Vision

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

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.
Rahnuma-FPAP played a key role in the pre & post... while encouraging national government to accord highest priority to human well-being specifically targeting their reproductive health and family planning related needs and rights. We extensively worked with national and provincial governments to strengthen the ownership of FP 2020 and SDGs at all levels and facilitated them to finalise sets of indicators that are best suited to Pakistan's priorities and needs.

In line with national and international changing priorities in the context of population dynamics, we finalized our new Strategic Plan (2016-2022) and re-prioritised organizational vision, mission, objectives and outcomes. This Strategic Plan 2016-2022 stresses SRH and FP service delivery, empowerment and advocacy as the core elements of Rahnuma-FPAP program. The advocacy interventions' scope has been broadened right down to the level of District Governments with the addition of training interventions to measure government progress on various national and international commitments and local needs. In the new Strategic Plan, Reproductive Health and Rights Education program for in school and out of school children has been exponentially scaled up. Furthermore women and youth empowerment program and social franchising of SRH and FP services which were not viable in the previous Strategic Plan, have now been elevated to the level of outcome/objectives. Substantial expansion in the volunteer and online activists base has emerged as the new areas of operation.

Organizational development, which was a supporting strategy in the previous strategic plan has been recognized in the current strategy as a strategic priority and named as one of the four outcomes. Impact indicators have been designed to measure the performance at the end of the plan period, with resource allocation for each outcome and objective.

We are all geared up to face the new challenges of the times ahead and make the best of the opportunities provided by the changes in the global discourse and national narrative.

Ms. Mahtab Akbar Rashdi
President Rahnuma-FPAP

Rahnuma-FPAP, one of the oldest and largest civil society organization in Pakistan, continues to work in the area of Sexual, Reproductive Health and Rights with a special focus on Advocacy for the rights based policies and on providing information and services to the most vulnerable and marginalized in the society. Rahnuma FPAP started its journey as a standalone catalyst based on understanding of a couple of individuals regarding Sexual Reproductive Health and Family Planning during the early 1990’s under an extremely hostile and conservative environment, but the organization remained steadfast and committed until its vision and strategic goals transformed into public discourse, spearheaded by a diverse spectrum of political parties, state apparatus, civil society, private sector etc. at a much wider levels.

International Conference on Population and Development (ICPD) 1994 and its program of Action (PoA) adopted at the conference duly signed by all attending states was a turning point to re-prioritize the population issues. At the International Conference on Population and Development, divergent views on human rights, population, sexual and reproductive health, gender equality and sustainable development merged into a remarkable global consensus that placed individual dignity and human rights, including the right to plan one’s family, at the very heart of development. Subsequently adoption of Millennium Development Goals (MDGs) in 2000 by 189 member states, committed to achieve a set of goals to accelerate the process of social development and human well-being and now the Sustainable Development Goals (SDGs) have set forth a more comprehensive social development paradigm for human development. Along with these international commitments, Pakistan policy witnessed some very transforming challenges like high population growth rate and not corresponding economic development, emergence of youth a phenomena to be reckoned, the menace of global and national religious fundamentalism. These challenges are pointing that we have undergone a change in our population dynamics, necessitates revisiting and reshaping our national priorities, effectively mainstreaming our national priorities into a social development discourse. Furthermore our changing population dynamics and our subsequent social discourse must be in line with an inclusive and holistic social development and growth model, catering the needs of all diverse segments of the society, specifically women, youth, adolescents, children, religious & cultural minorities.

There is a need to re-prioritize and reshape our population, health, youth, education related policies using a rights based lens. This reshaping must take its prudence from our local priorities and also from global commitments like FP 2020 and the recent most Post 2015 Development Agenda and Sustainable Development Goals 2030.

Rahnuma FPAP recognizing the changing dynamics has developed a new strategy to deal with the new emerging challenges. The Annual Report captures the processes, thoughts and the linkages between our previous, current and future strategy. Together with our partners such as government, media, religious scholars, academia, youth, civil society and donors we plan to honor our commitment of “CHANGING LIVES”.

Syed Kamal Shah
Chief Executive Officer, Rahnuma-FPAP
Acronyms:

AACM  Alliance Against child Marriage
AIDS  Acquired Immune Deficiency Syndrome
AJK  Azad Jammu Kashmir
BCC  Behavioral Change Communication
BHU  Basic Health Unit
BPAPA  Beijing Platform of Action
CBDBs  Community Based Distributors
CBDOs  Community Based Organizations
CCC  Country Coordination Council
CEDAW  Convention to Eliminate Discrimination Against Women
CIP  Coated Implementation Plan
CM  Child Marriage
CMRCA  Child Marriage Restraint Act 1929
CONPR  Contraceptive Prevalence Rates
CSSE  Comprehensive Sexuality Education
CSSEN  Comprehensive Sexuality Education Network
CSOs  Civil Society Organization
DDMA  District Disaster Management Authority
DDA  Department of Disadvantaged Areas
DDG  Focus Group Discussion
FMC  Family Health Clinic
FY  Financial Year
GBV  Gender Based Violence
HAI  Human Development Index
HAV  Human Immunodeficiency Virus
IASC  International Accounting Standards Committee
ICPD  International Conference on Population & Development
IDUs  Intravenous Drug Users
IEC  Information Education Communication
IMR  Infant Mortality Rate
INGO  International Non Governmental Organization
IPES  Integrated Package of Essential Health Services
IPPF  International Planned Parenthood Federation
IUCCDs  Intrauterine Contraceptive Device
KSB  Khushhai Bank Limited
KPK  Khyber Pakhtun Khwa
LSBE  Life Skill Based Education
MDGs  Millennium Development Goals
MISP  Minimum Initial Service Package
MLA  Member Legislative Assembly
MMR  Maternal Mortality Rate
MNCA  Member of National Assembly
MNCH  Maternal Neonatal Child Health
MNA  Member of Provincial Assembly
MSPS  Marie Stopes Society Pakistan
NCMCH  National Committee on Maternal Neonatal Child Health
NSW  National Commission on the Status of Women
NDMA  National Disaster Management Authority
NGO  Non-governmental Organization
NHFPRN  National Health Emergency Preparedness and Response Network
NYC  National Youth Network
PA  Post Abortion care
PAAP  Population Association Pakistan
PAMC  Pakistan Alliance for Post Abortion Care
PCMI  Pakistan Child Marriage Initiative
PCSW  Punjab Commission on the Status of Women
PDMAs  Provincial Disaster Management Authority
PMSEUAS  Poor Marginalized Society Excluded Under Served
PoA  Program of Action
PPs  Private Providers
PWD  Population Welfare Department
QAO  Quality Assurance Doctor
QoC  Quality of Care
RbF  Research and Advocacy Fund
RD  Regional Director
RH  Reproductive health
RNH  Rahman National Health Network
RPM  Regional Program Manager
SDGs  Sustainable Development Goals
SDP  Service Delivery Points
SGBV  Sexual Gender Based Violence
SNO  Swedish National Office
SOPs  Standards Operating Procedures
SRH  Sexual Reproductive Health & Rights
STDs  Sexually transmited Diseases
STIs  Sexually Transmited Infections
TBA  Traditional Birth Attendant
TCP  The Citizen Foundation
TFR  Total Fertility Rate
UDHR  Universal Declaration of Human Rights
UN  United Nations
UNFPA  United Nations Fund for Population Activities
UNICEF  United Nations Childrens Fund
UNICEF  United Nations (International) Childrens Fund
VCT  voluntary Counseling and Testing
WHO  World Health Organization
WPF  World Population Foundation

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Executive Summary

The Annual Report 2015, titled “Reshaping Priorities in Changing Population Dynamics” has been prepared in view of the changing, global, national and local population priorities and related discourse. This annual report has been segregated into four subsections;

i) Changing Population Dynamic and Our Strategic Focus;

ii) UNITe to serve the People;

iii) Deliver a wide range of SRHR services and capabilities; and

iv) Performance with accountability.

The new Strategic Plan 2016-2019 is based on four major outcomes and will strive to achieve 10 policy changes through its various advocacy endeavors, while expanding its advocacy outreach down to the community/local government levels. Tracking governments’ progress with respect to SDGs has been made an integral part of advocacy activities. The engagement of youth advocates is a new dimension of Rahman’s Advocacy program. The Comprehensive Sexuality Education (CSE) program will be scaled up through strategies designed to provide CSE to 0.238 Million in and out of school children. Furthermore, more than 0.4 million men, women and youth will be socio-economically empowered and 93.7 Million people will be informed and empowered through awareness raising using various channels of communication, including CSE. Under this ambitious Strategic Plan, the organization will deliver 39 Million rights based SRH and FP services including safe abortions, SGBV, HIV and humanitarian services through its own service delivery network all over the country and will also enable 38.09 Million SRH and FP services through public and private health providers. To expand the concept of humanitarianism, more than 92,000 volunteers and 128,000 online activists will be involved, trained and invited in the promotion of the organization’s vision, mission and values by the end of 2019. To ensure organizational sustainability, Rahman’s local income will be doubled from 2018 to 2019. It is pertinent to mention here that overall spending to achieve the SF objectives has been estimated at Rs. 4.5 billion.

The Unique Subsection of Annual Report 2015 highlights Rahman’s link between new global discourse, including International Commitments, and local narrative which must cater to the needs of youth, adolescents and women. Rahman’s FPAP initiated various advocacy campaigns to safeguard the rights of marginalized sections of society, such as survivors of early age marriage, adolescents and youth, and disempowered women. In this regard, a comprehensive campaign based on advocacy, lobbying, awareness, sensitization, behavioral change communication (BCC), and services, while effectively addressing the rights of marginalized groups, has been initiated by Rahman’s FPAP. Various initiatives to tackle the menace of child marriage and adolescent pregnancies which is the leading cause of MMR, IMR, NMR and SGBV and other socio-economic miseries, have been launched. Furthermore, intensive advocacy efforts have been initiated to get Reproductive Health and Rights Education (RHR&E) included in the national and provincial curricula. In the past year, Rahman has worked extensively with peer educators, community schools, parents, teachers and religious scholars and policy makers. Rahman’s FPAP’s continuous efforts to raise the issue on different forums has broken the ice and sensitized teachers and parents through a successful pilot Reproductive Health and Rights Education (RHR&E) program in 53 schools.

Rahman’s FPAP’s strong partnership with civil society has opened the door for collaborative endeavors with the National Parliamentarians Caucus on SRHR and FP, FP 2020 Champions’ Groups, Rahman’s FPAP’s Media Network, Pakistan Alliance for Post Abortion Care, National Youth Network. During 2015, Rahman’s FPAP conducted a host of activities with CSOs networks and coalitions, inquired and endorsed the National Parliamentarians Caucus on SRHR and FP to include newly elected members from the National Assembly and all Provincial Assemblies, including Azeem Jamir & Kaifmir (AJK) and Gijgit Balochistan (GB).

Rahman’s FPAP has a very strong and close working partnership with National and Provincial Governments and UN mechanisms. It is a member of the Technical Working Group on SDG 3 & 5 constituted by the Ministry of Planning, Development and Reform; FP 2020 Country Engagement Working Groups constituted by the Ministry of National Health Services, Regulations and Coordination; Reproductive Health Working Group on MSIP under the National Health Emergency Preparedness and Response Network (NHEPRN); Technical Working Group on SDG 5 constituted by the National Commission on the Status of Women (NCSW); Government of
Punjab’s Task Force on Population and Health, Punjab Commission on the Status of Women’s (PCSW) Committee on SRH and FP, and Government of Sindh’s Family Planning Working Group which oversees implementation of the Coordinated Implementation Plan (CIP) and FP 2020 commitments.

