that was being given to them.

Success in Getting Specific Message Across



The overall impact of the radio advertisement appeared to be positive. In most cases over two-thirds of the respondents took some sort of action after hearing the advertisement. The most common responses were: we increased the monitoring of children's activities in general and keeping a closer eye on children while other adults interacted.

Actions Taken After Listening to Advertisements

Name	Radio Track 1 (Aware 89)	Radio Track 2 (Hot 103)	Radio Track 3 (Hot 103)	Radio Track 4 (Hot 103)
Increased monitoring of children's activities in general	13%	14%	28%	30%
Kept a closer eye on children while other adults interacted	7%	8%	14%	1%
Discussed it with other family members to get their attention	30%	30%	16%	7%
Children are safer than one	10%	13%	25%	14%
Started talking to other children while other adults are around	3%	12%	14%	1%

In terms of what future steps Aahung should take, a majority (75%) felt that a campaign should be run on television as 97% of people interviewed had televisions compared to only 36% who had access to radios. 32% of the respondents also felt that a campaign should also be run with students in school.

2.3 CSA Fun Activity Book

(PICTURE OF WORKBOOK COVER AND PILOT TESTING)

"My Body is Mine! – A Fun Activity Book" has been developed in English and Urdu as an educational tool for children aged 8-12. This Activity Book has been extensively pilot tested with young boys and girls, teachers, parents and various mental health professionals to ensure that it is age-appropriate and culturally sensitive. The book consists of 13 activities that are supplemented by various informative messages that enforce the concepts of body ownership, body protection, good touch & bad touch and saying no. It also adopts Aahung's interactive and participatory approach to make the learning experience more fruitful and fun for children. Some of the activities in the book include drawing, colouring, connect-the-dots and jumble words to name a few.

Aahung plans to disseminate the activity book through the various private and public schools in its network. The activity book will be shared with private school teachers to be trained by Aahung in the upcoming year and a commitment will be taken from them to disseminate the book amongst their students. The Sindh Education Department has expressed an interest in Aahung working on CSA at the Primary School level and hence we plan to advocate for the CSA Flashcards Toolkit and Activity Book to be made a part of the curriculum after an initial pilot to gauge whether the book is actually effective in empowering children to speak out against and say no to CSA. Aahung will also disseminate the Activity Book through partner organizations throughout Pakistan that are also working on the issue of CSA and have a pre-existing network of schools.





PROMOTING ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (ASRHR)

Adolescent issues are of particular concern to Pakistan as 63% of Pakistan's population is under the age of 25. Young people desperately need information about their body parts and processes in order to be comfortable with their bodies, eradicate myths, and protect themselves from infection, unwanted pregnancy, and sexual harassment and violence.

The Youth Component is working on building the capacity of public and private school teachers in Sindh to integrate quality and age-appropriate reproductive health education into their teaching programmes. By building the capacity of teachers and lobbying the Department of Education (Sindh) for the inclusion of Adolescent Sexual and Reproductive Health (ASRHR) education into the teaching curriculum, Aahung hopes to ensure that young people have access to information and skills that will enable them to lead healthier and safer lives.

3.1 LSBE Learning Forum

Aahung co-sponsored a learning forum in collaboration with the World Population Foundation, Pakistan (WPF) and PLAN, Pakistan to discuss the integration of Life Skills Based Education (LSBE) into the secondary school national curriculum. While LSBE has now been officially recognized in both youth and education policies of Pakistan, Aahung, WPF and other organizations working in this field are now supporting the government in developing their understanding on LSBE and ensuring that it is actually taught in schools.

3.2 Collaboration with Department of Education, Sindh

Aahung, with the support of the City District Government of Karachi, Population Welfare Department of Sindh and the World Population Foundation, has been able to successfully advocate with the Department of Education, Sindh to initiate a pilot project on ASRHR in select government schools from 4 districts of Sindh. Master trainers, workbooks for students and teachers guides were developed in this past one year.

As part of World Population Foundation's EU funded project, Hamara Kal, Aahung hopes to successfully integrate LSBE into 140 schools in Karachi, reaching 70,000 youth from classes 7, 8 and 9 by December 2012. Over the past one year, 130 teachers from 31 government schools have been trained and the LSBE curriculum has been taught to approximately 11,250 students. Over the next year, 60 new schools will be added, targeting approximately 30,000 youth. In addition, health care providers, elected representatives, media and parents will also be sensitised on the sensitive issues around adolescent sexual and reproductive health and rights.

In order to scientifically measure the impact of LSBE education on youth, Aahung has also designed a pilot action research project in collaboration with the Education Department of Sindh. Through this project, the LSBE curriculum will be pilot tested in an additional 16 schools from Karachi and 4 schools in each Hyderabad, Muzakka and Umerkot. A leading research firm, Interactive Research and Development (IRD) has been brought on board by Aahung to do a thorough baseline Knowledge, Attitude and Practice assessment of youth, teachers and master trainers from all 4 districts. The KAP study will be carried out in intervention and control schools. Once the curriculum has been implemented, the research firm will redo the KAP study in both control and pilot schools to assess the impact that teaching this curriculum has on the knowledge, attitudes and behaviours of young people and teachers.

We are hopeful that the findings of this research project will help Aahung advocate for the inclusion of our LSBE curriculum as part of the national education curriculum.

