Mission:
Rahnuma-FPAP is committed to:

- Promoting Family Planning and Sexual & Reproductive Health as a Basic Human Right in Pakistan.
- Providing sustainable and quality sexual & reproductive health, and family planning information and services to men, women and youth, particularly the poor and rural segments, in partnership with government, NGOs and civil society.

Vision:
Rahnuma-FPAP envisions to lead a rights-based movement using the holistic development paradigm which strengthens family well-being.

First Row Sitting: Ms. Anam Hanif Khilji (Youth), Syed Kamal Shah (CEO), Ms. Faiza Aziz (Youth), Ms. Iqra Alam (Youth), Ms. Humera Aziz (Youth), Mr. Qazi Asfand Yar (Youth)

Second Row on Chair: Mr. Muhammad Dawood Kasi, Ms. Javeria Sharif, Dr. Amir Bakhsh Baloch, Ms. Mahtab Abar Rashdi, Ms. Surayya Jabeen, Ms. Roshan Khursheed Bharucha, Mian Abdul Hameed, Dr. Masooma Sardar, Mr. Ziaullah Khan Bangash

Third Row Standing: Ms. Anadil Rashdi, Mr. Hidayat Shah, Mr. Wazir Farman Ali, Mr. Khurshid Ahmed Qadri, Mian Abdul Hameed, Dr. Masooma Sardar, Mr. Ziaullah Khan Bangash, Mr. Khair Muhammad Budh, Mr. Ashiq Ali Khawaja, Mr. Nawab Wali Muhammad, Mr. Javed Khan, Mr. Haji Sattar Gul
It is a matter of great pleasure for all of us that Pakistan experienced a successful democratic transition after holding General Elections 2013. People of Pakistan mandated different political parties which envision Pakistan a progressive, pluralist and liberal society working side by side with the international community. These elections provided greater insights and encouragement to me along with other social champions that our struggle has started bearing social dividends. Now we anticipate that Pakistan would have a stable and strong democracy which is pre-requisite of our progress, emancipation and liberalization. People of Pakistan through their democratic right awarded mandate of stability and continuation of democratic apparatus. After the elections newly installed governments at the national and provincial levels have shown greater resolve to Pakistani people to carry forward a highly progressive and liberal socio-economic development agenda by eliminating all forms of discrimination, subjugation and coercions. They all pledged to award equal and just socio-economic opportunities to marginalized sections of the society including minorities, women and disadvantaged/vulnerable sections.

I feel proud to witness the pledges of all stakeholders including parliamentarians, CSOs, Political parties, Media, religious & cultural leaders for equal socio-economic opportunities and wellbeing. This is also testimony of our latest campaign carried out with leading political parties across Pakistan. This enthusiastic campaign sensitized and encouraged different stakeholders (especially the political parties) to incorporate vital social wellbeing commitments and pledges in their election manifestos. We urged them to exhibit maximum support for SRHR, family planning and other social development indicators. Leading political parties including PML (N), PPP, MQM, PTI, PML (Q), JUI, ANP, nationalists etc. were influenced through lobbying and sensitization campaign and they expressed strong commitments for equitable development of all marginalized and vulnerable sections. They pledged and committed for taking concrete measures safeguarding the rights of women, children, minorities and socially disadvantaged/stigmatized groups. They expressed their resolve to eliminating all discriminatory laws and practices against women in politics, workplace and at home. Leading heights of these political parties committed to amend highly coercive age of marriage law to eliminate the menace of child marriage, gender based violence etc.

During the 2013 we saw a culmination of decade’s old struggle for ending the culturally coercive practices of child/minor girls’ marriage when newly installed provincial governments of Punjab, Sindh and KP pledged to amend certain laws and regulations which support child marriage. This coercive practice which is prevalent in rural and backward areas is considered one of the leading causes of adolescent pregnancies, GBV/VAW, post abortion complications, high rate of MMR and IMR and overall high population growth in Pakistan.

Another main achievement for the rights of marginalized and vulnerable sections of society at the global level is Sixth Asian Pacific (ministerial level) Population Conference-APPC (2013). This sixth APPC a milestone on population development was held to ascertain the viewpoints of these two region which accounts for more than seventy percent of world population. This APPC was held to develop a consensus on certain Population development issues prior to the high level UN meeting on Commission on ICPD and Post 2015 Development Agenda. The government of Pakistan overwhelmingly participated through a representative delegation and adopted progressive approach on various population issues unlike past. It is my pleasure that I was part of the official delegation which adopted the historic APPC Declaration and this APPC ministerial declaration envisioned concentrated and integrated efforts on population development and other regional issues through a multipronged approach.

Message of
Ms. Mahtab Akbar Rashdi
President Rahnuma-FPAP
Rahnuma-FPAP a pioneer civil society organization has the distinction to kick start a well-articulated campaign for the rights of all marginalized and vulnerable sections of society including poorest of the poor, women, children, adolescent, youth and other disadvantaged groups. This journey for the socio-political rights has always remained cumbersome and challenging under the unstable, conservative and authoritarian political culture and wide spread social deprivations. Our predecessors who embarked on social wellbeing mission of the marginalized and vulnerable faced these challenges with persistence and courage. They remained firm and committed to this cause despite of high odds and we feel proud to taking forward their cause with greater commitment and candor. This struggle for the rights of marginalized has always had a special focus on youth and adolescents which accounts for more than 65% of our population.

This year’s Annual Report (2013) exclusively highlights our achievements of youth development program which we initiated since our inception 1953. We considered that youth in Pakistan are victims of a host of socio-economic challenges and impediments as they are illiterate, poorest, marginalized and culturally subjugated. Youth priorities always remained part of our strategic plans and cross cutting focus. We exhibited higher priority and relevance to interventions of marginalised youth groups including women, girls, and children, religious and cultural minorities and socially excluded/stigmatized groups.

Rahnuma-FPAP youth program evolved through certain stages as prior to 1973 was embedded in the overall reproductive health, maternal and neonatal health and family planning initiatives. Under the changed global scenario and local demographic conditions (1973/74), we re-aligned and re-prioritized our goals and youth & adolescent became one of the main strategic priorities. Realigned goal of youth program focused towards the capacities and skills of youth, enabling them to have adequate and equitable access to all their rights including sexual reproductive health (SRH) and FP. Our integrated advocacy/lobbying and sensitization campaigns urged policy makers to address the policy gaps for youth, enact youth friendly laws, launch youth friendly programs/interventions and empower them to become useful citizens. We targeted all stakeholders including parliamentarians, media, civil society, religious and cultural leaders, academicians, universities, peer educators, community groups at the mass level and carried out different programs and interventions for youth and adolescents across Pakistan. Our highly acclaimed Girl Child Project which remained functional at more than 730 locations for more than sixteen years benefiting 36,500 girls and 6,900 boys across Pakistan. We pioneered integrated Youth Friendly Services Project in all our Family Health Hospitals (FHH), activated Youth focused Toll Free Helplines in all provinces/regions including Gilgit Baltistan (GB) and AJK and functioning 52 well equipped Youth Resource Centers across Pakistan.

Rahnuma-FPAP has inculcated youth related priorities in all its plans and priorities. We considered them our national asset and potential social champions/change agent. We firmly believe that youth in Pakistan has the potential to change our overall national destiny and outlook towards a bright future. We always strive to provide them targeted information, skills and capabilities which can protect and safeguard their rights. Recent happenings across globe have increased our resolve for youth and their social needs. Recently general elections 2013 remained highly youth focused and all political parties devised their elections manifestos on youth lines.

It is a matter of great encouragement for us that international and local stakeholders are giving due importance to the youth and various initiatives have been taken at global level. Present political dispensation in Pakistan is highly supportive of youth needs and has launched various initiatives for youth in recent past. In the regard Sindh government pioneered to pass the Child Marriage Restraint Act 2014. This can be termed a big achievement of civil society struggle but a lot more still have to be done for youth.
Acronyms:

AACM  Alliance Against Child Marriage
AIDS  Acquired Immune Deficiency Syndrome
AJK  Azad Jammu Kashmir
APPC  Asian Pacific Population Conference
BCC  Behavioral Change Communication
CBDs  Community Based Distributors
CEDAW  Convention to eliminate discrimination against women.
CM  Child Marriage
CMRA  Child Marriage Restraint Act 1929
CSE  Comprehensive Sexuality Education
CSEN  Comprehensive Sexuality Education Network
CSOs  Civil Society Organization
CYPs  Couple Year Protections
DFID  Department of International Development
FDG  Focus Group Discussion
FHC  Family Health Clinic
FP  Family Planning
FPAI  Family Planning Association of India
GBV  Gender Based Violence
GCACI  Global Comprehensive Abortion Care Initiative
HIV  Human Immuno Deficiency Virus
IAWG  Inter Agency Working Group
ICPD  International Conference on Population & Development
IEC  Information Education Communication
INGO  International Non-governmental Organization
IPPF  International Planned Parenthood Federation
IUD  Intra Uterine Device
KPK  Kayber Pukhtun Khwa
LBBC  Living Beyond Breast Cancer
LSBE  Life Skill Based Education
LTPM  Long Term Permanent Method
MLA  Member Legislative Assembly
MNA  Member of National Assembly
MNH  Maternal Neonatal Child Health
MPA  Member of Provincial Assembly
MR  Menstruation Regulation
NGO  Non-governmental Organization
NYN  National Youth Network
PAPAC  Pakistan Alliance for Post Abortion Care
PCMI  Pakistan Child Marriage Initiative
PHC  Primary Health Care
PMTCT  Prevention of Mother-To-Child Transmission
PPs  Private Practitioners
QAD  Quality Assurance Doctor
RNYN  Rahnuma National Youth Network
SDC  Swiss Development Corporation
SDP  Service Delivery Points
SOPs  Standards Operating Procedures
SRH  Sexual Reproductive Health
SRHR  Sexual Reproductive Health & Rights
STD  Sexually Transmitted Diseases
STI  Sexual Transmitted Infections
TBAs  Traditional Birth Attendant
TIA  Treatment of Incomplete Abortion
UN  United Nation
UNICEF  United Nations (International) Children Fund
UPR  Universal Periodic Review
VAW  Violence against Women
VCT  Voluntary Counseling and Testing
WPF  World Population Foundation
YFS  Youth Friendly Services
YHL  Youth Helpline
YRC  Youth Resource Centre

Contents:

08  Executive Summary
10  Introduction of Rahnuma-FPAP Youth Program
16  Evolution of Youth Program
22  Youth Friendly SRHR Services
28  Rahnuma-FPAP Youth Helpline
30  Rahuma-FPAP National Youth Network
32  Campaign on Child Marriage
38  Rahnuma-FPAP Innovative Projects
44  Partnership
45  National Parliamentarians Caucus
48  Rahnuma-FPAP SRHR Coverage in Media Network
52  Publications
54  Performance Graphs
58  Annual Audit Report
Executive Summary

This year (2013) annual report titled as “Building Momentum for SRHR: Youth at the Centre” exclusively highlights our youth related interventions and achievements across Pakistan. Rahnuma-FPAP has adopted an exclusive youth approach since its inception in (1953) and carried out various projects across Pakistan. This annual report starts with an introduction of our Youth and adolescent program. It signify that youth and adolescent which accounts for more than 65% of population but they are highly marginalised and vulnerable. It is pertinent to mention here that our youth program is in line with IPPF strategic direction and it continued working on multi-pronged strategy.