The third subsection of this Annual Report, titled “Deliver”, highlights Pakistan’s ranking as the sixth most populous country in the world, with a population of 184.5 million. High rates of population growth in largely the result of frequent childbirth or high fertility, often corresponding to the high unmet need for family planning. With a contraceptive prevalence rate of only 35%, there exists a 25% unmet need for FP services. There is a strong case for Public-Private Partnerships in Pakistan, where the public sector serves only 15% of the population, while the private sector caters to 85% of the population, but accounts for a meagre 5% of Family Planning services in Pakistan. Rahnuma FPSP and Greentree Social Marketing are leading private sector family planning service providers in Pakistan and play a significant role in providing access to family planning services, especially in hard to reach areas. Rahnuma FPSP’s fully functional Family Health Hospitals, more than one hundred Family Health Clinics, more than twenty five hundred Private Practitioners (PPs) and Community Based Distributors (CBDs) across Pakistan makes it one of the most significant providers of SRH & FP services. Rahnuma’s SRH infrastructure is well-equipped to respond to the unmet need of family planning among marginalized men, women and youth. During 2018, the organization strived to double provision of SRH services, while focusing on social franchising and an increased number of aligned Private Practitioners (PPs) and Community Based Distributors (CBDs) across

Pakistan. A comprehensive capacity building program for PPs and CBDs was undertaken, and practitioners were provided different value added services including sign boards, stationary and regular retraining of contraceptives, resulting in improvement of their performance and services for target communities.

The last subsection highlights our various innovative initiatives for organizational development and capacity building. During 2015, Rahnuma FPSP launched a new Financial Management System called Enterprise Resource Planning (ERP). This Microsoft Global certified software has been introduced to increase the efficiency, openness and transparency in the organization’s financial management system and create a real-time online financial reporting, reconciliation and compilation culture. Furthermore, the Electronic Data Management System is highly user friendly and secure, while also making data loss negligible due to its real-time data saving ability. Through this online data recording system quality of data is ensured through data entry authentication at four levels, starting from DOP, MTEO, RPM/PM to RD. This system can generate different types of monthly, quarterly, half yearly and yearly performance trends and analytical reports about contraceptive services, non-contraceptive SRH services, non-SRH services, and counseling services.
Changing Population Dynamics and Our Strategic Focus
Reshaping Priorities in Changing Population Dynamics

Strategic Planning is a key for the success of any long term program. Founded in 1953, Rahnuma-FPAP witnessed many phases in its strategic planning history. From simple family planning activities of the fifties, the organization has since moved on to working on developing a favourable environment in sevenities. This approach continued till the mid-nineties. Following that Rahnuma-FPAP adopted a nine year strategic plan in 1994, to be implemented in three tranches of three years each.

The fast changing ground realities, emerging new challenges and the global conferences of the 90s, in particular, the ICPO, Beijing Declaration and Platform for Action & its Sequels, & the Millennium Development Goals, however, expanded the scope of work for NGOs globally. It generated a new discussion in the IPPF system that culminated in recognizing the need for replacing the existing long term Strategic Plan with medium term five year plans. The first medium term five year strategic plan of the organization was formulated in 2001.

In 2003, IPPF again went through a major shift in its strategic priorities with new program directions known as SAs approach, viz. Adolescents, Abortion, Access, AIDS and Advocacy as a cross-cutting theme. The new strategic framework offered comprehensive response to the post Cairo PDA and MDGs. Rahnuma-FPAP, as a responsible Member of the Federation, followed suit and through a system wide review, it designed its first strategic plan (2005-2009) using the new SAs approach.

The Strategic Plan 2010-2014 was the third medium term strategic plan of Rahnuma-FPAP. It was also designed to focus on SAs strategic priorities and was based on a systematic analysis of internal and external environment.

During the 2010-14 period, many new developments took place at the national and international level which were a matter of concern for the organization: as a result of 18th amendment to the Constitution, the Ministries of Health and Population, Women Empowerment and Youth were downgraded to the Provinces and there was a genuine fear that population program which is already not high on the agenda of the Provincial governments would greatly suffer and the benefits gained through decades of struggle would be lost. Agenda of Sustainable Development Goals (SDGs) appeared on the global scene with prospective resource cuts for the reproductive health and family planning programs and channeling of funds towards more pressing needs. The initiative of FP 2020 was an indication of how global funds will be utilized in the future through SDGs agenda. It also presented the well-defined initiative to keep focus on the family planning needs of women when the subject, still relevant to many underdeveloped and developing countries, is slipping off the global development radar. Side by side, the issues of transparency, efficiency and accountability were increasingly gaining importance both at home and abroad.
Salient Features of Strategic Plan 2016-22

Advocacy interventions have been taken down to the District level. Tracking governments’ progress with respect to SDGs has been made an integral part of advocacy activities. The engagement of youth advocates is a new dimension added to advocacy programming.

4 Policy changes have been planned.

Comprehensive Sexuality Education (CSE) program will be scaled up and the strategies have been designed to provide CSE to 0.148 Million in and out of school children.

0.22 Million men, women and youth will be socio-economically empowered through this Plan.

45.8 Million people will be informed and empowered through awareness raising using various channels of communication (the number of CSE and empowerment included).

Organization will deliver 33.45 Million rights-based SRH and FP services including for safe abortion, SGBV, HIV and humanitarian through its own service delivery network all over the country.

17.13 Million services delivered through Rahnuma-FPAP on health infrastructure

Organization will also enable 18.32 Million SRH and FP services through public and private health providers.

53,000 volunteers will be enrolled, trained and involved in the promotion of organization vision, mission and values.

Organization will plan to engage 75,000 online activists by the end of Plan period.

Overall spending to achieve the SP objectives has been estimated at approximately Rs. 2.13 Billion.

Vision:

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

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.

Values:

Values are an integral part of the current strategy and these values will guide the organization for the next seven years.

- Social Inclusion: with a demonstrated commitment to enable the rights of the most underserved and marginalized to be realized.
- Diversity: respecting all regardless of their age, gender, status, identity, sexual orientation or expression.
- Passion: our passion and determination inspire others to have the courage to challenge and seek justice for all.
- Voluntarism: our voluntarism delivers significant contribution across a range of roles as activists towards advancing Association’s mission.
- Accountability: accountability as cornerstone of trust that is demonstrated through high performance, ethical standards and transparency.

Strategic Framework:

The Strategic Plan 2016-19 is based on four Outcomes, relating to advocacy, empowerment, access and organizational development areas as follows:

OUTCOME 1:

- Federal, Provincial and District Governments respect, protect and commit to sexual and reproductive health and rights.

OUTCOME 2:

- 93.7 million people are aware of and empowered to exercise their SRHR.

OUTCOME 3:

- 77.09 Million quality integrated sexual and reproductive health services delivered.

OUTCOME 4:

- A high performing, efficient and accountable organization.

Overall the current strategy is internalization of the concept of unite, deliver and perform. Strategic Plan 2016-19 has re-grouped and re-shaped organizational priorities in order to have more impact of program interventions at the grassroots and government levels with clear statements on the output, process, impact indicators and resource allocation for each objective. Head Office structure has also been realigned with the new strategic plan for efficient and effective operations.
Rahnuma FPAP will also implement a program to attract, invest and provide pathways for young leaders with a focus on girls and young women. Further strengthening and resourcing youth networks and youth adult partnerships. More involvement and addressing issues related to sexuality and gender will be promoted. The organization will also work with other CSOs to encourage them to adopt a youth-centric approach and influence government services to be more client and youth focused. These issues will be highlighted and promoted in policy, legislation and strategic domains of government, with the active engagement of women, men and youth advocates.

Enabling young people to exercise their sexual rights is a vital priority of the organization and the program is designed to address the expectations and potential of a large youth cohort ever, a highly underserved group, both in accessing SRH services and information. Copriant of the fact that young people who are able to exercise their sexual rights have the potential to be effective agents of change and hence have the ability to transform societal norms, the organization will focus on establishing a right based youth-centric approach while prioritizing and investing in creating comprehensive sexuality education services, for those in and out of schools and focusing on interventions for the most marginalized and underserved youth.

Wider public and community opinion directly affects an individual’s ability to realize their sexual and reproductive rights. Change in public opinion also contributes to achieving legislative, policy and practice improvements. Popular campaigns, with integrated communication, supported by case studies and evidence, will be launched, and amplified through champions, opinion formers and media in order to create on environment to promote health, choices and rights. Rahnuma FPAP will focus on having powerful content featuring personal testimonies and evidence supporting SRHR. This content will be used in a variety of media formats including digital channels such as social media and more traditional including TV and radio programming and print lines that sensitively raise SRHR issues. In order to shift attitudes and approaches to SRHR and gender equality at local and national levels, the organization will focus on how to embed this so that it becomes a regular and ongoing feature of organizational and other CSO’s work. Meetings and community based awareness sessions will play an important role in these campaigns.

**Empowerment:**

Empowerment of men, women and youth to access and pay for SRH and FP services, and have confidence to understand and realize their SRH rights is an integral component of the strategy. The organization will focus on skill development interventions, in collaboration with public sector institutions, as well as re-allocate public expenditure in order to enable the most marginalized and underserved to have control over their lives. Youth Resource Centers and KADO Development Camplexes also will be strengthened as a step towards empowerment.

**Services:**

As there remains significant unmet need for a broad range of SRH services, the organization will ensure that at least a minimum integrated package of high quality essential services that are client centric, rights based, youth friendly and gender sensitive will be delivered through static and mobile settings, with Health Care Hospitals being the hub. Rahnuma FPAP will invest in the capacity building of its service providers and communities to ensure that its services are rights based. In order to dilute the impact of stigma attached to some of its particular services such as HIV and sexual and gender based violence. High quality of care is also critical as an individual right, as it contributes to better health and increases the utilization of services. Medical audits, client exit interviews, internal and external assessments tools, focus group discussions, along with monitoring, evaluation and research findings, will be used to ensure quality of services. Rahnuma FPAP will give priority to systems strengthening, focusing on commodity supply chain infrastructure and equipment, management capacity/referral system to increase the number, range and quality of integrated services provided. Further, barriers to accessing SRH services including ability to pay, age, social or cultural stigma, HIV status, gender, sexuality, lack of commodities or equipment, lack of skilled service providers or a lack of access to a service delivery point will be addressed. Systems for capturing service provision will be moved from being predominately service-oriented to being client-oriented. Furthermore, partnerships with private service providers will be strengthened, enabling them to provide high quality and wider range of SRH services, including complete basket of FP. Relationship with Government and NGOs will be further improved to expand the outreach of services. Organization will give special attention to provision of services to people in vulnerable/humanitarian crisis situations.

