

Annual Report
September 2010 – August 2011





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Table of Contents

Director's Note	4
Aahung's Board of Governors	5
1. Introduction	7
1.1. About Aahung	8
1.2. Strategic Plan 2008-2011	8
i. Child Sexual Abuse (CSA) Prevention	9
ii. Adolescent Sexual and Reproductive Health (ASRH)	9
iii. Increase Awareness on Sexual and Reproductive Health (SRH)	9
iv. Improve Management of Sexual and Reproductive Health (SRH) Issues	10
1.3. Programmatic Structure and Geographic Scope	10
2. Child Sexual Abuse (CSA)	11
2.1. CSA Sensitization Sessions with Teachers and Caregivers	12
2.2. Pilot Testing of CSA Training with Teachers from Hayat-e-Nau, Hyderabad	13
2.3. Child Abuse Media Campaign in Partnership with Rahnuma-Family Planning Association of Pakistan (FPAP)	14
3. Adolescent Sexual and Reproductive Health (ASRH)	15
3.1. Capacity Building in Public Schools in Collaboration with Department of Education, Sindh	16
3.2. Capacity Building in Charter Schools	17
i. Collaboration with Indus Resource Center (IRC), Khairpur	17
ii. Collaboration with the Zindagi Trust, Karachi	18
3.3. Reprinting of Youth Component's IEC Materials	19
3.4. Youth Projects	19
i. Hamara Kal	19
ii. Innovative Project	20
4. Integrating SRH Education into Medical Training Institutions	21
4.1. Capacity Building	22
4.2. Networking and Lobbying for Curriculum Change	23
4.3. Resource Development	23
4.4. A Nurse Incites Institutional Change	24
5. Increase Awareness on Sexual and Reproductive Health (SRH)	25
5.1. Collaboration with Masoom Rights Development Society (MRDS)	26
5.2. Collaboration with Rutgers World Population Foundation (RWPF)	26
5.3. Open-announced Training of Trainers (ToT)	26
5.4. Responsive Trainings	27
i. Training for Hayat-e-Nau	27
ii. Training for Indus Resource Centre	27
5.5. IEC Material Dissemination	28
6. Organizational Updates	30
6.1. Research, Monitoring and Evaluation Department	30
6.2. Organizational Development and HR Restructuring	30
6.3. Engaging with Media	31
6.4. External Evaluation	31
6.5. Strategic Planning	31
6.6. Staff Training and Development	32
7. Audit Report	33
Annexure 1	36
Annexure 2	37

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Director's Note

In August 2011, Aahung's three-year strategic plan for "Prioritizing Sexual Health" came to a close. During these past three years, Aahung has seen significant growth as an organization, both in terms of outreach numbers and in the characteristics of target populations impacted. Having worked predominantly with the private sector in the past, Aahung has propelled itself into developing relationships with public sector educational and health institutions to gain access to more men, women and young people across Pakistan. Nationally, Aahung has developed a presence in leading medical and nursing institutions as well as government regional training institutions across all provinces and has initiated the process of integrating quality sexual and reproductive health (SRH) information into their teaching curricula. Moreover, Aahung has also initiated teaching programs in public schools in Sindh where adolescent girls and boys are being empowered through a life skills education (LSE) program.



Aahung's strategic plan for the coming three years has upheld the vision of the organization by continuing to focus on SRH holistically and by taking into consideration the multiple layers of society which impact the overall development of an individual. From the family to health and education institutions to policies, Aahung will continue to focus on creating an enabling environment for the individual, in which information and services regarding SRH are easily accessible, affordable and provide quality assurance. We will do this by continuing to develop partnerships with existing service providers to make systemic improvements. Aahung will work with partner institutions to develop their management and staff capacity on SRH while providing tools, implementation support and feedback to ensure that activities and information sessions carried forward into the field and classrooms are done so with quality and accuracy.

Where there is a supply of quality services, however, there also needs to be a demand for such services. Therefore, Aahung aims to increase its outreach to individuals through the use of media and communications strategies in the coming three years. This will involve creating materials for distribution in schools and clinics as well as the development of media campaigns that spread vital information regarding sexual and reproductive health and rights.

The quality and strength of Aahung's programs rests on the ongoing effort made by each employee at the organization. Tackling a development issue such as SRH is never an easy feat and I would like to thank the Aahung staff for their courage and for staying devoted to seeing our programs move forward so that a difference can be made in peoples' lives. And as always, the success of our work depends on our partnerships and we would like to thank those institutions and organizations that have prioritized SRH and used their time and resources to improve their services in this area. We look forward to the next three years of successful partnerships and to taking a few steps closer towards having a sexually healthier society in Pakistan.

Sheena Hadi

Director



Aahung's Board of Governors



Abdul Manan 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 Arid zone 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.



Mehvesh Agha (Bina) is a Remedial Therapist and Counsellor. She provides specialist tutoring to children with learning difficulties and has been affiliated with Readyslexics Pvt. Ltd. since 2003. Mehvesh is also practicing as a Humanistic Counsellor, working therapeutically with adults and adolescent dealing with life challenges, trauma, relationship, depression and anxiety related issues. Currently she is also pursuing a Master Degree in Psychology from a local university.



Ali Khan has founded and brought to the market a number of businesses in the UK and South Asia. After graduating from University in London, Ali started his career with Citibank in the Middle East from where he moved into the conformity assessment business in the mid 90's. Since that time Ali has successfully launched ROS Inspection Ltd (a third party global inspection company) in the UK, Asia Strategy Institute in Pakistan, URS Certification in Pakistan, Bangladesh, Saudi Arabia and Sri Lanka and Indus Trade Solutions in the UAE.



Imran Zafar has worked primarily in Reproductive Health and Social Marketing during his career in Public Health. He is now a consultant and also studying psychology and practicing as a counselling therapist.



Insha Hamdani is General Manager Communications and Demand Generation at Marie Stopes Society since 2007. Leading the advocacy and 'policy and partnership' initiatives at MSS, Insha is responsible for the three-tier communications undertaken by the organization with its internal and external stakeholders. An ardent supporter of Aahung's work, Insha has helped establish partnership between Aahung and MSS.



Shama Mohammed is the Director of Community Outreach at Interactive Research and Development (IRD,) an organization working on research and health delivery, in Karachi. Shama has been working in the development sector since 2000 and has worked in the fields of health, education, gender, community development, early child development, and microfinance. She holds a BA in Economics from Wellesley College and a Masters in Public Administration in International Development (MPA/ID) from Harvard University.



Owais Aslam is the Secretary General of Pakistan Press Foundation (PPF) and Chairman of Pakistan Press International (PPI) news agency and Asianet-Pakistan. 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 and Institute of Business Management (IoBM).

