





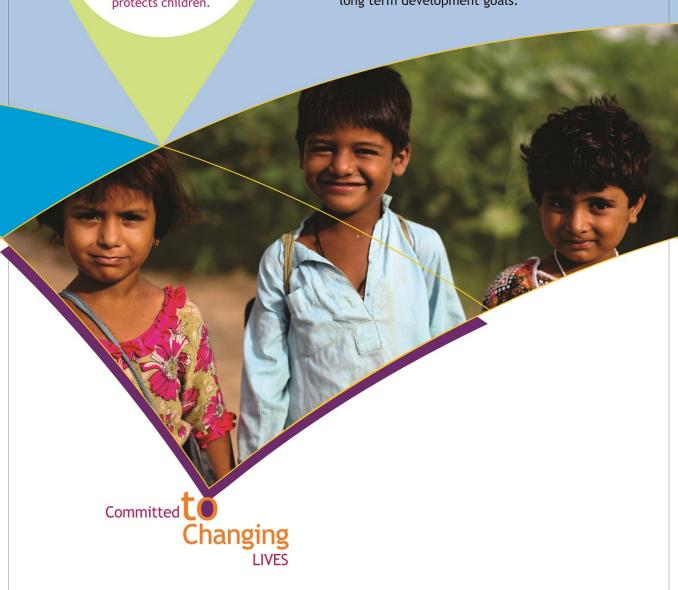
Vision:

Rahnuma-FPAP envisions to lead a rights based movement using the holistic development paradigm which strengthens family well being, enables empowerment of women, supports youth and protects children.

Mission:

Rahnuma Family Planning Association of Pakistan is committed to:

- Promoting Family Planning and Sexual & Reproductive Health as a Basic Human Right in Pakistan.
- Providing sustainable and quality sexual & reproductive health and family planning information and services to men, women and youth, particularly the poor and rural segments, in partnership with government, NGOs and civil society.
- Improving access of people particularly of the poor, marginalized and socially excluded segments including women and the adolescents to SRHR and other services, enabling them to realize their long term development goals.







Message

Ms. Mahtab Akbar Rashdi

President Rahnuma-FPAP

It is my second term as the President of this prestigious organization with noble aims and objectives. I have been associated with it for a long time now but as the President I felt obligated to put in my best efforts.

The status of women in this country is still very low and in my opinion it is one of the biggest reason why we are unable to make the progress we should have given the amount of talent and intelligence our people possess.

The theme of this year's annual report is repositioning Family Planning and despite having a commitment made by the government at the international level in FP Summit 2020, the subject of FP is not given its due importance in our country. In my opinion it is because traditionally speaking FP is considered to be a woman's issue and like all other women issues it is low on the priority of our leaders. Hence the real challenge is to raise the status of women so all such issues can be highlighted and prioritized.

Being a rights-based organization we do not believe in policies that are based on numbers and control of population, we only endorse policies that acknowledge sexual reproductive health and rights of all individuals. We have to acknowledge women's rights and only then we can hope for progress in this country. As a member of the Sindh parliament, I try my best to gather all women MPs across party lines to work for women's rights. Religious factors are considered to be against women rights but recently when I challenged a Council of Islamic Ideology statement issued in the context of age of girls for marriage, I realized that most of this opposition is in our minds. If we challenge them with knowledge they seldom retaliate. Religious factors have become an easy excuse for law makers and politicians who do not wish to work for women's equality in this country. Our feudal system is the real culprit because they flourish on harmful traditions and resist changing the old ways.

It is time we gave our girls an equal opportunity at life so they can make us proud and I have no doubt that they will.





Message



Syed Kamal Shah

Chief Executive Officer, Rahnuma-FPAP

Over 60 years ago just a handful of committed women established Rahnuma-FPAP because they could relate with the pain and misery of the vulnerable and poor people in particular the women and girls health. They could link the lack of health services, more so reproductive health services and conditions of the families as a whole sum. They also had the vision that proper political commitment and adequate financial resource allocation can address these issues effectively. Over the years Rahnuma-FPAP has been delivering FP and Reproductive health services through its wide network of hospitals and clinics all over Pakistan but civil society organizations cannot reach out to all the masses. For this very purpose we have been engaged in many advocacy campaigns with the focus to make the political leadership realise the importance of family planning so they can commit to the cause and allocate resources to improve the common people family well-being.

Pakistan's unstable political situation in the past and other more pressing security factors have made the task very challenging. In this background during 2012 the Family Planning (FP) Summit in London came as a very timely event. It assessed the global FP situation and there was no surprise that Pakistan stood among the list of countries with poor indicators. However, hope surfaced when the political leadership at that time made a strong commitment at the FP Summit (This annual report carries all the details of the government delegation's commitments at the forum).

Soon afterwards new government was voted in and the commitments made by the previous government were put on the back burner. Rahnuma-FPAP had to challenge it along with its partner organizations to establish the realization by the new government that Government of Pakistan FP Summit commitments are for the betterment of its own population.

In two-year time Rahnuma-FPAP, along with other dedicated partners from civil society, media, activists and parliamentarians was able to develop ownership of the FP Summit commitments by the new government (parts of it is now reflected in Pakistan's Vision 2025 document and other similar provincial level documents).

This is just the beginning of the long journey where we would like to see FP as one of the priority issues on our elected governments agendas. Population growth is connected to all other sectors and issues and till the leadership acknowledges this connection and gives the issue its due importance the situation in Pakistan will remain stagnant.

There have been successes that we can celebrate like revision of child marriage restraint act of 1929 by the Sindh Assembly, other important legislation ensuring women rights etc. which tells us we are on the right path but still it is a long journey that we have just started.



Acronyms:

AIDS A	Acquired Immune Deficiency Syndrome	MOUs	Memorandum of Understandings
AJK A	Azad Jammu Kashmir	MPA	Member of Provincial Assembly
ASK A	Access to Services and Knowledge	MR	Menstruation Regulation
APPC A	Asian Pacific Population Conference	MVAs	Manual Vacuum Aspiration
CBDs C	Community Based Distributors	MWRA	Married Women of Reproductive Age
	Convention to Eliminate Discrimination	NATPOW	National Trust for Population Welfare
	Against Women	NDMA	National Disaster Management
	Child Marriage	NCO	Authority
	Civil Society Organization	NGO	Non-governmental Organization
	Contraceptives Prevalence Rate	NHEPRN	National Health Emergency Preparedness and Response Network
	Couple Year Protections	NYN	National Youth Network
	Department of International Development	PAL	Pre Award Letter
	Emergency Obstetric care	PAPAC	Pakistan Alliance for Post Abortion Care
FHC F	Family Health Clinic	PDMA	Provincial Disaster Management
FP F	Family Planning		Authority
FPAI F	Family Planning Association of India	PHC	Primary Health Care
	Global Comprehensive Abortion Care nitiative	PMTCT	Prevention of Mother-To-Child Transmission
GPAF C	Global poverty Alleviation Fund	PPs	Private Practitioners
HAS F	Health Services Academy	QAD	Quality Assurance Doctor
ICPD I	nternational Conference on Population	QoC	Quality of Care
8	E Development	RAF	Research and Advocacy Fund
ICT I	slamabad Capital Territory	RTIs	Respiratory Tract Infections
IEC I	nformation Education Communication	SDC	Swiss Development Corporation
	nternational Non-governmental	SDPs	Service Delivery Points
	Organization	SGBV	Sexual Gender Based Violence
	Japan Trust Fund	SOPs	Standards Operating Procedures
	Integrated Package of Essential Health Services	SRH	Sexual and Reproductive Health
	nternational Planned Parenthood Federation	SRHR	Sexual and Reproductive Health & Rights
	ntra Uterine Device	STD	Sexually Transmitted Diseases
KPK K	Khyber Pukhtunkhwa	STIs	Sexual Transmitted Infections
	Living Beyond Breast Cancer	TBAs	Traditional Birth Attendants
	Lesbian Gays Bisexual and Transgender	TIA	Treatment of Incomplete Abortion
	Lady Health Workers	TOT	Training of Trainers
	Life Skill Based Education	UN	United Nations
LTPM L	Long Term Permanent Method	UNICEF	United Nations (International) Children Fund
MISP A	Minimum Initial Services Package	UPR	Universal Periodic Review
MLA A	Member Legislative Assembly	VCAT	Value Clarification Attitude
MNA A	Member of National Assembly	. 67.11	Transformation
MNCH A	Maternal Neonatal Child Health	WPF	World Population Foundation
		YRCs	Youth Resource Centers



Contents:



- - Repositioning Family Planning
 - Rationale and Background
 - **Current Situation**





- 26 GCACI
- GCACI plus
- Expanding Choices & Opportunities for Young People
- Access to Services and Knowledge on SRH
- Integrating Education, Health and Income Generation Services for 14000 School Students, their Mothers and Families in Pakistan Healthy-Mother, Healthy Baby
- Sprint II Initiative
- Reaching out to the Earthquake Hit Populations
- Emergency Health Services
- Building Momentum for SRH & HIV Integration

Partnerships

- 33 Pakistan Alliance for Post Abortion Care (PAPAC)
- National Parliamentarians Caucus on SRHR
- FP 2020 Champions Group
- Rahnuma National Youth Network (RNYN)



Rahnuma-FPAP SRHR Coverage in Media



Research Corner

- On the Cross-Road of Disability and SRH
- Simplifying Menstrual Regulation





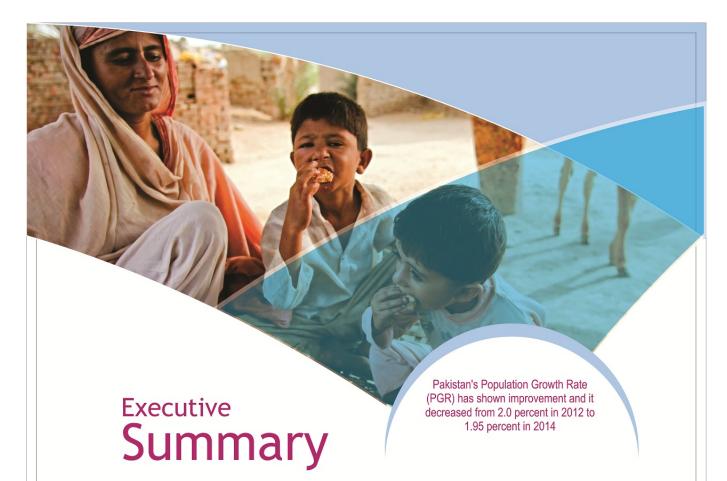


Publication

Performance

Audit Report





The year 2014 annual report "Repositioning Family Planning" is designed in the Backdrop of International London Summit on Family Planning 2012 (FP 2020). The report starts with the historical aspects of Pakistan population welfare program as Pakistan was the first country in South Asia with a population policy in early 60s but lagged behind almost all other neighboring countries in almost all family planning indicators. Pakistan's Population Growth Rate (PGR) has shown improvement and it decreased from 2.0 percent in 2012 to 1.95 percent in 2014. The population of Pakistan was 32.5 million in 1951 and at that time it was the 14th most populous country of the world. By 2050, with an annual growth rate estimated at 2.07 percent, Pakistan is expected to become the fourth most populous

The Ministry of Population Welfare was established in June, 1990 but it ceased to exist on December 7, 2010, after about twenty years, as a result of 18th Amendment and was devolved to Provinces. At the provincial levels lack of political willingness compounded with structural, administrative and resource constraints pose a big challenge. The Annual Report (2014) attempts at highlighting the significance of Family Planning for our country. In the London Summit, commonly known as FP 2020, leaders

from around the world gathered to commit the expansion of contraceptive access to an additional 120 million women and girls in the world's 69 poorest countries by the year 2020. FP2020 is the movement that carries this global effort forward. Since the Summit remarkable progress has been made across the globe especially in highly vulnerable 69 countries. The report is an effort to remind the various stakeholders in Pakistan to live up to the commitments made at the Summit to improve the FP situation in the country.

The reports looks at the efforts made the government of Pakistan in this context appreciating the Lady Health Worker (LHW) program. These more than 100,000 community lady health workers provide essential reproductive health services to millions of women and children across Pakistan, dispensing contraceptives, immunizations and other primary care. Another main achievement during recent years in Pakistan is the new Logistics Modeling Information System (LMIS), implemented with the assistance of USAID DELIVER project. Furthermore three provincial governments (Sindh, Punjab and Khyber Pakhtunkhwa) have committed more than US\$ 75 million in financing for the next five years for FP. The Punjab, Sindh and KPK governments have drafted bold new



population policies while incorporating FP 2020 commitments with the goal of doubling contraceptive use in the next 20 years. In Khyber Pakhtunkhwa province, 110 new Family Welfare Centers are bringing reproductive health care to rural women.

Rahnuma-FPAP as the largest and oldest nongovernmental organization in the country has been actively involved in the FP 2020 process right from the beginning. Even before the Summit it carried out an extensive advocacy and lobbying campaign to highlight the importance of voluntary family planning services and to engage the policy makers in the process. In an effort to generate the country's political leaders' interest and attention to this summit the Director General of International Planned Parenthood Federation (parent organization of Rahnuma-FPAP) Mr. Tewodros Melesse undertook a case study tour of Pakistan and conducted a number of consultations with the leaders. Mr Melesse's tour encouraged the leadership to actively take part in the London Summit on Family Planning. As a result Pakistan participated in the Summit and made commitments on behalf of its government. These commitments are reflected in the National Vision 2025 which is a program of action with well-defined milestones and other important policy documents.

After the history perspective and the country level efforts the report highlights the efforts being made at the Rahnuma-FPAP level. The extensive service delivery program delivered through many projects follows the principles of the Integrated Package of Essential Health Services designed by IPPF. Rahnuma-FPAP service delivery network provides access to SRH services especially to the most vulnerable and marginalized populations through static service delivery points (SDPs), mobile and outreach clinics, associated clinics and communitybased distributors (CBDs). Rahnuma-FPAP in line with this IPES approach reoriented its Services delivery program and made concerted efforts to reach the remote and underserved areas by deputing a mobile team of doctors, nurses and paramedics. It provides high impact, comprehensive, integrated package of services, ensuring quality of SRH services to hard-to-reach populations - poor, adolescents and displaced people - with least access. The implementation of IPES was supported by Quality of Care assurance system to ensure that SRH services are of high quality and are integrated and rights-based. Furthermore Rahnuma-FPAP is endeavoring to double the FP services by 2015 and is focusing on

the social franchising process which will strengthen and increase the number of PPs and CBDs in Rahnuma-FPAP operation areas. To monitor strict compliance with quality of care standards in its service delivery network, Quality Assurance Doctors are placed at all five regions. These doctors visit each SDP quarterly and conduct client exit interviews, informal interviews and FGDs.

The report also provides information about the other projects through which the organization is supporting FP these include GCACI Plus initiative, ASK Innovative program, Choices, Health mother, healthy baby, SPRINT II and many others.

The next section is about Rahnuma-FPAP networks and alliances. Rahnuma-FPAP works in collaboration with other like-minded organizations and its active participation in almost all existing networks and alliances build for SRHR is an evidence of that. Rahnuma-FPAP is currently holding the Secretariat of Pakistan Alliance for Post Abortion Care (PAPAC) that is a national level network. To catalyze support for FP2020 commitments across Pakistan, FP 2020 Champions Group was formed which includes prominent local and international civil society organizations, Rahnuma-FPAP is an active member of the group. The National Parliamentarians Caucus on SRH& R and National Youth Network was established by the organization to sensitize, build capacity and solicit support of the policy makers. Through its continuous engagement with the caucus Rahnuma-FPAP was instrumental in bringing many resolutions and bills on table in the parliament, During 2014 Rahnuma-FPAP conducted two very important research studies and their reports were disseminated across Pakistan. The first exploratory study "On the cross roads of disability and SRH" deliberate upon the Sexual and reproductive health needs, information and services availability to persons with disabilities in Lahore. The other Study "Simplifying Menstrual Regulation (MR)" explores the role of At-home Semi Quantitative HCG Test for Follow up of MR. At the end the performance graphs, SRHR media coverage and annual audit report provides further credence to our readers.

positioning family planning Asian countries such as Bangladesh, Bhutan, Iran, Maldives, Nepal and Sri Lanka started well defined family planning program in 60's and so did Pakistan but today their population development indicators are either doubled or significantly more as compared to Pakistan (TFR 3.4, CPR 30 and PGR 1.95)

Background and Rationale

Pakistan was the first country in South Asia with a population policy in early 60s but lagged behind other neighboring countries in almost all family planning indicators, except Afghanistan. The countries who borrowed our expertise to develop their population policies have attained greater success in controlling their population and meeting their social development goals. Asian countries such as Bangladesh, Bhutan, Iran, Maldives, Nepal and Sri Lanka started well defined family planning program in 60's and so did Pakistan but today their population development indicators are either improved or significantly more as compared to Pakistan. Muslim countries like Egypt, Turkey, Indonesia, Iran and Malaysia have also achieved more success as compared to Pakistan.



