

Rahnuma-FPAP Toll Free

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A Member Association of
IPPF International
Planned Parenthood
Federation
South Asia Region



Supreme Court Verdict Healthy & Prosperous Pakistan

Annual Report | 2018



Vision:

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

Mission:

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

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

Values:

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

Social Inclusion;

with a demonstrated commitment to enable the rights of the most underserved and marginalized to be realized.

Diversity;

respecting all regardless of their age, gender, status, identity, sexual orientation or expression.

Passion;

our passion and determination inspire others to have the courage to challenge and seek social justice for all.

Voluntarism;

our voluntarism delivers significant contribution across a range of roles as activists towards advancing Association's mission.

Accountability;

accountability as cornerstone of trust that is demonstrated through high performance, ethical standards and transparency.

Rahnuma-FPAP and

[1953-1959]

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

[1960-1969]

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

[1970-1979]

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

[1980-1989]

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

Its Evolution

[1990-1999]

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

[2000-2009]

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

[2010-2018]

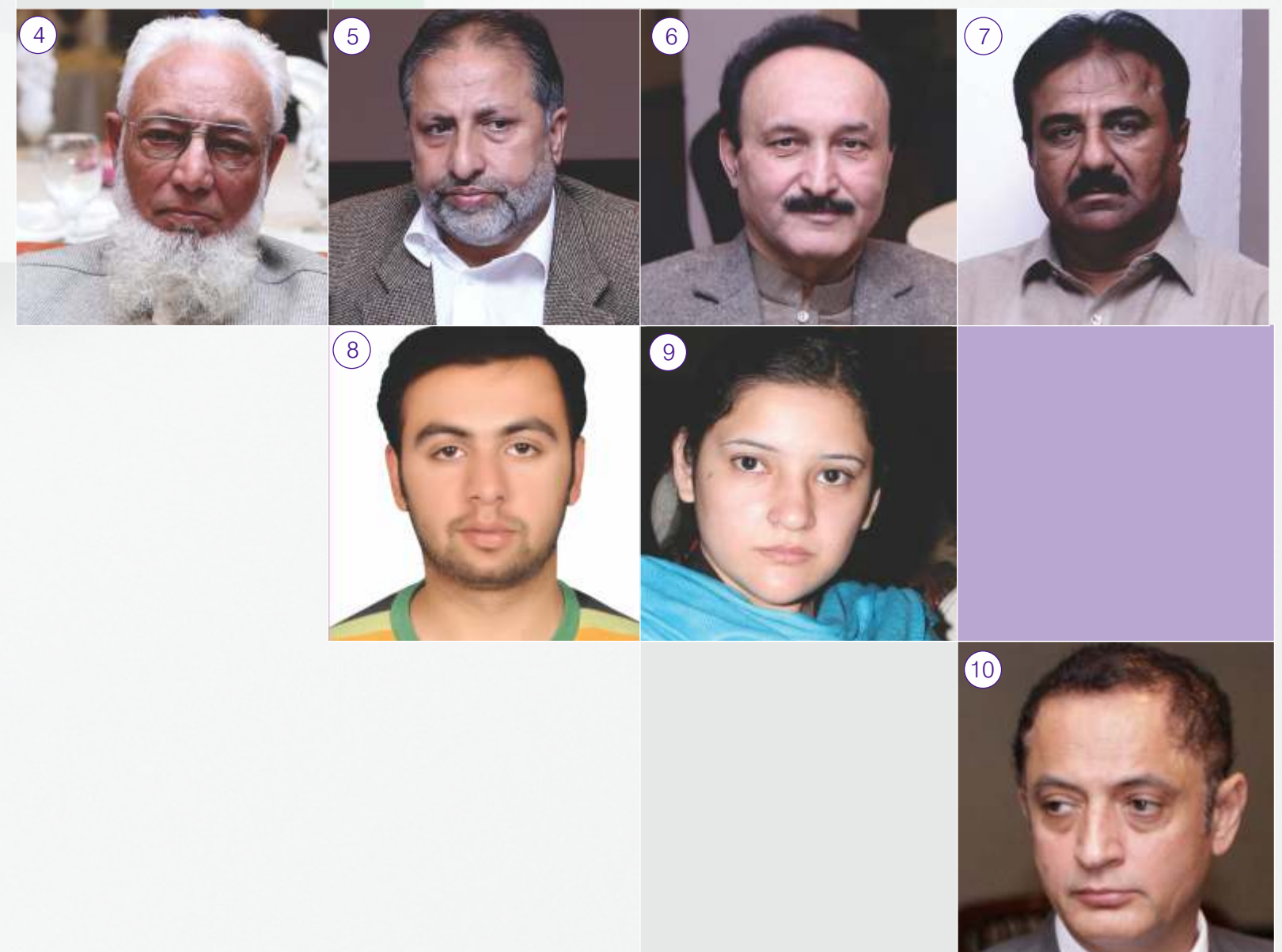
Message	Repositioning family planning on development agenda.
Intervention/Services	Quality integrated reproductive health/family planning, HIV&AIDS services, abortion related services, violence against women, poverty alleviation, gender equity and equality, domestic gender based violence (GBV), women empowerment, youth friendly services, men as partners, women markets, youth friendly services, comprehensive sexuality education, advocacy for changes in policy and laws, promotion of sexual rights, emergency relief and rehabilitation services for victims of floods/rains (disaster management) and promotion of sexual rights.
Infrastructure	Family Health Hospitals, Family Health Clinics, Mobile Units, partner service outlets and Women Development Complexes, program management offices in Mardan and Muzaffargarh (Southern Punjab).
Beneficiary	Marginalized women, youth and men, partner NGOs, partner organizations in public and private sector, HIV&AIDS infected and affected persons and families, Key Populations and vulnerable groups, disaster hit populations.
Crosscutting Issue	Advocacy for policy/law changes and efforts to avoid implications of 18th Amendment.

executive COMMITTEE 2018



- ① Dr. Rashida Panezai
President Rahnuma-FPAP
- ② Ms. Mahtab Akbar Rashdi
Chairperson, Rahnuma-FPAP
- ③ Ms. Zarine Aziz
Treasurer, Rahnuma-FPAP
- ④ Mr. Zahoor Ahmad Qureshi
Vice President, Punjab Region Rahnuma-FPAP
- ⑤ Mr. Ruhul Ameen
Vice-President, KP Region, Rahnuma-FPAP
- ⑥ Mr. Hidayat Shah
Vice President, Federal GB & AJK Region, Rahnuma-FPAP
- ⑦ Mr. Leemon Kumar Sharma
Vice President Sindh Region, Rahnuma-FPAP
- ⑧ Mr. Mohsin Bin Iqbal
Youth Member, Rahnuma-FPAP
- ⑨ Ms. Iqra Alam
Youth Member, Rahnuma-FPAP
- ⑩ Syed Kamal Shah
Chief Executive Officer
Member/Secretary without Vote, Rahnuma-FPAP

executive COMMITTEE 2018



MESSAGE



DR. RASHIDA PANEZAI
President, Rahnuma-FPAP

I am proud to present Rahnuma-FPAP Annual Report 2018 as the 9th President of this historic organization. This year's report has been dedicated to the landmark Supreme Court Judgment on Population growth rate, as decreed by the former Chief Justice of Pakistan Mr. Justice Saqib Nisar. This Supreme Court order and its eight recommendations have provided, for the first time, a clear policy to address the issue of rapid population growth in the country. Rahnuma-FPAP, as one of the key stakeholders in population welfare programmes, has remained closely associated in the entire process leading up to this landmark decision. Moving forward, the organization is a member of national and provincial task mandated to ensure the proper implementation of the recommendations.