3.3 Collaboration with the Indus Resource Center - Khairpur

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

IRC and Aahung have partnered together for the "Girl's Empowerment Project", to increase awareness and access to reproductive health information for adolescents and community members in 3 tehsils, Kotdiji, Gambhat and Sobodero of Khairpur, Sindh. This summer, Aahung facilitated 2 six-day capacity-building trainings, one with 18 IRC school teachers from 5 elementary schools and the other with a group of 25 male community workers from local community-based organizations (CBOs). Both trainings had participants from the 3 tehsils mentioned above. In addition a network of 18 young professional women was also trained on SRHR and communication skills.

The content of the training was finalized after two thorough needs assessments and covered a diverse range of topics and issues related to sexual and reproductive health and life skills based education. All three groups of trainers (teachers, male workers and female professionals) will further educate female students, adult men and adult women respectively.

"The overall experience with Aahung was excellent. The trainers are very professional and knowledgeable. They can convey concepts very clearly and effectively. The teachers they trained have already put this information to good use and we are already seeing results in the field. All topics are handled extremely professionally by Aahung and participants of the workshops are now much better off at dealing with sensitive topics.

The trainings greatly affected the capacity of the team as they are now fully equipped to facilitate, monitor and evaluate the curriculum which has been implemented in schools.

Follow up visits with Aahung are scheduled to be held in November after which future collaborations will be planned. IRC is looking forward to working with Aahung again, and this will most probably happen after the curriculum is successfully implemented in the government schools too."

Hashmat Jatoi, Project manager, Reproductive Health and Girl Empowerment, IRC

3.4 An Innovative Project: Reaching out of school youth in Tharparkar and school-going youth in Haripur

Oxfam Novib has funded the 'Innovative Project' in Pakistan to develop strategies to educate young people on gender, HIV/AIDS and sexuality. 4 non-profit organizations, i.e. Sungi Development Foundation, Rozan, Thardeep Rural Development Programme (TRDP) and Aahung have been identified to work strategically to address these issues through a pilot project. This project is being implemented with non-school going children in Nagarparkar, Sindh and school going children in Haripur, Khyber - Pakhtunkhwa respectively. Since Sungi and TRDP have established field sites and have considerable experience in community mobilisation they have been identified as the implementing partners for the project. Both Aahung and Rozan have been brought on board experts in the field of youth sexuality and are hence providing technical input in the form of resource material / manual development and capacity building of project staff.

At the initiation of the project (January 2009), a baseline and needs assessment was carried out in the fields of Haripur and Tharparkar. Most common and pressing youth issues were identified, based on which Aahung and Rozan worked together to develop a culturally and age-appropriate curriculum to be used with school-going youth in Haripur. The curriculum was finalised in June 2010, after which 23 teachers (14 females and 9 males) from the Haripur district were trained. The workbooks and teachers guide that are part of the curriculum are now in the final stages of printing and implementation with students will begin in October 2010. Meanwhile, the staff

Similarly, a manual has also been designed for working with out-of-school youth in Tharparkar. This manual will employ the use of images and case studies / stories to deliver targeted SRHR messages to youth groups in Tharparkar. The staff of TRDP has been thoroughly trained on SRHR and are in the process of mobilising youth in Tharparkar and sensitising the parents and community members on this topic so that once this education is initiated there is less chance of backlash and resistance. While the topics, case studies / stories have been finalised, Aahung and TRDP are working with an illustrator to develop culturally appropriate images on each topic. In order to reach a larger number of young people, radio and street theatre will also be utilised.

The story of Farzana

It was the first Ramzan, after the onset of menstruation for Farzana. Her mother told her that a woman is prohibited from observing fasting, during the period of menstruation. She should observe the missed out fasting later when she would be free from her period. In addition, she told her that during menstruation one should strictly avoid taking a bath and using heat-producing food-stuff. Farzana wanted to ask her mother the questions that were coming to her mind, but her mother shunned the topic by saying that talking about such issues and matters was shamelessness.



Key Messages:

- To understand the religious teachings about menstruation and the importance of cleanliness
- To encourage the enabling environment that allows the discussions about the matters pertaining to menstruation and adolescence.

Table 3.1: Number of Master Trainers / Teachers trained on ASRHR (September 2009 – August 2010)

Title of Training	Date	Male Teachers	Female Teachers
Master Trainers, Education Department of Sindh Karachi	January 25 – 30, 2010	9	11
Master Trainers, Education Department of Sindh Hyderabad, Mirpurkhas, Umerkot	February 22 – 25, 2010	14	10
Teachers, Indus Resource Center Khairpur	June 21–26, 2010		18
Master Trainers, Education Department of Sindh (WPF– Hamara Kal project) – Karachi	Sept 28– Oct –2, 10	4	6
Teachers, Education Department of Sindh (WPF– Hamara Kal project) – Karachi	Oct 6–8, 2010 Oct 13–15, 10	47	158
Teachers, (Innovative project) Hanipur	May 24 – 28, 10	9	15
TOTAL		83	218



“As a whole, the workshop experience was fantastic. We learnt things that to date were confidential and not discussed. Now we need to discuss these issues with teachers, students, parents and even within our families in a culturally and age appropriate language and style.”
– Master Trainer from Sindh Education Department – Karachi Training

3.5 Merging of Aahung and WPF LSBE Curricula

This year, Aahung and WPF worked together to merge the WPF LSBE curriculum and Aahung LSBE curriculum. For over 10 years, both organizations have been implementing two different curricula in respective field sites. With such an overwhelming response from the government, the two organizations felt very strongly about formalizing the partnership and going to the government with one single package. In this regard, an 18 chapter teacher's training manual and boy's and girl's workbooks have been produced. Topics covered include self awareness, communication, decision making and communication skills, strategies for preventing violence and harassment, gender sensitisation and information on puberty, HIV / AIDS, Hepatitis and maternal and child health. The Education Departments (including EDOs, DOs and Head masters / mistresses from Karachi, Matani and Multan), WPF partners i.e. Awaraz Foundation and HANDS; and other stakeholders were consulted in the development of this manual.

