



South Asia Region

Committed to Changing LIVES

the Reaching Unreached



Annual Report 2016

Mission:

For the Strategic Plan 2016-19, the Mission has been redefined and merged into two legs as follows:

- To lead a movement for SRHR and FP as a basic human right in Pakistan.
- To provide and enable sustainable and quality SRH including FP information and services to all particularly vulnerable and underserved in partnership with government and all other stakeholders.

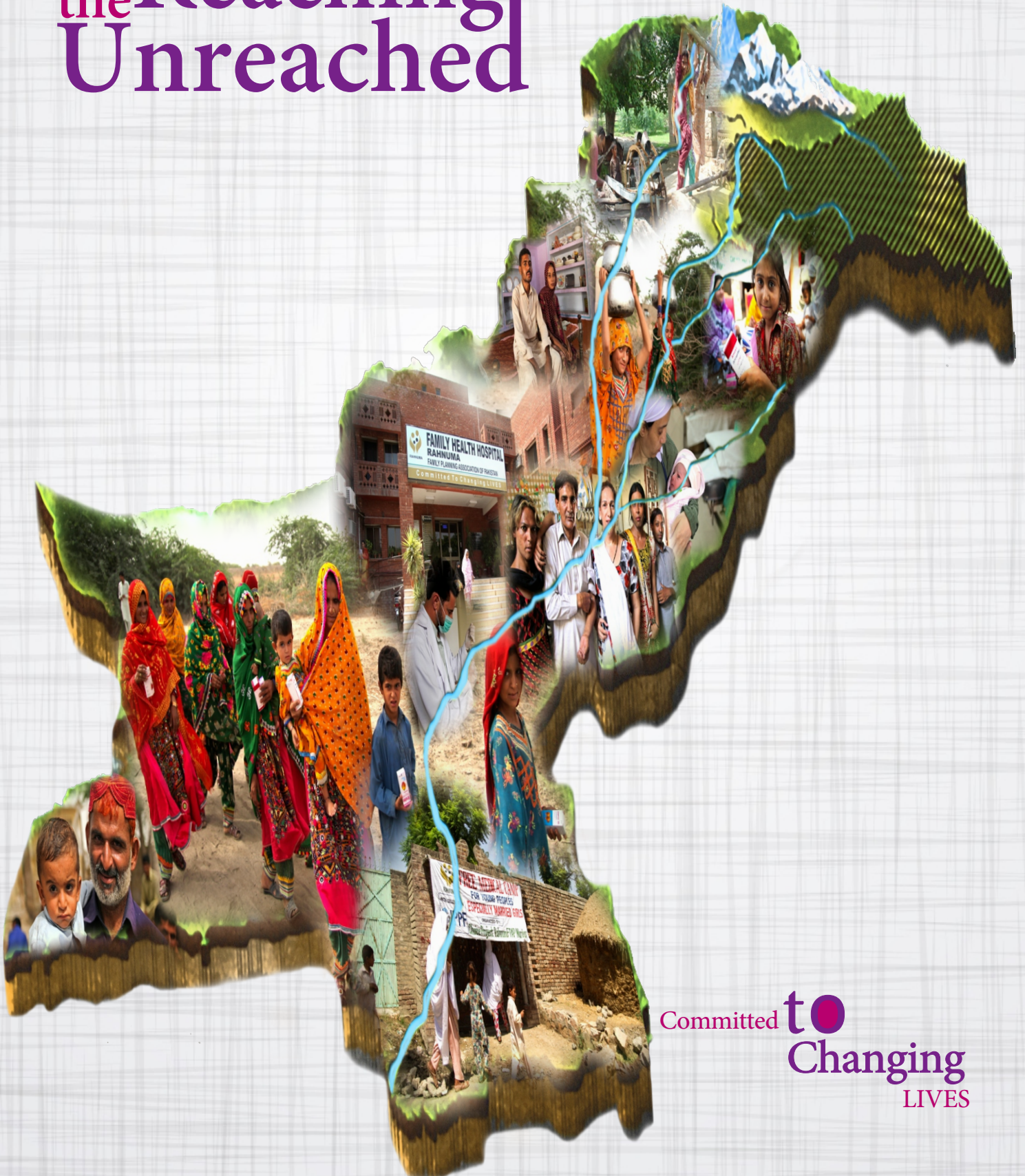
Vision

All people in Pakistan are empowered to make choices about their SRH and well-being in a world without discrimination.



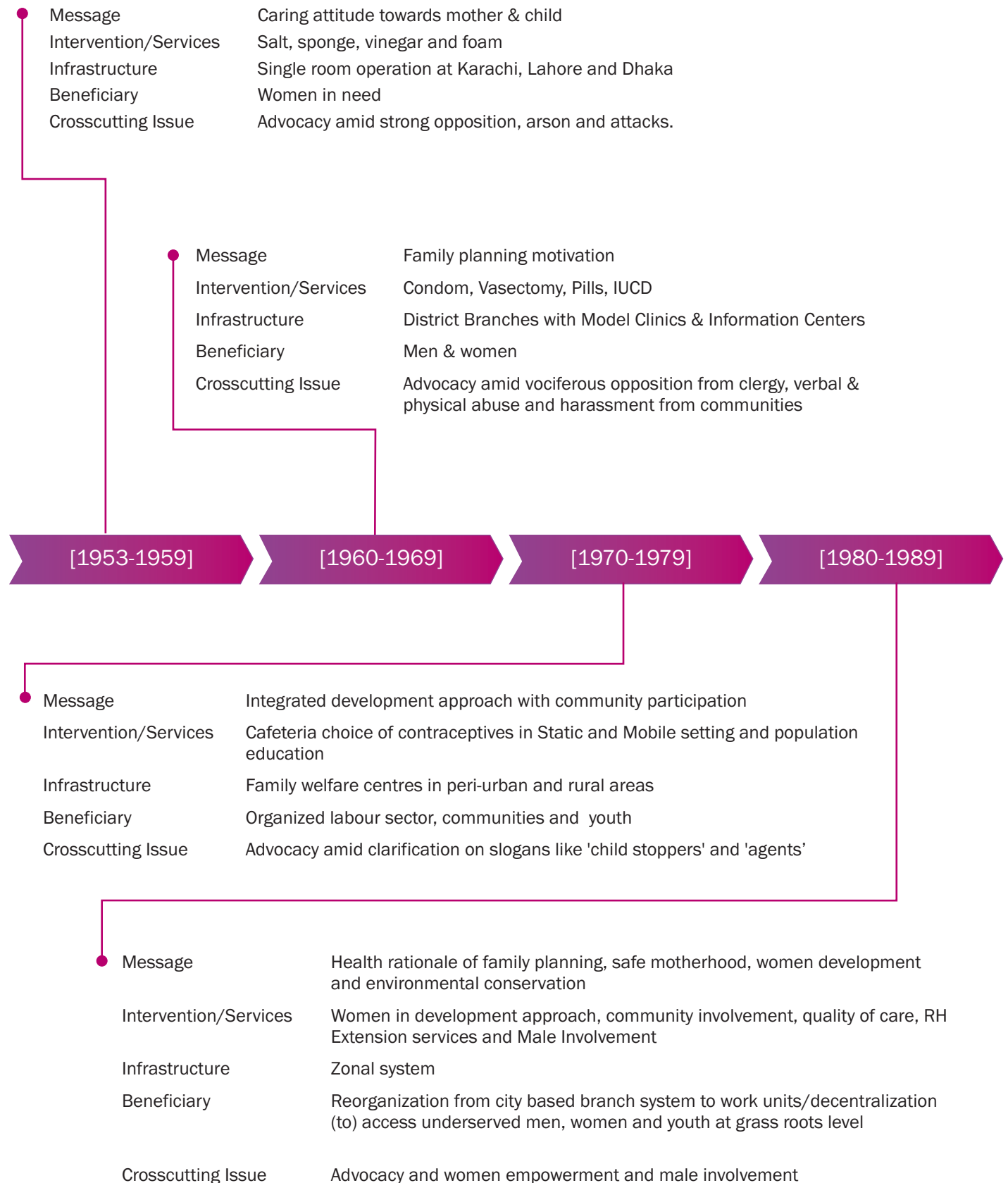
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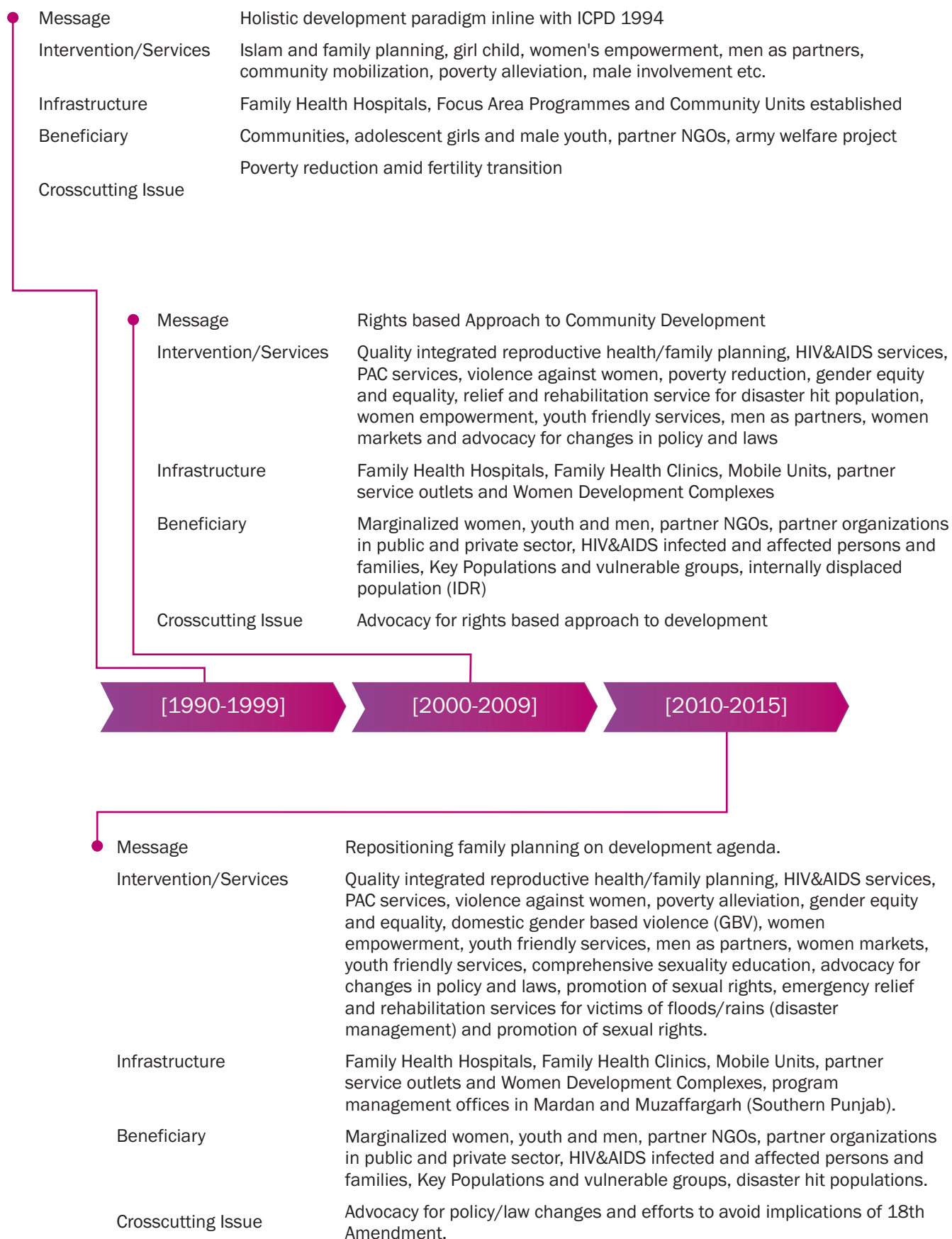
the Reaching Unreached



Committed **to**
Changing
LIVES

Rahnuma-FPAP and Its Evolution







Message

President Rahnuma-FPAP

I am honored to represent Rahnuma-FPAP as its 9th President. I am also indebted to inherit a very strong and cherished legacy of my predecessors especially Begum Surraya Jabeen (who remained associated with Rahnuma-FPAP for more than forty years) and Ms. Mahtab Akbar Rashdi, (who remained President for two consecutive terms and now the Chairperson of Rahnuma-FPAP) as during their tenure Rahnuma-FPAP ushered a new era of excellence, recognized at the national and international levels. In 2009 Prime Minister of Pakistan awarded Performance Excellence Award to Rahnuma-FPAP, prior to this Rahnuma-FPAP was awarded Common Wealth Youth Service Award in 1996 for promotion of small family norm amongst the newly wed couples, Common Wealth Award of Excellence 1997 for famous Girl Child Project, Common Wealth Service Award for initiating holistic/integrated family planning and reproductive health approach at grass root levels in 1997 and Common Youth Services Award 1998 for Self-Employment Scheme for Youth.

Rahnuma-FPAP carried out diverse nature of advocacy and services delivery projects across Pakistan as it has more organized and integrated services delivery infrastructure and distinction to work with almost all major international bilateral and multilateral donor agencies and public sector

institutions. It (since its inception -1949) remained at the forefront to implement a rights based agenda in Pakistan through program interventions specifically targeting the vulnerable and marginalized sections of society. It is pertinent to mention here the famous flagship “Girl Child Project (1991-2006)” funded by UNICEF, aimed at development and empowerment of marginalized girls through life skill based training/education, first aid training, in home and school training, leadership development and awareness on RH and Rights. The project initially started at ten locations but expanded to more than 730 locations across Pakistan directly benefiting more than 36,500 girls, 6,900 boys and 217,000 families.

At the social development front Pakistan 6th largest populated country in the world is confronted with many challenges including high population growth rate, low CPR, one of the highest MMR and IMRs, second lowest place on gender parity index, but with a second highest youth bulge. This high population growth is putting great strain on our meager resources like food, water, clothing, housing and jobs etc. On the other hand imposition of Global Gag Rule by new US administration, UK Government Brexit decision, and lack of political and financial ownership for social development issues by local leadership has increased our challenges manifold.

During 2016 we also witnessed some positive changes at the international and national landscape in term of population development like finalization of post 2015 Development Agenda 2030 in the shape of more integrated and comprehensive Sustainable development Goals (SDGs), their adoption by the government of Pakistan, establishing central and province specific SDGs Support Units under the auspices of Ministry of Planning, Development and Reforms, Government of Pakistan. It is also encouraging to note that the provincial governments of Punjab and Sindh have finalized and launched their respective post National Devolution 2011 Provincial Population Policies, while KPK and Balochistan governments have initiated the process to finalize their respective Population Policies. Sindh government has also finalized its Costed Implementation Plan for Population Welfare (CIP) and Punjab CIP is being finalized.

During 2016, the organization underwent a dynamic shift by adopting its new Strategic Plan 2016-2019 and electing new governing body (National Executive Committee-NEC and National Council-NC) to transform new strategic direction into actions. I have a firm belief that the new governance body is equally committed and endeavored to transform its new Strategic vision into attainable targets and goals while providing leadership role to management equally confronting and overcoming the population and SRH&R challenges at local levels.

Dr. Rashida Panezai
President Rahnuma-FPAP



Message

Chief Executive Officer, Rahnuma-FPAP

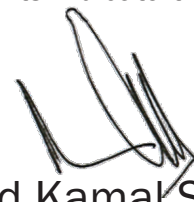
It is a matter of encouragement that in post Devolution 2010 scenario the provincial governments are exhibiting greater priority and ownership to population dynamics of the country. The provincial governments have finalized and launched their respective post Devolution Population Policies/Health Sector Strategies incorporating main elements required to stabilize the high population growth rate. These policies/strategies are based on the principle that engagement of all segments of society including women, children, youth and men is a pre-requisite to stabilize the population growth rate while enhancing the school enrollment rate especially for girls, increasing the CPR, controlling MMR & IMR and bridging the gender disparities. It is also encouraging that Sindh and Khyber Pukhtoonkhawa Governments have finalized and launched the Costed Implementation Plan (CIP) for Population Welfare Department, envisioning a clear resource allocation roadmap to improve its population development indicators in line with FP 2020 and SDGs commitments, where as that of Punjab Government is in draft form and the Balochistan government shall soon start the Process. We are also extremely appreciative of the initiation of the long awaited population census which is expected to be available by August 2017.

On the other hand comparing the population issue of Muslim countries, Pakistan is amongst the highest population growth rate with 1.89 percent, leaving behind Bangladesh, Indonesia, Iran, Turkey, Morocco, Egypt and Malaysia at a growth rate between 1.2 to 1.6 per cent. Every year, 3.7 million people are being added to Pakistan's population and if the population growth rate does not slow down, it will outpace Indonesia by 2030 as the country with the largest Muslim population. The population of Pakistan was 33 million in 1950 and its rank was 14th in the world. Today, it has reached around 194.5 million making Pakistan 6th most populous country of the world. With the current population growth rate Pakistan is on the verge of becoming the 5th most populous country.

Rahnuma-FPAP during 2016 realigned its priorities through well integrated Strategic Plan 2016-2019. The Strategic Plan 2016-2019 stipulates more inclusive and accountability focused program interventions specially targeting the vulnerable and marginalized people through advocacy and services delivery models. The Strategic Plan 2016-2019 has been divided into four major outcomes relating to advocacy, empowerment, access, organizational development and accountability.

In this Annual Report "Reaching the Unreached" an effort has been made to document the inclusiveness and reachability of the organization to all segments of society through innovative and need based interventions. Rahnuma-FPAP exclusively worked with all segments of society including Armed Forces, Auto Mobile Industry, Jail inmates, rural population, Gypsy Community, In and out of school children, Refugees and temporary/Internally displaced persons, People affected by disasters and natural calamities, Industrial workers, Pakistan Railways, City District Government Lahore, Transgender and socially segregated populations, People living with disabilities, Home based workers, Sex workers etc. and People living with HIV and AIDs through various innovative population specific projects. Some of the innovative initiatives were Micro Credit and Poverty Alleviation Project, Girl Child Project, Technical and Vocational Training, Research and Advocacy Fund Project, Sprint Initiative, Global Poverty Action Fund (GPAF) and Global Comprehensive Healthcare Initiative (GCHI) Project.

During 2016, Finalization of Sustainable Development Goals (SDGs) by the United Nations (UN) and their subsequent adoption and endorsement by the government of Pakistan provided a necessary impetus to strengthen our resolve for all social development targets and indicators but more specifically the SDGs goals 3 and 5 related targets and indicators. We are also encouraged that various international commitments including International Conference on Population Development (ICPD), Millennium Development Goals (MDGs), Convention to Eliminate Discrimination Against Women (CEDAW), FP 2020, SDGs etc. have been aligned in various national and provincial policies and plans including national Vision 2025, Provincial Population Policies 2016, Costed Implementation Plan (CIP), Punjab Government Women Protection bill etc. besides the National Census 2017 would provide accurate data for better planning and its implementation. These local developments indicate that our long struggle for the social well-being has started to pay off.