The annual report highlights chronological history and evolution of Rahnuma-FPAP youth program. We initiated the Youth and Adolescent program in Pakistan when no one dared to talk about it (1953). It was embedded in the overall reproductive health, maternal and neonatal health and family planning initiative. After 1973/74 Rahnuma-FPAP re-aligned and re-prioritized its target interventions and youth and adolescents became one of its five strategic focus areas. Afterwards we formed youth groups/youth champions and their networking for lobbying and awareness purposes. Under youth led project titled as “Rabbitta Initiative” different youth development activities were carried out across Pakistan including a historic National Bench Mark Survey in Pakistan. During 90s Rahnuma-FPAP launched Community based youth focused Social Services Delivery program and JEAT Initiative. We organized a mega “National Youth Mela/Festival” at the national level. Highly acclaimed Girl Child Project jointly supported by UNICEF & SDC was initiated at 730 locations across Pakistan, it remained operational for more than sixteen years and benefited 36,500 girls and 6,900 boys directly.

At the start of new century our strategic focus further prioritized towards youth and we carried out extensive projects of diverse nature for youth at mass level. We launched youth friendly services (YFS) program in our state of the art Family Health Hospitals across Pakistan, Toll free Youth Helplines were activated at provincial and regional level and we are functioning 52 Youth Resource Center (YRCs) across Pakistan. We have formed youth led National Youth Network (RNYN) at the national level. This network is mandated to streamline the youth needs at relevant forums and carried out various advocacy and lobbying activities with diverse stakeholders. NYF remained instrumental in taking forward youth agenda in Pakistan. Its core priority areas are SRHR, Life Skill Based Education (LSBE), Comprehensive Sexuality Education (CSE), GBV, youth mainstreaming etc. It has developed close coordination with all stakeholders including parliamentarians, media, CSOs etc.

This annual report also highlights our networking and collaboration with wider stakeholders at the international, national and regional level including INGOs, UN system, parliamentarians, media, civil society, public sector etc. Rahnuma-FPAP has the distinction to lead Rahnuma-FPAP National Parliamentarians’ Caucus on SRHR, Pakistan NGO Si Alliance, Pakistan Alliance for post Abortion Care (PAPAC), Rahnuma-FPAP Media Network on SRHR, Alliance against Child Marriage (AACM) and Comprehensive Sexuality Education Network (CSE). These networks and alliances have been instrumental to carry forward our diverse social development agenda through advocacy, lobbying and sensitization campaigns at various levels. Rahnuma-FPAP National Parliamentarians Caucus on SRHR is one the largest parliamentary network at national and provincial level. This network is working through legislative and policy change. Similarly our Media Network on SRHR is pledged to carry forward the SRHR agenda through advocacy, lobbying and various advocacy and lobbying initiatives and distinguished media personnel from different media channels (print, electronic, social media) are its regular members. It has representation at the national and provincial level.

The last section of annual report highlights some of our innovative and peculiar projects which we implemented during 2013. These projects include Sprint II Initiative “Access to Sexual and Reproductive Health in Humanitarian Settings” funded by Aus AID and managed by IPPF. The scope of this project is based on the work of the Inter-Agency Working Group on SRH in Crisis Situations (IAWG). Another important project “Enhanced Ownership and Implementation Commitments made by Pakistan in London FP Summit 2012” in collaboration with RAI was implemented at the national and provincial levels. It was aimed to enhance the political commitment and ownership of the FP 2020 commitments after the landmark London Summit on Family Planning 2012. “GLOBAL Comprehensive Abortion Care (GCAC Plus ) Plus Initiative” is designed to enhance Family Planning and Menstrual Regulation services including post abortion contraception, Post-Partum Contraception and standalone contraception services at selected locations. Other important projects we launched during 2013 are “Catalytic Fund Initiative for scaling of SRH services delivery infrastructure of private practitioners (PPs) in Pakistan” and “Japan Trust Fund Project-Healthy-Mother, Healthy-baby , Strengthening the delivery of MNCH in Gilgit-Baltistan (GB)”. At the end it highlights our annual performance/achievements through pictorial and graphic illustrations and also highlights our fiscal position through a certified audit report 2013.
Pakistan currently has the largest group of adolescents and youth (Ages 10-24) of individuals almost 65% of its total population. According to Pakistan Youth Policy only slightly more than 1/4th (27%) of the adolescents (10-14 year) are in school while 37% of the young people (mostly females) are illiterate. About 2/3rd (67%) of the youth segment live in the rural areas.

Rahnuma-FPAP Youth and Adolescent program is in line with IPPF strategic direction and it continued working on multi-pronged efforts towards increased access to services by youth and adolescent. It also carried out policy advocacy to facilitate the same at a larger scale.

This “youth bulge” along with a golden opportunity for the country, also poses a big threat if not tackled appropriately. A serious attention is needed to transform this bulge into a valuable and productive future resource of the country. Pakistan can get unprecedented benefits from this future generation but only if this segment is properly guided and educated in a healthy and constructive environment. Inadequate investments and attention in terms of education, health and social rights etc. on this segment of the society can create drastic social and economic problems. The perennial economic and political instability in the country have made the recognition of social rights less prioritized, placing the country on low ranking in terms of civil rights in international community. Worldwide, societal shifts and behavioural patterns exacerbated by unique developmental vulnerabilities create a confluence of factors that place today’s adolescents at heightened risks for poor health outcomes. Effective prevention and treatment strategies are essential to protect adolescents’ sexual and reproductive health. Whereas, strategies must be tailored to the developmental needs of this age group and their social contexts, effective approaches are multifaceted. Although progress has been made since the 1994 International Conference on Population and Development (ICPD), adolescents continue to be disproportionately burdened by threats to their sexual and reproductive health. Sexuality is essential to adolescent development. It is often expressed through thoughts, feelings, and desires and experienced through sexual behaviors and interpersonal relationships. Sexual health involves positive sexual expression, coupled with the possibility of satisfying and safe sexual experiences. To achieve reproductive and sexual health and prevent sexual ill-health, adolescents’ emerging sexuality must be recognized as a normative aspect of adolescent development.

Rahnuma-FPAP Youth Program aims to empower young people in Pakistan by building their capacities and skills to access Sexual Reproductive Health (SRH) Services. It is mandated to that all adolescents and which account for more than 65% of total population are aware of their Sexual and Reproductive Rights (SRHR) and are empowered to make informed choices and decisions, empowered to adopt them. It is aimed to constantly work with policy makers to address the policy gaps, empowering youth to access SRHR information and services and be involved in policy formulation and program implementation which have direct relevance to their life.

Introduction
Rahnuma-FPAP Youth Friendly Services Program is an integral part of youth and adolescent development which is going on since 2009 at nine selected locations across Pakistan. It is based on standardized guidelines which were finalized through consultative process with government of Pakistan including Ministries of Education, Health, Population Welfare and Youth Affairs, along with local and international stakeholders (WHO, Plan International Pakistan, UNFPA, Rutgers/WPF, Care International Pakistan, Aahung, Rozan, Sahil, Chanan Development Association, National Youth Network (RNYN). Youth Friendly Services are located at Lahore, Karachi, Peshawar, Quetta, Islamabad, Gilgit, Kohat, Faisalabad, Chakwal, AJK, Mardan, Haripur which are accessible with a separate and secure settings at each Family Health Hospitals (FHH)/Family Health Clinics. These Youth Friendly Services (YFSs) have also well trained staff including medical practitioners and youth Counselors. These YFSs are equipped with audio/video tools, documentaries and IEC material on youth and adolescent issues. These YFSs are truly youth and adolescent friendly as these are based on Rahnuma-FPAP’s child and youth protection policy, no refusal policy and youth SRH rights. The lists of referral centers are also displayed in each youth friendly. Youth friendly SRH services include a wide range of services with reference to specialists and specialized services. Some of these youth friendly SRH services include:

- Information about SRH issues, SRHR counseling.
- Services for those who experience sexual, physical or emotional violence.
- FP, STI/HIV testing and treatment.
- Contraceptive provision including emergency contraception.
- Post abortion care.

These centers can be accessed by young people to obtain SRH specific information and services as well as address other needs such as life skills and recreational activities. Studies about the effectiveness of these centers indicate that they are highly valued by young people as these cater to their important SRHR and other physiological and psychological needs. At the platform of these Youth Friendly Services (YFS) host of youth and adolescent related target activities are conducted including focus group discussions (FDGs), Peer Education Sessions, life skills based trainings, awareness and sensitization sessions on CSE, child marriage, youth SRHR issues. The targeted youth also organize their interpersonal activities; commemorate different international days, cultural festivals, religious events and birthday parties. All the activities are conducted to develop a sense of mutual ownership.

Since inception of the Youth Friendly Services (YFS) Program, we have conducted 146 mobile camps and more than 14600 young people benefited from this. Different training and awareness sessions were also conducted on CSE, child marriage and LSBE, youth SRHR rights and more than 9000 were sensitized on these issues till to date.

Youth Friendly Services Program has conducted 146 mobile camps and more than 14600 young people benefited from this. Different training and awareness sessions were also conducted on CSE, child marriage and LSBE with youth, parents, teachers and more than 9000 were sensitized on these issues till to date.
Youth Resource Centers (YRCs):

Rahnuma-FPAP’s Youth Resource Centers (YRCs) are part of adolescent and youth SRHR program and these YRCs are operational at more than 50 locations across Pakistan. These YRCs are an integral part of our other youth related interventions and are accessible through online (some of the YRCs are connected with dedicated toll free telephones) and physical approach/visit. These YRCs have well trained staff and equipment (audio/video tools, IEC material, documentaries etc.). At these YRCs, different educational and recreational activities including Youth SRHR awareness raising and sensitization, counseling sessions on GBV, CSE, GBV and women empowerment to educate young people in an organized and comprehensive manner were conducted at each YRC on monthly basis with 25-35 participants in each session and more than 12000 young people were sensitized on these issues.

Mobile Camps for Youth:

Mobile SRH services camps are conducted in the YRCs to provide services to the marginalized population at their door steps. Through these camps:
- SRHR information
- SRHR counseling
- FP services
- And general health services are provided

These camps not only provided an opportunity to the community and young people to discuss their SRHR issues with the qualified staff to receive the coveted information but also motivated them to access the services. These mobile SRH camps have been attended by more than 11000 youth including more than eighty percent female youth.

These YRCs are also linked with Rahnuma-FPAP services delivery and referral network across Pakistan (more than 109 Family Health Clinics (FHCs) and ten state of the art Family Health Hospitals (FHHs) for referral and counseling purposes on family planning, SRH, STIs, STDs, Blood Screening & testing for HIV/AIDS etc. Under Girls Power Project 144 tea parties were conducted at the 9 YRCs. In these tea parties a total number of 2570 young girls and women participated. In these occasions more than 914 other girls and women had a chance to share first time about their SRH issues. Joint sessions by staff and youth volunteers on CSE, GBV and women empowerment to educate young people in an organized and comprehensive manner were conducted at each YRC on monthly basis with 25-35 participants in each session and more than 12000 young people were sensitized on these issues.

Mobile Camps for Youth:

Mobile SRH services camps are conducted in the RYCs to provide services to the marginalized population at their door steps. Through these camps;
- SRHR information
- SRHR counseling
- FP services
- And general health services are provided

These camps not only provided an opportunity to the community and young people to discuss their SRHR issues with the qualified staff to receive the coveted information but also motivated them to access the services. These mobile SRH camps have been attended by more than 11000 youth including more than eighty percent female youth.