Engaging Religious leaders

Aahung has also engaged in dialogue with religious partners from different religious schools of thought in an attempt to learn from their input and in turn, work more closely with them in addressing any concerns regarding the teaching of LSBE. A group of Ulemas were then identified to form a technical advisory group to refine Aahung's approach and their valuable input and feedback was appreciated and used in order to make the LSBE school curriculum and training topics more religiously and culturally appropriate.





INTEGRATING SRH EDUCATION INTO MEDICAL TEACHING INSTITUTIONS

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

Aahung works with medical academic, nursing and health worker training institutions to integrate quality sexual and reproductive health education in their curricula. Faculty are provided with training tools, modules and in-depth information on these topics so that they can further impart this information to their students. Aahung also provides classroom support to the institutions on board. This strategy has been employed to ensure that future generations of health care providers have the necessary knowledge, comfort and skills to appropriately manage the sexual and reproductive health concerns of the population.

In order to improve the quality of services being provided by in-service health care providers, Aahung partners with large service delivery organizations (public and private) and provides them with continuing medical education and refresher training courses. Aahung tries to target all cadres of health care providers including doctors, nurses, midwives, lady health workers, family welfare workers and lady health visitors. (EXACT SAME TEXT AS PAGE 3 AND PAGE 6 – CONSIDER CHANGING IT)



4.1. Collaboration with University of Health Sciences, Lahore

In January 2009, Aahung signed a Memorandum of Understanding with the University of Health Sciences Lahore, which is affiliated with 15 other medical colleges. The collaboration has helped Aahung penetrate the public and private health infrastructure across Punjab. Some of the institutions onboard include Allama Iqbal Medical College (School of Nursing), Fatima Memorial College of Medicine and Dentistry, Shalimar Hospital, and Lahore General Hospital. Aahung has also conducted a need assessment of LHV's in province of Punjab and hopes to conduct trainings for LHV's in near future.

Table 4.1. Medical Training Institutions in which integration of SRHR education has been initiated

Type of Institution	Name	Geographical Location (City)
	1. Dow University of Health Sciences	Karachi
	2. Faysal Medical University	Karachi
	3. Hamdard University	Karachi
	4. Ziauddin University	Karachi
	5. Karachi Medical & Dental College	Karachi
	6. Civil Hospital Quetta	Karachi
	7. Khairpur Memorial Hospital	Karachi
Medical Universities	8. Liaquat University of Medical and Health Sciences	Hyderabad
	9. Chaudhry Medical College	Lahore
	10. Mohammed Medical College	Mirpurkhas
	11. Sukkur Medical College	Sukkur
	12. Rawalpindi Medical College	Rawalpindi
	13. Shalimar Medical College	Lahore
	14. Abbasi Iqbal Medical College	Lahore
	15. Ayub Teaching Hospital	Abbottabad
	16. Khyber Medical College	Peshawar
	17. Bolan Medical College	Quetta
	18. AKUSON	Karachi
	19. Dow University School of Nursing	Karachi
	20. Liaquat National Hospital & N	Karachi
	21. JPMC - SoN	Karachi
	22. Ayaz Soomro N.T.I Layari	Karachi
	23. AKHSP, Karmahad	Karachi
	24. AKHSP, Hyderabad	Hyderabad
Nursing Colleges	25. School of Nursing Sir G.I Institute of Psychiatry	Karachi
	26. Pakistan Nursing Council	
	27. Shifa College of Nursing	
	28. Shalimar Nursing College Lahore	
	29. Peoples Nursing School	
	30. School of Nursing Christian Hospital	
	31. School of Nursing D.H.Q. Abbottabad	
	32. Rawalpindi Medical College School of Nursing	Rawalpindi
	33. AIME School of Nursing	
	34. D.H.Q. Hospital School of Nursing, Gilgit	Gilgit
	35. Post Graduate College of Nursing Rawand Road	Lahore
	36. F.M.H. Saad Waleed College of Nursing	Lahore
	37. Solihun Hospital	Karachi
	38. AKHSP, Karmahad	Karachi
	39. AKHSP, Hyderabad	Hyderabad
	40. RTI Karachi	Karachi
Midwifery Institutes	41. RTI Hyderabad	Hyderabad
	42. RTI Sukkur	Sukkur
	43. RTI Larkana	Larkana
	44. RTI Quetta	Quetta
	45. RTI Lahore	Lahore
	46. RTI Multan	Multan
	47. RTI Faisalabad	Faisalabad
	48. RTI Sahiwal	Sahiwal
	49. RTI Abbottabad	Abbottabad
	50. RTI Peshawar	Peshawar
	51. RTI Islamabad	Islamabad

4.2 Advocacy Seminar in Collaboration with Regional Training Institute, KP

An important activity of the Clinical Component was a seminar organized in Khyber Pakhtoon Khawah with the support of the Regional Training Institute, Peshawar. The seminar was ground breaking for the Clinical Component and has resulted in the development of a partnership with the Population Welfare Department Khyber Pakhtoon Khawah. Another important outcome of the seminar was the recommendation for capacity building with RTIs in Chitral and Gilgit. Furthermore a steering committee has been formed in the public and private nursing and medical institutes of the province. The committee is chaired by Secretary PWD whereas minister PWD has been selected as the patron of the committee.