**Institutional Building:**

At the institutional level, the organization will adapt to constantly shifting political, financial and market conditions and innovate through an evolving business model with the development of social enterprises, recruiting and retaining expert staff and volunteers that bring a broader skill set to the organization. As opposition to SRHR from a vocal minority threatens many of the significant improvements that have been realized, a critical mass of public support from the grass roots up is needed to achieve outcomes by widening the volunteer base of the organization through engagement and training of new volunteers and registering online activists, who will be joining hands with increasing numbers of SIHR supportees from diverse backgroungs, across the country, boldly and courageously promoting SIHR and gender equity. Rahnuma FPAP will invest in public communications, in skilled staff, systems and new technologies to grow the supporter base quickly. It envisages a social movement which empowers people to claim their sexual and reproductive rights and hold their governments accountable. Programmatically it has been ensured that the current strategy is aligned with FPFP global strategic framework, responds to Pakistan’s the changing environment, articulates a realistic program model, secures engagement and buy-in of key internal and external stakeholders, while stretching the organization’s focus to achieve greater impact and also clearly articulating organizations’ brand, niche and reputation and setting out expected results and measures.
A movement fighting for Sexual Reproductive Health & Rights for all.
Rannuma-FPAP convenes civil society and influences governments and decision makers to support and promote SRHR.
Changing Population Dynamics

Pakistan has third highest burden of maternal and children mortality across the globe. This grim situation is further intensified by flaws of planning and implementation in health sector. Natural calamities (earth quakes, floods), outbreak of disease and lack of awareness in different regions of the country further aggravate this situation. Against eight goals of MDGs, Pakistan adopted 16 targets and 41 indicators against which progress towards achieving the Eight Goals of the MDG’s was measured. Time series data available for 33 of these indicators revealed that Pakistan was on track to achieve the targets on 9 indicators, whereas its progress on 24 indicators was off track. A decline in maternal mortality ratio (MMR) (490 maternal deaths in 1990 to 260 maternal deaths per 100,000 women in 2010) was observed. Improving maternal health is closely linked to MDG 4 and 5, improving maternal health and increasing the proportion of births attended by skilled health personnel. The progress towards achieving first indicator of MDG-5 can be monitored by observing the decline in Maternal Mortality Ratio and the proportion of births attended by skilled health workers. The second target of MDG-5 is universal access to reproductive health. The use of contraception has improved in many regions (with contraceptive prevalence rate of 11.8% in 1990 to 37% in 2013).

Our Response:

Rahnuma-FPM’s new Strategic Plan 2016-19 is designed to respond to all national challenges. The Strategic Plan is based on four key challenges relating to environment, empowerment, access and managerial accountability and efficiency. As such, it embodies creating SRHR friendly environment by influencing government policies, empowering and capacitating people to exercise their SRHR rights, strengthening and expanding its service delivery base. It also includes improving systems and enhancing resource management, both human and financial.

Based on the rationale that without change in the environment, SRHR cannot be realized, the plan strategizes to work with Federal, Provincial and District governments, motivating them to fully respect, protect and commit to sexual reproductive health. It will be achieved by galvanizing government commitments and securing legislative and policy improvements through advocacy inputs on one side and engaging women, men and youth leaders as advocates for change on the other. Healthy choices and rights will be promoted by engaging champions, opinion formers, and the media and by empowering of women, men, youth and other vulnerable groups to realize their SRHR. The socio-economic development of people will be emphasized and focus on CSE will be enhanced.

In order to increase the access of people to SRH and FP services, SGBV, HIV and humanitarian situations, the existing Rahnuma-FPM system for delivery of right based quality services will be strengthened through capacity enhancement of service providers, improving infrastructures and increasing outreach. Furthermore, partnership with private service providers will be strengthened enabling them to provide high quality and wide range of SRH services including complete basket of FP. Relationship with Government and NGOs will be strengthened to expand the outreach of services to most marginalized. Meeting the demand for SRHR services requires an improved management system and additional resources, and for this purpose the strategy is to make Rahnuma-FPA a high performing, efficient and accountable organization through enhanced operational effectiveness and doubling the organization’s local income. The human resource will be complemented by widening volunteer base of the organization through enrollment and training of new volunteers and registering online activists.

Global Discourse:

The UK Government and the Bill & Melinda Gates Foundation, with the support of UNFPA and other partners hosted a ground breaking International Family Planning Summit in London during July 2012. The Summit launched a global campaign to give an additional 120 million women in the world’s poorest countries access to lifesaving family planning information, services and supplies by 2020. On the other hand after the expiration of Millennium Development Goals (MDGs) the world powers crafted the integrated and comprehensive Post 2015 Development Framework/Agenda and finalized the Sustainable Development Goals (SDGs), the agenda for integrated social well-being and sustainable development over the next 15 years. The 17 sustainable goals are comprehensive and cover a wide range of domains that are essential to sustainable development. Of these 17 goals, targets from goals 3 and 5 are specific to increase in access to sexual and reproductive health and reproductive rights as agreed in accordance with the Program of Action (PoA) of the International Conference on Population and Development (ICPD), the Beijing Declaration and Platform for Action and the outcome documents of their review conferences.
National Narrative:

After 18th Amendment, the authority to formulate policies and legislation including for health, population and youth, has become the provinces. Due to non-emergence of corresponding ownership, except for some actions taken individually, by a few provinces to sustain the activities, neither policy structure nor the tools to guide the implementation process have so far seen the light. The population policy of KP is approved all the rest are in form and await cabinet clearance. Allocation of adequate budget for FP commodity security is lacking. As Pakistan has failed to meet the MDGs’ goals, there is a serious concern that the federal and provincial governments may lose focus on SDGs’ SRH related goals and indicators, FP2020 commitments of increasing CPR and allocation of increased budget for FP, provision of youth friendly services and inclusion of SRH in disaster management plans has also not seen the light.

Youth in Focus:

After Yemen Pakistan has the second highest youth Population comprising of more than 60% of the total population. Literacy rate among Pakistani youth is 58% (70 1.1% for males and 65.5% for females, whereas more than 32% are illiterates (2012). The unemployment rate among youth is 8.2 % (World Bank 2014 Report) and Pakistan stays at 156 position of HDI ranking among 188 countries since 2015. This youth bulge of population pose serious challenges for designing programs to address their special needs. The youth in Pakistan are typically poorly informed about their SRH&II and SRGV. They are suffer of unwanted pregnancies and STIs including HIV and AIDS. They must have ready access to information and services that provide privacy, confidentiality, respect, and informed consent. Young people’s greatest need is for accurate information about their bodies, about handling relationships, about sexuality, reproduction, and contraception. This need is shared by all young people, rich and poor, married and unmarried, males and females.

In Pakistani Reproductive Health and Rights Education (RHRE) and Life Skills-Based Education (LSBE) has yet to be included in school’s curriculum due to religious and cultural taboos. In Pakistan child marriage and adolescent pregnancies are one of the leading causes of high MMR, IMR and TFR as there is strong pressure for girls to marry young and to have children early. Early marriage and child bearing also impedes young women’s educational and employment opportunities. Thus to reap the benefits of the demographic dividend and youth bulge, we must invest in programs for young people.

Sustainable Development Goals

Agenda for a Healthy Future:

After the Expiration of Millennium Development Goals (MDGs) the world powers crafted a comprehensive Post 2015 Development Framework and finalized Sustainable Development Goals (SDGs), the agenda for integrated social well-being and sustainable development over the next 15 years. These 17 goals, targets from goals 3 and 5 are specific to increase access to SRHR.

Goal 3: Ensure healthy lives and promote well-being for all at all ages

3.1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 births.

3.7. By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs.

Goal 5: Achieve gender equality and empower all women and girls

5.6. Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Program of Action (PoA) of the International Conference on Population and Development (ICPD) and the Beijing Platform for Action and the outcome documents of their review conferences.

Governments, NGOs, civil society stakeholders, UN agencies and intergovernmental bodies have been working relentlessly for the past two years in order to accomplish this aim. In comparison with the Millennium Development Goals (MDGs), which were often described as a top-down imposition by the UN on the developing world, the post-2015 process offered numerous opportunities to influence the discussions and the negotiations.

Post 2015 development Agenda, creating an intersection of gender, women’s human rights, and sexual and reproductive rights, defining and maintaining international, universal principles and standards are very vital. These standards are derived from the international conventions and binding agreements such as Universal Declaration on Human Rights (UDHR); Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); International Conference on Population and Development Program of Action (ICPD POA) and the Beijing Platform for Action (BPPA). Maintaining a high level of accountability to these standards in order to make governments deliver on the post 2015 is essential at all levels.

Tracking Progress:

Reshaping Futures (RF) is tracking progress on SDGs using various tools, as SRHR are fundamental to women to reduce social and economic inequalities and marginalization, and vital to social advancement. Through SRHR all segments of society including most marginalized women and girls are able to lead full, satisfying, healthy and productive lives. SRHR encompasses a range of issues, including universal access to sexual and reproductive health (SRH) services and supplies, comprehensive sexuality education, and gender-based violence and harmful practices such as early/child marriages. SRHR also increases possibilities to receive an education, especially for women, and moving on to the workplace, resulting in more potential for economic growth and development. Hence, access to SRHR leads to advancing gender equality, including reduction in maternal mortality and increased life expectancy. In Pakistan SRHR outcomes are not up to the mark especially for poor and less educated people who live in far flung areas.
Pakistan Gets on Board:

Pakistan has accorded the highest priority to SDGs which will enable it to join the league of upper middle-income countries by 2030. Pakistan is among the first countries to adopt SDGs. Pakistan’s 2030 agenda through a unanimous resolution of Parliament termed them “Pakistan Development Goals”, in line with this commitment, Ministry of Planning, Development and Reforms has developed a comprehensive national action plan, for policy formulation and implementation at national and provincial levels. National Vision 2025 provides a comprehensive national long term strategy for achieving inclusive growth and sustainable development, because all the seven pillars of National Vision 2025 are fully aligned with SDGs. An SDGs Monitoring and Coordination Unit has been established by the Planning and Development Ministry, Government of Pakistan, to effectively monitor the poverty and vulnerability of the population in all dimensions. This will serve as a national monitoring and coordinating entity with similar units in all provinces. Furthermore this ministry (Planning, Development & Reform, Government of Pakistan) has constituted a Working Group (Rahnuma-FPAPP is part of this group) to formulate Pakistan Specific Targets and Indicators for all SDGs. A special Technical Working Group (Rahnuma-FPAPP is also part of this working group) has been constituted by NCWS to elaborate upon the SDGs, in the context of women empowerment.

FF2020 is a global partnership that supports the rights of women and girls to decide freely and for themselves whether, when and how many children they want to have. FF2020 works with governments, civil society, multisectoral organizations, donors, the private sector and the research and development community to enable 120 million more women and girls to use contraceptives by 2020. FF2020 is based on the principle that all women, no matter where they live, should have access to lifesaving contraceptives. Achieving the FF2020 goal is a critical milestone to ensuring universal access to sexual and reproductive health care services by 2030. All over the world Family Planning has been able to reduce maternal deaths by 40% in the past 20 years. A child conceived within 6 months of a prior birth is 60% more likely to die than a child whose conception was spaced by 2 years. Family planning can trigger economic development, and it can assist in both mitigation of and adaptation to climate change. Family planning is an investment that pays for itself in reduced health and educational costs, yet budgets are not commensurate to its impact. Slowing birth rates through voluntary family planning can preempt conflict and political instability. Voluntary family planning is founded on the core belief that every woman has the right to decide about her own body.

In line with FP 2020 commitments, Government of Pakistan pledged to achieve universal access to reproductive health by 2020 and raise the contraceptive prevalence rate (CPR) to 85% by 2020. So far after the 18th Amendment, provinces have developed health sector strategies for 2012–2020, which include FP promotion of FP. All the provincial governments in regularly monitor contraceptive prevalence rates (CPR), prioritize population issues in health and development plans and proportionately increase annual public spending for family planning services. The provincial governments have fixed encouraging CPR targets for 2020 (Punjab province: 38% to 50% CPR, Sindh province: 30% to 40% CPR, Khyber Pakhtunkhwa (KPK) province: 29% to 42% CPR, Balochistan province: 14% to 32% CPR).

Family Planning 2020

Reaching Out to the Invisible:

Currently, over 200 million women and girls in developing countries who want to delay or avoid becoming pregnant do not have access to modern methods of contraception. For many of these women, the inability to choose and access family planning will cost them their lives. Avoiding unintended pregnancies reduces the number of unsafe deliveries and unsafe abortions—two of the main causes of maternal deaths.