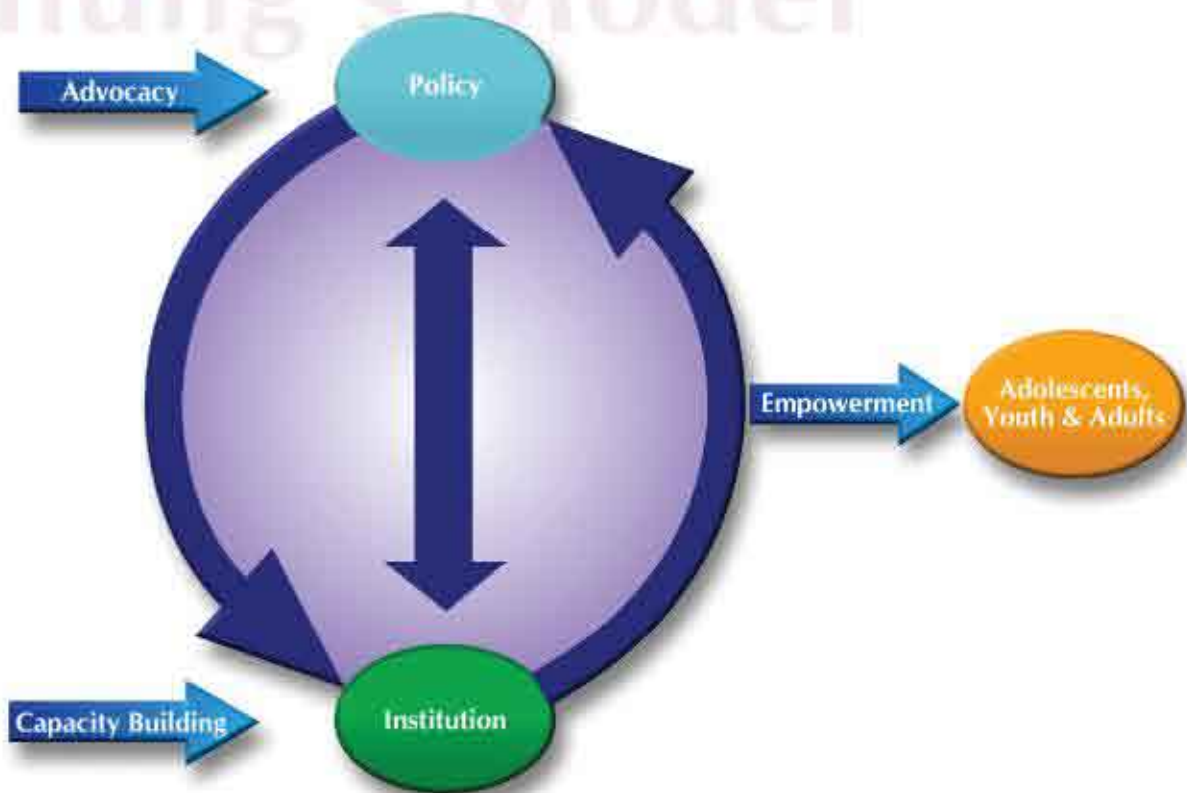


Shazia Mohamed is an Art Therapist with a private practice in Karachi. She is a co-founder of Aahung.

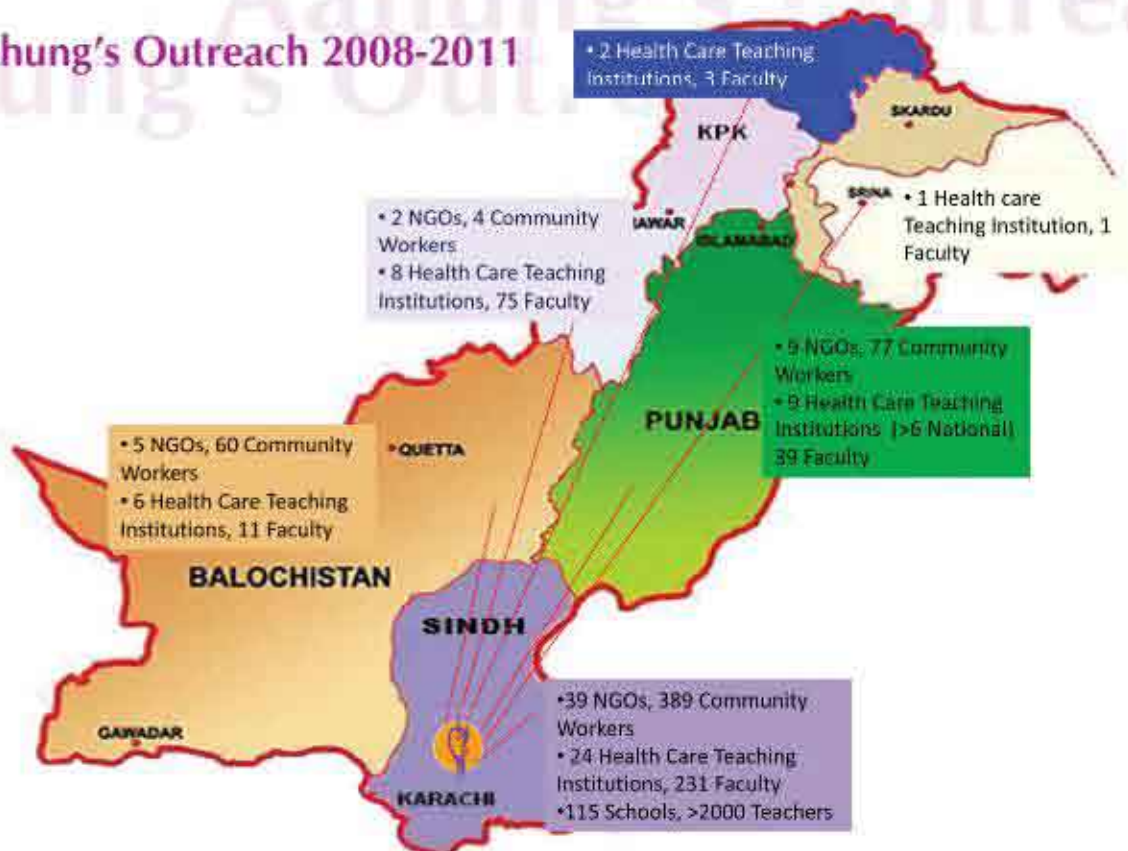


Khusro Mumtaz is head of Corporate Credit Risk at Standard Chartered Bank. He writes on various development and civil society-related issues for leading newspapers in Pakistan. He is also a well-known film and theatre critic of the country.

Aahung's Model



Aahung's Outreach 2008-2011



1. Introduction

1.1. About Aahung

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

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

Functioning in an environment devoid of expertise or resources, Aahung has been successful in developing culturally relevant strategies to respond to the sexual and reproductive health needs of the Pakistani population. Moreover, Aahung has had success in integrating quality sexual and reproductive health education in medical academic and educational institutions across Pakistan.

1.2. Strategic Plan 2008-2011

Aahung's strategic plan for September 2008 to August 2011 intended to address the problem of limited access to quality information and services that is a major cause of several sexual and reproductive health problems. During this period the Aahung team was to undertake advocacy, capacity building and information dissemination activities in the following thematic areas:

i. Child Sexual Abuse (CSA) Prevention

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

Aahung builds the capacity of primary 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 on this highly sensitive issue as well as teaching them techniques and strategies for preventing child sexual abuse.



ii. Adolescent Sexual and Reproductive Health (ASRH)

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

Aahung develops the capacity of public and private school teachers to integrate quality life skills based education (LSBE) into the school curriculum. Teachers are equipped with accurate knowledge, and effective teaching methodology to be able to discuss ASRH issues in the classroom. Aahung's LSBE curriculum covers a range of issues including pubertal changes, gender discrimination, HIV / AIDS, protection from violence, peer pressure, rights within the nikah nama, positive health seeking 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. Increase Awareness on Sexual and Reproductive Health (SRH)

Due to the taboos associated with talking about sex, very few people in Pakistan are comfortable openly discussing sexual and reproductive health related issues. Hence, the widespread prevalence of misconceptions about SRH is not surprising. Myths related to SRH issues may promote harmless customs like avoiding spicy foods during menstruation whilst they may sometimes encourage detrimental practices like inducing abortion with herbal sticks, which may result in serious infections, dysfunctions and even death.

Aahung's information dissemination activities aim to impart age-appropriate and accurate information on SRH issues. Information, education and communication (IEC) tools and material in Urdu and other local languages are used to inform community people through school teachers and healthcare providers in clinics and large community based organizations throughout Pakistan.



iv. **Improve Management of Sexual and Reproductive Health (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 (SRHR) 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 are covered extremely superficially in healthcare teaching curricula. When health care providers go out in the field, not only are they unable to manage these issues, but they often perpetuate prevailing myths and misconceptions about sexual and reproductive health issues.