This year, Pakistan launched the 2017-18 Pakistan Demographic and Health Survey (PDHS) (the fourth Demographic and Health Survey of Pakistan (PDHS)). It was implemented by the National Institute of Population Studies (NIPS) under the aegis of the Ministry of National Health Services, Regulations, and Coordination (MNHSRC). The findings of the PDHS 2017-2018 are mixed, as population related indicators have shown little progress.

The report points to a steady decline in fertility rates over time, from 5.4 births per woman as reported in the 1990-91 PDHS to 3.6 births per woman in the 2017-18 PDHS—a drop of about two births per woman in almost three decades.

The use of contraceptive methods has remained stagnant over the past 5 years (34% in the 2017-18 PDHS and 35% in the 2012-13 PDHS).

An earlier rise in use of contraceptive methods was witnessed between 2006-07 PDHS and 2012-13 PDHS, mostly attributed to an increase in the use of traditional methods from 4% to 9% (NIPS and ICF International, 2013).

The 2017-18 PDHS revealed that about 14% of currently married women are not living with their husbands (job or other reasons), which could also impact the use of contraception.

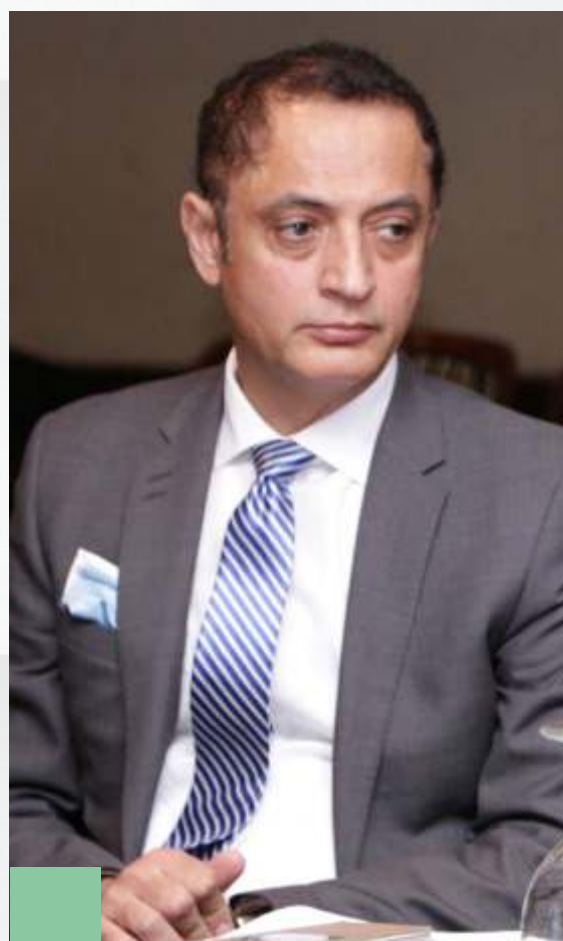
Rahnuma-FPAP carried out various advocacy and service delivery projects across Pakistan, utilizing its integrated services delivery infrastructure and international renown to

work with major international bilateral and multilateral donor agencies and public sector institutions. We have remained at the forefront of the struggle for a rights based agenda in Pakistan, and facilitated change through program interventions specifically targeting the vulnerable and marginalized sections of society. Of these initiatives, one of the most famous flagships has been “Girl Child Project (1991-2006)” funded by UNICEF, aimed at the development and empowerment of marginalized girls through life skill based training/education, first aid training, in home and school training, leadership development and awareness on RH and Rights. The project initially started at ten locations but has now expanded to more than 730 locations across Pakistan, directly benefiting more than 36,500 girls, 6,900 boys and 217,000 families. During 2018, our service delivery infrastructure, composed of 105 Family Health Clinics, 9 fully functional Family Health Hospitals, Mobile Service Units 11, Associated Clinics 30, 2564 Community Based Distributors (CBDs), 53 Youth Resource Centers (YRCs), and 14 Youth Friendly Spaces (YFS), 6 dedicated Helplines and more than 2500 private practitioners (PPs), provided service to more than four million people (4,075,774) among them 3,527,373 were women, 2638979 were poor, marginalized, and socially excluded groups (PMSEU) and 1,270,623 were youth clients.

I am proud to share that Rahnuma-FPAP's Chairperson, Ms. Mahtab Akber Rashdi, was elected Treasurer of IPPF Central Office London and is the first Pakistani woman to hold the position. After more than seventy years of patient and dedicated work, I believe that we are at threshold of a new era. The past experiences have prepared us for new challenges and exciting opportunities. We have learned to use innovative approaches and models to deal with difficult challenges. With renewed determination, we will continue our efforts until the battle for human rights in Pakistan has been won.

Dr. Rashida Panezai
President Rahnuma-FPAP

MESSAGE



SYED KAMAL SHAH
Chief Executive Officer,
Rahnuma-FPAP

In 1994, at the UN Convening of the International Conference on Population and Development (ICPD), 179 countries and other development partners reached a global consensus and program of action that shifted focus away from numeric population targets and instead prioritised dignity and human rights. At that historic meeting, the international community first agreed that the right to plan one's family was fundamental to development. As we approach the 25th anniversary of ICPD in 2019, the actual effects of this milestone in policy still remain elusive for many people. Globally, 200 million women are still estimated to have an unmet need for modern contraception. For change to come, such worrying statistics and other pertinent sexual and reproductive health issues must be seen as the primary hindrances to people's health and survival, to economic development, and ultimately to the well-being of humanity.

There is strong reason to not lose hope. Council of Common Interest's (CCI) approval of the task force recommendations shows the assertion of great political will in favour of FP programmes. 2018 has been the most historically significant year in the struggle for family planning development in Pakistan. The new momentum we have gained must be maintained at all costs and I humbly appeal to fellow civil society organizations to collaborate with each other to ensure the proper implementation of SC recommendations.

Pakistan currently has the largest population of young people in its history, with about two-thirds being under 30 years of age. Youth brings with it an extra-ordinary desire for freedom and capacity for change. Our young people have the power to transform the stagnant conditions around them, and deserve to be nurtured and empowered with modern day knowledge and capacities. Thus, Rahnuma-FPAP specially focuses on youth and adolescent empowerment in many of its programmes. During 2018, Rahnuma-FPAP implemented various new projects for youth. One of the Flagship endeavours of Rahnuma-FPAP was the adoption of Life Skills Based Education (LSBE) protocols in the public policy documents. I am happy to say that, through our consistent efforts alongside our partners, the Sindh Government has launched Sindh Youth Policy 2018, in line with LSBE guidelines. The policy realises the strategic importance of LSBE and includes LSBE programs in school curriculums. During 2018, we trained Punjab Child Protection Bureau psychologists from selected districts on

child abuse prevention. We also contacted Punjab Education Initiative Management Authority (PEIMA) and briefed them on PWD curriculum on LSBE. The PEIMA officials agreed to incorporate LSBE Curriculum to be taught in 4,700 schools under PEIMA, across the province of Punjab. We also arranged an orientation for a select group of PEIMA school teachers on LSBE. We are working with PEIMA to sign an MOU on imparting LSBE Training at PEIMA run schools.