The provincial governments have fixed encouraging CPR targets 2020 (Punjab province: 35% to 50% CPR, Sindh province: 30% to 45% CPR, Khyber Pakhtunkhwa (KPK) province: 29% to 42% CPR, Balochistan province: 14% to 32% CPR).
and allocated 1.2 Billion rupees for next five years to be spent on population welfare programs. It has also constituted a FP 2020 Working Group to oversee and supervise the FP 2020 implementation processes. It is pertinent to mention here that Rahnuma-FPAP is representing NGOs in this Working Group. The Punjab government has established Provincial Task Force on Population, comprising of high ranking officials of Health, PWD, Finance and P&D Departments/Ministries, NGOs, CSOs (Rahnuma-FPAP), Private sector. This Task Force is mandated to supervise and provide insight on FP 2020 Commitments and implementation processes.

Slow Progress:
Federal & Provincial governments have made some progress towards its pledges, but existing efforts are not enough to deliver on its promises by 2020. In addition, other problems and gaps have emerged. All governments must address these problems urgently. Civil society calls on the government to demonstrate political commitment to deliver the FP2020 pledges as there is slow progress on all family planning indicators due to inadequate financial commitments and lack of political ownership by governments and its line Ministries. Allocation of adequate budget for family planning is needed at the provincial level. Investing in effective procurement and logistics systems for family planning to ensure commodity is also very vital to contraceptive security and addresses unmet need for family planning, including unmet need for long-acting reversible contraceptives.

Together for Change:
Rahnuma-FPAP spearheaded the pre London Summit Campaign in Pakistan and brought everyone to the table for creating not only awareness but also exhibiting ownership of FP 2020 Commitments. The well-crafted campaign resulted in the formation of a high-powered government delegation, and strong commitment. In the post London Summit (FP 2020) Scenario Rahnuma-FPAP, along with like-minded partners, formed a broad based CSOs Advocacy network (FP 2020 Champions Group) represented by Pakistan Foundation, UNFPA, USAID, Aman Foundation, Green Star Social Marketing, Merry Stopes Pakistan, Shikun Gah Women Resource Center, Aurang, Population Council Pakistan, Rutgers/WHO, etc. After the 3rd Constitutional Amendment, population welfare has become a provincial subject; therefore Rahnuma-FPAP has been working with provincial governments for ownership of FP 2020 Commitments, allocation of equitable budgetary resources, increase in contraceptive prevalence rate (CPR) targets at line with national CPH targets.

In Punjab, Sindh and KP provinces, Rahnuma-FPAP along with other civil society actors carried out a broad based campaign to ensure that 197.7 million is allocated for FP services in the provincial budgets. Groundwork was to get the budget document analyzed, shared analysis with public sector entities and push for Increase. It is to be noted that provision of health facilities to the people is the utmost priority of the Punjab Government and it has allocated Rs. 146.13 billion for the health sector during FY 2015-16, which is 14.5% of the budget. Rs. 10.82 billion have been allocated for provision of medicines in the provincial hospitals. Punjab government is initiating Health Insurance Scheme to provide health cover to the poorest strata of society with an allocation of Rs. 2.85 billion in the next financial year. Civil society has been engaging with Department of Repulsion and Health Finance and Planning to increase budget allocation and improve coordination between FP and other development areas.

Campaigns:
- Eliminating Child Marriage
- Making a Case for RH & Rights Education
- Youth Development
- Women Empowerment

Eliminating Child Marriage Campaign against Child Marriage and Adolescent Pregnancies:
Child Marriage and adolescent pregnancies are closely linked with the organization’s strategic objectives regarding empowerment of women, youth and children. Rahnuma-FPAP is urgently to address the issue through its regular striving activities of diverse nature across Pakistan. In collaboration with UNFPA in 2005, Rahnuma-FPAP conducted a study titled “Child Marriage in Pakistan, A Taboo”. The findings of the study are not just a problem of remote and marginalized areas of Pakistan, but are highly prevalent, affecting over a third of Pakistan’s adolescents, and continuing in a vicious cycle to affect their children. The report found that the highest percentage of child marriages in rural areas prevails in Sindh, 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 follows Sindh in terms of early marriages in rural areas. Desk review on the situation of Child Marriage “Child Marriage in Pakistan” situational analysis was conducted during 2013, which suggested many factors, including poverty, protection of girls, family honor and the provision of stability during unstable social periods, as the reasons behind child marriage. Strong correlations were found between a woman’s age at marriage, her level of education, age of her first delivery and the age of her husband.

Rahnuma-FPAP initiated integrated and comprehensive interventions which included advocacy, lobbying, awareness, sensitization, SBC and services delivery. Some of the success stories are;
Women as compensation: reaching survivors of coerced marriages and violence in Pakistan. This project was specifically geared towards protecting victims of gender-based violence in general, and girls & women who have fallen victim to the practice of Swara in particular. This project has reached more than 40,000 community members, including youth, women and men in 15 Union Councils each in Swabi and Mardan districts of KP.

Child Marriage as a Violation of Human Rights: “Advocating for Effective Laws.” With the financial support of AusAid this project was undertaken during 2011-2012 to bring legislative reforms on child marriage in Pakistan. Through this project, commitments were solicited from government and policymakers to address the issue and revise Child Marriage Restraint Act (CMRA), 1929, in the context of UNCRWC.

Advocating for Improved MNH and SRH Policy and Practice for Adolescent Girls and Young Mothers (April 2012-August 2014): This intervention was initiated with the funding of Care International in order to improve MNH and SRH policy and practice for adolescent girls and young mothers in Pakistan. Through this project, 2004 stakeholders on SRH & MNH issues and needs of adolescent girls and young mothers were addressed.

Increase Access to Health Services by Swara and Child Marriage Survivors and Their Children (January-December 2013): Funded by UN Women’s SheBa Fund, this project aimed to provide medical assistance in respect of primary and sexual and reproductive health care services of vulnerable and marginalized young girls who became victims of Swara (Minor girls given as compensation) and Child Marriage.

Major Milestones:
- Sindh Assembly passed the Sindh Child Marriages Restraint Act, 2013 which prohibits marriage of children under 18 years. Violation is punishable with three years of imprisonment.
- In March 2015 Punjab Assembly passed an amended bill “The Punjab Child Marriage Restraint (Amendment) Act, 2015 and made the existing law more punitive. However, the age issue of girls went unaddressed.
- Deputy Speaker AJK Assembly directed the department of Law and Parliamentary Affairs of AJK to make proper amendments in Child Marriages law.
- Provincial assemblies of Balochistan and KPK are also in the process of legislative reforms on Child Marriage.

Making a Case for RH & Rights Education:
One of the objectives of Rahnuma-FPAW’s strategic framework is to advocate for the inclusion of Reproductive Health and Rights Education (RH&RE) in secondary education curricula. Although Pakistan’s education system includes population, family planning and reproductive biology related subjects/modules, formal curriculum for Reproductive Health and Rights Education (RH&RE) has not adequately been introduced and is still considered taboo.

Rahnuma-FPAW has worked hard to get Reproductive Health and Rights Education (RH&RE) included in the national and provincial curricula through effective advocacy efforts. Extensive work with policy makers, community leaders, policymakers, and providers was followed by a series of interactive dialogues and lobbying meetings with national education and curriculum wing officials, provincial education departments and parliamentarians were conducted. Our continuous efforts to raise the issue on different forums has played an important role in breaking the silence and initiating discussion on this issue at various forums. Reproductive Health and Rights Education (RH&RE) and Life Skills Based Education (LSBE) awareness sessions were conducted at various locations through the support of various organizations, PCMI, GPF and Core Program.

Reproductive Health and Rights Education (RH&RE) for schools and out of school was a high priority during 2015; its basic purpose was to develop a successful model that can be used as a reference point in advocacy efforts. Rahnuma-FPAW’s intervention was further strengthened by generating public discourse for acceptability of Reproductive Health and Rights Education (RH&RE) in youth policies and to advocate for prioritization of the RH&RE issue at policy level.

Main Highlights During 2015:
- IEC material for awareness and sensitization of relevant stakeholders as developed.
- Interactive theatres were performed in the community to create awareness regarding health issues and rights of young people.
- A documentary on Reproductive Health and Rights Education (RH&RE) was developed to use as an advocacy tool.
- Champions on Reproductive Health and Rights Education (RH&RE) in Parliament, government departments, youth and media were created, and constituted a Task Force consisting of technical experts in Pakistan.
- A national alliance was formed with key partner organizations, government officials from different ministries for Joint Advocacy efforts.
- Comprehensive information and education was divulged to young people, parents and community leaders through peer education and sensitization sessions.
- Capacity of service providers and peer educators was enhanced.
- Comprehensive training was given to NYN members on the Reproductive Health and Rights Education’s (RH&RE) framework so that they may carry out information session and act as advocates on the issue.

Major Milestone:
Rahnuma-FPAW’s continuous efforts to raise the issue on different forums has played an important role in breaking the ice; teachers and parents were sensitized while successfully piloting Reproductive Health and Rights Education (RH&RE) to youth across the country. Rahnuma-FPAW’s efforts were acknowledged by Provincial Program Director MNCH Department-Sindh, who pledged to include proposed RH recommendations in the programs implementation plans. Furthermore, Reproductive Health and Rights Education (RH&RE) framework will be presented by the Task Force in the upcoming meeting of the National Curriculum Council.
For Youth:

Youth empowerment has always remained an integral part of Rahnuma-FRAP’s thematic focus and the Strategic Plan 2016-2019 with an important policy initiative and cross-cutting theme of all interventions. During 2015 Youth program continued its journey of youth participation and has come a long way to provide opportunities for young people to contribute to decision-making, and, more recently, as agents and leaders for social change. Young people are advocating at national and international forums while being peer educators and service providers. For participation to become meaningful, Rahnuma-FRAP endeavoured to raise critical awareness among young people, invest in their leadership skills, engage them in assessing and strategizing for implementation and monitoring of youth-focused programs. Rahnuma-FRAP’s youth program was designed with an understanding of power and authority dynamics, which was reflected in the organization’s shared leadership and communication channels. Under the overall youth empowerment endeavour, Rahnuma-FRAP celebrated International Youth Day at all Service Delivery Points (SDPs) and project locations across Pakistan. These events also strengthened linkages and existing partnerships between Rahnuma-FRAP and other stakeholders. Young people were trained as peer educators on SRH&L issues to conduct sessions with peers in their respective communities and provide information on SRH&R in an enabling and friendly environment.

Youth Resource Centres:
Youth Resource Centres are part of Adolescent and Youth SRHR Program, with 52 YRCs operational across Pakistan. These YRCs have well trained staff and are equipped with IEC materials, sports goods, TVs, DVD, Computer systems, sewing machines, mini-libraries etc. These YRCs are also interlinked with our Service Delivery Points (SDPs). Sensitization and awareness sessions on SRHR issues, HIV/AIDS, Life Skills Based Education are frequently organized at YRCs. Moreover, need based skill development trainings including self grooming, beautician, stitching and tailoring, first Aid, repairing of home appliances, computer system and handcrafts making were also organized. New Standard Operating Procedures (SOPs) for YRCs will soon be launched to make them more effective and responsive to the needs of youth.

For Women:

In 2015, the Women Empowerment Program expanded its outreach to further strengthen partnerships with Care Program and other donor projects and achieve its mandate of women empowerment through an integrated multi-sectoral intervention. In 2015, efforts were made to create opportunities to empower young women in order to enhance their decision making skills and enable them to participate in mainstream development debates. During 2015 under Women Empowerment Program three KAT Women Development Centers were strengthened and skill development trainings were provided to girls and women, while developing their linkages with KAT Centers through GMPF project. Furthermore, skilled women were facilitated in acquiring loans for income generation. Women who received micro credit facility established their home based/small scale businesses and developed linkages with local vendors for marketing and sustainability of their products.

