

AAHUNG



annual report 09



ACKNOWLEDGEMENTS

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DIRECTOR'S NOTE

Dear Partners,

The last one year has brought new and exciting work for Aahung. Progress in medical universities continues apace and clinical staff from institutions across Sindh and the Punjab have been trained on Aahung's sexual health modules. Many institutions have created core group committees that have taken ownership of institutionalising Aahung's teaching curriculum and have even gone further to incorporate additional sexual health topics into their curriculum.

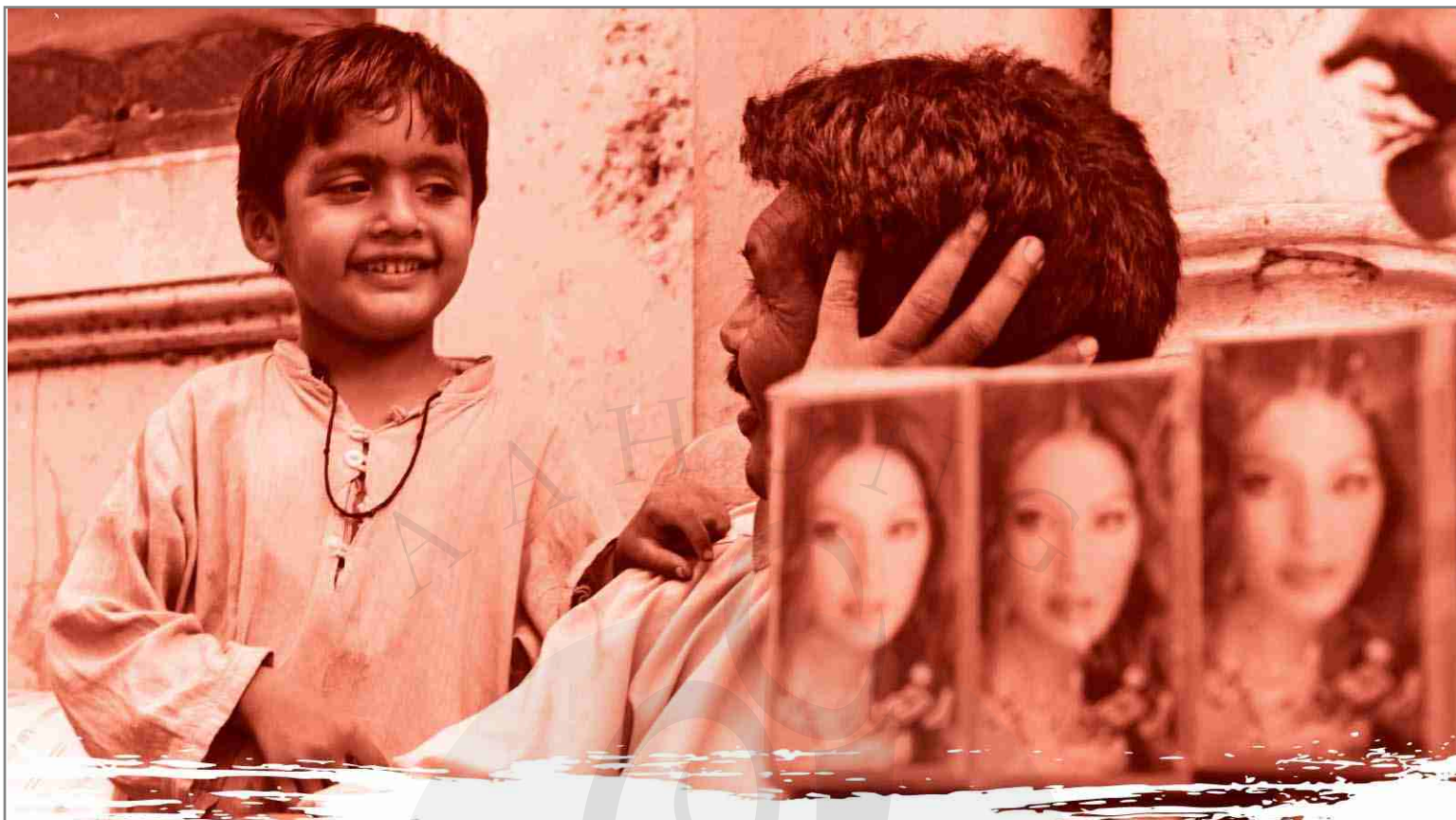
Aahung has also made headway working with teachers to incorporate age-appropriate life skills and adolescent reproductive health content into the classroom. Currently, Aahung is working extensively with the Population Welfare Department of Sindh to create a model for integrating adolescent reproductive health education into government schools across Sindh. We have also just signed an MoU with the World Population Foundation (WPF) to integrate life skills-based education into 150 government schools in Karachi.

Aahung has plans to continue working with some of the largest reproductive health organisations in Pakistan in order to continue introducing and institutionalising valuable concepts of sexual rights and health. One key area of concentration has been working with the government of Sindh to train Female Welfare Workers on core concepts of sexual health and infection management.

Further plans are being made to work with Regional Training Institutions and the Ministry of Health to provide training to a larger array of government workers, including Lady Health Workers and Lady Health Visitors.

The progress that Aahung continues to make is encouraging, predominantly because it reveals the overall societal dedication to improving the nation's sexual and reproductive health. It is only when a true public-private partnership is made and collaborative work continues that progress can be realised. Aahung will continue to take a multi-pronged approach to improving the quality and access of sexual health services in Pakistan. We are confident that with the support of our partners, we can continue making significant strides towards improving the sexual health scenario of Pakistan.

Sheena Hadi - Director



AAHUNG'S BOARD OF GOVERNORS



Shazia Mohamed is a co-founder of Aahung and is currently working in Karachi as an art psychotherapist. She works primarily with children and families with a special focus on learning and developmental disabilities.



Shama Mohammed 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.



Khusro Mumtaz 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 and hosts a television programme on film.



Danish Zuberi is a practising lawyer and has been involved in advocacy relating to gender issues for several years. She is currently working as the legal advisor at Pakistan Petroleum Ltd (PPL).



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



Rabia Khan is a freelance development consultant specialising in gender and development and NGO institutional development.



Ayesha Khan is a senior researcher at the Collective for Social Science research. Her areas of focus include women and development; reproductive health; and refugee and poverty issues. She has also worked as a journalist and a lobbyist advocating on a range of women's and human rights issues.



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 30,000 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.



Kamyla Marvi is one of the founding members of Aahung and has more than 15 years' experience in the reproductive health, gender and development sector. She facilitated the initial organisational development process of Aahung. Currently, she is the Director of the Leadership Development and Mechanism Programme in Pakistan.







INTRODUCTION TO AAHUNG

Aahung is a Karachi-based NGO that has been working to improve the sexual and reproductive health of men, women, and young people since 1995. The Aahung team works 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.

OUR APPROACH

- Programmatic
 - Aahung develops its own 3-5 year strategic plan and shares that with multiple donors for funding.
- Enabling Environment
 - All interventions are focused at creating an environment in Pakistan that promotes respect, diversity, equality and choice for all individuals.
- Empowerment
 - Aahung focuses on empowering individuals to make more informed and positive decisions about their lives.
- Rights Based
 - Aahung views sexual and reproductive rights as fundamental human rights and holds the state responsible for ensuring that these rights are respected, protected, and fulfilled for all citizens.

STRATEGIC PLAN 2008 – 2011

Overall Objective:

To contribute to the reduction in the prevalence of child sexual abuse (CSA) reproductive tract infections (RTIs) and sexually transmitted infections (STIs), including HIV and Hepatitis, as well as slowed population growth in Pakistan.

Specific Objective:

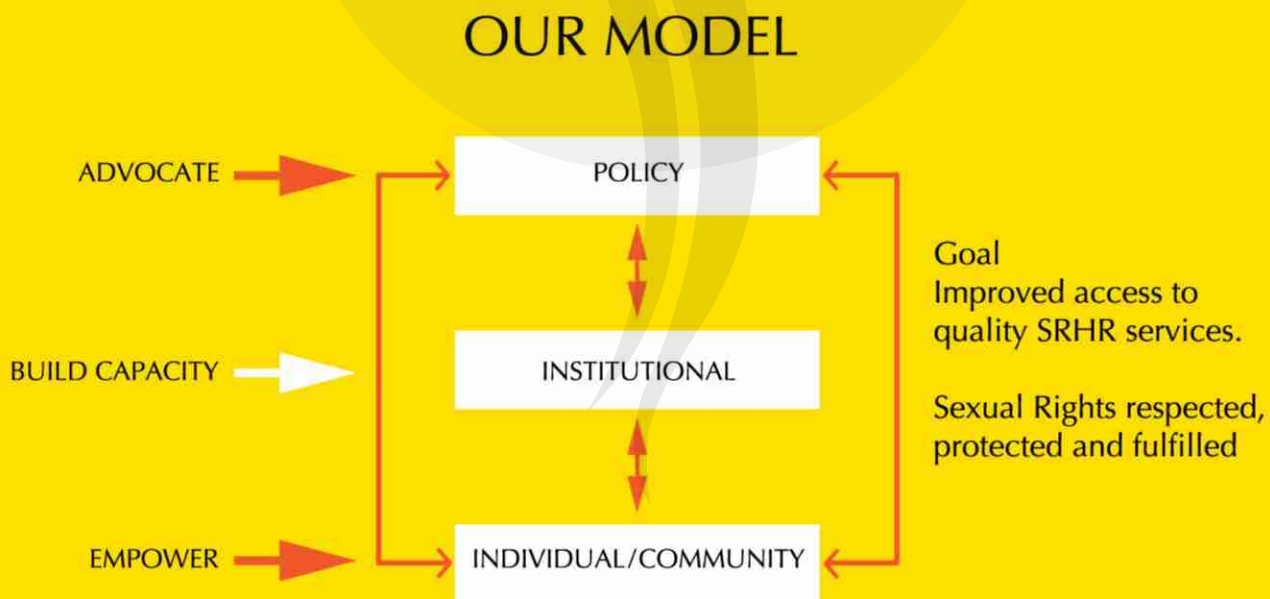
Increased and improved sexual reproductive health (SRH) programming in the public and private sectors across Pakistan.