In Pakistan Population Growth Rate (PGR) has shown improvement and it decreased from 2.0 percent in 2012 to 1.95 percent in 2014. The population of Pakistan was 32.5 million in 1951 and at that time it was the 14th most populous country of the world. Pakistan's population increased since then and reached 184.5 million in 2012-13, being the sixth most populous country. If the trend of current population growth rate of 1.95 percent continues Pakistan will become the 5th most populous country of the world in 2050 and it would be devastating for the country's already scarce resources that may lead to political and civil strife, and moreover, if the 'demographic dividend' is not properly tapped, just like tiger economies of Asia, this unpleasant outcome would be certainly closer.

Pakistan is currently experiencing a youth bulge whereby its working age population is increasing and its dependency rate falling. Such youth bulges are often perceived as "demographic dividends" which are characterized by a rise in the rate of economic growth that occurs due to a rising share of working age people in a population. Pakistan's median age of 21.2 vears this makes Pakistan one of the youngest of countries in the world. By 2050, with an annual growth rate estimated at 2.07 percent, Pakistan is expected to become the fourth most populous state. Pakistan's population growth rate, its age structure, income distribution and the development of its human capital shall be the principal determinants of Pakistan's productive capacity. According to the Economic Survey 2010-11, "Pakistan's population has been growing at a decelerating pace but still Pakistan has one of the highest population growth rates in the world." Between 2014 and 2040, Pakistan's working age population is expected to expand.

Many reasons may be given for this unsatisfactory performance. However, the major reason seems to be the lack of political commitment and willingness of the governments to address population issues. Changes in the government's population policies every five to ten years, constrained the desired results (PDHS 2012-13). Another reason that negatively



Pakistan is currently experiencing a youth bulge

impacts the family planning program in Pakistan is the trends in donor funding. HIV & AIDS emerged as a big threat at the global level and major chunk of funds diverted to fight the disease. Recurrence of Tuberculosis and Polio further attracted government attention and funding. Unsafe Abortion was another area which was selected for global funding due its contribution to maternal deaths. In the recent decades, natural disasters and terrorism changed the priority landscape altogether, hitting almost every piece of the development agenda. During this period governments were also struggling with the problem of power and gas shortfalls. On the other side, global scenario was changing fast, MDGs are being replaced with SDGs. Sustainable Development Goals have huge agenda, and in terms of funds and resources, family planning programs which still have relevance in Pakistan, contrary to other countries where this problem has been controlled to a great extent, will not receive as much emphasis as it had been in the past. It was the reason that FP Summit was organized in 2012 in London in anticipation of the coming global developments so that family planning does not lose focus and the argument of its connection with health, economics, education and even environment does not subside and lose ground, and most importantly, the argument that less investment in family planning saves more investment in future, remains in the field.

A simple analysis of the costs reveals that a family is bearing much higher costs in bearing a pregnancy (maternal care, first year of child care and childhood care costs) than the state cost of delivery of family planning services: Rs. 46,289/- as against Rs.536/- per Couple Year of Protection (or Rs.727/- per user). For 6.2 million couples with unmet need for contraception in Pakistan the loss to their families and societies runs in billions of rupees (Rs. 298.37 billion). This huge amount of Rs.298.37 billion could be easily saved through spending merely about 4.5 billion rupees on family planning interventions and meeting the unmet need of the couples and could be utilized to improve health and education systems of the country enabling people to enjoy long, healthy, happier and productive life.

Ministry of Population Welfare in Pakistan was established on June 12, 1990 but it ceased to exist on December 7, 2010, after about twenty years, as a result of 18th Amendment and devolved to Provinces and family planning program has taken another major shift, and the program seemed to be de-positioned for another time. Political willingness problem was compounded with structural, administrative and resource constraints. In view of the SDGs that would soon prevail the global development agenda, FP Summit that is gathering support to speed up family planning efforts, and the 18th Amendment in our constitution that may take the form of threat or opportunity for family program in Pakistan, it is high time to gear up efforts to reposition family planning and consolidate the foundation to ensure the achievement of long term social development objectives while reaching those 20 percent currently married women having unmet need for family planning with quality and sustainable services. The Rahnuma-FPAP's present annual report is dedicated to this theme to highlight the significance of the issue for civil society, donors and the government.



Asia Regional meeting on Improving Access in restricted settings

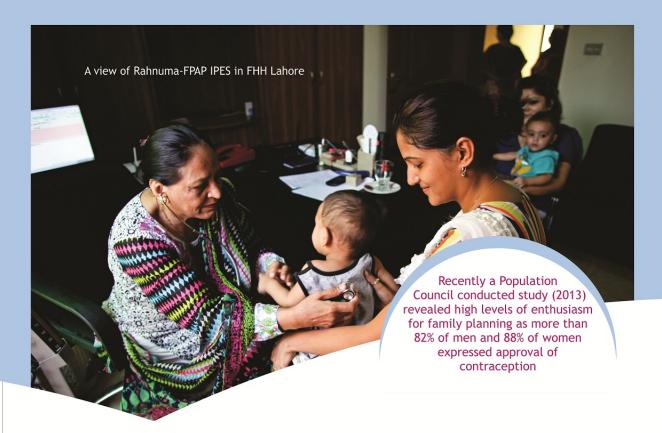
FP 2020

International Scenario and Pakistan:

Access to voluntary family planning is one of the fundamental human rights and access to voluntary Family Planning leads to transformational benefits across all development sectors. It is also one of the smartest investments a country can make for its future planning. The London Summit on Family Planning 2012, leaders from around the world gathered to commit the expansion of contraceptive access to an additional 120 million women and girls in the world's 69 poorest countries by the year 2020. Family Planning 2020 (FP2020) is the movement that carries this global effort forward. Since London Family Planning Summit 2012 (FP2020) remarkable progress has been across the globe especially in highly vulnerable 69 countries. These countries have started targeting to overcome barriers and expand access to family planning.

At the 2012 London Summit on Family Planning, Pakistan committed to increasing the contraceptive prevalence rate to 55% by 2020. The obstacles to success are many including political instability, socio-cultural impediments, vulnerability and marginalization of women and restrictions on their mobility and accessibility to modern contraceptives services. Some positive steps are being taken on the national and provincial levels as after 18th amendment population welfare along with other social sectors has been devolved to provinces/regional governments.

Demographic Transition in Pakistan: The Imperatives of Family Planning in Attaining Fertility Transition: Exploring Future Prospects by Rahnuma-FPAP (through consultant Dr. Tauseef Ahmed). 2009



Pakistan's Lady Health Worker (LHW) program is a good effort in this context. These more than 100,000 community lady health workers provides essential reproductive health services to millions of women and children across Pakistan, dispensing contraceptives, immunizations and other primary care. The workload on the LHWs has increased enormously in recent years furthermore they are victims of terrorist' attacks. Pakistan's one of FP 2020 goals is to re-focus priority on the family planning aspect on LHW program. The government of Sindh province has begun the process, working with the Population Council to develop a comprehensive new training program for these Lady Health Workers across Sindh.

Another main achievement during recent years in Pakistan is the new Logistics Modeling Information System (LMIS), implemented with the assistance of USAID DELIVER project. LMIS is a web-based system for procurement management, and is part of a whole suite of modernizations including contraceptive supply chain barcoding, automated inventory control systems, data visualization and automation of procurement activities. The system has

been rolled out nationwide, and health managers in all 143 local districts were able to use it for their 2013-2014 forecasting. Three provincial governments (Sindh, Punjab and Khyber Pakhtunkhwa) have committed more than US\$ 75 million in financing for the next five years.

The Punjab, Sindh and KPK governments have drafted bold new population policies while incorporating FP 2020 commitments with the goal of doubling contraceptive use in the next 20 years. In Khyber Pakhtunkhwa province, 110 new Family Welfare Centers are bringing reproductive health care to rural villages. In January 2014, it was announced that a new National Task Force on Population Welfare would be created at the federal level to help coordinate reproductive health efforts across all provinces. Recently a Population Council conducted study (2013) revealed high levels of enthusiasm for family planning as more than 82% of men and 88% of women expressed approval of contraception, and both men and women told interviewers that they wanted greater access to modern methods.

Current Situation

In Pakistan approximately 35% of women report using some form of family planning. 26% use a modern and 9% use a traditional method and 25% have what we call unmet need. This means that of the nearly 24 million married women of reproductive age (MWRA), approximately 5 million women use a modern method and nearly 2 million women use a traditional means and a staggering 17 million do not use any family planning at all. These 17 million include around 6 million women who would want to use FP, but are not using it and therefore have an unmet need for family planning.



Approximately

- \dagger 35% of women report using some form of family planning.
- 26% use a modern and
- ightharpoonup 9% use a traditional method and
- † 25% have what we call unmet need This means that of the nearly
- 24 million married women of reproductive age (MWRA)
- 5 million women use a modern method and
- 2 million women use a traditional means and a staggering
- ♦ 17 million do not use any family planning at all
- 17 million include
- 6 million women who would want to use FP, but are not using it and therefore have an unmet need for family planning.

"FP allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility.

A women's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy"-definition by WHO.

The use of family planning has increased in Pakistan over the past 53 years from around 5% in the early 60s to around 35% in 2012-13 or around 0.6% annually. A comparison of DHS surveys from 1990 and 2013 shows an increase in the use of family planning by approximately 3.7 fold in the past 2 decades or around 1% annually - a much accelerated pace compared to the years before 1990. This increase has been for both traditional and modern methods and is more pronounced in rural locations. While family planning has improved all over, gains in rural locations far outpaced any progress in urban locations. Whereas

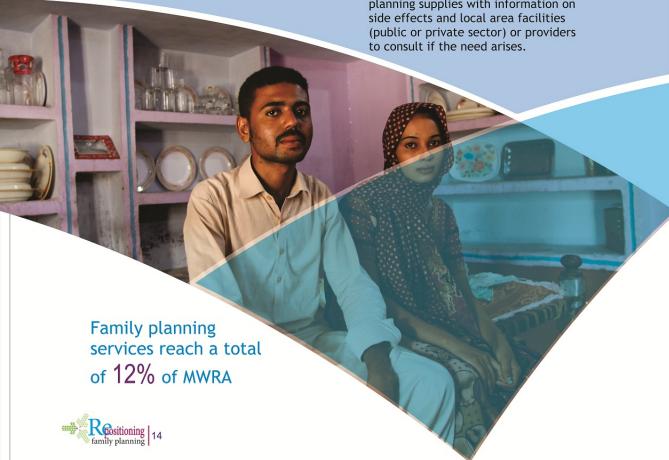
urban contraception rates doubled, rural rates increased over 6-fold with traditional methods increasing nearly 10-fold. While it's difficult to completely explain this phenomenon, it's abundantly clear that there has been (and perhaps remains) a great unmet need for contraception in Pakistan, particularly in the rural locations. This is particularly exemplified by the corresponding increase in traditional methods along with modern ones. Additionally, the experiences with Lady Health Workers and some NGOs (particularly in the years following the DHS) have shown that there are a great number of women and couples in these locations who would adopt family planning if these services and commodities were made available to them. In other words there is a fairly large group of women/couples who would readily avail family planning services and family planning - public health programs and policy makers would do well to target this group more effectively with services.

Salient Features

- Family Planning has steadily increased in Pakistan. However, the rate of this increase has been slow; around 0.6% per year over the past 53 years.
- This rate of increase in family planning has been comparable for both modern and traditional methods.
- Family planning services reach a total of 12% of MWRA.
- Most FP commodities are procured directly by women/couples.
- Public sector accounts for only about a third of the services.
- The method mix suggests that the most common methods are those that are controlled by the women and couples, perhaps reflecting on the quality and access of the family planning services.
- There is a large group of women with an Unmet Need that are turning to traditional methods. This group should be the key target audience for any upcoming family planning programming.

Areas that need attention:

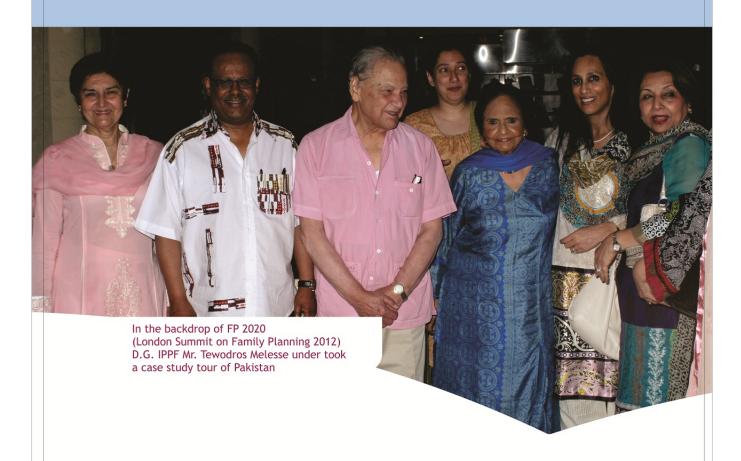
- Women/couples with unmet need are a readily accessible group that needs to be targeted with family planning services as a priority.
- Public health planners should focus on enhancing outreach, continuity of supplies/commodities, and access of family planning services to reduce the large unmet need.
- Despite their ease and efficacy, IUDs are under-used (11%) and should be more widely promoted in family planning services.
- Sterilization (both female and male) needs to be promoted earlier on to women/couples as a safe and viable option for completed families.
- Strategies to expand access to women beyond the current 12% coverage must explore the role of NGOs, public private partnerships, and other innovative models from the region.
- Public health planners should consider formal engagement of outlets, pharmacies, shops that stock family planning supplies with information on side effects and local area facilities (public or private sector) or providers



FP 2020 London Summit

The FP 2020 (London Summit on Family Planning 2012), co-hosted by the UK Government's Department for International Development (DFID) and the Bill & Melinda Gates Foundation envisioned that voluntary family planning services will reach an additional 120 million women and girls in the world's poorest countries by 2020. In the backdrop of London Summit on Family Planning Rahnuma-FPAP carried out an extensive advocacy and lobbying campaign to highlight the importance of voluntary family planning services for all segments of society. For this purpose Director General International Planned Parenthood Federation Mr. Tewodros Melesse undertook a case study tour of Pakistan and encouraged its leadership to actively take

part in the London Summit on Family Planning. During the tour he held two stakeholders consultations in Lahore and Islamabad in which a large number of MPs, media, civil society organizations and government officials participated. This endeavor resulted in proactive participation of Pakistani government and assurance of strong political commitment and sustained enhanced resource allocation for population welfare program.



Pakistan's Commitment

At the FP Summit Pakistan committed to work towards achieving universal access to reproductive health, raising the CPR to 55% by 2020, providing birth spacing services at all private and public health facilities, including contraceptive services in the essential service package in two provinces, strengthening of supply chain, training and communication campaigns, working with religious leaders and men, making FP a priority for the Lady Health Workers and increasing the financial resource spent on FP to USD 200 million in 2013.







`I Decide` Campaign: To incorporate FP 2020 Commitments in SDGs

IPPF Launched a Global Campaign to ensure that the right of people to make decisions over their own bodies is enshrined in the next set of Sustainable Development Goals (SDGs). Rahnuma-FPAP including other fifty Member Associations (MAs) across the world complimented this campaigning in their respective countries. In line with this campaign Rahnuma-FPAP commemorated Global Day of Action on May 13, 2013 while holding a Consultative Dialogue participated by parliamentarians, national and provincial government policy makers, representatives of media, civil society, professional associations etc. Furthermore we embedded/ reorganized our advocacy and lobbying campaign across Pakistan and organized different events including seminars, workshops, side shows. This campaign continued throughout 2014 while highlighting different asks for Pakistani government regarding FP 2020 commitments. Through this Campaign we collected pledges and signatures of more than 262 parliamentarians, federal and provincial government policy makers, more than 400 media and civil society partners and more than 5000 online visitors. Through these signatures all the above mentioned have pledged to support women's and men's SRH& R in discussions which should follow the MDGs which are going to expire this year. The IPPF will present these pledges and signatures consolidated from all Member Associations (MAs) to Ban Ki-Moon the UN Secretary General in summer 2015.

I decide







D.G. Ministry of National Health Services, Revolutions and Coordination,
Govt. of Pakistan and President Rahnuma-FPAP sign the MOU,
CEO Rahnuma-FPAP are also seen

Ownership by New Government

In 2013, after elections the new government replaced the old and the commitments got lost somewhere in the middle of the chaotic political environment in the country. The opposition took to the streets with civil disobedience movement and the security situation become more challenging than ever. Rahnuma-FPAP realized that they need to have a proper campaign to develop ownership among the new government ranks for the FP commitments made at the Summit. The organization designed a project to increase provincial government's ownership of the commitments and to translate them into supportive policy and programmes.

The project aimed to ensure that there is increased provincial ownership of the family planning programmes and that all provincial population and health programs

to be developed post devolution are in line with the national commitments made in FP Summit 2012.

The post devolution scenario provided an opportunity to advocate for positive interventions in the provincial population and health programmes. An extensive advocacy campaign was launched through conducting lobbying meetings, mobilization of media, sensitization of relevant health and population decision makers and implementers in order to include the commitment in policy documents.