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

1.3. **Programmatic Structure and Geographic Scope**

In order to implement this strategic plan, Aahung has organized itself into three program components that are supported by three support components (see table 1.1). Each program component works with a different target audience through various types of institutions. In accordance with its specific thematic area each program component is named as 1) Sexual and Reproductive Health Management (SRHM); 2) Sexual Rights Resource Center (SRRC); and 3) Life Skills Education (LSE). Together with the support components of Communications, Research, Monitoring and Evaluation and Finance, Administration and Human Resources, the program components aim to create an enabling environment in Pakistan where sexual and reproductive rights of both young people and adults are realized.

Support Departments/ Program Components	Sexual and Reproductive Health Management	Sexual Rights Resource Center	Life Skills Education
Finance, Administration and Human Resource			
Communication			
Research, Monitoring and Evaluation			

A close-up photograph of a young girl's face, looking directly at the camera with a serious expression. Her hair is light brown and slightly messy. A thin, curved purple line is drawn vertically along the left side of her face. At the bottom, there is a semi-transparent orange banner with white text.

Child Sexual Abuse (CSA)

2. Child Sexual Abuse (CSA)

Child Sexual Abuse (CSA) remains common in Pakistan with approximately 15-25% of all children in Pakistan enduring some form of sexual abuse before the age of 18. However, this is only the tip of the iceberg as many cases go unreported and/or undetected. When children are not educated about their bodies or their rights they are left vulnerable to abuse. Furthermore the taboos, guilt, and shame associated with sex and sexuality can make children reluctant to discuss any incidents of abuse. Children may also be unsure of who to turn to for help in such a situation because as with all topics related to sexuality and the body, child sexual abuse is also often ignored by caregivers.

To promote the prevention of CSA, Aahung has continued to work on sensitizing teachers and caregivers in the last one year by providing them with basic prevention techniques so that they can empower young people to protect themselves from abuse. Additionally, Aahung has developed modules for a two-day training on CSA that explores concepts and prevention in more detail.

2.1. CSA Sensitization Sessions with Teachers and Caregivers

In the last year, Aahung has continued to provide teachers and caregivers with a 1-2 hour sensitization session on CSA. To promote the prevention of CSA, it is important to sensitize teachers and caregivers by providing them with basic prevention techniques so that they can empower young people to protect themselves from abuse.

Additionally, it is critical that caregivers are aware of the signs and symptoms of abuse, have information about how to handle abuse cases and know where to go to for support. These sessions are supplemented by various Aahung resource materials including the CSA Flashcard toolkit and the Instructional CSA Video. Over the past one year, 246 teachers and caregivers have been sensitized on CSA.

CSA Sensitization Sessions with Caregivers and Young Adults at IDP Camps - Khairpur

The Indus Resource Centre (IRC) is working for the empowerment of marginalized communities in rural areas of Sindh. After the floods of 2010, IRC started a recovery and rehabilitation process for men, women and children in the IDP camps at Khairpur. This included running sensitization sessions on CSA awareness and prevention with parents, caregivers and young adults. A team of IRC staff who had been trained by Aahung on CSA spent almost 3 months in the field, and were able to sensitize 266 caregivers and 268 young adults on basic CSA awareness and prevention.





2.2. Pilot Testing of CSA Training with Teachers from Hayat-e-Nau, Hyderabad

In response to consistent requests from schools to train teachers on CSA prevention strategies, Aahung has developed a comprehensive two-day training on CSA. The training focuses on building participants knowledge on CSA prevention and also develops their skills in implementing Aahung's CSA tools, including the Flashcards Toolkit, CSA Video and CSA Activity Book. Once the agenda and modules for the training were developed earlier this year, they were pilot tested with a group of 16 teachers and staff members from Hayat-e-Nau, a Hyderabad based NGO that works on the rehabilitation and education of mentally handicapped children.

The training was well received by the participants who appreciated the participatory approach adopted by Aahung which included the use of case studies, movie clips, discussions and role-plays. All the participants got a chance to practice implementing the various CSA tools and at the end of the practice sessions they reported a marked improvement in their implementation skills and confidence levels. Participants gave feedback on the training content and methodology at the end of the training and this has duly been incorporated by Aahung for future trainings. Due to high demand and the success of the pilot training with Hayat-e-Nau, Aahung has now officially integrated CSA trainings, with primary school teachers, as part of its next strategic plan targets.

2.3. Child Abuse Media Campaign in Partnership with Rahnuma-Family Planning Association of Pakistan (FPAP)

Rahnuma-FPAP is one of the largest providers of family planning and reproductive health services in Pakistan, offering services nationwide. As part of their “16 Day Campaign against Violence,” Rahnuma-FPAP approached Aahung for partnership to run a nationwide radio campaign on CSA prevention from December 15th – December 31st, 2010. As part of the collaboration, Aahung shared four culturally appropriate radio messages it had developed for previous similar campaigns. The messages focused on dispelling common myths associated with CSA and provided listeners with simple strategies for the prevention of child sexual abuse.

Table 2.1: Number of Teachers and Caregivers Sensitized on CSA Prevention Strategies

Institution	Primary Beneficiaries			Secondary Beneficiaries (Students)
	Type of Participant	Male	Female	
Kidz Klub Daycare	Teachers		9	225
Weldon Mom's Day care	Parents	1	19	-
Aminabad Religious Education Centre	Parents	10	40	-
Al-Moiz Religious Education Centre	Parents	45	5	-
Platinum Religious Education Centre	Parents	7	50	-
Evershine Jamaat Khana	Parents	20	40	-
TOTAL		83	163	225

2.4 Partnership between Aahung and Rana Liaquat Craftsmen Colony Project (RLCC)

Aahung has partnered with Rana Liaquat Craftsmen Colony Project (RLCC) since 2008 to train their 10 community workers on CSA awareness and prevention. These trained community workers have conducted several sessions with teachers and children in approximately 25 schools in Shah Faisal Colony, Karachi. In total, RLCC has been able to conduct these sessions with 313 female teachers and 1482 boys and girls (details in Annexure 2).



**Adolescent Sexual and
Reproductive Health (ASRH)**

3. Adolescent Sexual and Reproductive Health (ASRH)

Adolescent issues are of particular concern for Pakistan as 63% of Pakistan's population is under the age of 25¹. Young people desperately need information about their bodies and yet they lack avenues for obtaining this information. Due to the taboo nature of the subject, parents are often uncomfortable with, or unwilling to, discuss sensitive issues with their children, including basic information on puberty and development.

In the last year, the Youth Component has continued working on building the capacity of public and charter school teachers in Sindh to integrate quality and age-appropriate reproductive health information into their teaching programs. By building the capacity of teachers and lobbying with the Department of Education (Sindh) for the inclusion of ASRH education into the teaching curriculum, Aahung ensures that young people have access to information and skills that will enable them to lead healthier and safer lives.



3.1. Capacity Building in Public Schools in Collaboration with Department of Education, Sindh

Aahung, the Education Department of Sindh, and the Population Welfare Department of Sindh, have formed a unique partnership to increase adolescent access to sexual and reproductive health information in government schools. In order to implement this, Aahung held a Training of Trainers workshop on Adolescent Sexual and Reproductive Health (ASRH) information and issues in January and February, 2010, with a group of 20 Master Trainers from Karachi and another 24 Master Trainers from Hyderabad, Mirpurkhas and Umerkot.