AREAS OF FOCUS

- Promoting Adolescent Sexual and Reproductive Health (ASRH) Education
- Preventing Child Sexual Abuse
- Equipping health care providers to better manage SRH concerns
- Integrating SRH services into the scope of work of large service delivery and outreach organisations

OUR MODEL

While Aahung engages in policy level advocacy and directly with the community, the majority of the organisation's interventions in the strategic plan 2008-2011 focus on developing and strengthening institutions to be able to respond to sexual and reproductive health issues.



CLINICAL

MEDICAL UNIVERSITIES
NURSING COLLEGES
GOVERNMENT
HEALTH WORKING
TRAINING INSTITUTES

YOUTH

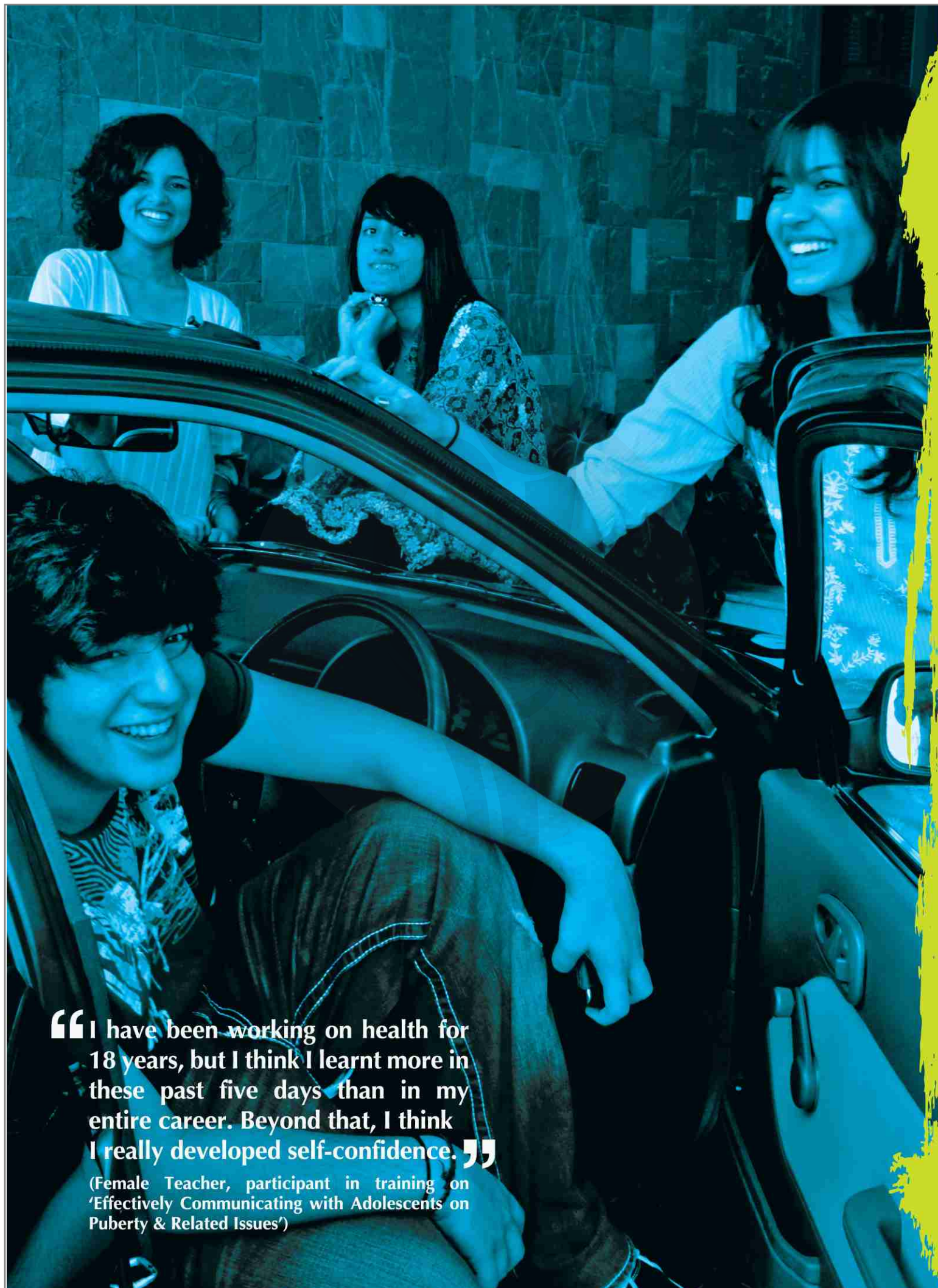
SCHOOLS
TEACHER TRAINING
INSTITUTIONS



RESOURCE CENTRE

RURAL DEVELOPMENT
ORGANISATIONS
SERVICE DELIVERY
ORGANISATIONS
COMMUNITY- BASED
ORGANISATIONS





“I have been working on health for 18 years, but I think I learnt more in these past five days than in my entire career. Beyond that, I think I really developed self-confidence.”

(Female Teacher, participant in training on 'Effectively Communicating with Adolescents on Puberty & Related Issues')

YOUTH COMPONENT

Introduction and overview of achievements

The Youth Component is working on building the capacity of public and private schools in Sindh to integrate quality and age-appropriate reproductive health information into their teaching programmes.

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 misconceptions, and protect themselves from infection, dysfunction, unwanted pregnancy, and sexual assault or violence. By building the capacity of teachers and lobbying the Department of Education (Sindh) for the inclusion of ASRH 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.

The following are Youth Component initiatives completed in 2008:

- Four capacity building workshops which focused on puberty and related issues were held over the course of the year. As a result, 85 teachers from English- and Urdu-medium schools across Karachi were trained.
- 34 schools participated in Aahung's various interventions.
- 612 teachers from 27 schools received sensitisation sessions on Child Sexual Abuse and the importance of using communication as an effective method of prevention.
- Aahung co-sponsored a two-day seminar in collaboration with the World Population Foundation, Pakistan (WPF) and PLAN, Pakistan. The seminar brainstormed ideas on how to make the shift from life skills based education to sexuality education.
- "A Girl's Guide to Growing Up!" and "A Boy's Guide to Growing Up!" were developed, pilot-tested, and printed in order to provide young adolescent girls and boys with age and culturally appropriate information on puberty and related changes.

Capacity Building Trainings:

| Title of Training | Male Participants | Female Participants | These trainings aimed to sensitise teachers and build their understanding, awareness, and comfort around ASRH issues. A participatory learning approach was utilised and interactive modules, activities, and discussions on human rights, sexual rights, sexual health, reproductive health and gender were facilitated by the Aahung trainers. Effective tools for communication, active listening, and counselling were shared with the teachers. The puberty module used was specifically designed for this year's trainings and took an in-depth look at the physical, emotional, and social changes associated with puberty by making use of case studies, group work, and presentations. Teachers were given the option to run the module in their classrooms with Aahung trainers there to provide them with any technical assistance if needed. |
|--|-------------------|---------------------|--|
| Effectively Communicating with Adolescents on Puberty and Related Issues | 02 | 19 | |
| Effectively Communicating with Adolescents on Puberty and Related Issues | 02 | 20 | |
| Understanding & Dealing with Puberty & Related Issues | 04 | 14 | |
| Understanding & Dealing with Puberty & Related Issues | 03 | 21 | |
| Total | 11 | 74 | |
| Grand Total | 85 | | |

Participating Schools

| | | |
|---------------------------------------|--|---|
| 1. Beaconhouse SchoolSystem | 11. Habib Girls School | 23. Iisar Foundation Higher Secondary School |
| 2. Habib Public School | 12. SOS Hermann Gmeiner School & College | 24. Teachers Development Centre |
| 3. Aga Khan Higher Secondary School | 13. Aga Khan School Kharadar | 25. Scholars Academy |
| 4. Al Noor School | 14. The City School | 26. Bahria College |
| 5. The City Grammar School | 15. The Crescent Academy | 27. Pakistan Paradise School |
| 6. Al-Murtaza School | 16. Lycee Bahudurabad School | 28. Karachi Grammar School |
| 7. Aisha Bawany Academy | 17. Aga Khan School Garden | 29. Bayview Academy |
| 8. Korangi Academy | 18. ABSA school and college for deaf | 30. Bahria College |
| 9. Beaconhouse Gulshan | 19. St. Josephs Convent School | 31. Elisun Grammar School |
| Cambridge Happy Palace Grammar School | 20. P.E.C.H.S girls school | 32. Bayview Academy |
| 10. Sunrise Grammar School | 21. Foundation Public School System | 33. Foundation Institute of Management Sciences |
| | 22. Qamar-e-Bani Hashim School | |

Sensitisation Sessions on Child Sexual Abuse:

| School | Male Participants | Female Participants |
|---|-------------------|---------------------|
| 1. Bahria College, Karachi | 50 | 150 |
| 2. P.E.C.H.S. Girls School, Karachi | | 75 |
| 3. Ten different schools from RLCC Community, Karachi | | 50 |
| 4. Qamar-e-Bani Hashim School, Karachi | 4 | 22 |
| 5. Elisun Grammar School, Karachi | 2 | 23 |
| 6. Bayview Academy, Karachi | | 25 |
| 7. Karachi Grammar School, Karachi | | 63 |
| 8. Al-Noor School, Karachi | | 24 |
| 9. Institute of Islamic Studies and Research | 1 | 57 |
| 10. Foundation Institute of Management Sciences | | 60 |
| 11. Eight different schools affiliated with AKU-IED | | 16 |
| Sub Total | 57 | 555 |
| 27 Total | 612 | |

Secondary Beneficiaries:

The secondary beneficiaries number is an estimate of the number of students who are the ultimate beneficiaries of Aahung's teacher trainings. The assumptions of the number of students teachers pass on the training to are based on an average of the numbers reported by participating teachers:

- Capacity Building Training 85 (teachers)* 25 (assumption of indirect beneficiary) = 2,125
- Sensitization Session 612 (teachers)* 25 (assumption of indirect beneficiary) = 15,300
- Training of trainers in CSA 8 (community workers) trained 50 (teachers)* 25 students = 1,250

Total no of indirect beneficiaries = 2,125+15,300+1,250 = 18,675




Preventing Child Sexual Abuse (CSA)

Over the course of this year the Youth Component actively started utilising media as an effective tool to dramatically increase awareness on sensitive topics such as CSA. Aahung made appearances on national radio channels such as City FM 89 and Radio One FM 91 to discuss the basics of CSA and its prevalence in Pakistan. Both shows also explored the role of communicating with children about their body and protecting themselves as an effective means to prevent abuse. The shows were extremely well received by listeners as was evident by the

overwhelming number of people messaging and calling in during the show with comments and concerns.