As a result of the lobbying meetings with provincial governments, pressure groups were formed from media, civil society, government officials and parliamentarians. Parallel to lobbying meetings, situation analysis of PC-1 and the health strategies





D.G. Health Govt. of Punjab sharing his views during one of Rahnuma-FPAP organized seminar

of population and health department of all provinces conducted. The finding of the report was sharing during the lobbing meetings. National parliamentarian caucus was established. More than 50 parliamentarians are the part of that advocacy project regarding FP 2020. Almost 50 persons attended pressure group meetings, these persons were from different walk of life, government officials from health, population, MNCH, LHWs, civil society, media and parliamentarians at provincial level. Some individual meetings were also conducted with the secretaries of health and population and Planning and development departments. Advocacy material leaflet, brochure and the policy brief were developed and printed after the consultant findings and the RAF communication department approval. These materials were used in the pressure groups meetings. After all the provincial efforts with provincial governments, 3 national level seminar were conducted, in which all provinces had the opportunity to share their achievements regarding the policy drafts, achievement regarding FP 2020 and provincial governments ownerships. KP government shared that population welfare department KP prepared their draft population policy and the London summit commitments are the part of the draft population policy, Punjab has also prepared their draft population policy and Rahnuma-FPAP provided technical support while drafting population welfare department draft policy. In Sindh, the London summit commitments are now the part of the Provincial Sindh Population Welfare department vision 2025.

The media has great influence in terms of generating public pressure and placing an issue high on the agenda of policy makers, consequently media is an important target group and partner in the advocacy initiative. The media kit developed while making concise the findings and recommendations of technical experts. The purpose of the kit is to inform the media about the national commitments at the FP summit and the current provincial statement on the same, to highlight this in their channels and newspapers. This media kit was launched at national level with the media persons across the Pakistan. Almost 60 participants came from Punjab, KP, Sindh, Baluchistan, AJK and ICT to attend this launching ceremony. Leading newspapers and TV channels representatives like HUM TV, Health TV, Duniva TV. Voice of America, GEO News. Samaa TV, Daily Wagt, Daily Khabrain. Capital TV, PTV News, along with some local newspapers from AJK participated in the event.

Efforts Paid off

The efforts paid off and as a result, the Provincial governments of Punjab, Sindh and KPK (which accounts for more than eighty five percent of the total population of Pakistan) have incorporated FP 2020 commitments in their different (Draft) Policy documents, increased budgetary allocations in 2013/14 and 2014/2015, allocated resources for the procurement of contraceptives (Punjab allocated Rs. 450 million in 2014/2015 Budget), established and revamped more FP services delivery points to strengthened FP outreach and improved Comprehensive Prevalence Rate achievable targets (KPK) established 110 new FWCs which resulted in the increase of CYP to 22% in 2013/2014.

The Government of Pakistan included the FP 2020 commitments in its National Vision 2025 which is a program of action that will create a road map for milestones to be achieved by 2025.

Rahnuma-FPAP Service Delivery Initiatives

At the organization level Rahnuma-FPAP pledged to double its FP services. The organization's extensive service delivery network reaches out to 10 % of the population with services mostly to poor, marginalized, socially excluded and underserved communities.



service delivery points (SDPs), mobile and outreach clinics, associated clinics and community-based distributors (CBDs). Rahnuma-FPAP in line with this IPES approach reoriented its Services delivery program and made concerted efforts to reach remote and under-served areas by deputing a mobile team of doctors, nurses and paramedics. We provided high impact, comprehensive, integrated package of services, ensuring quality of SRH services to hard-to-reach populations - poor, adolescents and displaced people - with least access. We ensured choices through this Integrated Package of Essential Services.

The implementation of IPES was supported by Quality of Care assurance system to ensure that SRH services are of high quality, are integrated and rights-based. We provided IPES services - sexuality counseling, contraceptives services including emergency contraception, safe abortion care, and reproductive tract infections/sexually transmitted infections (RTIs/STIs), HIV, gynaecology, prenatal & postnatal care and sexual & gender-based violence.



Following are the Components of Essential Health Services Package:

- 1. Counseling
 - a. Sex and Sexuality.
 - b. Relationship.
- Contraceptives Counseling which includes oral contraceptive pills, Condoms injectable, implants and IUDs.
- Safe abortion care which includes pre- and post-abortion counseling.
- 4. RTIs/STIs treatment methods including lab tests.
- 5. HIV a. Pre- and post-test counseling.
- 6. Gynaecology services.
- 7. Prenatal and postnatal care.
- 8. Sexual and gender-based violence (SGBV).

Rahnuma-FPAP through IPES has increased access to SRH services in its SDPs

Following were the guiding Principles of IPES:

- Integration of sexual and reproductive health services regardless of the initial point of entry.
- Ensuring high quality, effective and efficient services by applying the IPES Quality Assurance Toolkit.
- 3. Change from a providercentered towards a client centered approach within a rights perspective based on client satisfaction and improvements in the health of the communities we serve.
- 4. Ensuring universal access to SRH and minimizing missed opportunities, with attention to: The needs of vulnerable groups, especially women and girls The needs of adolescents and young people, both those sexually and non-sexually-active.
- Involving the community, in particular women and girls, to lead and shape the response to sexual and reproductive needs, taking into account considerations of gender equity.



Integration of SRH and HIV is main component our health services across Pakistan



Services Delivery NETWORK

Through Rahnuma-FPAP service delivery network poor, marginalized, socially excluded and underserved communities are able to access quality FP information and services.

Rahnuma-FPAP service delivery network exists throughout the country and is well-equipped to respond to the unmet need of family planning among the marginalized, poor and underserved men, women and youth. The affordable and quality FP service delivery network exists at multiple levels of services delivery points including Family Health Hospitals, Model Clinics, Family Health Clinics, Mobile Units, NGO Partnership Clinics providing services with the support of Traditional Birth Attendants, Private Practitioners (PPs) and Community Based Distributors (CBDs).



In order to double the FP services by 2015 Rahnuma FPAP is focusing on the social franchising process which will strengthen and increase the number of PPs and CBDs in Rahnuma-FPAP operation areas. Provision of sign boards, stationary and regular replanting of contraceptives will enhance the PPs and CBDs capacity, involvement and performance in this regard.

Referral mechanism will be Strengthened at SDPs, TBAs will be enrolled and trained, regular meetings will be conducted with identified PPs, IEC material on SRH and FP will be developed, printed and disseminated, promotional material for PPs including sign boards, clocks, pencils, paper weights etc. will be developed and provided to them.

Women empowerment is crucial to curtail SGBV, therefore in this regard sensitization sessions with parents and in-laws on gender equity and sexual and gender based violence are conducted. Need based skill trainings are arranged at community level to reach out to young girls/ women to empower them and to provide SRHR/FP information and services. IEC material on Gender sensitization and women empowerment is developed and Skill Development trainings at 3 KATO Women centers are conducted. Mobile Camps are being organized for promotion of FP services as women empowerment program.

Rahnuma FPAP provides HIV and AIDS preventive services through awareness-raising sessions, counseling services, provision of condoms and Behaviour Change Communication programs throughout the Rahnuma-FPAP service delivery network.

Drop-In Centers and VCT centers located in Lahore, Quetta and in Model Clinic Faisalabad especially focus on brothel based and street based female sex workers, male sex workers. The work with Intravenous Drug Users (IDUs) in Lahore and Quetta and is implemented with the collaboration of Provincial AIDS Control Programs (Punjab & Baluchistan).



Rahnuma-FPAP

Quality of Care System:

Rahnuma-FPAP has an integrated Quality of Care (QoC) system in place which adhere to the IPPF Quality of Care (QoC) principles which focus on existing reproductive health services with special attention given to priority areas of IPPF's Strategic Framework (adolescents, HIV and AIDS, safe abortion, and access), including family planning, counseling and infection prevention. Rahnuma-FPAP also focuses on the IPPF Essential Standards of Quality of Care (QoC) which stipulates "Rights of the Client and Needs of Service Providers". IPPF defines QoC as "doing the right things in a right manner which is interactive and guarantees highest possible client satisfaction, offers essential level of quality services by competent and caring service providers".

Rahnuma-FPAP offers safe and effective services including:

- A wide range of methods.
- Fully informed clients on use and side effects.
- Prior screening of clients for medical eligibility.
- Helping client to choose the method.
- And supporting clients when they encounter problems.

Rahnuma-FPAP ensures clients satisfaction and continuation as it understands that good care attracts clients, keeps clients in the system by offering quality services, appropriate and accurate information and emotional support to meet their SRH needs. It also understands that greater personal and professional satisfaction add value to its work, while giving providers an authority to solve problems, improves services and raise their morale. The organization also ensures access to services through a properly trained staff, regular work timings, sufficient and affordable supplies and no unnecessary medical barriers.

Innovative Projects 2014 **GCACI** Rahnuma-FPAP started this project in 2012. Its main objective is to increase uptake of post-abortion contraceptive services, access to family planning services and use client based data to inform quality of care and programmatic decision making.

Under this project Rahnuma-FPAP upgraded four of its Family Health Clinics to provide full range of contraceptive services. In the year 2014 a total of



clients were provided with treatment of incomplete abortion; clients were provided family planning services in the reporting year.





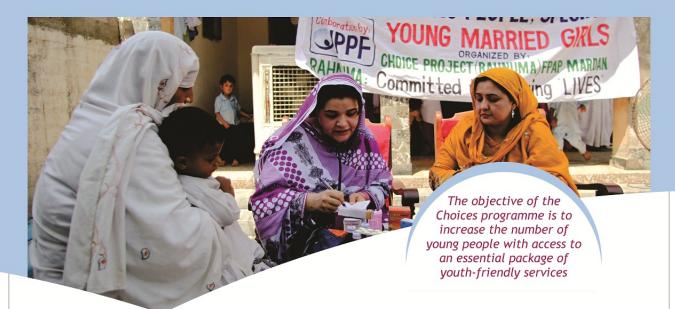
GCACI Plus:

GCACI Plus initiative is envisaged and later implemented to extend Family Planning (FP), Menstrual Regulation and (PAC) services including post abortion contraception, post-partum contraception and standalone contraception through 10 existing FPAP doctor based service delivery points. Unsafe abortions by back street providers have been rampant which alone account for mounting death toll of pregnant women in Pakistan. So much so, abortion is taken for a family planning method instead. Against this backdrop of high fertility, high maternal and infant mortality rate, and the inaccessibility of FP services in the country, there has been a pressing need for quality interventions in Family planning and menstruation regulation (MR) services. In addition to this, the lack of integration of family planning and natal services is a lost opportunity for post-partum and post abortion contraceptive uptake. With 60% of Pakistan's population below 24 years and early marriages being common, there is a need to respond to the child spacing needs of this group through promoting modern contraceptives.

60% of Pakistan's population below 24 years and early marriages being common, there is a need to respond to the child spacing needs of this group through promoting modern contraceptives

During 2014 all 10 clinics were upgraded, service providers trained and equipment supplies maintained. Capacity building of service providers focusing on MR, TIA, Medical Abortion, FP Methods including LTPM and counseling skills were undertaken during the reporting period. All health facilities have basic essential equipment to provide services; 100% of facilities reported no stock out of IUDs, Implants and MVAs. Furthermore Integrating FP services with other health services such as immunization, new born or child care services and hands-on training for service providers on technical skills were conducted on MA, FP and integrated counseling. Under this initiative Value clarification training (VCAT) was held in collaboration with Ipas which was attended by GCACI Plus concern staff, core staff and volunteers. This helped in clarifying the biases and Country's law on abortion services. All Quality Assurance Doctors (QADs) are regularly visiting all project locations to assess the level and quality of service provision. On job supervision has improved the Quality of care as well as clientele at all SDPs.





Expanding

Choices and Opportunities for Young People

This four year programme is empowering adolescents and young people to make informed choices about their sexual and reproductive health and is placing young people's sexual rights on the political agenda in fourteen countries. The objectives of the Choices programme are to increase the number of young people with access to an essential package of youth-friendly services, to increase access to comprehensive, gender-sensitive, rightsbased sexuality education and to influence policy change that prioritizes the sexual and reproductive health needs of young people within national health systems. The Choices programme is being implemented at three locations (Chakwal, Mardan and Muzaffarabad) to increase young people's access to a comprehensive package of youth-friendly services, as well as a standardized age-specific, comprehensive, gender-sensitive, rights-based sexuality education.

The project has a specific focus on young married girls. To date, the project has made a huge impact on the lives of young people by not only increasing access to sexual and reproductive health (SRH) services and comprehensive health and rights education but by steadily creating an enabling environment by shifting attitudes

and behaviors in different social, cultural and political contexts through strategic interventions. During 2014 we developed Youth-Friendly Services Guidelines. Establishment of separate waiting areas for young people in all static clinics, as well as separate youth friendly spaces for young girls and boys that have been effective in increasing youth clientele at clinics has been another achievement during 2014.

We have formulated a Taskforce on comprehensive health and rights education with key organizations working on youth SRHR in the country and developed a framework and a training manual (based on the framework) for teachers and gendersegregated handbooks for students in Urdu and English. These are piloting four schools and using them to provide CSE to out of school youth. We also conducted quarterly sensitization sessions on youth SRHR and gender equity with parents and in-laws in project sites. We have formed an Alliance of key partner organizations, government officials from different ministries and their national youth network members to advocate for this education at national and provincial level. At provincial level we got a letter of support from governments in the provinces of AJK and Mardan to provide health and rights awareness and education sessions in schools.



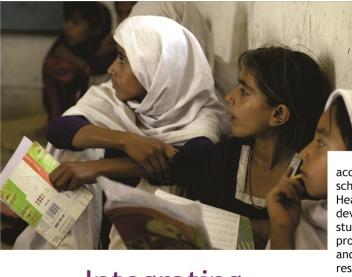


Access to Services and Knowledge on SRH

The ASK program aims to contribute to achieve MDG 3 (gender equality), MDG 5 (reduce maternal mortality and universal access to Reproductive Health (RH)), MDG 6 (stop the spread of HIV, malaria and TB). The mandate of ASK project is to provide Integrated Package of Essential Services to the young people and ensuring that promotion of sexual rights of clients. This includes reducing stigma and discrimination around SRHR for young people. The overall objective of the project is to improve the SRHR of young people including underserved groups (10-24 years) by increasing young people's uptake of SRH services. The project is being implemented in Lahore, Karachi, Islamabad, Peshawar, Quetta, Gilgit Chakwal, Kohat and Faisalabad.

Youth Friendly Services, an integral part of the project, are being provided at selected Rahnuma-FPAP clinics (youth friendly spaces). Building the capacity of service providers on the entire range of the essential package of SRH services, including abortion and working with vulnerable groups has remained very effective. Furthermore Mobile SRH Services Camps has remained very successful as these attracted a large number of young people and grass root community groups. These mobile camps were mostly

conducted in remote and rural areas around the clinics (Youth Resource Centers) to facilitate access to SRHR services and information to marginalized groups such as young mothers, out of school youth and LGBT group. To further strengthen the ASK services at Youth Friendly Centers referral linkages were developed with private practitioners around the locations, almost 10-15 Private practitioners were registered at each of the project location. Furthermore MOUs with these Private Practitioners (PPs) were signed for expanding the outreach of young people. Peer Educators who remained an essential part of the project as these Peer Educators among in school/out of school, PMSEU and LGBT group of young people provided valuable information and counseling to young people. As young people remain reluctant to walk into SRH clinics, the experience of Youth Resource Centers (YRCs) and Mobile Camps remains quite successful in providing the information and services to the young people. Privacy and Confidentiality is the most important aspect of the service package for young people. It has been learned that Peer educators are very instrumental in reaching out to young people and needs to be strengthened as part of the project.



Component of Comprehensive Health and Rights Education was progressively implemented at the Rahnuma-FPAP Star Schools

Integrating education, health and income generation services

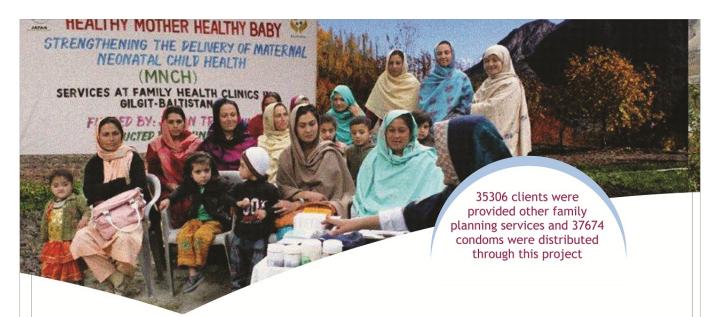
During this year, the project has complemented the overall goal in terms of bringing ownership of Health and Rights education curriculum by school management and teachers as essential component of student's personal development. It also improved the health seeking behaviours of registered families especially among young girls and women. Eventually it encouraged the independence of trained women and girls by translating their skills into income generation resources. The project connects three ongoing initiatives related to SRH education, services and empowerment of women through skill development. Availing the platform of schools, the project reached out to adolescents and their families to increase knowledge and information regarding SRHR issues. The easy to access service delivery mechanism of mobile camps increased the outreach and access to SRH services for young people and their families. Moreover skill development and provision of micro credit empowered women and their families for income generation.