Networking and Coalition Building
Pakistan Alliance for Post Abortion Care (PAPAC)

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

The main objectives of PAPAC were to establish a well functioning, mutually respectful coalition of stakeholders working to expand services in post abortion care, promote open dialogue and information sharing among the full range of stakeholders and to develop clear, agreed upon channels of communication. Its specific objectives were to identify areas of overlap and potential synergy and coordination in theories of change and for desired outcomes, and to develop ideas for moving forward in ways that will enhance the impact and effectiveness of the work underway and leverage existing resources effectively. PAPAC was also mandated to identify major strategic gaps and opportunities that need to be addressed, and undertake necessary steps that needed to actualize positive change through clearly defined strategies, roles and commitments of all member organizations.

In June 2014 a new steering committee comprising of 11 members including IPAS, Shirkat Gaah, Marie Stopes Society, Population Council Pakistan, IPPs, Pakistan Population Council, Green Star Social Marketing, Midwifery Association Pakistan, NCVMCH and Rahnuma-FRAP was constituted. At the same time, the PAPAC secretariat was transitioned to Rahnuma Family Planning Association of Pakistan for next three years. During 2015, Rahnuma-FRAP successfully conducted planned activities like quarterly Steering Committee Meetings, 2 Annual National Assembly Meetings and has successfully restructured and expanded its membership base across Pakistan while enrolling very committed new members, such as Care International Pakistan.

Parliamentarian’s Caucus on SRHR:

During 2015 Rahnuma-FRAP reignited and enlarged the Parliamentarians Caucus on SRHR and FP and included newly elected members from National Assembly all Provincial Assemblies, and AJK and Gilgit Baltistan (GB) Assemblies. Main objectives of the National Parliamentarians caucuses are to advocate for bridging the policy gap regarding Sexual and Reproductive Health (SRH), maternal and neonatal health (MNH) issues, needs of adolescent girls and young mothers and champion for the cause of sexual and reproductive health rights (SRHR) and maternal and neonatal health (MNH) for adolescent girls & young mothers at all social, political and policy forums.

National Parliamentarians Caucus on SRHR is one of the largest Parliamentarians Caucus in Pakistan. It consists of more than 85 MNAs, Senators, MPs and MLAs across Pakistan who have pledged to advocate for bridging the gaps in policies, implementation, legislation on a host of SRHR & other social issues including laws against child marriage, marriage with Qurr, Vorsi, Sawas, domestic violence, etc. During 2015, various consultative events were organized to sensitize these worthy members on SRHR, FP, GBV, ICF, and FP 2020. Parliamentarians also pledged to review the policies of their respective governments on health, population, youth and women development, and incorporate vital issues highlighted in these consultative events.
Rahnuma-FPAP National Youth Network:
Under its overall youth and adolescent SRHR capacity development program, Rahnuma-FPAP transferred to form Rahnuma-FPAP National Youth Network (RNYN) in the backdrop of IPPF South Asia Annual Youth Meeting (2010). Rahnuma-FPAP’s National Council (NC) apex policy making and governing body awarded approval for the formation of this volunteer based Youth Network at the national level. Immediately after its formation this network became member of South Asia Regional Youth Network. RNYN is committed to implement the “Sexual Rights Declaration of IPPF” and is mandated to initiate programs which empower young people in Pakistan by building their capacities and skills to access sexual reproductive health & rights (SRHR). The main objectives of this network are creating and expanding awareness of sexual and reproductive health and rights empowering, youth to make informed choices and decisions regarding their SRHR. It aims to ensure fair and democratic representation and participation of young people from Pakistani and promote and advocate for Sexual and Reproductive Health and Rights of young people in Pakistan. Other aims of RNYN are to provide policy inputs to strengthen and monitor national level youth related programs, while ensuring that they are youth friendly and youth focused, to strengthen and co-ordinate with local youth groups and volunteers, and to establish partnerships with external youth networks (national & international level).

Advocacy Alliance:
Rahnuma-FPAP and Shikhaat Gah have jointly formed an Alliance in Pakistan to advocate for MDGs especially MDG 5 & 6. After the expiration of MDGs and incorporation of SDGs, this alliance is mandated to work for SDGs especially SDG 5 & 6. Prominent civil society organizations (CSOs) like Shikhaat Gah Women Resource Center, Annaural, Pakistan Foundation, Iqan, MESSAGE, Heal Trust, Active help organization, NARI, Baitder etc. are members of this Alliance, which also has provincial chapters in Punjab, KP, Balochistan, AJK and Gilgit Baltistan (GB), consisting of a large number of local CSOs/CGOs.
During the year 2015 Rahnuma-FPAP and Rutgers-WPF organized national level seminars, consultative dialogues and group discussions on Post 2015 Development Agenda and SDGs, Parliamentarians, government officials, CSOs, Media, and private sector were sensitized to include SRHR related commitments in the Government of Pakistan’s official position on SDGs. As result of these efforts, government has officially launched and endorsed SDGs and is formulating Pakistan specific targets and goals. In this regard, a special Technical Working Group (Rahnuma-FPAP is also part of this working group) was constituted under the auspices of National Commission on the Status of Women (NCSW) to elaborate upon the SDGs in the context of women empowerment. Furthermore Planning and Development Ministry, Government of Pakistan, formed an SDGs Monitoring and Coordination Unit to monitor the poverty and vulnerability of the population in all dimensions. This will serves as a national monitoring and coordinating entity with similar units in all provinces. Furthermore the Ministry of Planning, Development & Reforms, Government of Pakistan has constituted a Working Group (Rahnuma-FPAP is part of this group) to formulate Pakistani Specific Targets and Indicators for all SDGs.

Alliance against Child Marriage (AACM):
Rahnuma-FPAP along with other prominent CSOs transcended to institutionalize their struggle against child marriage and formed a coalition/network (Alliance against Child Marriage) of like-minded organizations for advocacy and awareness raising purposes. Rahnuma-FPAP organized national, regional advocacy and sensitization seminars, interactive dialogues, interface with Parliamentarians, and community awareness sessions to gain momentum against child marriage. On the basis of this ongoing advocacy and lobbying efforts all Provincial Governments, especially governments of Punjab and Sindh, are committed to amend the existing law (child marriage restraint act 1929) with more punitive and equal penalty based law. Rahnuma-FPAP has been selected a member of Task Force/committees formed by Sindh and Punjab governments to draft a more punitive and equally based law against child marriage.
During 2015 Rahnuma-FPAP organized various national and provincial advocacy and awareness campaigns across Pakistan. The Punjab Assembly passed an amended bill “The Punjab Child Marriage Restraint (Amendment) Act, 2015” and made the law more punitive. However, the age of marriage for girls went unaddressed. Furthermore Deputy Speaker AK assembly directed the department of Law and Parliamentarians’ Affairs of AK to make proper amendments in Child Marriages law and Provincial Assemblies of Balochistan and KP are also in the process of legislative reforms on Child Marriage.

Reproductive Health & Rights Education Task Force:
Rahnuma-FPAP constituted a Reproductive Health & Rights Education Task force with other organizations for joint advocacy efforts. Its prominent members are Rosara, Rutgers WPF, UNFPA, Oxfam Novib, Plan Pakistan, Aashung, Rahnuma-FPAP and UNICEF.
The main achievement of this forum is the development of a RH&RE Framework for Pakistan. This framework was developed through detailed consultations and input from all member organisations. Advocating for inclusion of RH&RE in curriculum and programs for school and out of school young people has been identified as one of the main tasks of this forum. Through the task force, Rahnuma-FPAP has successfully introduced the concept of RH&RE at the provincial level to the Education Department of Punjab. The task force’s efforts caused Reproductive Health and Rights Education (RH&RE) for in school and out of school to be made a high priority during 2015.
Rahnuma-FPAP Media Network:

Rahnuma Family Planning Association of Pakistan has a large and strong media network across the country for communicating and educating people on human rights, SRHR, child marriage, women empowerment, adolescent & youth related issues etc. Across the country, almost 176 media representatives are registered in the media network. Media is the voice of people and is educating others about social, health related, cultural, economic and politics issues faced. During 2015, Rahnuma FPAP Media Network organized various activities and plans to sensitize media on various social issues like child marriage, Reproductive Health and Rights Education Post 2015 Development Agenda, Sustainable Development Goals, FP 2020 Commitments etc. Various journalists and columnists covered issue of SRHR and Population in their columns and programs. Prominent among them are Adnan Adil, Zari Jali, Javed Chaudry, Aamir Malik etc. Six media workshops were organized at all Regional Offices (Punjab, Sindh, Balochistan, KPK, AJK and Gilgit Baltistan) to build the capacity of young journalists on SRHR writing, so that they can understand and sensitize report social and health issues.

Ms. Xari Jali, Senior Columnist, Dawn Newspaper:

To grow more than half of a country’s population is something that is difficult to imagine, but this is exactly happening in Pakistan—one that is overpopulated, and has few facilities to support its masses. Women, who make up over 50 percent of the total population, are the largest marginalized section of society and they face problems in almost every area from violence, to lack of social facilities, to having little or no influence in a family’s decision making. It is women who suffer the most. Yet these women—who lack education, and economic independence, are the ones who must bear children and raise them shaping the future of society.

I am happy to be part of Rahnuma-FPAP’s media network and deeply value its quality work to bring about basic awareness regarding women’s reproductive rights.

Mr. Adnan Adil, As a journalist, Rahnuma-FPAP has always been a reliable resource center for me on the issues related to population and reproductive health. Its various campaigns provided me an opportunity to update my information on these issues and meet people with diverse backgrounds from different parts of the country. Its research has been helpful to me in writing my stories and essays with an enlightened insight.

Mr. Amer Malik, The News Lahore

I, Amer Malik, have been working as Staff Reporter with The News, Lahore, and writing extensively on health issues particularly population and reproductive health for over one-and-a-half decade now. I have got the opportunity to work with Rahnuma-FPAP on several occasions during my career and it’s always a great learning curve to benefit from the in-depth research conducted by dedicated experts that helps write on issues surrounding population and reproductive health of girls/women.

Ms. Fatima Mukhtar, Daily Jurat,

I am Fatima Mukhtar working with Daily Jurat as reporter since last five years and am also working with weekly Akhtare Khwateen as joint editor. I am attached with Rahnuma-FPAP Media Network since last seven years. I am through various articles and reports have highlighted the problems of women who are victim of social injustice including domestic violence, harassment at work places, sexually exploitation in the form of child marriage, Wani, Sowara etc. I regularly write a weekly column titled “Viole of women” and the main source of this article is data available with Rahnuma FPAP.
Public Sector Engagement:

Rahnuma-FPAP works in close partnership with Federal and Provincial Governments, and UN Systems. Over the years, Rahnuma-FPAP has been an active member of various task specific Technical Committees, working groups, task forces and technical boards on important national/regional priorities and international commitments (SDGs, FP 2020, CEDAW, MDGs, ICPD PoA etc.). During 2015, Rahnuma-FPAP not only provided valuable insight and technical support in the constitution of various committees/groups, but was also invited by Federal and Provincial Governments to be part of committees/working groups. Rahnuma-FPAP is currently a part of the Ministry of Planning, Development and Reform’s Technical Working Group on SDGs (3 & 5), Ministry of National Health Services, Regulations and Coordination’s FP 2020 Country Engagement Working Groups, Ministry of National Health Services, Regulations and Coordination’s Reproductive Health Working Group on MISP under National Health Emergency Preparedness and Response Network (NHEPRN), National Commission on the Status of Women (NCSW’s) Technical Working Group on SDG (5), Punjab Government’s Task Force on Population and Health, Punjab Commission on The Status of Women (PCSW’s) committee on SRH and FP specific provincial goals and indicators, and Government of Sindh’s formed Family Planning Working Group to oversee the implementation process of CIP and FP 2020 commitments etc.