4.3. Collaboration with Ministry of Health and Local Government Bodies in Sindh

In January 2010, Ashung initiated working with the Ministry of Health and had high a level advocacy meeting with MoH officials. The meeting resulted in collaboration with the local government to integrate SRH curriculum into medical and nursing colleges across the city. The collaboration brings a wide range of medical institutions on board including Karachi Medical and Dental College, Abbasi Shaheed Hospital, Sobhraj Maternity and Public Health Institute, Soldier Bazar Maternity Home, local government dispensaries, and others. In the future, Ashung hopes to work with health care providers working under the city government to integrate SRH protocols into their practice.

4.4. Expansion of Advisory Group

The clinical component aims to reform the curricula of medical, nursing and health worker training institutions across Pakistan. The strategy used is advocacy and strengthening the capacities of the faculty from these institutions to be able to teach these topics with comfort and confidence in the classroom.



In this regard, Aahung has set up a curriculum advisory group which comprises of key policy makers, heads of institutions, researchers and academics from across the country. Today there are around 65 members in this body and over 40 institutions that are represented. A key accomplishment this year was the induction of the head of the Pakistan Nursing Council in this advisory group. As a result of the efforts of this group, Aahung has been able to bring on many more medical and nursing colleges on board than what was originally envisioned by Aahung. A steering committee is set up in every medical or nursing institution that comes on board and a focal person is identified. Aahung then trains selected faculty members from the institution as Master Trainers on Aahung's SRHR modules. The steering committee and focal person then follow up with the trained faculty to ensure that these modules are run in the classroom and report back to Aahung.

In addition, due to the success demonstrated from a pilot intervention (last year) with Female Welfare Workers from Sindh, the Ministry of Population Welfare was convinced about getting faculty from their training institutions (Regional Training Institutes) trained as trainers by Aahung on its SRHR modules. In this past year, Aahung has trained faculty from 12 RTIs across Pakistan.

4.6 V-CAT Trainings Through IPAS

Dr Sikandar Sohail, a senior member of Aahung, attended a training organised by IPAS in November 2009 in Thailand. Later, NCMNH and IPAS organised V-CAT trainings in Karachi for MSS and FPAP-Rahnuma. Dr Sikandar participated as a Master Trainer in the replication of the training. Since the training in Thailand, V-CAT has been introduced as a separate section in SRH modules with post-abortion care. Aahung's approach in replicating V-CAT is to talk about rights to women's life and survival. Through these trainings, Aahung is making an effort to address double standards of values among service providers while dealing with abortion-related cases.



Best Practice in Advocacy for Integration of SRH Curriculum

Aahung was instrumental in forming a National Curriculum Core Group that helps Aahung develop and modify national level strategies for the integration of an SRH curriculum into medical, nursing and health workers training institutes across Pakistan. There are four major actors in this group:

- Pakistan Medical and Dental Council
- Pakistan Nursing Council
- College of Physicians and Surgeons Pakistan
- University of Health sciences

Why is it a Best Practice?

- **Ownership:** The medical, nursing and health care provider training institutes take ownership of the SRH curriculum due to their involvement in the process from the very beginning. In a recent meeting with Dow University of Health Sciences, the Vice-Chancellor (VC) announced that a syllabus curriculum should be developed for SRH. It was noted that the VC will present it to the Pakistan Medical and Dental Council and a decision will be made a certificate after the completion of the SRH module.
- **Free, Active and Meaningful Participation:** Aahung ensures that the faculty actively participate without any coercion and limitation in steering committee meetings that later translate to the students. The SRH modules are modified with the help of participants' feedback and new areas are introduced into SRH manuals depending on the needs of the particular institution.
- **Resource Mobilization/ Sponsorship:** Involvement of key policy makers such as VCs and the academic committee facilitates resource allocation and institutionalisation of the SRH curriculum. Furthermore, the participative approach taken by Aahung ensures sustainability of the initiative. Particularly, trainers from RTIs not only replicate the training in their respective institutes but also integrate SRH into media communication strategies and build the capacity of other cadre holders.
- **Monitoring and Evaluation:** Aahung has well developed process indicators and a strategic framework in place for the whole process. The outcome indicators are divided into three categories i.e. knowledge, attitude and skill. To measure knowledge, pre- and post-tests are conducted. *Confidence* level is measured by looking into training materials, sharing of personal case histories and the participants' readiness to enter dialogue about SRH issues within their families. Skills are observed during replication, role play and modification of tools while respect is measured by observing the trainers in replication with students.
- **Research:** The advisory group has taken the responsibility of building research projects. Currently, the advisory group is implementing two researches, both from Aga Khan University. One research is being conducted by an AKU MSc student who is trying to explore the Sexual Health Needs of Women belonging from Reproductive Morbidity while the other project is being conducted by an AKU ScM student on the Knowledge, Attitude and Practice regarding Abortion.