On request of the Education Department of Sindh, the Life Skills Component was added to the ASRH curriculum. In order to introduce the modified Life Skills Based Education (LSBE) curriculum, Aahung organized a three-day refresher training in September 2010 with 20 Master Trainers selected from all 4 districts. The objective of the training was to revise concepts and introduce the Master Trainers to the new LSBE curriculum. The training gave the Master Trainers the opportunity to practice implementing lessons from the curriculum, and by the end of the training they all developed and shared workplans for roll-out trainings with fellow teachers to be conducted in the following month. Aahung's cascading model and the roll-out strategy is evident in fig 3.1

Fig. 3.1 Aahung's Cascading Model and Roll Out Strategy with Department of Education, Sindh



After the refresher training, the Master Trainers replicated the training with 120 fellow teachers from 27 Govt. Secondary Schools from the 4 districts of Karachi, Hyderabad, Mirpurkhas and Umerkot. These teachers are currently in the process of implementing the curriculum with 10,438 students from class 7, 8 and 9 in their schools.

¹ <http://undp.org.pk/undp-and-the-youth.html>

Table 3.1: Number of Teachers and Students Trained on ASRH

District	Participating schools	Primary beneficiaries		Secondary Beneficiaries	
		Male Teachers	Female Teachers	Male students	Female students
Hyderabad	5	11	8	436	1096
Karachi	14	19	48	498	2642
Mirpurkhas	4	6	11	880	2028
Umerkot	4	11	6	1935	923
TOTAL	27	47	73	3749	6689

3.2. Capacity Building in Charter Schools**i. Collaboration with Indus Resource Center (IRC), 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 since 2010 for the "Girl's Empowerment Project," to increase awareness and access to reproductive health information for adolescents and community members in Khairpur, Sindh. As part of the first phase of the project, Aahung staff trained 20 teachers from 5 secondary IRC charter schools in Khairpur on key topics relating to Adolescent Sexual and Reproductive Health (ASRH). These teachers then went on to implement Aahung's ASRH curriculum with approximately 500 adolescent girls from the five schools as a pilot project. After the successful implementation of the curriculum in the IRC schools in 2010, the IRC team set up a meeting with the Education Department in Khairpur to share major achievements of the pilot project, and advocate for a similar pilot project to be carried out in selected government schools in Khairpur. The project was approved by the Khairpur Education Department and Aahung's newly designed LSBE curriculum was also approved to be run with approximately 5,180 young boys and girls in 11 government schools; 6 Girl's schools and 5 Boy's schools.

Aahung was called upon to conduct two capacity building trainings with all 56 government school teachers who will be implementing the curriculum. The first training was successfully held with 24 female teachers in May and the second training was held with 32 male teachers in July.

Implementation of the curriculum has started with students and once it is completed Aahung will assist IRC in monitoring the impact of the curriculum on the lives of students and teachers. A report will be drafted and the findings will be shared with the Education Department in order to advocate for ASRH education to be institutionalized across all government schools in the district.

Table 3.2: Number of Teachers and Students Trained on ASRH Education

District	Participating schools	Primary beneficiaries		Secondary Beneficiaries	
		Male Teachers	Female Teachers	Male students	Female students
Khairpur	11	32	24	3066	2114
Karachi	1	9	1	-	-
Total	12	41	25	3066	2114

Impact Assessment

In order to scientifically measure the impact of ASRH education on youth, Aahung has also designed an impact assessment study in collaboration with the Education Department of Sindh. A leading research firm, Interactive Development and Research (IRD), was brought on board that has conducted a thorough baseline Knowledge Attitude and Practice (KAP) assessment of youth, teachers and master trainers from all 4 districts during the last year. The KAP study has been carried out in 10 intervention and 8 control schools. Once the curriculum has been fully implemented in all the research schools, IRD will do a post-intervention KAP survey in both control and pilot schools to assess the impact of the LSBE curriculum on the knowledge, attitudes and practices of young people and teachers. Aahung is hopeful that the findings of this research project will help Aahung advocate for the inclusion of the LSBE curriculum as part of the national education curriculum.

ii. Collaboration with the Zindagi Trust, Karachi

Zindagi Trust is a non-profit organization that aims to provide quality education to the underprivileged children of Pakistan. Additionally, Zindagi Trust is committed to promoting quality Government school reform and improving the curriculum and textbooks of the education system of Pakistan. In 2007, Zindagi Trust took over the management of a public school the SMB Fatima Jinnah Government Girl's School. The objective was to turn it into a centre of excellence with the hope that the Government would replicate the model all over Pakistan.

Aahung and Zindagi Trust have partnered since March 2011 to increase adolescent access to sexual and reproductive health information in the SMB Fatima Jinnah Government Girl's School. As the first step of the process, Aahung held a meeting with parents of students from class 8 and class 9 to share the curriculum with them and get their consent and feedback. The next step of the process was to conduct a 4 day capacity building training with the 9 secondary school teachers who will implement the Adolescent Sexual and Reproductive Health (ASRH) curriculum with approximately 350 students from class 8 and class 9 over the course of the upcoming school year. Aahung will continue to provide support to teachers once they start implementing the curriculum with students and will also assist in the monitoring and evaluation of the program at the student and teacher level.



Table 3.3: Capacity Building

Intervention	Participating Schools	Primary beneficiaries		Student Beneficiaries Currently Receiving ASRH Education	
		Male Teachers	Female Teachers	Male students	Female students
Govt. Pilot Project	25*	47	73	3749	6689
IRC Project	11	32	24	3066	2114
Zindagi Trust	1	-	9	-	-
TOTAL	37	79	106	6815	8803

3.3. Reprinting of Youth Component's IEC Material

The Youth Component has developed highly innovative and culturally appropriate IEC materials and training tools for young people, parents and caregivers on topics such as CSA, puberty, communication, and growing up. This year the Youth Component adopted the strategy of disseminating resource materials through partner organizations that have a large community presence. Organizations such as Rahnuma – Family Planning Association of Pakistan (FPAP), National Rural Support Program (NRSP) and IRC took the initiative to reprint and disseminate large numbers of resource materials to young people and adults in their partner communities.

3.4. Youth Projects

i. Hamara Kal

Hamara Kal is an innovative youth development program titled "Rights Driven Institutionalization of Sexual and Reproductive Health in Pakistan" funded by the European Union and implemented by Rutgers World Population Foundation (RWPF) through partners. Aahung is implementing the project in Karachi. At present, 77 public schools in Karachi are implementing Life Skills Based Education (LSBE) and approximately 30,000 students are going through the LSBE curriculum. A total of 234 trained teachers are imparting LSBE curriculum in their classes.

In order to create an enabling environment for friendly youth services, various other stakeholders are also being trained and sensitized on the need of adolescent health and rights. A memorandum of understanding (MoU) has been signed with the Health Department of City District Government of Karachi (CDGK) to train health care providers (HCPs) on adolescent health issues. A total of 61 HCPs were selected and trained from the vicinities of different public schools in coordination with the health department. Furthermore, three training workshops were organized to sensitize 86 civil society organizations' (CSOs) members with the support of the community development department of CDGK. The CSOs were also sensitized and encouraged to develop and incorporate youth friendly policies within their respective areas of work. A one day sensitization workshop was also organized for print and electronic media personnel to enable them to understand youth issues. It is hoped that these trained media persons will highlight youth issues in print and electronic media.

Organization	Resource Material	Quantity Reprinted and Disseminated
IRC	Zindagi Guzarnay Kee Maharaton Per Mabni Taleem – Girl's Workbook	2200
	Zindagi Guzarnay Kee Maharaton Per Mabni Taleem – Boy's Workbook	3100
NRSP	A Girl's Guide to Growing Up!	500
	A Boy's Guide to Growing Up!	500
Rahnuma-FPAP	A Girl's Guide to Growing Up!	3000
	A Boy's Guide to Growing Up!	3000
	Empowering Your Child and Preventing Sexual Abuse – English	3000
	Empowering Your Child and Preventing Sexual Abuse – Urdu	3000
TOTAL		18,300

ii. Innovative Project

The Innovative Project on LSBE funded by Oxfam/Novib has been implemented through 4 partners. Aahung has provided technical assistance in developing workbooks, teacher guides and IEC material for the project. During the two year project, 1500 school-going youth have been given LSBE through trained male and female teachers in Ghazi, Haripur District, KPK through implementing partner Sungi whereas the out-of-school youth in Mithi, Tharparkar District, Sindh have received information through social mobilizers of Thardeep using flashcards. These activities were supplemented by FM radio programs developed by another technical partner to reach a broader audience including youth and care givers like parents, teachers, health care providers as well as other stake holders. The project concluded in June 2011 and is currently undergoing an end-term evaluation.