In 2013, 10415 male and 8416 female young callers and 103 transgender have benefited from the helpline service through information, counseling and referrals. Outreach of diverse range of youth increased as a result of this service.
During this period the Youth and adolescent program was targeted towards reproductive health and family planning and for this purpose we conducted orientation sessions with students of colleges and universities. Through these sessions the capacity of students and teachers on population issues enhanced. We also conducted peer education session, class lectures, seminars, declamation contests and essay writing competitions on population, reproductive health (RH) and maternal neonatal child health (MNCH). Regular debates were organized in colleges and universities across the country on demography, population dynamics and development to sensitize and raise the level of awareness among the students. Mobile RH Services Project was launched in Lahore for colleges and universities. In rural areas youth champion groups were formed and recreational and learning centers were established. Through these initiatives youth was enrolled as FP and contraceptive marketing and sales agents. We also engaged young doctors and medical students in service delivery programs. Youth was involved in sanitation, reproductive health, MNCH and FP literacy campaigns across Pakistan. Youth Forums were established in selected colleges and universities where various youth development programs were organized. To enhance the involvement of youth at the grass root level recreational and vocational activities were conducted.

Chronological History of FPAP’s Youth Program

Rahnuma-FPAP pioneered Youth and Adolescent SRHR Program, incorporating it as an integrated part of SRHR services delivery component since inception (1953). The youth and adolescent program has been designed for all segments of youth, specifically targeting marginalized and vulnerable (women and girls). Prior to 1973 the youth and adolescents program was embedded in the overall reproductive health, maternal and neonatal health and family planning initiative. Keeping in view the changed global scenario and local demographic conditions. In 1973/74 Rahnuma-FPAP re-aligned strategic plan and interventions and youth and adolescent became one of its five strategic focused priority.

During this period, we initiated youth group networking among cross country youth groups for experience sharing and learning. Youth groups were formed to include family life and population education in their ongoing programs. The coordinators/champions of these youth groups established college set up to undertake collective activities. We organized awareness and leadership training workshops for the participants. Youth program was expanded to 68 locations under 4 coordinating councils. 520 affiliated youth group members were trained in SRHR. Special issues of our famous “Sukhi Ghar Magazine” to mark international youth year, followed by introduction of quarterly newsletter for youth were developed and disseminated. Under the Rabitta Initiative different youth development activities were carried out including youth training, family life education discussions on drug addiction, environmental protection, sports, education, medical services and special events.
Introducet Community based youth focused social services delivery initiative in eight selected locations across Pakistan. This initiative included adult education, blood grouping, industrial centers, stage plays and libraries. All members of All Pakistan Youth Federation (98 affiliated youth NGOs) organized free medical camps, blood donation campaigns, sports contests and tree plantation. Special orientation and skill training workshops were conducted for female members of these affiliated NGO’s. “National Youth Mela” a mega event at the national level was organized which was attended by more than eight hundred youth champions from all over Pakistan. Another main initiative during 1988-91 was a historic national Bench Mark Survey which was conducted to assess the condition of the girl child in Pakistan.

Self-employment schemes for youth were initiated at two selected locations as a pilot project. Under this project micro loans scheme was also introduced for educated rural youth in exchange for enrolment as CBD agents. Motivation of newly married couples towards FP project was introduced in four pilot locations. Twenty six Nikah Registrars/Ulemas were developed as promoters. Self-Employment Scheme expanded to further sixteen locations across Pakistan. Nikah Registrar Project was further expanded and capacity building training was provided to one hundred and fifty Nikah Registrars and IMAMS, Ulemas, among these one hundred and fifty Nikah Registrars some sixty seven became our FP champions to provide family planning services to newlywed couples. Rahnuma FPAP also initiated advocacy and lobbying efforts for the inclusion of population and demographic information in curriculum of secondary schools and colleges. During this period our main focus remained on youth development and engagement through declamation contests, population education workshops, tree plantation drives, Street Theatre plays, family planning and motivation workshops, leadership development workshops, family life education sessions, orientation sessions on AIDS etc. LBBC sex wise project was launched in collaboration with IPPF to provide information to youth regarding their sexual reproductive health. Under this project Youth Resource Centres/Youth Clubs were established. Formed Youth Advisory Committee in Quetta as a pilot project and loan scheme was expanded across Pakistan. Newlywed couples were approached and registered and then 105 Nikah Registrars were enrolled and trained. These enrolled Nikah Registrars were also our FP champions/resource persons under our famous Islam and Family Planning Project. Pilot phase of the Girl Child Project initiated at 10 locations. Third party External Evaluation of our famous Girl Child Project was carried out in 1993 which highly appreciated the enormous impact of the project targeted population. Girl Child Project was further expanded to twenty new locations.

During this period Join in Educating Adolescent & Teenagers (JEAT) primer and modules were developed on the basis of these material more than 140 workshops with youth champions at the national level were conducted. Furthermore community sensitization sessions on SRH, FP and Gender with selected Nikah Registrar, parents and teachers at grass root level were conducted. Expanded Girl Child Project to 500 locations across Pakistan and launched first youth helpline to provide counseling services to young people on SRHR related issues. Youth Resource Centers were established and Youth orientation sessions, declamation contests, were organized at the grass root level.
Youth Friendly Services introduced in Rahnuma-FPAP Services Delivery Network

Emphasis remained on empowering the youth with knowledge on key actions, improving their status and situation and ensuring that their improved knowledge and skills cater the needs of young people. Rahnuma-FPAP piloted Youth Friendly Services in six Family Health Hospitals in Islamabad, Lahore, Gilgit-Baltistan, Karachi, Peshawar and Quetta. In each Family Health Hospital, a separate waiting area has been established for young people and all the staff is trained in provision of youth friendly services. To ensure quality of services various mechanisms have been put in place that include adoption of the IPPF child protection policy, regular monitoring of indicators and others. Youth Friendly SRH services are instrumental in raising awareness and advocacy with stakeholders including teachers, parents, religious leaders and media. Youth Helpline” (YHL), under the patronage of the John Hopkins University Communication Center, was initiated in 2001 to reach out to young people in Pakistan’s conservative milieu and Rahnuma-FPAP became the foremost coordinating agency for this project. This Toll Free help number 0800-44488 is available in Quetta, Karachi, Lahore, Islamabad and Peshawar. In Gilgit/Balistan (GB) 05811-920334 YHL is housed in the premises of the Family Health Hospitals/static clinics. The purpose of the project is the provision of a secure and confidential gateway for young people to access information regarding problems associated with adolescence. Rahnuma-FPAP’s Youth Resource Centers are part of adolescent and youth SRHR empowerment program. These YRCs are operational at fifty locations across Pakistan with well trained staff and equipment’s (audio/video tools, IEC material, documentaries etc.). At YRCs, different educational and recreational activities including awareness raising, sensitization, counseling sessions on GBV, CSE and women empowerment are being conducted.

Girl Child Project:
The Girl Child Project, duly supported by UNICEF & SDC was initiated in response to a series of regional conferences and summits on children in various parts of the world highlighting the tragic plight and marginalization of the girl child which resulted in a series of positive initiatives, including placing children on the SAARC Summit agenda on a regular basis and designating 1991-2000 as the “SAARC Decade of the Girl Child”. Overall objective of the project was to eliminate gender based discrimination against girls, help increase their mobility in the society, improve the accessibility of girls to education, health care and productive skills during the project cycle (1991-2006) at 730 project sites across Pakistan including 20% urban and 80% rural project locations. The target audience was 11-19 year old girls and boys and the direct beneficiaries included 36,500 girls and 6,900 boys whereas the indirect beneficiaries counted up to 217,000 comprising of recipient’s families and peers. The project in quantitative terms was operational at 730 project sites across Pakistan, including remote and far flung areas like Badin, Turbat and Mand. It has been estimated that a total of 285,000 people have been influenced with the help of boys, girls, their families and communities through the interventions of the project.
The project adopted a multi-dimensional strategy involving school going children, families and communities to generate support for the project and to enhance the knowledge and skills of the girls who participated in the Girl Child Project training programs. Various project interventions like Open Sessions with the community, formation of Contact Groups, Orientation Workshops, Home School Training, First Aid and different skill trainings were introduced with the objective to equip the girls to be able to support themselves and their families and use the skills imparted for generating income for them. Life Skills Based Education (LSBE) encouraged the youth to have positive attitudes by raising self-awareness in them, encouraging critical and creative thinking, identifying ways to deal with emotions and stress, solving problems, making decisions, developing interpersonal relationships and empathizing with others.
In order to cater to the needs of young people, Rahnuma-FPAP piloted Youth Friendly Services in six of its Family Health Hospitals in Islamabad, Lahore, Gilgit-Baltistan, Karachi, Peshawar and Quetta. In each Family Health Hospital, a separate waiting area has been established for young people and all the staff is trained in provision of youth friendly services. A network of 50 youth resource centers serves as a hub for mobilization of young people in the communities and also acts as a point of referral to the Family Health Hospitals. Based at these six facilities a toll free Youth Helpline is operated by male and female counselors. It provides free information, counseling and referral services regarding SRH to young people ensuring their complete privacy and confidentiality.

To make the services youth friendly, special emphasis has been placed in choosing the location of the waiting area that has a separate entry and exit point from the hospital. The waiting area is also equipped with TV & DVD to show documentaries/videos on youth SRHR issues. Magazines/newsletters are also made available for youth. Attractive sign boards about the SRH services are placed at the facility to guide the young people to the services. Male and female doctors and youth counselors are available to provide comprehensive SRH services. The young people also have access to the voluntary counseling and testing (VCT) center, HIV/AIDS/STI, post abortion care related services and laboratory services provided at the hospital for both married and unmarried youth. Based on past reflections and lessons, Rahnuma-FPAP has shifted timings of the services for young people to evenings, to engage more young people and increased their outreach of young people through mobile camps in the communities and schools/colleges etc. Services provided through the mobile camps include, primary health care screening, counseling and treatment; Individual counseling sessions on SRH & HIV treatment and/or referral in case of STI complications or VCT requests; emergency contraception, referral to its own hospitals.

SRHR lobbying efforts have been carried out with stakeholders such as teachers, parents, religious leaders and media, with the support of young advocates on SRH issues including gender based violence. Rahnuma-FPAP has developed a National Youth Network to ensure meaningful participation of young people in the planning, development and implementation of SRH programs for young people and to apply a youth lens to the organization. 20% of youth representation is ensured at all levels of governance and policy making in the organization.

What are Youth Friendly Sexual and Reproductive Health Services?

Ideally Youth friendly SRH services should include a wide range of services with reference to specialists and specialized services. Some of these youth friendly SRH services include:

- Information about SRH issues
- Counseling
- Services for those who experience sexual, physical or emotional violence
- Family planning services
- Pre and post natal care
- Pregnancy testing
- Contraceptive provision including emergency contraception
- Post abortion care
- STI/HIV testing and treatment

The services could be provided through a variety of settings such as places where young people meet, like schools or youth centers or through “adolescent only hours” in existing facilities such as hospitals, clinics etc. These centers can be accessed by young people to obtain SRHR specific information and services. Studies about the effectiveness of these centers indicate that they are highly valued by young people as they fulfill their recreational as well as sexual and reproductive health needs. Any person who is trained to provide any sort of clinical and counseling services is a service provider. This would include doctors, nurses, community health workers, paramedics, psychologists trained to work with young people on SRH issues. Rahnuma-FPAP developed a series of Guidelines about youth friendly services and placed them in each of its YFS.