Rahnuma-FPAP takes pride in being one of the largest and oldest civil society organization in Pakistan, with the widest base of community infrastructure. In 2018, we piloted various innovative projects across Pakistan to provide integrated social development services, especially as Pakistan becomes increasingly exposed to more forms of disasters, natural or otherwise. We exclusively designed and implemented innovative projects across Pakistan for women, children, youth & adolescents, transgender people, female sex workers (FSWs), jail inmates (men and women), commercial vehicle drivers, nomads, gypsies, Internally Displaced Persons (IDPs) and Temporary Displaced Persons (TDPs), refugees, armed forces, people affected by disaster and emergencies, people with disabilities (PWDs), and many more groups in need. Our dedicated team of staff and volunteers provided them opportunities and services to realise and exercise their basic human rights, which they have been denied for too long.

In 2018, IPPF awarded Rahnuma-FPAP one of the largest DFID funded Project, "Women Integrated Sexual Health (WISH 2 Action)", which is to be implemented in 10 selected districts of Pakistan for the next three years. The WISH2ACTION Consortium proposes a comprehensive approach to achieving the four Outputs of the WISH Project through the adaptive implementation and scaling up of its Enhanced Cluster Plus model. Under this project, the Enhanced Cluster Plus (ECP) model mobilizes and coordinates with key stakeholders (community members and leaders alongside public and private sectors service providers) in a defined geographic area to create sustainable, accessible, quality, integrated sexual and reproductive health service delivery model for all people living in that area, particularly the poor and marginalized groups. The core of this model is the establishment of public-private networks called "clusters".

In 2018, we have achieved much to be proud of but there is a still long road ahead of us. I am proud to head a team of dedicated and compassionate workers and am confident that we will achieve our goals with the support of our partners in the near future.

Syed Kamal Shah
Chief Executive Officer, Rahnuma-FPAP

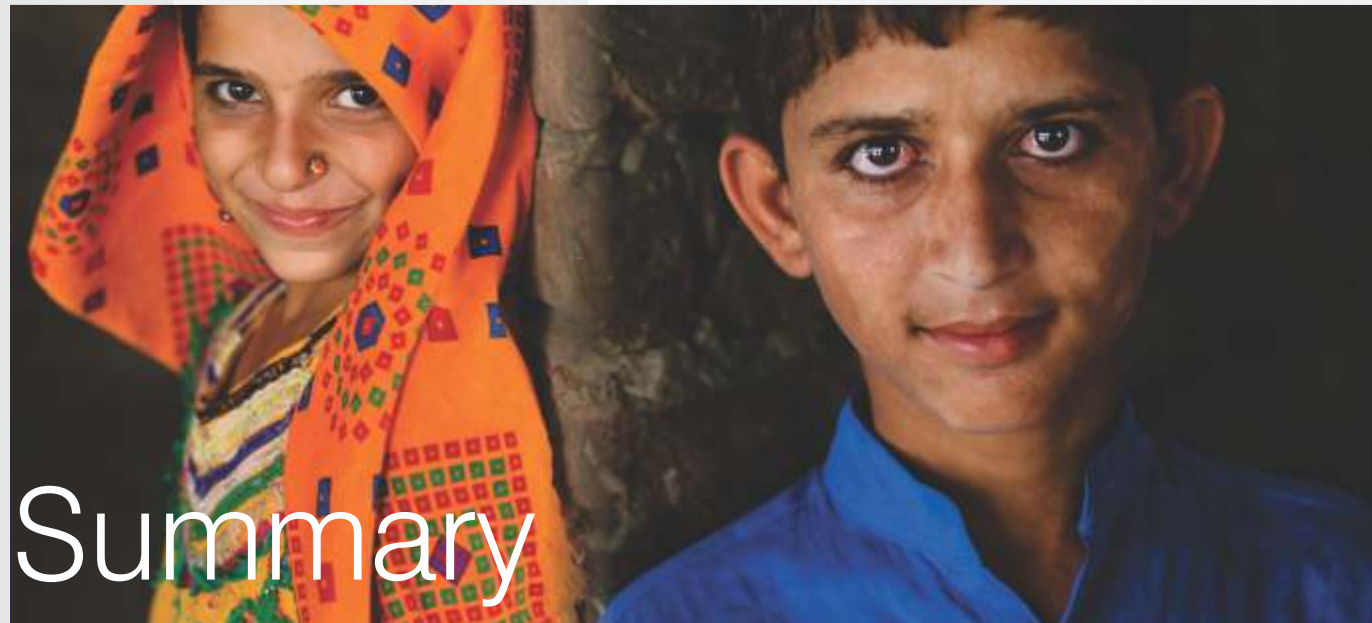
ACRONYMS:

AACM	Alliance Against Child Marriage	MNA	Member of National Assembly
AIDS	Acquired Immune Deficiency Syndrome	MNCH	Maternal Neonatal Child Health
AJK	Azad Jammu & Kashmir	MSI	Marie Stopes International
BHU	Basic Health Unit	NCMNCH	National Committee on Maternal Neonatal Child Health
CBDs	Community Based Distributors	NCSW	National Commission on the Status of Women
CBOs	Community Based Organizations	NDMA	National Disaster Management Authority
CCB	Community Coordination Board	NGO	Non-Governmental Organization
CHS	Community Health Services	NHEPRN	National Health Emergency Preparedness and Response Network
CIP	Costed Implementation Plan	NYN	National Youth Network
CPD	Commission on Population Development	PAC	Post Abortion Contraception
CPR	Contraceptive Prevalence Rates	PAP	Population Association of Pakistan
CSE	Comprehensive Sexuality Education	PAPAC	Pakistan Alliance for Post Abortion Care
CSOs	Civil Society Organization	PCMI	Pakistan Child Marriage Initiative
CTG	Cardiotocography	PCSW	Punjab Commission on the Status of Women
DDMA	District Disaster Management Authority	PDMAs	Provincial Disaster Management Authority
ENT	Ears, Nose and Throat	PHC	Primary Health Care
EPI	Expanded Programme on Immunization	PoA	Program of Action
ETT	Exercise Tolerance Testing	PPs	Private Practitioners
FGD	Focus Group Discussion	PWD	Population Welfare Department
FHC	Family Health Clinic	QAD	Quality Assurance Doctor
GB	Gilgit Baltistan	QoC	Quality of Care
GBV	Gender Based Violence	RAF	Research and Advocacy Fund
HBW	Home Based Workers	RCC	Regional Coordination Committee
HDI	Human Development Indicator	RD	Regional Director
HIV	Human Immuno Deficiency Virus	RH	Reproductive Health
HSA	Health Service Academy	RNYN	Rahnuma National Youth Network
HTSP	Healthy Timing and Spacing of Pregnancies	RPM	Regional Program Manager
IASC	International Accounting Standards Committee	SDGs	Sustainable Development Goals
ICPD	International Conference on Population & Development	SDP	Service Delivery Points
IDUs	Intravenous Drug Users	SGBV	Sexual and Gender Based Violence
IEC	Information Education Communication	SNO	Sweden National Office
IMR	Infant Mortality Rate	SOPs	Standards Operating Procedures.
INGO	International Non Governmental Organization	SRHR	Sexual and Reproductive Health & Rights
IPES	Integrated Package of Essential Services	STDs	Sexually Transmitted Diseases
IPPF	International Planned Parenthood Federation	STI	Sexual Transmitted Infections
ISCEA	International Supply Chain Education Alliance	TBAs	Traditional Birth Attendant
IUCDs	Intrauterine Contraceptive Device	TCF	The Citizen Foundation
KBL	Khushhali Bank Limited	TFR	Total Fertility Rate
KPK	Khyber Pakhtunkhwa	UDHR	Universal Declaration of Human Rights
LSBE	Life Skill Based Education	UNCRC	United Nations Convention on the Rights of the Child
MDGs	Millennium Development Goals	VCT	Voluntary Counselling and Testing
MISP	Minimum Initial Service Package	WHO	World Health Organization
MLA	Member Legislative Assembly	WPF	World Population Foundation
MMR	Maternal Mortality Rate	YFS	Youth Friendly Services
		YRC	Youth Resource Centre

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Executive Summary



This annual report outlines some of the most important developments of the year 2018 and provides substantive evidence that Rahnuma-FPAP has already been working in line with the new recommendations, formulated on the order of supreme court, for several decades. The report considers each recommendation closely and showcases some of our relevant projects alongside them.