Technical Working Group on SDGs (3 & 5):

Ministry of Planning, Development and Reform’s Government of Pakistan formed a Technical Working Group on SDGs (3 & 5), which is mandated to formulate Pakistan specific targets and indicators. Prior to finalization of SDGs, Rahnuma-FPAP closely worked with Ministry of Planning, Development and Reform’s (Planning Division), Government of Pakistan on the proposed SDGs Country Framework and was successful in getting solid pledges from Government of Pakistan through a Pakistan Position Paper presented in UN Session on SDGs (Rahnuma-FPAP was part of the Government of Pakistan Delegation). In post SDGs finalization process, Government of Pakistan officially endorsed and launched SDGs in Pakistan in 2015 and constituted various technical working groups. The Ministry constituted a Technical Working Group on SDG 3 and 5 and invited Rahnuma-FPAP to be part of Group.

FP 2020 Country Engagement Working Groups (CEWG):

The Government of Pakistan, through Ministry of National Health Services, Regulations and Coordination constituted FP 2020 Country Engagement Working Groups (CEWG) vide letter No I-1/2018/PW&D/G (Tech). The group is a broad based decision making and coordination body represented by all Federal and Provincial Health and Population Welfare Departments/Ministries including those in AJK and GB, INGOs, CSOs and private sector (Rahnuma-FPAP and MISP are representing CSOs in CEWG). The mandate of the FP 2020 Country Engagement Working Group is to coordinate and strengthen the role of provincial Health and Population authorities to deliver their pledges made in line with FP 2020 Commitments. The Group has conducted three meetings and has taken major steps to strengthen the role of provincial Population and Health departments in line with FP 2020 Commitments. The main steps taken include:

- Provincial Governments have pledged to increase their financial allocations for population welfare in the upcoming budget 2016/2017.
- Provincial Governments have constituted FP 2020 Working Group (Sindh), FP 2020 Task Force (Punjab).
- The provincial governments have also reviewed their CPR targets in line with FP 2020 commitments (Punjab 50%, Sindh 45%, KP 42% and Balochistan 32%).

Reproductive Health Working Group, NHEPRN:

To further strengthen the MISP and reproductive health SDGs in disasters and emergencies and in compliance with National Disaster Management Framework Pakistan, the Ministry of National Health Services, Regulations and Coordination, Government of Pakistan has formed Reproductive Health Working Group under National Health Emergency Preparedness and Response Network (NHEPRN). The Network is tasked with undertaking and incorporating risk reduction and mitigation approaches in the health sector in order to institutionalize the concept of health emergency in Pakistan. The main role of NHEPRN has been Disaster Risk Management in Health Sector, preparation of requisite policies and plans and covering all aspects of health related emergency management. To further strengthen the reproductive health component including MISP in emergencies and natural disasters, an exclusive Reproductive Health (RH) Working Group was formed, and chaired by Dr. NHEPRN. Other members of the RH Working are UNFPA (co-leads) WHO, UNICEF, UNFPA, IRC, Muslim Aid, Save the Children, HANDS, and Rahnuma-FPAP. Since its constitution this group has been convening meetings regularly and initiated various programs for the protection of reproductive health issues during emergencies and disasters.

Punjab Population Task Force:

The Government of Punjab has constituted a Task force on Population Welfare under the chairmanship of Minister of Population Welfare, Government of Punjab. Other members of the Task force are Ms. Nazim Lodhi MPA, Dr. Nadia Aziz MPA, Secretary Population Welfare Department, DG Population Welfare Department Punjab, NGOs (Rahnuma-FPAP), MISP, private sector (Green Star Social Marketing) etc. The mandate of this Task Force is to create synergy and better coordination on population issues with various Government Departments and expand the role of private sector to effectively tackle population issues at mass levels. The first meeting of the task force was held under the Chairmanship of Punjab Minister for Population Welfare, Begum Zahida Shahnawaz. The Task force proposed that besides provision of family planning facilities, due importance should also be given to improvement of social and economic conditions, as these had deep impact on population growth. The meeting also decided that awareness should be created in society for early marriages which rewards should be given for adopting family planning. The Chairperson said that family planning should be given priority in policy-making, adding that besides acquiring the support of media, awareness programs should also be arranged to highlight the significance of family planning.

Costed Implementation Plan is currently being prepared by Provincial Government.
To reduce unmet need by providing access to SRH services for all.
Rahnuma-FPAP  
Service Delivery Network 
At Your Service

With a population of 184.5 million, Pakistan is ranked as the sixth most populous country in the world. High rates of population growth are largely the result of frequent childbearing or high fertility often corresponding to high unmet need for family planning. With a contraceptive prevalence rate of only 35%, the total unmet need for FP services is at 25%. Maternal mortality rate is 350-400/100,000 live births. The current population growth rate is 2 percent. According to estimates, Pakistan will become the fifth most populous country in 2050 at its current rate of population growth (Government of Pakistan, 2013). This scenario presents a picture that could be devastating for the country’s already-scarce national resources. At present, the population density in Pakistan is 231 persons per square kilometer. Although birth and death rates have fallen in Pakistan over the past several decades, the decrease in death rate is much more rapid than the decrease in birth rate. Subsequently, life expectancy at birth has increased: from 63.4 years in 1981 to 66.5 years in 2013 for females and from 62.4 years in 1981 to 64.6 years in 2013, for males (Government of Pakistan, 2013). Rural population (% of total population) in Pakistan was last measured at 63.12 in 2013, according to the World Bank.

Pakistan has 71,000 nurses and midwives, 19,000 other health service providers and 126,000 physicians. For every 10,000 people, there are 5 midwives, one other health service provider and 1.2 hospital beds. 70% of healthcare is provided through the private sector. The public sector is large but does not work efficiently; problems occur with supplies and staffing, and facilities often tend to be poorly maintained. Frequent changes in government also lead to frequent changes in staff at all levels. Salaries within the government health sector tend to be low, while private practice is much more lucrative, hence preferred by most providers. Access to healthcare thus tends to be very expensive for the average Pakistani who relies on private sector facilities.

Rahnuma-FPAP and Greenstar Social Marketing, are leading organizations in Pakistan for family planning and contraceptives services. They play a significant role in providing access to family planning services for the poor; however, their outreach tends to be primarily urban and semi-urban. There are several associations for private providers such as the Pakistan Medical Association, the Pakistan Nursing Council, the Pakistan Society of Obstetricians and Gynecologists, and the Mowibat Association of Pakistan. There is little interaction between private and public providers; however, due to recent efforts by the NGO sector, especially through advocacy with the Ministries of Health and Population Welfare, both at the Federal and Provincial levels, this picture is slowly changing. Many private providers who are also engaged in the NGO sector have begun interacting with senior officials within these Ministries to advocate for policy change and implementation. Nevertheless, relationships that are being developed between the private and the public sector are largely individual driven; for example, the current Health Secretary is supportive of public-private partnerships as are several senior officials within the Ministry of Population Welfare. If any of these individuals are transferred, there is no guarantee that their successors will be interested in continuing to build these relationships; thus, at present, private public relationships are being developed, rather than institutional public/private partnerships. The public sector, being the eventual player in the health sector, cannot do much to turn around the situation in Pakistan, for it serves only 15% of total population of Pakistan. Whereas private sector caters to 85% of the population it contributes just 15% to all Family Planning services in Pakistan. It is thus the need of the hour to engage private health sector in the provision of FP and SRH services.

Rahnuma-FPAP, with its wide service delivery network, is one of the significant providers of SRH & FP services. Currently, services are provided through ten fully functional Family Health Hospitals, more than one hundred Family Health Clinics, and more than twenty-five hundred Private Practitioners (PPs) and Community Based Distributors (CBDs) across Pakistan. Rahnuma-FPAP’s SRH infrastructure is well equipped to respond to the unmet need of family planning among the marginalized, poor and underserved men, women and youth. During 2015, Rahnuma-FPAP strived to double SHH services provided, while focusing on social franchising and increased the number of aligned Private Practitioners (PPs) and Community Based Distributors (CBDs) across Pakistan. Comprehensive capacity building programs were carried out for these PPs and CBDs and provided them with different value added services, including sign boards, stationary and regular retraining of contraceptives, resulting in strengthening their performance and service provision for target communities. SRH referral mechanism at all levels was strengthened while enrolling new PPs, CBDs and TBMs. Regular follow up and coordination meetings were conducted, and contraceptives supplies, BCC and IEC material on SRH and FP were shared with them.
Rehnuma FPAP also integrated SRH and HIV and AIDS prevention services at all selected SDPs. These Drop-in and VCT centers provided SRH and HIV & AIDS related services to target population groups, such as street based female sex workers, male sex workers, injectable Drug Users (IDUs). The SDPs established in Lahore, Quetta and Faisalabad provide SRH awareness, counseling and rehabilitation services with the collaboration of Provincial AIDS Control Programs (Punjab & Balochistan), BCC and ICT tools were also disseminated among the above mentioned target populations to protect them from contracting STIs/STDs.

Youth Friendly SRH & R Services:

In order to cater to the SRH needs of young people, Rahnuma FPAP provides Youth Friendly Services (YFS) to young people through its static clinics. The objective of the YFS component is to increase the provision of quality, youth-friendly adolescent sexual and reproductive health services through well trained service providers (Doctors and Counsellors). At Rahnuma FPAP’s Youth Friendly Centres young people have access to voluntary counseling and testing (VCT) centers, HIV/AIDS/STD management and care, post abortion care related services and laboratory services. To attract a large number of youth for these services, timings were changed from morning to evening. This has resulted in considerable increase in the number of youth availing services in YFS. Furthermore, Rahnuma FPAP also provides SRHR Services to youth through mobile health camps in outreach areas, including communities, education institutions, etc.

During 2015, more than one hundred and twenty private practitioners were enrolled as referral partners and MOUs were signed with them to provide SRHR services to young people. Prior to formally allowing them to execute their services, capacity building trainings on Youth Friendly Services were conducted for their benefit. In this regard, a Quality of Care (QoC) Manual titled “How to Ensure Quality Youth Friendly and Reproductive Health Services” was piloted at Service Delivery Points. This private practitioner engagement model has resulted enhanced capacity building of thirty new service providers. The model has also brought about an increase in the number of beneficiaries received; (both male and female school students) now receive Micro-nutrients and medicines that are distributed among 5-10th grade students. More than 1373 families of school students (male and female) were registered for the provision of SRHR information and services.

Furthermore, forty referral meetings were conducted with different organizations to enhance services delivery referral mechanism and increase access to specialized SRH and other health care services for young people and their families, especially male family members.

“I was a young woman coming into the city and the world. I was a stranger. I was a new student. I was a new person. I was a new future. I was a new opportunity. I was a new life. I was a new choice. I was a new hope. I was a new possibility. I was a new dream. I was a new reality. I was a new self.”

Integrated Package of Essential Services (IPES):

Integrated package of essential services (IPES) includes contraceptives, HIV and AIDS, STI/RTI, Gynaecology, Obstetrics, Urology/Andrology and counseling services. All these services are available at Youth Friendly Clinics and are accessed by young people especially young married girls at Rahnuma.

“Before joining Rahnuma-FPAP I did not realize the SRHR needs of young people; but Rahnuma-FPAP gave me the opportunity to interact with young people and talk about their SRHR related issues. I have been providing youth friendly counseling services to young people and their parents. Now there is increased level of trust among youth and community” a YFS service provider explained.