Syed Kamal Shah

Chief Executive Officer, Rahnuma-FPAP

Acronyms:

AACM	Alliance Against child Marriage	KPK	Kayber Pukhtun Khwa
AIDS	Acquired Immune Deficiency Syndrome	LSBE	Life Skill Based Education
AJK	Azad Jammu Kashmir	MDGs	Millennium Development Goals
BCC	Behavioral Change Communication	MISP	Minimum Initial Service Package
BHU	Basic Health Unit	MLA	Member Legislative Assembly
BPFA	Beijing Platform of Action	MMR	Maternal Mortality Ratio
CBDs	Community Based Distributors	MNA	Member of National Assembly
CBOs	Community Based Organizations	MNCH	Maternal Neonatal Child Health
CCB	Community Coordination Board	MPA	Member of Provincial Assembly
CCC	Country Coordination Council	MSSP	Marie Stopes Society Pakistan
CEDAW	Convention to Eliminate Discrimination Against Women	MTEO	Monitoring & Technical Evaluation Officer
CIP	Costed Implementation Plan	NCMNCH	National Committee on Maternal Neonatal Child Health
CM	Child Marriage	NCSW	National Commission on the Status of Women
CMRA	Child Marriage Restraint Act 1929	NDMA	NDMA National Disaster Management Authority
CPD	Commission on Population Development	NGO	Non-governmental Organization
CPR	Contraceptive Prevalence Rates	NHEPRN	National Health Emergency Preparedness and Response Network
CSE	Comprehensive Sexuality Education	NYN	National Youth Network
CSEN	Comprehensive Sexuality Education Network	PAC	Post Abortion Care
CSOs	Civil Society Organization	PAP	Population Association Pakistan
DDMAs	District Disaster Management Authority	PAPAC	Pakistan Alliance for Post Abortion Care
DIC	Drop in Centres	PCMI	Pakistan Child Marriage Initiative
FATA	Federally Administered Tribal Areas	PCSW	Punjab Commission on the Status of Women
FDG	Focus Group Discussion	PDMAs	Provincial Disaster Management Authority
FHC	Family Health Clinic	PHC	Primary Health Care
FY	Financial Year	PMSEUS	Poor Marginalized Society Excluded Under Served
GB	Gilgit Baltistan	PoA	Program of Action
GBV	Gender Based Violence	PPs	Private Practitioners
HBW	Home Based Workers	PWD	Population Welfare Department
HDI	Human Development Indicator	QAD	Quality Assurance Doctor
HIV	Human Immuno Deficiency Virus	QoC	Quality of Care
IASC	International Accounting Standards Committee	RAF	Research and Advocacy Fund
ICPD	International Conference on Population & Development	RCC	Regional Coordination Committee
IDUs	Intravenous Drug Users	RD	Regional Director
IEC	Information Education Communication	RH	Reproductive health
IMR	Infant Mortality Rate	RNYN	Rahnuma National Youth Network
INGO	International Non Governmental Organization	RPM	Regional Program Manager
IPES	Integrated Package of Essential Health Services	SDGs	Sustainable Development Goals
IPPF	International Planned Parenthood Federation	SDP	Service Delivery Points
IUCDs	Intrauterine Contraceptive Device	SGBV	Sexual Gender Based Violence
KBL	Khushhali Bank Limited	SNO	Sweden National Office
		SOPs	Standards Operating Procedures.
		SRHR	Sexual Reproductive Health & Rights
		STDs	Sexually transmitted Diseases
		STI	Sexual Transmitted Infections
		TBAs	Traditional Birth Attendant
		TCF	The Citizen Foundation
		TFR	Total Fertility Rate
		UDHR	Universal Declaration of Human Rights
		UNCRC	United Nations Convention on the Rights of the Child

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Executive Summary

Rahnuma-FPAP pioneered the Family Planning movement in Pakistan. Long before ICPD, it was working on the principals of rights based approach. It started out with fighting for the right to family planning in the face of opposition from majority and worked its way up to the current situation where government along with civil society is strategizing to reach out to people in far flung areas with little access to health including FP to bridge the gap between demand and supply. According to the PDHS of 2012/13 the unmet need for FP stands at 20 percent of the population. This is a success for Rahnuma-FPAP because it was able to generate enough awareness among people (who used to resist FP) about the importance of FP that today demand is far greater than services provided.

This success did not come without

hardship and innovative planning on the part of the organization. Over the last sixty plus years of serving the marginalized and most vulnerable in the society, Rahnuma-FPAP did not leave anyone out. This year's annual report along with capturing the highlights from 2016 also lists all the different segments of society that were served through its innovative initiatives.

Reaching the unreached is a document that captures various projects spread over the time period of sixty plus years that showcases Rahnuma FPAP's ability to think outside the box and to think about all those invisible people that need our attention.

Rahnuma-FPAP reached out to sex workers both mobile and home based whose health is never a priority for the planners due to lack of resources and will. Rahnuma-FPAP made it their priority and gave these women the awareness and services that were crucial for their right to life. Sexual and gender based violence is an issue that has recently attracted a lot of attention. Legislation to rid our society of this evil is now in place and Rahnuma-FPAP did play its role in making the society and the policy makers conscious of their responsibility in this regard.

However, the bigger issue is the behavior change of the society especially for the sexually abused. Awareness and advocacy campaigns against child and early age marriage, survivors of acid burns, survivors of harmful traditional practices like Swara Vani etc. has started to bear fruits. The revised Sindh and Punjab child marriage restrained acts are a few successes that gives us courage to carry on.

Disasters, unfortunately, are part of our lives. Pakistan has over the recent past faced devastating earthquakes and floods which affected large segments of its population. Rahnuma-FPAP initiated a campaign to draw attention to the invisible victims of disasters- women and children. They are rendered weak by our social conditioning therefore unable to fight for their right to survive. Inclusion of Minimal Initial Service Package (MISP) as Standard operating procedures (SOPs) in the plans of seven regional/provincial disaster management authorities ensure that this neglected bulge is protected and provided for during disasters.

Rahnuma-FPAP is unique in many ways but the most important is its large service delivery network. All its projects are supported on ground with provision of primary health care and reproductive health and family planning. Rahnuma-FPAP designs an advocacy campaign to draw the attention of the government to the most vulnerable in the society, develops a model that works on the international standards of quality care and proves it feasible by actually providing services through its service delivery network.

With this approach Rahnuma-FPAP over the years have initiated campaigns for the rights of disabled, transgender people, people living with HIV and AIDS, jail inmates, nomads, home based workers, trucker, massagers, cleaners, refugees and

many more. Rahnuma-FPAP also reached out to them with services and awareness sessions which enabled them to live healthy lives and demand their rights.

Rahnuma-FPAP is the only organization that has worked with the public sector for decades. It designed a project for the Armed Forces and successfully implemented it for years. It worked with the Railways, the industrial workers, city government and government of AJK for which it implemented their FP program for years.

It is not possible to achieve great milestones without the support of partners. Rahnuma-FPAP works in collaboration with a large number of civil society organizations, policy makers, religious leaders and media. A glimpse of 2016 captures some of our moments where together with other like-minded organizations we were able to make a difference. The coverage we got from our partners in media is too large to showcase in a small report therefore we are just giving it two-page coverage to acknowledge how important and valuable media partnership is to us.

It is commonly known that Rahnuma-FPAP is one of the oldest and largest civil society organization in Pakistan, but we have one of the largest NGO based service delivery infrastructure capable to access the unreached/marginized sections of society.



Rahnuma-FPAP National Council (NC)

2017-2019

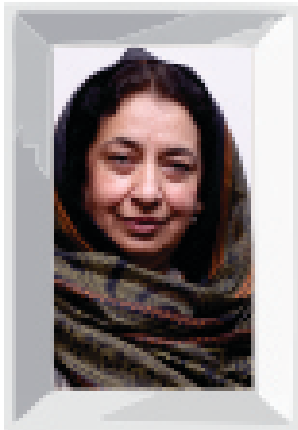




Members

Profile

National Executive Committee
2017-2019



Dr. Rashida Panazai

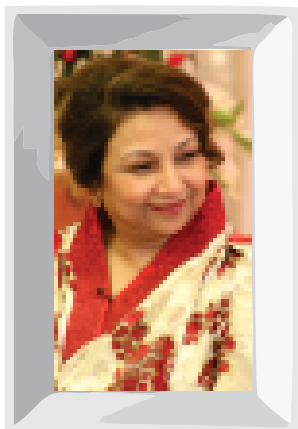
President, Rahnuma-FPAP

Dr. Rashida Panazai is a medical doctor by profession and holds post-graduation in RH belonging to Balochistan Region. During the last two and half decades she served the poor communities specially women and most of her work is for economic empowerment of women. She took many initiatives to women earn their livelihood and become a productive member of the society. Her focus has been to promote positive approaches among women and to make them realize that dignity is a basic human right. Her work has reduced gender variances prevalent in the society especially in the backward province of Balochistan.

Dr. Rashida Panazai was elected president of Rahnuma-FPAP in 2016 election for the period of three years. She also holds the position of Chairperson of Mahec Helping Council; Chairperson FHH-Advisory Committee-Rahnuma: Joint Secretary, Population Association of Pakistan: Member-Steering Committee Health, Balochistan: Member-Health Development Forum, Balochistan; Member-National Council for Pakistan; Member-Accreditation Team SARO and Member-SGOP; Board members of PPAF; Member S.C. Balochistan FP 2020; Chairperson BDN; Member COC PEMRA.

She has to her honour 1st Girl Guide President's Award-Gold Medal 1982 and Government of Pakistan, Performance Award, World Population Day 2003. She won the Social Worker Award 1985; President Award in Social Sector 2001; Performance Award-2005 Afghan war victim; Life time achievement award Women Development GOB 2013 and Jinnah Award Excellence Performance.

She has a passion to work for PAC (Post Abortion Care), Safe Motherhood Initiatives and Adolescent Sexual Reproductive Health and Rights. Being a medical doctor by profession and head of HIV/AIDS based NGO, Dr. Rashida served as resource person in the projects designed by Rahnuma-FPAP for female mobile sex workers, extending education of HIV/AIDS. As chairperson Medical committee she oversees the working of all health service outlets with special focus on Family Health Hospitals and Family Health Clinics. She also provides leadership in monitoring the quality assurance input which is the hallmark of Rahnuma-FPAP service delivery programme.



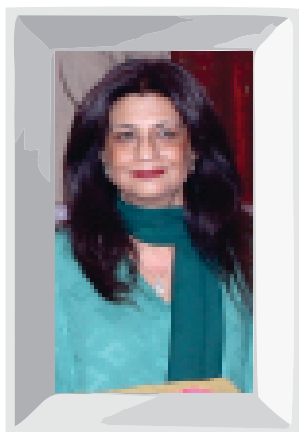
Ms. Mahtab Akbar Rashdi

Chairperson, Rahnuma-FPAP

Ms. Mahtab Akbar Rashdi holds Masters Degree in Political Science from University of Sindh and Master in International Relations from University of Massachusetts, USA. She has been elected twice as President, Rahnuma-FPAP (2011-13 & 2014-16). In 2016 elections she was elected the Chairperson of Rahnuma-FPAP for another three years. Her career started as teacher, at St. Mary's Convent Girls High School Hyderabad and then went on to teach International Relations at the University of Sindh Jamshoro for 13 years. She has remained Director Institute of Sindholology & Director University Grants Commission's Sindh & Balochistan Region. During her career with Sindh Government starting in 1988, she held many senior positions. She has the honor of being the first woman Secretary in the history of Sindh Secretariat, where she served as Secretary Culture & Tourism, Youth affairs & sports, Director General Environmental Protection Agency, Secretary Social Welfare and Women Development, Secretary Education, Director General Provincial Ombudsmen Secretariat, Secretary Information and Secretary Inter Provincial Coordination.

She has a long association of working with various literary bodies, forums and social welfare organizations. She took a number of initiatives to promote women education and rights. She also worked on economic empowerment programmes for women as she strongly believes that economic empowerment of women leads to recognition of their rights. She hosted many programmes as anchor person for PTV & HUM TV.

For her distinguished services in various fields she received Pride of Performance Award by the President of Pakistan in 2003. She is now member of Sindh Assembly (MPA) from PML-F, where she is playing important role in promoting women issues and drafting pro women legislation. She played a lead role in revision of Child Marriage Restraint Act, Sindh.



Ms. Zarine Aziz

Treasurer, Rahnuma-FPAP

Zarine Aziz, elected as Treasurer of Rahnuma FPAP in 2016 elections, is well-known and respected activist of women rights and a finance wizard.

The former President, CEO and Chairperson of 'First Women Bank' Zarine Aziz is a banker per excellence and a mission driven leader for the socio-economic development of women of Pakistan. Her tenure at First Women Bank is full of challenges that she proved herself to be more than capable. In 2001 the bank was on the verge of collapse but she turns things over and in a short period of two years she turnaround thing and since then the bank continued to achieve the highest ever results year after year in all financial key components.

She established a formidable reputation. The financial turnaround was recognized by the government, corporate industry internationally and locally. Ms Aziz has the privilege of being the keynote speaker at many international and national conferences and is the proud recipient of numerous awards. She received the prestigious, International Business Award (New York) as the “Best Turnaround Executive 2005”.

In recognition of her work “Global Leadership” organized by US President Bill Clinton in New York invited her as Panelist for the session titled “Beyond Microfinance : Strengthening Business and Entrepreneurship Education for Women in Emerging Economies” in 2008. She received a standing ovation for her speech at “Serious Women Business Conference” in Melbourne.

Presently Ms Aziz is serving as Member, Board of Governance of University of Health Sciences; Director Urban Unit Punjab; former Director Lahore Electric Supply Company Limited; and Director Damen Support Services.

Ms Aziz is an optimist with a mission to transform the status of women from passive beneficiaries of social services to dynamic agents of change.

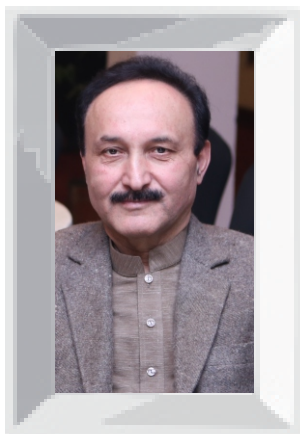


Mr. Zahoor Ahmad Qureshi

Vice-President, Punjab Region Rahnuma-FPAP

Zahoor Ahmad Qureshi served Rahnuma-FPAP from 1967 till 2006 in Advocacy and Resource Development Section and retired as Senior Director. He has to his credit the success of innovative projects like 'Islam and Family Planning' and publication of “Sukhi Ghar” and hundreds of other books, advocacy and awareness material. He served as Honorary Treasurer from 2014 till 2016 and was elected Vice-President, Punjab Region in the elections of 2016. Zahoor Qureshi understands Rahnuma-FPAP's vision better than anyone else because he dedicated almost his entire life serving the organization in various capacities.

He translated Qutub-ud-Din Aziz's famous work 'East Pakistan to Bangladesh, Blood and Tears' into Urdu under the title 'Khoon Aur Ansuon Ka Darya'. He is also a member of 'YES Network Pakistan'. He is well-respected and well-known in the NGO community for his comprehensive knowledge of Islam and law especially in the context of family planning.



Mr. Hidayat Shah

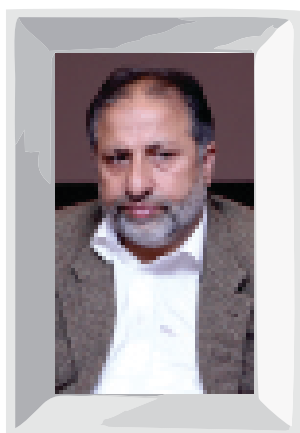
Vice President Federal GB & AJK Region, Rahnuma-FPAP

Mr. Hidayat Shah is a social activist with over two decades of experience as Managing Director in Medicines Companies in Gilgit Baltistan. He has a deep understanding of the social situation in GB and the rest of the federal area. He has technical knowledge of community mobilization, programmes operation and quality control. He was reelected as Vice President Federal, GB & AJK Region in 2016 election. Previously he served as VP Federal, GB and AJK from 2014 till 2016. His knowledge of the diversified region is an asset for the organization and guarantees successful implementation of welfare programmes in the complicated socio-economic environment. He has served as the Chairman of Regional Health Board Gilgit, Patron Chief and Founder Chairman of Al-Saba Welfare Trust, Gilgit. During his lifetime he has gained skills that ensure successful implementation of social welfare services, capacity building, participatory methodology, human resource and community development.

Mr. Hidayat Shah belongs to Gilgit-Baltistan and has a long association with Rahnuma-FPAP as he became a member of Regional Council of FPAP in 2000-2010 and also member RCC in 2010-2013. Mr. Shah seeks to improve the quality of life and well-being of individuals, groups and communities in his area as he has experience in project management and conflict resolution.

As an elected Vice President, Mr. Hidayat Shah provides leadership and oversight to the entire regional program. He has strong technical knowledge of community mobilization, program operations and quality control. He is leading many advocacy and resource mobilization initiatives to raise funds for the Rahnuma-FPAP at the grass root level in Gilgit Baltistan.

He is very sensitive to the issues of young girls especially in the area of GB and AJK. He is passionate about the work of the organization and supports the cause well with innovative ideas.



Mr. Rahul Amin

Vice-President, KP Region, Rahnuma-FPAP

Mr. Ruhul Amin was elected Vice president of Rahnuma-FPAP in 2016 elections for three years tenure. His expertise lies in participatory rural development, Formation of CBOs and CCBs Capacity building of Community Base Organizations (CBOs), planning, organizing and implementing training for these CBOs, monitoring & evolution of the sub projects, coordination with other line departments, NGOs and organizations, human and natural resource management, office administration and financial management.

Mr. Amin has a long history of working for the welfare of people of the KP region. He has held many prestigious positions in the past and as Vice President KP region vows to commit himself to working for the sexual reproductive health and rights of the people of KP. He is also the President of SBRC and CAC Coordinator. He has held the position of District Resource person of SPO Peshawar, Member working council Sarhad NGO Ittehad (SNI) and President of SBRC.

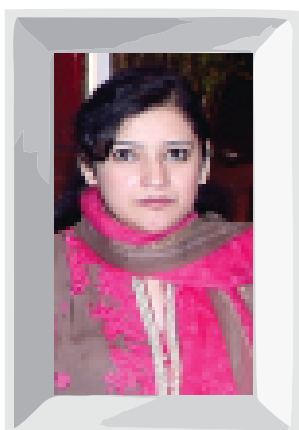


Mr. Leemon Kumar Sharma

Vice President Sindh Region, Rahnuma-FPAP

Mr. Leemon Kumar Sharma holds a Master degree in Plant Protection from Sindh Agriculture University, Tandojam. Belonging to District Matiari he has worked with community and other welfare NGOs as volunteer for years. He has been elected as Vice President Sindh Region for the term 2017-19.

Mr. L.K Sharma has always been a prominent National Council member from Sindh region who remained at the forefront to take forward Rahnuma-FPAP mission at grass root level. He has been published in more than 20 scientific national and international publications. Mr. Sharma is highly regarded for his work during the devastating floods in Sindh. He remained actively engaged in welfare activities in district Matiari and collected donations for the work unit building as a youth champion. Mr. Sharma is a dedicated social worker who provided valuable services to marginalized communities in interior Sindh. His disaster mitigation services are highly commendable. He has a passion for social work as he did a lot of work during floods for the rehabilitation of flood affected people and community development in his area. Another area of work where he frequently volunteers is campaign for blood donations. He organized free medical camps for vulnerable and marginalized community groups. He remained a Treasurer and HGS of Sindh region. He usually oversees the involvements of volunteers in advocacy and lobbying campaigns.