The first recommendation is to ensure that proper systems are in place for the monitoring and evaluation of the implementation of further recommendations. Rahnuma-FPAP is a key member in important task forces at both national and provincial levels and has also developed a modern Monitoring and Evaluation system of its own to keep track of its initiatives and performance.

The second recommendation outlines the necessary measures to ensure universal access to SRH including FP services. Rahnuma-FPAP contributes a significant number to the national statistics as the main provider of SRH including FP services. A brief overview of the wide service delivery network is documented as evidence of the organization's commitment to ensuring universal access to SRH including FP services.

resources for FP programmes since the very beginning. This section documents Rahnuma-FPAP's longstanding advocacy efforts in mobilizing greater financial support for FP programs.

The forth recommendation ponders the appropriate legislation required to ensure the success of an ambitious FP programme. Although Rahnuma-FPAP has been engaged in various campaigns to improve legislation directly impacting the population growth in the country, including advocating for Reproductive Health Rights Bill, pre-marital counseling, and mother and child health, in the section we are only focusing on one such campaign as an example, our campaigns on child marriage. Child and early marriage is a central issue to our work and one that we have consistently advocated against at the policy level.

The fifth recommendation addresses the advocacy and communication needs for a successful FP programme. Rahnuma-FPAP has produced a large volume of Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) materials over the decades but we have handpicked just a few examples in this section to demonstrate the typical nature of our literature.

The sixth recommendation is regarding Curriculum and Training initiatives. Rahnuma-FPAP has been providing trainings to its staff, medical professionals, government officials, and other relevant stakeholders on regular basis. In this section Life Skilled Based Education, which is without doubt one of the most important campaigns, is being highlighted.

The seventh recommendation deals with contraceptive commodity security. Rahnuma-FPAP is working closely with the government to address this crucial aspect of the programme. Without contraceptive commodity security neither the government nor NGOs can hope to succeed.

The eighth recommendation is about ulema and the importance of their support for FP programmes. Rahnuma-FPAP has been working with ulema since its inception and boasts an extensive network of co-operative scholars. We have documented our work and efforts in this area.



The third Recommendation deals with the question of finances. It is not possible to achieve universal access to FP without committing adequate and appropriate financial resources for the programme. Rahnuma-FPAP has been advocating for the allocation of appropriate



The second section documents some other innovative projects that began in 2018. These include **“Improving Access of Long Acting Reversible Methods through Task Sharing/Shifting”**, a UNFPA funded project to strengthen provincial capacities to manage the delivery and accessibility of FP services. The main goal of this project is to provide training on FP counseling, infection prevention, and hormonal methods of FP to Health Service Providers. We also work with the provinces to develop strategies on FP Task Shifting, and to improve the delivery and uptake of SRH including FP services.

The third section of this report is an introduction to WISH2ACTION project, launched in 2018. This project will positively impact population growth in the country and is currently being implemented by Rahnuma-FPAP in ten districts of Pakistan. The project aims to increase the accessibility of youth and people with disabilities to FP services and information.

“Amplify Change Strengthening Grants” This project was a mix of service delivery and advocacy interventions, made possible with funding by Mannion Daniels Ltd. It was implemented in Rahnuma-FPAP's 4 clinics, located in Mardan, Province of KPK. The main objective of this project was to increase access to SRH and GBV services while advocating for necessary policy changes.

“Sexual Reproductive Health Program in crisis and post-crisis situations (Sprint III)”

The SPRINT Initiative (Sexual Reproductive Health Program in crisis and post-crisis situations) is designed to address gaps in the implementation of the Minimum Initial Service Package (MISP) for Reproductive Health, a set of priority activities to be implemented at the onset of an emergency. The main objectives of this initiative is to develop relationships & coordination with Government stakeholders, and ensure that the health sector/cluster lead the implementation of the MISP and prevent and manage the consequences of sexual violence.

“Integration with Private Practitioners (PPs)” This project was launched with the support of IPPF. The main objectives of this project are to enable SRH and FP services through private health care providers, train and facilitate public and private service providers on SRHR & Integrated Package of Essential Services (IPES) services, and help to operate Quality Assurance System at PPs Clinics, with the goal of increasing referrals, linkages and network with PPs and Rahnuma-FPAP clinics.

“Global Comprehensive Health Care Initiative” Over the course of the third phase of the GCHCI program, the five participating Member Associations in Asia achieved a 39 percent increase in the number of clients provided with safe PAC and a 30 percent increase in the number of clients served with

family planning services, with 20 percent choosing a long acting method. The proportion of Post Abortion Contraceptive (PAC) clients adopting a contraceptive method was maintained at a high rate of 96 percent, with 40 percent choosing a long acting method.

“Addressing SRH Stigma-A Key to Young Women's SRHR” This project was successfully completed in 2018. The project was designed to address PAC stigma and help lessen the obstacles young women face when trying to access PAC services. Stigma is a major barrier to young people trying to access sexual and reproductive health services, often exacerbated by the belief that young people cannot or should not make autonomous decisions about sex and sexuality. The main objectives of this project were to strengthen stigma-free PAC services and increase access, at the community level, for young people in Pakistan.

“Poverty Alleviation Program (PAP)”

Rahnuma-FPAP empowers women and addresses existing gender economic and social inequalities through PAP. The program was started in 2002, in collaboration with Khushhali Microfinance Bank Limited (KB), as part of a public private partnership. Over the years, this project has benefited 225,453 women, men, and youth, at 34 locations across Pakistan. The main objectives of the project are to reduce income poverty among marginalized and underserved populations in Pakistan, to empower, to express their views in decisions directly affecting their lives, and to enhance their access to reproductive health and family planning services.

These are the main features of this report which, we hope, sheds some light on the holistic approach Rahnuma-FPAP has adopted for the successful implementation of its FP programme.





Supreme Court Verdict Healthy & Prosperous Pakistan

Supreme Court Recommendations

Highest Level Political Ownership for Population Welfare and Family Planning Achieved

The untiring advocacy efforts of concerned organisations and individuals resulted in the historic Supreme Court initiative to address Pakistan's high population growth rate. Chief Justice of Pakistan Saqib Nisar took suo motto notice of the situation, a Task Force was constituted including civil society experts to address the alarming population growth rate and its impact on sustainable development. A set of recommendations were formulated,

reviewed by the Supreme Court, and sent to the Government of Pakistan for consideration by the Counsel of Common Interest (CCI).