A more formal and targeted media campaign, consisting of four different public service messages on CSA and prevention, is being launched on radio channels throughout the nation in November 2009. Through this campaign, Aahung hopes to increase CSA awareness beyond Karachi to rural parts of the country and aims to target a wider audience, including parents, teachers and caregivers.

The Youth Component also developed a short video on CSA prevention this year (see on next page).

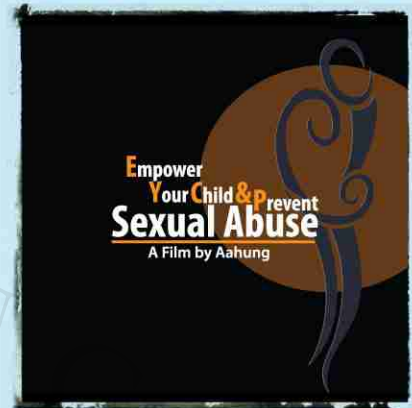
A young boy with dark skin and short hair is looking directly at the camera. He is wearing a light blue, button-down shirt. He is holding a large, light-colored bowl in his right hand and a plastic bag in his left hand. The background is dark and out of focus.

“I went home today and realised that some of my hesitations are going away. But I also know now that there are many more hurdles created by society than I anticipated.”

(Female Teacher, participant in training on 'Understanding and Dealing with Puberty and Related Issues')

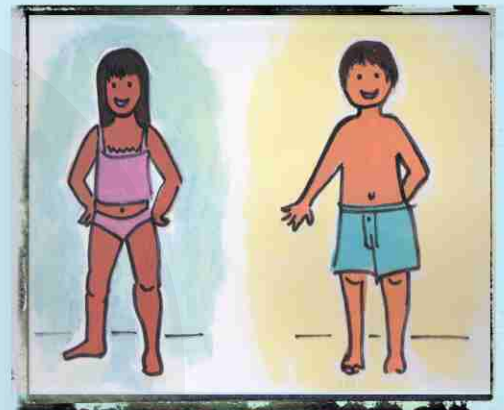
CSA Prevention Video

Aahung's video on CSA prevention and empowerment has been developed as an instructional tool for parents, teachers, and caregivers. Communicating with children, providing them with accurate information about their body parts, and giving them ownership of their bodies from an early age is essential in the prevention of CSA. The video not only provides basic information on CSA, it also depicts various role plays between caregivers and children in a local context. These segments equip the viewer with the appropriate language and strategies required to discuss body protection and safety with children of varying age groups in a comfortable and non-threatening manner.



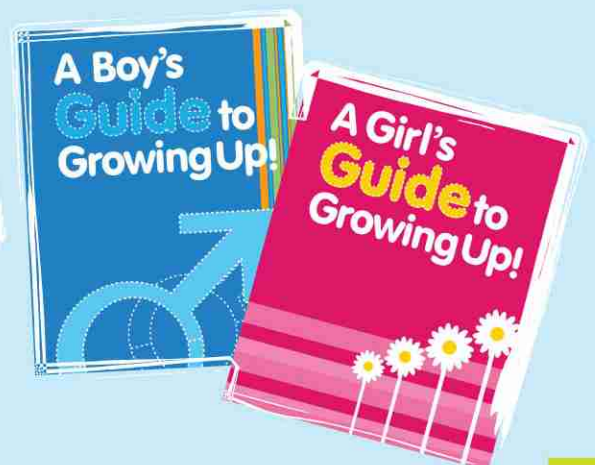
Flashcards on Preventing Child Sexual Abuse

The CSA prevention flashcards are a set of 8 flashcards depicting visual images that can help caregivers discuss safety and body protection. This serves as a good resource for children who are too young to read, or are not attending school.



Puberty Guides

"A Girl's Guide to Growing Up!" and "A Boy's Guide to Growing Up!" have been developed in English and Urdu to provide adolescent girls and boys with detailed information about puberty and related physical, social, and emotional changes. In addition to imparting information, chapters of the guides address common myths and misconceptions and provide fun facts and tips on how to survive various aspects of puberty. The guides make use of bright colours and illustrations to give them a non-threatening feel and are written in a friendly and conversational style. They have been pilot-tested with students, teachers, and parents to ensure that they are culturally sensitive and age appropriate. Each guide comes with a copy of Aahung's Communication booklet, which has been redesigned to match the guides.



Resource Dissemination:

| Type of Resource | Target Population | Name of Resource | Numbers Disseminated | | | | |
|---|-------------------|--|---------------------------------|-----------------|------|--------|-------|
| | | | English & Urdu | English | Urdu | Sindhi | Total |
| Informational Booklets | Adolescents | Communication Guide | 559 | - | - | - | 599 |
| | | A Girl's Guide to Growing up | 12 | - | - | - | 12 |
| | | A Boy's Guide to Growing up | 12 | - | - | - | 12 |
| | | Puberty Booklet | 555 | - | - | - | 555 |
| Tools and Manuals for Teachers | Teachers | Aware for Life (Video) | 44 | - | - | - | 44 |
| | | Aware for Life Manual (Girls) | - | - | 13 | 8 | 21 |
| | | Aware for Life Manual (Boys) | - | - | 29 | 13 | 42 |
| | | ASRH Facilitators Guide | - | - | 34 | 9 | 43 |
| | | LSE Puberty Curriculum | 84 | - | - | - | 84 |
| | | LSE Curriculum Framework | 84 | - | - | - | 84 |
| | | LSE Pamphlets | 270 | - | - | - | 270 |
| | | How to Talk to Young People About Their Bodies | - | 768 | 759 | - | 1,527 |
| | | LSE Seminar Report | - | 116 | - | - | 116 |
| | | LSE-A Literature Review | - | 116 | - | - | 116 |
| | | LSE-A Case Study | 125 | - | - | - | 125 |
| | | Beyond Schools | - | 149 | - | - | 149 |
| | | Leave No Child Behind | - | - | 129 | - | 129 |
| | | Child Sexual Abuse Preventionaon | Teachers / Parents / Caregivers | My Body Is Mine | 762 | - | - |
| Empowering Your Child & Preventing Sexual Abuse | 218 | | | 1337 | 1440 | - | 2,777 |
| CSA Flashcards Toolkit | 218 | | | - | - | - | 218 |
| Total | | | | | | | 7,645 |

“

I have been trained by large organisations before, but these five days were truly like magic. The way in which the information was shared was amazing.”

(Female Teacher, participant in training on 'Puberty and Related Issues')



“ The number of children that a couple has is not only the man's choice; it should be a decision that is made by a man and woman together. It is also a woman's right to choose how many children she will have. **”**

(Female Teacher, participant in training on 'Puberty and Related Issues')



“AFTER THIS TRAINING I BELIEVE THAT EVERYONE HAS THEIR OWN PERSONAL VALUES AND AS HEALTH PRACTITIONERS. WE NEED TO RESPECT OUR CLIENTS’ VALUES. THE IMPORTANCE OF SELF-RESPECT IS NOW CLEAR TO ME AFTER SO MANY YEARS.”

(DOCTOR FROM MUHAMAD MEDICAL COLLEGE, MIRPURKHAS)

“I learned how important a role a mother can play in building the character of her daughter by helping her overcome her shortcomings so that in the future she can stand up for herself and thus prevent being violated at the hands of people in our society.”

(LHV tutor from Public Health School, Hyberabad)

A large, faint watermark of the Aahung logo is centered in the background. It features the word 'AAHUNG' in a semi-circular arc above a stylized figure of a person with arms raised in a 'V' shape, all enclosed within a circular border.

CLINICAL COMPONENT

Introduction and Overview of Achievements

Since there is a shortage of qualified medical professionals and health workers equipped to effectively manage sexual health issues, Aahung's Clinical Component works with medical universities, nursing colleges, and government health worker programmes to ensure that their students receive quality training on these issues. By targeting teaching institutions, Aahung hopes to achieve a change in the system so that this information continues to be taught effectively for generations to come. The long-term vision is to see all medical university graduates, nursing college graduates, and graduates of government health worker programmes, such as Lady Health Workers (Ministry of Health) and Female Welfare Workers (Ministry of Population Welfare), sensitised and equipped with the information and skills to manage sexual health issues more effectively. The Clinical Component thus advocates with relevant government ministries and private university administrators to ensure that sexual health management is taught more effectively.

Capacity Building Trainings

The Clinical Component offers sensitisation sessions, capacity building workshops, and Training of Trainer's workshops on the Holistic Management of Sexual and Reproductive Health Issues. The topics addressed in these trainings include basic health, sexuality, sexual health, basic rights, sexual and reproductive rights, client-centred care, sexual history taking, sexual dysfunction, violence, and child sexual abuse as well as the holistic management of reproductive tract infections (RTIs) and sexually transmitted infections (STIs). The trainings are usually targeted towards the faculty members of medical and nursing colleges along with doctors, nurses, Lady Health Visitors (LHVs), and midwives affiliated with different institutions.