The component of Comprehensive Health and Rights Education was progressively implemented at the Rahnuma Star Schools in targeted locations. The teachers of these schools were trained on Comprehensive Health and Rights Education and were well capacitated with

accurate knowledge on the subject. The school teachers provided Comprehensive Health and Rights Education as per the developed lesson plans and assessed the students using developed tools. This process took a significant amount of time and effort beyond their school responsibilities. These teachers carried out these activities with the spirit of volunteerism. To acknowledge their efforts and to bring a sense of ownership of the project in the teachers, a comprehensive health package and a certificate of accreditation as a "star teacher" was provided to them. A total of 59 male and 100 female teachers in 50 schools are accredited.

3419 registered students and their family member (both male and female) were provided with comprehensive information on SRH and family health and women empowerment. In addition to the enhanced knowledge, 54% of woman and young girls shared that they feel more confident about themselves and they also started to take independent decisions about their lives. They are also accessing the health services by their own decisions and mobility in mobile camps and static clinics. An extensive number of women and girls 1887 reported that they are taking the independent decisions regarding their health matters. 60 skilled women and young girls received the micro credit facility and established their home based/ small scale businesses. They have made noteworthy contribution to increase the average monthly income of their families. A considerable increase in income is observed during the year. A total number of 281 women and young girls reported that they are generating and controlling their own income. These women and young girls also reported that they are taking independent decisions regarding financial matters. Moreover these women and young girls also built linkages with local employers and vendors for the future sustainability of their businesses.





Healthy-Mother, Healthy-Baby"

The Healthy Mother, Healthy Baby Project improved the delivery of maternal, neonatal and child health services in nine family health clinics in Gilgit-Baltistan. Many women in this mountainous and rural part of Pakistan face difficulties in accessing quality health services and education. This is partly due to the lack of quality MNCH services, but also a result of limited decision making power by the (young) pregnant women to access the services available. This project targeted communities to understand the importance of antenatal, natal and post-natal care, as well as child health services, and seek to improve the decision making role of the expectant mothers. In line with Japan's Global Health Strategy 2011-2015, the project used the EMBRACE model to ensure the delivery of a continuum of care from pre-pregnancy to early childhood. The overall goal of the project was to improve the maternal neonatal and child health in the communities around nine Family Health Clinics of Gilgit-Baltistan, by strengthening the facility based service delivery, outreach, and community involvement. Its specific objectives were to provide comprehensive MNCH services to women and children in the catchment area of 9 service delivery points through involving the community in promoting health seeking behaviour, improving the quality of services and taking concrete steps towards better MNCH and to involve the community and

promote health seeking behaviour of women of reproductive age, particularly those at risk of HIV to access to MNCH services.

The main achievements under this project were 418 mobile camps that provided MNCH, FP and SRH services at the doorsteps of marginalized communities in Gilgit Baltistan. The capacity of the service providers and staff was built on EMBRACE, FP,USG, HIV and AIDS and MNCH. A total of nine well equipped baby health centres were established in the Family Health Clinics for MNCH services. Provided 28785 antenatal check-ups and 18925 pregnant women with Birth Plans registered at the family health clinic. The skilled birth attendants delivered 5819 babies and their neonatal check-ups were carried out. A total of 5800 children were immunized. Post abortion care services were provided to 964 clients along with post abortion contraceptive uptake. In the reported period 35306 clients were provided other family planning services and 37674 condoms were distributed through this project alone.

216 Birth preparedness and emergency planning sessions were conducted with 2808 expected mothers and families. 3024 mothers-in-law and husbands were sensitized on MNCH issues.3050 mothers were counseled on MNCH including FP through during the sessions. A total of 12000 IEC materials were distributed during these sessions as well.



SPRINT II Initiative:

Rahnuma-FPAP launched SPRINT II initiative to improve health outcomes of crisis affected populations by reducing preventable sexual and reproductive health mortality and morbidity as it is an effective way to save lives if implemented at the onset of an emergency. Neglecting sexual and reproductive health (SRH) in emergencies has serious consequences such as preventable maternal and infant deaths unwanted pregnancies and subsequent unsafe abortions. The MISP is a set of priority activities designed to prevent excess maternal and neonatal mortality and morbidity, reduce HIV transmission, prevent and manage the consequences of sexual violence and plan for comprehensive SRH services. The MISP includes kits of equipment and supplies to complement a set of priority activities that must be implemented at the onset of an emergency in a coordinated manner by trained staff. The MISP can be implemented without a new needs assessment because documented evidence already justifies its use. The components of the MISP form a minimum requirement and it is expected that comprehensive SRH services will be provided as soon as the situation allows. The MISP is a minimum standard in the 2004 Sphere guidelines and in the 2009 IASC Global Health Cluster Guidance.

The goal of the project was to improve health outcomes of crisis affected populations by reducing preventable sexual and reproductive health mortality and morbidity. It specific objectives were to

create policy & funding environment, increasingly support of SRH in crisis settings and to increase national capacity to coordinate the implementation of the MISP in humanitarian settings.

Rahnuma-FPAP played an important role to integrate MISP RH Support to SPRINT implementation and provide technical assistance/capacity building to integrate the MISP in national policies. We conduct meetings at national and provincial levels with NDMA and PDMAs. Four days ToTs were organized in which participants from public sector, NGOs, INGOs and UN agencies were trained. These trainings were intended for SRH coordinators from local and international organizations including UN agencies and government representatives working in the area of health, SRH, emergency preparedness, disaster management and situations of forced displacement. These sessions included class room lectures brainstorming and group work including practical exercises. Five training for trainers were conducted in collaboration with UNFPA, NHEPRN and Health Services Academy at Islamabad and Peshawar attended by 122 participants from NHEPREN, HSA, UNICEF, UNFPA, NATPOW, Save the Children, and different NGOs. The overall goal of the trainings was to increase the coordination and implementation skills of Sexual and Reproductive Health (SRH) Coordinators and managers. The skills and evidences delivered through these trainings has the capacity to be used as advocacy tool to mainstream SRH into emergency preparedness plans and humanitarian responses.

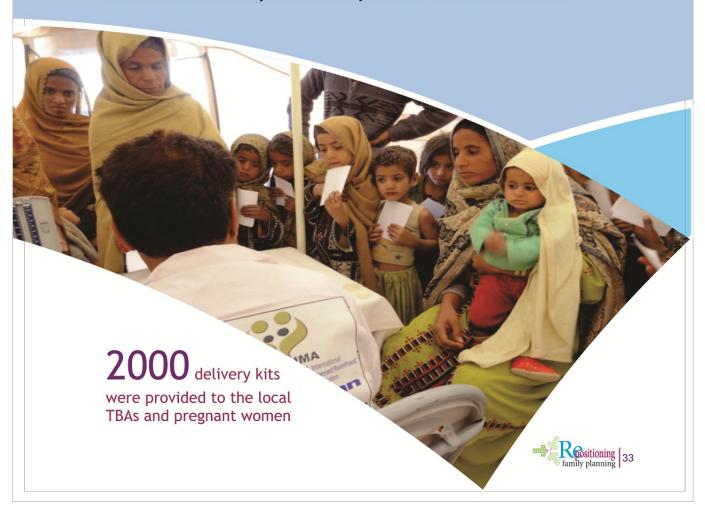


Reaching out to the Earthquake Affected People in Baluchistan with SRH services

Under SPRINT project Rahnuma-FPAP Baluchistan region provided counseling sessions, EMoC services, SRH services and sensitized earthquake affected people of Awaran and Kech Districts in Baluchistan. In the reported year Rahnuma-FPAP successfully conducted 422 medical camps in the four affected Union Councils of the two earthquakes affected districts. Medical services such as RH and Lifespan were provided to 51216 people out of whom the total numbers of male and female beneficiaries were 14365 and 36851 respectively.

Counseling sessions were provided to male and female population during the course of medical camps and contraceptives (Condoms) were distributed for prevention of HIV and STIs transmission to affected population.

Most importantly **2000** of delivery kits were provided to the local TBAs and pregnant women to promote clean home deliveries and to reduce the maternal morbidity and mortality rates in the affected areas.





Emergency Health services for Thar Desert of Sindh Arid Zone

Severe drought that occurred in the Thar Desert of Sindh Arid Zone due to failure of monsoon resulted in severe shortage of food, fodder and water. A large number of people including children died in Mithi hospital. Mostly of them were from Diplo, Mithi, Nagarparkar and Chahro tehsils of Tharparkar district. In three-month time the death rate among children went up to 151 and the district was put on high alert for famine.

Rahnuma-FPAP reached the disaster hit Tharparkar with medical and nutritional assistance with a project that aimed at improving the nutrition of the community especially mothers and children; immunizing them against disease; promote breast feeding; monitor growth of children; provide preventive medication to women especially in the antenatal period and provide family planning services. The other objective was to control communicable diseases common in drought hit areas such as malaria, diarrhea, acute respiratory infections, typhoid, viral hepatitis, cholera and other similar ailments.

A total of 33798 women, men and adolescents were reached in this area

Rahnuma-FPAP reached the disaster hit Tharparkar with medical and nutritional assistance

Major Achievements:

- Large number of children and women were provided emergency medical treatments and counseling sessions at door step through a team of trained doctors, paramedics & Social mobilizers.
- Coordination was developed with partner organizations including UN agencies, NGOs and government.
- Comprehensive SRH services along with Primary health services were provided to the draught effected communities of Tharparkar.
- A strong referral mechanism established between public and private health facilities
- Quality of Care procedures and standards were followed, ensured and maintained.





Building Momentum for Sexual Reproductive Health and HIV Integration

Overall Objective 1:

The Project will contribute to MDGs 5 and 6 and significantly increase uptake of both HIV and SRH services, especially for women, young people, and people livening with HIV and marginalized groups.

Overall Objective 2:

The project will contribute to the fulfillment of international commitment for SRH and HIV integration.

Project at a Glance

- Project funded by European Commission
- Participating countries-India, Bangladesh, Nepal, Pakistan, Sri Lanka, Afghanistan, Maldives and Iran





Component 1

Country Team

- The efforts of Country Team made it possible to include HIV and AIDS related training material in the Reproductive Health modules developed under the National Program of Health for lady health workers and lady health visitors.
- Our Country Team members approached Punjab AIDS Control Program and started Prevention of Parent to child transfer (PPTCT) services in the Family Health Hospital Lahore of Rahnuma-FPAP.

Component 2

Country Team

- AIDS Awareness Society (Aas Pakistan), Youth Front DGK and Base for Empowerment and Awareness of Mankind (BEAM Quetta) first time launched SRH and HIV Integration Projects in their respective areas in Pakistan.
- An abstract was submitted for poster presentation in ICAAP 2013, at Bangkok, Thailand based on one of the small grant projects. The abstract was approved poster was developed and displayed in ICAAP. In the project Aas Pakistan integrated SRH and HIV in four MNCH centres in District Okara.
- BEAM Quetta's small grant project initiated by EC fund was able to attract more funding from Ireland.
- Youth Front DGK sensitized government stakeholders in District Dera Ghazi Khan on SRH and HIV Integration model.

Component 3

Technical Assistance Hub (Experts in SRH and HIV Integration, Gender, Proposal Development and Budgeting and Financial Management engaged effectively)

- The TA Hub was established to build the capacity of CSOs in writing proposals based on the integration of SRH and HIV model.
- The consultants of TA Hub facilitated the training workshops and meetings during the project life time on 4 modules i.e. integration, gender, budgeting and financial management and proposal development for the Global Fund. They also reviewed and developed the proposals of the CSOs for EC small grant funding.
- The TA Hub also provided technical expertise for the objectives of the project.

Component 4

National Advocacy

Capacity Building Initiatives:

- The Project organized training workshops of partner organizations on SRH and HIV Integration, Gender, Proposal Development and Budgeting and Financial Management.
- The Project ensured the participation of CSOs working with key populations in the capacity building training workshops.
- Organized training workshops of CSOs working with youth.
- Organized Youth Advocacy meetings, meetings with CCM (Country Coordinating Mechanism), Portfolio and Fund Manager of the Global Fund, AIDS Control Programs and with many government and nongovernment stakeholders.
- The project granted funds to partner CSOs for implementing small grant advocacy projects in their respective areas. The CSOs organized training workshops with the staffs of government hospitals and health care providers on STDs/STIs, use of HIV/AIDS testing kits.
- The Partner CSOs organized advocacy training workshops to sensitize district and provincial governments for advocating for SRH and HIV Integration at broader level in Quetta, Dera Ghazi Khan and Okara.



Achievements of the Project

- We developed relationship with different govt. stakeholders and donors successfully.
- The managers of AIDS Control Program of Punjab, KPK, Sindh and Balochistan have close liaised with us. We called them in our activities where they participate and discuss the possible solution of integration at policy level.
- The managers of National AIDS Control Program and provincial AIDS Control Program Punjab are the members of country team. The officials of health department participated in our training workshop with youth.
- The parliamentarians (Begum Zakiya Shahnawaz and Ms. Saira Afzal Tarar) also participated in our training workshop with youth. At the end of the activity they promised to raise voice for integration in the parliament which was the good sign as they were convinced at their own level and also were mobilized. They were also willing to participate in the next activities.



Challenges

- At the beginning of the project Pakistan was preparing for new election. Therefore, there was political instability and insecurity. With the change of government, some of the previous policies and strategies were also changed. Govt. officials and stakeholders are also waiting for political results for influencing policies.
- After 18th amendment social sector has been devolved to state/provincial structure and the role of NACP & PACP need to be revisited in the light of this development.
- After devolution in Pakistan provinces have not received funds from federal government. Hence, while there is broad agreement over the decentralization of powers to spend, moving responsibility for delivery of services, and making the provincial governments directly accountable, the 18th amendment may still fail to achieve the underlying objectives. In the worst case scenario the balance of spending power could shift from the center to the provinces or from central predatory elites to the provincial predatory elites without bringing any significant real change for the masses.



Learning

- We built a strong partnership with CSOs and international donors are realizing that the partnership is very crucial for the success of the Project. Our partner organizations have started working on integration in all over Pakistan. The partnership is very useful for SRH and HIV Integration in Pakistan.
- More funding on large scale is required for more better and early results. The CSOs are also trying their best to increase funding by applying to other donors after getting training workshop on SRH and HIV integration.

Alliances and Networks Joining Hands for SRHR



Rahnuma-FPAP holds the secretariat for Pakistan Alliance for Post Abortion Care (PAPAC), a very dynamic group working for post abortion care in Pakistan. PAPAC was established as a well-functioning, mutually respectful coalition of stakeholders working to expand services in post abortion care, promote open dialogue and information-sharing among the full range of stakeholders and to develop clear, agreed upon channels of communication. Its specific objectives were to identify areas of overlap and potential synergy and coordination in theories of change and for desired outcomes, strategy and tactics,

develop ideas for moving forward in ways that will enhance the impact and effectiveness of the work underway and leverage existing resources effectively. It was also mandated to identify major strategic gaps and opportunities that need to be addressed and undertake necessary steps that needed to actualize positive change through clearly defined strategies, roles and commitments of all member organizations.



In Pakistan a variety of efforts are underway to expand access to high-quality post abortion care (PAC) services. Building on the framework of prior consultations and meetings convened by various NGOs Ipas, Marie Stopes Society and others to address unsafe abortion since 2006, a national Strategic Coordination Meeting on Post abortion Care in Pakistan was arranged in Karachi by Ipas. This event brought together participants representing twenty major stakeholders in February 2009 to build a shared vision and mechanism for coordinating strategies and activities towards a common goal of achieving high-quality PAC. The meeting was organized with guidance and support from the David and Lucile Packard Foundation, leading the way to promote positive reproductive health through innovative grant making in Pakistan.

A significant outcome of the meeting was the call for a supervisory body to monitor the organizational pledges and commitments made at the event. This core body would ensure regular follow-up, advocacy and coordination at multiple levels. The meeting's coordinating partners (Ipas, Marie Stopes Society, Packard and Leadership Development for Mobilizing Reproductive Health) invited other organizations to unite with them for this purpose. Through an ad-hoc process of self-nomination, a Steering Committee including representatives of NGOs, the donor community, UN bodies, government agencies and professional associations was established. Ipas Pakistan was selected by the Steering Committee to host the national secretariat.

Through the efforts of the Steering Committee, the informal network of national partners gradually developed into the Pakistan Alliance for Post abortion Care (PAPAC) with vision that woman suffers from the consequences of unsafe abortion; by sharing information, experiences and collaborating on strategic thinking and planning, aims to ensure access to quality post abortion care and related reproductive health services, including family planning. The Steering Committee meets quarterly and national meetings are conducted biannually to share mutual updates and progress in the sector.

Membership has more than doubled since inception. Among others, current partners include: Aahung, Association for Mothers and Newborns, Centre for Health and Population Studies, Greenstar, Jhpiego, Midwifery Association of Pakistan, Maternal Newborn and Child Health Program-Sindh, National Committee for Maternal and Neonatal Health, Pakistan Nursing Council, Pathfinder, Population Council, Rahnuma-FPAP, Shirkat Gah, Society of Obstetricians and Gynecologists of Pakistan, UNFPA and War Against Rape.