Ms. Iqra Alam

NC/NEC Youth Member, Rahnuma-FPAP

Ms. Iqra Alam holds B.S (Hons) in Home Economics with major Food and Nutrition from G.C. University Faisalabad. She has a long association with Rahnuma-FPAP as youth member. She has been elected as NC youth member for the term 2017-19 and President Rahnuma-FPAP National Youth Network (RNYN). Ms. Iqra Alam has had the opportunity to attend various trainings, workshops, seminars and conferences both nationally and internationally covering subjects related to empowerment and leadership development, sexual reproductive health and rights, advocacy skills of youth, attitude transformation for SRHR. As president of RNYN her role is to promote SRHR specifically for youth and maintain the network and keep youth engaged in active advocacy for youth rights. She is also part of National Executive Council representing youth and to ensure that all policy related decisions have youth input in them.



Syed Kamal Shah

CEO and Secretary National Executive Council, Rahnuma-FPAP

Syed Kamal Shah, Chief Executive Officer Rahnuma-FPAP, holds Master's degree in Public Policy and Administration (PPA) from Institute of Social Studies, The Hague, The Netherlands and a Masters in Public Administration (MPA) from the University of Peshawar, Pakistan.

He has served for more than 20 years in the public sector on prestigious positions and afterwards over a decade serving in International and National Development Organizations. He is leading Rahnuma-FPAP as CEO, since 2007. His areas of expertise include administration, resource mobilization, advocacy, planning and overall management of large NGO set ups besides his keen interest in program impact. He has maintained close coordination with different national and international bilateral and multilateral donor agencies, SRHR consortiums, networks and alliances while remaining at the cutting edge with IPPF standards and policies.

Mr. Kamal is member of various national and provincial public sector statutory bodies/consultative forums (Strategic Consultative Committee on National Vision 2025, National Institute of Population Studies (NIPS), Government of Pakistan, Ministry of National Health Services, Regulations and Coordination (NHSRC), Policy and Strategic Planning Unit (PSPU), Department of Health Government of Punjab and Task Force on Population Policy Government of Punjab, focal person and representative of NGOs for international FP2020 platform.

He has represented Government of Pakistan as part of delegations in various international summits/sessions like UN Summit to adopt Post 2015 Development Agenda 2014, UN MDGs review summit 2013 and UN Summit (2014) on ICPD beyond 2014.

He is a member of various international bodies and forums and has been elected as a board member of The Partnership for Maternal and Newborn Child Health (PMNCH), WHO on behalf of IPPF. During his tenure as the Chief Executive Officer, Rahnuma-FPAP was awarded the performance excellence award by the Prime Minister of Pakistan in 2009.

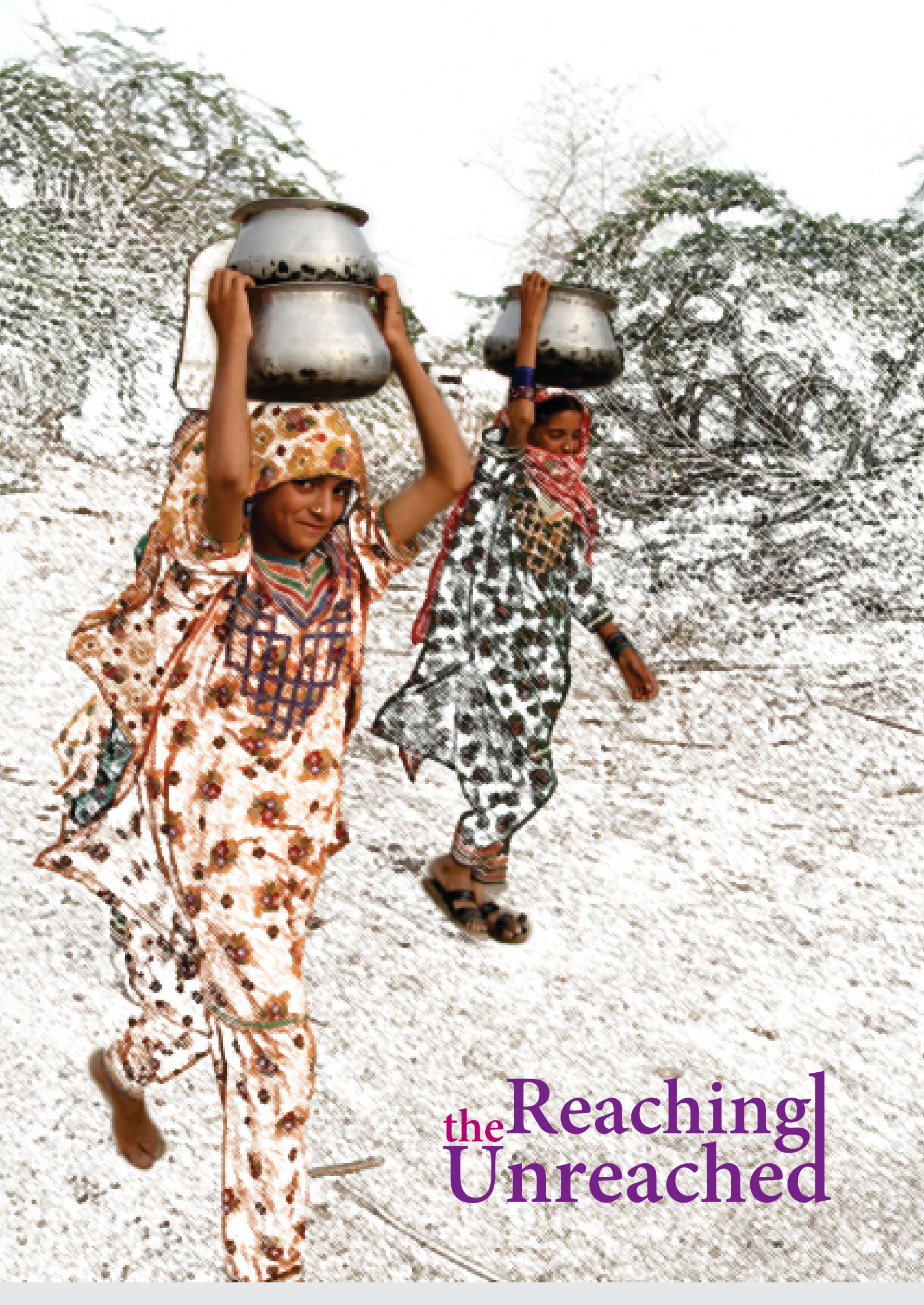
Rahnuma-FPAP Audit Committee:

Voting Members:

- Mr. Zulfiqar Ahmad (Chairman)
- Dr. Mahroo Hamayoun (Member)
- Mr. Mansoor Aqeel Khan (Member)
- Ms. Shamsa Ali (Member)

Non-Voting Members:

- Ms. Zarine Aziz (Treasurer Rahnuma-FPAP/Member)
- Dr. Rashida Panezai (President Rahnuma-FPAP/Member)
- Ms. Mahtab Akbar Rashdi (Chairperson Rahnuma-FPAP/Member)



the Reaching
Unreached

Victims of Early and Child Marriage and Swara



Rahnuma-FPAP in collaboration with UNFPA conducted a study on Child Marriage “Child Marriage in Pakistan: A Taboo” in 2007 which revealed worrying statistics on the issue as it is not just a problem of remote areas of Pakistan, but is widely prevalent, affecting over a third of Pakistan's adolescents, and continuing in a vicious cycle to affect their children. The report explained that Sindh carried the highest percentage of early marriages in rural areas, with 72% of females and 26% of males in the selected sample, married before 20. Sindh also had a high percentage of females in urban areas married by 20, reaching 36%. Balochistan closely followed Sindh in terms of early rural marriages. Another desk review on the situation of Child Marriage “Child Marriage in Pakistan: A situational Analysis on the Basis of Desk Review”

was conducted by Rahnuma-FPAP in 2011. The review suggested that many factors interact to place a child at risk of marriage including poverty, protection of girls, family honour and the provision of stability during unstable social periods. Strong correlations were found between a woman's age at marriage and the level of education she achieves and the age at which she gives birth to her first child and the age of her husband have been found.

The findings of these reports contributed in understanding the issue of Child Marriage in Pakistan as the reports clearly articulated the major contributing factors and consequences of Child Marriage and further highlighted the intensity of the issue in the country. Based on these findings, Rahnuma-FPAP initiated several interventions to prevent the Child Marriage in Pakistan through legislative reforms in the existing laws (in context of UNCRC) to make them more responsive and for their enhanced implementation. Community mobilization initiatives were also initiated to create awareness among local communities on hazardous effects of Child Marriage. Brief detail of some of the initiatives is as follows;

Women as Compensation: Reaching the survivors of coerced marriages and violence in Pakistan

Rahnuma-FPAP implemented Project, “Women as Compensation: Reaching the Survivors of Coerced Marriages and Violence in Pakistan.” It was consistent with Rahnuma-FPAP and IPPF's commitment to ensuring protection and promotion of sexual and reproductive health and rights and other national and international obligations. The Project was specifically geared towards protecting victims of gender based violence in general and swara girls and women in particular. The Project has reached more than 40,000 community members, including youth, women and men in selected 15 Union Councils each in Districts Swabi and Mardan. The interventions included different orientation and sensitization activities aimed at facilitating changes in community perceptions of swara and GBV, generating support for SRHR, increased access to SRHR services to swara girls/women including their families and contributing towards increased knowledge on Islamic teachings relating to SRHR and swara. The beneficiaries targeted under different sensitization interventions include community men and women, youth, jirga members, religious leaders and others.

- 83 religious leaders/ulema were selected and capacity was built to sensitise them on reproductive health & rights and family planning issues.
- 25 ulemas (Islamic scholar) passed a resolution favouring SRHR, and family planning.
- 10522 mother-in-laws and female teachers were sensitized on GBV, early child marriage, FP, RH VAW and SRH Rights.

- 154 Journalists& print media personals participated in the meetings. They agreed to provide support through publishing articles and news items against Swara custom, VAW, early age marriage etc.
- 13 news reports/features against Swara have been published in national and local newspapers.
- 656 SWARA were reached.
- 1001 GBV survivors were provided services.
- 870 child marriages survivors were provided services.
- 340 medical camps were organized
- 47414 SRH services were provided to young girls and women.
- 76 theatre performances on GBV, hazards of early marriages, Swara customs, Stigma associated with HIV and AIDS, domestic violence, drug abuse etc. were held in both districts by the young male and female theatre groups.
- 3998 people were sensitized through theatre performances.

Resource on Child Marriages:

- Adapting manual on Men's participation in SRHR
- Adapting Manual on Trauma, Guilt, Shame and Self-esteem
- Adapting Manual on Gender Based Violence
- Advocacy kit on Child Marriage developed





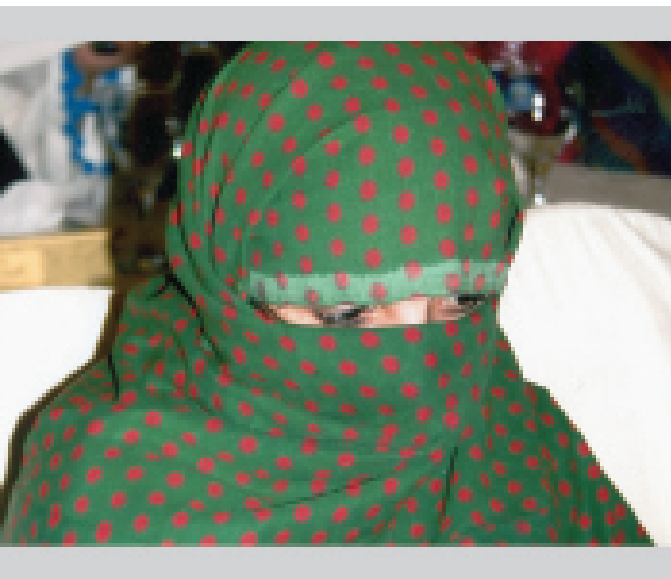
Child Marriage as a Violation of Human Rights; Advocating for Effective Laws:

The intervention was initiated with the financial support of AusAID to bring legislative reforms on Child Marriage in Pakistan. Through the intervention, commitments were solicited from government and policymakers for addressing the issue and revising Child Marriage Restraint Act (CMRA), 1929 in context of UNCRC. Interactive dialogues on Child Marriage with policymakers, federal and provincial parliamentarians, civil society members and representatives of different ministries were conducted. Further, a National Alliance comprising of 57 members representing 14 parliamentarians, 21 civil society organizations and 22 media houses committing to advocate against Child Marriage was developed. Consequently, a resolution for the revision of Child Marriage Restraint Act, 1929 was tabled in provincial assemblies of Punjab and Sindh. From the platform of MDG 5b and the National Alliance on Child Marriage, issue of Child Marriage was raised in

Universal Periodic Review (UPR) and CPD 45th session. A short documentary was developed on the prevalence of child marriage titled “Sana's journey”.

Advocating for Improved MNH and SRH Policy and Practice for Adolescent Girls and Young Mothers:

The intervention was initiated with the funding of Care International Pakistan in order to improve MNH and SRH Policy and Practice for Adolescent Girls and Young Mothers. Through this project, 2004 stakeholders on SRH & MNH issues and needs of Adolescent Girls and young Mothers were sensitized. A Working Groups of District Line Departments, a Media Network at Provincial and a National level Parliamentary Caucus were established. 42 Consultative workshops at National, Provincial and District Level were organized to draft a resolution which was tabled in three Provinces (KP, Punjab and Balochistan). In Punjab and Balochistan resolutions were marked to Provincial Standing Committees on Education and Health for further necessary actions. Furthermore, Executive District Officer Health Badin issued requisite directives to include the adolescent and youth in their respective target groups.



Increase access to health services by Swara and Child Marriage survivors and their children:

Funded through UN Women Slavery Fund, the intervention was aimed to provide the medical assistance in respect of primary and sexual and reproductive health care services to the most vulnerable and marginalized young girls became a victim of Swara (Minor girls given as compensation) and Child Marriage. It also aimed to provide the primary health care services to their children for their better health status. Through this intervention a total of 350 families and their 700 children were registered for the provision of health care services. In addition, through this intervention 451 Swara girls and Child Marriage survivors were reached out for health services. Through static clinics and mobile camps a total of 2241 primary health care services were provided to the registered and non-registered girls and 2287 services were provided to their children. Moreover, these girls and their families were sensitized on Sexual and

Reproductive Health and Rights. Through mobile camps and static clinics a total of 2421 family planning and 1555 reproductive health services were provided to these girls and survivors.

Expanding Choices and opportunities for young people, especially young married girls in Pakistan:

Choices project was initiated in August 2011-December 2014 with the funding of IPPF. Through this initiative, Rahnuma National Youth Network members were involved in all its advocacy activities related to Child Marriage. Youth volunteers were also engaged as a part of national advocacy alliance against Child Marriage. Alliances and Networks at national and provincial were either developed or joined to augment the advocacy efforts on the issue in coordination with other partners. To control the incidents of Child Marriage in Pakistan, Rahnuma-FPAP focused its efforts at two levels i.e.

- o Community sensitization and mobilization to reduce the incidents of CM and improved access to SRHR services by Child/early marriage survivors in targeted communities in Pakistan.
- o Advocating to prioritize the issue at Policy and Program level and to create a conducive environment for its implementation.

Meetings with religious scholars (Imam Masjids, Nikkah Khawan of Union Council, Aalims etc.) were organized to discuss the implications of child marriage since marriage is a religious obligation but the education and health is basic right of every child. Religious persons (Leaders from local Mosques) were asked to discuss these issues in Friday sermons and inform people about true Islamic perspective in this regard. The draft of the Child Marriage Bills for Punjab, Sindh, KP, Balochistan and AJK were developed and technical input was provided in consultation with all major stakeholders from concerned provinces. The draft bills were shared with the parliamentarians and technical support were provided to them to expedite the process in their respective provinces.



Pakistan Child Marriage (Prevention) Initiative- PCMI:

PCMI project was started with an aim to delay and ultimately prevent Child Marriages in three districts of Southern Punjab. The main objectives of the project were to facilitate attitudinal and behavioural change towards Child Marriage through community and other stakeholder's awareness and to advocate for bringing about legislative reforms on the issue. Major highlights of the project progress are as follows;

- o 20,000 young people and community influential were sensitized on adverse effects of Child marriage.
- o Approximately 500,00 beneficiaries benefited through SMS/FM Radio messages.
- o Efforts were made with partners and networks results into generating a debate at policy level and resultantly, the Punjab assembly passed the "Punjab Child Marriage Restraint (Amendment) Act, 2015" in March 2015.

- o Organized a provincial level meeting with important stakeholders and developed a joint statement of demonstration to register their concerns on new act.
- o A meeting with parliamentarians was organized and a resolution was developed and signed by all the parliamentarians for the revision in the amended law (same resolution was tabled in Punjab Assembly in May, 2015).
- o A national level meeting of Parliamentarians Caucus on Child Marriage was conducted in Islamabad where the parliamentarians from all regions made commitments to follow the initiatives of the Sindh Assembly on Child Marriage in their respective regions.
- o A Provincial level media workshop was also organized to augment the media reporting on child centered issues and to engage the media for lobbying against Child Marriage.