IEC Material Developed For Out of School Children

In the Innovative Project, workbooks and teachers guides were developed for school going youth whereas IEC material such as flashcards have been developed for out of school youth to orient and train them on Life Skills Based Education (LSBE). Both the



resources cover topics like health, pubertal changes, gender & sex, feelings, Hep B & C, HIV & AIDS, domestic violence, sexual harassment and safe motherhood. Education for girls has been added as a cross cutting theme. The illustrations in the flashcards depict the culture of Thar and all characters and their names have been portrayed keeping in view the cultural norms and traditions of Thar.



Integrating SRH Education into Medical Training Institutions

4. Integrating SRH Education into Medical Training Institutions

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

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

4.1. Capacity Building

During the last year, Aahung conducted workshops in 9 Medical, Nursing and Regional Training Institutions (RTIs) in all 4 provinces of Pakistan. At each institution, there is a steering committee that advocates integration of SRH into the institutional curriculum and examination system. There is an ongoing need to sustain and improve these interventions as curriculum change at the national level is only possible when the model is proven to be successful in different areas of Pakistan. The Dow University of Health Sciences, Liaquat University of Medical Health Sciences, Aga Khan University School of Nursing (AKUSON,) and Abu Zafar Institute, Kohi Goth, have already integrated Aahung's SRH training modules into their curriculum while some of these institutions have also begun an evaluation of the curriculum after successful implementation.



4.2. Networking and Lobbying for Curriculum Change

The trained faculty from all partner institutions are part of a national curriculum core group that has recently been decentralized. Subsequent to the decentralization of the core group, meetings were convened in all provinces to share learnings and formulate plans for sustainable integration of SRH education in the national curricula. The core group also supported Aahung in developing and implementing advocacy strategies at the Pakistan Medical and Dental Council, Pakistan Medical Association, College of Physicians and Surgeons Pakistan (CPSP) and Pakistan Nursing Council to integrate SRH into the medical, nursing and RTI curriculum.

4.3. Resource Development

The Clinical Component is in the process of finalizing a reference book entitled “Prescribing Sexual Health” (PSH) for medical and nursing faculty members, undergraduate and post graduate students, nurses and practitioners. Leading consultants and professors contributed in writing different sexual health chapters, including epidemiology, interpersonal and therapeutic communication skills, sexuality and sexual dysfunctions, society and culture, gender, violence, child abuse and neglect, and abortion in Pakistan. The PSH will be used as a reference book by faculty and students of medical and nursing institutions.