Table 4.2. Number of students and faculty members trained on SRHR (September 2009 – Aug 2010)

Type	Faculty		Students	
	Male	Female	Male	Female
Medical Universities	2	20	7	28
Nursing Colleges	1	9	51	214
Regional Training Institutions	2	28		
Midwifery Training Institutions		26		
Others	4	28		
TOTAL	9	111	58	242
GRAND TOTAL	120		300	



INTEGRATING SRH SERVICES INTO OUTREACH ORGANISATIONS

Due to the taboo nature of the topic, very few people are comfortable to openly discuss sexual and reproductive health related issues. Hence, it is not surprising that there are so many myths and misconceptions related to sexual and reproductive health. Myths range from something as harmless as believing that you cannot eat spicy food during menstruation to believing that you can abort a pregnancy using herbal sticks. Some of these myths lead to extremely dangerous practices, which can lead to serious infections, dysfunctions and even death.

Aahung provides a forum and safe space to discuss sexual and reproductive health concerns and aims to impart age-appropriate and accurate information on these issues. Our key strategy involves partnering with organizations having large community outreach and providing them with the information, education and communication tools and materials to impart this information to members of their communities. In addition, Aahung has a range of informative publications in Urdu and provincial languages that are disseminated through clinics and community workers throughout Pakistan.

Aahung has succeeded in developing new partnerships along with maintaining relationships with existing partners partially due to high demand of training and materials. Over the year, Aahung has developed the capacity of a total of 323 service providers, staff and outreach workers from approximately 31 organizations and disseminated over 80,000 informational materials and publications.

5.1 Collaboration with Rehnuma – Family Planning Association of Pakistan (FPAP)

Rehnuma – FPAP is one of the largest and key providers of family planning and reproductive health services in Pakistan, offering services nationwide. Over the past year, Aahung has worked closely with the staff of FPAP to strengthen their knowledge of SRHR.

In December 2009, a Training of Trainers' workshop was held with FPAP's youth volunteers at the national level. Concepts such as risk behaviours and child sexual abuse were covered. Afterwards, 21 peer educators conducted national level roll out trainings with other youth members and as a result, over a hundred youth have been educated on SRHR and their myths and misconceptions have been dispelled. In conjunction with this initiative FPAP developed an informational resource for young people on 'Body, Health and Rights,' which is an adaptation of Aahung's 'Teaching Puberty and Responsible Behaviours' manual.

In addition, in June 2010, a workshop was held with 13 doctors associated with FPAP on the Holistic Management of Sexual Health Issues. After conducting a baseline KAP (knowledge, attitudes and practices) assessment of a random sample of FPAP doctors, it was found that they required a deeper understanding of sexually transmitted and reproductive tract infections. They also needed to improve their counselling skills to allow effective communication between themselves and clients. Value clarification on issues such as abortion and post abortion care was also needed. Thus the workshop that Aahung organized was a Training of Trainers focusing on all the above issues. Replication by these 13 doctors is anticipated.

Interview with Nabila Malick, Director Advocacy, Rehnuma-FPAP

Q. How did your interaction with Aahung begin?

A. My interaction with Aahung began last year when we needed manuals to distribute and Aahung supplied them. At the same time I asked Aahung to conduct a ToT training with our staff, as some of the issues that needed to be discussed were highly sensitive and their expertise on these matters was needed.

Q. What impression did the Aahung team leave you with, during and after the training?

A. In my opinion, the individuals at Aahung are enthusiastic about the work they do, diligent and extremely competent. They had absolutely no problems in discussing topics the rest of us shy away from and were very comfortable doing so. They were very patient in dealing with people and questions, and made sure concepts were clarified. Regarding my own personal dealings with the team, I found them extremely co-operative and flexible as they are very open to suggestions.

Q. How was the training received by the participants?

A. The training was superb and received very well by all participants. The calm way everything was handled and explained added a lot to that. Dr. Sikander is a very able trainer and his presentations were greatly appreciated.

Q. Were any replications of the training carried out?

A. Yes, the training was replicated in every single one of our regions and was extremely well received. The results were very good as well. The empirical data was good and at the same time it was great to see such a large number of people willing to open their minds and accept and learn about topics that aren't usually discussed and Aahung greatly helped the process.

5.2 Collaboration with National Rural Support Program (NRSP)

NRSP is a non-profit organization involved in poverty alleviation activities in the areas of health, education, enterprise development and micro-finance. NRSP approached Aahung to develop the capacity of NRSP staff as well as public and private health care providers from Rajanpur, Rahim Yar Khan and surrounding areas. In June 2010, Aahung organized a 5 day training for 31 NRSP health care providers on client centred care approach and rights related issues. The workshop participants included both doctors and LHV's from public and private sectors who previously had limited exposure to sexual health topics; they felt their knowledge and comfort regarding these topics increase. The NRSP staff have also committed to rolling out the training with other service providers in their network.

5.3 Collaboration with Population Welfare Department of Sindh (PWDS)

Aahung has continued to work closely with the PWDS to improve the quality of their services. Aahung organized one workshop each for Female Welfare Workers, Male Mobilisers, District Population Welfare Officers (DPOs) and Deputy DPOs on sexual health and rights issues. A baseline and needs assessment conducted with the male mobilisers prior to the training, found that they were severely lacking in even basic knowledge about reproductive health. Male mobilisers stated that their supervisors (i.e. DPOs and Deputy DPOs) must be sensitized on these issues too so that they can monitor the quality of their services more effectively. Hence, a 2-day sensitization workshop was held with DPOs and D-DPOs. The focus of this training was 'Leadership for Sexual and Reproductive Health and Rights' through which key concepts on SRHR were clarified. Monitoring and evaluation strategies were then discussed in-depth.