Ipas Pakistan has successfully led the PAPAC secretariat for almost five years, and later through fresh elections in June 2014; a new steering committee was constituted comprising 11 members including Ipas, Shirkat Gah, Marie Stopes Society, Population Council Pakistan, Jhpiego, Packard Foundation, Greenstar Social Marketing, Midwifery Association Pakistan, NCMNCH, Rahnuma-FPAP. At the same time, the PAPAC secretariat was also transitioned to Rahnuma-FPAP for next three years. Since transiting the secretariat to Rahnuma-FPAP, it has successfully conducted its planned activities like quarterly Steering Committee Meetings, bi Annual National Assembly Meetings, List serve of all PAPAC members etc. it has successfully reactivated and expanded its membership base across Pakistan while enlisting very committed new members like Care Internationals Pakistan. Recently it developed (courtesy to Shirkat Gah-Women Resource Center) and disseminated a PAPAC Policy Brief to further strengthened the post abortion care advocacy endeavor at diverse levels.





Rahnuma-FPAP reinvigorated and enlarged the National Parliamentarians Caucus on SRHR and FP after Pakistan General Elections 2013 and included newly elected members from National assembly of Pakistan and all Provincial Assemblies. Main objectives of the National Parliamentarians caucus are to advocate for bridging the policy gap regarding Sexual and Reproductive Health (SRH), maternal and neonatal health (MNH) issues and needs of adolescent girls and young mothers and to champion the cause of sexual and reproductive health rights (SRHR) and maternal and neonatal health (MNH) for adolescent girls & young mothers at all social, political and policy forums.

National Parliamentarians Caucus on SRHR is one of the largest parliamentarians Caucus in Pakistan as it has more than fifty five MNAs, Senators, MPAs and MLAs its members across Pakistan who have pledged to own and work on Rahnuma-FPAP vision and mission. Some of the prominent members of the caucus are Ms. Saira Afzal Tarar, Minister of State for National Health Services, Regulations and Coordination (NHRC), Mr. Shafqat Mehmood, MNA (PTI), Mr. Muhammad Mohsin Leghari, Senator (independent), Ms. Faraha Aqil Shah, Senator, Mr. Tariq Fazal Chaudry, MNA (PML-N), Begum Zakia Shah Nawaz, Minister for Population Welfare Punjab (PWD), Ms. Kiran Dar MNA Ms. Sadia Sohail Rana, MPA-Punjab, Ms. Uzma Zahid Bukhari, MPA- Punjab, Ms. Shehla Raza, Deputy Speaker, Sindh Assembly, Ms. Mehtab Akbar Rashdi, MPA- Sindh,

Mrs. Nusrat Sehar Abbasi, MPA- Sindh, Ms. Uzma Khan, MPA-KPK, Mr. Zia Ullaha Khan Bangash, MPA-KPK, Ms. Rahila Durrani, MPA Balochistan etc. These parliamentarians have pledged to play their role to advocate to help bridge gaps in policies, introduce necessary legislation on host of social issues including law against child marriage, marriage with Quarn, Vani & Sawara, domestic violence etc. Rahnuma-FPAP organized various consultative events to sensitize these worthy members on SRHR, FP, GBV, ICPD, FP 2020 etc. These parliamentarians also pledged to review the policies of their respective governments on health, population, youth and women development Following is the brief profile of some our dedicated members of Rahnuma-FPAP National Parliamentarians Caucus.





Begum Zakia Shah Nawaz, Minister for PWD Punjab:

Begum Zakia Shah Nawaz belongs to prominent Pathan family of Mianwali district and she got married at the age of sixteen (she narrated her ordeal, being a child marriage victim). She entered in active politics at the platform of Pakistan Muslim League (N) and elected its Provincial Information Secretary. She was offered Punjab Assembly Ticket 2002 but got it due to graduation bar and refused to get a fake degree because education taught her honesty and righteousness. During the previous tenure of Shahbaz Sharif, she served as an advisor to the Chief Minister on PWD. Keeping her dedication and unmatched performance during the previous tennure, CM Shahbaz Sharif again selected her an important member of his provincial government, while assigning her the portfolio of Minister for Population Welfare Department. Being highly sensitized on population, health, SRHR and gender issues she always remained forefront for the wellbeing of marginalized and vulnerable sections of society especially women and children. She has been regular member of Rahnuma-FPAP Parliamentary Caucus and fully supports its different endeavors. At the recent Sixth Asian Pacific Population Conference (APPC) she was part of the official delegation which rectified historic APPC ministerial declaration. This declaration is a leading document from Asia pacific for recently held ICPD Beyond 2014 Conference.



Ms. Kiran Imran Dar MNA:

Ms. Kiran Imran Dar a dedicated and committed member of Punjab Assembly has been elected Member National Assembly on April 27th, 2015 on Women Reserve Seat due to her unflinching resolve for women cause. She has from a modest but respectable political family of Lahore. She is an educated woman has great experience of social work. She is a dedicated and committed social worker and always plays an important role on pragmatic social problems, confronted by ordinary people. She is an active member of Rahnuma-FPAP National Parliamentary Caucus and always played a leading role. She considered women empowerment an important issue as Pakistani women are victim societal subjugation and for this purpose she prioritize SRHR.



Mr. Arif Yousaf MPA KPK Assembly

Mr. Arif Yousaf member Provincial Assembly KPK is another dedicated member of Rahnuma-FPAP National Parliamentarians Caucus and has been instrumental to carry forward the social development agenda at provincial levels. He is a committed social worker from the grass root level and hails from Peshawar. Being an important member of provincial government as he has been elected as Special Assistant to Chief Minister on Law Affairs, he remains instrumental to our agenda. He is also a member of Standing Committee on Communication and Works Department. Mr. Arif Yousaf has participated in various provincial and national level forums / dialogues on social development including Advocacy about Early Child Marriages, MDG-5b, Alliance Meetings and Regional Council Meetings of Rahnuma FPAP (KP) Khyber Pakhtunkhwa Region.



Mr. Shafqat Mehmood, MNA -PTI

Mr. Shafqat Mehmood a seasoned politician has recently been elected Member National Assembly on Pakistan Tehreek Insaf ticket from Lahore. Previously he served as an active member of Senate of Pakistan (upper house of Parliament) on Pakistan People's Party Platform. The affiliation of Mr. Shafqat Mehmood with Rahnuma-FPAP is quite old and he was a dedicated Volunteer (Rahnuma-FPAP apex governing and policy making body) and remained Chairperson of the Rahnuma-FPAP National Executive Committee (NEC) 2006-2007, our supreme decision making body . He highly appreciated the dedicated work of Rahnuma-FPAP and expressed his strong resolve that high population growth is one of the main reasons for terrorism and lawlessness. After electing a member of National Assembly he further cemented his affiliation with us by becoming a member of National Parliamentarians Caucus on SRHR. He shared that investment in population welfare programs including family planning would provide solution to many challenges which Pakistani government is confronted now a day including terrorism, poverty and with unemployment.



Ms. Raheela Khadim Hussain:

Ms. Raheela Khadim Hussain is a dedicated member of Punjab Assembly and member of Standing Committee on Gender Mainstreaming, government of Punjab. She is an educated and socially committed member of Punjab legislative Assembly and has been graduated from Government College for Women, Baghbanpura, Lahore. A business lady, who has been elected as Member, Provincial Assembly of the Punjab in general elections 2008 against one of the seats reserved for women. She is an important and dedicated member dedicated member of National Parliamentary Caucus of SRHR and FP. Being an important member of treasury benches on the Standing Committee (Gender Mainstreaming) she remains at the forefront to pursue the women development agenda at national and provincial levels. She expressed her strong resolve to cover the huge unmet need of FP and SRH awareness, information and services in remote and marginalized areas of Pakistan. She always reminded to policy makers and planners that there is strong need to invest in population development programs especially in family planning while highlighting the availability of huge youth bulge. This youth and adolescent bulge which may not come again is a great dividend and we much reap it appropriately. She has recently moved a resolution in Punjab Assembly to enhance the age of marriage for gilrs from sixteen years to eighteen years to overcome the menace of child marriage, SGBV and adolescent pregnancies.



Mr. Ziaullaha Khan Bangash MPA- KPK:

Mr. Ziaullaha Khan Bangash is dedicated social worker and has remained member Rahnuma-FPAP National Council (apex governing body) and hails from a modest family from Kohat District (KPK). He has been elected Member of Provincial Assembly KPK in 2013 general elections on PTI ticket and is considered one of the core member of provincial PTI Branch. He is an active young parliamentarian/ politician who has made his distinction as a leader who emerged from the grass root levels. Due to his great connections at the grass root level Chief Minister KPK has appointed him Cahirman District Development Action Committee (DDAC). Mr. Bangash is an active member of Rahnuma-FPAP managed National Parliamentarians Caucus on SRHR since its inception and very focal supporter on women empowerment, youth integration, SRHR and MNCH issues in the parliament. He played an important role in the drafting of the Provincial Population Policy 2014. He has strong views about SRH and termed investment in youth SRHR needs a desperate need as majority of our population is of youth and adolescent. The investment youth SRHR needs has the potential to payback its dividend in the improvement of other socio-economic indicators.



Ms. Mehtab Akbar Rashdi, MPA- SIndh (PML-F):

Ms. Mehtab Akbar Rashdi, a versatile women of high stature is inspiring and driving force of National Parliamentarians Caucus on SRHR. Currently she is an elected member of Sindh Provincial Assembly. While rewarding her exemplary role and untiring efforts, Rahnuma-FPAP National Council (the apex organizational governing body) has elected her Rahnuma-FPAP president (unopposed) for second term. By profession she is an academician, bureaucrat, social workers, journalist and politician and has worked on various positions with dedication, honesty and commitment. She held senior level positions in Sindh government and served as a first women secretary in various provincial ministries/departments including Ministry of Culture & Tourism, Youth Affairs and Supports, ministry of Social Welfare and Women Empowerment, Ministry of Education, Ministry of Information, Ministry of Inter Provincial Coordination. She remained Head of International Relations Department, University of Sindh, Regional Director of HEC. Presently she is an active member of various INGOs/NGOs, CSOs, academic institutions and media houses. She has participated in various international conferences as an official member from government of Pakistan where she played a leading and catalyst role on SRHR, FP, women empowerment etc. She was the driving force in adopting the declaration on FP 2020 and Sixth Asian Pacific Population Conference (APPC) by the government of Pakistan as she was the inspirational force of the Pakistan Government official delegation which took part in this conference. In 2003 Government of Pakistan awarded her Pride of Performance Award in recognition of her services for the humanity and women empowerment. She considered SRHR and economic opportunities for women a panacea for their empowerment and emancipation.

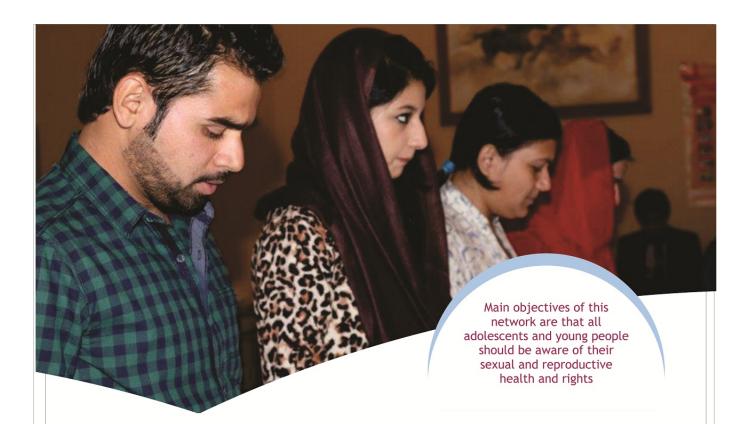
FP 2020 Champions Group-

Catalyzing Support for FP2020 in Pakistan:

At the 2012 London Family Planning 2020 Summit, the government of Pakistan pledged to increase contraceptive prevalence from 30 percent to 55 percent by 2020. To reach this ambitious goal, an accelerated family planning program must become a national and provincial priority.

The Population Council Pakistan, working with stakeholders from other organizations including Packard Foundation, Rahnuma-FPAP, TCF, USIAD, UNFPA, Save the Children, The Leads Aman Foundation etc. has formed a FP2020 Champions Group, comprising individuals from major organizations and donors. The aim of the Champions Group is to advocate to those influencing policymakers at the federal and provincial levels for expanded implementation and funding of family planning





Rahnuma-FPAP National Youth Network

Rahnuma-FPAP a Member Association of International Planned Parenthood Federation (IPPF) under its overall youth and adolescent SRHR capacity development program transpired to form Rahnuma-FPAP National Youth Network (RNYN) in the backdrop of IPPF South Asia Annual Youth Meeting (2010). Rahnuma-FPAP National Council (NC) (apex policy making and governing body) awarded approval for the formation of Rahnuma-FPAP National Youth Network at the national level. Like our other governing bodies it was also made a volunteer based, but exclusively youth led network. Immediately after its formation this network became member of South Asia Regional Youth Network. Rahnuma-FPAP National Youth Network (RNYN) shares the same core values of Rahnuma-FPAP and IPPF, RNYN is committed to implement the

"Sexual Rights Declaration of IPPF" and is mandated to initiate Youth programs which empower young people in Pakistan by building their capacities and skills to access sexual reproductive health&Rights (SRH). Its main objectives of this network are that all adolescents and young people should be aware of their sexual and reproductive health and rights and that youth are empowered enough to make informed choices and decisions regarding their SRH&R, and are free to adopt them. It aims to ensure fair and democratic representation and participation of young people from Pakistan at all levels and to promote and advocate for Sexual and Reproductive Health and Rights of young people in Pakistan, South Asia and international levels. Another aim of RNYN is to provide policy inputs to strengthen and monitor national level youth related programs, while ensuring them to be vouth-friendly and youth focused. Its another aim is to strengthen and coordinate with local youth groups and volunteers. Its last but not least aim is to establish partnerships with external youth networks (national & international level).





The core functional areas of RNYN are to advocate for Comprehensive sexuality education in Pakistan with parliamentarian, policy makers, media, civil society, CSE alliance and develop advocacy tools including documentary capturing CSE experience of young people. It also works for the development of CSE resource material and provision of comprehensive sexuality education to in school and out school. It developed local CSE Champions as out of school young people as a peer-educators. It is also mandated to work against child marriage through social media Campaign, awareness raising, and lobbying for legislative change. It also act to advocate for establishment of youth friendly atmosphere through Youth Friendly legislation, formation of Youth Friendly services, development of youth related IEC martial, launching youth mobilization campaigns and providing them necessary motivation & counseling at community level.

Rahnuma-FPAP National Youth Network (R-NYN) since its inception has achieved certain hallmarks which includes participation of youth at 6th Asia Pacific Population Conference Bangkok, Thailand 2013, Rahnuma National youth network

member Trained newly formed National Youth Network of Nepal of FPAN, Kathmandu, Nepal 2012, also Trained newly formed National Youth Network of Iran of FPAI, Tehran, Iran 2011, Youth representation at South Asian Youth Conference 2011 held in Delhi at May 2011, Youth members represented as Youth expert the 9th International Dialogue on Education and Sustainability, Heldin Berlin, Germany 2011.

In 2014, the elections of Executive Committee (EC) of Rahnuma-National Youth Network were held and new office bearers including President, Chairperson, Secretary and Treasurer for the term 2014-2016 were elected. During this year one Youth member (Syed Raza Ali Rizvi, Sindh Region) attended Youth Champions Initiative (YCI) organized by Packard Foundation held in December 27-30, 2014 at USA. More One Capacity Building Session of RNYN members on SRHR & CSE was conducted and RNYN members participated in various activities at Regional and PMO levels throughout the year 2014. During 2014 two interactive dialogues with parliamentarian and policy maker on Child Marriages were conducted in Islamabad and Lahore.





Rahnuma-FPAP Media Network

Rahnuma-FPAP has a large Media Network which was established in 2005 with 20 representatives from the electronic and print media and growing ever since. On regular basis Rahnuma-FPAP organizes a minimum of two capacity building workshops in a year and maintains a constant contact with its members via emails. Media support Rahnuam-FPAP initiatives to strengthen human rights and to campaign against gender discrimination, reproductive and sexual health and rights and reproductive health. Rahnuma-FPAP media network has a major role in the success of its campaigns.

Daily Janģ

Amir Sohail is a broadcaster at Mast FM 103 radio channel. This channel is one of the first news and current affairs FM radio channel in channel in shift of the first news and current affairs FM radio channel in channel in channel in channel in channel in the first new form the

He joined Rahnuma-FPAP Media Network a couple of years ago. This association in his opinion has been a mutually beneficial one as he developed a keen interest and insight into some basic social issues like child marriages, the lack of importance given to the health of mother and child, and issues related to empowerment of women.

Amir said Rahnuma-FPAP is playing an important role in sensitizing media and general public through seminars, workshops, consultations. And he urged the organization not to stop these activities as they are performing a crucial role of generating knowledge about rights.

Rahnuma Family Planning Association of Pakistan Media Network **Views**

Dunya

Gonila, a reporter at Daily Dunya, has been working as a journalist for the last ten years. She has covered many issues concerning minorities, health and human rights issues in various Urdu newspapers. She has recently started writing for English newspapers as well.