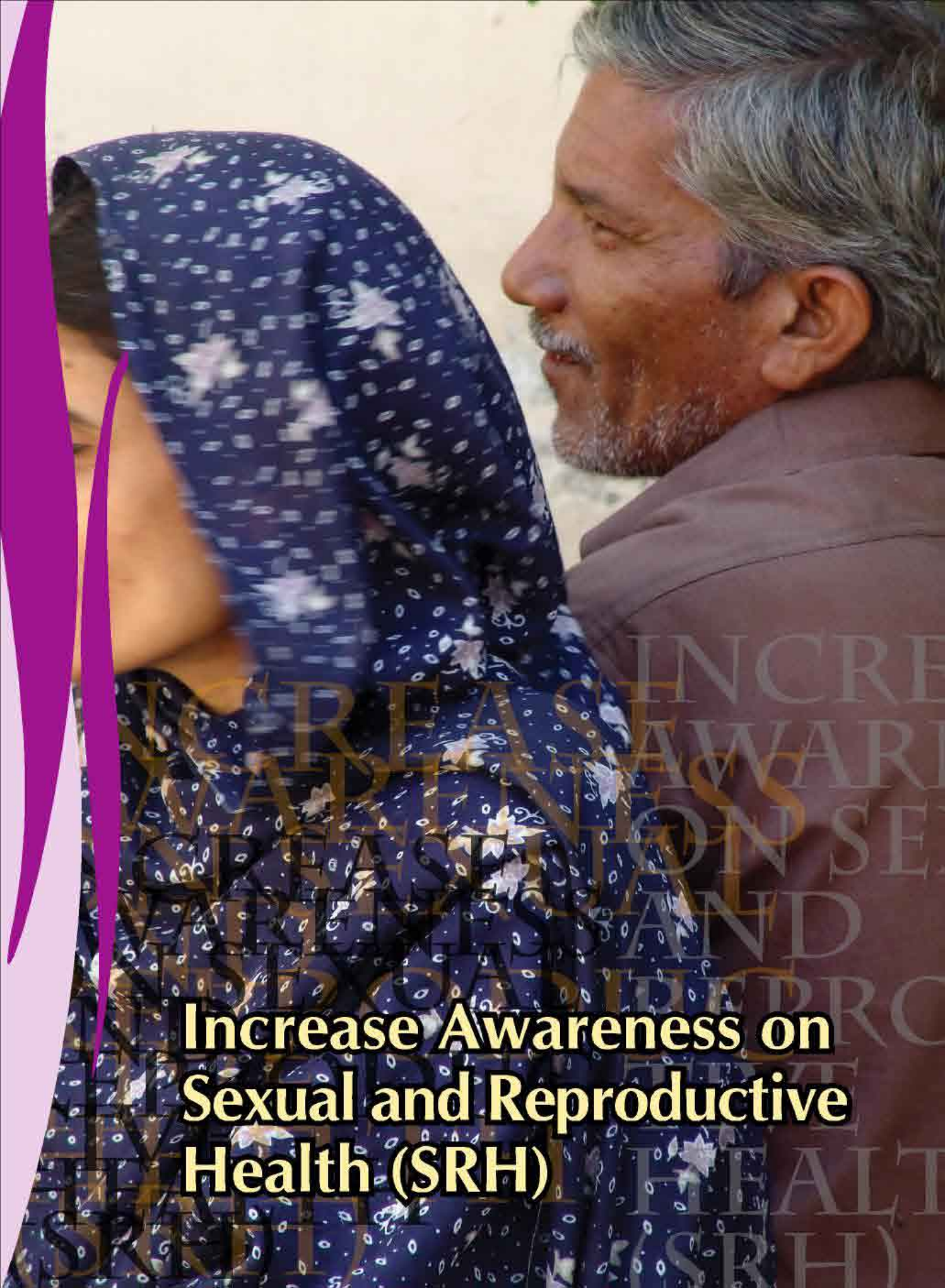


A Nurses Incites Institutional Change

Nausheen Salim, a Senior Instructor at the Aga Khan University School of Nursing (AKUSON), came to know about Aahung when she was searching for answers to queries raised by her clients. Ms. Salim said that during her practice as a nurse, she sometimes felt uncomfortable when clients asked questions related to sexual and reproductive health (SRH) issues. She thought that other nurses must be feeling equally uncomfortable since they did not know how to address these issues. Ms. Salim started looking for answers and did a thorough literature search of available national and international publications on sexuality, sexual and reproductive health. Incidentally, she came across Aahung's conference report of 2001 'Body, Mind and Spirit'. The report led her to Aahung, where she did an internship and conducted an assessment of knowledge needs related to SRH with nurses. The needs assessment found that a) nurses were not addressing SRH issues; b) nurses lacked the vocabulary to address these issues; c) they felt discomfort during discussion on such issues; d) nurse had a judgmental attitude towards clients presenting such problems; e) they lacked knowledge and communication skills. Ms. Salim began advocating for formal training on addressing SRH issues at AKUSON. As a result of her advocacy, Delta Chapter and AKUSON contacted Aahung for the capacity building of nursing faculty. The success encouraged her to continue her efforts and she kept sensitizing other faculty members and students of AKUSON for further promotion and development of resource people on SRH issues. Later, Ms. Salim attended a training of trainers conducted by Aahung in 2004 and become a master trainer. Due to her commitment and continued advocacy for the integration of SRH education in nursing practice, Aahung has established a strong bond with AKUSON and every year two faculty members and students of the School participate in Aahung's trainings and internships, respectively. Furthermore, Aahung is regularly invited to deliver at least two annual lectures for registered nurses, post registered nurses, bachelor and masters nursing students at AKUSON. In 2010, Ms. Salim started advocating for integration of SRH curriculum into the AKUSON curriculum and succeeded in the inclusion of a separate module in the nursing curriculum in 2010/11. Apart from that, student evaluation tools have also been developed with expected implementation by the end of 2011 or beginning of 2012. Ms Salim has continued her educational and professional development and recently enrolled in MSc at AKUSON. She is conducting research on Sexuality Issues of Women of Reproductive Age with Vaginal Discharge to fulfill the requirement of her master's program and Aahung has been technically supporting her in her endeavors.

Table 4.1: Partner Institutes and Number of Beneficiaries

Type of Institution	No of Institutions	Primary Beneficiaries	
		Male	Female
Medical Colleges	1		11
Nursing Schools	5	6	117
Regional Training Institutes	3	4	54
Total	9	10	182



**Increase Awareness on
Sexual and Reproductive
Health (SRH)**

5. Increase Awareness on Sexual and Reproductive Health (SRH)

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

The Resource Centre aims to build the capacity of private healthcare providers, especially those working at the community level and affiliated with large government and non government service delivery organizations. The capacity building forum provides a safe space to discuss SRHR concerns and impart accurate information on SRH 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.

During the previous year, Aahung has succeeded in building the capacity of new partners while maintaining relationships with old partners mainly due to the high demand of training and materials. Over the course of the year, Aahung has developed the capacity of a total of 148 service providers, staff and outreach workers and disseminated over 21,608 informational materials.

5.1. Collaboration with Masoom Rights Development Society (MRDS)

MRDS and Aahung are working on SRHR in Baluchistan since 2008. In Loralai, a tribal area of Baluchistan widely inhabited by people with rigid religious attitudes, working on SRHR issues presents many challenges. There has been a continuous demand for SRHR workshops from MRDS, following which Aahung organized 7day street theatre training for the MRDS Bhandaar group. The workshop was designed to train the Bhandaar group on SRHR and build their capacity to use entertainment for initiating a dialogue on SRHR issues. The workshop was attended by a group of 17 male members who later developed a street theatre play on the custom of "vulvar" (bride money) and gender-based violence in the domestic sphere. The theatre was presented in a local community in Ziarat in front of approximately 350 people and Aahung received appreciation for raising these issues.

5.2. Collaboration with Rutgers World Population Foundation (RWPF)

Aahung collaborated with the Rutgers World Population Foundation (RWPF) and organized a 4 day training workshop on sexuality and sexual health in December 2010 that attracted participants from various organizations and areas of Pakistan. The course was designed to develop essential communication and facilitation skills amongst the participants to enable them to incorporate SRHR practices into the scope of their work.

5.3. Open-announced Training of Trainers (ToT)

The ToT on sexuality, sexual health and rights was held in July 2011. After a competitive screening process, 15 out of 45 applicants were selected to attend. The participants, including 8 females and 7 males belonged to different organizations such as the Aga Khan University Hospital, Sindh Development Society, Indus Resource Centre, Media Voice, Education Literacy department, Bargad, Roshan Samaj, Salvation Army and Aahung. The objectives of the workshop were to improve



conceptual knowledge on sexual health topics and facilitation skills and a diverse range of issues such as sexuality, sexual & reproductive health, gender, human rights, sexual rights, stigma & discrimination, sexual violence, Child Sexual Abuse (CSA) and abortion were covered in the five day workshop.

5.4. Responsive Trainings

During the previous year, Aahung received several requests from partner organizations to conduct SRHR trainings for their staff. Aahung responded to these requests with trainings designed to serve specific purposes of these organizations.

i. Training for Hayat-e-Nau

Hayat-e-Nau, a Hyderabad-based organization, works for the rehabilitation of disabled children. Recently, Hayat-e-Nau has expanded their scope of work to include CSA as one of their thematic focus and formed a Child Protection Committee comprising of teachers, parents and volunteers. For the purpose, they approached Aahung to conduct a three-day basic CSA training for the committee besides building their capacity to implement the CSA prevention tools developed by Aahung. The training was conducted in June 2011 and was attended by 16 members of the Child Protection Committee.

ii. Training for Indus Resource Centre

The floods in 2010 affected nearly one and half million peoples in Sindh. Indus Resource Centre, a partner organization, remained involved in relief efforts from the very beginning and requested Aahung to assist them in awareness raising activities on SRHR issues among the IDPs. Aahung conducted a three-day theatre workshop for 11 participants (3 females and 8 males) from Hayat-e-Nau, Child Development Organization and Village Development Welfare Association and developed a theatre play to highlight SRH issues among the IDPs. In total six performances were conducted in four IRC camp sites (separate performances for males and females) including three talukas of Khairpur - Sobhodero, Gambat and Bahro, where approximately 3,300 IDPs watched the performance.



Table 5.1: Capacity Building Thematic Focus and Number of Beneficiaries

Theme of Training	Primary Beneficiaries		Secondary Beneficiaries	
	Male	Female	Male	Female
Value clarification and Attitudinal Transformation for Abortion (VCAT)		20		
Aware for Life Manual	19	9	55	93
Workshop on interactive theatre for promoting SRHR	8	3	2,420	853
Training for Health & Hygiene Promoters for IDPs on SRH and Adolescent Issues	6	12		600
Sexual and Reproductive Health and Rights	8	15		
Theater workshop on SRHR	17		300	
Child Sexual Abuse Training	6	10		
TOT on Sexuality, Sexual health and Rights	7	8		
Total	71	77	2775	1546

5.5. IEC Material Dissemination

The component has developed a large variety of information, education and communication (IEC) material on SRHR issues such as The Truth About HIV, Pre Marital Pamphlets, pamphlets on Penile and Vaginal Discharge, Erectile Dysfunction, Sexually Transmitted Diseases, and a Guide to Seeking Help on Rape. IEC material development and distribution is an important activity of the component for raising awareness of partner organizations and their outreach community and health care providers and their clientele. During the last one year 21,608 IEC material were disseminated through private and public health clinics, large service delivery organizations and public forums.



Aahung Joins International Campaign for Sexual and Bodily Rights



One of the principle objectives of Aahung is to explore the topic of sexuality through a holistic lens which incorporates physical, emotional, socio-cultural, and spiritual aspects of sexuality. At times, this means exploring topics that are difficult to discuss because they are considered socially taboo or simply make people uncomfortable. While the goal is always to be sensitive to our cultural environment, Aahung also finds it necessary, at times, to push social boundaries in order to open up discussion on those areas of sexuality and rights which are otherwise ignored or continue to face public scorn. In November 2010, Aahung joined hands with the Coalition for Sexual and Bodily Rights in Muslim Societies (CSBR) to participate in "One Day, One Struggle." For this purpose, **Aahung** collaborated with **Dugdugi** and **The Second Floor** (t2f) to organize an interactive dialogue to dispel the notion that homosexuality is a disease that needs to be cured and increase awareness on the concept that sexuality is fluid.