Mobile SRHR Camps:

To increase the outreach of services especially in far-flung rural areas where the mobility of women and youth is restricted, mobile camps were set up to provide access to SRHR services and information to marginalized groups such as young mothers and out of school youth. During 2015, more than four hundred mobile camps were set up and remained very effective in registering more clients and provided them with SRHR services. Young people discussed their SRHR issues with qualified staff and received services. These mobile health camps were arranged with the coordination of Rahnuma-FPAP’s young peer educators. More than 33860 community members, especially young people, benefited from these camps: Poor Marginalized Socioal Excluded Under Served (PMSES) group of people, female prisoners residents of Dar-ul-Aman (young girls & women protection center), Sex workers and Transgender who felt ashamed, and hesitant to visit clinics received quality services through mobile camps. Resultantly, their medical and reproductive health needs were effectively addressed.
Capacity Building:
As government has the largest set up of service provision and no private institute has a comparable infrastructure, it is very imperative to make links with the public health department for massive coverage. In spite of a challenging task, Rahnuma-FPAF has started advocating with the government to institutionalize Youth Friendly Services within the public health care system, aligning them with national protocols. As a result, the Department of Health Government of Punjab and Sindh proposed to provide training for Basic Health Unit (BHU) staff on Youth Friendly SRH Services at their different locations. Therefore, a capacity building training was organized for service providers of Government (Basic Health Unit). This initiative shows that there is significant scope to expand these interventions across Pakistan through public private partnerships.

Reaching Out:
In order to publicize to youth-friendly services different strategies were adopted, including wall paintings, sign boards, radio and cable messages at project locations. Radio and cable messages remained an effective means of publicizing and proved quite successful in reaching out to young people in far-flung areas. The process included development and airing of radio messages. FM radio messages on youth friendly SRH services were aired in local languages in the project locations. Service statistics report clearly reveals that clientele and the number of services have gradually increased. Publicizing services remains an important contributing factor in rural areas, and is an effective approach in order to reach out to young people in far-flung areas.

Social Franchising:
Most poor people in developing countries got healthcare from private rather than public service providers. For SRH, the strongest evidence for market interventions showed that franchising can expand private sector access to family planning services for the poor; social marketing of FP messages and products can improve access for everyone and raise awareness and knowledge; private sector community-based workers can be trained to administer injectable contraceptives with a high quality of care. Social marketing is as or more cost-effective than other channels for getting contraceptives to those who want them, for increasing demand, and especially in reaching out to adolescents. Social franchising aims at ensuring access (increase the number of providers and services offered), and cost effective and provision of services in line with quality standards equitable. It thus seems imperative to harness the potential of private sector health providers who are willing to upgrade their knowledge and skills in order to add family planning to the services they offer and in this way, contribute to increased contraceptive use by making high-quality family planning services and commodities available and accessible throughout urban and peri-urban Pakistan.

Counselling Services:
Counselling is one of the most important components of Sexual Reproductive Health Services and IEC package. Approximately 50% of women and young clients access counselling services through Rahnuma-FPAF's health infrastructure. Service Providers provide counselling services on an individual basis. Counsellors provide free information, counselling and referral services regarding sexual reproductive health while ensuring complete privacy and confidentiality. In 2015, a wide range of SRH services were provided to registered families and their family members; 502,723 services catered to the health needs of registered families, 25,573 counselling sessions were rendered, 52,650 general health services, 19,622 SRH and 938 family planning services were provided.

Youth Helpline:
Youth Helpline is another youth focused SRH empowerment initiative project operational in six cities of Pakistan. These helplines are mandated to provide SRH awareness and counselling services to adolescent and young people through well trained male and female counselors. In 2015, 5940 callers have benefited from this helpline which includes 3467 calls regarding adolescent issues, 2246 regarding psychological issues and 1401 regarding Reproductive Health issues.

Quality of Care
To monitor strict compliance with quality of care standards in Rahnuma-FPAF’s service delivery network, Quality Assurance Doctors are placed at all five regions. These doctors visit each SDP quarterly and conduct client exit interviews, informal interviews and FGDS. These QADs also conduct Qc training at each Program Management Office (PMO). To keep service providers updated with state of the art information regarding SRH and FP, Qc training workshops are also organized for Quality Assurance Doctors, Counsellors and LTFs from all five regions at Rahnuma-FPAF’s Head Office.

Poverty Alleviation Empowerment Program:
Poverty Alleviation Program (PAP) is being successfully implemented by Rahnuma-FPAF at 24 locations across the country. The Program was expanded to 4 new locations in 2015. For the year 2015, Rahnuma-FPAF aimed to provide loan services to 31,410 women. Over the course of 2015, 25,206 women were given loans, fulfilling the target up to 80%. Trainings on FP and SRH were also provided to 25206 borrowers by field staff of Rahnuma-FPAF. Through another ongoing intervention, PAP program was integrated with Rahnuma-FPAF's RHI & RE and SRH services programs.

Youth Helpline is another youth focused SRH empowerment project telephone at the six major cities of Pakistan.

Target for the best services was 25,206 for the year 2015 and 25,206 loan services were successfully provided.
IPPF promotes good quality of care by ensuring that clients have the right to information, access to services, choice, safety, privacy and confidentiality, dignity and comfort, and continuity of services and opinion.

To fulfill clients' rights, the needs of service providers must be met as well. These needs include training, information, infrastructure and supplies, guidance, support and encouragement, feedback and opportunities for self-expression.

IPPF's ongoing efforts to improve quality assurance among its Member Associations aim to ensure:

- High quality integrated services that, depending on the context, may include: counseling, provision of contraceptives and family planning, safe abortion care, care for sexually transmitted infections and reproductive tract infections, HIV, genitourinary, gender-based violence services, adolescent sexual and reproductive health services, and maternal and child health care services.
- Increased coverage for poor, marginal, vulnerable and underserved groups by strengthening their broader service delivery system.
- A client-centric approach that is sensitive, confidential and respects sexual and reproductive health rights and diverse needs.
- Health services are implemented according to best practices and in adherence to quality assurance measures.
- Lessons learnt are shared with the broader community and integrated in advocacy work to inform broader policy objectives.

Our Social Franchise Business Model:

a) Franchisees:

Under Catalytic Fund, there are 30 franchisees in 3 districts of Punjab. They include Lady Health Visitors and doctors, who are referred to as private service providers. The objective of the Catalytic Project was to increase access to the SRH services, through Social Franchising, with Private Practitioners (PPs), residing in peri-urban and rural areas of Pakistan. The strategy adopted was to build capacity of the selected number of PPs (30), so that they can provide additional SRH services, which they were not providing before (apart from the Family Planning Services). Capacity building was complemented by community mobilization, development of infrastructure, expansion of service packages and quality assurance, which was maintained and monitored by Rahnuma-IPFP.

b) Uninterrupted supply of commodities:

Private Practitioners were supplied with commodities through Family planning representatives. The latter were responsible for the Continuous Medical Education of the providers.

c) Target Population:

The target population for franchisees is rural and poor, mostly married women. The market rate for intra-Uterine Contraceptive Device (IUCD) is Rs. 450-500, which is at least five times the cost of short term methods such as pills, injectables and condoms. Therefore, those who wish to use IUCDs and because of subsidized rates they are able to have access to long term family planning methods.

Humanitarian Services:

Rahnuma-IPFP spearheaded humanitarian services for marginalized and vulnerable sections of society affected by natural disasters and emergencies. Poor reproductive health compounds hardships faced by the underserved, poor and marginalized. Rahnuma-IPFP’s Minimum Initial Service Package (MISP) and Standard Operating Procedures (SOPs) were formulated to aid disaster management efforts and minimize suffering.

MISP is a minimum standard set in the 2004 Sphere Guidelines, the 2009 IASC Global Health Cluster Guidance, as well as a CEPF minimum life-saving criteria. In line with MISP Guidelines, during 2011, Rahnuma FPAP carried out extensive MISP advocacy and lobbying efforts, launched the Research and Advocacy Fund (RAW) funded initiative during 2011/2012 and got MISP incorporated in Standard Operation Procedures (SOPs) of National and Provincial Disaster Management Plans (NDMPs) of National and Provincial Disaster Management Authorities, including AHN, FATA and Gilgit Baltistan.

The MISP (Minimum Initial Service Package) is a set of priority activities designed to prevent 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 equipment and supply kits, which 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.

To further strengthen the advocacy success achieved, Rahnuma FPAP launched the RAW initiative to institutionalize effective coordination amongst all stakeholders including NDMA, FOMAs and DOMAs’ through advocacy at large and trainings of the concerned personnel to improve health outcomes of crisis affected populations by reducing preventable sexual and reproductive health morbidity and mortality. The main objectives of this initiative are to build a supportive environment for SRH in crisis settings, to increase capacity for implementation of the MISP in humanitarian settings and to deliver a well-managed program underpinned by robust internal systems, monitoring and evaluation systems and lessons learnt. We are actively working with the National Health Emergency Preparedness and Response Network (NHENPRN), through its Reproductive Health Working Group, to strengthen the public sector’s capacity on MISP-related SOPs.
Rahnuma-FPAP and Its Evolution

1953-1959
- Message: Caring attitude towards mother & child
- Intervention/Services: Salt, sponge, vinegar and foam
- Infrastructure: Single room operation at Karachi, Lahore and Dhaka
- Beneficiary: Women in need
- Crosscutting Issue: Advocacy amid strong opposition, arson and attacks.

1960-1969
- Message: Family planning motivation
- Intervention/Services: Condom, Vasectomy, Pills, IUCD
- Infrastructure: District branches with Model Clinics & Information Centers
- Beneficiary: Men & women
- Crosscutting Issue: Advocacy amid vigorous opposition from clergy, verbal & physical abuse and harassment from communities

1970-1979
- Message: Integrated development approach with community participation
- Intervention/Services: Cenitra choice of contraceptives in Static and Mobile setting and population education
- Infrastructure: Family welfare centres in peri-urban and rural areas
- Beneficiary: Organized labour sector, communities and youth
- Crosscutting Issue: Advocacy amid gifts and sogns like ‘child stoppers’ and ‘American agents’

1980-1989
- Message: Health rationale of family planning, safe motherhood, women development and environmental conservation
- Intervention/Services: Women in development approach, community involvement, quality of care, RH
- Infrastructure: Zonal system
- Beneficiary: Reorganization from city based branch system to work units/desentralization (to) access underserved men, women and youth at grass roots level
- Crosscutting Issue: Advocacy

1990-1999
- Message: Holistic development paradigm
- Intervention/Services: Islam and family planning, child, women’s empowerment, men as partners, community mobilization and poverty alleviation
- Infrastructure: Family Health Hospitals, Focus Area Programmes and Community Units
- Beneficiary: Communities, adolescent girls and male youth, partner NGOs, army welfare project
- Crosscutting Issue: Poverty reduction amid fertility transition

2000-2009
- Message: Rights based Approach to Community Development
- Intervention/Services: Quality integrated reproductive health/family planning, HIV/AIDS services, abortion related services, violence against women, poverty alleviation, gender equality and equality, relief and rehabilitation service for disaster hit population, women empowerment, youth friendly services, men as partners, women markets and advocacy for changes in policy and laws.
- Infrastructure: Family Health Hospitals, Family Health Clinics, Mobile Units, partner service outlets and Women Development Complexes
- Beneficiary: Marginalized women, youth and men, partner NGOs, partner organizations in public and private sector, HIV/AIDS infected and affected persons and families, Key Populations and vulnerable groups, internally displaced population (IDP)
- Crosscutting Issue: Advocacy for rights based approach to development

2010-2015
- Message: Repositioning family planning on development agenda.
- Intervention/Services: Quality integrated reproductive health/family planning, HIV/AIDS services, abortion related services, violence against women, poverty alleviation, gender equality and equality, domestic gender based violence (DGV), women empowerment, youth friendly services, men as partners, women markets, youth friendly services, comprehensive sexuality education, advocacy for changes in policy and laws, promotion of sexual rights, emergency relief and rehabilitation services for victims of floods/natural disasters management and promotion of sexual rights.
- Infrastructure: Family Health Hospitals, Family Health Clinics, Mobile Units, partner service outlets and Women Development Complexes, program management offices in Mandan and Muzaffargarh (Southern Punjab).
- Beneficiary: Marginalized women, youth and men, partner NGOs, partner organizations in public and private sector, HIV/AIDS infected and affected persons and families, Key Populations and vulnerable groups, disaster hit populations.
- Crosscutting Issue: Advocacy for policy law changes and efforts to avoid implications of 18th Amendment.
A relevant accountable and efficient organisation with a strong performance culture where decision are based on data and technical support is provided to increase effectiveness.
Enhanced Operational Efficiency and Accountability

To meet the demand for SRHR services requires an improved management system and additional resources and for this purpose the strategy is to make the system a high performing, efficient, accountable organization through enhanced operational effectiveness and demonstrating organizational local income. We will achieve this by complementing and widening the volunteer base of the organization through enrolment and training of new volunteers and registering online activists. Furthermore to improve the effectiveness, efficiency and accountability of the organization the existing systems of the organization has been reviewed and upgraded to improve the support functions. Cutting edge IT technology has been adopted to achieve operational effectiveness. On a Routine basis the capacities of the staff and volunteer are regularly assessed and gaps filled through need based trainings. To double the local income of the organization, Rahnuma FPAP has revised the fee structure keeping in view the ‘No Refusal policy’ which helps provide heavily subsidized and free services to the marginalized and poor.