1 Springboard: A hands on guide to developing youth friendly centers-IPPF
Choices Project reached out to young boys with SRH education and services. Ali was rescued from pain when he was given information which led him to seek medical help.

Ali Abbas was a 12 years old boy when Choices project started in his area. He lived a humble life in a small home with his parents. Like other kids in the area, he helped his family in the daily chores and played with his friends in the street. A few weeks after he spent his 13th birthday in his home, he observed something unusual while urinating: his genital area had visible marks due to an infection.

Despite going through the discomfort, he was shy of discussing the matter with his family. He saw no medical practitioner in the area who could have helped him. He was even unsure if this was an abnormal occurrence that would persist if left untreated. He did not even tell his friends and peers, ‘they would have laughed at me instead of helping’, Ali explained.

But when choices openly preached about an individual’s sexual rights and health, he realized that attaining medical attention for his problem was his right. The YRC staff won his confidence and he mustered the courage to talk to them about his problem. They promised to keep his case in confidentiality and provided him with a referral slip through which he accessed the Rahnuma-FPAP Clinic. The doctors diagnosed an infection in the genitals, which could have exacerbated if not treated carefully, and gave him medicines. When the medicines started showing results, and the pain gradually subsided, Ali realized the torment he was going through daily. He is thankful to his local YRC staff and the Choices intervention for lending a helping hand in his time of need.

Sadia, a young married girl in Mardan, expressed her feelings about the support provided in YRC regarding improvements in her life. Being a child marriage survivor, she lived with a man who is three times older than her, she left the school at a very early age. Her husband and in laws often treated her harshly. Her self-respect was badly hurt and she always remained in a state of fear. She was quite reluctant to come in front of others and gradually went into isolation. When she was divorced, her mother brought her in the YRC. The counsellor provided her regular counselling there. Initially, she found it difficult to come out of her home and express her feelings but the MA staff encouraged her to participate in activities like trainings on Life Skill Based Education and confidence building organized at the YRC. Through regular sessions, she gradually came out of her mental trauma and started participating in recreational activities. Now she is confident enough that she expresses her feelings and better experience of life openly in front of others. She has become a peer educator and is providing CSE to other young girls.
Sajjid 16 year's old boy was worried about her pubertal change. One of his friends told about the youth helpline and made a call to discuss his issue related to masturbation. He was very upset and worried about our problem. He told the counselor he could not pay full attention to his study, due to lack of concentration he could not get good score in the metric. This problem leads him to low self-esteem and loneliness. He regularly called through our helpline corner developed in the YRC to discuss the issue. Counselor provided him the relevant counseling and all the myths were cleared about his future fears and guilt. The counseling services have helped him to get rid his entire problem. Furthermore he also got education about the different issues related to SRH and rights.

Murtaza is a young boy. He shared that at the age of 15 years old he started bunking his school and became a wag abound wandering through streets with my other peers. He was sexually active at the age of 14 and had several relationships with different girls of high risk groups. During this period he felt that he had some uterine infections. He possessed no information regarding the STI and STDs. This infection had adversely affected his life and made him less confident. His cousin brought him to the YRC and our counselor oriented him about these disease and infection. Furthermore he has been referred to one of our health clinic. Through a comprehensive counseling procedure and medical treatment he has recovered his normal, independent and healthy life again.
The purpose of the project is the provision of a secure and confidential gateway for young people to access information regarding problems associated with adolescence particularly regarding reproductive health issues and to provide counseling and guidance to those who seek help. In other words, the goal of the Youth Help Line Network project can be stated as follows: “To provide youth (men and women) with convenient, confidential, interactive and compassionate access to information, counseling and referrals on Sexual and Reproductive Health (SRH) and other youth related problems”. The primary clientele of the YHL are males, females, transgenders or any other within the age limit of 15 to 24 and above. The secondary audience includes parents, teachers and community members.

With the maintenance of confidentiality as its cornerstone, the salient features of the YHL were: counseling on toll free telephone lines, provision of trained psychologists to resolve callers’ problems, provision of the service to a larger clientele, provision of referral services, ability to cater to the needs of the destitute, ability to deal with a large variety of issues.

**Youth Helpline**

Rahnuma-FPAP with the collaboration of John Hopkins University has initiated first ever Helpline for young people in Pakistan to address the sexual reproductive health needs of young people in 2001.

The purpose of this Helpline is to promote the development of responsible sexuality and relations of equity and mutual respect between the genders by disseminating accessible and reliable counseling and information to youth and to enable them to achieve good sexual health. Youth helplines are providing counseling related to sexual and reproductive health, career counseling and referral services. Youth in target communities are now more aware about SRH and rights, their confidence has improved regarding SRHR issues by adopting more versatile approaches. The helpline service through information, counseling and referrals. Youth in school youth, youth in the communities, out of schools youth, child labourers, youth in jails etc. It helped the organization to evolve its stance and approach to deal with youth SRHR issues by adopting more versatile approaches. The helpline provides an opportunity to youth from different background, social status, marital status, gender, educational status to access free of cost information. Thus the program has adopted a dual strategy to reach out to the youth by going in the communities and schools and conducting awareness raising sessions.

Over the past decade almost 60,000 young callers have benefitted from the helpline service through information, counselling and referrals. Youth in target communities are now more aware about SRH and rights, their confidence has improved regarding informed choices in their SRH matters and a shift towards positive behaviour and rational thinking has been realized among the young.

**Locations:**

Currently, six Youth Helplines are functional at Lahore, Karachi, Islamabad, Peshawar, Quetta and Gilgit-Baltistan, housed in the premises of the Family Health Hospitals/static clinics.

The purpose of this Helpline is to promote the development of responsible sexuality and relations of equity and mutual respect between the genders by disseminating accessible and reliable counseling and information to youth and to enable them to achieve good sexual health. Youth helplines are providing counseling related to sexual and reproductive health, career guidance, suicide prevention, drug abuse and violence and offer education, counseling and referral services. Youth Counselors discuss sexuality in a positive, non-judgmental tone, help callers clarify their values, attitudes and behavior, and help develop decision-making, negotiation and communication skills. They are increasing awareness, knowledge and self-esteem combat myths and fears regarding sex, pregnancy, sexuality transmitted infections (STIs) and HIV/AIDS reinforce media message.

**Working Structure of Youth Helpline:**

The working structure of YHL consists of counseling services, face to face, email, counseling record management, rack-sheet maintenance, referral services and case management. Each segment is designed to play an essential role in the over-all operation and management of the project.

- **YHL has a software for data entry.**
  - This software is designed to help data collection from all six YHL locations without any hassle and delay and facilitate timely reporting and validation of data at Head Office.
  - Promotional radio messages were aired through different radio channels across Pakistan. The purpose of promotional campaign was to publicize the helpline.
  - Promotional materials such that brochures, mugs, with SRHR and counseling information were also developed and used as advocacy tools to empower youth.

Outreach to a diverse range of youth increased as a result of this service. The helpline can be accessed by in
Youth Helpline

goal is to provide youth with convenient, confidential, interactive and compassionate access to information, counselling and referrals on Sexual and Reproductive Health

Rahnuma-FPAP National Youth Network (R-NYN) since its inception has achieved certain hallmarks:

- Representation of youth at South Asian Regional Youth Network of IPPF SARO.
- Youth members Attended the SARC (South Asian Regional Conference) of IPPF in July 2009 Colombo, Sri Lanka, 2010 Dhaka Bangladesh, 2011 Maldives, 2012 India; 2012 South Africa (60 years celebration) and 2013 Bhutan representing Pakistan.
- Youth Conducted a session on ICPD Review at the Youth Forum of Asia and Pacific for 6th APPC, Thailand 2013.
- Youth representation at South Asian Youth Conference 2011 held in Delhi at May 201.
- Youth members represented as Youth expert the 9th International Dialogue on Education and Sustainability, Held in Berlin, Germany 2011.
- Youth attended the Regional Executive Committee meeting of Internal Planned Parenthood Federation South Asian Region at Tehran, Iran (Representing as the only Youth from South Asia) in 2011.

Rahnuma-FPAP National Youth Network (R-NYN) since its inception has achieved certain hallmarks:

- Representation of youth at South Asian Regional Youth Network of IPPF SARO.
- Youth members Attended the SARC (South Asian Regional Conference) of IPPF in July 2009 Colombo, Sri Lanka, 2010 Dhaka Bangladesh, 2011 Maldives, 2012 India; 2012 South Africa (60 years celebration) and 2013 Bhutan representing Pakistan.
- Youth Conducted a session on ICPD Review at the Youth Forum of Asia and Pacific for 6th APPC, Thailand 2013.
- Youth representation at South Asian Youth Conference 2011 held in Delhi at May 201.
- Youth members represented as Youth expert the 9th International Dialogue on Education and Sustainability, Held in Berlin, Germany 2011.
- Youth attended the Regional Executive Committee meeting of Internal Planned Parenthood Federation South Asian Region at Tehran, Iran (Representing as the only Youth from South Asia) in 2011.

Rahnuma-FPAP National Youth Network:

Rahnuma-FPAP a Member Association of International Planned Parenthood Federation (IPPF) under its overall youth and adolescent SRHR capacity development program transpired to form Rahnuma-FPAP National Youth Network (RNYN) in the backdrop of IPPF South Asia Annual Youth Meeting (2010). Rahnuma-FPAP National Council (NC) (apex policy making and governing body) awarded approval for the formation of Rahnuma-FPAP National Youth Network at the national level. Like our other governing bodies it was also volunteer based, but exclusively youth led network. Immediately after its formation this network became member of South Asia Regional Youth Network. Rahnuma-FPAP National Youth Network at the national level. Like our other governing bodies it was also volunteer based, but exclusively youth led network. Immediately after its formation this network became member of South Asia Regional Youth Network. Rahnuma-FPAP National Youth Network (RNYN) shares the same core values of Rahnuma-FPAP and IPPF, Rahnuma-NYN is committed to implement the “Sexual Rights Declaration of IPPF” and is mandated to initiate Youth programs. The main objectives of this network are that all adolescents and young people should be aware of their sexual and reproductive health and rights and that youth are empowered enough to make informed choices and decisions regarding their SRH &R, and are free to adopt them. It aims to ensure fair and democratic representation and participation of young people from Pakistan at all levels and to provide policy inputs to strengthen and monitor national level youth related programs. It is aimed to strengthen and coordinate with local youth groups and volunteers. Its last but not least aim is to establish partnerships with external youth networks (national & international level).

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

Rahnuma-FPAP National Youth Network (R-NYN) since its inception has achieved certain hallmarks:

- Representation of youth at South Asian Regional Youth Network of IPPF SARO.
- Youth members Attended the SARC (South Asian Regional Conference) of IPPF in July 2009 Colombo, Sri Lanka, 2010 Dhaka Bangladesh, 2011 Maldives, 2012 India; 2012 South Africa (60 years celebration) and 2013 Bhutan representing Pakistan.
- Youth Conducted a session on ICPD Review at the Youth Forum of Asia and Pacific for 6th APPC, Thailand 2013.
- Youth representation at South Asian Youth Conference 2011 held in Delhi at May 201.
- Youth members represented as Youth expert the 9th International Dialogue on Education and Sustainability, Held in Berlin, Germany 2011.
- Youth attended the Regional Executive Committee meeting of Internal Planned Parenthood Federation South Asian Region at Tehran, Iran (Representing as the only Youth from South Asia) in 2011.