The event started with the screening of an edited version of "Jihad for Love," a movie that explores the complex global intersections of Islam and homosexuality. The movie was followed by a short theatre performance that narrates the story of a same-sex couple through letter reading. The last segment of the program was a panel discussion with an aim to explore the different dimensions of the issue and initiate a dialogue on the topic. The panelists included a psychiatrist and therapist; a practicing physician and expert on sexual and reproductive health; and a team member of Chay Magazine. After the panelists expressed their views on the issue, the floor was opened for discussion.

Choosing to highlight the topic of homosexuality as part of an international sexual rights campaign was a product of seeing a need to discuss alternate sexualities in a social environment which is often intolerant and unforgiving. By bringing friends and supporters into a safe space to share their thoughts and feelings, the goal was to begin a dialogue about how greater understanding can be created on a topic which can spark anger and fear. In keeping with our agenda of sexual rights for all, Aahung will continue to try to create such spaces so that challenging social topics can be addressed rather than ignored.



6. Organizational updates

6.1. Research, Monitoring and Evaluation Department

The need for research based planning and advocacy, continuous monitoring of activities and impact evaluation studies has been repeatedly realized as Aahung's scope of work has expanded. With help from different staff members, several attempts were made to design a monitoring and management information system (MIS) to incorporate learnings into future planning. The Research, Monitoring and Evaluation (RME) component was formalized this year with the appointment of a Senior Manager-RME who reports to the Director and is supported by the Coordinator-RME. The RME component supports the program components in designing objectives and indicators to track progress on activities and outputs. Moreover, the component will oversee impact evaluation studies contracted out to external consultants and design and implement internal baseline and evaluation studies for each program component. The RME component is also envisioned to support Aahung's strategic direction by emphasizing on research based planning and advocacy that will build on quantitative and qualitative research data.

6.2. Organizational Development and HR Restructuring

Aahung is organized in line with the matrix management model that is headed by the Director and has three support departments that include finance, administration and human resources; communications; and research, monitoring and evaluation. There are three program components that have been structured to address the identified thematic areas for this strategic plan. In accordance with its specific thematic area each program component is named as 1) Sexual and Reproductive Health Management (SRHM); 2) Sexual Rights Resource Center (SRRC); and 3) Life Skills Education (LSE). In early 2010, Aahung underwent an organizational capacity assessment as part of a project on SRHR movement building. Following that, Aahung's HR personnel attended a training to build capacity on redefining HR policies to make them SRHR friendly. As an outcome of this training, Aahung has been working on restructuring its job description format and plans to revise its performance appraisal process and additional health coverage in accordance with SRHR.



6.3. Engaging with Media

Aahung has been working on sexual and reproductive health and rights (SRHR) in Pakistan for more than 16 years; however it is only in the recent years that Aahung has started engaging with media for mass dissemination of SRHR messages. Aahung acknowledges that SRHR issues have remained shrouded in secrecy in predominantly Muslim Pakistan and thus gives special attention to the socio-cultural context before implementing any programmatic intervention.

In the year 2009, Aahung partnered with an international NGO to implement a project that aimed to create an enabling environment by integration of SRHR in education and health services of Pakistan. For this purpose, Aahung's Aware for Life manual was merged with the LSBR manual of the INGO. Later in the year, Aahung started implementing this curriculum in government schools in the Karachi district. Since this project aimed at achieving huge targets in collaboration with the government education department, it became important for Aahung to engage with the media to ensure public support for the LSBE curriculum.

6.4. External Evaluation

As a prerequisite for the new strategic plan, Aahung underwent an external evaluation that was an output-to-purpose of the organization's activities. The evaluation study comprised of a review of organizational activities, the extent to which the activities have contributed to the achievement of short-term and long-term objectives and the overall organizational purpose. The independent consultants who conducted the external evaluation study also appraised the management structures and functions at Aahung to recommend changes for facilitating the achievement of organizational aims and objectives. Recommendations from the external evaluation study were addressed in the new strategic plan by strengthening the monitoring and evaluation system and including a greater emphasis on planning, partnership building and follow-up with stakeholders.

6.5. Strategic Planning

Aahung revises its strategic plan at the end of every three years. As the strategic plan of September 2008 to August 2011 was approaching its end, Aahung made a new strategic plan for September 2011 to August 2014. Designing of the strategic plan was preceded by a comprehensive situational analysis of Pakistan, programmatic and organizational strengths, weaknesses, opportunities and threats analysis, and an external evaluation study. Findings from the above activities were discussed in several staff and board meetings that resulted in redefinition of the organizational mission, goal, objectives and programmatic thematic areas. In accordance with the new strategic plan, Aahung aims to create an enabling environment which provides quality sexual and reproductive health information and services so that people have comfort with their body, are practicing sexually healthy behaviors and are exercising their sexual rights. Through capacity building and communication activities Aahung intends:

1. To promote the institutionalization of sexual and reproductive health and rights education and services in selected institutions of Pakistan during 2011-14
2. To improve people's information on sexual and reproductive health and rights in Pakistan during 2011-14

The organization will continue working on its matrix management model that is headed by the Director and has three support departments that facilitate the work of the three program components. Aahung renamed its program components in line with its new thematic areas and revised its model for institutionalization to strengthen partnership building, follow-up and monitoring system.

Aahung's new thematic areas will include:

- 1) Sexual and Reproductive Health Management (SRHM)
- 2) Sexual Rights (SR)
- 3) Adolescent Sexual and Reproductive Health (ASRH)
- 4) Child Sexual Abuse (CSA)

6.6 Staff Training and Development

Dates Attended	Name of Employee	Topic of Training	Organized by	Location
Sep 20 - 21, 2010	Sohail Dossa & Farhat Firdous	SMART Chart	ROZAN	Lahore, Pakistan
Oct 10, 2010	Fatima Haider	3rd Sexuality Institute	CSBR	Jakarta, Indonesia
Nov 10 - 11, 2010	Farhat Firdous	SRHRE	Oxfam, NOVIB	Lahore, Pakistan
Nov 11, 2010	Sohail Dossa	SMART Chart Refresher	ROZAN	Lahore, Pakistan
Dec 2 - 3, 2010	Farhat Firdous, M. Akhlaque & Dr. Nikhat Shakeel	Sensitization on Sexuality	WPF	Lahore, Pakistan
Dec 4 - 7, 2010	Muniza Yaseen Akhter & Dr. Nikhat Shakeel	Sexual and Reproductive Health and Rights	WPF	Lahore, Pakistan
Dec 20, 2010	All Staff	Sexual Harassment at Work Place	AASHA	Karachi, Pakistan
Feb 3 - 5, 2011	Shehneel Gill, Farhat Firdous & Ayesha Aziz	LDM Conference	LDM	Karachi, Pakistan
March 3 - 5, 2011	Farah Shaikh Ali	Workshop for Practical Guidance for Scaling up	Packard Foundation	Dubai, UAE
April 6 - 7, 2011	Sohail Dossa & Hassan-UR-Rehman	Media Monitoring Training	WPF	Islamabad, Pakistan
May 2011	M. Akhlaque & Sohail Farooqui	Financial Software	Recknor	Karachi, Pakistan
May 5 - 8, 2011	Farhat Firdous	General Assembly	CSBR	Istanbul, Turkey
May 9 - 13, 2011	M. Akhlaque	SRHR Friendly HR Policies	WPF/PSO	Lahore, Pakistan
June 28 - 30, 2011	Dr Nikhat Shakeel	Leadership Skill Development for Social Sector Management	LUMS	Lahore, Pakistan
July 16 - 23, 2011	Farhat Firdous	4th Sexuality Institute	CSBR	KL, Malaysia
Sep 27 - 28, 2011	Hassan-UR-Rehman	Para Counseling	Group Development	Karachi, Pakistan

7. Audit Report



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AUDITORS' REPORT TO THE MEMBERS

We have audited the annexed balance sheet of **Aahung (the Organisation)** as at **30 June 2011** 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).