Advocating for Improving SRHR of Young People in Pakistan:

Based on the organizational successful experience on Child Marriage, another project with Oxfam-Novib was initiated in September, 2015 with a special focus on Child Marriage. The aim of the project was to increase persistence among youth, caretakers and gatekeepers to respond effectively for the prevention, referral and rehabilitation of the victims/cases of early marriages. The advocacy component of the project is initiated in all four regions of Pakistan while the community level interventions are initiated in two districts of Pakistan including Multan and Rawalpindi. The project will

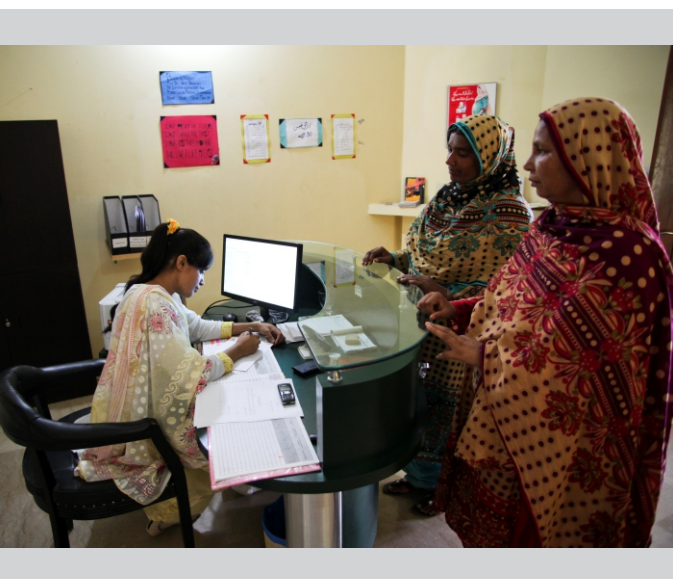


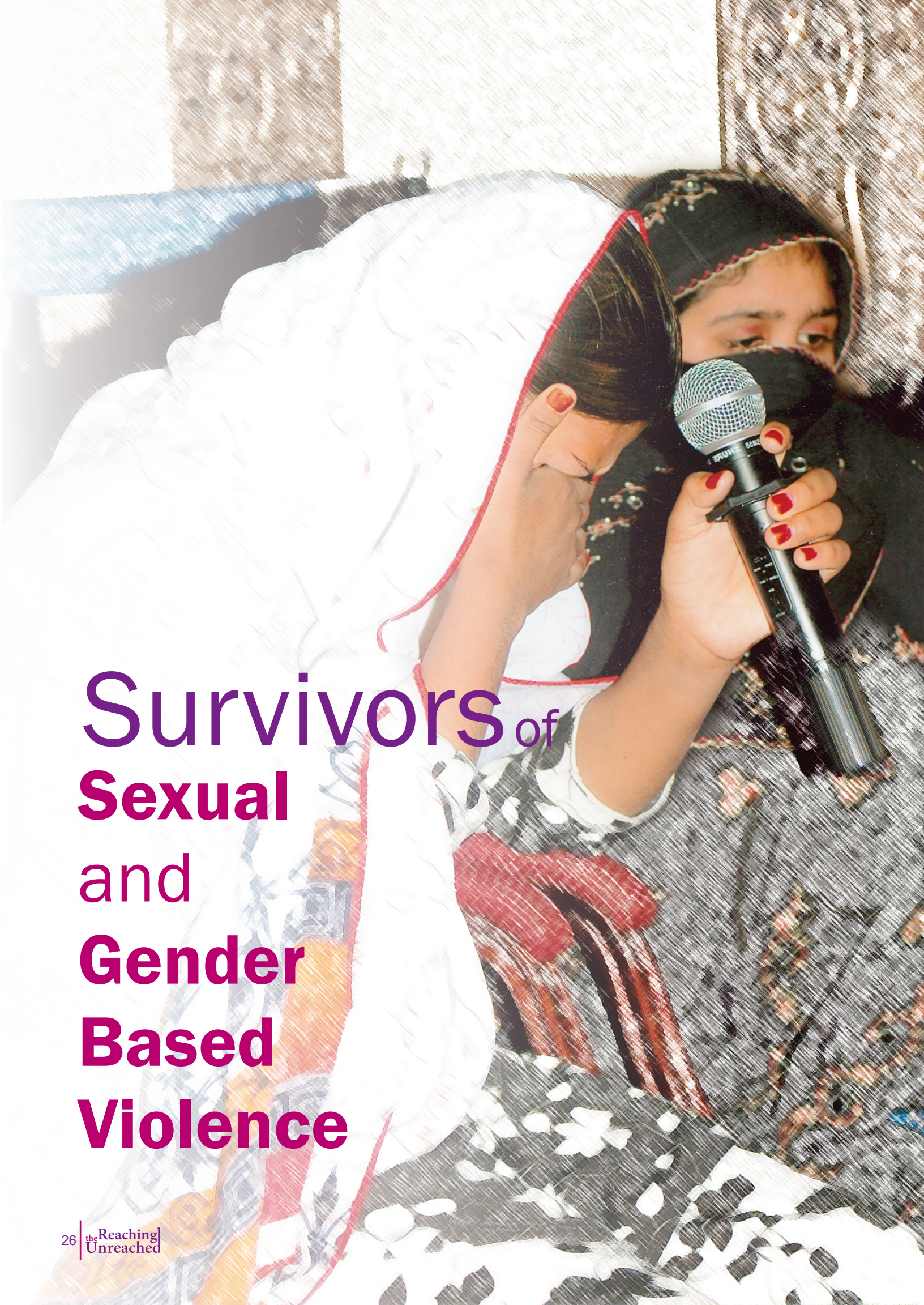


increase knowledge and awareness of young people and caretaker/gatekeepers on prevention, referral and rehabilitation of victim of child marriages. It will further enhanced skills of duty bearers/gatekeepers to prevent incidence of child marriage through enforcing rule of law. Lobbying with like- minded religious leaders will also be conducted to ensure prevention of early marriage.

Resources Developed on Child Marriage

- Developed Advocacy, Communication and Mobilization strategy in PCMI project.
- Developed Media kits on Child Marriage in English and Urdu.
- Posters/Brochures on importance of education, health and child rights in relation with Child Marriage were developed.
- Video Documentaries/Docudrama on Child Marriage, Radio/Cable Messages including Sana's Journey and Noori goes Missing were developed and disseminated.
- Sindh Assembly passed the Sindh Child Marriages Restraint Act, 2013 which placed a ban on marriage of children under 18 years and its violation is punishable by three years of imprisonment.
- In March 2015 Punjab Assembly passed an amended bill "The Punjab Child Marriage Restraint (Amendment) Act, 2015 and made the law more punitive. However, the age issue of girls went unaddressed.
- Deputy Speaker AJ&K Assembly has also directed the Department of Law & Parliamentarians Affairs to incorporate proper amendments in existing child marriages laws.
- Provincial Assemblies of Balochistan and KPK has also initiated the process for reforms in existing laws on child marriage.



A woman wearing a white headscarf with a red border and a black dress with red trim is lying down. She is holding a silver microphone in her right hand and looking down with her left hand near her face. The background is a patterned surface.

Survivors_{of} **Sexual and Gender Based Violence**

Piloting Integrated Model of Socio-Economic and SGBV Services to reduce the negative consequences of SGBV in Pakistan

Under the SGBV scale-up fund by IPPF this project has been designed to reduce the negative impact of SGBV on survivors, by strengthening service delivery, and conducive environment for survivors. Its core objective is to facilitate positive attitudinal and behavioral change regarding SGBV among the targeted communities, and increase availability and access to quality SGBV services for survivors. Results of the 1st year (Dec 2015-Nov 2016) of the pilot intervention are as follows;

5763 community stakeholders sensitized through sessions which resulted in improved knowledge of 81% from 31% of community members who are now able to identify SGBV.

175 peer educators trained on SGBV and Life Skill Based Education (LSBE) and 584 young people have been imparted with LSBE.

584 referral services provided to SGBV survivors through a referral network comprising of 42 partners that was developed after building their capacity on socio-legal services.

1478 cases of SGBV have been identified to date (78% faced intimate partner violence, 25% faced sexual violence, 59% faced physical violence and 98% faced psychological violence). 16,864 SGBV services provided. 88% of SGBV survivors now feel confident to independently access services.

860 of the survivors imparted with skill trainings and 349 acquired micro credit. 59% of the survivors who received skill trainings and micro loans started small scale- business which increased their family income.



Rahnuma-FPAP designed a three pronged strategy of creating an enabling environment to address SGBV, improving access to quality services and economic empowerment of women and girls. Implementation of the strategy in year one suggests that the pilot model has been successful in identifying invisible cases of SGBV as well as enhanced self-confidence and status of the survivors which has improved their access to services. Furthermore, engaging men and boys has proved to be an effective strategy to generate support to address SGBV in the communities.

Gender Based Violence (Burn cases):

Rahnuma-FPAP has implemented GBV projects specifically aiming at the reduction of incidence of domestic violence against women (burning) with financial support from European Commission in 2006 and 2007. The main purpose was the capacity building of doctors, police officers, judges, lawyers, local representatives, religious leaders and media for the effective enforcement of Cr.PC 174-A, a new law enacted to punish the culprits of violence against women (burning). In the first phase, the project was implemented in Islamabad Region but in the second phase same activities and methodology was replicated at other locations of Islamabad, Peshawar and AJK (Jhelum, Chakwal, Attock, Haripur and Kotli).

The Family Health Hospital in Islamabad has established a Burns Unit wherein doctors are now trained to perform reconstructive surgery themselves. The organization has also recently implemented Operation Smile Again Project, in collaboration within Medicine Du Monde, in five districts with the objective to provide reconstructive surgery for Acid and Stove burn victims. The hospital has also recently entered into collaboration with Smile Again Foundation that helps burn victims through plastic surgery and counselling.



Women Home Based Workers

Rahnuma-FPAP has been working with Home Based Workers since 1999 and has provided micro-finance to almost 70,000 women Home Based Workers (HBWs) at 26 locations across the country with the support of PPAF, Price Foundation, West Wind Foundation and Khushali Bank. These women HBWs are from rural and marginalised communities.

To empower the socially excluded segment of the society, awareness raising sessions on legal Rights, Human Rights, National Labour laws and occupational safety and health standards among women HBWs in the community organized. To fully empower this vulnerable and marginalized group of the society, a strong referral mechanism developed for legal aid and provided the capacity building and micro entrepreneurship trainings to HBWs and also provided the micro finance facility and Sexual & Reproductive Health services to the home based workers. In addition, meetings with Employees, contractors, Mills, Factories representatives, Shopkeepers organized to create market linkages of these poor and marginalized women HBWs with markets for better rewards. To

expand/establish their own business and gave facilitation to HBWs for getting loan from stakeholders like Tameer Bank, Khushali Bank etc.

Since most of the HBWs were linked with mills and shopkeepers, lack of skill to access markets and resources made them vulnerable to exploitation. However, at the same time there is great scope to empower these HBWs through integrated support and sensitization of employers and contractors which are mainly high income mills and shop keepers who can afford to provide minimum wages and better working conditions to the associated HBWs. There also exists great potential in developing linkages of the HBWs with local and national markets, hence reducing the exploitation by the middle man. The main achievement of the project are as follows:

- Increased awareness on legal rights, human rights, national labour laws and occupational safety and health standards among women HBWs and stakeholders.
- Improved skills and access to resource and markets of women HBWs.
- Strengthened referral mechanism for social protection & health services. The main partners included Benazir Bhutto Crisis Cell, MSS, PWD, Sarsazb Foundation Khushali Bank, Tameer Bank, Fauji Foundation and Sanatzar.
- Improved access to market channels and resources to women Home based Workers.

Marginlised Women and Youth in Rural Areas

Rahnuma-FPAP with the help of CARE International initiated a project to enhance socio-economic development in Sindh, focusing on youth and rural women. Gender equity programming and building the capacity of local partner organizations are central themes of CARE programming in Pakistan. Implementing partners engaged in this project are leading community development non-governmental organizations having extensive experience in the designing and implementation of community based economic empowerment programmes including the technical training and entrepreneurship skills focused on women and youth. As Provincial Technical Education and Vocational Training Authority (TEVTA) possess great capacity in promoting and providing demand driven technical education and vocational training, CARE International in Pakistan along with its implementing partners would like to work in close coordination with Provincial TEVTAs in Sindh and Punjab in the efforts to enhance the quality and effectiveness of its workforce and develop dynamic training programmes.

This project aimed at enhancing the economic status of rural women and

youth in South Punjab and Sindh by improving the relevance and quality of TVET services, and enhancing the equitable access of women and youth to these services so that they can overcome capacity, information and technical gaps. In addition, the project also provided new income-generation opportunities through pilot-scale innovations and facilitated linkages between TVET beneficiaries and prospective employers and microfinance institutions (MFIs).

The project aimed to redress the stereotyping that exists at the level of family and school by encouraging both boys and girls to go for “non-traditional” activities through skill development streams introduced at secondary school level. The transition from school to the labor market in Pakistan is not smooth; the youth unemployment rate is higher than the adult unemployment rate ; many young people work in the informal sector as unpaid family workers, casual wage workers; and female youth are in worse shape than their male counterparts on various employment dimensions.

A technical and vocational training project initiated for youth and women, in Tando Allahyar, Mirpur Khas and Thatta districts of Sindh, with the coordination of Sindh Technical Education and Vocational Training Association (STEVTA). The program aimed at sustainable empowerment of women by providing government certified vocational trainings and linked them to the markets through internships and job placements with the local industries. Some of project achievements are:

- o 992 youth and rural women were trained in different vocational training courses ranging between 3-6 months.
- o 626 of TVET graduates secured apprenticeship/internships ranging between one–three months.
- o 6 Career Counseling Centers established in Tando Allah Yar, Mirpur Khas and Thatta Districts.
- o 3 job fairs/exhibitions organized at each districts and 545 young women and youth participated.
- o 2 Bi-Annual advocacy events organized in each district and 380 youth, women and representative from other organizations participated.
- o Provincial level advocacy event organized with the policy makers and key stakeholders for improved TVET services and 85 peoples participated.
- o 150 women home-based entrepreneurs trained on identified skills and exposure visit of enrolled trainees to Employers.
- o 6 Women Home-based worker entrepreneur groups formed; 2 in each district, each having 25 members.
- o 332 TVET graduates have knowledge for accessing loans from MFIs for setting up of micro-enterprises.





In and Out of School Children

Life Skills Based Education (LSBE) is a new concept in Pakistan which is ignored at all government levels. Current national and provincial policies and strategic documents do not adequately address the subject. Although the education system in Pakistan includes population, family planning and reproductive biology modules, there exists no formal curriculum for LSBE because it is still considered as a taboo subject. One of the objectives of adolescent strategic framework of Rahnuma-FPAP is to advocate for the inclusion of LSBE in the secondary education curriculum. In an extremely conservative setting of Pakistan, inclusion of LSBE in the official curriculum of schools requires massive advocacy efforts. This process is proving to be long and cumbersome. In order to address the issue and create conducive environment, a holistic approach is adopted towards awareness and advocacy. Rahnuma-FPAP is also working with other civil society organizations as a taskforce for the LSBE advocacy. Rahnuma-FPAP

has joined hands with likeminded organizations to develop a National Alliance and raise collective voices for LSBE. Rahnuma-FPAP is working with Rozan, Rutgers WPF, UNFPA, Oxfam-Novib, Plan International Pakistan and Aahung as a task force. This taskforce has developed the Life Skills Based Education framework for Pakistan.

Rahnuma-FPAP is working with both in school and out of school adolescents and young people. Rahnuma-FPAP works with peer educators, communities, schools, parents, teachers and religious scholars and policy makers. Rahnuma-FPAP is applying the following strategies to implement LSBE in school and out of school.

Life Skills Based Education implementation Strategy

- Training of Peer educators on LSBE at Community level
- Peer education sessions on LSBE in school and with out of school Adolescents and young people at Youth Resource Centers and Schools.
- Training of youth on performing theatre on LSBE related topics
- LSBE Theater performances conducted by trained youth in the marginalized communities
- Capacity building of staff

- Teacher training on LSBE at School
- Training for partners on LSBE.
- Training of Young leaders & Advocates on LSBE & interactive dialogue with policy makers, Government & civil society members

Resources Developed on Life Skills Based Education:

- Gender segregated peer educators tool kits on LSBE in Urdu.
- Training manual for peer educators on LSBE.
- Pictorial booklets and leaflets on LSBE.
- Handbooks for in school youth on LSBE (Boys, secondary school).
- Handbooks for in school youth on LSBE (Girls, secondary school).
- A teacher training manual based on LSBE.
- Short docudramas on LSBE (Fighting Evil, Growing Up, Heaven, Kacha Phal and Red Ink) were developed.
- Developed various assessment tools to increase the information level among young people on Life Skills Based Education.



Rahnuma-FPAP has successfully implemented LSBE program in various districts across Pakistan including Lahore, Faisalabad, Chakwal, Vehari, Muzaffargarh, Quetta, Turbat, Karachi, Badin, Peshwar, Mardan, Kohat, Haripur, Muzaffarabad and Gilgit Baltistan. The main purpose of this program is to reach out to adolescents and young people and to equip them with the knowledge and skills which can help them to live a safe and confident life. During this initiative, special attention has been given to the fact that a major number of adolescents and young people are out of school in Pakistan. The initiative provides models for both in school and out of school students. Rahnuma-FPAP is also collaborating with the government departments to make LSBE an integral part of mainstream curriculum. During the year 2016 following were the achievement through the LSBE efforts of Rahnuma-FPAP.

- A total number 14,072 adolescents and young people were provided with the complete curriculum of life skills based education.
- A total number of 520 peer educators were trained on provision of Life Skills Based Education.
- 639 sessions were conducted to impart Life Skills Based Education.
- 2 Provincial level Workshop on VCAT & LSBE with 30 Parliamentarians & 48 Stakeholders in Punjab & AJK.
- Population welfare department of Punjab Government adapted the curriculum on LSBE developed by Rahnuma-FPAP and its alliances.





Earthquake Victims

Rahnuma-FPAP First Initiative

Rahnuma-FPAP provided emergency services for victims of earthquake that hit the AJK in 2005. Service provision continued up to March 31, 2006. Two mobile Units, one static clinic, one medical camp in village tent and one collaborating hospital provided emergency services through this project in AJK and KP. Mobile Units in AJK and KP covered more than 56 locations and provided comprehensive services for general treatment, RH and lifespan services to 10288 victims of earthquake. Static clinic at Muzaffarabad offered services of FP, RH and general health to 1165 clients. Medical camps established in collaboration with Turkish Red

Crescent Society at tent village of H-11 in Islamabad offered comprehensive services of general treatment. FP and RH services were delivered to 7848 clients. Project also established the linkages with UNFPA for provision of safe delivery kits to TBAs. Mobile teams distributed 135 kits to trained TBAs already conducting the safe deliveries at grassroots level and oriented them regarding infection prevention during deliveries. In collaboration with UNICEF 293 women and 267 children were vaccinated for DPT, TT, Polio and measles etc. through medical camp in Tent Village. Project also entered in collaboration with AMAR International NGO and provided one LHV, one female attendant and one RH Counselor for its static clinic. Rahnuma-FPAP also deputed a male and female doctor for Advocating for Improved MNH and SRH policy and practice for adolescents girls and young mothers (AIMS) who provided RH and lifespan services to 3595 clients. They also helped in 202 safe deliveries and 109 pregnancy tests. Project also focused on provision of contraceptives and enrolled 763 new contraceptive clients during the reporting period.

Rahnuma-FPAP Second Initiative

Japanese Organization for International Cooperation in Family Planning (JOICFP) funded project was implemented in AJ&K and KP from April 2006 to October 31, 2006 to provide emergency maternal and child health services for victims of earthquake. Its duration was six months. Two FHCs established in AJ&K provided MCH services to women and infants in collaboration with other NGOs. These FHCs were assisted by one mobile unit for outreach services. This mobile unit covered KP as well and made 64 visits at 42 locations in Manshera and Batgram. The MSU provided emergency mother and child health treatment services to 5990 women and children. Project also focused on provision of FP services, enrolled 2407 new clients to FP and achieved 2046 CYP during the project life. Motivational meetings with community members were held regularly, as a result 5780 people were



provided information about importance of FP, breast cancer, hazards of unsafe abortion, infertility, reproductive health and human rights. Motivational meetings with community proved helpful for integration of FP & SRH services with emergency child and mother health activities of the project. The project was extended for another year in which the KATO Center AJ&K was supported to provide health and skill development services to earthquake affectees in Muzaffarabad.

There is an FHC in KATO Women Centre AJ&K, which provides FP/SRH including provision of safe deliveries and other MCH services to earthquake affected population.



A young child stands in the center of a narrow bridge made of wooden planks, which spans a body of water. The child is looking directly at the camera. The water is calm, reflecting the bridge and the child. The background shows more of the bridge extending into the distance.

Floods Victims

Rahnuma-FPAP First Initiative

In the beginning of July 2007, cyclone/floods/torrential rains caused damage to lives of poor people living in Sindh (costal areas of Badin, Shahdad Kot and Wara) and in Balochistan (in Turbat and Ketch). People in these areas become homeless and there was an outbreak of water born disease due to prevailing unhygienic conditions caused by flood/rains. In Sindh particularly in costal areas of Badin flood caused the death of more than 110 people while 50,000 became homeless in Balochistan more than 800,000 people were either rendered homeless or severely affected by the cyclone. Most affected districts in Balochistan were Turbat and Jafferabad.