Post training, a selected group of 18 male mobilisers and 15 female welfare workers from interior Sindh including Kashmore and Shikarpur, were further trained. Aahung plans to conduct a follow up assessment with a random group of male mobilisers to study whether uptake of FP/RH services and inter-spousal communication has improved following the trainings.

5.4 Capacity Building / Professional Development Workshops

Aahung organized two capacity building workshops for diverse applicants. The first was a Training of Trainers held in January 2010 on 'Sexuality, Gender and Sexual Health' where a range of issues such as international frameworks of rights; sexual rights; gender; anatomy; contraception; sexual harassment and guiding principles for working on sexuality were covered. A number of participants have already successfully replicated the training workshop with their staff.

The second was also a training of trainers held in June 2010 on Aahung's community based outreach manual 'Aware for Life'. 17 participants out of 60 applicants were selected to attend. The workshop developed knowledge on sexual health topics as well as the participants' facilitation skills. Most of the participants shared their plans for replication of this training.

5.5. Material Dissemination Strategy

Aahung has developed a series of informative publications on a range of sexual and reproductive health issues. These publications are being disseminated in various private and public sector maternity / RH clinics across Karachi. Aahung has provided these clinics with a rack of materials for their waiting rooms and the doctors are also using these as tools to communicate more effectively with their clients. This material has been well received and doctors feel that they can share important information with their clients and clients in turn are more open in discussing their sexual health issues with their service providers.

Furthermore, Aahung's publications have also been provided to organizations having large outreach and clinics at a national level such as, Marie Stopes Society, HANDS and Rehnama - FPAP. Similarly, all the female welfare workers from Karachi, Mirpurkhas and Hyderabad have been provided with one set of materials, which they are using with their clients. Several blood banks have also been provided with Aahung's booklet on HIV. Melas and other public gatherings were also utilized to disseminate our publications. A monitoring and evaluation system has been developed to gauge the utilization and effectiveness of the materials.

5.6 Calculating Secondary Beneficiaries:

Upon follow up with a select number of training participants, Aahung has been able to gather the following data regarding secondary beneficiaries:

Type of professional	# who rolled out	Means of Verification	Male	Female
Bangle workers	11	TEEP data and M&E tools	0	76
Peer educators	21	FPAP data	60	73
Faculty, program staff, students, counsellors	4	Sexuality workshop follow up- M&E data	77	128
FPAP staff	13	FPAP data - Sexuality workshop	28	74
TOTAL			165	351
GRAND TOTAL	49		516	

Estimated Secondary Beneficiaries

Based on the follow up data we can assume that for every person that Aahung trains, they, in turn, reach out to at least 10 more people. Hence, we can assume that by directly reaching 323 service providers, we have been able to indirectly benefit at least 3230 individuals.

Table 5.1. List of organizations whose staff have participated in Aahung's various capacity building initiatives over the past one year (September 2009 - August 2010)

Province	Organization	City
Sindh	1. Population Welfare Department (Sindh PWD)	Larkana, Mirpurkhas, Quetta, Mirpurkhas, Sanghar, Sukkur, Mithi, Hyderabad, Jamshoro, Gharokhat, Mirpur, Tando Muhammad Khan, Badin, Bham & Mohand Buzdar Bhutto, TI Dargah
	2. Health and Human Development Society (HANDS)	Karachi, Tandoor, Hyderabad, Mirpur, Sukkur, Mithi & Dargah
	3. Rehnama - FPAP	Badin, Karachi
	4. Huma Nao	Hyderabad
	5. Training Rural Development Program (TRDP)	Mithi, Gharokhat, Sanghar, Dargah
	6. World Wide Fund for Nature (WWF)	Karachi
	7. Sukkur G&S	Karachi
	8. Sukkur Rural Support Programme (SRSP)	Hyderabad
	9. Talking Foundation	Karachi
Punjab	10. Institute for Research and Development (IRD)	Karachi
	11. Marie Stopes Society	Karachi, Karachi
	12. Sukkur Business Center	Karachi
	13. ARTI Foundation	Mirpurkhas
	14. Jinnah Organization	Dargah
	15. Movement for Adolescent Learning (M&L) Trust	Karachi
	16. Youth Action for Pakistan	Hyderabad
	17. Pakistan Society	Karachi
	18. Agri-Med Foundation	Karachi
	19. Pakistan Women's Development Society	Hyderabad
	20. United Nations Family Planning Association (UNFPA)	Hyderabad
	21. Life District Government	Karachi
	22. Rehnama - FPAP	Hyderabad, Hyderabad, Karachi, Gharokhat
	23. National Rural Support Programme (NRSP)	Karachi, Mirpur, Mirpurkhas, Sukkur, Tando Dargah, Hyderabad, TI Dargah
Balochistan	24. Bazar	Mirpur, Hyderabad
	25. Rural Foundation	Mirpur
	26. Rehnama - FPAP	Quetta
	27. Mission Right Development Society (MRDS)	Quetta and Karachi
Khyber Pakhtunkhwa	28. International Rural Support Programme	Quetta
	29. Jinnah	Quetta
	30. Rehnama - FPAP	Peshawar
	31. Sangi Development Foundation	Attock
	32. Institute of Social Development Studies, University of Peshawar	Peshawar
	33. Sukkur G&S	Peshawar
Achal Jinnah Foundation	34. ESCO-CIL	Haripur
	35. TRDP	Hyderabad
Kashmir	36. SRSP	Hyderabad