Clinical Components Outreach:

In the past one year, Aahung has successfully trained faculty affiliated with the following institutions:

Sindh :

| | Institution | City |
|----|---|------------|
| 1 | Dow University of Health Sciences | Karachi |
| 2 | Liaquat University of Medical and Health Sciences | Jamshoro |
| 3 | Baqai Medical University | Karachi |
| 4 | Hamdard University | Karachi |
| 5 | Ziauddin University | Karachi |
| 6 | Chandka Medical College | Larkana |
| 7 | Sukkur Medical College | Sukkur |
| 8 | Liaquat National College | Karachi |
| 9 | Muhammad Medical College | Mirpurkhas |
| 10 | Dow University Ohja School of Nursing | Karachi |
| 11 | Tutor's Training Centre Koohi Goth | Karachi |
| 12 | Public Health School | Hyderabad |
| 13 | Aga Khan University – School Of Nursing | Karachi |
| 14 | Population Welfare Department | Sindh |
| 15 | Pakistan Medical Association | Karachi |
| 16 | Civil Hospital Qatar | Karachi |

| | Institution | City |
|----|--|------------|
| 1 | Fatima Memorial College of Medicine and Dentistry | Lahore |
| 2 | Allama Iqbal Medical College | Lahore |
| 3 | Shalimar Medical College | Lahore |
| 4 | Rawalpindi Medical College | Rawalpindi |
| 5 | Saida Waheed Fatima Memorial Hospital, College of Nursing | Lahore |
| 6 | Pakistan Institute of Medical Sciences, College of Nursing | Islamabad |
| 7 | Post Graduate College of Nursing Raiwind Road | Lahore |
| 8 | Allama Iqbal Medical College, School of Nursing | Lahore |
| 9 | Rawalpindi Medical College School of Nursing | Rawalpindi |
| 10 | Shalimar School of Nursing | Lahore |
| 11 | Lahore General Hospital | Lahore |



Resource Material

The Clinical Component has developed the following resource materials over the course of several years of direct implementation and testing. Some of these materials can be used by faculty members when they are implementing sessions on SRH in their classrooms while others can be used by practitioners as guidelines for managing various sexual and reproductive health concerns.

| Name of Resources | Description | Language | Numbers disseminated | | |
|---|--|-----------------------------|----------------------|-------------|--------------|
| 1- Overcoming Barriers to Taking a Sexual History - A Documentary | This documentary is used as a training tool on how to overcome the barriers in taking a sexual history in the Pakistani context. It aims to practically demonstrate the vocabulary, body language, and environment that should be provided to the clients when taking a sexual history. | Urdu with English subtitles | English 699 | Urdu 506 | Total 208 |
| 2- Guidelines for the Management of Reproductive Tract Infections | This guideline addresses the holistic management of reproductive tract infections, which includes exogenous, endogenous, and iatrogenic causes using the rights-based approach in the Pakistani context. It also addresses the management of male and female reproductive tract infections. | English and Urdu | | | 1,205 |
| 3- Risk Assessment and Risk Reduction Plan: A Video Training Tool | A video training tool demonstrating sexual health risk assessment from the infection, dysfunction, and violence point of view. The purpose of the video is to make service providers comfortable to take a sexual history so that they can provide clients with an environment in which to express their sexual health concerns in order to make appropriate choices. The video complements Aahung's previous video, overcoming barriers to taking a sexual history. | Urdu with English subtitles | | | 273 |
| 4- Sexual Health Training Modules | These training modules are a consolidation of modules on sexuality, sexual health, client-centred approach, how to take a sexual history, and holistic management of reproductive tract infections along with additional exercises, including the Body Mapping and Empowerment Exercise. These modules are handed over to trained faculty of medical universities at the end of Training of Trainers so that they can replicate and run these modules with their students. | Urdu and English | 180 | 157 | 337 |
| 5- Prioritising Sexual Health: A Documentary | This is an advocacy tool which includes views, interviews, and opinions of leading gynaecologists, experts, and teaching faculty on why sexual health is important, why it is important to talk about sexual health issues, and why it is important to integrate sexual health into the medical curriculum. | English | 111 | | 111 |
| 6- Rti Poster | This poster consists of a brief summary on how to manage each reproductive tract infection. It is an easy-to-use tool and is used by health practitioners in their clinical practice. | English | 355 | | 355 |
| TOTAL | | | 2,489 | | |

“ Regarding abortions, I was strictly of the view that they should not be done in any case, especially if the female is unmarried; then the only choice she has is to get married. After attending Aahung’s training I realised that I was wrong and that I need to save the woman not only from physical violence, but also psychological and social violence. ”

(Nursing tutor from Allama Iqbal Medical College, Lahore)



Developing Partnerships: Curriculum Core Group

In order to guide Aahung on how to effectively integrate concepts of sexual and reproductive health into medical and nursing curricula, Aahung developed an advisory group in March 2007. This group comprised several experienced and influential medical practitioners as well as academics. Since then, this group has been expanded to include policy makers and representatives from leading institutions, medical universities, and nursing colleges all over Pakistan. This group now meets at least twice a year and is committed to supporting and guiding Aahung in the right direction. The larger group has also been further broken down into four smaller thematic sub-groups. These include:

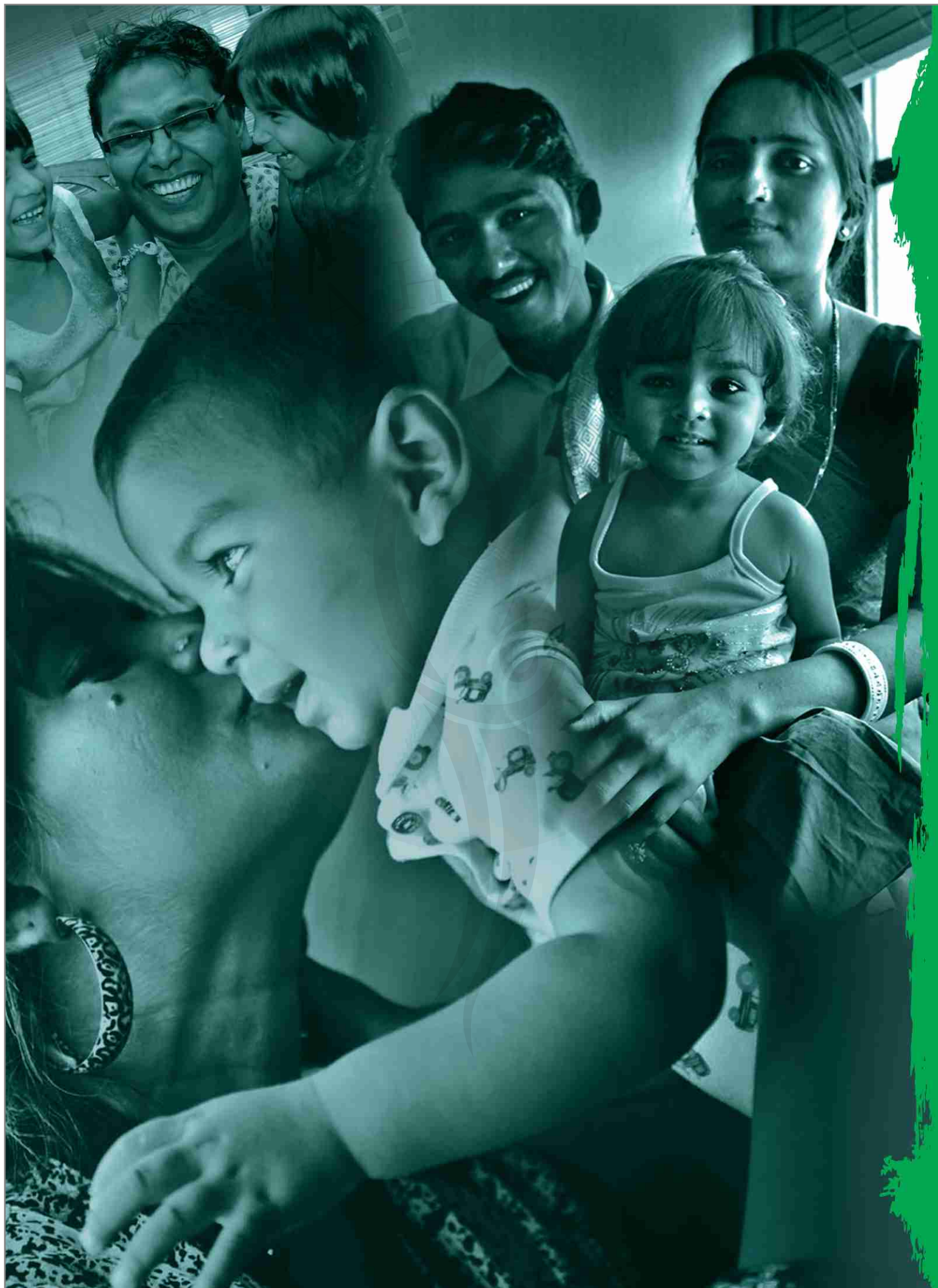
1. **Teaching and Learning:** This group guides Aahung on the content of the modules.
2. **Monitoring and Evaluation:** This group guides Aahung on how to demonstrate the effectiveness of our modules.
3. **Advocacy:** This group guides Aahung on how to work effectively with the four major policy-making bodies responsible for medical and nursing professionals, i.e. College of Physicians and Surgeons Pakistan (CPSP), Pakistan Medical and Dental Council (PMDC), Pakistan Nursing Council, and the University of Health Sciences.
4. **Assessment:** This group guides Aahung on changing sexual and reproductive health trends in Pakistan.



“Prior to the training, I was asking the organisers what Aahung is going to teach us: Are they going to talk to us about the act of sex and how to do it? After the training, I went to my colleagues and told them that we have a very narrow concept of sexuality and sexual health and if we want to work on reproductive health then we will have to adopt a broader aspect.”