A three member bench, headed by Hon'ble Mr. Justice Mian Saqib Nisar, Chief Justice of Pakistan, and comprising Hon'ble Mr. Justice Ijaz ul Ahsan and Hon'ble Mr. Justice Sajjad Ali Shah heard Human Rights Case No. 17599 of 2018, regarding the alarming population growth rate in the country, on 30th October, 2018. The Hon'ble Bench passed the order that the Task Force constituted pursuant to the order of this Court had submitted a comprehensive report in which recommendations had been made to curb the alarming population growth rate in Pakistan. In order to sensitize the matter and to increase public awareness on the issue, the print and

electronic media was directed to print and broadcast the recommendations continuously for three days, free of cost.

The Court also directed the Federal Government to arrange for the Council of Common Interests (CCI) to hold its meeting within ten days of the hearing, for the consideration and approval (after some modifications/alterations etc. if need be) of the recommendations. After approval by the CCI, a symposium was held by the Law & Justice Commission of Pakistan under the auspices of the Supreme Court of Pakistan to increase awareness on the issue of alarming population growth in Pakistan and to consider preventive measures in this regard and the case would be re-list thereafter.

The Population Symposium was chaired by Prime Minister of Pakistan Mr. Imran Khan. The Population Symposium was also attended by the Chief Justice of Pakistan, all Provincial Chief Ministers, other Ministers, high ranking government officials, Parliamentarians, INGOs, CSOs, Media, activist etc. The Prime Minister, Mr. Imran Khan, pledged the resolve of his government to provide political and financial support to all sectors effectively controlling the high population growth rate. The National and Provincial Task Forces have been established and Population Action Plans have been formulated. It is pertinent to mention here that Rahnuma-FPAP was part of the National and Provincial Committees which formulated Action Plans for the respective provinces, in line with Supreme Court Recommendations.

This annual report dwells upon this most important development of the year 2018 and provides evidence that Rahnuma-FPAP has already been working on the lines of the recommendations, now formulated on the order of supreme court, for several decades.

The section follows after a brief current situation analysis of Pakistan.

Why

the recommendations
are so important



Pakistan is the sixth most populous country in the world with a population of **207.8 Million** growing at an interdenatal growth rate of **2.4% per annum** between 1998-2017 (Population and Housing Census 2017). At this rate Pakistan's population will double in the next 30 years, compared with an average doubling time of **60 years** for other South Asian countries. The population of the country is projected to increase to **285 million** by 2030.

Such a high rate of population growth is unsustainable and has already eaten into the modest gains made in terms of socio-economic development. The rapidly growing population has direct, negative implications for adverse climate change, environmental degradation, deforestation and, above all, the decline in water availability per capita, furthering Pakistan's looming water shortage. It will also exacerbate food security and threaten the country's sustainable development prospects.

The latest Pakistan Demographic and Health Survey (2017-18) confirms that there has been little change in fertility levels since 2005, with women bearing an average of 3.6 children over their reproductive life span. Rather than showing progress, the critical driver of fertility, the modern Contraceptive Prevalence Rate (mCPR), has gone down to 25% from 26% reported in the

previous PDHS in 2012-13. The unmet need for Family Planning Services remains high at 17%, indicating that millions of married couples are unable to receive adequate access to information and services. This is a denial of fundamental human rights. This gap between their intent and actual usage of family planning services is associated with long physical distances, costs and social barriers, and in particular with misperceptions about modern contraceptives which are more pronounced in the rural areas. All these access factors affect the poor and uneducated more seriously.

International comparisons indicate that Pakistan falls in the lowest group for human development, ranking 150 among 189 countries in the latest Human development index rankings. It also faces gender inequality with female adult (above 15 years of age) literacy remaining low at 45% (2015) and female participation in the labor force at 25.0%. Both low achievement in human development, particularly education and lack of female empowerment, pose serious challenges for the population growth rates.

Poverty has a close relation with low literacy, high fertility, high child and maternal mortality rates. Nearly one-fourth of the country's population continues to live below the national poverty line (2015-16), with the absolute numbers of poor increasing due to the rising population growth rates. Regional and urban-rural variations in poverty are pronounced.

High maternal mortality and child mortality rates remain insufficiently addressed by the population and health sector. The low level of public expenditure on health, population, and education is one of the biggest setbacks for the goal of socio-economic development. There are not enough tangible programmatic interventions that address the challenges of reducing high Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), and reducing the number of women resorting to unsafe abortions.

Approximately 60% of the country's population faces food insecurity and nearly 50% of the women and children are malnourished. Many Pakistani children are faced with long term nutritional deprivation, food insecurity, poor health services, illnesses linked to hygiene, and improper feeding practices. 38% of Pakistani children suffer from stunted growth, according to the PDHS 2017-18.

The Court constituted a Task Force to formulate mechanisms to curb population growth in the country. The Task Force, while keeping in view the specific challenges faced by Pakistan, has prepared a set of the following recommendations, aimed at accelerating the efforts of the Government to reduce Population Growth Rate (PGR), lower Total Fertility Rate (TFR), and increase Contraceptive Prevalence Rate (CPR). These recommendations are in line with provincial population policies and recognize the redefined overall role of the federal government, for coordination, facilitation & support and international/bilateral commitments, etc. The Federal Government retains the fostering role of sharing a vision for advancing the national development perspective.

RECOMMENDATION

1. Establish National & Provincial Task Forces for steering, providing oversight and taking critical decisions to reduce population growth, lower fertility rate and increase contraceptive prevalence rate (CPR):

- National TF chaired by Prime Minister to include Chief Ministers of all the provinces, Federal & Provincial Ministers of Population, Health, Education, Finance, Planning and representatives of civil society.
- Provincial TFs chaired by respective Chief Ministers to include Provincial Ministers of Population, Health, Education, Finance Planning and representatives of civil society.
- Progress towards reducing population growth rate, lowering fertility and increasing contraceptive prevalence rate to be monitored through a robust data collection system and assessments of results and presented before National & Provincial Task Forces.

Rahnuma-FPAP Monitoring and Evaluation system

Rahnuma-FPAP has developed a strong Monitoring and Evaluation (M&E) System over the years to ensure quality deliverables by the organization.

Following are some of the activities carried out by M&E team:

- Annual field monitoring visit schedules followed by head office and field offices staff to ensure client centered quality service delivery through network of different service delivery points (SDPs) including Rahnuma-FPAP managed hospitals, model clinics and lady health visitor based clinics, associated clinics and community based distributors. These monitoring visits cover clinical audits, clinical quality assurance monitoring checklist, interviews of service providers and clinical observations noted using M&E monitoring checklists; independent data verification exercise by M&E head office (HO) staff called data audit; and randomly selected client exit interviews. These tools conclude action points for improvement in quality of services and identify areas for improvement in structural and managerial support desired at different levels i.e. head office, regional offices, program management offices (PMOs) and SDPs.
- Rahnuma-FPAP follows a well-structured mechanism of updating and getting feedback and suggestions of senior management team and governing board members on progress against performance indicators and performance progression through Governing Board Meetings. These meetings are arranged at head office and regional offices levels where macro (overall Rahnuma-FPAP) and micro (Region and PMO) level service statistics are presented, discussed and way forward decided.