Responding to immediate needs of victims of flood/rains in Sindh and Balochistan, Rahnuma-FPAP implemented a short project with technical and financial assistance from Care International Pakistan.

Project provided 293 poor and homeless families with tents as shelter to save them from harsh weather. Non food items like hygiene kits, mosquito kits, soaps, aqua tablets and kitchen sets were distributed among 967 deserving poor families to save them from further suffering. Health and hygiene sessions were conducted with women, men and adolescents girls. Adopting the participatory approaches, to address the immediate and dire need of health services at identified locations 510 free medical camps were organized, through proper assessment and in consultation with Department of Health, local NGOs, community representatives and local volunteers, and 49742 people were provided with emergency primary health and RH Services.

Rahnuma-FPAP Second Initiative

During the project life 87 mobile medical camps were conducted at locations identified in consultation with Department of Population Welfare Department. LHWs, TBAs, school teachers, religious leader and volunteers were involved in publicity of mobile camps at identified locations. Counseling services regarding FP, SRH and nutrition were provided to 4430 women. 846 women received safe motherhood services while 702 men and 1923 children (1088 girls and 835 boys) received general health services and treatment for water borne diseases.

Rahnuma-FPAP Third Initiative

With support from Care International Pakistan. Rahnuma-FPAP implemented another project (2007 to 2008) in selected flood affected districts (Turbat, Badin Shahdadkot and Waraha. Under this project, comprehensive relief and health services to the affected population were provided.

90 poor and homeless families were provided with tents as shelter to save them from unfavorable weather. Non-food items like hygiene kits, mosquito kits, soaps, aqua tablets and kitchen sets were distributed among 315 poor deserving families. 20 sessions on Health and hygiene were conducted with (1500) women, men and adolescents girls. The sessions focused on awareness creation among affected population on cleanliness, hygienic food, water, use of aqua tablets for purification of water and personal hygiene. 100 free medical camps were organized with the help of local NGOs and 7500 people were provided with emergency primary health and RH services.



Rahnuma-FPAP Fourth Initiative

Project was implemented in 2008 at selected Union Councils of district Badin. During the implementation of Flood relief project Rahnuma-FPAP team found that a large number of families were badly affected in 3 UCs namely Ahmed Rajo, Khadan and Bugra Memon of district Badin. These families were unable to build their houses due to resource constraint. The women, children and elder persons were exposed to harsh weather of winter and did not have proper winter materials to save themselves from cold. 850 of deserving households were identified through assessment, which was carried out in the first two weeks of the project by using the prescribed assessment format provided by the Care International. To ensure proper and timely implementation of the project a warehouse was hired nearest to the affected area and three distribution points were also established one in each UC. The winter package comprising 2 Jerry cans, 2 plastic buckets of 20ltrs capacity, 1 family hygiene kit, 1 disposable delivery kit, 2 mosquito nets, 4 pairs of children socks, 3 children woolen caps, 1 shawl for woman, 1 shawl for man and 1 plastic sheet, were distributed to 850 households. Rahnuma-FPAP ensured the involvement of local volunteers and community leaders during the assessment and distribution of package.





Minimum Initial Service Package for People in Disaster Situations

Pakistan was grappling with the swelling issues of political instability, terrorism, target killings, and deteriorating economy that the flash flood and heavy rains hit the land in an unprecedented manner in August, 2010 affecting one-fifth of the country, and engulfed large parts of all four provinces Punjab, Balochistan, Sindh and Khyber-Pakhtunkhwa.

The vast scope of the damage makes the floods a truly national disaster which affected more than 20.18 million populations in 78 districts of all the four provinces of Pakistan, damaging more than 1.74 million households and destroying more than 2.24 million hectares of crops, leaving 1985 people dead and 2946 injured. Economic reflection of this huge scale loss has been estimated around 40 billion dollars.

Rahnuma-FPAP First Initiative

The Minimum Initial Service Package (MISP) for Reproductive Health saves lives if implemented at the onset of an emergency. Neglecting sexual and reproductive health (SRH) in emergencies has serious consequences: preventable maternal and infant deaths; unwanted pregnancies and subsequent unsafe abortions; and the spread of sexually transmitted infections, including HIV/AIDS. 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.

Rahnuma-FPAP through an advocacy campaign was successful in incorporating MISP in the disaster management plans, as SOPs, of Punjab, Sindh, Balochistan, KP, AJK, GB, and FATA. It is continuously working with government institutions for effective implementation of MISP in disaster areas through model service provision strategies and training programs.

With IPPF support Rahnuma-FPAP implemented MISP in District Muzaffargarh of Punjab and Nowshera, KP Province of Pakistan. The MISP is a minimum standard in the 2004 Sphere guidelines and in the 2009 IASC Global Health Cluster Guidance as well as a CERF minimum life-saving criterion eligible for CERF funding. 20,512 women were provided with ante natal, post natal, family planning, counseling, general health and STIs services including deliveries and referral. 7091 cases of skin infection, malaria, diarrhea and RTIs were treated. Medicines were provided to 8648 people and 2014 delivery kits, TBA kits, baby kits, mini kits and hygiene kits were provided.

Rahnuma-FPAP Second Initiative

The project was implemented in the two districts of KP; Charsadda and Nowshera. During this period (October 2010 to 14 January 2011), more than 166 medical camps were organized in flood affected districts. Benefitting more than 22000 women with SRH&R and FP services.

Rahnuma-FPAP Third Initiative

The main focus of this initiative was the conduct of medical camps in disaster affected areas. The concerned project staff in affected area held meetings with local communities and also made announcement for the medical camp. The project also made effective coordination among organizers, local health staff officials, target communities, enabling to conduct 305 medical camps. These medical camps benefitted more than 38,589 people including woman, men and children. Further to sensitize the local communities on Health & Hygiene, more than 178 community awareness sessions were organized, benefitting 4,855 people.

Rahnuma-FPAP Fourth Initiative

Some medical camps were conducted in the floods hit areas with support from Pakistan Poverty Alleviation Fund.





Persons with Disabilities

Rahnuma-FPAP engaged the Institute of Social Sciences (ISS) to conduct a research study to identify different kinds of sources of SRH information available to Persons With Disabilities (PWDs), 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 and focus group discussions with a wide range of stakeholders involved with the rehabilitation and welfare of PWDs, including PWDs themselves, their parents, staff of institutions involved in the education and care of PWDs, SRH and public health experts, physicians, government officials, and disability experts and advocates, assessment of the existing attitudes of service providers regarding PWDs using an attitude scale, and semi-

structured interviews of 104 PWDs. A Reference Group consisting of key stakeholders reviewed and made inputs into the research design and instruments, as well as the study report, and participated in the dissemination meeting of the report. The key findings of the study are summarized below.

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 (e.g. many PWDs attributed the infertility of a couple, the birth of a disabled child, the determination of the sex of a child, or a person becoming disabled due to God's will), and most PWDs and their teachers declared masturbation sinful and harmful to health. However, about one-fourth of PWDs, mostly young, provided scientific explanations for most of these SRH myths.

Many staff members of special education had stereotypes of PWDs (e.g. stubborn, argumentative; prefer to interact with/marry persons of their own disability, do not share SRH matters with families). One reason for these stereotypes may be a lack of intimacy between the staff and students of special education institutions. This is also evident in the disciplinary

approach adopted by many staff members towards PWDs (separate boys and girls, do not let them be alone, always keep an eye on them, keep them busy, punish them for misbehaviour, etc.), 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, as well as their friends and acquaintances (though the latter is considered an unreliable source by many PWDs). The incorrect idea that PWDs do not share SRH matters with family members may be based on the fact that this is more likely to be true of non-disabled children, who are much more independent, and have far greater access to persons outside the family than PWDs. 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.

The data clearly shows that sexual harassment takes place where PWDs live and/or study, that there is a definite increase in the reporting of harassment of PWDs in institutions during the last year, and most cases are dealt with by the staff of the



concerned institutions without informing or involving high ups. At the same time we find that most staff members tend to deny the presence of harassment in their own institutions. There is limited awareness of the law regarding sexual harassment, and is limited to punishment for the harasser, without any knowledge for the need for a committee to deal with complaints. There is also a tendency to focus on the victim of harassment but not the perpetrator.

On the whole one finds the prevalence of an exclusive approach regarding PWDs. 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.

What is heartening to see however, perhaps for the first time in Pakistan, is the growing voice of PWDs themselves, which is both challenging and influencing decision makers at the highest levels, and bringing the discussion on inclusiveness and rights at the centre stage of the debate. This is of course timely, since a number of policies and bills regarding PWDs are in the process of being finalised.

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.





Unsafe Sex among Workers of Transport Sector

Rahnuma-FPAP reached to the most marginalized and vulnerable sections of society through different innovative programme interventions. Urban prostitution and sex related work is common at some selected places like markets, auto mobile shops, bus stands, goods transport workshops etc. and people working in this sectors are usually an easy target of sexually transmitted disease due to their lack of knowledge. We specifically through an innovative project targeted workers related to transport sector including minors, transgender/hijras, waiters and massagers to provide them orientation on how to protect them selves from unsafe sexual behavior and safe sex practices thereby reducing their risk to HIV&AIDS and other sex related infections.

Through this specific project, a highly populated and busy area of Badami Bagh, Lahore (which host bus stands, auto mobile shops, hotels, goods transport workshops etc.) a mapping exercise was conducted to collect the information regarding truck companies working in the area and their staff, drivers, cleaners, hotels, health service outlets, schools and medical and general stores, the detail is given below:

Category	No. (Approximate)
Truck companies	500
Company staff	1100
Truck drivers & cleaners	12000
Government middle school (boys & girls)	2
Staff members of school	45
Hotel and tea stalls	50
Hotel staff	250
Dispensary organized by truck union	1
Government servant & Police officials	200
Health service providers (LHV, LHWs, TBAs)	60
Hakeems/saloons	7
General & medical stores	40

The second phase was to engage all stakeholders including religious leaders, prayer leaders, public sector officials from relevant ministries, representatives of various segments of transport sector trade unions (truck drivers, managers of truck companies, lady health workers, massagers, female sex workers and hijras).

This stakeholders specifically from Badami Bagh, Lahore were also included project coordinating committee to supervise the project. The meetings of coordinating committee were regularly held to engage them actively for the project deliverables.

Through this project more than two hundred local champions/peer educators were engaged and trained from local communities diverse groups.

Hijras	20
Massagers	20
Hotel boys	20
Female Sex Workers	20
Cleaners	40
Truck drivers	40
Company staff	40

The categories of the peer educators were selected on the evidence of unsafe sex practices, involving heterosexuality and homosexuality, prevalent among the truckers. They were provided with IEC material and involved in awareness and referral for



diagnostic purposes. Keeping in view the action plan, more than two hundred local stakeholders including religious & prayer leaders, health functionaries, officials of law enforcement agencies, officials of local government were provided comprehensive orientation regarding HIV&AIDS, its mode of spread and prevention from HIV&AIDS.

These orientations and subsequent capacity building initiatives have enabled them in dissemination of the information during their routine activities among peers, general public, friends and relatives.

Though it appeared very difficult in the beginning to approach truck drivers and associated population for their orientation/training on HIV/AIDS, yet Rahnuma-FPAP succeeded with the efforts of staff and truck drivers union and some of local influentials to arrange their training and to convince them that this is beneficial for them and for their families. Through these orientation sessions 200 truckers and associated population were provided training and most of them were motivated how to protect themselves from HIV/AIDS by avoiding unsafe sex. Participants of these training were motivated and encouraged to disseminate HIV/AIDS prevention and treatment information to others.

Through this project 55 Community Based Distributors (CBDs) were identified and provided orientation on HIV&AIDS. These capacity building initiatives enabled them to effectively sensitize their clients on HIV&AIDS related preventative measures and post effect solutions. These CBDs includes local shopkeepers/street hawkers-





grocery shop owners, medical stores, barber's shops, tea shops. The supply of contraceptives were regularly replenished by dedicated field staff.

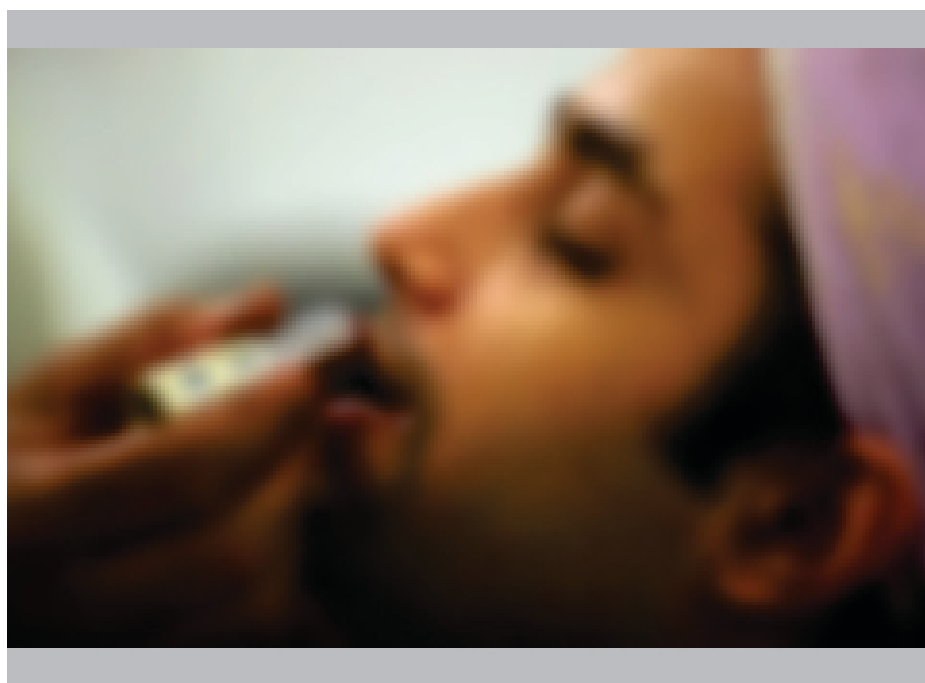
SHEED a local NGO working for the sex workers in Badami Bagh, Lahore truck terminal. We approached this NGO and held regular meetings with them on HIV&AIDS and STIs especially for sex workers. On the basis of these orientation meetings, more than 40 LHVs and TBAs were trained on HIV&AIDS, STIs and family planning. Now this NGO is effectively creating awareness on HIV&AIDS, unsafe sex among sex workers and general public in the area through their static clinics and TBAs. Rahnuma-FPAP also provided refresher training to their paramedic staff and also provide supply of contraceptives including condoms.

There are four LHV based clinics in truck terminal Badami Bagh, Lahore. All the LHVs were provided orientation on reproductive health, HIV&AIDS infection prevention, sterilization of medical equipments. They were also provided IEC material on HIV&AIDS and contraceptive supplies to effectively target beneficiaries. These initiatives were instrumental in providing treatment of general ailments, HIV&AIDS and other related complications. The sex workers were

mostly from these areas who were provided regular information on HIV&AIDS and motivation for the use of condoms. There are three Traditional Healers clinics opened in the daytime. They were also approached and provided orientation on HIV&AIDS. They are also enrolled as CBD agents to distribute condoms and provide information about AIDS. At later stage it is also planned to provide them referral cards to act as VCT referral. All the LHVs will also be provided referral cards for referring cases to VCT centers.

Seven billboards were prepared with the message regarding "HIV/AIDS" and were installed in the project area. 2 Billboards were installed on the main road with the approval of Pakistan Horticulture Authority (PHA) to create awareness among the Truck drivers, associated population and general public. 3500 key chain and 1200 wallets were prepared with the message regarding "HIV/AIDS" and distributed during various orientation sessions. Posters HIV/AIDS message were also distributed and affixed at prominent places in the project area.

Four street theatres were arranged in collaboration with AIDS Awareness society in project area with the support of stakeholders and members of Project Coordinating Committee, which were viewed by more than 1500 truck drivers, cleaners, teachers, TBAs, LHVs and local community.





Reaching to Inmates

Rahnuma-FPAP decided to celebrate the 16 Days of Activism against Gender Violence; an international campaign by reaching out to women in Lahore Jail. It is important to note that those who witness or experience domestic violence themselves are often found inflicting.

The intervention was aimed to have a catalytic effect and generate discourse on gender based violence. Looking at the initiatives on domestic violence, most of them deal with the outcomes of the violent relationships such as setting up shelters, crisis centres, counselling centres and legal aid centres. The purpose of the intervention was to make a direct contribution to the prevention of domestic violence.

The activity aimed at tackling domestic violence by promoting the respect of human rights, sensitizing the women inmates and management at the Lahore Jail and the public at large to advocate for change and challenge the acceptance of violence and empowering victims of domestic violence through information sharing.

Through this intervention 28 male and 9 female of Jail staff and 180 women inmates were sensitized and made aware on Human Rights, SRH Rights and Violence against Women. Counselling services were provided to 65 women, medical services to 82 women and legal advice to 124 women.



Services to the ones at the edge

The main focus of the project “Understanding Social Power and Dynamics among High Risk Groups and Piloting Specific Packages Using Innovative Approaches” revolves around working with female sex workers (FSWs), involving them in awareness, advocacy of HIV/AIDS, educating them through trainings and workshops, in an attempt to make them aware of the problems and trying to prevent the AIDS pandemic. From situation analysis it was observed that sex worker is widespread in major urban cities of Pakistan. In Quetta there are a considerable number of mobile FSWs that walk streets and parks, others are housed in scattered communities while the high class FSWs carry out their trade from houses in posh areas of cities. It has also been observed that due to low literacy among FSWs, early initiation into the trade, disempowerment to make decision regarding their life results in low

self esteem, lack of knowledge and information on major SRH issues (including STIs & HIV) and poor access to quality health care services. Multiple sexual partners, low condom use and little perception of self-risk increase their vulnerability to acquisition and the potential for transmission of STIs and HIV.

As far as there are more than 500 FSWs in the capital city of Balochistan. Certain areas have higher concentration than others and their geographic distribution is documented. Majority of FSWs are street based (SBFSW) and usually work full time whereas the rest are home based (HBFSW) and work part time, operating whenever required. Afghan refugees are also included in numbers that are higher than the existing local/refugee ratios. Condom use is low, knowledge on HIV/AIDS scanty and only half know of sexual intercourse as a mean of transmission. Only 10% know of a screening test for HIV and only 5% have been tested. One fourth of FSWs report having STIs in past six months, of these 25% have self treated the infection. Some FSWs report being arrested and some having indulged in IDU, and having met with IDU client in past six months. IDUs account for 10.27% of total high risk activities in Quetta. (Ref. HASP summary report-Balochistan 2005-06)

The project was initiated with a goal to reduce transmission of HIV&AIDS through improvement in the health seeking behavior of FSWs and providing them access to quality information and health care services.

After conducting a KAP study, quality sexual reproductive health and primary health care services were provided to female sex workers in collaboration with UNFPA and a local NGO 'Voice' in Quetta.

Inline with the finding of above mentioned KAP study a fully functional Drop in Centres (DIC) was established to provide services for primary health care, reproductive health and syndromic case management, to female sex workers and their families as well as to local communities.

Through this initiative Drop in Centres were able to provide health services to more than fifteen hundred clients included counseling services and drugs for discharge, backache, fever, irregular menstruation, lower abdominal pain cough joint pains etc.