It is the responsibility of the management to establish and maintain a system of internal control, and prepare and present the financial statements in conformity with the Accounting and Financial Reporting Standards for Small-Sized Entities issued by the Institute of Chartered Accountants of Pakistan. 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 financial statements present fairly in all material respects the financial position of the Organisation as at **30 June 2011** and of its surplus for the year then ended in accordance with the approved accounting standards as applicable in Pakistan.

The financial statements of the Organisation for the year ended 30 June 2010 were audited by another firm of Chartered Accountants, whose audit report dated 07 December 2010 expressed an unmodified opinion on those statements.

Ernst & Young Ford Rhodes Sidat Hyder
Chartered Accountants

Audit Engagement Partner : Omer Chughtai

08 October 2011

Karachi

A member firm of Ernst & Young Global Limited



**AAHUNG
BALANCE SHEET
AS AT JUNE 30, 2011**

		2011			2010		
	Note	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
		Rupees			Rupees		
Assets							
Non-current assets							
Tangible fixed assets	5	86,351	2,117,119	2,203,470	-	2,192,770	2,192,770
Security deposits		47,500	316,600	364,100	47,500	315,600	363,100
Current assets							
Loans, advances, prepayments and other receivables	6	82,947	1,157,076	1,240,023	7,265	1,205,603	1,212,868
Inter fund balances		2,508,426	-	2,508,426	1,773,630	-	1,773,630
Short term investments	7	2,622,522	-	2,622,522	2,900,890	-	2,900,990
Cash and bank balances	8	9,366,697	6,578,818	15,945,515	8,156,325	8,150,707	16,307,032
Total current assets		14,580,592	7,735,894	22,316,486	12,838,210	9,356,310	22,194,520
		14,714,443	10,169,613	24,884,056	12,885,710	11,864,680	24,750,390
Fund balances and liabilities							
Fund balances							
Restricted fund balances	9	-	5,191,913	5,191,913	-	6,820,008	6,820,008
Accumulated unrestricted surplus		11,409,780	-	11,409,780	9,174,231	-	9,174,231
Unrealised gain on short term investment		292,418	-	292,418	365,778	-	365,778
Total fund balances		11,702,198	5,191,913	16,894,111	9,540,009	6,820,008	16,360,017
Non-current liabilities							
Deferred capital grants	10	-	2,117,119	2,117,119	-	2,192,770	2,192,770
Deferred liability – gratuity	11	2,330,104	-	2,330,104	2,535,211	-	2,535,211
Current liabilities							
Accrued and other liabilities	12	682,141	352,155	1,034,296	810,490	1,078,272	1,888,762
Inter-fund balances		-	2,508,426	2,508,426	-	1,773,630	1,773,630
		14,714,443	10,169,613	24,884,056	12,885,710	11,864,680	24,750,390

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


BOARD MEMBER


BOARD MEMBER

AAHUNG
INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED JUNE 30, 2011

	Note	For the year ended June 30, 2011			For the year ended June 30, 2010		
		Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
		Rupees			Rupees		
Income							
Restricted funds utilized	9.1	-	35,317,710	35,317,710	-	29,715,683	29,715,683
Consultancy fee		1,476,600	-	1,476,600	1,347,013	-	1,347,013
Deferred capital grants released	10	-	578,784	578,784	-	791,010	7,91,010
Other income	13	1,966,134	2,711,234	4,677,368	1,636,199	6,037,679	7,673,878
Total income		3,442,734	38,607,728	42,050,462	2,983,212	36,544,372	39,527,584
Expenses							
Operating expenses	14	1,207,185	9,744,191	10,951,376	3,190	9,785,637	9,788,827
Program and project expenses	15	-	28,863,537	28,863,537	-	26,758,735	26,758,735
		1,207,185	38,607,728	39,814,913	3,190	36,544,372	36,547,562
Surplus for the year		2,235,549	-	2,235,549	2,980,022	-	2,980,022
Accumulated surplus at the beginning of the year		9,174,231	-	9,174,231	6,194,209	-	6,194,209
Accumulated surplus at the end of the year		11,409,780	-	11,409,780	9,174,231	-	9,174,231

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


BOARD MEMBER


BOARD MEMBER

Annexure 1:

Aahung's Publications Disseminated During the Last One Year (September 2010 – August 2011)

Type of Resource	Name of Resource	English & Urdu	English	Urdu	Sindhi & Urdu	Sindhi
Informational Booklets/posters/CDS	Communication	755				
	A Boy's Guide to Growing Up!	1491				
	A Girl's Guide to Growing Up!	1399				
	My Body is Mine (Poster)		356			
	Leave no Child Behind (Poster)			11		
	The Right to Equality in the Family (Poster)	53				
	Reproductive Tract Infections (Poster)		2			
	Develop your Mind, Protect our Body & Nurture your Spirit (Poster)			6		
	Vaginal Discharge	1877				
	Penile Discharge	1877				
	Erectile Dysfunction	1877				
	Wo Subha to Ayegi	2				
	Pre-Marital Information Pamphlets		420	9900		
	Jinsee Bemaryan (STIs)			1613		244
Child Sexual Abuse Prevention	The Truth about HIV		124	2470		
	Rape: A Guide for Seeking Help	1206				
	CSA Flashcards Toolkit	290				
	Empowering your Child & Preventing Sexual Abuse		309	316		
	My Body Is Mine (Workbook)		31	7		
	CSA Introductory Video for Caregivers	724				
Training Tools and Manuals	Zindagi Guzarnay kee Maharaton Per Mabnoo Taleem – Boy's Workbook				3749	
	Zindagi Guzarnay kee Maharaton Per Mabnoo Taleem – Girl's Workbook				6689	
	Zindagi Guzarnay kee Maharaton Per Mabnoo Taleem – Teacher's Guide			129		
	LSE Puberty Curriculum		2			
	How to Talk to Young People About their bodies		315	356		
	How to Take a Sexual History	48				
	Risk Assessment and Risk Reduction	39				
	RTI Quiz		48			
	Reproductive Tract Infections (RTI) Guidelines		67	197		
	Clinical Sexual Health Manual		77	155		
	Reprint of Youth Component's IEC material	18,300				
	Total	29,938	1751	15160	10438	244
	GrandTotal	57,531				

Annexure 2:

Number of Students Sensitized on CSA Prevention by Raana Liaquat Craftsmen Colony (RLCC)
Community Health Workers Trained by Aahung

Institution		Students	
		Male	Female
1.	Al-Hanifia School	111	
2.	Ayesha Kids (Drigh Road)		73
3.	APWA-RLCC School	92	14
4.	Asian Grammar School	38	32
5.	Al-Fatah School	44	
6.	Ali Grammar	95	50
7.	Al-Safa School	230	
8.	Cambridge School		16
9.	C.D.G.K No.9		105
10.	Fahm School		60
11.	G. School No.2 Natha Khan Goth		32
12.	Hasan Abdal Kids	22	18
13.	Jinnah Grammar	61	
14.	Khokar Public		92
15.	Kanz Grammar		46
16.	Mother's Dream School	25	
17.	Madina Islamic	20	
18.	New Unique		51
19.	National Umer		32
20.	Noor-ul-Islam	24	
21.	Nadia Public		45
22.	Sinbad School		36
23.	Tariq Bin Ziad		18
TOTAL		762	720

Number of Teachers Sensitized on CSA Prevention by Raana Liaquat Craftsmen Colony (RLCC)
Community Health Workers Trained by Aahung

Institution		Teachers	
		Male	Female
Al-Safa School			110
Cambridge School			16
C.D.G.K No. 9			25
G. School No. 12			31
Rehnoma Trust School			131
TOTAL			313





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