- Client based data is recorded manually on family planning and sexual and reproductive health services in registers placed at SDP level. This data is accumulated monthly on a standard summary sheet, which is submitted at its respective PMO. Each PMO enter its individual SDPs data on a customized data management on-line application which automatically accumulate PMO wise, Region wise and overall Rahnuma-FPAP data. Data application is designed to generate number of customized reports presenting trend reports, performance reports against indicators from SDP upto overall Rahnuma-FPAP. Structured regular feedback is provided by head office M&E Managers to PMOs on their monthly data; authentication of monthly data by Program Managers at PMOs, M&E Officers at Regions and Regional Directors verify data and adds sense of ownership of data and its use for decision making. Statistics generated through customized reports are extensively used for decision making, producing

estimates, projecting future directions of different programmes and projects. The most frequent use of compiled statistics is to share service delivery performance with different government departments, donor organizations and other stakeholders on regular basis.

Rahnuma-FPAP has always been working closely with government of Pakistan. It is represented at most of the govt. task forces and committees set-up to improve Population Welfare Programs. Rahnuma-FPAP has developed a good monitoring and evaluation system which can be replicated in government departments to ensure proper implementation of the recommendations.



2. Ensure Universal Assess to FP/RH Services:

- i) Mandate all public health facilities (BHUs, RHCs, THQs, DHQs, Teaching Hospitals) to deliver family planning services as part of the essential service package.
- ii) All general registered private sector practitioners and hospitals to provide FP counseling, information and services to male and female clients.
- iii) Lady Health Workers to provide FP, ante natal and post natal counseling and contraception services on priority basis.
- iv) Current cadre of Male Mobilizers to be made active and accountable for counseling men on family planning.
- v) NGOs and Civil Society Organizations to work in close coordination with provincial DOHs and PWDs to extend RH including FP services to underserved and unserved areas.
- vi) Federal and Provincial Governments to link population programs with Social Safety Net programs like Benazir Income Support Program and introduce conditional cash transfer schemes or incentivized schemes for adoption of FP service and institutionalized birth delivery.

Rahnuma-FPAP Service Delivery Network

Rahnuma-FPAP is one of the leading organizations in Pakistan for family planning (FP) and Sexual reproductive health (SRH) services. Rahnuma-FPAP is one of the most significant providers of SRH including FP services in Pakistan, with a wide service delivery network that reaches some of the poorest and most underserved communities.

At present, Rahnuma-FPAP operates 9 fully functional Family Health Hospitals, more than one hundred Family Health Clinics, and facilitates more than twenty five hundred Private Practitioners (PPs) and Community Based Distributors (CBDs) across Pakistan. Rahnuma-FPAP's infrastructure is well-equipped to respond to the unmet need of family planning among underprivileged men, women, and youth. During 2018, Rahnuma-FPAP substantially increased its SRH services compare to last year.

Rahnuma-FPAP also integrated SRH and HIV & AIDS prevention services at selected Service Delivery Points (SDPs). These Drop-In and Voluntary Counseling and Testing (VCT) centers provided SRH and HIV & AIDS related services to target population groups, such as street based female sex workers, male sex workers, and injectable Drug Users (IDUs), further increasing the service delivery reach.

Rahnuma-FPAP provides Youth Friendly Services (YFS) to young people through its static clinics where international standards of YFS are rigorously observed. The objective of the YFS component is to increase the provision of quality, youth-friendly adolescent SRH services through well trained service providers (Doctors and Counselors). At Rahnuma-FPAP's Youth Friendly Centres, an Integrated Package of Essential Services (IPES), which includes contraceptives, HIV and AIDS, STI/RTI, Gynaecology, Obstetrics, Urology and counseling services are provided to young people. Furthermore, Rahnuma-FPAP also

One reason for the continued success of Rahnuma- FPAP's service delivery model is the provision of counselling services to all clients.

provides SRH Services to youth through mobile health camps in outreach areas, including communities, educational institutions, etc.

In 2018, more than one hundred and twenty private practitioners were enrolled as referral partners and MOUs were signed with them to provide SRH services to young people. Prior to formally allowing them to execute their services, capacity building trainings on Youth Friendly Services were conducted for their benefit. In this regard, a Quality of Care (QoC) Manual titled "How to Ensure Quality Youth Friendly and Reproductive Health Services" was piloted at selected Service Delivery Points. More than 1373 families of school students (male and female) were registered for the provision of SRHR information and services.

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

To increase the outreach of services, especially in far-flung rural areas where the mobility of women and youth is restricted, mobile camps are set up to provide access to SRHR services and information to marginalized groups such as young mothers and out of school youth.

Through these mobile health camps, Rahnuma FPAP reaches out to Poor Marginalized Socially Excluded & Underserved (PMSEU) groups of people, female prisoners, residents of Dar-ul-Aman (young girls & women protection center), sex workers and transgender people.

One reason for the continued success of Rahnuma-FPAP's service delivery model is the provision of counselling services to all clients. Counsellors provide information, counselling, and referrals on a wide range of SRH issues while ensuring complete privacy and confidentiality.

Rahnuma-FPAP also spearheaded humanitarian services for the vulnerable sections of society affected by natural disasters and emergencies. Poor reproductive health compounds hardships already faced by the underserved, poor and marginalized. Rahnuma-FPAP's through advocacy efforts included Minimum Initial Service Package (MISP) as Standard Operating Procedures (SOPs) in Provincial Disaster Management Plans to prevent maternal and neonatal mortality and morbidity, reduce HIV transmission, prevent and manage the consequences of sexual violence, and plan for comprehensive SRH services.

To further strengthen the advocacy success achieved, Rahnuma-FPAP launched SPRINT (I, II and III) Initiatives to institutionalize an effective coordination amongst all stakeholders including NDMA, PDMA and DDMA through advocacy at large and training of the concerned personnel to improve health outcomes of crisis affected populations by reducing preventable sexual and reproductive health mortality and morbidity. The main objectives of this initiative are to build a supportive environment for SRH in crisis settings, to increase capacity for implementation of the MISP in humanitarian settings, and to deliver a well-managed program underpinned by robust internal monitoring & evaluation systems.

We are actively working with National Health Emergency Preparedness and Response Network (NHEPRN), through its Reproductive Health Working Group, to strengthen the public sector's capacity on MISP related SOPs.

Rahnuma-FPAP service delivery model follows international standards and reaches out to those who most need it but are mostly neglected.

RECOMMENDATION 3

3. Finances:

- i) Federal Governance to create a five year non-lapsable special fund for reducing Population Growth Rate with annual allocation of Rs.10 bn. The Fund shall be set up exclusively from federal resources without any cut from provincial funds. The Fund will:
 - a) Meet, for 5 years, 50% amount of additional allocations made by the provinces for procurement of contraceptive commodities over and above the budget provision of F.Y 2018-19 in the respective head.
 - b) Meet for 5 years, 50% cost of increase in LHWs for 100% coverage for doorstep services in rural and peri-urban areas.
 - c) Support innovative approaches of Federal & Provincial Governments for reaching poor and marginalized population to reduce population growth and increase contraceptive prevalence rate (CPR).
- ii) Federal & Provincial Population & Health budgets for RH including FP to be doubled over the next two years and protected from reallocation to other programs and departments while ensuring timely releases.
- iii) Donor financing to NGOs and private sector organizations involved in RH including FP to be streamlined through an effective coordination mechanism.
- iv) Corporate sector to allocate Corporate Social Responsibility (CSR) funds for FP services and advocacy.