Development of CSE resource material.
- Provision of CSE out-of-school young people as peer-educators.
- Advocacy against child marriage (National alliance on child marriage).
- Social Media Campaigns.
- Awareness raising in community.
- Advocacy for Youth Friendly Services.
- Development of YFS tools.
- Youth Mobilization.
- Peer Counseling.
- Publicity and Promotion.
**Child Marriage**

International Charter of Universal Declaration of Human Rights (1948) and CEDAW (1979) declare child marriage a serious human rights violation and Pakistan is a signatory of these declarations. As signatory to these human rights treaties we are bound to eliminate child marriage including all forms of human rights violation. There are also some socioeconomic manifestations of child marriages, which are need to be controlled to eliminate the child marriage practice at the grass-root level. Rahnuma-FPAP feels that child marriage is a serious violation of basic human rights which takes away a child's right to education. It also promotes gender-based violence and affects both the present and the next generation through psychological, social and health consequences. To control the incidents of child marriage in Pakistan, we focused our efforts at two levels, first we initiated campaign against child marriage through community sensitization/mobilization to overcome the menace of child marriage at grass root level. We started providing medico-legal services of child marriage and improved access to SRHR services to marriage survivors in targeted communities. Secondly we initiated advocacy and lobbying campaign along with other stakeholders to highlight the negative consequences of child marriage. We targeted policy makers, parliamentarians, media, INGOs, CSOs etc. to prioritize the issues at policy making level.

During 2012 we conducted a comprehensive national situation analysis on child marriage. It provided us quantitative and qualitative researches base line data for meaningful information and authentic statistics on child marriage. The study findings were highly surprising and though provoking. The menace of child marriage widely practised not only in rural/backward areas, but it is also practised in certain urban settings across Pakistan. This practice is affecting over a third of adolescent population of our country. This analysis highlights that early marriages affect girls far more than they affect boys in the ages 11 to 12. 58% of rural females and 18% of rural males marry before reaching the age of 20, as compared to 27% of urban females and 5% of urban males. Province wise Sindh shows highest percentage of early marriages in rural areas followed by Baluchistan, Punjab and then NWFP. Poverty, cultural taboos and conservative social environment are one the leading causes of child marriage.

We also conducted a legal review of the child Marriage Restraint Act, 1929. Main purpose of this legal review was to identify gaps and areas of revision and on the basis of this legal review commitments were solicited through a focused advocacy and lobbying campaign at mass level. All provincial governments and policy makers have committed to reforms in Child Marriage Restraint Act 1929. Prior to this commitment interactive dialogues and sensitization sessions were conducted with all stakeholders. Rahnuma-FPAP also raised the child marriage at recent UPR and CPD 45th session. Rahnuma-FPAP extensively worked with likeminded CSO's coalitions and networks to strengthen its campaign of child marriage. Rahnuma-FPAP Media Network was also instrumental to highlight the issue of child marriage at mass level. Different media segments were involved through media sensitization workshop. Comprehensive advocacy tools and media sensitization IEC material were developed to highlight the issues of child marriage and the failure of legal framework to address the issue. This sensitization of media played an important role to highlight the child marriage in various print and electronic media channels across Pakistan. Media highlighted different manifestation of child marriage through articles, news clippings, news features etc.

During the 2013 we saw a culmination of decade's old struggle for ending the culturally coercive practices of child/minor girls' marriage when newly installed provincial governments of Punjab, Sindh and KPK pledged to amend certain laws and regulations which support child marriage. This coercive practice which is prevalent in rural and backward areas is considered one of the leading causes of adolescent pregnancies, GBV/VAW, post abortion complications, high rate of MMR and IMR and overall high population growth in Pakistan. Recently Sindh has passed a more punitive law against child marriage and also enhanced age of grit for marriage equal boys which is eighteen years similarly Punjab government at International Women Day announced “Punjab Women Empowerment Package- PWEP 2014”.

The analysis shows that early marriages affect girls more than they affect boys in the ages 11-12. 58% of rural females and 18% of rural males marry before reaching the age of 20, as compared to 27% of urban females and 5% of urban males
In a throwback to medieval times, ‘Swara’—blood price is still practiced in Pakistan. Women and girls, even new born babies are given away in marriage as compensation for crimes committed by their men folk. In the powerful Pashtun community, Swara is a means of preventing bloodshed in cases of ‘honor crimes’. Samar Minallah-Anthropologist and Executive Director of the NGO Ethnomedia and Development, which works against the etched in the hearts and minds of its native unwritten law “that has been inspired by the ‘Pukhtunwali’, the ‘khoon baha’, ‘mayar’, ‘vani’ and ‘sang chatti’ remain in practice.

An initiative namely “Women as a Compensation: Reaching the Survivors of Coerced Marriages and Violence In Pakistan” was launched to create a window of opportunity to provide SRHR services to victims of Swara girls’ women. Under the project Swara was analyzed from gender based violence perspective and it was also aimed to creating a conducive environment for developing the discourse on sexuality and rights as expressed in IPPF’s Declaration of Sexual Rights. This project directly is in line with Convention of the Rights of Children (CRC) and to create supportive environment by facilitating behavioral change among community stakeholders.

SWARA

In a throwback to medieval times, ‘Swara’—blood price is still practiced in Pakistan. Women and girls, even new born babies are given away in marriage as compensation for crimes committed by their men folk. In the powerful Pashtun community, Swara is a means of preventing bloodshed in cases of honor crimes. Samar Minallah-Anthropologist and Executive Director of the NGO Ethnomedia and Development, which works against the Pashtuns settle scores by taking badal (or revenge) to maintain their honor. Daughters and sisters are given away in marriage as compensation for crimes committed by their men folk. In the powerful Pashtun community, Swara is a means of preventing bloodshed in cases of ‘honor crimes’. Samar Minallah—Anthropologist and Executive Director of Ethnomedia and Development, which works against the Pashtuns settle scores by taking badal (or revenge) to maintain their honor. Daughters and sisters are given away in marriage as compensation for crimes committed by their men folk. In the powerful Pashtun community, Swara is an accepted dispute resolution mechanism. But this custom is not peculiar to the Pashtuns alone. In Baluchistan, Central Punjab and Sindh, near-identical customs in the form of ‘khoon baha’, ‘mayar’, ‘vani’ and ‘sang chatti’ remain in practice.

An initiative namely “Women as a Compensation: Reaching the Survivors of Coerced Marriages and Violence In Pakistan” was launched to create a window of opportunity to provide SRHR services to victims of Swara girls’ women. Under the project Swara was analyzed from gender based violence perspective and it was also aimed to creating a conducive environment for developing the discourse on sexuality and rights as expressed in IPPF’s Declaration of Sexual Rights. This project directly is in line with Convention of the Rights of Children (CRC) and to create supportive environment by facilitating behavioral change among community stakeholders.

Highlights of different activities conducted on SWARA and Child Marriages:

- theatre performances on GBV, hazards of early marriages, Swara customs were conducted and 3998 people sensitized.
- sensitization sessions with Mother-in-laws and female teachers were conducted and 10522 sensitized on GBV, Early child marriage, FP, RH VAW and SRH Rights
- Mushaera (poetry sessions) were conducted in which 581 members of Jirga including professors, doctors, journalists, lawyers, elected representatives, teachers, participants.
- meetings were held and 437 religious leaders sensitized and they delivered sermons in their sessions against Early Child marriage, SWARA, GBV, VAW etc.
- 5 meetings with electronic and print media persons were held and 154 Journalists & print media persons participated in the meetings.
- 6 consultative meetings with Civil society and Government representatives (district police) were held at District Swabi & Mardan and 189 people attended the meeting.
- 340 medical camps have been organized and 4714 SRH services were provided to the target community.
- 201 groups have been made of female in district Mardan. 402 women got loan of Rs.10,000 for strengthening their work at grass root level.

New Project Launched:
Recently, Rahnuma-FPAP has initiated a new project “Pakistan Child Marriage (Prevention) Initiative-POMI” on child marriage in South Punjab with the support of Plan Pakistan. Main goal of the project is to delay and ultimately prevent child marriage in the target communities. The project involves legislative reforms, attitudinal and behavioral change towards child marriage through community and other stakeholder’s awareness and mobilization. The intervention will create awareness among target communities, policy makers, influential groups, civil society, media and public. It will also encourage general public, civil society and media to raise collective voices to change the Child Marriage Restraint Act, 1929 to make it more punitive. Following activities have been done under this project;
- Project launching ceremonies at each target district to engage the local stakeholders including district civic agencies, CSOs, Media and social champions.
- Provincial level project launch to involve all relevant stakeholders at the provincial level.
- Sessions with community (youth, parents, Community leaders, religious persons, political figures and media etc.) to sensitize them on the issue of child marriage.
- Establishment of 12 Youth Friendly Centres to provide the young people a platform to discuss their concerns and get right information.
Shazia

Story of Shazia from Lahore

Shazia is a 14-year-old girl struggling for her survival. She was thirteen years old when due to poverty and domestic compulsions her parents forced her to marry a person who was more than eight years older than her. After marriage she used to live with her in-laws as her husband was employed in Islamabad. One of her in-law who was already married and father of 10 children was keen to develop illicit relationship with her and made covert and overt sexual advances.

One day he made a rape attempt but Shazia somehow managed to escape to her parent’s home. After some time her husband tried to settle the issue and agreed to provide her separate accommodation, but her in-laws resisted this move and ultimately she had to shift with same in-laws. This situation was very strange and uncomfortable for her. There were many questions in her mind like, should she accept it or to get separation/divorce? Should she sacrifice her honour for the sake of her marriage? However, the most important question is whether a girl of 14 years should be put through all this and should she be made to take such decisions at the age of 14? Rather than playing with dolls, Shazia is today taking decisions which would either shatter her marriage or make the situation more worse for her.

Azra

Story of Azra from Mardan

"I am Azra, like my other four sisters, I was sold to 45 years old man based in Peshawar for forced marriage. It was revealed to me that whom I have been sold is already married. This forced marriage though a trade/ sell off in real term was happened as I have my first menstrual cycle and I was only around 12 or 13 years old. I had to live with my husband's other wife and kids. My husband and her first wife usually physically and sexually abused me.

After the birth of my third baby I was thrown out of home and finding to refuge had to come back to my parents. Though at that time I was expecting for the pregnancy but they simply refused to take the ownership of this pregnancy and accused me of having some illicit relationship with someone else.

As my parents were vulnerable and poor, I started working as domestic servant along with my eight years old daughter. My little daughter always wanted to go to school and play with children, but due to poverty I forced her to work for little monetary compensation. At her work place she also became victim of physical and sexual abuse. Knowing this I was totally shattered and blamed her for situation. When I complained that abuse to the perpetrator family, they not only abused and terrorised me but very next day they shot dead my 8 year old victim daughter and I was unable to do anything for her.