(Head of Gynaecological Department in Society of Obstetrics and Gynaecology Pakistan)





RESOURCE CENTRE

Introduction and Overview of Achievements

The resource centre was established to support large service delivery organisations in integrating sexual and reproductive health education and health services into their scope of work. Aahung connects with organisations that emphasise outreach and have access to communities all over Pakistan and develops the capacity of the staff so that they are able to provide quality, non-judgemental, and rights-based sexual and reproductive health services and information to their target populations.

In the past one year, Aahung was extremely well received and many organisations showed a keen interest in partnering with us to train staff members, especially service providers and community outreach workers on sexual and reproductive health and rights. As a result, Aahung was able to develop the capacity of 255 service providers in this financial year and train staff from over 57 organisations, both public and private.



Partnerships with the Population Welfare Department, Sindh

Aahung has developed a strong partnership with the Population Welfare Department of Sindh (PWDS) and is collaborating with the department on various interventions, including training of their service providers and integration of this training into Regional Training Institutes. A proposal (PC-1) has also been developed with the PWDS to demonstrate a model for integrating reproductive health education for youth in government schools. A complete set of Aahung's resource materials have also been provided to Family Welfare Centres across Karachi, Hyderabad, and Mirpurkhas. Aahung plans to further this partnership in the coming years and expand interventions in to other provinces as well.

Partnership with Rehnuma – Family Planning Association of Pakistan

There has also been significant progress in developing a working partnership with Rehnuma – Family Planning Association of Pakistan (FPAP), a member of the International Planned Parenthood Federation. As a first step, Aahung helped develop the capacity of their Lady Health Visitors from various centres in Karachi so that they could better manage sexually transmitted and reproductive tract infections.

In August 2009, FPAP approached Aahung to train their trainers across Pakistan on sexuality and rights, so that these trainers could, in turn, roll out the trainings with FPAP's field staff. This training promoted the rights-based approach and aimed to make participants view sexual and reproductive rights as fundamental human



rights, which the state has an obligation to respect, protect, and fulfill. This workshop also promoted the values of respect, choice, dignity, and diversity and challenged the discriminatory laws, customs, and norms of Pakistani society that prevent individuals from controlling and enjoying their sexuality.

Partnership with Labour Education Foundation

The Labour Education Foundation (LEF) is striving for Pakistani labour rights and has a network of 105,000 members with 64 unions and several pressure groups. LEF recently approached Aahung and requested that an intervention targeting bangle workers in Hyderabad be planned as many sexual and reproductive health problems have been emerging from this particular community. After conducting a needs assessment with some bangle workers, Aahung discerned that they harboured myths and misconceptions surrounding sexual and reproductive health issues, which an implementation of Aahung's community awareness manual on SRHR could dispel. Due to the large number of bangle workers, LEF and Aahung decided to apply a peer education strategy and the trained peer educators have already rolled out awareness sessions with their peers. A follow-up revealed that it is now necessary to address the men in this community so that sexual and reproductive health issues can be addressed holistically. In addition, Aahung and LEF plan to expand their partnership through interventions with other communities within the labour force.

Partnership with Business for Social Responsibility

Aahung has recently signed an agreement with Business for Social Responsibility (BSR), a California-based, non-profit organisation that aims to make corporate organisations more responsible regarding development issues. In collaboration with Aahung, BSR wants to target textile factories in Pakistan and train factory workers on reproductive health issues. BSR has been able to demonstrate through research that investing in reproductive health education for female factory workers yields greater financial results for companies as well. Informed and empowered females are less likely to get sick and are better able to care for their children; as a result, they are more productive at work and take fewer absences.

Aahung has been appointed as the official technical organisation that will train the female workforce using a peer education strategy. Aahung has so far successfully trained workers from Afroze textile mills, Karachi, and is in the process of initiating a similar process with Gul Ahmed textile mills, Karachi.

“During this training I have experienced a change in myself. I promise to provide my clients with adequate time, adequate choices, and to listen effectively to them. I will also learn to speak gently to my clients.”

(Learning statement from a Female Welfare Worker, PWDS)

In the past one year, Aahung's resource centre has trained service providers, community outreach workers, NGO managers, and other staff on various sexual and reproductive health issues.

| Area of training | Type of professional trained | Male | Female |
|---|--|------------|------------|
| Holistic management of SRH | Female welfare workers and counsellors | | 17 |
| | Doctors | 04 | 21 |
| | LHVs | | 11 |
| Sexual health awareness: Training of Trainers | Male mobilisers | 17 | |
| | Community workers | 35 | 44 |
| Sexuality, sexual health, and rights | Programme managers and service providers | 25 | 56 |
| | Trainers | 12 | 13 |
| Total | | 93 | 162 |
| Grand Total | | 255 | |

Resource Centre's Outreach:

Through various training interventions, Aahung's resource centre has trained staff from the following organisations across Pakistan:

| SINDH | | |
|-------|---|-----------------------|
| | Organisation | City |
| 1 | Population Welfare Department of Sindh | 13 districts of Sindh |
| 2 | SINA Welfare Organisation | Karachi |
| 3 | War Against Rape | Karachi |
| 4 | Marie Stopes Society | Karachi |
| 5 | Rehnuma-Family Planning Association of Pakistan | Karachi |
| 6 | Labour Education Foundation | Hyderabad |
| 7 | Civil Hospital | Sukkur |
| 8 | Associated Press of Pakistan | Hyderabad |
| 9 | Leadership Development and Mobilisation | Sanghar |
| 10 | Shirkat Gah | Karachi |
| 11 | Action Aid | Karachi |
| 12 | Aga Khan School of Nursing | Karachi |
| 13 | Geo News TV | Karachi |
| 14 | IPAS | Karachi |
| 15 | Social Welfare Department, Sindh | Kandhkot |
| 16 | MAGNET Society | Sukkur |
| 17 | Aga Khan University | Karachi |
| 18 | PAVHNA | Karachi |
| 19 | Youth Development Forum | Matiari |
| 20 | Catco Kida | Karachi |
| 21 | Roshan Samaaj Development Organisation | Mirpurkhas |
| 22 | Mercy Corps | Hub |
| 23 | World Population Foundation | Hyderabad |
| 24 | University of Sindh | Jamshoro |
| 25 | Society of Supporting Democracy and Good Governance | Nawabshah |
| 26 | Advocacy, Research, Training, and Services Foundation | Mirpurkhas |
| 27 | Laar Humanitarian and Development Programme | Badin |
| 28 | Pirbhat Women's Development Society | Shahdad Kot |
| 29 | People's Primary Health Care Initiative | Khairpur |
| 30 | South Asia Partnership | Hyderabad |
| 31 | Noujwan Sindh Samaji Sangat | Mirpurkhas |
| 32 | NGOs Development Society | Shahdad Kot |
| 33 | SANGAT Development Foundation | Nawabshah |

| BALOCHISTAN | | |
|-------------|--|--------|
| | Organisation | City |
| 1 | Masoom Rights Development Society | Quetta |
| 2 | Youth Organisation | Quetta |
| 3 | Marie Stopes Society | Quetta |
| 4 | Green Star | Quetta |
| 5 | PAVHNA | Quetta |
| 6 | Rehnuma- Family Planning Association of Pakistan | Quetta |
| 7 | Population Welfare Department, Quetta | Quetta |

| PUNJAB | | |
|--------|--|---------------|
| | Organisation | City |
| 1 | Rehnuma- Family Planning Association of Pakistan | Lahore |
| 2 | Sahil | Islamabad |
| 3 | Pahchaan | Lahore |
| 4 | Save The Children | Islamabad |
| 5 | Rehnuma, Family Planning Association of Pakistan | Islamabad |
| 6 | Voluntary Services Overseas | Islamabad |
| 7 | Ministry of Social Welfare | Islamabad |
| 8 | Rozan | Islamabad |
| 9 | Devcon | Islamabad |
| 10 | Sungi | Islamabad |
| 11 | National Rural Support Programme | Rahimyar Khan |
| 12 | Lodhran Pilot Project | Lodhran |
| 13 | Plus Development Foundation | Multan |
| 14 | Maternity and Child Welfare Association | Rahimyar Khan |
| 15 | Labour Education Foundation | Lahore |
| 16 | National Commission for Human Development | Sukkur |

Secondary Beneficiaries

Upon follow up with clinical service providers such as female welfare workers, LHVs, and doctors, it was found out that on average these service providers see 20 clients in a day. Of these clients, 20% are usually repeat visits. It can therefore be assumed that clinical service providers see an average of 16 new clients per day. Based on the assumption that they work for 20 days a month and 10 months a year, we can calculate the number of secondary beneficiaries that have received better quality services as a direct result of Aahung's intervention.

Similarly, community workers such as male mobilisers and field staff from various NGOs and capacity building organisations provide information and education to an average of 10 individuals a day. Once again, assuming that they work for 20 days a month and 10 months a year, we are able to calculate the number of secondary beneficiaries who have received quality information and/or education on SRHR issues.

“ We will apply what we have learned in our centres/clinics so that patients feel more satisfied mentally and receive more information regarding reproductive and sexual health. ”

(Learning statements from a Lady Health Visitor from Rehnuma-FPAP)

“ I work on abortion, and I have learnt a lot here that I can add to the module I use when communicating with my clients. ”

(Feedback from a participant who attended Aahung's sexuality and sexual rights workshop)

| Type of provider | # of service providers trained | Avg # of clients per day | Avg # of days they work in a month | Avg # of months they work in a year | Total # of secondary beneficiaries |
|--------------------------------------|--------------------------------|--------------------------|------------------------------------|-------------------------------------|------------------------------------|
| LHV, doctor, or FWW | 53 | 16 | 20 | 10 | 169,600 |
| Male mobilisers or community workers | 96 | 10 | 20 | 10 | 192,000 |
| Total | 149 | | | | 616,000 |



Impact Evaluation of training Female Welfare Workers (FWWs)

Background:

The Population Welfare Department of Sindh (PWDs) employs over 600 FWWs who are providing reproductive health services to men and women in 25 districts of Sindh. The services they provide include family planning, pre and post natal care and management of Reproductive Tract and Sexually Transmitted Infections. Aahung in collaboration with the PWDs designed a 5 day pilot workshop and trained 46 FWWs from 13 districts on the holistic management of RTIs and STIs. These workshops were held between July and September 2008. In April 2009, approximately 6 months since the trainings were conducted, Aahung hired a researcher to conduct an impact assessment to see whether Aahung's trainings were able to improve the quality of sexual and reproductive health services being provided by these FWWs.