To provide comprehensive counseling and communications the outreach workers and the peer educators, conducted focus group discussions and one to one counseling sessions with the stakeholders and gatekeepers on SRH, HIV&AIDS and its prevention, STIs and its effects. They also used IEC materials to increase their information and knowledge.

98 gatekeepers and key informants of the target areas were registered and sensitized. Awareness sessions were provided on prevention of STIs, HIV&AIDS, services available at Drop in Centres, condom usage, referrals for testing for HIV&AIDS and STIs etc. The outreach workers have distributed 8363 condoms to gatekeepers and key informers.

During the project 571 FSWs were registered whereas 450 FSWs were sensitized. Sensitization sessions on Sexual and Reproductive Health, STIs, and HIV and AIDS, condom promotion, domestic violence, Drug abuse and



information of services available at DIC etc were provided to 439 FSWs by the peer educators. The peer educators had distributed 17716 condoms.

Sessions were organized on dual protection of condoms and negotiating skills. The accessibility and availability of condoms to target group was the priority of the project staff. As a prevention measure condoms were regularly distributed and replenished by the project staff and record maintained.

Project staff arranged the medical camps in the field. The participants sensitized, orientation session conducted on awareness about HIV and AIDS and STIs by LHV. During the project period 15 field medical camps were arranged. In the first month the ratio of participants was low but gradually it increased during the reporting total 258 FSWs attended the camps.

During the reporting period IEC material on HIV&AIDS was obtained from Balochistan Aids Control Programme and was distributed to the target group. The project staffs also used IEC material on HIV & AIDS, reproductive health and rights, developed by Rahnuma-FPAP in Urdu language. 1322 pieces of IEC material were distributed by the outreach team and during their visits to the DIC.

Up till date 161 FSWs were referred to VOICE VCT Center for screening. Rahnuma-FPAP received results of 130 reports. There were no HIV & AIDS positive cases reported. However post test counseling was provided to the FSWs by the DIC staff. And condom usage stressed NACP has adopted the strategies tested by Rahnuma-FPAP project.



Through Public Partnership

Armed Forces of Pakistan

Collaboration with the Army was one of the most important initiatives taken by the Rahnuma-FPAP. Based on the success of the first phase, from 2000 to 2002 the project was extended for another 5 years i.e. January 2003 to December 2007. This male involvement intervention, intends to bring about behavioural and attitudinal change amongst men towards their traditional perception of family planning, women and girl children. The significant intervention made in the extended phase was the inclusion of Pakistan Air Force.

Second phase was implemented at 23 Garrisons of the Pakistan Army and 10 bases of Pakistan Air Force. With the inclusion of Pakistan Air Force the project gained an added dimension and it was renamed as " Armed Forces Project".

The planned activities continued with keen participation by the soldiers, Airmen and their families. Project related orientation sessions for various categories of officers; Junior Commissioned Officers (JCOs) & Non-Commissioned Officers (NCOs) were conducted, which evoked considerable interest. Women development activities were conducted through "Sukhi Ghar Mehfil" to impart knowledge about reproductive health, personal and family hygiene. Presentations were made at Armed Forces Training Institutions, which helped in raising the awareness about FP/RH.

Unit Key Trainers were put through intensive training sessions. Skills of doctors and paramedics were enhanced through orientation workshops for better & quality service delivery.



The component maintained steady and satisfactory trend, to the extent of achieving "New Acceptors up to 102%, CYP 104% and Follow-up 116%.

In view of the upward trend the performance indicators were raised and almost doubled for the New Phase.

With the inclusion of PAF, valuable experience gained in the first phase and as a result of in-house analyses the Project's profile improved considerably.

27 paramedics of Pakistan Army and Pakistan Air Force (PAF) was given refreshers on clinical contraception, which helped them in delivery of quality FP/RH services at the centers being managed by Armed Forces. Orientation sessions on FP/SRH proved beneficial to sensitize the men and women on effects of over population. Trained Key Unit Trainers of Army and PAF held monthly 'Darbar' meetings with more than 215 men that became the basis for institutionalizing small family norm and promotion of SRHR in the Army and PAF.

At the expiry of the project for the purpose of sustainability clinics were taken over by the Armed Forces and the Ministry of Population Welfare.



AJ&K Government:

Rahnuma-FPAP working with AJ&K government has shown outstanding performance and greater achievements till its start to ending in 2003. This project was launched under public private partnership program, under which Reproductive Health and Family Planning Program, the program was made an integral part of Public Sector Development Program (PSDP) of AJ&K government. After due diligence Rahnuma-FPAP was awarded to implement it all over AJ&K.

As per the agreement the government of AJ&K provided 65% share, whereas Rahnuma-FPAP bore the remaining 35% share from its own sources till 2007. The project remained very successful as the government of AJ&K extended it to 2009.

A total of 1001 counseling services were provided in 2009. 52061 safe motherhood services that included 29963 anti-natal were provided, 5716 cases of safe motherhood were referred to other facilities for advance treatment. 24881 Reproductive health services were provided consisting of 2610 infertility related and 7677

HIV/AIDS, RTIs & STIs related services. High level achievement 466% in services was due to effective community awareness/mobilization by the field staff regarding the SRH services. Since 2009, the project has been made a part of Rahnuma-FPAP's core program.

City Government Lahore:

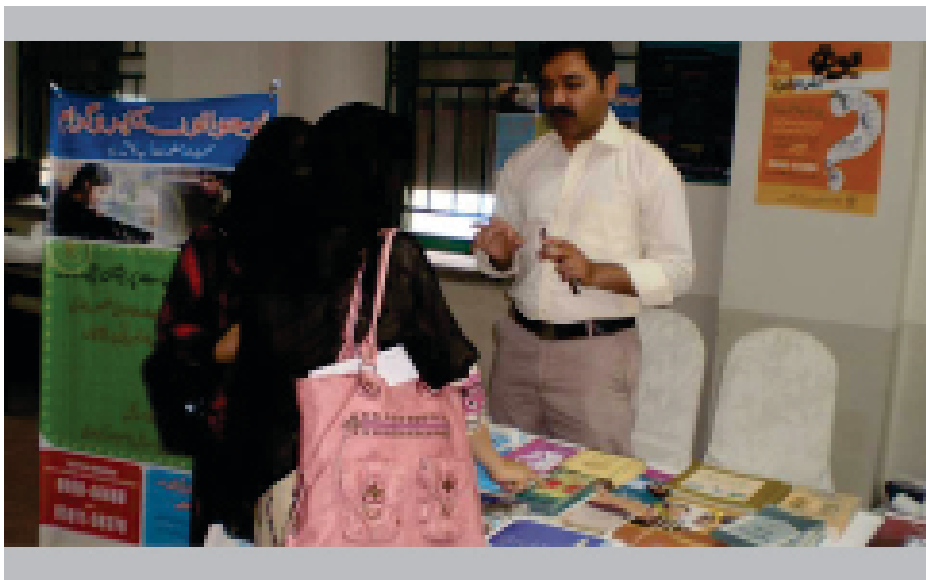
Project was implemented from April 2002 to December 2003 aiming at increasing public sector support for FP/RH services in Pakistan, the programme sought to use public sector institutions' developed infrastructure of health and medical services. The project promoted FP/RH services through trainings, workshops and seminars.

The capacity of 69 doctors, 98 LHV's, 198 school teachers and 86 shopkeepers was built in child survival, safe motherhood, infection prevention, identifications and referrals of unsafe abortions and post abortion counselling.

Seventeen doctors and 146 LHV's/FWW's/supervisors attended refresher courses, 580 TBAs were trained in antenatal care & counselling of FP/RH and 1051 were provided refresher training.

Workshops and seminars for more than 800 prayer leaders and journalists were organized for orientating them on Islam and FP/RH.

Orientation sessions for over 1600 community leaders were conducted which helped in creating mass awareness about FP/RH.

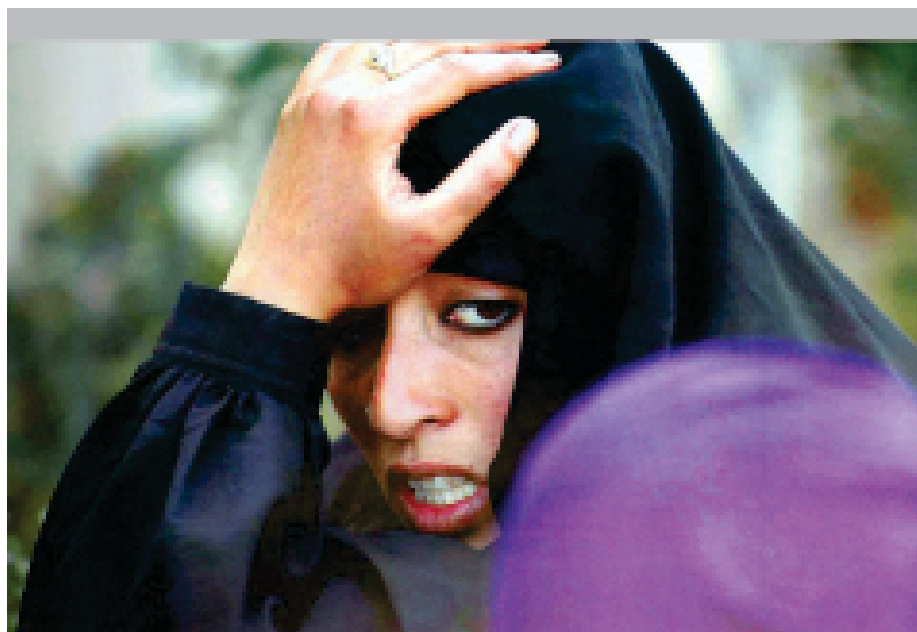


Pakistan Railways:

The project started from 2002 to 2003. 150,000 copies of family planning and reproductive health publications were distributed for mass awareness. The Rahnuma-FPAP plans to broadcast and telecast family planning and reproductive health messages at selected railways stations and in trains to directly sensitise million of people.

The interventions with over 1.3 million people are likely to have people and opinion leaders better educated in family planning and reproductive health, men and women equally sharing family planning responsibilities, increased accessibility and utilization of quality reproductive health information and services, better trained doctors and paramedics providing better, updated and informed services to communities and sustainable healthcare when Rahnuma-FPAP gets out of the projects.

One day workshops were conducted in workshops cum factories for 150 workers with an aim to educate them about RH/FP, quality of life. 50 shopkeepers of Railways residential colonies were made aware of RH/FP needs/rationale and finally convinced them to become sale points for contraceptives & referrals.



Afghan Refugees

After the Soviet invasion of Afghanistan, two million Afghan flooded to Pakistan. Two decades later, the Afghans left in dusty and sprawling camps were joined by new refugees fleeing their beleaguered country following the new bombing. Aiming to mitigate the suffering of shelter less people especially women and children initially in camps at Kohat, Peshawar, Quetta, and Haripur (funded by IPPF, BMZ, DL&PF and EOJ) Rahnuma-FPAP started providing general and reproductive health services to Afghan refugees in 2002. Rahnuma-FPAP interventions benefitted more than 100,000 people when the project was snapped in 2003 with Afghan's repatriation. Twenty seven FHCs were set up in various camps of the KP and Balochistan. Five camps in Peshawar were covered through mobile camps. Post abortion counseling was provided to 52,000 women. Children and women were immunized against tetanus toxoid and other diseases. Capacity of 600 TBAs were developed to conduct aseptic and safe delivery. The service included ante natal and post natal, infertility counseling, STIs/HIV/AIDS, Lactation and menstruation counseling, clean water supply. 41 non formal schools were established for education of children on the syllabus approved by UNCHR. Skill training of women on surf making, embroidery, stitching and sewing, preserving food, jams and jelly and pickle and juice making was also held.



Media Coverage

of SRHR in National Newspapers in 2016

National Newspapers

Newspaper	No. of News	No. of Features	No. of Articles/ Columns
Daily Times	30	15	13
Daily Dawn	40	18	17
Daily The News	35	20	10
Daily The Nation	30	14	10
Daily Jung	50	20	15
Daily Nawa-e-waqt	40	10	15
Daily Khabrain	22	10	05

Total:

247

107

85

750 news items appeared in national newspapers covering various issues related to SRHR including HIV and AIDS, unwanted pregnancies, abortion, maternal mortality rate, GBV, child marriage, adolescent issues etc. in the reported period.

500 news items appeared reporting on Rahnuma-FPAP's initiatives.

150 news features on various SRHR issues appeared in national newspapers and written by the journalists associated with Rahnuma-FPAP media network.

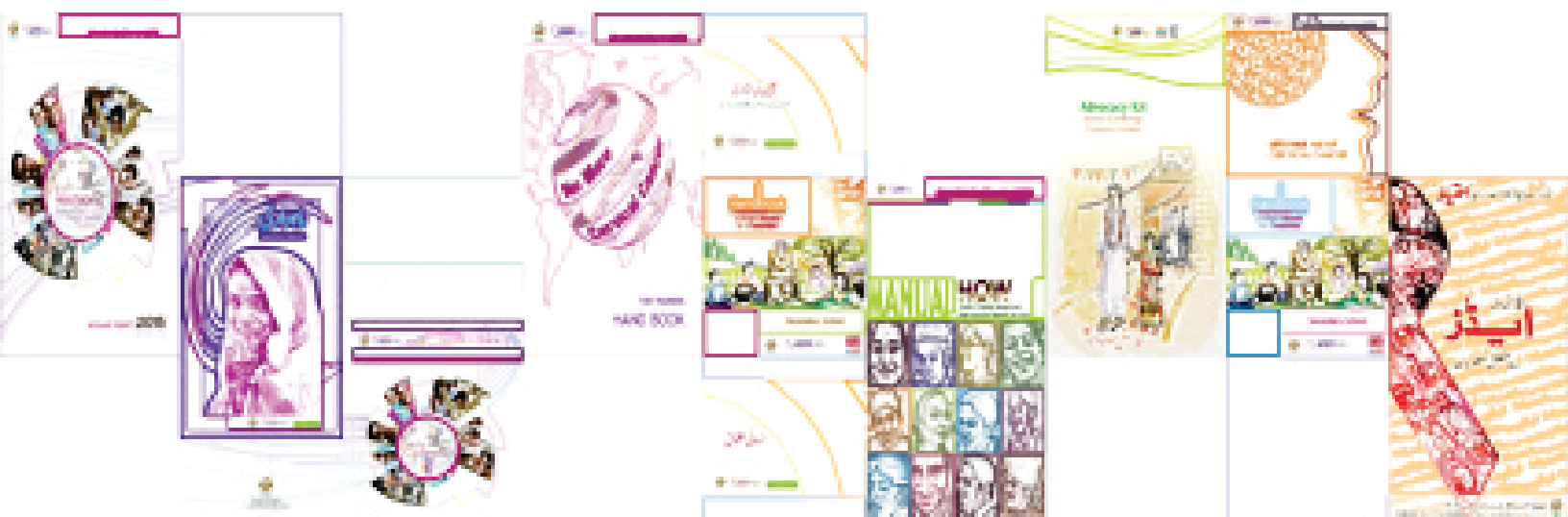
Local Newspapers

Regions	No. of News	No. of Articles
Punjab	150	12
Sindh	65	22
Balochistan	30	03
KPK	80	02
Fed. GB & AJK	130	10

Total:

455

49



Publication & Advocacy Tools 2016

Annual Report 2015

Rahnuma-FPAP Annual report 2015 titled as “Reshaping Priorities in Changing Population Dynamics” developed and shared among Parliamentarians, CSOs, Media, Government functionaries, INGOs etc. to highlight its major achievements and innovations.

Rahnuma-FPAP Quarterly E-Newsletter

Rahnuma-FPAP Quarterly E-Newsletter is an effect tool of communication with CSOs, Media, Government functionaries, INGOs etc. This quarterly E-Newsletter highlights the achievements and advocacy work of Rahnuma-FPAP, also disseminated through Rahnuma-FPAP website and email.

Table Calendar 2016

Table Calendar 2016 developed, printed and disseminated as an advocacy tool to highlight Rahnuma-FPAP's goals to increase visibility of the organization.

Year Planner 2016

Year Planner of 2016 was prepared and disseminated among wider stakeholders.

Advocacy Kit on Pakistan Child Marriage (prevention) Initiative

This kit has proven to be an effective tool of advocacy on Child Marriage. The kit has been divided into six sections for each section minutely elaborates the various repercussions of Child Marriage.

Handbook on Cervical Cancer Screening (for trainers)

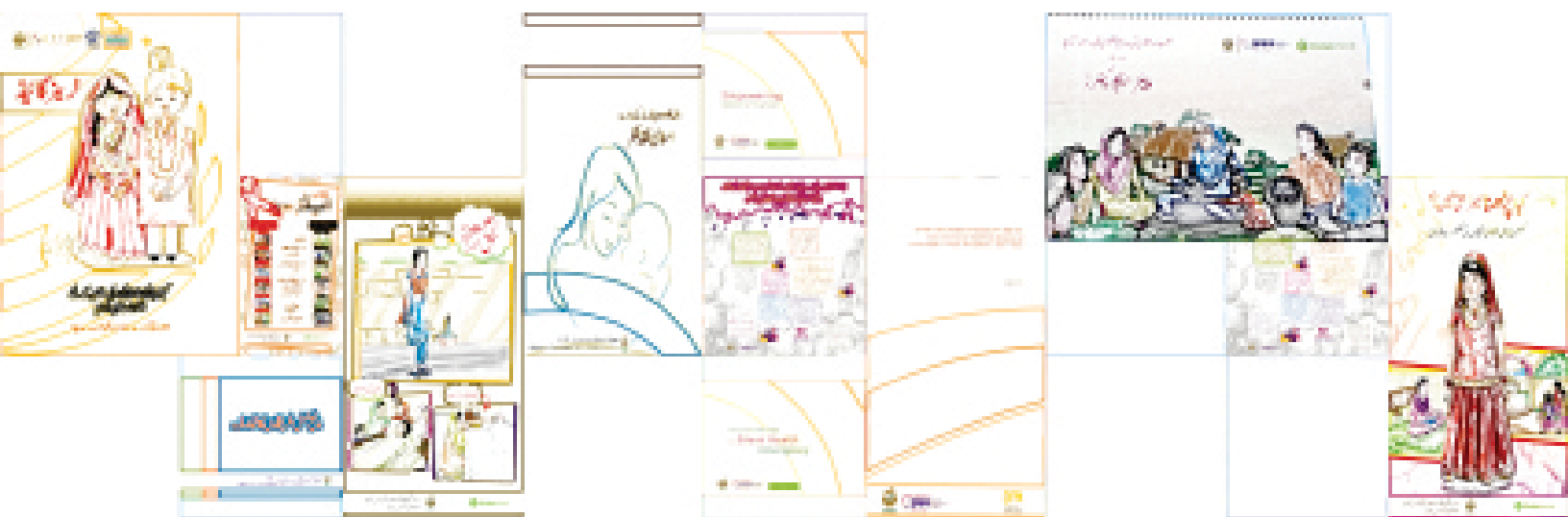
This important handbook highlights the importance and prevention of cervical cancer and different ways of screening.

Handbook Let's talk on Cervical Cancer Screening (for trainers)

This important handbook highlights the importance and prevention of cervical cancer and different ways of screening.

Quality of Care for Youth Friendly Services Manual

Manual on QoC for YFS was developed and printed for Trainers.



NC Member Profile

A handbook on Profile of NC Members 2014-2016 was developed and printed. It is very useful for stakeholder and also for staff.