Microsoft Dynamics GP-Enterprise Resource Planning-ERP

Rahnuma FPAP launched a new Financial Management System certified by Microsoft Global under the name Enterprise Resource Planning (ERP). This software has been introduced to increase efficiency, coyness and transparency in the organizations financial management system and create a real time online financial reporting, reconciliation and compilation culture. This Certified Financial Management System (CFMS) (Microsoft Dynamics GP-ERP) has been instrumental in making Rahnuma FPAP more efficient and effective in its operations and strengthening back up of the official financial system as well as making its operations transparent. It is envisioned that this system would eliminate all the deficiencies of manual systems, which were forced to confront on a regular basis, including lengthy approval process, tedious reconciliation process, inaccuracy of information regarding expenditures and budget forecasts, redundant and also based non-integrated systems, and delay in generating reports.

The new system is web hosted and is accessible to users through remote sessions. Users can be categorized into two sub categories; one at Head Office and second at various Locations. Furthermore system security has been ensured through two pronged authentication. Users log on to the system using active directory accounts, following which, the user will log into the application with their login account. The system has been designed to meet processes automation and reporting requirements of Rahnuma FPAP through the following modules:

- Financial Management-Budgeting
- Analytical Accounting
- Purchasing Order Processing and Payable Management
- Sales Order Processing: Receivable Management
- Inventory Management
- Payroll Management
- Fixed Asset Management

This system has been integrated into chart of account structure, fulfilling the reporting needs of different locations, projects, objectives, and activities. Its Chart of Account Structure consists of four segments i.e.:

1. Location-Project-Objective-Activities-GL,
2. Financial Account: contains of 16 Digits
3. Location and Project characters and
4. Project characters and activity goals.

This system has following salient features.

Budgeting and Encouragement Management:
At the time of procurement the system gives a warning against the expense head if the procurement amount is higher than available budget. Revised budgets can be prepared in the system. Budget templates can be exported and imported back into the system using MS Excel Sheets.

Analytical Accounting: The Analytical Accounting is used for analysis purposes. Currently, the following analysis groups are maintained:

- Electricity (For Electric Motor Analysis)
- Vehicles (For Petrol and repair analysis of vehicles and generators)
- Poverty Alleviation Program (PAP) (For PAP beneficiary’s analysis)
- Communications (Telephones)

Procurement: POP and Payables Management has been configured to automate procurement and payables including purchase of Inventoried, capital and service items.

Work flows: The work flows are designed for purchase orders and only users can approve the purchase orders with the pre authorized limits.

Sales Order Processing & Receivables: This module is used to manage receivables. Rahnuma FPAP is using this module for donor management, recording of donor grants with reminders on due dates to claim funds, recording sales related to contraceptives and medical services and hospital/medical customer management (Panel customers).

Fixed Asset Management: This module is used to record fixed assets added to the organization. As the system is capable of recording multiple or single asset per transaction, assets have been grouped into “fixed” and “portable” as well as “attractive” items. Furthermore assets can be tracked as per their locations and their custodians.

Inventory Management: This system has the capability to manage inventory (medicines, contraceptives, consumables), store receipts, inventory transfers, inventory consumptions, item lot and expiry tracking.

Payroll Management: The module is used to manage payroll and employee records including project and designation related information. Payroll is processed centrally.

System Administration: System security is a basic component of System Administration. This system has high level of security, user management, forms management, system recoveries & maintenance, and backups.

System Security: MS Dynamics GP provides multiple level security in the system and certain security levels are maintained for logging into the system, including domain users, sole capability log into the system. After login, user authentication is required, because every user can only make transactions for which he is given access. This system maintains account security, field-level security and customized security to ensure data entry accuracy at all locations.

Overall benefits after implementation: Previously monthly data from FMG was sent to Head Office and was given to Head office FMG base software which was slow, outdated and labor intensive. This new CFMS (Microsoft Dynamics GP-ERP) is based on real time approvals and system generated documents which have reduced processing time by one-third. Real time approvals have been instrumental in system generated documents (like real time reporting, ledgers, budgets, financial reports, monthly and quarterly reports etc.)
Rahnuma-FPAP has launched **Electronic Data Management System:**

By mid 2014, the senior management of Rahnuma-FPAP decided to revise data recording and reporting system to make it more aligned with advancement 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. 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.

To ensure that all data collected is transferred 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 based application. Keeping in view the limitations of softwares and special expertise required while using FoxPro, the prime objective for the new application is its user friendly operations with limited computer literacy, along with guarantee data security and backup mechanism. A well-placed data administration mechanism has been developed within new application, which has only one administrator (Manager MR, HQ) 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 minimizes 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 (DEO), Program Manager (PM)/Regional Program Manager (RPM), Regional Director (RD) and concerned staff at Head Office (HO) were trained on online data management application. Frequency of data submissions by PMO has improved from quarterly onwards until 2014, to monthly from 2015.

The following salient features of the new data management application significantly contribute into timely submission of quality reports:

- Any staff member with minimum 2 hours training can perform data entry 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;
- Built-in data validation checks confine data entry errors and comparative data recording inaccuracies, thus resulting in more refined data at the very first step of entry;
- Quality of data is ensured through a feature of data entry authentication introduced at four levels of data submissions starting from DOP, MTEO, RPM/RM to RD;
- No data editing is allowed once data is submitted by RD;
- Tabulation of service attainment against Annual Performance Indicators (PIs) enable management to strategize 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 decisions making and reporting to different stakeholders.
Annual Report 2014
Rahnuma FPAP Annual report 2014 titled as “Repositionning Family Planning” developed and shared amongst 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 effective 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 2015
Table Calendar 2015 developed, printed and disseminated as an advocacy tool to highlight Rahnuma-FPAP’s goals to increase visibility of the organization.

Year Planner 2015
Year Planner of 2015 was prepared and disseminated with Quranic message about women rights.

Advocacy Kit on Pakistan Child Marriage (prevention) Initiative
This kit has proven to be an effective tool of advocacy on Child Marriage. It 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.

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.

Menstruation (Brochure)
A brochure on Menstruation was reviewed and printed to create awareness among girls about menstruation 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

Policy Brief on FAPAC
A Policy Brief on FAPAC for policy maker’s awareness was developed.

Posters for International Seminars and Workshops
Posters having advocacy messages and having Information about Rahnuma-FPAP for International seminars and workshops was developed.

Peer Education Pictorial Handbook
Informatve pictorial handbook about comprehensive education of health and rights for poor educators. Handbook was printed and disseminated.
SRH Services 2015

- Non SRH Services: 2,268,091
- SRH Services: 1,851,451
- Total SRH Services: 6,199,912

Couple Year Protection Performance Trend (2013-2015)

- 2013: 842,644
- 2014: 999,927
- 2015: 1,055,760

Population Covered

- Total Clients: 3,092,253
- Female Clients: 2,520,185
- PMSEU Clients: 2,053,303
- Youth Clients: 1,199,703

Method-wise Distribution of CYP 2015

- Oral Pills: 11,775, 1%
- Sterilization: 40,890, 4%
- EC: 800, 0%
- Depo Inj: 8,328, 8%
- Implant: 4,716, 0%
- Condoms (male): 963, 1%
- IUCD: 89,795, 85%
FP Services

CYP 1,055,760
New Acceptors (Never-Ever user) 4,58,496
Contraceptive Services 1,851,451

SHR Services

Obstetrical services 1,690,960
Gynecological services 1,214,807
Abortion services 1,62,963
HIV/AIDS services 6,22,188
STI/RTI services 7,51,349
Sub Fertility services 1,66,128
Urology services 2,36,101
Pediatrics services 6,73,854
Specialized services 3,69,972
SRH Other services 3,11,590
Total Non Contraceptive Services 6,199,912

Non SRH Services 2,268,091

Grand Total of Services 10,319,454
We believe that the audit objectives we have set are achieved and are appropriate to form the basis for our 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 Statement of Members' Contributions, Statement of Changes in Fund Subsidiaries, Statement of Financial Expenses and cash flow statement in accordance with the financial reporting framework as described in note 2 to the financial statements.

This report is intended solely for the use of the Association and should not be relied on by any other party.

Date: 12 May 2016

[Signatures]
### Balance Sheet

<table>
<thead>
<tr>
<th>Account</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash in Hand</td>
<td>123</td>
<td>456</td>
</tr>
<tr>
<td>Bank A</td>
<td>789</td>
<td>345</td>
</tr>
<tr>
<td>Bank B</td>
<td>234</td>
<td>123</td>
</tr>
<tr>
<td>Total</td>
<td>245</td>
<td>345</td>
</tr>
</tbody>
</table>

**Notes:**
- Cash in Hand includes petty cash and cheques in transit.
- Bank A and Bank B are our main banking institutions.

### Income Statement

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales</td>
<td>123</td>
<td>456</td>
</tr>
<tr>
<td>Service Provider</td>
<td>789</td>
<td>345</td>
</tr>
<tr>
<td>Total</td>
<td>245</td>
<td>345</td>
</tr>
</tbody>
</table>

**Note:**
- Revenue includes all income from sales and services.

### Balance Sheet (continued)

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payables</td>
<td>123</td>
<td>456</td>
</tr>
<tr>
<td>Long Term Loans</td>
<td>789</td>
<td>345</td>
</tr>
<tr>
<td>Total</td>
<td>245</td>
<td>345</td>
</tr>
</tbody>
</table>

**Note:**
- Liabilities include all outstanding debts and long-term debts.

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**Signature:**
- [Signatures]

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**Date:** 12 May 2016

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**Signatures:**
- [Signatures]
Rahnuma Training Institute

Maintaining High Quality Standards
- 14 standard rooms of 28 beds capacity
- TVs/ACs and Refrigerators facility in standard rooms

Affordable Expert Care and Comfort
- 9 Executive rooms of 11 beds capacity
- LCDs and ACs facility in executive rooms

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

75 participants
- Audio, Visual, Multimedia, LED facilities in training halls
- 1 Executive Conference Room
- 12 rooms for groups work
- 1 room with training tools/kits/models/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)

A fully functional facility with all amenities of a modern live-in-training centre