Rahnuma-FPAP Advocating for Resources

Finances play a crucial role in the success or failure of any programme. Same is true for the national FP programme that is aiming to reduce the population growth rate. Rahnuma-FPAP has been advocating with government for increase in budget allocation for population programmes. According to an estimate there is a need to double the budget allocation for FP programme in order to make it successful. This is an investment in our future. Every dollar spent on FP programme today will save 4 dollars tomorrow.

The engage project Rahnuma-FPAP implemented was designed on the same lines. We conducted meeting with high level officials and decision makers trying to establish the link between development and population welfare specifically FP programme.

Post 18th Constitutional Amendment, the authority to formulate policies and legislation on health, population, women and youth, has become the provincial domain. Rahnuma-FPAP has worked with the Public Sector since its inception to generate demand for Family Planning and to convince government to allocate more financial resources for FP programs. In the current status quo, the majority of FP services are provided by public sector while the bulk of health services are provided by the private sector. This indicates that the private sector has untapped potential with regards to FP services. Also, with the trend of privatization of public health services, a coherent partnership with both public and private health service providers is the need of the hour.

Furthermore, there is a need to build the capacity of both public and private health providers to strengthen quality of care. Being a leading private sector FP provider, Rahnuma-FPAP works with the public sector on developing



mechanisms, resources, and materials to engage and train key stakeholders in respect of their obligations and commitments on FP and SRH&R. We have solicited support from Parliamentarians, decision makers, religious leaders, media, CSOs for family planning demand generation. We regularly conduct the policy and Budget Analysis of all national and provincial FP and SRH related programs and share these findings with relevant stakeholders. We also conduct analyses and reviews to highlighting the critical role of SRHR in development and national well-being. In addition, we have also trained a diverse group of community champions/advocates for technical support and sensitization on SRHR issues.

Rahnuma-FPAP also has a resource mobilization strategy for generating resources to ensure uninterrupted implementation of its program. It gets support from its parent organization IPPF in the form of core funding but it generates more than 50% of its revenue from two other sources including local income and financial support received from donors other than IPPF.

Funding for FP is on the decline globally. The subject of population welfare and FP will have to be prioritised by the government in order to improve the lives of the people.



RECOMMENDATION

4. Legislation:

- i) Family planning & reproductive health (FP&RH) rights bill ensuring mandatory FP/RH services by all general health care facilities in public and private sector.
- ii) Early Child Marriage Restraint Act be introduced by Federal & Provincial Governments (Sindh passed this Act in 2013).
- iii) Pre-marital counseling on family planning should be mandatory for Nikah registration; LHWs or appropriate service providers to provide the requisite counseling.
- vi) Right to promotive and primary health care for mother and child be made mandatory as the right to education given in Article 25-A of the constitution.

Rahnuma-FPAP Child Marriage Campaign

Rahnuma-FPAP undertakes many advocacy campaigns for legislative changes in the country's laws to further improve people's access to their rights. As one of the subclause of the recommendation under legislation is child marriage, we will share our experience and history of engaging with the campaign to eliminate child marriage from the country. By documenting our efforts we by no means want to undermine the efforts made by a number of other organizations in the child marriage campaign.

Since, the issue of Child Marriage is closely interlinked with R-FPAP's strategic objectives regarding empowerment of women, youth and children and the violation of rights and health risks that it entails, Rahnuma-FPAP is campaigning to address the issue in country through its regular core program and other donor project.

The issue of child marriage has always been part of our women empowerment program but exclusive focus was shifted to the issue when Rahnuma-FPAP in collaboration with UNFPA conducted a study on Child Marriage "Child Marriage in Pakistan: A Taboo" in 2007.

Rahnuma-FPAP being a right based organization has implemented various projects to eliminate the menace of child marriage across Pakistan. Study revealed worrying statistics on the issue as it is not just a problem of remote areas of Pakistan, but is widely prevalent, affecting over a third of Pakistan's adolescents, and continuing in a vicious cycle to affect their children. The report explained that Sindh carried the highest percentage of early marriages in rural areas, with 72% of females and 26% of males in the selected sample, married before the age of 20. Sindh also had a high percentage of females in urban areas married by 20, reaching 36%. Balochistan closely followed Sindh in terms of early rural marriages. Another desk review on the situation of Child Marriage "Child Marriage in Pakistan: A situational Analysis on the Basis of Desk Review" was conducted by Rahnuma-FPAP in 2011. The review suggested that many factors interact to place a child at risk of marriage including poverty, protection of girls, family honour and the provision of stability during unstable social periods. Strong correlations were found between a woman's age at marriage and the level of education she achieves and the age at which she gives birth to her first child and the age of her husband.

Rahnuma-FPAP implemented Project, "Women as Compensation: Reaching the Survivors of Coerced Marriages and Violence in Pakistan." It was consistent with Rahnuma-FPAP and IPPF's commitment to ensuring protection and promotion of sexual and reproductive health and rights and other national and international obligations. The Project was specifically geared towards protecting victims of gender based violence in general and swara girls and women in particular. The Project has reached more than 40,000 community members, including youth, women and men in selected 15 Union Councils each in districts Swabi and Mardan. Through this project 83 religious leaders/Ulema were selected and capacity was built to sensitize them on reproductive health & rights and family planning issues. More than 25 Ulemas (Islamic scholar) passed a resolution favoring SRHR, and family planning. More than 10522 mother-in-laws and female teachers were sensitized on gender based violence (GBV), early child marriage, RH including FP violence against women (VAW) and SRH Rights. More than 154 journalists & print media personals participated in the meetings and agreed to provide support through publishing articles and news items against Swara custom, VAW, early age marriage etc.

We also implemented another project "Child Marriage as a Violation of Human Rights; Advocating for Effective Laws" in 2015 with the financial support of AusAID to bring legislative reforms on Child Marriage in Pakistan. Through the intervention, commitments were solicited from government and policymakers for addressing the issue and revising Child Marriage Restraint Act (CMRA), 1929 in context of United Nations Convention on the Rights of the Child (UNCRC).

We also implemented another project to eliminate the menace of child marriage under the title Increase access to health services by Swara and Child Marriage survivors and their children" funded by UN Women Slavery Fund, the intervention was aimed to provide the medical assistant in respect of primary and sexual and reproductive health care services to the most vulnerable and marginalized young girls became a victim of Swara (Minor girls given as compensation) and Child Marriage. Through this intervention a total of 350 families and their 700 children were registered for the provision of health care services. In addition, through this intervention 451 Swara girls and Child Marriage survivors were reached out for health services. Through static clinics and mobile camps a total of 2241 primary health care services were provided to the registered and non-registered girls and 2287 services were provided to their children. Moreover, these girls and their families were sensitized on Sexual and Reproductive Health and Rights. Through mobile camps and static clinics a total of 2421 family planning and 1555 reproductive health services were provided to these girls and survivors.

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

Pakistan Child Marriage (Prevention) Initiative-PCMI project was started with an aim to delay and ultimately prevent child marriages in three districts of Southern Punjab. The main objectives of the project were to facilitate attitudinal and behavioral change towards child marriage through community and other stakeholder's awareness and to advocate for bringing about legislative reforms on the issue.

Based on the organizational successful experience on child marriage, another project with Oxfam-Novib was initiated in September, 2015 with a special focus on child marriage. The aim of the project was to increase persistence among youth, caretakers and gatekeepers to respond effectively for the prevention, referral and rehabilitation of the victims/cases of early marriages.