Method of Family Planning (Brochure)

A brochure on family planning method in Urdu was reviewed, printed and disseminated. A informative brochure on contraceptives with pictorial illustrations of methods.

AIDs (Brochure)

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

Mensuration (Brochure)

A brochure on Mensuration was reviewed and printed to create awareness among girls about mensuration cycle and hygiene need.

Mother Feeding (Brochure)

Brochure on Breast Feeding was reviewed, printed and disseminated. This comprehensive brochure is used to sensitize mothers about positive effect on breast feeding.

Youth Helpline (Brochure)

Publicize the Rahnuma-FPAP youth helpline brochure have been developed and printed

CSE Booklet

Provide comprehensive Sexual education, health and rights, booklet have been developed and printed

Posters for International Seminars and Workshops

Posters having advocacy messages and having information about Rahnuma-FPAP for International seminars and workshops were developed.

Peer Education Pictorial Handbook

Informative pictorial handbook about comprehensive education of health and rights for peer educators. Handbook was printed and disseminated.



New Adaptations in
**Electronic Data
Management of
Services Delivered**
by Rahnuma-FPAP

By mid of 2014, the senior management of Rahnuma FPAP has decided to revise data recording and reporting system to make it more aligned with the advancements in reporting requirements of IPPF and other donors. Thus data recording registers and summary reports were revisited to collect primary data at service delivery points (SDPs). Revised system was pretested, reexamined and finalized for utilizing in trainings of staff on new system by end of 2014. Further feedback received during trainings was incorporated in data recording registers. Summary sheet, which is an absolute reflection of data recorded on registers at Service Delivery points (SDPs), has grids covering Family Planning (FP) including Sterilization services, Stock report of FP commodities, General Counseling services, Sexual and Reproductive Health (SRH) services, Non-SRH services, and Motivational activities.

For ensuring the entirety in transferring of data collected on Summary sheets from different types of SDPs, electronic data management from data entry and consolidation to data analysis was also switched from desktop based FoxPro to the on-line Oracle base application. Keeping in view the limitations of software and special expertise required while using FoxPro, the prime objective set for new application is its user friendliness- operations with limited computer literacy, along with guarantying data security and backup mechanism. A well-placed data administration mechanism is developed within new application which has only one administrator (Manager MER, HO) to create new users, block old users, add new SDPs and lock closed or shifted SDPs. Similarly, data backups taken on regular intervals outside software domain minimizing the risk of data loss in case of system failure.

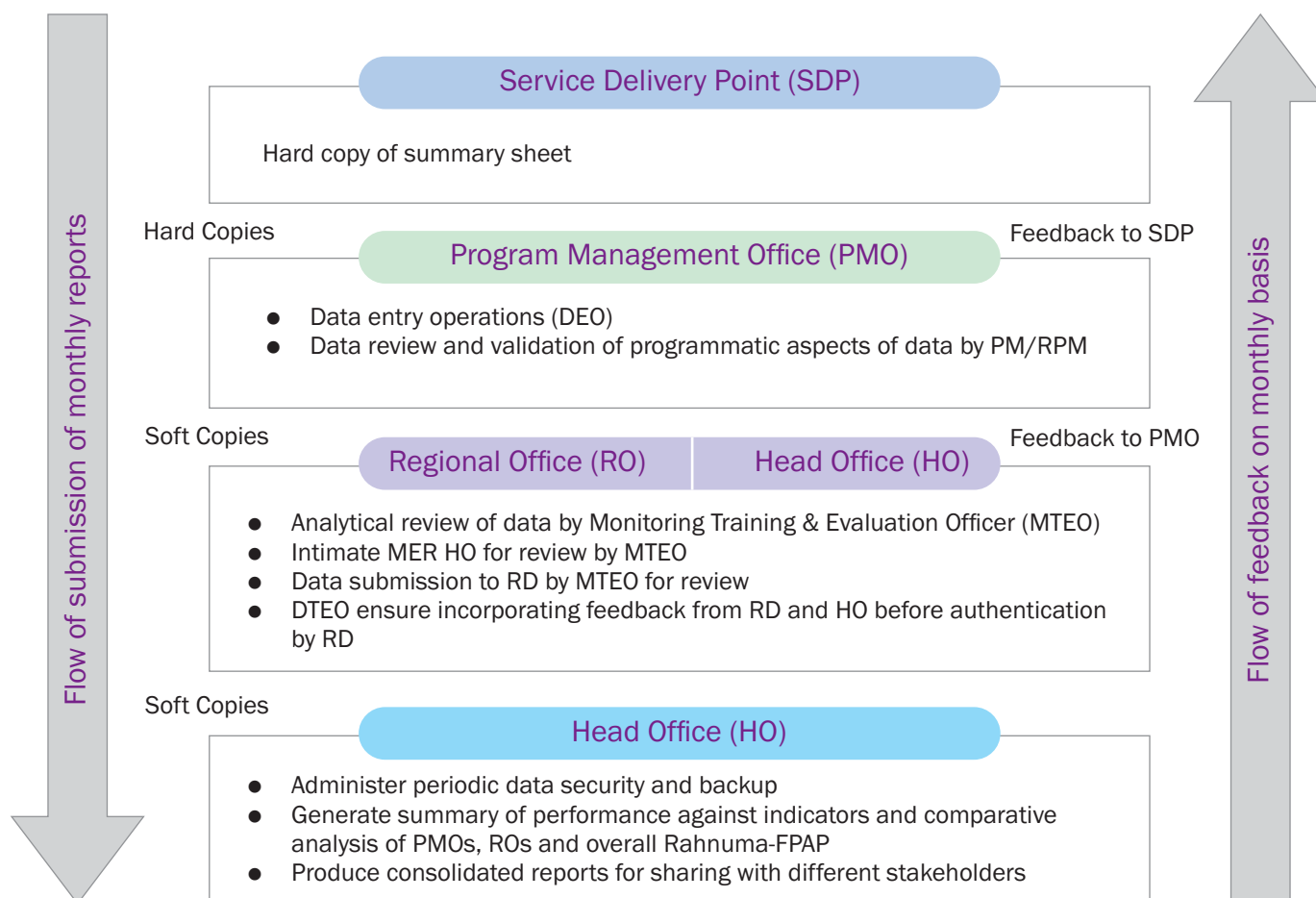
Parallel to training of service providers on data recording and reporting details, data entry and data validation/verification related staff including Data Entry Operator (DOP), Program Manager (PM)/ Regional Program Manager (RPM), Regional Director (RD) and concerned staff at Head Office (HO) was also trained over on-line data management application. Frequency of data submissions by PMO has improved from quarterly till 2014 to monthly from 2015.

Following salient features of new data management application are marked significantly contributing in timely submission of quality reports:

- Any staff member with about only 2 hours training can do data punching and validation,
- Data entry interface is user friendly,
- Data is secured through restricted ID users and password protocols,
- Data loss is negligible due to real time data saving ability with only pressing 'enter' button on keyboard,
- Built-in data validation checks confines data punching errors and comparative data recording inaccuracies thus resulting in more refined data at the very first step,
- Quality of data is ensured through a feature of data entry authentication introduced at four levels of data submissions starting from DOP, MTEO, RPM/PM to RD,
- No data editing is allowed once data is submitted by RD i.e. data is locked for further editing,
- Tabulation of services attainments against Annual Performance Indicators (PIs) enable management in strategizing timely actions for improvement in service delivery by providers.

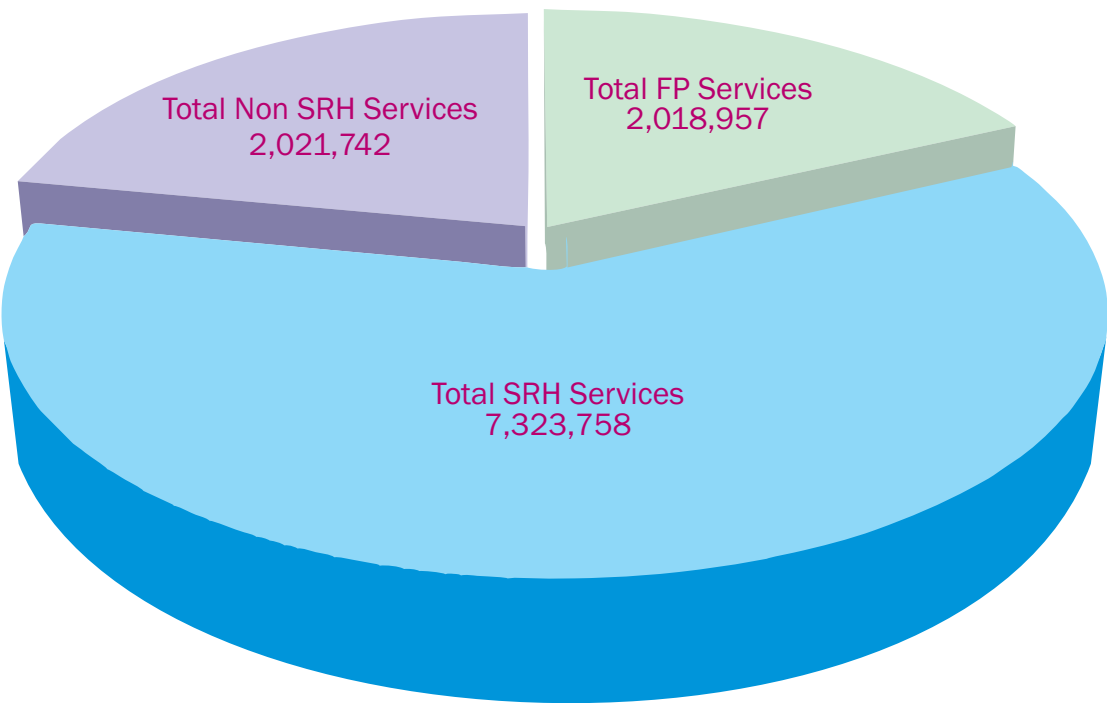
- Different types of monthly, quarterly, half yearly and yearly performance trends and analytical reports about contraceptive services, non-contraceptive SRH services, Non-SRH services, Counseling services and Motivational activities are generated for evidence based decision making and reporting to different stakeholders, and

Figure: Data management of service statistics recording and reporting system

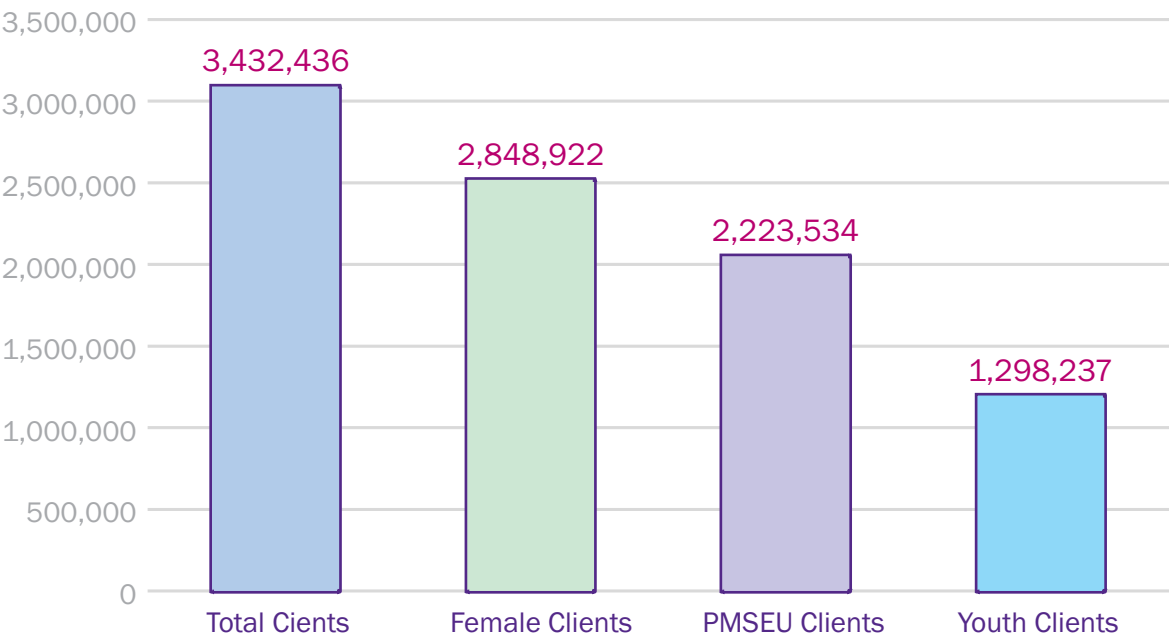


SDP: Service Delivery Point, PMO: Program Management Office, RO: Regional Office, HO: Head Office,
 DEO: Data Entry Operator, PM: Program Manager, RPM: Regional Program Manager,
 MTEO: Monitoring Training and Evaluation Officer, RD: Regional Director, FPAP: Family Planning Association of Pakistan

Sexual and Reproductive Health Services 2016

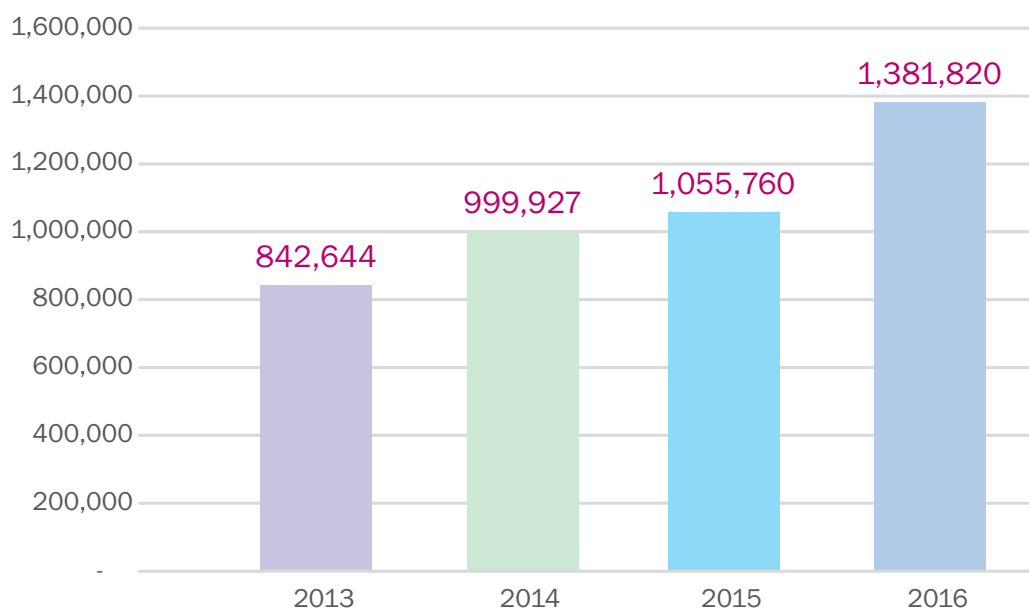


Population Covered

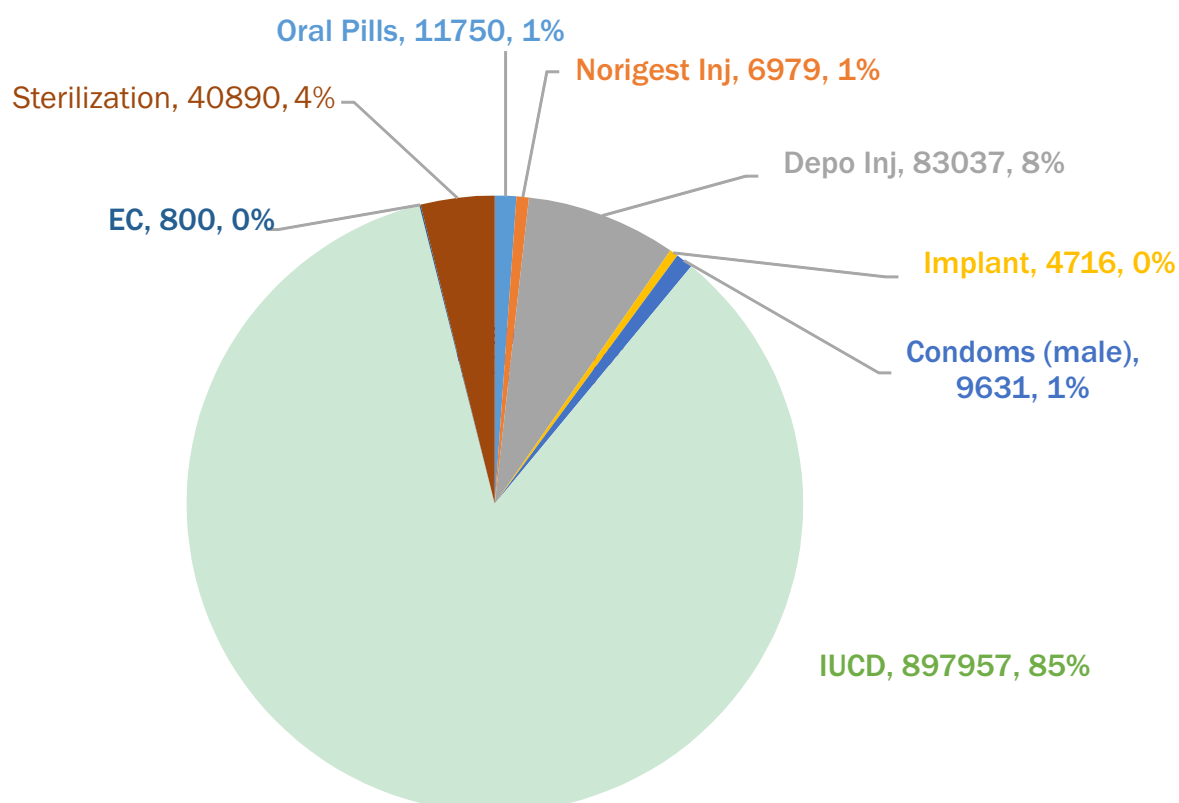


Couple Year Protection (CYP)

PERFORMANCE TREND (2013-2016)



Method Wise Distribution of CYP 2016



Achievement of 2016

(FP, SRH and Non SRH Services)

FP Services

CYP	1,381,820
New Acceptors (Never+Ever user)	452,465
Contraceptive Services	2,018,957

SHR Services

Obstetrical services	2,367,744
Gynecological services	1,330,030
Abortion services	174,318
HIV/AIDs services	758,545
STI/RTI services	800,321
Sub Fertility services	195,594
Urology services	306,802
Pediatrics services	591,391
Specialized services	504,833
SRH Other services	294,180

Total Non Contraceptive SRH Services 7,323,758

Non SRH Services 2,021,742

Grand Total of Services 11,364,457



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 Rahnuma 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 2016, and the statement of income, expenses and changes in fund balances, statement of functional expenses and cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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 statements, and for such internal controls 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.

Auditor's Responsibility

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.

KPMG Taseer Hadi & Co., a Partnership firm registered in Pakistan
and a member firm of the KPMG network of independent member
firms affiliated with KPMG International Cooperative
("KPMG International"), a Swiss entity.



KPMG Taseer Hadi & Co.

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Association as at 31 December 2016, the income, expenses and changes in fund balances, statement of functional expenses and cash flow statement for the year then ended in accordance with the financial reporting framework as described in note 2 to the financial statements.