Child brides cannot protect themselves how can they be responsible for their children

Story of Shazia from Lahore

14 years old Shazia has to decide between her marriage and honour. Should she be in the situation at this age?
Building Momentum for SRH Youth at the Centre

Innovative Projects 2013

Sprint II Initiative Access to Sexual and Reproductive Health in Humanitarian Settings:
Rahnuma-FPAP with the support of Australian government, Aus AID initiative managed by IPPF launched SPRINT II initiative in Pakistan. The scope of its activities is based on the work of the Inter-Agency Working Group on SRH in Crisis Situations (IAWG). The overall goal of the SPRINT Initiative is to improve health outcomes of crisis affected populations by reducing Preventable sexual and reproductive health morbidity and mortality. Together with its partners, the SPRINT Initiative addresses emergency sexual and reproductive health needs before, during and after emergencies. SPRINT II works to prepare national actors by developing capacity in regions at risk of disaster and training key stakeholders in coordinating and implementing the MISP. It also endeavor to provide technical assistance, funding and surge capacity to help countries ensure MISP implementation and respond to life-saving sexual and reproductive health needs at the onset of an emergency. SPRINT supports the transition to more comprehensive sexual and reproductive health services provision to recover post-crisis situations.

Enhanced Ownership and Implementation Commitments made by Pakistan in London FP Summit 2012:
During 2013 Rahnuma-FPAP in collaboration with RAF implemented an exclusive project to enhance the political commitment and ownership of the FP 2020 commitments after the land mark London Summit on Family Planning 2012. London Summit on Family Planning, co-hosted by the UK Government’s Department for International Development (DFID) and the Bill & Melinda Gates Foundation envisioned that voluntary family planning services will reach an additional 120 million women and girls in the world’s poorest countries by 2020. In the backdrop of London Summit on Family Planning Rahnuma-FPAP carried out an extensive advocacy and lobbying campaign to highlight the importance of voluntary family planning services for all segments of society. For this purpose Director General International Planned Parenthood Federation Mr. Tewodros Melesse undertook a case study tour of Pakistan and encouraged its leadership to actively take part in upcoming London Summit on Family Planning. This endeavour resulted in proactive participation of Pakistani government and assurance of strong political commitment and sustained & enhanced resource allocation for population welfare program. It is aimed to ensure increased provincial ownership of the family planning program and that all provincial population and health programs to be developed post devolution are in line with the national commitments made in FP Summit 2012. The end result of the project is that all provincial governments have pledged to incorporate commitments made by Pakistan at London summit 2012 in their draft population policies and allocate adequate resources to achieve these commitments.

GLOBAL Comprehensive Abortion Care Initiative (GCACI) Plus Initiative:
GCACI Plus initiative is designed to enhance Family Planning and Menstrual Regulation services including post abortion contraception, Post-Partum Contraception and stand alone contraception through 10 existing Rahnuma-FPAP doctor based service delivery points including 7 Family Health Hospitals and 3 Model Clinics. The need to enhance FP services is proposed due to the high fertility levels, high maternal and infant mortality, and the overall unmet need for FP services in the country. Despite the increase in FP service delivery points in public, NGO and private sectors, access and quality of services including counseling, remain issues for many women with unmet need. The lack of integration of family planning and natal services is a lost opportunity for post-partum and post abortion contraception uptake. With 60% of Pakistan’s population below 24 years and early marriages being common, there is need to respond to the child spacing needs of this group through promoting modern contraceptives. Overall goal of the project is to increase access to comprehensive contraceptive services, menstrual regulation, treatment of incomplete abortion and post abortion contraception uptake as integral components of sexual reproductive health services in ten service delivery points (SDPs) by end of 2014. The objectives of the GCACI Plus is to Provide 1626 & 1789 M&R/TIA services by the end of year 1 & 2 respectively through 25 trained of 7 family health hospitals and 3 model clinics providers (Total 3415 M&R/TIA services in 2 years). To ensure that at least 70% (1138 in year 1 and 1252
Building Momentum for SRH Youth at the Centre

in year 2) of all MR/TIA clients leave clinic with a modern method of contraception and 60% (683) of all methods are LTPM initially increasing to 70% (876) by end of two year with 20% overall increase of contraceptive uptake, to ensure that at least 70% (4953) women delivering in 10 FPAP facilities avail the postpartum contraception services and 60% (1415) of all methods are LTPM initially increasing to 70% (1816) by end of two year and to provide adequate support to all of the 25 trained service providers to ensure a total of 53904 contraceptive and MR/TIA, quality services.

The project has so far trained 120 service providers on MR/TIA, medical abortion and comprehensive contraception was conducted from 25th Feb to 1st March 2013 at Rahnuma-FPAP Training Institute (RTI) Lahore with 8 service providers and 1311 MR/TIA clients were provided services. Post-abortion contraceptive uptake remained high at 87.5 percent. Pre and post abortion counseling has been further strengthened in all proposed clinics. All service providers, medical and non-medical, have a duty to respect a client’s dignity. Because of the sensitive nature of the abortion issue, clients presenting for abortion generally feel particularly vulnerable when seeking care, and may be afraid of disapproval, or of poor or painful medical treatment. Under this project 1147 clients adopted post abortion contraception services; among them 597 clients (52%) selected LT methods and 26989 antenatal counseling services were provided.

Catalytic Fund Initiative Project for Up-scaling of SRH Services Delivery infrastructure of Private Practitioners in Pakistan September 2013 to 28th February 2014:

Private Practitioners (PPs) are the major component of FPAP service delivery network which contribute more than 45% to the overall CYP achievement. Population living in the rural areas of Pakistan belonging to the economically constrained groups and faces barriers to gain access to SRH services due to cultural hurdles. The Private Practitioners (PPs) which accounts for more than 70% of SRH services in Pakistan but these are unregulated and this lack modern technical knowledge. There is a need to build up the capacity of the PPs especially in the rural and peri-urban areas, and to expand their basket of services from Family Planning to a broader range of essential SRH services. Currently, the PPs in Rahnuma-FPAPs network are not providing any comprehensive SRH services and the FP services they offered are more focused on short term. There is a need to build capacity for long term and permanent methods. The strategy under the proposed project is to build their capacity of 30 selected number of PPs to provide additional SRH services that they are not currently providing, moreover to provide them necessary infrastructure, equipment and supplies. Rahnuma-FPAP PPs normally cater to six thousands clients in a year which after implementation of this project will increase to more than ten thousands. This will amount to 303,300 additional...
services from 30 franchised clinics. The assumption behind the projections is that the various steps taken to strengthen the PPs clinic will result in services being provided to 7 clients per day per PP. Under the project we will engage thirty selected PPs and will provide them training on SRH reporting formats.

The project will result into three main sustainable outcomes:

- Enhanced capacities of the PPs to provide Diverse Range of SRH Services.
- Involvement of the community and
- Recognizing the clinic as a place where their health problems are solved. Thereby leading to community ownership and confidence of the PPs will be built as the clinic business will flourish and the PP will be able to serve more clients.

Japanese Trust Fund Project- Healthy-Mother, Healthy-baby (Strengthening the delivery of Maternal Neonatal and Child Health (MNCH) services at 9 Family Health Clinics in Gilgit-Baltistan)

This project is funded by Japan Trust Fund (JTF) for improvement of maternal, newborn, and child health in the communities around nine Family Health Clinics (FHCs) in Gilgit-Baltistan to deliver the continuum of care from pre-pregnancy to early childhood. Its objective is to provide quality MNCH services to women and children living in the catchment area of 9 service delivery points, including HIV prevention treatment and care and to involve the community and promote health seeking behavior of women of reproductive age, particularly those at risk of HIV to access MNCH services. These well equipped FHCs will deliver comprehensive MNCH services and trained health staff and community volunteers to work within EMBRACE framework and deliver a comprehensive MNCH package of services including HIV. Availability of free of cost contraceptives & medicines helped the marginalized community to access services easily and without any hesitation. Furthermore nine Well Baby Centers are providing neo-natal services including immunization, growth monitoring, oral re-hydration to the targeted population. Referral mechanism has been further strengthened by involving community, Health Workers of National Program for FP & PHC, TBAs and CBDs and for this purpose conducted mobile MNCH and SRH camps in remote and neglected areas of Gilgit-Baltistan.

From Stigma to Dignity in Abortion Care Services

Rahnuma-FPAP was part of IPPF initiative to explore the underlying causes of stigma associated with abortion. This research study was designed to find out causes of stigma associated with the provision of abortion services within clinics. Moreover it was aimed to identify necessary interventions/facilities which would overcome factors which reinforce abortion stigma in clinical settings. Rahnuma-FPAP randomly selected forty nine respondents including forty two women and their life partners who received abortion services in the clinic, fifteen service providers including doctors, LHV, paramedics and sixteen auxiliary/ support staff of clinics in different SDPs of Faisalabad and Lahore districts. The main findings of the study pointed out that women who felt stigmatized by abortion were more concerned about its secrecy and confidentiality especially from friend and family members and predominant majority of the respondents considered abortion a highly sinful and immoral. They all agreed that for women it is highly challenging to access, adopt and take on board their partners on contraceptive use, resulting into unwanted pregnancies. A vast majority of the respondents believed that abortion services are available and safe abortion services are highly limited and a vast majority have no access to modern safe abortion services, especially in rural and disadvantaged communities. The research also pointed out that availability of safe abortion services is very limited and a vast majority of the respondents considered adolescent girls and women who have more than three to four siblings are more inclined towards safe abortion than others. Other main pushing factors for abortion are poverty, some disease or unable to carry pregnancy, unwanted pregnancy/sudden pregnancy after birth and quest for birth spacing. Our research pointed out that availability of safe abortion services is very limited and a vast majority have no access to modern safe abortion services, especially in rural and disadvantaged communities. The research also pointed out that services providers are not adequately trained, sensitized and responsive towards pre and post abortion services. It was also suggested that services providers must be trained on pre and post counselling, use and sterilization of medical instruments, following up of abortion related standard operating procedures (SOPs) etc. It was also pointed out that some male partners have been supportive of the abortion decision of their wives as they are more concerned about their health. It was clear from the findings that the attitude and care received from all clinic staff members (from the receptionist to the provider and the attendant) have an impact on the client’s overall life in post abortion stage.
Building Momentum for SRH Youth at the Centre

Partnerships & Networking

Dr. Shafqat Jawaid Sheikh, Director General Program Planning Ministry of National Health Services, Regulations and Coordination and Ms. Mahtab Akbar Rashdi, President Rahnuma-FPAP signing MOU between Rahnuma-FPAP and Ministry of NHSRC for the promotion of SRHR and FP in marginalized communities

& Networking

Dr. Shafqat Jawaid Sheikh, Director General Program Planning Ministry of National Health Services, Regulations and Coordination and Ms. Mahtab Akbar Rashdi, President Rahnuma-FPAP signing MOU between Rahnuma-FPAP and Ministry of NHSRC for the promotion of SRHR and FP in marginalized communities

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

National Parliamentarians Caucus on SRHR is one of the largest parliamentarians Caucus in Pakistan as it has more than fifty five MNAs, Senators, MPAs and MLAs are its regular members across Pakistan who have pledged to own and work on Rahnuma-FPAP vision and mission. Some of the prominent members of the caucus are Mr. Shafqat Mehmood, MNA (PTI), Mr. Muhammad Mohsin Leghari, Senator (independent), Ms. Faraha Aqil Shah, Senator, Mr. Tariq Fazal Chaudry, MNA (PI, H), Begum Zakia Shah Nawaz, Minister for Population Welfare Punjab (PWD), Mr. Khuram Guljam, MPA-Punjab, Ms. Sadia Sohail Rana, MPA-Punjab, Ms. Kiran Dar, MPA-Punjab, Ms. Uzma Zahid Bukhari, MPA-Punjab, Ms. Shehla Raza, Deputy Speaker, Sindh Assembly, Ms. Mehtab Akbar Rashdi, MPA-Sindh, Mrs. Nusrat Sehar Abbasi, MPA-Sindh, Ms. Uzma Khan, MPA-KPK, Ms. Zia Ulha Khan Bangash, MPA-KPK, Ms. Rahila Durrani, MPA Balochistan etc. These parliamentarians have pledged to play their role to advocate to help bridge gaps in policies, introduce necessary legislation on host of social issues including law against child marriage, marriage with quarn, Man & Sawara, domestic violence etc. Rahnuma-FPAP organized various consultative events to sensitize these worthy members on SRHR, FP, GBV, ICPD, FP 2020. Following parliamentarians also pledged to review the policies of their respective governments on health, population, and youth and women development and incorporate vital issues highlighted in these consultative events. Brief profile of some our dedicated members of Rahnuma-FPAP National Parliamentarians Caucus.
Ms. Farah Aqil Shah, Senator:

Ms. Farah Aqil Shah is a dedicated member of Senate (2009-2015) and has hails from a prominent political family of KPK. She is an educated woman and holds Masters degree in Psychology. She is the Chairperson of Senate Committee on Inter Provincial Coordination, member Senate Committees on Ministry of National Health Services, Regulations and Coordination, Ministry of Science and Technology, Ministry of Broadcasting and National Heritage. She is a dedicated and committed social worker and always plays an important role on pragmatic social problems, confronted by ordinary people. She is honorary member of All Pakistan Women Association (APWA) Peshawar, Legislative Watch Group (Aurat Foundation), Hamdard Shora Group Warden, Civil Defense etc. She is an active member of Rahnuma-FPAP National Parliamentary Caucus and always played a leading role. She considered women empowerment an important issue as Pakistani women are victim societal subjugation and for this purpose she prioritize SRHR.