She started her journalism career in 2005 as a "staff reporter" and joined Rabarian Group of newspapers in Lahore. She has received her training as journalist in India and Nepal. She also won an award from ILO (International Labour Organization) for her report on child labour issue that was published on international Children Day. She was also conferred an award by the Governor Punjab Khalid Maqboot in 2009 as best minority reporter. Her coverage of human rights, education, health and women issues has won her many awards from NGO sector as well. She is the founder member of SAWM. (South Asia Women in Media), Council member of Lahore Press Club and the member of Governing Body of Punjab Union of Journalists 2010-2011.

Gonila is an active member of Rahnuma-FPAP network and her contributions to the organizations campaigns have been sizeable and valuable.

Punjab

Faisal Khan Durrani is working as the Station Head of "Punjab" TV channel of Pakistan group. The Pakistan group owns one news channel and more than 5 newspapers. Faisal joined Rahnuma-FPAP Media Network in 2008 and remained associated with it ever since. Faisal takes special interest in social and health issues. Commenting on Rahnuma FPAP he said that it is the largest and oldest NGO in Pakistan which started work on Family Planning and SRHR in 1953. It is a role model for other NGOs working in the same field. I have participated in many workshops, seminars, conferences, dialogue sessions, experience sharing activities of this organization and have always found them very useful. The team working for Rahnuma-FPAP through this network not only sensitize media on SRHR issues but also provides technical help in writing articles on the subject. They are always happy to provide data and other information about Family Planning, SRHR, HIV/AIDS, Abortion, women empowerment and specially youth issues in Pakistan."

Faisal said he is especially impressed by Rahnuma-FPAP's strong advocacy campaigns. He said in every activity of Rahnuma-FPAP. I have observed a large number of media, parliamentarians, government officials and civil society presence. Faisal said he appreciates the fact that Rahnuma-FPAP tries so hard to sensitize people who can become agents of change for the betterment of the society



Daily Nawa-i Waqat

Shazia Saeed works for Daily Nawa-i-waqt and writes passionately on different social issues especially concerning women. Shazia joined Rahnuma-FPAP media network in 2008 and has been regularly attending workshops and seminars organized by the organization for capacity building of media representatives ever since. She has been writing on the issue of early age marriages and swar regularly. Shazia believes in the gender equality and strongly promote it through her writings. She said "women in our country have to face many problems no matter which path they chose become a housewife or a working woman. And there is only one way of fighting the odds that is to man up to the situation, so to speak and that is what I tell them through my features." them through my features.'

Shazia finds her interaction with Rahnuma-FPAP through the media network very useful. She said "I find Rahnuma-FPAP sessions very informative and thought provoking, I always leave these session highly motivated to do my bit in ending harmful traditions like early marriages which puts young girls at unnecessary risk and deprive them of their right to education and childhood."

Resitioning 48



ON THE CROSS-ROADS OF

DISABILITY AND SRH: Sexual and reproductive health needs, and information and services available, to persons with disabilities in Lahore, Pakistan

Rahnuma Family Planning Association of Pakistan (R-FPAP) has conducted a research study to identify different kinds of sources of sexual and reproductive health (SRH) information available to PWDs (Persons With Disabilities), identify assistance required and services available to and attained by PWDs to fulfil their SRH needs, and document perceptions, practices and attitudes of service providers, parents or immediate care takers and PWDs themselves, which make them more vulnerable for access to SRH information and services. The study involved in-depth interviews, focus group discussions, assessment of the existing attitudes of service providers regarding PWDs using an attitude scale, and semi-structured interviews of 104 PWDs.

The key findings of the study depicted that there is a huge gap between the needs of PWDs for SRH information, counselling and services and the availability of the same to PWDs, both in mainstream institutions like hospitals, as well as institutions dedicated to PWDs. The study identified many myths, misconceptions and unscientific thinking regarding SRH, disability and PWDs. Many staff members of special

education had stereotypes of PWDs. This is also evident in the disciplinary approach adopted by many staff members towards PWDs, focusing not on the SRH problems faced by PWDs, but the problems faced by staff in dealing with the SRH issues of PWDs. There was considerable sharing regarding SRH matters between students with disabilities and their family members. Since most PWDs are greatly dependent on their families, it can be expected that they share SRH matters with them much more frequently than non-disabled persons. Most service providers and staff talk about separate facilities for PWDs regarding SRH and other services. There is considerable talk of fixing the impairments and disabilities of PWDs, but little talk of fixing the society which is responsible for impairments and disabilities turning into handicaps, mainstreaming PWDs, or focusing on their constitutional rights. It is heartening to see the growing voice of PWDs themselves, which is both challenging and influencing decision makers at the highest levels.

It is obvious from the findings and conclusions of the study that improving the situation of SRHR of PWDs in Pakistan will require a massive, concerted and long-term effort of all key stakeholders. The present study is only a small beginning, and highlights some of the key issues involved. In order to move forward certain short, medium and long term measures are recommended.



Simplifying Menstrual Regulation

(MR): Exploring the Role of At-home Semi Quantitative hCG Test for Follow up of MR, and Exploring the Role of Self Assessment Pictorial Checklist for Incomplete Abortion

Rahnuma Family Planning Association of Pakistan has undertaken two research studies in 2014 in partnership with Gynuity Health Projects, USA that have explored the use of misoprostol for both the termination of pregnancy and treatment of incomplete abortion in Pakistan. The first study was carried out to test the feasibility and acceptability regarding the utilization of Semi Quantitative Pregnancy Test (SQPT) as a follow up method after receipt of misoprostol for menstrual regulation. The second study explored the role of selfassessment pictorial checklist for identifying complications after use of misoprostol to treat incomplete abortion.

Prior studies have demonstrated that uterine evacuation with misoprostol is sufficiently effective and acceptable for evacuation of the uterus and an at-home semi-quantitative hCG test (SQPT) accurately determines successful uterine evacuation. The open label research study for determining the utilization of SQPT has enrolled 280 women seeking medical MR services at 11 health care facilities in Punjab province in Pakistan. Consenting study participants have taken SQPT test at the clinic for which they have received up to three doses of misoprostol 800 µg (4 tablets) at three hour intervals. Participants completed a second SQPT test to determine completion of the procedure at home 7 days after their initial visit. All participants returned to the clinic for follow-up care later that day. All providers involved in the study received training on how to administer the SQPT. Findings of this study demonstrated that the majority of women were successfully able to read and interpret their home tests accurately. It is concluded that the introduction of an SQPT has the potential to transform MR provision by improving quality of follow up care especially in restricted resource settings.

The objective of second study was to assess the use of a pictorial checklist that women can use to identify any signs and symptoms that warrant immediate additional care. The study has enrolled



The open label research study for determining the utilization of SQPT

consenting women presenting with spontaneous abortion in 15 primary and secondary health care facilities in Punjab province in Pakistan. The standard of care for treatment of spontaneous abortion in these facilities is either MVA, medical treatment with misoprostol or referral to higher level care. Women enrolled in study received 2 tablets (400 mcg) misoprostol to take sublingually, counseled on and provided with the pictorial checklist, illustrating warning signs and symptoms, to use as a guide on when to seek immediate care, if needed. All providers received training on study methods, correct use of misoprostol for PAC, and post contraception. The results of this study showed that all women enrolled were able to use the checklist correctly and both providers and women have expressed satisfaction at using first line treatment option for spontaneous abortion.

Other Research Activities:

Representatives from Rahnuma-FPAP have intensely contributed in various national and international prestigious research and discussion forums as experts, panelists, and oral and poster presenters, such as: 7th Asia Pacific Conference on Reproductive and Sexual Health and Rights (APCRSHR) Manila Philippine, 11th International Conference of International Federation of Professional Abortion and Contraception Associates (FIAPAC) Ljubljana Slovenia, 2nd Men Engage Global Symposium New Delhi India, 15 Annual Conference of the Population Association of Pakistan Islamabad Pakistan, and 2nd Global Conference on Social Franchising for Health Cebu Philippines.



IEC and Advocacy Tools Developed

During 2014



Annual Report 2013

Rahnuma-FPAP Annual Report 2013 (Glossy) titles as "Building Momentum for SRH" Youth at the Centre "developed and shared among parliamentarians, media, CSOs, government functionaries, INGOs etc. to highlight its major achievements and innovations.

Rahnuma-FPAP Quarterly E- News Letter:

Rahnuma-FPAP Quarterly E-News Letter is another initiative performed by Advocacy section regularly since 2012. This quarterly E-News Letter highlights the achievements and innovations of Rahnuma-FPAP to diverse audiences including parliamentarians, media, CSOs, government functionaries, INGOs etc.



On the Cross- Roads of Disability and SRH:

Rahnuma-FPAP has conducted a research study on the Sexual Reproductive Needs, Information Services available to person with disabilities in Lahore through an independent consultant Mr. Rafiq Jafar/Institute of Social Sciences (ISS) Lahore. This study was commissioned through Danish Family Planning Association (DFPA), DFPA is a Denmark's largest organization focusing on sexual health and it has worked with international partners in Asia and Africa.

Wall Calendar

With Qurani Message on women empowerment, another Wall calendar was developed and disseminated among diverse national stakeholders at the mass level.

Year Planner

Similarly selected copies of Year Planner was prepared and disseminated internally.

Trainer Guide on Kum Umri ki shadi (Child Marriage)

This trainer guide has designed for master trainers on the negative implications of child Marriage. This Guide has been divided into six Sections and each section minutely elaborates the various repercussions of child marriage.

Manual for Comprehensive Health and Rights Education for in School Girls and Boys in Urdu and English.

These two types of Handbooks have developed separately for boys and girls in English and Urdu language. This handbook is based the Comprehensive Health and Rights' Education Framework, developed from IPPF guidelines. This all one Curriculum Guidelines and Activities for a unified approach to sexuality, gender, HIV and Human rights education.

Media Kit on Child Marriage Prevention Initiative (English):

This trainer guide in English has designed for master trainers on the negative implications of child Marriage. This Guide has been divided into six Sections and each section minutely elaborates the various repercussions of child marriage.

Handbook on Cervical Cancer Screening Using Visual Inspection with Acetic Acid (VIA)

This important handbook highlights the importance and prevention of cervical cancer and different ways of its screening. The handbook elaborate that Visual Inspection with Acetic Acid (VIA) is the most feasible and affordable test that can be readily done in low resource settings globally in view of the universal availability of the consumables. This book is authored by Dr. Noreen Zafar, famous Consultant Obstetrician and Gynaecologist and Founder/President of Girls and Women Health Initiative (GWHI) Lahore.

Peer Education Pictorial Booklet

This is informative pictorial booklet about comprehensive education of health and rights for peer educators. Booklet was printed and disseminated for trainings.

"Kya Parhna Mera Haq nahi" Poster

A poster on Child marriage "Kya Parhna Mera Haq Nahi" sensitize people about child marriage. It gives message that early marriage deprives girls to education.

"Kya Bachpan mera Haq Nahi" poster

This poster is also about child marriage and shows the message that child marriage ruin childhood.

Poster on "Kya Sehat Mera Haq Nahi"

A poster about Fistula provides information that Child marriage threatens the health and life of girls. Complications from pregnancy and childbirth are the main cause of Fistula and maternal mortality.

"AIDS" Poster

A poster on AIDS was developed and printed to create awareness among people about HIV/AIDS.

"Hum Nojawano Key Dost" poster

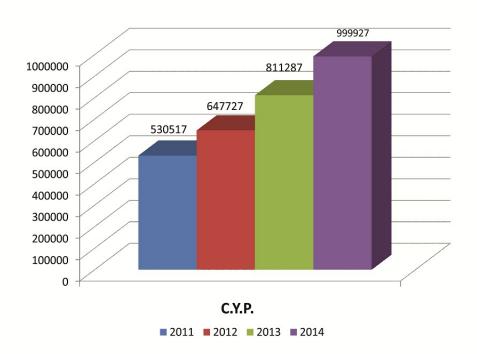
The poster is about youth rights of services, confidently, information, dignity, respect etc.



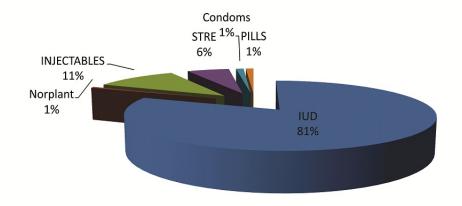
 ${\tt Performance} Graphs$



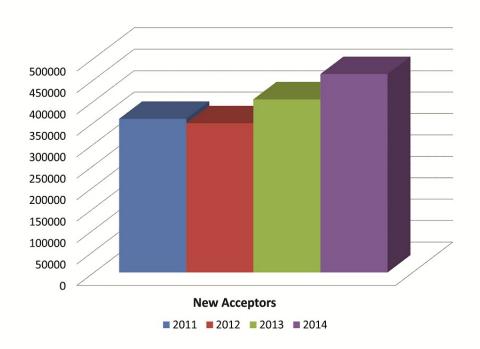
Couple Year Protection (CYP) Performance Trend (2011-2014)



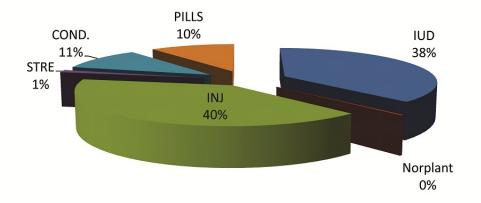
Method Wise Distribution of Couple Year Protection 2014



New Acceptors of FP Methods Performance Trend (2011-2014)

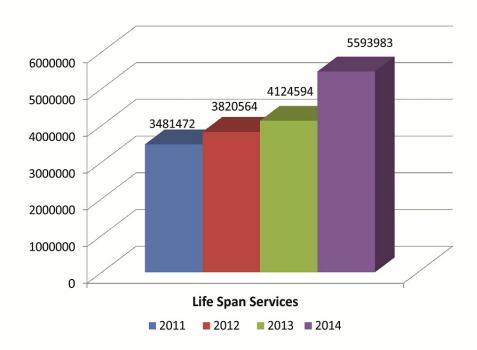


Method Wise Distribution of New Acceptors 2014





Reproductive Health and Life Span Services Performance Trend (2011-2014)



Achievement SRH/FP Services 2013-2014

Performance Indicators

	morniance marcacors		
		2013	2014
A.	Family Planning		
_	Couple Years of Protection	811287	999927
В.	Safe Motherhood	22/000	244242
	Anti-natal	226900	344219
	Natal	83517	97157
	Post Natal Total Safe Motherhood	84004 394421	123925 56530 1
C.	Reproductive Health Services	394421	363301
C.	Infertility	54938	69924
	Cervical Cancer	14591	15064
	Breast Problems	66580	80512
	Sexual Violence	20465	21280
	Domestic Violence	23658	24398
	Menarche	83012	88626
	Menopause Problem	43460	49895
	AIDS/HIV	51267	78691
	RTIs	108561	123282
	STDs	68922	75073
	Medical Abortion		8418
	Post Abortion Care	44214	61492
	Hepatitis B&C	46115	63670
	MVA	14908	18438
	VCT before counseling	2020	5478
	VCT after counseling	2567	3595
	Emergency Contraceptive	30624	35168
	Others	75667	102383
	Total RH Services	751569	925387
D.	General Health Services		
	General Treatments		
	 Children 	181398	322279
	Adult	293172	559817
	Immunization	445024	450700
	ChildrenAdult	115924 95869	159788 139099
	ridate	93869	139099
	Pathological Tests Ultra Sound	157908	218746
	 Ultra Sound Urine Test 	137906	210/40
	Pregnancy Test	77742	113755
	Sugar Test	52002	66560
	Albumen Test	45313	62528
	Complete Urine Test	68891	90295
	Blood Test	00071	70270
	Haemoglobin Test	60294	81522
	Complete Blood Test	64283	85202
	Blood Suger	51131	69552
	 Blood Group 	49125	63344
	Pap Smear	4218	5981
	 Hepatitis B&C Tests 	61586	90475
	H.V.S. Test	4420	6693
	 Semens Test 	8344	4535
	HIV Test	7989	12363
	S.T.I Test		1662
	Others	72975	124550
	Total General Health Services	1472584	2278746
	Total Counseling Services	1506020	1824549
	Grand Total:	4124594	5593983







KPMG Taseer Hadi & Co. Chartered Accountants 2nd Floor, Servis House 2-Main Gulberg Jail Road, Lahore Pakistan

Telephone + 92 (42) 3579 0901-6 Fax + 92 (42) 3579 0907 Internet www.kpmg.com.pk

Independent auditors' Report to the National Council of Family Planning Association of Pakistan

We have audited the accompanying financial statements of **Rahnuma Family Planning Association** of **Pakistan** ("the Association"), which comprise of the statement of financial position as at 31 December 2014, and the statement of income, expenses and changes in fund balances and statement of functional expenses for the year then ended, and a summary of significant accounting policies and other explanatory information.

The Association's management is responsible for the preparation and fair presentation of these financial statements in accordance with the financial reporting framework as described in note 2 to the financial statement, and for such internal control as the Association determines necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Association as at 31 December 2014, the income, expenses and changes in fund balances in accordance with the financial reporting framework as described in note 2 to the financial statements.