Table 5.2. Number of professionals trained in the past one year (September 2009 – August 2010)

Area of training	Type of professional trained	Male	Female
Holistic Management of SRII	Female Welfare Workers and counsellors	0	15
	Doctors	12	30
	LHV's	0	0
Sexual health awareness – Training of Trainers	Male mobilizers	18	0
	Community workers	25	43
Sexuality, sexual health and rights	Program Managers and General Public	49	80
	Trainers	28	23
Total		132	191
Grand total		323	

ORGANISATIONAL UPDATES

6.1. Director Goes on 1-year Study Leave

This year Sheena Hadi, Director of *Aahung*, went on study leave to do Masters in Education - Human Development and Psychology (HDP) from Harvard University. The program is designed for students interested in the development of children and adults and how knowledge of development can be applied to educational issues. The purpose of the program is to introduce practitioners and future researchers to theory and research on child, adolescent, and adult development and to reflect on potential applications to education. The program seeks to apply developmental theory and research to issues such as cultural diversity, gender equity, bilingualism, literacy development, academic achievement among high-risk populations, educational progress of immigrants, promotion of inter-group relations, prevention of the consequences of risk in the lives of children and adolescents, effective learning and thinking, brain processes in learning, children's emotional development, the effects of daycare and preschool on young children, and the development of interpersonal relationships. The HDP program seeks to bridge traditional divisions between academic disciplines and between basic and applied research, building on developmental thinking and incorporating an understanding of diversity. It focuses on the cognitive, emotional, communicative, and relational development of the individual, from birth through early adulthood, considering sociocultural and other contexts in which this development takes place. Sheena Hadi returned in July 2010 after successful completion of her degree and took over from Acting Director Fatima Haider.

6.2. Establishment of Communication Component

This year, while Youth, Clinical and Resource components continued their work with education, medical teaching institutions and service delivery organizations, a new program component was established to address the growing communication needs of the organization. The component will be responsible to utilize media for social change and explore the use of Entertainment Education strategies for behaviour change. These strategies combine the use of mass media and popular culture to engage mass audiences to question their existing realities and mobilize them for social change. The component will use various formats, ranging from television and radio soap series, to music videos, computer games, comic books, street theatre, talk shows, a community make-over (reality) show, an interactive film or any combination of formats. The core responsibilities of this unit will be to design culturally appropriate and sensitive strategies that utilise electronic, print and new media to market social messages on sexual and reproductive health and rights on a mass scale. The communications unit will also be responsible for the maintenance of Aahung's website, H.C. and promotional materials.



6.3. Introduction of Content Management System (CMS) for Aahung's website

A total revamp of Aahung's website was undertaken this year. A major change was the introduction of content management system (CMS). This system allows the management of the website content to be handled directly by the staff of Aahung. The CMS will enable Aahung to effectively use the virtual world in creating awareness about both Aahung and its objectives. Another advantage of this new system is that the website can be promptly updated on all of the organization's current activities, as well as the latest news. Visit www.aahung.org for more information.



6.4. Staff Training and Development

Dates attended	Name of Employee	Topic of Training	Organized by	Location
Nov 1-2 Nov, 2009	Fatima Shabbir Ali	MS-Asia Pacific Conference on Reproductive and Sexual Health and Rights	UNFPA & Government	Beijing, China
Nov 2009	Dr. Farah Yousaf and Dr. Farah	Intensive Workshop on HIV in and CHVs	WHO	Karachi, Pakistan
Nov 16-18, 2009	Dr. Mahmood Sultan	Values Challenge & Attitude Transformation in Medicine and HR	HRSA	
Nov 24-30, 2009	Hassan Sheikh, Ayesha Akmal, Dr. Mahmood Sultan, Dr. Farah	Child Protection Understanding to Practice	UNICEF	Karachi, Pakistan
Dec 15-16, 2009	Dr. Farah Yousaf and Dr. Farah	Values Challenge and Attitude Transformation for Reproductive Health	HRSA and UNFPA	Karachi, Pakistan
Feb 2009 - Jan 2010	Sahar Ali	Human Resource HRSA (HR)	HRSA	Karachi, Pakistan
Feb 8-11, 2010	Fatima Shabbir Ali	South Asia Women's Building & Human Rights Seminar	UNFPA	Chennai, India
Apr 1-2, 2010	Dr. Farah	Workshop Training	WHO	Karachi, Pakistan
Apr 14-15, 2010	Dr. Farah Yousaf, Dr. Farah, Dr. Farah Yousaf and Dr. Farah Yousaf	Health Building up SECT Management and HR Training	UNICEF Pakistan	Karachi, Pakistan
Apr 15, 2010	Dr. Farah	HIV/AIDS Seminar	WHO	Karachi, Pakistan
Apr 20-25, 2010	Dr. Farah	Active Recruitment Seminar for World	WHO	Karachi, Pakistan
Jan 1-5, 2010	Dr. Farah	Women's Rights Challenge - conditions and presentation in front of South Asia program managers and colleagues	Women's Rights	Washington, DC, USA
Jan 07-11, 2010	Dr. Farah Yousaf	Leadership Development Training for Managers	HRSA, UNICEF	Karachi, Pakistan
Jan 21-25, 2010	Dr. Farah	CSO's focus on women's rights and health	CSO's	London, United Kingdom
Jul 26-30, 2010	Dr. Farah Yousaf and Dr. Farah	Workshop on 2010 Education and Employment	UNICEF, UNFPA	Karachi, Pakistan