Mr. Shafqat Mehmood, MNA-PTI:

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

Mr. Muhammad Mohsin Leghari, Senator:

Mr. Muhammad Mohsin Leghari is an independent member of Senate and is a dedicated member of National Parliamentary Caucus of SRHR and FP. Before that he was an active member (NI) and was elected as its Provincial Chairman and expressed his candid views on women and children marginalization and vulnerability. He expressed his strong resolve to cover the huge unmet need of FP and SRHR awareness, information and services in remote and marginalized areas of Pakistan. He reminded to policy makers and planners that there is strong need to invest in population development programs especially in family planning while highlighting the availability of huge youth bulge. This youth and adolescent bulge which may not come again is a great dividend and we much reap it appropriately.

Mr. Tariq Fazal Ch, MNA-PML (N):

Mr. Tariq Fazal Ch. MNA hails from a modest family of Islamabad and is an active young parliamentarian. He is a medical doctor by profession. Being an active politician and popular leader from the grass root, he has been elected as a Member of National Assembly two times from Islamabad on PML (N) platform. Mr. Fazal is an active member of Rahnuma-FPAP managed National Parliamentarians Caucus on SRHR since its inception and very focal supporter on women empowerment, youth integration, SRHR and MNCH issues in the parliament. He played an important role in the passage of Reproductive Health Care & Rights Bill 2013 from previous National Assembly. Mr. Fazal termed investment in youth is a desperate need as major portion of our population is composed of youth and adolescent. The investment youth SRHR needs has the potential to payback its dividend in the improvement of other socio-economic indicators.

Ms. Mehtab Akbar Rashdi, MNA-Sindh (PML-F):

Ms. Mehtab Akbar Rashdi, a versatile women of high stature is an inspiring dividend in the improvement of other socio-economic indicators.
Media Coverage
of SRHR in National Newspapers in 2013

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

556 news items appeared reporting on Rahnuma-FPAP’s initiatives.

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

<table>
<thead>
<tr>
<th>National Newspapers</th>
<th>No. of News</th>
<th>No. of Features</th>
<th>No. of Articles/Columns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily Times</td>
<td>28</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>Daily Dawn</td>
<td>45</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>Daily The News</td>
<td>39</td>
<td>19</td>
<td>09</td>
</tr>
<tr>
<td>Daily The Nation</td>
<td>29</td>
<td>12</td>
<td>08</td>
</tr>
<tr>
<td>Daily Jung</td>
<td>56</td>
<td>25</td>
<td>12</td>
</tr>
<tr>
<td>Daily Nawa-e-waqt</td>
<td>45</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Daily Khabrain</td>
<td>27</td>
<td>12</td>
<td>06</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>269</strong></td>
<td><strong>121</strong></td>
<td><strong>71</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local Newspapers</th>
<th>No. of News</th>
<th>No. of Articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punjab</td>
<td>152</td>
<td>10</td>
</tr>
<tr>
<td>Sindh</td>
<td>60</td>
<td>20</td>
</tr>
<tr>
<td>Balochistan</td>
<td>28</td>
<td>02</td>
</tr>
<tr>
<td>KPK</td>
<td>78</td>
<td>01</td>
</tr>
<tr>
<td>Fed. GB &amp; AJK</td>
<td>128</td>
<td>08</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>446</strong></td>
<td><strong>41</strong></td>
</tr>
</tbody>
</table>

Building Momentum for SRH Youth at the Centre
I am Sajjad Kazmi from Daily Nai Baat which is an integral part of Rahnuma-FPAP media network. I participated in Rahnuma-FPAP organized workshops, seminars, conferences, dialogue sessions and got an important knowledge and sensitization on SRHR, FP, GBV, women empowerment, poverty. Through these sensitization events I started regular reporting on these vital issues. Rahnuma Family Planning Association Pakistan is a pioneer which addresses social issues, and their advocacy initiatives are very effective and commendable. I recommended that all these advocacy activities should continue in future.

I am Omer Farooq from FM 100 which is the pioneer of FM transmission in Pakistan and is a proud part of Rahnuma–FPAP media network. Rahnuma-FPAP provided me an opportunity to work on population control, sexual and reproductive health and rights, Adolescent and young people issues, HIV/AIDS as these are the pressing issues of marginalized sections of society including women and children. Though Pakistan has made progress in some social development indicators but its progress in SRHR, FP and women empowerment sectors are dismal. Rahnuma-FPAP media sensitization endeavours SRHR have given us a unique opportunity to aware and sensitize the general public in an effective manner. Pakistan's high population growth is major concern as our resources are not sufficient to cater the needs of this rapidly growing population. Rahnuma-FPAP is doing commendable job to change societal mindset on SRHR, population, women empowerment.

I am Fakhra Tehreem working with Pakistan Largest media group "Jang Group". I joined the Rahnuma Family Planning Association of Pakistan "Media Network" in 2005 and remained associated with as a devoted journalist. I have learned a lot by representing my media group and highlighted many issues like child marriage, SRHR and more specifically youth related issues in Pakistan. Today’s youth experience many challenges including an earlier onset of puberty and sexual activity. More often young girls have no knowledge about their sexuality and its consequences. These young girls can be an easy victim of sexual abuse, adolescent pregnancy, abortion related complications. Besides that they generally lack appropriate life skills in order to cope with social and economic pressures and make informed, responsible choices which puts them at high risk situations. Rahnuma-FPAP is doing a great job for the sensitization of these high risk population. I would like to appreciate the work of organization as the creating awareness through media involvement.

I am Rafia Naheed from Daily Nawa-i-Waqt, (a leading national Urdu language, daily news paper) having a long journey of journalistic work. I am working for women issues especially health, child marriage and evil customs like “swara” and “vani” etc and written many articles, features and reporting to highlight such social issues. Media being watch dog on social issues can play its role and can work closely civil society.

Pakistan is confronted with host of issues and problems and social problems are most prominent and pressing. Sensitization and counseling on SRHR, HIV/AIDS, unwanted pregnancies, abortion, maternal mortality rate, GBV are my special focus areas and I preferred to work on them. I really acknowledge the services of Rahnuma-FPAP which played an important role in sensitization of media personnel on SRHR related issues. Rahnuma-FPAP is a good platform for journalists who wanted to get information and really transpires to work for issues confronting our people. I am proud of being part of Rahnuma-FPAP media network and appreciate their commitment and dedication.
IEC and Advocacy Tools Developed During 2013

**Annual Report 2012**

Rahnuma-FPAP Annual Report 2012 (Glossy) titles as “Largest Reproductive Health Service Delivery NGO” Advocating for Sexual Reproductive Health and Rights developed and shared among parliamentarians, media, SCOs, government functionaries, INGOs etc. to highlight its major achievements and innovations.

**Rahnuma-FPAP Quarterly E-News Letter:**

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

**Table Calendar 2014**

A Table Calendar 2014, with illustrating messages on SRHR, FP2020 and highlighting Rahnuma-FPAP services and achievements was prepared and shared at the mass level.

**Wall Calendar 2014**

With Quranic Message on women empowerment, another Wall calendar 2014 was developed and disseminated among diverse national stakeholders at the mass level.

**Year Planner 2014**

Similarly selected copies of Year 2014 Planner were prepared and disseminated internally.

**Media Kit on (FP 2020) Commitments of Government of Pakistan.**

A media sensitization kit on the FP 2020 commitments and pledges of governments of Pakistan prepared and shared among our Rahnuma-FPAP media network and selected media houses. The purpose of media kit was to create awareness in the media regarding London Summit on Family Planning 2012 and the commitments of our government.

**Brochures on FP 2020 Commitments**

Similarly to provide specific information on London Summit and Pakistan FP 2020 Commitments, Rahnuma-FPAP prepared and disseminated at wider level.

**Different Posters on FP 2020**

Different posters on “Family Planning 2020 commitments were also prepared. These posters highlight the salient features of FP 2020 and urge the audiences to take informative actions.

**Policy Brief of FP 2020**

Similarly a short policy brief on FP 2020 Commitments and the salient aspects of the Governments of Pakistan Commitments was developed and shared among the selected stakeholders.

**Swaraj Report “Women As Compensation”**

This is an end project evaluation report of Rahnuma-FPAP implemented project, “Women As Compensation”: reaching the Survivors of Coerced Marriages and Violence in Pakistan. The findings from this evaluation are expected to help realign/improve design and implementation of such projects in future.

**Peer Education Pictorial Booklet**

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

**Series of brochures “Nojawan Dost Series”**

“Nojwan Dost Series” series of brochures which containing various topics like confidentiality, education, introducing, obtaining and understanding etc. These brochures provide information regarding youth problem and their rights.