Objective of training:

1. To improve knowledge about signs, symptoms and treatment protocols for managing common Reproductive Tract Infections
2. To develop their skills in providing non-judgmental services
3. To increase comfort in taking a sexual history and discussing sexual and reproductive health issues with their clients and clients' partners.

Methodology

- FWW questionnaire: To assess knowledge and attitudes
- Exit client interview: To assess quality of client-provider interaction and client satisfaction
- Focus Group Discussion/ In-depth interviews: To assess specific areas requiring reinforcement/further capacity strengthening
- Client records: To analyse client profiles

Sample size

- 36 FWWs (17 Trained and 19 Untrained)
- 57 clients (22 of trained and 35 of untrained)

Conclusions:

The impact evaluation study clearly shows that FWWs who were trained by Aahung have higher knowledge on sexual health issues and are being able to diagnose and manage common RTIs more effectively than those who have not been trained by Aahung. While there was not a significant difference in the attitudes and satisfaction of clients between the two groups, there is an indication that the trained FWWs are more conscious about providing their clients with privacy and choices, hence moving towards a more client centered and rights based approach to service provision.

Since management of RTIs is a service being provided by the FWWs, the findings from this study make a strong case for Ministry of Population Welfare to integrate Aahung's training curriculum into the standard training programme for FWWs.

Results

Table 1: Difference in diagnosis and treatment of common RTIs/ STIs

| | Trained | Untrained |
|---------------------------------------|---------|-----------|
| Diagnosis of Trichomoniasis | 70.6% | 21.1% |
| Treatment of Trichomoniasis | 70.6% | 36.8% |
| Diagnosis of BV | 64.7% | 15.8% |
| Treatment of BV | 69.2% | 30.8% |
| The need for partner treatment | 88.2% | 36.8% |
| Treatment for nocturnal emission | 70.6% | 26.3% |
| Complications of BV in pregnant women | 64.7% | 21.1% |
| Complications of BV in pregnant women | 52.9% | 21.1% |
| Diagnosis of Gonorrhoea | 47.1% | 15.8% |
| Treatment of Gonorrhoea | 41.2% | 10.5% |
| Added infections with Gonorrhoea | 41.2% | 5.3% |

Table 1 shows number and percentages of correct responses. In almost all items, more trained FWWs answered correctly as compared to untrained workers.



Table 2: Reported affects of Aahung training by trained FWWs

| Professional level | Personal level |
|---|---|
| <ul style="list-style-type: none"> • Knowledgeable about STIs • Can talk without hesitation about sex • More confident to deal with clients • Giving information to others • Increased professionalism • Clients more satisfied | <ul style="list-style-type: none"> • Less misconceptions • Healthy family relationships • Giving knowledge to family members • Changed life and outlook • Awareness about family life issues |

Table 3: Analysis of client provider interaction

| | Percentage of Clients who answered yes to the questions | |
|--|---|-----------|
| | Trained | Untrained |
| Was physical examination conducted? | 31.8 | 20 |
| Did FWW explain what she was doing? | 72.7 | 62.9 |
| Were you given the opportunity to ask questions? | 90.9 | 80 |
| Were other people present in the consultation room? | 36.4 | 68.6 |
| Did you feel your conversation could be overheard by someone else? | 45.5 | 37.1 |
| Do you feel you were involved in the choice of treatment? | 81.8 | 51.4 |
| Did you feel the FWW was listening attentively to you? | 27.3 | 31.4 |
| Did you feel uncomfortable at any point? | 0 | 11.4 |
| Have you heard of HIV/AIDS? | 86.4 | 65.7 |
| Has the FWW ever tell you about HIV/AIDS | 36.4 | 16.1 |
| Has the FWW ever spoken to you about your rights? | 40 | 14.3 |

Key findings: Eighty-two percent of clients of trained FWWs felt that they were involved in the choice of treatment as compared to 51% of clients of untrained workers. Furthermore, 36% and 40% of clients of trained workers reported being told by the worker about HIV/AIDS and rights respectively as compared to 16% and 14% of clients visiting untrained workers.



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Email: info@aahung.org, Website: www.aahung.org

“ I have already started discussing some of the things learnt here such as ‘good touch’ and ‘bad touch’ with my children, so I know that this training has already affected my personal life.”

(Feedback from a participant who attended Aahung’s sexuality and sexual rights workshop)

“ I realised that my wife has the same sexual rights that I do. After this session, my view on sexual health-related issues has changed and I feel more aware of these issues.”

(Feedback from a participant who attended Aahung’s sexuality and sexual rights workshop)





Below is the story of a Female Welfare Worker who participated in Aahung's five-day training last year. She was interviewed as part of the impact assessment study that was carried out for the organisation. The account describes how the training has affected the FWWs life.

"Before [receiving this training], I lived a painful life. I was not aware of my rights. All I knew was that I was a woman, and as a woman I should suffer everything that I am put through.

Last year I attended training by Aahung, where I learnt about the rights-based approach and started feeling a lot more powerful and in control of my own life. At that time, I was being put through physical, mental, and sexual abuse at the hands of my husband. I knew that he had physical relations with other women, including sex workers, who gave him a STI that put me at risk too. I told him that I would not have any sexual relations with him until he started using condoms. On hearing this, he was physically violent with me and beat me in front of my four sons.

Owing to the newfound power I had discovered within myself, I informed [my sons] about what had been happening with me, even though in our society discussing such matters with family members is often unacceptable. They were very supportive and helped me get a transfer to Karachi where I am now starting a new life as a more confident, healthy, and content person."

Female Welfare Worker, Karachi

Participated in Aahung's training on the Holistic Management of Reproductive Tract Infections

Resource Dissemination

Brief description of Resource Centre information, education, and communication (IEC) materials

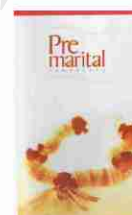
1. The Truth About HIV (English and Urdu)

This booklet addresses the stigma and discrimination surrounding HIV by providing factual information about the disease. It includes information about the difference between HIV and AIDS, the modes of transmission, and the situation in Pakistan regarding the disease. It also contains practical information for individuals at risk with information on being tested, protective behaviours, and seeking help.



2. Premarital Pamphlets (English and Urdu)

A set of six pamphlets that includes information on rights within the nikkahnama (marriage contract), contraceptive choices, sexual responses, anatomy, and physiology. It also addresses myths and misconceptions, sexual problems, and communication tips for couples.



3. Sexually Transmitted Infections (Urdu and Sindhi)

A booklet that addresses the signs, symptoms, and problems associated with various sexually transmitted infections (STIs). It also provides information on prevention and safe behaviours to reduce the risk of contracting STIs. The booklet also includes a list of organisations that provide information and services regarding sexual and reproductive health problems.



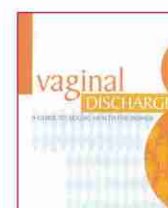
4. Erectile Dysfunction (English and Urdu)

This pamphlet talks about erectile dysfunction, its causes, and how it can be prevented. Along with providing information it also clears any myths and misconceptions.



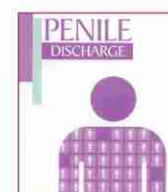
5. Vaginal Discharge (English and Urdu)

Provides information on the difference between normal and abnormal discharge, clarification of myths and misconceptions, and routine care for the prevention of vaginal infections.



6. Urethral Discharge (English and Urdu)

This pamphlet talks about the various types of penile discharge: nocturnal emission, prostatic overflow, pre-ejaculation, discharge resulting from STIs and urinary tract infections, prostatitis, and stones in the urinary tract. It answers questions on discharge and the treatments available.



7. Rape: A Guide to Seeking Help (English and Urdu)

This guide provides information about what steps should be followed in the event of rape. It also provides detailed, Karachi-specific information on public hospitals, the nature of the medico-legal examination, filing a First Information Report (FIR), patient rights, medical testing and treatment, and contact information for organisations providing legal and medical services for rape survivors.