This report is intended solely for the use of International Planned Parenthood Federation ("IPPF") and should not be used for any other purpose.

Lahore

Date: 29 April 2015

KPMG Taseer Hadi & Co.
Chartered Accountants
(Bilal Ali)



Rahnuma Family Planning Association of Pakistan Balance Sheet As at 31 December 2014



		Unrestricted 2014	Restricted 2014	Total 2014	Unrestricted 2014	Restricted 2014	Total 2014	Total 2013	Total 2013
	Note	Rupees	Rupees	Rupees	USS	USS	USS	Rupees	US \$
ASSETS									
Current assets									
Cash:									
Cash and bank balances	4	75,065,238	43,108,996	118,174,234	747,664	429,372	1,177,036	147,413,702	1,403,942
Remittance in transit	5	7,788,970	•	7,788,970	77,579	-	77,579	7,533,178	71,745
Receivables:									
IPPF		8,569,076	11,628,058	20,197,134	85,349	115,817	201,166	12,216,446	116,347
Other donors	6	8,829,600	8,868,388	17,697,988	87,944	88,330	176,274	9,874,635	94,045
Others		5,899,943	1,475,645	7,375,588	58,764	14,698	73,462	9,401,740	89,541
Other assets:									
Investments	7	194,823,198	80,639,041	275,462,239	1,940,470	803,178	2,743,648	253,039,041	2,409,895
Advance for expenses	8	2,308,098		2,308,098	22,988	-	22,988	6,006,877	57,206
Prepayments		422,256	884,055	1,306,311	4,206	8,805	13,011	559,766	5,331
Inventory:									
Stock - Contraceptives	9	2,328,186		2,328,186	23,190	-	23,190	1,040,297	9,908
Stock - Stationery		514,056		514,056	5,120	-	5,120	378,836	3,608
Stock - Medicine		2,746,851		2,746,851	27,359		27,359	5,279,710	50,283
Total current assets		309,295,472	146,604,183	455,899,655	3,080,633	1,460,200	4,540,833	452,744,228	4,311,851
NON - CURRENT ASSETS									
Fixed assets	10	89,181,030	40,505,447	129,686,477	888,258	403,441	1,291,699	132,745,695	1,264,244
Security deposits	10	972,440	40,303,447	972,440	9,686	403,441	9,686	745,440	7,099
Total non - current assets		90,153,470	40,505,447	130,658,917	897,944	403,441	1,301,385	133,491,135	1,271,343
Total assets		399,448,942	187,109,630	586,558,572	3,978,577	1,863,641	5,842,218	586,235,363	5,583,194
<u>Liabilities</u> Current liabilities:									
Current portion of liabilities against assets									
subject to finance lease	11	1,846,994		1,846,994	18,396	2	18,396	120	12
Accounts payable, accrued		1,040,774		1,040,774	18,370	2	10,570		
expenses and provisions	12	38,705,140	13,578,110	52,283,250	385,511	135,242	520,753	46,390,530	441,814
Deferred income	13	-	40,842,287	40,842,287	-	406,796	406,796	67,179,490	639,805
Total current liabilities		40,552,134	54,420,397	94,972,531	403,907	542,038	945,945	113,570,020	1,081,619
NON CURRENT LIABILITIES									
Liabilities against assets subject									
to finance lease	11	2,154,839		2,154,839	21,462		21,462	-	
Staff gratuity payable	14	61,634,190		61,634,190	613,886		613,886	51,314,694	488,711
Total liabilities		104,341,163	54,420,397	158,761,560	1,039,255	542,038	1,581,293	164,884,714	1,570,330
Fund balances:									
Designated fund	15	3,410,369	92,183,785	95,594,154	33,968	918,165	952,133	86,205,054	821,002
Fixed assets fund	16	89,181,029	40,505,448	129,686,477	888,256	403,438	1,291,694	132,745,695	1,264,244
FPAP reserve fund	17	183,509,119		183,509,119	1,827,780	-	1,827,780	169,658,197	1,615,792
Un-designated fund	18	6,732,514	-	6,732,514	67,056	-	67,056	6,732,514	64,119
Zakat fund	19	800,868	-	800,868	7,977	-	7,977	904,106	8,611
Asset replacement fund	20	7,227,029		7,227,029	71,983	-	71,983	18,325,373	174,527
Revolving fund	21	1,500,000	-	1,500,000	14,940	-	14,940	1,500,000	14,286
Medicine inventory fund	22	2,746,851	133 (00 335	2,746,851	27,362		27,362	5,279,710	50,283
Total fund balances		295,107,779	132,689,233	427,797,012	2,939,322	1,321,603	4,260,925	421,350,649	4,012,864
Total liabilities and fund balances		399,448,942	187,109,630	586,558,572	3,978,577	1,863,641	5,842,218	586,235,363	5,583,194
Total liabilities and fund balances		399,448,942	187,109,630	586,558,572	3,978,577	1,863,641	5,842,218	586,235,363	5,583,19

The annexed notes 1 to 28 form an integral part of these financial statements.

23

Kemain

Director Fragnee & Budget

Contingencies and commitments

Chief Executive Officer

Ionorary Treasurer

GUIS AT President

Resitioning | 61

Rahnuma Family Planning Association of Pakistan Statement of income, expenses and changes in fund balances For the year ended 31 December 2014



	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total	Total	Total
	2014	2014	2014	2014	2014	2014	2013	2013 US \$
Note	Rupees	Rupees	Rupees	US \$	US \$	US \$	Rupees	033
GRANT INCOME								
IPPF - Core 24.1	180,468,843		180,468,843	1,790,437	-	1,790,437	164,880,408	1,623,638
IPPF - Restricted 24.2		153,033,524	153,033,524		1,518,252	1,518,252	113,325,249	1,115,954
Other donors 24.3	2,331,225	132,217,587	134,548,812	23,129	1,311,734	1,334,863	85,470,134	841,657
Total grant income	182,800,068	285,251,111	468,051,179	1,813,566	2,829,986	4,643,552	363,675,791	3,581,249
PROGRAM INCOME								
Partial recovery of contraceptives	2,223,013		2,223,013	22,055		22,055	1,607,730	15,832
Membership fee	45,900		45,900	455		455	18,900	186
Client mobilization and management	43,500		45,700	455		100	,	
fee from Khushali Bank	31,595,200	_	31,595,200	313,457		313,457	22,180,425	218,419
Rahnuma training institute	5,561,732	1	5,561,732	55,178		55,178	5,147,925	50,694
Donation	103,000		103,000	1,022	150	1,022	344,740	3,395
Local fund raised	113,222,197	10,792,468	124,014,665	1,123,281	107,072	1,230,353	129,255,302	1,272,824
Management fees	21,738,565	10,772,400	21,738,565	215,669	101,012	215,669	10,208,191	100,524
Release of medicine inventory fund	2,532,859		2,532,859	25,129	_	25,129		,
Release of fixed assets fund	2,332,639	•	2,332,639	23,127		20,127		
due to depreciation	17,909,706	16,239,035	34,148,741	177,683	161,108	338,791	31,884,991	313,983
Total program income	194,932,172	27,031,503	221,963,675	1,933,929	268,180	2,202,109	200,648,204	1,975,857
total program income	194,932,172	27,031,303	221,903,073	1,933,929	200,100	2,202,107	200,010,201	1,515,651
OTHER INCOME								201205
Profit on investment	25,058,143		25,058,143	248,603	-	248,603	20,747,424	204,307
Profit on saving account	7,799,491		7,799,491	77,379		77,379	6,713,963	66,115
Miscellaneous income	1,185,065		1,185,065	11,757	· ·	11,757	1,229,457	12,107
Total other income	34,042,699		34,042,699	337,739		337,739	28,690,844	282,529
Total income	411,774,939	312,282,614	724,057,553	4,085,234	3,098,166	7,183,400	593,014,839	5,839,635
EXPENSES								
Direct project expenses								
5 As								
As - Advocacy	11,014,776	6,660,723	17,675,499	109,278	66,081	175,359	18,168,531	178,912
As - Abortion	4,766,940	52,562,987	57,329,927	47,293	521,479	568,772	71,383,070	702,935
As - Adolescents	10,029,515	162,334,450	172,363,965	99,503	1,610,525	1,710,028	93,364,451	919,394
As - Access	239,355,317	47,633,072	286,988,389	2,374,651	472,569	2,847,220	244,405,574	2,406,75
As - AIDS / HIV	3,003,752		3,003,752	29,800	-	29,800	3,343,129	32,92
Total direct project expenses	260 170 200	269,191,232		2 ((0 525	2,670,654	5,331,179	430,664,755	4,240,913
Total direct project capenoes	268,170,300	269,191,232	537,361,532	2,660,525	2,070,034			4,240,71.
	268,170,300	269,191,232	537,361,532	2,000,323	2,670,034			
SUPPORTING STRATEGIES		269,191,232	36,525	362	2,070,034	362	898,243	
SUPPORTING STRATEGIES Resource development	36,525				2,070,034		898,243	8,84
SUPPORTING STRATEGIES Resource development Knowledge management	36,525				-		898,243 14,823,289	8,84: 145,976
SUPPORTING STRATEGIES Resource development Knowledge management and evaluation	36,525 14,541,179		36,525 14,541,179	362		362		8,84: 145,976
SUPPORTING STRATEGIES Resource development Knowledge management and evaluation Programme and admin expenses	36,525	:	36,525 14,541,179 98,212,631	362 144,263	- 173,969	362 144,263	14,823,289	8,84: 145,976 887,956
SUPPORTING STRATEGIES Resource development Knowledge management and evaluation Programme and admin expenses Capacity building	36,525 14,541,179 98,212,631		36,525 14,541,179 98,212,631 17,535,406	362 144,263	-	362 144,263 974,370	14,823,289 90,171,920	8,84: 145,976 887,956
SUPPORTING STRATEGIES Resource development Knowledge management and evaluation Programme and admin expenses Capacity building Medicine inventory expense	36,525 14,541,179 98,212,631 - 2,532,859	17,535,406	36,525 14,541,179 98,212,631 17,535,406 2,532,859	362 144,263 974,370	-	362 144,263 974,370 173,969	14,823,289 90,171,920	8,84: 145,97(887,950 55,30:
SUPPORTING STRATEGIES Resource development Knowledge management and evaluation Programme and admin expenses Capacity building Medicine inventory expense Depreciation	36,525 14,541,179 98,212,631 - 2,532,859 17,909,706	17,535,406 - 16,239,035	36,525 14,541,179 98,212,631 17,535,406 2,532,859 34,148,741	362 144,263 974,370 25,129	- - 173,969	362 144,263 974,370 173,969 25,129	14,823,289 90,171,920 5,616,066	8,84: 145,97(887,95(55,30) 313,983
SUPPORTING STRATEGIES Resource development Knowledge management and evaluation Programme and admin expenses Capacity building Medicine inventory expense Depreciation Total supporting strategies	36,525 14,541,179 98,212,631 - 2,532,859	17,535,406	36,525 14,541,179 98,212,631 17,535,406 2,532,859	362 144,263 974,370 - 25,129 177,683	173,969 - 161,108	362 144,263 974,370 173,969 25,129 338,791	14,823,289 90,171,920 5,616,066 - 31,884,991	8,84: 145,976 887,956 55,300 313,98: 1,412,05
SUPPORTING STRATEGIES Resource development Knowledge management and evaluation Programme and admin expenses Capacity building Medicine inventory expense Depreciation Total supporting strategies Total expenses	36,525 14,541,179 98,212,631 2,532,859 17,909,706 133,232,900 401,403,200	17,535,406 - 16,239,035 33,774,441 302,965,673	36,525 14,541,179 98,212,631 17,535,406 2,532,859 34,148,741 167,007,341 704,368,873	362 144,263 974,370 25,129 177,683 1,321,807 3,982,332	173,969 - 161,108 335,077	362 144,263 974,370 173,969 25,129 338,791 1,656,884	14,823,289 90,171,920 5,616,066 - 31,884,991 143,394,509	8,84: 145,976 887,956 55,300 313,98: 1,412,05' 5,652,976
SUPPORTING STRATEGIES Resource development Knowledge management and evaluation Programme and admin expenses Capacity building Medicine inventory expense Depreciation Total supporting strategies Total expenses Net income	36,525 14,541,179 98,212,631 - 2,532,859 17,909,706 133,232,900 401,403,200	17,535,406 - 16,239,035 33,774,441 302,965,673 9,316,941	36,525 14,541,179 98,212,631 17,535,406 2,532,859 34,148,741 167,007,341 704,368,873	362 144,263 974,370 25,129 177,683 1,321,807 3,982,332	173,969 161,108 335,077 3,005,731	362 144,263 974,370 173,969 25,129 338,791 1,656,884 6,988,063	14,823,289 90,171,920 5,616,066 - 31,884,991 143,394,509 574,059,264	8,843 145,970 887,956 55,303 313,983 1,412,055 5,652,970
SUPPORTING STRATEGIES Resource development Knowledge management and evaluation Programme and admin expenses Capacity building Medicine inventory expense Depreciation Total supporting strategies Total expenses Net income Transfer to Designated fund	36,525 14,541,179 98,212,631 2,532,859 17,909,706 133,232,900 401,403,200 10,371,739 (728,996)	17,535,406 - 16,239,035 33,774,441 302,965,673	36,525 14,541,179 98,212,631 17,535,406 2,532,859 34,148,741 704,368,873 19,688,680 (10,045,937)	362 144,263 974,370 25,129 177,683 1,321,807 3,982,332 102,902 (7,261)	173,969 - 161,108 335,077 3,005,731	362 144,263 974,370 173,969 25,129 338,791 1,656,884 6,988,063 195,337 (100,059)	14,823,289 90,171,920 5,616,066 31,884,991 143,394,509 574,059,264 18,955,575 (10,674,451)	8,84: 145,97(887,95(55,30) 313,98: 1,412,05' 5,652,97(186,66: (101,66:
SUPPORTING STRATEGIES Resource development Knowledge management and evaluation Programme and admin expenses Capacity building Medicine inventory expense Depreciation Total supporting strategies Total expenses Net income Transfer to Designated fund Camulative translation adjustments	36,525 14,541,179 98,212,631 2,532,859 17,909,706 133,232,900 401,403,200 10,371,739 (728,996) 4,208,179	17,535,406 16,239,035 33,774,441 302,965,673 9,316,941 (9,316,941)	36,525 14,541,179 98,212,631 17,535,406 2,532,859 34,148,741 167,007,341 704,368,873 19,688,680 (10,045,937) 4,208,179	362 144,263 974,370 25,129 177,683 1,321,807 3,982,332 102,902 (7,261) 41,914	173,969 161,108 335,077 3,005,731	362 144,263 974,370 173,969 25,129 338,791 1,656,884 6,988,063 195,337 (100,059) 41,914	14,823,289 90,171,920 5,616,066 31,884,991 143,394,509 574,059,264 18,955,575 (10,674,451) 7,055,639	8,845 145,976 887,956 55,303 313,983 1,412,057 5,652,976 (101,667,197) 1,519,666
SUPPORTING STRATEGIES Resource development Knowledge management and evaluation Programme and admin expenses Capacity building Medicine inventory expense Depreciation Total supporting strategies Total expenses Net income Transfer to Designated fund	36,525 14,541,179 98,212,631 2,532,859 17,909,706 133,232,900 401,403,200 10,371,739 (728,996)	17,535,406 - 16,239,035 33,774,441 302,965,673 9,316,941	36,525 14,541,179 98,212,631 17,535,406 2,532,859 34,148,741 704,368,873 19,688,680 (10,045,937)	362 144,263 974,370 25,129 177,683 1,321,807 3,982,332 102,902 (7,261)	173,969 161,108 335,077 3,005,731 92,798 (92,798)	362 144,263 974,370 173,969 25,129 338,791 1,656,884 6,988,063 195,337 (100,059)	14,823,289 90,171,920 5,616,066 31,884,991 143,394,509 574,059,264 18,955,575 (10,674,451)	8,84: 145,976 887,956 55,303 313,98: 1,412,05' 5,652,976 186,666 (101,66)

The annexed notes 1 to 28 form an integral part of these financial statements.