**“Kya Parhna Mera Haq nahi” Poster**

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

**“Kya Bachpan mera Haq Nahi” Poster**

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

**“Kya Sehat Mera Haq nahi” Poster**

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

**“AIDS” Poster**

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

**“Hum Nojawan Key Dost” Poster**

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

**By Linguial Leaflet on SRH and HIV Integration**

Different leaflets on SRH and HIV Integration was developed and shared under the EC funded project “Building Momentum for SRHR & HIV Integration in Pakistan”. These leaflets are prepared in English and Urdu languages to advocate for the integration of SRH and HIV, highlighting its key elements, benefits and needs and also provide information of its service centers in Lahore.
**Couple Year Protection (CYP) Performance Trend (2011-2013)**

- **Years:** 2011, 2012, 2013
- **CYP Distribution:**
  - **2011:** [Graph Data]
  - **2012:** [Graph Data]
  - **2013:** [Graph Data]

**Method Wise Distribution of Couple Year Protection 2013**

- **Methods:**
  - Injectable: 12.41%
  - Ster.: 5.64%
  - Implant: 0.28%
  - Condoms: 1.03%
  - Pills: 1.14%
  - IUD: 79.5%

**New Acceptors of FP Methods Performance Trend (2011-2013)**

- **Years:** 2011, 2012, 2013
- **New Acceptors Distribution:**
  - **2011:** [Graph Data]
  - **2012:** [Graph Data]
  - **2013:** [Graph Data]

**Method Wise Distribution of New Acceptors 2013**

- **Methods:**
  - Injectable: 12.41%
  - Ster.: 5.64%
  - Implant: 0.28%
  - Condoms: 1.03%
  - Pills: 1.14%
  - IUD: 79.5%
### Reproductive Health and Life Span Services Performance Trend (2011-2013)

**A. Family Planning**
- Couple Years of Protection: 2012 - 647727, 2013 - 811287
- Anti-natal: 2012 - 286101, 2013 - 226900
- Natal: 2012 - 70388, 2013 - 83517
- Post Natal: 2012 - 98435, 2013 - 84004
- **Total Safe Motherhood**: 2012 - 454924, 2013 - 394421

**B. Safe Motherhood**
- Anti-natal: 2012 - 286101, 2013 - 226900
- Natal: 2012 - 70388, 2013 - 83517
- Post Natal: 2012 - 98435, 2013 - 84004
- **Total Safe Motherhood**: 2012 - 454924, 2013 - 394421

**C. Reproductive Health Services**
- Infertility: 2012 - 47232, 2013 - 59838
- Cervical Cancer: 2012 - 9407, 2013 - 14991
- Breast Problems: 2012 - 50912, 2013 - 66580
- Sexual Violence: 2012 - 13108, 2013 - 20465
- Domestic Violence: 2012 - 12680, 2013 - 23658
- Menarche: 2012 - 70292, 2013 - 83012
- Menopause Problem: 2012 - 43120, 2013 - 43460
- AIDS/HIV: 2012 - 54690, 2013 - 51267
- RTIs: 2012 - 108561, 2013 - 108561
- STDs: 2012 - 52080, 2013 - 68922
- Post Abortion Care: 2012 - 23898, 2013 - 44214
- Hepatitis B&C: 2012 - 33376, 2013 - 46115
- MVA: 2012 - 14908, 2013 - 2020
- VCT before Counseling: 2012 - 1936, 2013 - 2567
- VCT after Counseling: 2012 - 2905, 2013 - 2567
- Emergency Contraceptive: 2012 - 24950, 2013 - 30624
- Others: 2012 - 67016, 2013 - 75667
- **Total RH Services**: 2012 - 627654, 2013 - 751569

**D. General Health Services**
- General Treatments
  - Children: 2012 - 216608, 2013 - 181398
  - Adult: 2012 - 360929, 2013 - 293172
- Immunization
  - Children: 2012 - 149590, 2013 - 115924
  - Adult: 2012 - 92264, 2013 - 95869
- Pathological Tests
  - Ultra Sound: 2012 - 189467, 2013 - 157908
  - Pregnancy Test: 2012 - 82657, 2013 - 77742
  - Sugar Test: 2012 - 38205, 2013 - 52002
  - Albumen Test: 2012 - 34958, 2013 - 5313
  - Complete Urine Test: 2012 - 54068, 2013 - 68891
- Blood Test
  - Haemoglobin Test: 2012 - 47755, 2013 - 60294
  - Complete Blood Test: 2012 - 45343, 2013 - 64283
  - Blood Sugar: 2012 - 43985, 2013 - 51131
  - Pap Smear: 2012 - 1828, 2013 - 4218
  - H.V.S. Test: 2012 - 1797, 2013 - 4420
  - Semens Test: 2012 - 3896, 2013 - 8344
  - HIV Test: 2012 - 3163, 2013 - 7989
  - Others: 2012 - 160576, 2013 - 72975
- **Total General Health Services**: 2012 - 1126557, 2013 - 1506020
- **Grand Total**: 2012 - 3824460, 2013 - 4124594
Auditors’ Report to the National Council of Family Planning Association of Pakistan

We have audited the annexed balance sheet of Rahnuma Family Planning Association of Pakistan ("the Association") as at 31 December 2013 and the related statement of income, expenses and changes in fund balances and statement of functional expenses together with the notes forming part thereof, for the year then ended and we state that we have obtained all the information and explanations which, to the best of our knowledge and belief, were necessary for the purposes of our audit.

It is the responsibility of the Association’s management to establish and maintain a system of internal control, and prepare and present the above said statements in conformity with the financial reporting framework as described in note 2 to the financial statements. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with the auditing standards as applicable in Pakistan. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the above said statements are free of any material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the above said statements. An audit also includes assessing the accounting policies and significant estimates made by management, as well as, evaluating the overall presentation of the above said statements. We believe that our audit provides a reasonable basis for our opinion and, after due verification, we report that:

a) in our opinion, the financial statements present fairly in all material respects in accordance with the financial reporting framework as described in note 2 to the financial statements;

b) in our opinion the balance sheet and net income together with the notes thereon have been drawn up in conformity with the financial reporting framework as described in note 2 to the financial statements.

The financial statements of the Association for the year ended 31st December 2012 were audited by Anjum Asim Shibli Rahnuma & Co. Chartered Accountants whose report dated 26th April 2013, expressed an unqualified opinion thereon.

Lahore
Date: 13th May 2014

KPMG Tesseract Hadi & Co.
Chartered Accountants (Bilal Ali)
### Rahnuma Family Planning Association of Pakistan

#### Statement of income, expenses and changes in fund balances

For the year ended 31 December 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Revenue</th>
<th>Expenditure</th>
<th>Profit/ (Loss)</th>
<th>Fund Balance 2013</th>
<th>Fund Balance 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>60,000</td>
<td>50,000</td>
<td>10,000</td>
<td>120,000</td>
<td>110,000</td>
</tr>
<tr>
<td>2012</td>
<td>55,000</td>
<td>45,000</td>
<td>10,000</td>
<td>105,000</td>
<td>95,000</td>
</tr>
</tbody>
</table>

#### DIRECT PROJECT EXPENSES

<table>
<thead>
<tr>
<th>Description</th>
<th>Repeus</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel and employee benefits</td>
<td>6,000</td>
<td>100</td>
</tr>
<tr>
<td>Travelling expenses</td>
<td>3,500</td>
<td>60</td>
</tr>
<tr>
<td>Vehicle running cost</td>
<td>2,500</td>
<td>45</td>
</tr>
<tr>
<td>Printing and stationery</td>
<td>3,000</td>
<td>55</td>
</tr>
<tr>
<td>Occupancy cost</td>
<td>5,000</td>
<td>80</td>
</tr>
<tr>
<td>Communication</td>
<td>6,500</td>
<td>100</td>
</tr>
<tr>
<td>Consultancy and other professional fees</td>
<td>2,500</td>
<td>45</td>
</tr>
<tr>
<td>Medical consumables</td>
<td>7,000</td>
<td>115</td>
</tr>
<tr>
<td>Repair and maintenance</td>
<td>4,500</td>
<td>75</td>
</tr>
<tr>
<td>Referral fee</td>
<td>2,000</td>
<td>35</td>
</tr>
<tr>
<td>Training / workshop / seminar</td>
<td>5,000</td>
<td>80</td>
</tr>
<tr>
<td>Operational cost</td>
<td>3,500</td>
<td>55</td>
</tr>
<tr>
<td>IEC Material</td>
<td>7,500</td>
<td>125</td>
</tr>
<tr>
<td>Revisables write-off</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Provision for doubt receivables</td>
<td>2,500</td>
<td>45</td>
</tr>
<tr>
<td>Office equipment / furniture</td>
<td>3,500</td>
<td>55</td>
</tr>
<tr>
<td>Insurance of assets</td>
<td>2,500</td>
<td>45</td>
</tr>
<tr>
<td>Bank charges</td>
<td>1,500</td>
<td>25</td>
</tr>
<tr>
<td>Audit fee</td>
<td>700</td>
<td>12</td>
</tr>
<tr>
<td>Others</td>
<td>10,000</td>
<td>168</td>
</tr>
<tr>
<td>Total direct project expenses</td>
<td>54,000</td>
<td>884</td>
</tr>
</tbody>
</table>

#### Total indirect project expenses

<table>
<thead>
<tr>
<th>Repeus</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,000</td>
<td>80</td>
</tr>
</tbody>
</table>

#### Total expenditures

<table>
<thead>
<tr>
<th>Repeus</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>57,800</td>
<td>968</td>
</tr>
</tbody>
</table>

#### Total income

<table>
<thead>
<tr>
<th>Repeus</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>60,000</td>
<td>1,000</td>
</tr>
</tbody>
</table>

#### Net income

<table>
<thead>
<tr>
<th>Repeus</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,200</td>
<td>55</td>
</tr>
</tbody>
</table>

The statements in 27 form an integral part of these financial statements.
### 23.1 IPPS - Core

<table>
<thead>
<tr>
<th>Cash grants</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>10,419,188</td>
<td>11,448,188</td>
<td>5,924,928</td>
<td>4,659,928</td>
<td>7,049,628</td>
<td>10,523,128</td>
</tr>
</tbody>
</table>

### 23.2 IPPS - Restricted grant

<table>
<thead>
<tr>
<th>Activity</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>55,998,630</td>
<td>40,868,630</td>
<td>13,068,928</td>
<td>10,523,928</td>
<td>12,073,628</td>
<td>7,053,128</td>
</tr>
</tbody>
</table>

### 24.1 Grant income

<table>
<thead>
<tr>
<th>Grant Type</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>51,351,408</td>
<td>91,417,408</td>
<td>68,537,928</td>
<td>59,287,928</td>
<td>84,047,628</td>
<td>77,627,128</td>
</tr>
</tbody>
</table>

### 24.2 Grant expenditure

<table>
<thead>
<tr>
<th>Grant Type</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>51,400,608</td>
<td>91,448,608</td>
<td>68,597,928</td>
<td>59,357,928</td>
<td>84,137,628</td>
<td>77,677,128</td>
</tr>
</tbody>
</table>

### 24.3 Grant balance

<table>
<thead>
<tr>
<th>Grant Type</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>51,400,608</td>
<td>91,448,608</td>
<td>68,597,928</td>
<td>59,357,928</td>
<td>84,137,628</td>
<td>77,677,128</td>
</tr>
</tbody>
</table>

### 25.1 Donor income

<table>
<thead>
<tr>
<th>Donor Type</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>51,351,408</td>
<td>91,417,408</td>
<td>68,537,928</td>
<td>59,287,928</td>
<td>84,047,628</td>
<td>77,627,128</td>
</tr>
</tbody>
</table>

### 25.2 Donor expenditure

<table>
<thead>
<tr>
<th>Donor Type</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>51,400,608</td>
<td>91,448,608</td>
<td>68,597,928</td>
<td>59,357,928</td>
<td>84,137,628</td>
<td>77,677,128</td>
</tr>
</tbody>
</table>

### 25.3 Donor balance

<table>
<thead>
<tr>
<th>Donor Type</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>51,400,608</td>
<td>91,448,608</td>
<td>68,597,928</td>
<td>59,357,928</td>
<td>84,137,628</td>
<td>77,677,128</td>
</tr>
</tbody>
</table>
A fully functional facility with all amenities of a modern live-in-training centre

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

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

- 2 air conditioned training halls with option to merge both to create seating capacity of about more than 75 participants
- Audio, Visual, Multimedia, LED facilities in training halls
- 1 Executive Conference Room
- 12 rooms for groups work
- 1 room with training tools/kits/moduls/IP etc.

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