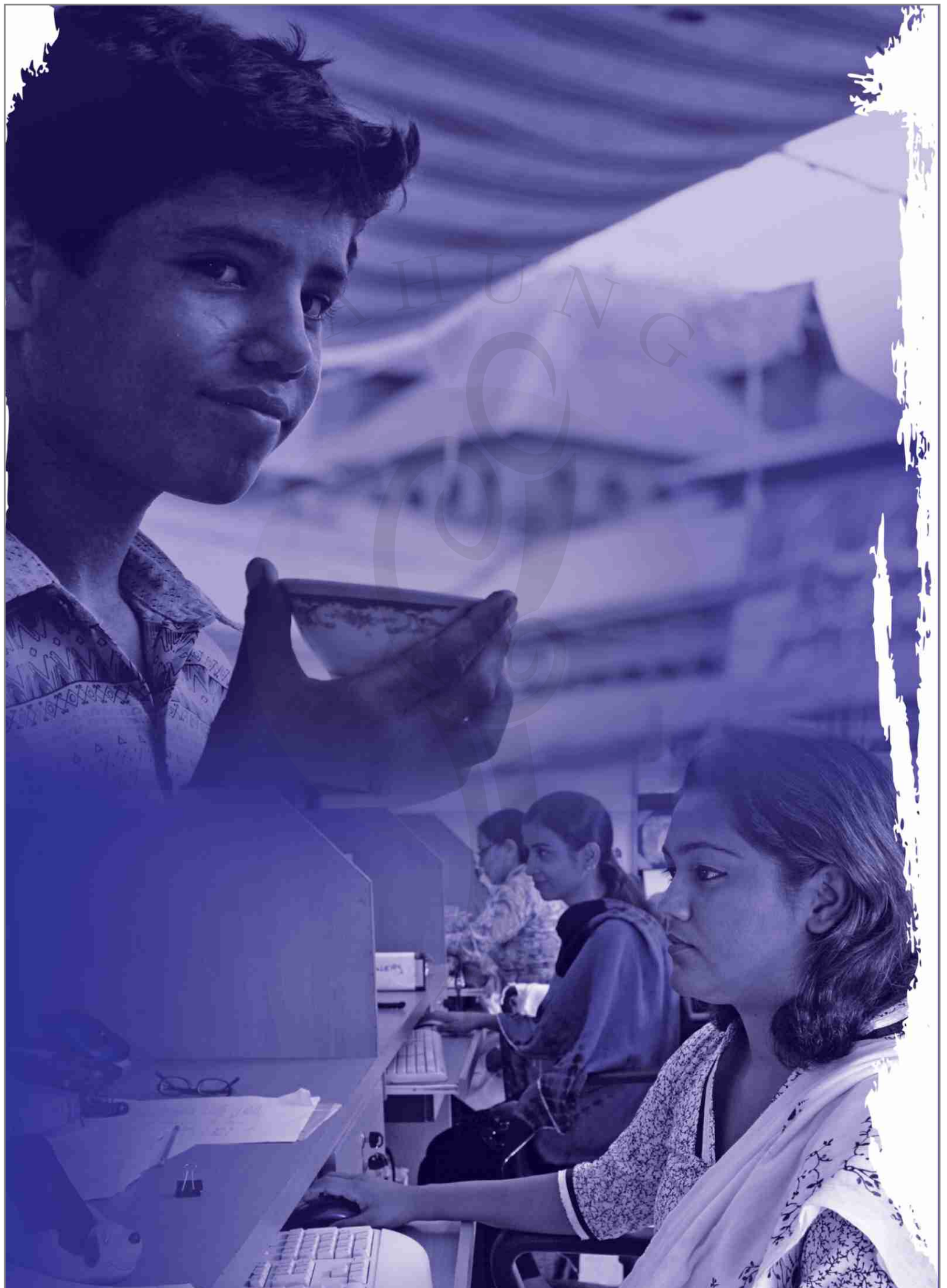




Numbers of IEC Materials Disseminated

Aahung's IEC materials are being disseminated through Family Welfare Centers affiliated with the PWDS and through private maternity hospitals and clinics. Indus Hospital has also been provided with multiple copies of the materials to disseminate through their HIV clinic.

| Name of material | English | Urdu | Sindhi | Total |
|---|--------------|---------------|------------|---------------|
| Premarital: Sexual responses | 746 | 3,370 | | 4,116 |
| Premarital: Myths and misconceptions | 746 | 3,345 | | 4,091 |
| Premarital: Nikkahnama | 746 | 3,550 | | 4,296 |
| Premarital: Anatomy/ physiology | 746 | 3,345 | | 4,091 |
| Premarital: Fertility and contraception | 746 | 3,345 | | 4,091 |
| Premarital: Sexual problems | 746 | 3,345 | | 4,091 |
| Sexually transmitted infections booklet | | 3,739 | 600 | 4,339 |
| Truth about HIV | 1,054 | 4,033 | | 5,087 |
| Vaginal discharge | | 2,861 | | 2,861 |
| Erectile dysfunction | | 3,144 | | 3,144 |
| Penile discharge | | 3,043 | | 3,043 |
| Rape: A Guide to Seeking Help | | 2,464 | | 2,464 |
| Adult manual | | 29 | | 29 |
| Medico-legal report | 300 | | | 300 |
| TOTAL | 5,830 | 39,613 | 600 | 46,043 |



AAHUNG

ORGANISATIONAL PROGRESS

Organisational Changes

As of December 2008, Sheena Hadi has been promoted to the position of full-time Director of Aahung. Sheena has been with Aahung since 2003 as the Life Skills Education Manager. Her commitment to and experience in the field of sexual and reproductive health has been critical in leading Aahung as a resource organisation.

In September 2008, Aahung also restructured its internal components to reflect the newly developed strategic plan for 2008-2011. The Youth and Clinical Components are continuing to work with education and medical teaching institutions, as was done in the past. However, a third programme component, the Resource Centre, was added to Aahung. The centre is responsible for working with service delivery organisations, the corporate sector, and government institutions. Furthermore, training requests that come to Aahung are also largely managed by the Resource Centre, which houses Aahung's senior as well as newer trainers, who together provide training support to the entire organisation. The structural change has allowed components to be more targeted in their strategic initiatives and networking and has allowed Aahung to balance its predetermined targets with response-based work more effectively.

Aahung Open House

Aahung's first Open House was held on May 19, 2009, at the office premises. The objective of the open house was for stakeholders and other interested parties to be introduced to Aahung, its material, and the work being done by the organisation since its inception.



The turnout at the event was very encouraging, with guests ranging from doctors, media personnel, corporate social responsibility specialists, community workers, representatives from NGOs, teachers, and others interested in Aahung's line of work.



Each component had its own display, which consisted of case studies, research, presentations on methodology, and samples of resources. Aahung's IEC material was on display along with a number of testimonials and learning statements from participants who have taken Aahung's trainings. A 'Wall of Achievement' showcasing Aahung's accomplishments through a series of photographs had also been prepared.



After registration, guests were shown a documentary on Aahung, which served to acquaint visitors with the organisation, its background, history, and work. This was followed by a welcome address by the Director, Sheena Hadi. Guests were then shown upstairs, where they were able to engage with programme materials and get a firsthand understanding of Aahung's work.

Aahung staff was at hand to present the work done by each component and to address any questions and comments. Members from Aahung's Board of Governors were also present for this purpose.

Overall, the event was a resounding success and received positive feedback. Most guests claimed to have been unaware of the extent of Aahung's projects and outreach; those who were aware of Aahung's mission were glad to have had the opportunity to learn about it in greater detail.

ICAAP Conference

The 9th International Congress on AIDS in Asia and the Pacific (ICAAP) was held in Bali, Indonesia from 9th – 13th August 2009 and was attended by two Aahung staff members. The theme of the congress was **"Empowering People, Strengthening Networks,"** and it aimed to mobilize a holistic and effective response to the HIV pandemic by countries in the region today. ICAAP provided participants and organisations with a platform to discuss the incumbent issues, and to share values, experiences and expertise.


One staff member from Aahung was nominated to become a member of the Bali Youth Force which is a coalition of organisations and individuals that collaborate with young participants before, during and after the 9th ICAAP. He attended the pre-Youth forum from 6th – 8th August and presented on culture and faith and how it influences the sexuality of young people. The Youth Forum gave young participants the opportunity to share experiences, network as well as develop advocacy recommendations for the main congress.

Overall the experience of attending the 9th ICAAP was extremely useful for participating Aahung staff, and they hope to continue networking and sharing with the various people and organisations they connected with.


Launch of Aahung's New Website

Aahung launched its new and improved website this year. The website features increased information, constant updates on trainings, events, and job openings. It also allows visitors to view Aahung's selection of resource materials and place orders online. Aahung's newsletters can also be downloaded from the site in PDF format.

Visit <http://www.aahung.org> for more information.




| |
|---------------------|
| HOME |
| ABOUT US |
| PROGRAMS |
| PUBLICATIONS |
| JOB OPPORTUNITIES |
| AAHUNG IN THE MEDIA |
| GET INVOLVED |
| CONTACT US |



Welcome

Established in 1994, Aahung has emerged from a Karachi-based community project to a leading authority in the field of sexual health and rights in Pakistan. Functioning in an environment devoid of expertise or resources, Aahung has been successful in developing culturally relevant strategies to respond to the sexual health needs of the Pakistani population. Moreover, Aahung has had success in bringing attention to sexual health issues and concerns in medical and educational institutions across Pakistan.

For further information please contact Aahung by e-mail (info@aaahung.org) or through our [Contact Us page](#). All rights reserved. No part of this website or its contents may be reproduced in any form whatsoever without the prior permission of Aahung.