CHAPTER 7: AAHUNG PUBLICATIONS

Table 7.1: Number and types of publications disseminated (September 2009 – August 2010)

Type of Resource	Target Population	Name of Resource	English & Urdu	English	Urdu	Sindhi
Informational Booklets	Adolescents	Communication	4900			2000
		A Boys Guide Growing Up	2839			1000
		A Girls Guide Growing Up	2678			1000
		Vaginal Discharge	8393			
		Penile Discharge	8151			
		Erectile Dysfunction	8151			
		* Pre-Marital Informational Pamphlets		7500	25932	
		Jinsee beemaryan (STIs)			8076	163
		The Truth About HIV		631	8313	
		Rape: A Guide for Seeking Help	8711			
Child Sexual Abuse Prevention	Teachers/ Parents/ Caregivers	CSA Flashcards Toolkits	766			
		Empowering your Child & preventing Sexual Abuse - English		1043	1456	
		My Body is Mind	482			
		CSA introductory video for caregivers	986			
		Aware For Life- Adolescent Girls Manual			26	345
		Aware For Life- Adolescent Boys Manual			25	35
Training Tools and Manuals	Teachers	Adolescent Facilitator Guide Manual			26	36
		LSE Puberty Curriculum How to Talk to young People about their bodies		62		
		How to take a sexual history	336	698	880	

CHAPTER 8: AUDIT REPORT 2009 – 2010



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AUDITORS' REPORT TO THE MEMBERS

We have audited the annexed balance sheet of AAHUNG (the Organization) as at June 30, 2010 and the related income and expenditure account together with the notes forming part thereof (here-in-after referred to as the "financial statements") for the year then ended.

These financial statements are the responsibility of the management of the Organisation. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting policies used and significant estimates made by management, as well as, evaluating the overall presentation of the financial statements. We believe that our audit provides a reasonable basis for our opinion.

In our opinion:-

- the payments made and the expenditure incurred during the year was for the purpose of the approved objects of the Organisation;
- where the funds were received for a specific stated purpose, these have been spent for that purpose only; and
- the financial statements give a true and fair view of the Organisation's affairs as at June 30, 2010 and of their results of its operations for the year then ended.

KARACHI

DATED:

 CHARTERED ACCOUNTANTS
Engagement Partner: Zulfikar A. Causer

AAHUNG BALANCE SHEET AS AT JUNE 30, 2010

Note	2010			2009			
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total	
	Rupees						
Assets							
Non-current assets							
Tangible fixed assets	5	-	2,192,770	2,192,770	1	2,269,073	2,269,074
Security deposits		47,500	315,600	363,100	47,500	312,000	359,500
Current assets							
Loans, advances, prepayments and other receivables	6	7,265	1,205,603	1,212,868	18,800	1,101,735	1,120,535
Inter fund balance		1,773,630	-	1,773,630	-	355,720	355,720
Short term investments	7	2,900,990	-	2,900,990	2,203,699	-	2,203,699
Cash and bank balances	8	8,156,325	8,150,707	16,307,032	6,962,949	8,559,450	15,522,399
Total current assets		12,838,210	9,356,310	22,194,520	9,185,448	10,016,905	19,202,353
Total assets		12,885,710	11,864,680	24,750,390	9,232,949	12,597,978	21,830,927
Fund balances and liabilities							
Fund balances							
Restricted fund balances	9	-	6,820,008	6,820,008	-	9,274,067	9,274,067
Accumulated unrestricted surplus		9,174,231	-	9,174,231	6,194,209	-	6,194,209
Unrealized gain on short term investments		365,778	-	365,778	233,113	-	233,113
Total fund balances		9,540,009	6,820,008	16,360,017	6,427,324	9,274,067	15,701,391
Non-current liabilities							
Deferred capital grants	10	-	2,192,770	2,192,770	-	2,269,073	2,269,073
Deferred liability-gratuity	11	2,535,211	-	2,535,211	1,970,584	-	1,970,584
Current liabilities							
Accrued and other liabilities	12	810,490	1,078,272	1,888,762	479,321	1,054,838	1,534,159
Inter fund balance		-	1,773,630	1,773,630	355,720	-	355,720
Total fund balances and liabilities		12,885,710	11,864,680	24,750,390	9,232,949	12,597,978	21,830,927

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


CHAIRMAN


WORKING COMMITTEE MEMBER

**AAHUNG
INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED ON JUNE 30, 2010**

Note	2010			2009		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	Rupees					
Income						
Restricted funds utilized	9.1	-	29,715,683	29,715,683	-	19,888,453
Consultancy fee		1,347,013	-	1,347,013	219,500	-
Deferred capital grants released	10	-	791,010	791,010	-	426,709
Other income	13	1,636,199	6,037,679	7,673,878	680,964	3,917,291
Total income		2,983,212	36,544,372	39,527,584	900,464	24,232,453
Expenses						
Operating expenses	14	3,190	9,785,637	9,788,827	96,093	7,693,361
Program and project expenses	15	-	26,758,735	26,758,735	-	16,539,092
Total expenses		3,190	36,544,372	36,547,562	96,093	24,232,453
Surplus / (deficit) for the year		2,980,022	-	2,980,022	804,371	-
Accumulated surplus at the beginning of the year		6,194,209	-	6,194,209	5,389,838	-
Accumulated surplus at the end of the year		9,174,231	-	9,174,231	6,194,209	-

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


CHAIRMAN


WORKING COMMITTEE MEMBER