KAMGEH

Director Finance & Budget

Honorary Treasurer

Min A President



Rahnuma Family Planning Association of Pakistan

Statement of functional expenses

For the year ended 31 December 2014



	Total	Total	Total	Total
	2014	2014	2013	2013
	Rupees	US\$	Rupees	US\$
DIRECT PROJECT EXPENSES				
Personnel and employee benefits	312,387,610	3,099,206	261,459,511	2,574,687
Travelling expenses	72,757,053	721,825	52,783,920	519,783
Vehicle running cost	30,105,432	298,677	28,873,568	284,329
Printing and stationery	8,564,314	84,967	6,387,176	62,897
Occupancy cost	9,230,732	91,578	7,588,883	74,731
Communication	7,442,489	73,837	6,376,993	62,797
Consultancy and other professional fees	79,779,218	791,492	54,684,464	538,498
Medical consumables	42,556,065	422,200	34,806,009	342,748
Repair and maintenance	11,540,973	114,498	18,967,945	186,784
Referral fee	2,134,968	21,181	745,163	7,338
Training / workshop / seminar	6,496,967	64,453	5,190,073	51,105
Operational cost	26,699,349	264,885	21,373,698	210,475
IEC Material	8,884,644	88,145	7,117,445	70,088
Receivables write-off	2,060,279	20,440	-	-
Provision for doubt receivables	. •	-	-	-
Office equipment & furniture	22,340,633	221,642	20,245,373	199,364
Insurance of assets	3,885,171	38,545	2,452,306	24,149
Bank charges	284,574	2,827	294,065	2,896
Audit fee (note 25)	765,000	7,590	760,000	7,484
Others	19,057,323	189,067	10,983,928	108,162
Total direct project expenses	666,972,794	6,617,055	541,090,520	5,328,315
Indirect project expense				
Contraceptives	714,479	7,088	1,083,753	10,672
Total indirect project expenses	714,479	7,088	1,083,753	10,672
Total expenses excluding depreciation	667,687,273	6,624,143	542,174,273	5,338,987
Medicine inventory	2,532,859	25,129	_	_
Depreciation expense	34,148,741	338,791	31,884,991	313,983
Total expenses	704,368,873	6,988,063	574,059,264	5,652,970
	,,,,,,,,,,	-, 5,0 00	,,	-,,

The annexed notes 1 to 28 form an integral part of these financial statements.

Kemerin



23 Contingencies and commitments

23.1 Contingencies

There are certain cases pending with Honourable Civil Court and High Court against Association sued by ex-employees for claim of their dues and unfair dismissal from employment. Management is hopeful that these will be decided in favour of company. The legal council of Association concurs with management representation.

23.2 Others

24

There is a Lien over company Term deposit receipt of Rs. 6.500,000 as security in the finance lease arrangement with Bank AL Habib as discussed in note 10.

23.3 Commitments

There were no commitments to report at the year end (2014: Nil).

	The state of the s								
		Unrestricted 2014	Restricted 2014	Total 2014	Unrestricted 2014	Restricted 2014	Total 2014	Total 2013	Total 2013
G.	rant income	Rupees	Rupees	Rupees	US \$	USS	US \$	Rupees	USS
24.	.1 IPPF - Core								
	Cash grants	180,468,843	•	180,468,843	1,790,437		1,790,437	164,880,408	1,623,638
24.	.2 IPPF - Restricted grant								
	Website	-	150,000	150,000	-	1,488	1,488	100,000	985
	JTF		5,539,178	5,539,178	-	54,954	54,954	6,901,810	67,965
	GCACI	•	32,830,620	32,830,620	-	325,714	325,714	28,044,389	276,163
	Logistic Management System (HO) EC	-	211,768	211,768	-	2,101	2,101	971,340	9,565
	Sprint-11	-	3,413,560	3,413,560	-	33,866	33,866	4,731,863	46,596
	EQ Baluchistan		4,348,841	4,348,841	-	43,145	43,145	663,092	6,530
	Gynuity	·	9,680,035 9,367,903	9,680,035	:	96,036	96,036	5,668,004	55,815
	Choices 2	-		9,367,903		92,939	92,939	884,203	8,707
	GCACI-PLUS	-	12,012,869	12,012,869	-	119,180	119,180	9,817,421	96,676
	Ask	7	19,182,367 29,334,057	19,182,367 29,334,057	-	190,309 291,024	190,309 291,024	37,484,894	369,127 116,625
	Printing & Data Recording	•	472,150	472,150			4,684	11,843,272	110,023
	EC-Champion	•	1,346,307	1,346,307	-	4,684 13,357	13,357	•	•
	Ctalytic-Cervical Cancer	-	2,507,071	2,507,071	-	24,873	24,873	-	
	Financail Management System		7,630,127	7,630,127	-	75,699	75,699		
	Choices-MTR		1,589,506	1,589,506	-	15,770	15,770		-
	Sprint II Ext	Ī	1,162,432	1,162,432		11,533	11,533		-
	Catalytic Social Franchising		9,210,787	9,210,787	-	91,380	91,380	•	•
	Life insurance		1,087,945	1,087,945		10,794	10,794		•
	Stigma Packard	•	550,000	550,000	-	5,457			
	Badin Tharparkar	•	1,406,001	1,406,001	-	13,949	5,457 13,949		•
	Logistic Management System (KPK)	•	1,400,001	1,400,001	-	13,949	13,949	918.247	9.042
	Equipment	-		•	-	-	-	2,440,750	24,035
	Stigma GCACI	•	•		-	-		402,726	3,966
	Logistic Management System (Sindh)	•	•	-	-	-	-	300,005	2,954
	STI	ĵ.	-	1	-	-		362,419	3,569
	Girls Power	ē		-	-	-		585,780	5,768
	Stigma Study			-	-	-	•	1,205,034	11,866
	Total		153,033,524	153,033,524	.	1,518,252	1,518,252	113,325,249	1,115,954
2	4.3 Other donors							, , , , , , , , , , , , , , , , , , , ,	
	Govt of Pakistan	104440		104460				050.050	9,356
	Care International	1,044,607		1,044,607	10,364		10,364	950,070	
		-	43,849,139	43,849,139	-	435,029	435,029	26,459,922	
	International Rescue	1 207 (10	43,849,139		-	435,029		26,459,922	260,561
	Committee (IRC)	1,286,618	-	1,286,618	12,765	-	12,765	26,459,922 3,181,459	260,561 31,329
	Committee (IRC) DFID-GPAF	1,286,618 -	36,225,048	1,286,618 36,225,048	12,765	359,390	12,765 359,390	26,459,922 3,181,459 13,498,635	260,561 31,329 132,926
	Committee (IRC) DFID-GPAF Plan Pakistan	1,286,618 - -	-	1,286,618		-	12,765	26,459,922 3,181,459	260,561 31,329 132,926
	Committee (IRC) DFID-GPAF Plan Pakistan Research and Advocacy	1,286,618 - -	36,225,048 28,865,575	1,286,618 36,225,048 28,865,575	-	359,390 286,376	12,765 359,390 286,376	26,459,922 3,181,459 13,498,635 2,649,437	260,561 31,329 132,926 26,090
	Committee (IRC) DFID-GPAF Plan Pakistan Research and Advocacy Fund (RAF)	1,286,618 - - -	36,225,048 28,865,575 5,236,819	1,286,618 36,225,048 28,865,575 5,236,819	:	359,390 286,376 51,955	12,765 359,390 286,376 51,955	26,459,922 3,181,459 13,498,635 2,649,437 8,503,793	260,561 31,329 132,926 26,090 83,740
	Committee (IRC) DFID-GPAF Plan Pakistan Research and Advocacy Fund (RAF) OXFAM-HPAF	1,286,618 - - -	36,225,048 28,865,575	1,286,618 36,225,048 28,865,575	-	359,390 286,376	12,765 359,390 286,376	26,459,922 3,181,459 13,498,635 2,649,437	260,561 31,329 132,926 26,090 83,740
	Committee (IRC) DFID-GPAF Plan Pakistan Research and Advocacy Fund (RAF) OXFAM-HPAF Reproductive Health Initiative Adolescent (RIHA)	1,286,618	36,225,048 28,865,575 5,236,819	1,286,618 36,225,048 28,865,575 5,236,819	:	359,390 286,376 51,955	12,765 359,390 286,376 51,955	26,459,922 3,181,459 13,498,635 2,649,437 8,503,793	260,561 31,329 132,926 26,090 83,740 12,470
	Committee (IRC) DFID-GPAF Plan Pakistan Research and Advocacy Fund (RAF) OXFAM-HPAF Reproductive Health Initiative Adolescent (RIHA) UN Fund for Population	1,286,618 - - - - -	36,225,048 28,865,575 5,236,819 547,119 9,556,100	1,286,618 36,225,048 28,865,575 5,236,819 547,119 9,556,100	:	359,390 286,376 51,955 5,428 94,806	12,765 359,390 286,376 51,955 5,428 94,806	26,459,922 3,181,459 13,498,635 2,649,437 8,503,793 1,266,311 7,332,918	260,561 31,329 132,926 26,090 83,740 12,470 72,210
	Committee (IRC) DFID-GPAF Plan Pakistan Research and Advocacy Fund (RAF) OXFAM-HPAF Reproductive Health Initiative Adolescent (RIHA) UN Fund for Population Activities (UNFPA)	1,286,618 - - - - -	36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145	1,286,618 36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145	:	359,390 286,376 51,955 5,428 94,806 32,751	12,765 359,390 286,376 51,955 5,428 94,806 32,751	26,459,922 3,181,459 13,498,635 2,649,437 8,503,793 1,266,311	260,561 31,329 132,926 26,090 83,740 12,470 72,210
	Committee (IRC) DFID-GPAF Plan Pakistan Research and Advocacy Fund (RAF) OXFAM-HPAF Reproductive Health Initiative Adolescent (RIHA) UN Fund for Population Activities (UNFPA) DFID-BFM	- 1,286,618 - - - -	36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037	1,286,618 36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037	:	359,390 286,376 51,955 5,428 94,806 32,751 3,522	12,765 359,390 286,376 51,955 5,428 94,806 32,751 3,522	26,459,922 3,181,459 13,498,635 2,649,437 8,503,793 1,266,311 7,332,918	260,561 31,329 132,926 26,090 83,740 12,470 72,210
	Committee (IRC) DFID-GPAF Plan Pakistan Research and Advocacy Fund (RAF) OXFAM-HPAF Reproductive Health Initiative Adolescent (RIHA) UN Fund for Population Activities (UNFPA) DFID-BFM PAPAC	1,286,618 - - - - -	36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904	1,286,618 36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904	:	359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638	12,765 359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638	26,459,922 3,181,459 13,498,635 2,649,437 8,503,793 1,266,311 7,332,918	260,561 31,329 132,926 26,090 83,740 12,470 72,210
	Committee (IRC) DFID-GPAF Plan Pakistan Research and Advocacy Fund (RAF) OXFAM-HPAF Reproductive Health Initiative Adolescent (RIHA) UN Fund for Population Activities (UNFPA) DFID-BFM PAPAC Disability Research	1,286,618 - - - - -	36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904 1,731,307	1,286,618 36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904	:	359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638 17,176	12,765 359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638 17,176	26,459,922 3,181,459 13,498,635 2,649,437 8,503,793 1,266,311 7,332,918	260,561 31,329 132,926 26,090 83,740 12,470 72,210
	Committee (IRC) DFID-GPAF Plan Pakistan Research and Advocacy Fund (RAF) OXFAM-HPAF Reproductive Health Initiative Adolescent (RIHA) UN Fund for Population Activities (UNFPA) DFID-BFM PAPAC Disability Research Give2Asia	- 1,286,618 - - - -	36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904	1,286,618 36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904	:	359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638	12,765 359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638	26,459,922 3,181,459 13,498,635 2,649,437 8,503,793 1,266,311 7,332,918 173,675	260,561 31,329 132,926 26,090 83,740 12,470 72,210
	Committee (IRC) DFID-GPAF Plan Pakistan Research and Advocacy Fund (RAF) OXFAM-HPAF Reproductive Health Initiative Adolescent (RIHA) UN Fund for Population Activities (UNFPA) DFID-BFM PAPAC Disability Research Give2Asia KFW	1,286,618	36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904 1,731,307	1,286,618 36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904	:	359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638 17,176	12,765 359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638 17,176	26,459,922 3,181,459 13,498,635 2,649,437 8,503,793 1,266,311 7,332,918 173,675 5,127,352	260,561 31,329 132,926 26,090 83,740 12,470 72,210 1,710 50,491
	Committee (IRC) DFID-GPAF Plan Pakistan Research and Advocacy Fund (RAF) OXFAM-HPAF Reproductive Health Initiative Adolescent (RIHA) UN Fund for Population Activities (UNFPA) DFID-BFM PAPAC Disability Research Give2Asia KFW UN Slavery	- 1,286,618 - - - - -	36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904 1,731,307	1,286,618 36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904	:	359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638 17,176	12,765 359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638 17,176 12,663	26,459,922 3,181,459 13,498,635 2,649,437 8,503,793 1,266,311 7,332,918 173,675	260,561 31,329 132,926 26,090 83,740 12,470 72,210 1,710 50,491 7,383
	Committee (IRC) DFID-GPAF Plan Pakistan Research and Advocacy Fund (RAF) OXFAM-HPAF Reproductive Health Initiative Adolescent (RIHA) UN Fund for Population Activities (UNFPA) DFID-BFM PAPAC Disability Research Give2Asia KFW UN Slavery Asia Foundation	- 1,286,618 - - - - -	36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904 1,731,307 1,276,394	1,286,618 36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904		359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638 17,176	12,765 359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638 17,176 12,663	26,459,922 3,181,459 13,498,635 2,649,437 8,503,793 1,266,311 7,332,918 173,675 5,127,352	260,561 31,329 132,926 26,090 83,740 12,470 72,210 1,710 50,491 7,383
	Committee (IRC) DFID-GPAF Plan Pakistan Research and Advocacy Fund (RAF) OXFAM-HPAF Reproductive Health Initiative Adolescent (RIHA) UN Fund for Population Activities (UNFPA) DFID-BFM PAPAC Disability Research Give2Asia KFW UN Slavery Asia Foundation OXFAM-Novib	- 1,286,618 - - - - - -	36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904 1,731,307 1,276,394	1,286,618 36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904	-	359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638 17,176 12,663	12,765 359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638 17,176 12,663	26,459,922 3,181,459 13,498,635 2,649,437 8,503,793 1,266,311 7,332,918 173,675 5,127,352 749,705	260,561 31,329 132,926 26,090 83,740 12,470 72,210 1,710 50,491 7,383 4,002
	Committee (IRC) DFID-GPAF Plan Pakistan Research and Advocacy Fund (RAF) OXFAM-HPAF Reproductive Health Initiative Adolescent (RIHA) UN Fund for Population Activities (UNFPA) DFID-BFM PAPAC Disability Research Give2Asia KFW UN Slavery Asia Foundation OXFAM-Novib Pakistan Poverty Alleviation	- 1,286,618 - - - - - - -	36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904 1,731,307 1,276,394	1,286,618 36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904	-	359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638 17,176 12,663	12,765 359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638 17,176 12,663	26,459,922 3,181,459 13,498,635 2,649,437 8,503,793 1,266,311 7,332,918 173,675 5,127,352 749,705 406,384 11,598,684	260,561 31,329 132,926 26,090 83,740 12,470 72,210 1,710 50,491 7,383 4,002
	Committee (IRC) DFID-GPAF Plan Pakistan Research and Advocacy Fund (RAF) OXFAM-HPAF Reproductive Health Initiative Adolescent (RIHA) UN Fund for Population Activities (UNFPA) DFID-BFM PAPAC Disability Research Give2Asia KFW UN Slavery Asia Foundation OXFAM-Novib	1,286,618	36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904 1,731,307 1,276,394	1,286,618 36,225,048 28,865,575 5,236,819 547,119 9,556,100 3,301,145 355,037 1,273,904	-	359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638 17,176 12,663	12,765 359,390 286,376 51,955 5,428 94,806 32,751 3,522 12,638 17,176 12,663	26,459,922 3,181,459 13,498,635 2,649,437 8,503,793 1,266,311 7,332,918 173,675 5,127,352 749,705 406,384	260,561 31,329 132,926 26,090 83,740 12,470 72,210







		Unrestricted 2014	Restricted 2014	Total 2014	Unrestricted 2014	Restricted 2014	Total 2014	Total 2013	Total 2013
20	4 . 17. 6	Rupees	Rupees	Rupees	USS	USS	USS	Rupees	US \$
25	Audit fee								
	Statutory audit	565,000	-	565,000	5,606	-	5,606	550,000	5,392
	Grant audits	200,000		200,000	1,984	-	1,984	210,000	2,092
		765,000	-	765,000	7,590		7,590	760,000	7,484

26 Number of employees and their emoluments

2014

2013

Number of employees (number)

1,137 1,303

Emoluments to employees (rupees)

312,387,610 261,459,511

27 Date of authorization

Date of authorization 29 APR 2015
These financial statements were authorized by the Board on

28 General

28.1 Figures have been rounded off to the nearest rupee.

28.2 Figures have been rounded off to the nearest US dollar.

Khain





Rahnuma Training Institute









Maintaining High Quality Standards

- 14 standard rooms of 28 beds capacity
- TVs/ACs and Refrigerators facility in standard rooms

Affordable Expert Care and Comfort

- 9 Executive rooms of 11 beds capacity
- LCDs and ACs facility in executive rooms







 2 air conditioned training halls with option to merge both to create seating capacity of about more than

75 participants

- Audio, Visual, Multimedia, LED facilities in training halls
- 1 Executive Conference Room
- 12 rooms for groups work
- 1 room with training tools/kits/moduls/IP etc.





- 2 Dining halls
- 3 Office rooms
- Medical store
- Canteen
- One resource centre (RH related books, training manuals, IEC material, training material)
- Internet facility
- 3 Laundry systems one for each hostel
- Elevator
- UPS
- 2 Generators: 50KVA each (Branded)