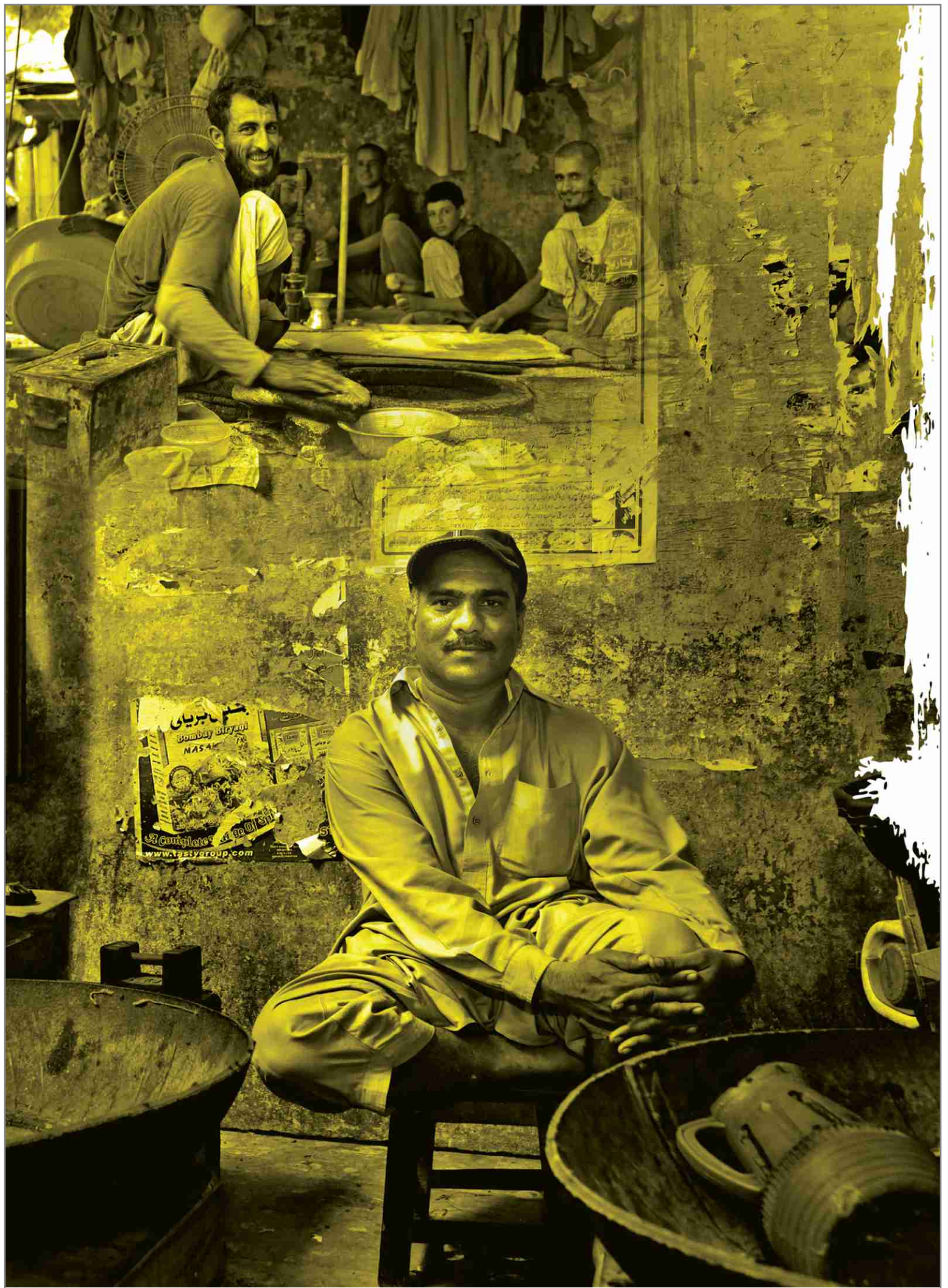


In-house Gender Training

A two-day, in-house training on gender was conducted for programme staff on August 6 and 7, 2009. The training, conducted by gender expert Rahal Saeed; was a good learning experience in that it exposed all staff members to the complex concept of gender and its societal construction. The workshop began by introducing the basics of gender discrimination and gender stereotypes and then proceeded to explore concepts of gender and development. Different gender analysis tools were also examined and evaluated. The training went further to develop a vision of a gender equitable society and considered challenges faced in terms of project planning and implementation. Participants learnt about the extreme and often understated importance of the concepts of access and control and were encouraged to examine their own work within the organisation through a gendered lens.

Staff Trainings

| Dates attended | Name of employee | Topic of Training | Organised by | City | Country |
|---------------------|------------------|--|------------------------------------|-----------|-----------|
| October 23-24, 2008 | Farah Shaikh Ali | SMART chart communication tool | Rozan | Karachi | Pakistan |
| November 2-8, 2008 | Nazo Pirzada | Human Rights | CREA | Haryana | India |
| December 2-6, 2008 | Shehneel Gill | Leadership Development and Mobilisation for RH | LDM | Karachi | Pakistan |
| January 13-15, 2009 | Faiz Alam | Follow up workshop on EPAT- Evidence Based Tool for Youth Programmes | Stop AIDS Now! And WPF Netherlands | Islamabad | Pakistan |
| January 21-23, 2009 | Mariam Sheikh | The media and HIV/ AIDS in Pakistan | Pakistan Press Foundation | Karachi | Pakistan |
| January 30, 2009 | Farah Shaikh Ali | SMART chart refresher | Rozan | Karachi | Pakistan |
| March 25-26, 2009 | Mariam Sheikh | SMART chart communication tool | Rozan | Islamabad | Pakistan |
| April 2009 | Faiz Alam | English Language Course | Berlitz | Karachi | Pakistan |
| May 27-28, 2009 | Mariam Sheikh | Branding and the development Sector | NGORC | Karachi | Pakistan |
| June 12, 2009 | Mariam Sheikh | SMART chart refresher | Rozan | Islamabad | Pakistan |
| 9-13 August, 2009 | Faiz Alam | 9th International Conference on AIDS and the Asia Pacific | ICAAP Committee | Bali | Indonesia |
| 9-13 August, 2009 | Aisha Ijaz | 9th International Conference on AIDS and the Asia Pacific | ICAAP Committee | Bali | Indonesia |



AUDIT REPORT



BDO Ebrahim & Co.
Chartered Accountants

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Sarwar Shaheed Road, Karachi-74200, Pakistan.
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Telefax : 5684239
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AUDITORS' REPORT TO THE MEMBERS

We have audited the annexed balance sheet of AAHUNG (the Organization) as at June 30, 2009 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:-

- a) the payments made and the expenditure incurred during the year was for the purpose of the approved objects of the Organisation;
- b) where the funds were received for a specific stated purpose, these have been spent for that purpose only; and
- c) the financial statements give a true and fair view of the Organisation's affairs as at June 30, 2009 and of their results of its operations for the year then ended.

KARACHI

DATED: 10 OCT 2009

BDO Ebrahim & Co.

CHARTERED ACCOUNTANTS

Book Engagement Partner: Zulfikar A. Causer

Balance sheet as at June 30, 2009

AAHUNG
BALANCE SHEET AS AT JUNE 30, 2009

| | | 2009 | | | 2008 | | |
|---|--------------|------------|------------|--------------|------------|-----------|------------|
| Note | Unrestricted | Restricted | Total | Unrestricted | Restricted | Total | |
| Rupees | | | | | | | |
| Assets | | | | | | | |
| Non-current assets | | | | | | | |
| Tangible fixed assets | 5 | 1 | 2,269,073 | 2,269,074 | 1 | 837,682 | 837,683 |
| Security deposits | | 47,500 | 312,000 | 359,500 | 99,500 | 2,500 | 102,000 |
| Current assets | | | | | | | |
| Loans, advances and other receivables | 6 | 18,800 | 1,101,735 | 1,120,535 | - | 276,394 | 276,394 |
| Inter-fund balance | | - | 355,720 | 355,720 | - | 221,850 | 221,850 |
| Short-term investments | 7 | 2,203,699 | - | 2,203,699 | 1,590,463 | - | 1,590,463 |
| Cash and bank balances | 8 | 6,962,949 | 8,559,450 | 15,522,399 | 5,932,062 | 7,378,055 | 13,310,117 |
| Total current assets | | 9,185,448 | 10,016,905 | 19,202,353 | 7,522,525 | 7,876,299 | 15,398,824 |
| Total assets | | 9,232,949 | 12,597,978 | 21,830,927 | 7,622,026 | 8,716,481 | 16,338,507 |
| Fund balances and liabilities | | | | | | | |
| Fund balances | | | | | | | |
| Restricted fund balances | 9 | - | 9,274,067 | 9,274,067 | - | 7,044,968 | 7,044,968 |
| Accumulated unrestricted surplus | | 6,194,209 | - | 6,194,209 | 5,389,838 | - | 5,389,838 |
| Unrealized gain on short term investments | | 233,115 | - | 233,115 | 150,067 | - | 150,067 |
| Total fund balances | | 6,427,324 | 9,274,067 | 15,701,391 | 5,539,905 | 7,044,968 | 12,584,873 |
| Non-current liabilities | | | | | | | |
| Deferred capital grants | 10 | - | 2,269,073 | 2,269,073 | - | 837,682 | 837,682 |
| Deferred liability-gratuity | 11 | 1,970,584 | - | 1,970,584 | 1,440,395 | - | 1,440,395 |
| Current liabilities | | | | | | | |
| Accrued and other liabilities | 12 | 479,321 | 1,054,838 | 1,534,159 | 419,876 | 833,831 | 1,253,707 |
| Inter fund balance | | 355,720 | - | 355,720 | 221,850 | - | 221,850 |
| Total liabilities | | 8,752,625 | 12,597,978 | 21,830,927 | 7,622,026 | 8,716,481 | 16,338,507 |

The annexed notes form an integral part of these financial statements


CHAIRMAN


WORKING COMMITTEE MEMBER

Income & Expenditure as at June 30, 2009

AAHUNG INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED ON JUNE 30, 2009

| Note | 2009 | | | 2008 | | |
|--|--------------|------------|------------|--------------|------------|------------|
| | Unrestricted | Restricted | Total | Unrestricted | Restricted | Total |
| Rupees | | | | | | |
| Income | | | | | | |
| Restricted funds utilized | 9.1 | - | 19,888,453 | - | 16,018,494 | 16,018,494 |
| Consultancy fee | | 219,500 | - | 219,500 | - | 408,357 |
| Deferred capital grants released | 10 | - | 426,709 | - | 336,026 | 336,026 |
| Other income | 13 | 680,964 | 3,917,291 | 4,598,255 | 622,290 | 516,678 |
| Total income | | 900,464 | 24,232,453 | 25,132,917 | 1,030,647 | 16,871,198 |
| Expenses | | | | | | |
| Operating expenses | 14 | 96,093 | 7,693,361 | 7,789,454 | 1,227 | 4,508,912 |
| Program and project expenses | 15 | - | 16,539,092 | 16,539,092 | - | 12,362,286 |
| Total expenses | | 96,093 | 24,232,453 | 24,328,546 | 1,227 | 16,871,198 |
| Surplus / (deficit) for the year | | 804,371 | - | 804,371 | 1,029,420 | - |
| Accumulated surplus at the beginning of the year | | 5,389,838 | - | 5,389,838 | 4,360,418 | - |
| Accumulated surplus at the end of the year | | 6,194,209 | - | 6,194,209 | 5,389,838 | - |

The annexed notes form an integral part of these financial statements


CHAIRMAN


WORKING COMMITTEE MEMBER

A A H U N G



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