Restriction of Use

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: 18 May 2017

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

Rahnuma Family Planning Association of Pakistan
Balance Sheet
As at 31 December 2016



		Unrestricted 2016 Rupees	Restricted 2016 Rupees	Total 2016 Rupees	Unrestricted 2016 US \$	Restricted 2016 US \$	Total 2016 US \$	Total 2015 Rupees	Total 2015 US \$
ASSETS									
<u>Current assets</u>									
<i>Cash:</i>									
Cash and bank balances	4	37,766,695	44,479,624	82,246,319	361,059	425,236	786,295	98,066,750	937,541
Remittance in transit	5	15,709,901	-	15,709,901	150,190	-	150,190	1,970,027	18,834
<i>Receivables:</i>									
IPPF		2,464,058	12,039,437	14,503,495	23,557	115,100	138,657	35,016,571	334,766
Other donors	6	13,179,400	10,236,218	23,415,618	125,998	97,860	223,858	13,114,294	125,376
Others		10,622,906	-	10,622,906	101,557	-	101,557	8,708,891	83,259
<i>Other assets:</i>									
Investments	7	217,500,000	93,336,651	310,836,651	2,079,350	892,320	2,971,670	293,226,764	2,803,315
Advance to employees	8	5,519,189	1,538,204	7,057,393	52,765	14,706	67,471	5,264,984	50,335
Prepayments		-	-	-	-	-	-	521,453	4,985
<i>Inventory:</i>									
Stock - Contraceptives	9	5,258,998	-	5,258,998	50,277	-	50,277	4,014,436	38,377
Stock - Stationery		1,135,030	-	1,135,030	10,851	-	10,851	372,868	3,565
Stock - Medicine		2,821,984	-	2,821,984	26,979	-	26,979	3,747,559	35,828
Total current assets		311,978,161	161,630,134	473,608,295	2,982,583	1,545,222	4,527,805	464,024,597	4,436,181
NON - CURRENT ASSETS									
Fixed assets	10	66,231,086	23,708,069	89,939,155	633,184	226,655	859,839	111,660,586	1,067,500
Security deposits		1,003,944	-	1,003,944	9,598	-	9,598	1,103,940	10,554
Total non - current assets		67,235,030	23,708,069	90,943,099	642,782	226,655	869,437	112,764,526	1,078,054
Total assets		379,213,191	185,338,203	564,551,394	3,625,365	1,771,877	5,397,242	576,789,123	5,514,235
LIABILITIES AND FUND BALANCES									
<u>Liabilities</u>									
<i>Current liabilities:</i>									
Accounts payable, accrued expenses and provisions	11	27,080,743	18,521,576	45,602,319	258,898	177,071	435,969	45,569,586	435,657
Deferred income	12	-	47,631,819	47,631,819	-	455,371	455,371	22,434,366	214,478
Total current liabilities		27,080,743	66,153,395	93,234,138	258,898	632,442	891,340	68,003,952	650,135
NON CURRENT LIABILITIES									
Staff gratuity payable	13	71,607,043	-	71,607,043	684,580	-	684,580	76,907,521	735,254
Total liabilities		98,687,786	66,153,395	164,841,181	943,478	632,442	1,575,920	144,911,473	1,385,389
<i>Fund balances:</i>									
Designated fund	14	3,318,186	95,476,739	98,794,925	31,723	912,780	944,503	101,193,020	967,429
Fixed assets fund	15	66,231,086	23,708,069	89,939,155	633,184	226,655	859,839	111,660,586	1,067,497
FPAP reserve fund	16	199,521,792	-	199,521,792	1,907,474	-	1,907,474	197,978,229	1,892,680
Un-designated fund	17	-	-	-	-	-	-	6,732,514	64,363
Zakat fund	18	835,910	-	835,910	7,991	-	7,991	852,989	8,154
Asset replacement fund	19	7,796,447	-	7,796,447	74,536	-	74,536	9,712,753	92,892
Revolving fund	20	-	-	-	-	-	-	-	-
Medicine inventory fund	21	2,821,984	-	2,821,984	26,979	-	26,979	3,747,559	35,831
Total fund balances		280,525,405	119,184,808	399,710,213	2,681,887	1,139,435	3,821,322	431,877,650	4,128,846
Total liabilities and fund balances		379,213,191	185,338,203	564,551,394	3,625,365	1,771,877	5,397,242	576,789,123	5,514,235
Contingencies and commitments	22								

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

Wahid

Director Finance & Budget

Chief Executive Officer

Honorary Treasurer

President

Rahnuma Family Planning Association of Pakistan
Statement of income, expenses and changes in fund balances
For the year ended 31 December 2016



Note	Unrestricted 2016	Restricted 2016	Total 2016	Unrestricted 2016	Restricted 2016	Total 2016	Total 2015	Total 2015
	Rupees	Rupees	Rupees	US \$	US \$	US \$	Rupees	US \$
GRANT INCOME								
IPPF - Core	23.1	166,800,588	-	166,800,588	1,596,300	-	1,596,300	188,705,712
IPPF - Restricted	23.2	-	117,214,835	117,214,835	-	1,121,759	1,121,759	139,055,688
Other donors	23.3	2,727,743	107,742,653	110,470,396	26,104	1,031,109	1,057,213	143,765,276
Total grant income		169,528,331	224,957,488	394,485,819	1,622,404	2,152,868	3,775,272	471,526,676
PROGRAM INCOME								
Partial recovery of contraceptives		3,888,100	-	3,888,100	37,210	-	37,210	2,431,370
Membership fee		23,800	-	23,800	228	-	228	11,100
Client mobilization and management fee from Khushkhal Bank		37,018,800	-	37,018,800	354,274	-	354,274	33,524,400
Rahnuma training institute (RTI)		2,175,550	-	2,175,550	20,820	-	20,820	4,658,093
Donation		258,259	-	258,259	2,472	-	2,472	83,281
Local fund raised		187,861,839	-	187,861,839	1,797,859	-	1,797,859	149,568,576
Management fees		29,020,957	-	29,020,957	277,734	-	277,734	15,673,131
Release of fixed assets fund due to depreciation		16,066,493	11,937,448	28,003,941	153,758	114,243	268,001	32,208,713
Total program income		276,313,798	11,937,448	288,251,246	2,644,355	114,243	2,758,598	238,158,664
OTHER INCOME								
Profit on investment		16,691,835	-	16,691,835	159,743	-	159,743	20,357,216
Profit on saving account		3,267,042	-	3,267,042	31,266	-	31,266	5,916,633
Miscellaneous income		2,287,555	-	2,287,555	21,892	-	21,892	3,687,173
Total other income		22,246,432	-	22,246,432	212,901	-	212,901	29,961,022
Total income		468,088,561	236,894,936	704,983,497	4,479,660	2,267,111	6,746,771	739,646,362
EXPENSES								
Direct project expenses								
<u>\$ As</u>								
As - Advocacy		9,053,037	2,014,587	11,067,624	86,639	19,280	105,919	13,873,683
As - Abortion		3,861,824	72,621,934	76,483,758	36,958	695,000	731,958	83,868,691
As - Adolescents		9,161,974	94,384,621	103,546,595	87,681	903,271	990,952	175,059,178
As - Access		304,523,617	50,790,725	355,314,342	2,914,325	486,073	3,400,398	288,215,465
As - AIDS / HIV		3,313,130	-	3,313,130	31,707	-	31,707	2,904,933
Total direct project expenses		329,913,582	219,811,867	549,725,449	3,157,310	2,103,624	5,260,934	563,921,950
SUPPORTING STRATEGIES								
Resource development		17,294	-	17,294	166	-	166	111,093
Knowledge management and evaluation		13,443,048	-	13,443,048	128,651	-	128,651	14,161,388
Programme and admin expenses		107,418,364	-	107,418,364	1,028,006	-	1,028,006	104,560,606
Capacity building		-	5,145,621	5,145,621	-	49,244	49,244	8,802,572
Medicine inventory expense		-	-	-	-	-	-	-
Depreciation		16,066,493	11,937,448	28,003,941	153,758	114,243	268,001	32,208,713
Total supporting strategies		136,945,199	17,083,069	154,028,268	1,310,581	163,487	1,474,068	159,844,372
Total expenses		466,858,781	236,894,936	703,753,717	4,467,891	2,267,111	6,735,002	723,766,322
Net income		1,229,780	-	1,229,780	11,769	-	11,769	15,880,040
Transfer to Designated fund		(81,240)	-	(81,240)	(777)	-	(777)	(6,170,480)
Transfer from revolving fund		-	-	-	-	-	-	1,500,000
Exchange rate fluctuation		-	-	-	(14)	-	(14)	-
Cumulative translation adjustments		395,023	-	395,023	3,780	-	3,780	3,259,550
Fund balances at beginning of the year		197,978,229	-	197,978,229	1,892,680	-	1,892,680	183,509,119
Fund balances at the end of the year	16	199,521,792	-	199,521,792	1,907,438	-	1,907,438	197,978,229

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

Signature

Signature
Director Finance & Budget

Signature
Chief Executive Officer

Signature
Honorary Treasurer

Signature
President

Rahnuma Family Planning Association of Pakistan
Cash Flow Statement
For the year ended 31 December 2016



	Unrestricted 2016 Rupees	Restricted 2016 Rupees	Total 2016 Rupees	Unrestricted 2016 US \$	Restricted 2016 US \$	Total 2016 US \$	Total 2015 Rupees	Total 2015 US \$
Net income	1,229,780	-	1,229,780	11,769	-	11,769	15,880,040	154,567
<i>Adjustments for non cash and other items:</i>								
Depreciation	16,066,493	11,937,448	28,003,941	153,758	114,243	268,001	32,208,713	313,498
Release of fixed assets fund due to depreciation	(16,066,493)	(11,937,448)	(28,003,941)	(153,758)	(114,243)	(268,001)	(32,208,713)	(313,498)
Gratuity	1,035,929	-	1,035,929	9,914	-	9,914	21,973,187	213,872
Gain on exchange	395,023	-	395,023	3,780	-	3,780	3,259,550	31,726
	1,430,952	-	1,430,952	13,694	-	13,694	25,232,737	245,598
Net income before working capital changes	2,660,732	-	2,660,732	25,463	-	25,463	41,112,777	400,165
<i>Working capital changes</i>								
<i>(Increase)/decrease in current assets:</i>								
Receivables	(2,628,772)	10,926,509	8,297,737	(25,158)	104,570	79,412	(12,413,437)	(120,824)
Advance to employees	(1,031,144)	(761,265)	(1,792,409)	(9,868)	(7,286)	(17,154)	(2,112,495)	(20,561)
Prepayments	521,453	-	521,453	4,990	-	4,990	784,858	7,639
Inventory	(1,081,149)	-	(1,081,149)	(10,347)	-	(10,347)	(2,545,770)	(24,779)
Security deposits	99,996	-	99,996	957	-	957	(131,500)	(1,280)
	(4,119,616)	10,165,244	6,045,628	(39,426)	97,284	57,858	(16,418,344)	(159,805)
<i>Increase/(decrease) in current liabilities:</i>								
Accounts payable, accrued expenses and provisions	15,905,811	(15,873,078)	32,733	152,223	(151,910)	313	(6,713,664)	(65,346)
Deferred income	-	25,197,453	25,197,453	-	241,147	241,147	(18,407,921)	(179,170)
Gratuity	(6,336,407)	-	(6,336,407)	(60,641)	-	(60,641)	(6,699,856)	(65,212)
	9,569,404	9,324,375	18,893,779	91,582	89,237	180,819	(31,821,441)	(309,728)
Cash generated from operations	5,449,788	19,489,619	24,939,407	52,156	186,521	238,677	(48,239,785)	(469,533)
Net cash used in operating activities	8,110,520	19,489,619	27,600,139	77,619	186,521	264,140	(7,127,008)	(69,368)
<i>Cash flows from investing activities</i>								
Investments made	(13,100,000)	(4,509,887)	(17,609,887)	(125,371)	(43,161)	(168,532)	(17,764,525)	(172,908)
Purchase of fixed assets	13,367,372	8,354,059	21,721,431	127,930	79,951	207,881	(14,832,138)	(144,365)
Net cash used in investing activities	267,372	3,844,172	4,111,544	2,559	36,790	39,349	(32,596,663)	(317,273)
<i>Cash flows from financing activities</i>								
Finance lease payments	-	-	-	-	-	-	(4,001,833)	(38,951)
<i>Increase/(decrease) in funds:</i>								
Designated fund	(558,788)	(1,920,547)	(2,479,335)	(5,348)	(18,380)	(23,728)	(571,615)	(5,564)
Un-Designated fund	(6,732,514)	-	(6,732,514)	(64,432)	-	(64,432)	-	-
Fixed assets fund	(13,367,372)	(8,354,059)	(21,721,431)	(127,930)	(79,951)	(207,881)	14,832,139	144,365
Zakat fund	(17,079)	-	(17,079)	(163)	-	(163)	52,121	507
Asset replacement fund	(1,916,306)	-	(1,916,306)	(18,340)	-	(18,340)	2,485,724	24,194
Medicine inventory fund	(925,575)	-	(925,575)	(8,858)	-	(8,858)	1,000,708	9,740
Net cash generated from financing activities	(23,517,634)	(10,274,606)	(33,792,240)	(225,071)	(98,331)	(323,402)	13,797,244	134,291
Net increase in cash and cash equivalents	(15,139,742)	13,059,185	(2,080,557)	(144,893)	124,980	(19,913)	(25,926,427)	(252,350)
Effect of movements in exchange rates on cash held	-	-	-	154	(131)	23	-	(45,890)
Cash and cash equivalents at the beginning of the year	68,616,338	31,420,439	100,036,777	655,988	300,387	956,375	125,963,204	1,254,615
Cash and cash equivalents at the end of the year (Note 25)	53,476,596	44,479,624	97,956,220	511,249	425,236	936,485	100,036,777	956,375

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

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Director Finance & Budget

Chief Executive Officer

Honorary Treasurer

President

Rahnuma Family Planning Association of Pakistan

Statement of functional expenses

For the year ended 31 December 2016



	Total 2016 Rupees	Total 2016 US\$	Total 2015 Rupees	Total 2015 US\$
DIRECT PROJECT EXPENSES				
Personnel and employee benefits	355,059,762	3,397,961	336,355,575	3,273,852
Travelling expenses	79,796,568	763,663	83,067,565	808,524
Vehicle running cost	25,815,976	247,062	24,577,111	239,217
Printing and stationery	8,933,453	85,494	10,482,660	102,031
Occupancy cost	9,941,734	95,143	10,993,920	107,007
Communication	7,215,842	69,056	6,581,547	64,060
Consultancy and other professional fees	77,385,625	740,589	74,755,818	727,621
Medical consumables	29,527,382	282,580	35,881,272	349,243
Repair and maintenance	9,105,269	87,138	10,235,452	99,625
Referral fee	991,786	9,492	2,101,592	20,455
Training / workshop / seminar	5,184,209	49,613	5,446,711	53,015
Operational cost	26,065,898	249,454	27,178,712	264,539
IEC Material	6,167,735	59,026	9,532,652	92,784
Security write-off	-	-	25,000	243
Receivable and advance write-off	-	-	393,230	3,827
Office equipment & furniture	7,516,301	71,932	23,119,526	225,029
Insurance of assets	2,823,649	27,023	3,536,965	34,426
Bank charges	401,664	3,844	509,040	4,955
Audit fee and other professional services(note 24)	500,000	4,785	590,000	5,743
Others	22,226,877	212,714	23,391,080	227,673
Total direct project expenses	674,659,730	6,456,569	688,755,428	6,703,869
Indirect project expense				
Contraceptives consumed	1,090,046	10,432	2,802,181	27,274
Total indirect project expenses	1,090,046	10,432	2,802,181	27,274
Total expenses excluding depreciation	675,749,776	6,467,001	691,557,609	6,731,143
Depreciation expense	28,003,941	268,001	32,208,713	313,498
Total expenses	703,753,717	6,735,002	723,766,322	7,044,641

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

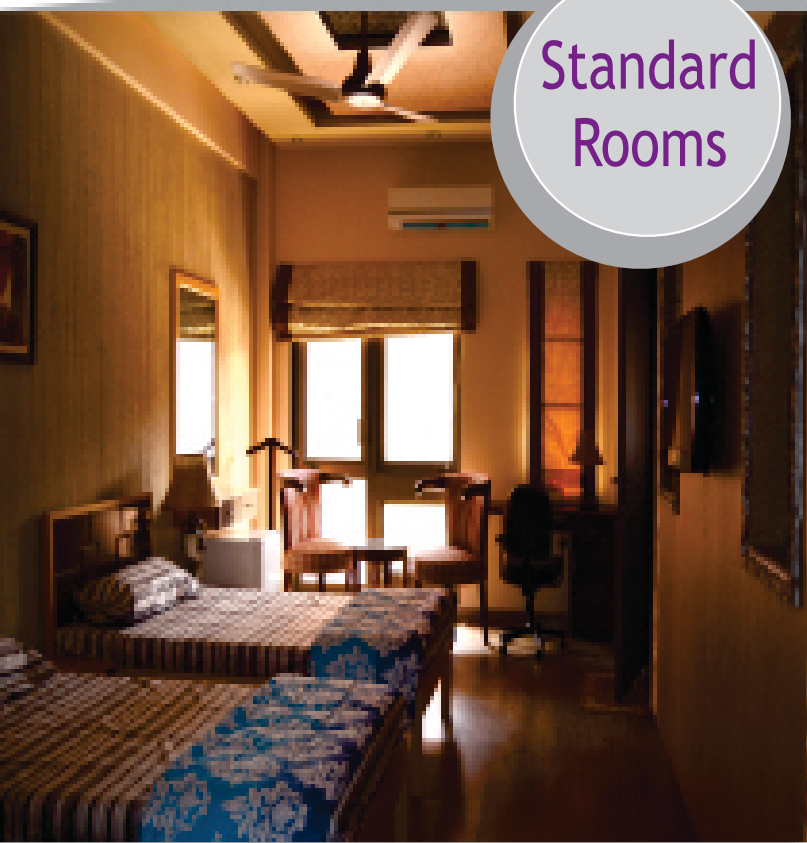
Kamran

Director Finance & Budget

Chief Executive Officer

Honorary Treasurer

President

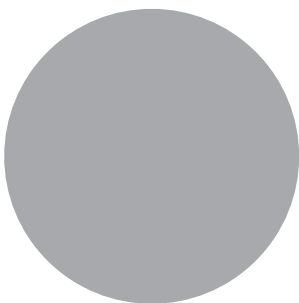


Standard
Rooms



Executive
Floor

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

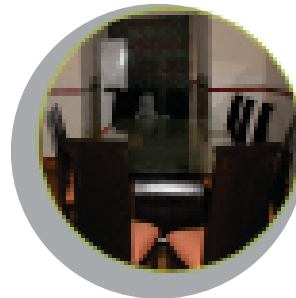
- 9 Executive rooms of 11 beds capacity
- LCDs and ACs facility in executive rooms

A fully functional training and residential hub for all amenities of a modern live-in-training centre

Training
Halls



Cooking
Area



- 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)

Rahnuma-FPAP Toll Free

Youthhelpline

0 8 0 0 4 4 4 8 8



Rahnuma Family Planning Association of Pakistan
3-A, Temple Road, Lahore-54000, Pakistan
UAN: +92 +42 111 22 33 66, Fax: +92 +42 36368692
www.fpapak.org, email: info@fpapak.org