Among many efforts include engaging with International UN level mechanisms to increase pressure for changes in the law. Twice Rahnuma-FPAP presented recommendations on child marriage to Universal Periodic Review (UPR) process. Once in during the second review of Pakistan and second time from Young Omang's platform in the last review held in 2018. Both times government of Pakistan accepted the recommendation.

Under Young Omang plate form Rahnuma-FPAP is continuously working on the issue of child marriage because although Sindh Assembly passed the Sindh Child Marriages Restraint Act, 2013 which placed a ban on marriage of children under 18 years and its violation is punishable for three years of imprisonment.

In March 2015 Punjab Assembly passed an amended bill "The Punjab Child Marriage Restraint (Amendment) Act, 2015 and made the law more punitive. However, the age issue of girls went unaddressed. Efforts are still underway to ensure that Punjab like Sindh will review the age of marriage for girls and raise it to 18 years.

In other provinces as well we are continuously campaigning against child marriage. Deputy Speaker AJK assembly has also directed the Department of Law and Parliamentarians Affairs of AJK to make proper amendments in Child Marriages law. Provincial assemblies of Balochistan and KPK are also in the process of legislative reforms on Child Marriage.

RECOMMENDATION

5. Advocacy & Communication:

- A national narrative to be developed in consultation with provinces and other stakeholders to create a sense of urgency and necessity of reducing population growth rate and achieving socio-economic wellbeing for all.
- Mass movement leading to a call of action to be launched involving political leaders, corporate sector, academia, judiciary, executive, ulema, media, intelligentsia, civil society and youth.
- PEMRA to provide free airtime for FP messages on radio and TV channels at prime time.
- Behavioral Change Communication campaign to highlight the roles and responsibilities of men in family planning.

Rahnuma-FPAP Communication Tools

Rahnuma-FPAP has developed numerous IEC and BCC material to generate awareness among the communities and to further its advocacy objectives with decision makers and influentials. It is not possible to list all the material developed over the last eight decades in the small space available here. The following list provides a cursory look at the nature and sheer volume of work that our organization has produced.

- Rahnuma-FPAP produces an Annual Report, based on a particular theme to promote RH including FP messages and advocacy goals. This report is shared with Parliamentarians, CSOs, Media, Government functionaries, INGOs etc. Along with addressing the thematic topic, the report also highlights the organization's achievements and innovations on a yearly basis.
- Rahnuma-FPAP Quarterly e-newsletter is an effective tool of communication with CSOs, Media, Government functionaries, INGOs etc. It documents and highlights the achievements and advocacy work of Rahnuma-FPAP. It is disseminated through Rahnuma-FPAP's website and email.
- At the beginning of each year, a calendar is developed, printed and disseminated. The calendar contains important messages related to SRHR. It is another effective advocacy tool to remind our partners and other stakeholders about the work that still needs to be done.
- Year Planners are also prepared and disseminated, with various important messages, sometimes even printing Quranic verses in support of women rights etc.



- Over the years Rahnuma-FPAP has produced many Media Kits for sensitization of our partners in media. For example there are media kits available on youth SRHR, FP and development, child marriage, MISF etc.
- A large number of Advocacy kits produced to support campaigns on Promotion of increased access to FP, LSBE, Child Marriage, MISF, YFHS, SGBV etc.
- Policy briefs are available on almost all issues related to SRHR which are used by the organization and its partners in advocacy campaigns.
- Rahnuma-FPAP has developed many brochures to disseminate information in a brief and simplified way for relevant stakeholders. Brochures are available on a plethora of topics such as child marriage, MISF, LSBE, Youth Policies, FP methods, Islam and FP, HIV and AIDS, Masturbation, menstruation, breast feeding, cervical cancer, youth friendly health services, SGBV and many more.
- A number of training modules and manuals have been developed and shared with partners over the years. These include manuals on Quality of Care, LSBE, and youth friendly health services,
- Booklets, Posters, flyers etc. are also printed on fatawas in favour of FP and success stories from the field etc.
- Rahnuma FPAP has developed many documentaries on various aspects of SRHR to create greater awareness in communities. Docudramas on child marriage, swara, life skilled based education, child protection, puberty are among the most presented ones.
- Rahnuma-FPAP uses its website to promote the SRHR agenda. The website was recently revamped and made more user friendly and interactive.
- Rahnuma-FPAP facebook page is also regularly updated, to highlight the progress we achieve in various areas of our work.

RECOMMENDATION

6. Curriculum and Training:

- Health & hygiene to be included at primary school level.
- Life Skills Based Education (LSBE) and Population Studies to be included in secondary and higher secondary schools.
- Population Dynamics in Pakistan to be included in College and University level education.
- Population modules to be included in training at all civil services and judicial training institutions.
- PMDC and PNC to include modules on RH including FP in MBBS and Nursing Degree Programs, respectively.
- Training to be provided to all public and private health care providers on all modern contraceptive methods.

Rahnuma-FPAP Life Skill Based Education (LSBE) Campaign

Rahnuma-FPAP has been campaigning for the inclusion of LSBE in the mainstream curriculum for decades. Together with other civil society partners, we established a task force on LSBE in 2011 that has, by acknowledging and catering to the country's religious and cultural sensitivities, developed an operational framework suitable for Pakistan.

Rahnuma-FPAP, in collaboration with select schools, directly provides LSBE to many school going children. To this end, we have organised a number of training sessions for teachers to enable them to provide LSBE in their own classrooms. We have also reached out to parliamentarians to support the inclusion of LSBE in their provincial curriculums. In this ongoing conversation we have engaged not only powerful individuals but also various branches of the education department. At the same time, our Youth Resource Centre and Peer Education system also cater to the needs of out-of-school children.

In January of 2018, the extensive media coverage of the case of Zainab, an eight year old girl who was brutally raped and killed in Kasur district of Punjab province, brought the issue of LSBE to the attention of politicians and the general public.

Amidst national outrage and large scale protests, the Sindh and Punjab governments responded most effectively. Sindh government launched its Sindh Youth Policy 2018, in line with LSBE guidelines. The inclusion of LSBE in schools is a cornerstone of this policy. Furthermore, as a result of the lobbying efforts of civil society partners, selected parliamentarians, from both the ruling and opposition benches, pledged to table a resolution for the provision of youth friendly health services along with requisite



budgetary allocations. In this endeavour, Ms. Sadia Sohail Rana (a ruling Party Member of Provincial Assembly (MPA) Punjab) took a leading role. She brought to the table a non-binding Resolution urging the provincial government to protect and safeguard the reproductive rights of children, adolescents and to take appropriate measures to counter Sexual and Gender Based Violence (SGBV). For its part, Punjab government came up with three pamphlets containing important information on the issue of child safety. These three pamphlets are for children, parents, and teachers and protection against child abuse.

In the reporting year, Rahnuma-FPAP trained Punjab Child Protection Bureau psychologists from selected districts on child abuse prevention. Rahnuma-FPAP also approached Punjab Education Initiative Management Authority (PEIMA) and briefed them on previous work done in the area including development of LSBE module for Population Welfare Department. The PEIMA officials agreed to incorporate LSBE in curriculum that will be initially taught in 4700 schools under PEIMA across Punjab province. Rahnuma-FPAP also provided trainings to

PEIMA school teachers on LSBE. Rahnuma-FPAP is in the process of signing an MOU with PEIMA to further facilitate the training of teachers on LSBE.

Rahnuma-FPAP continued to provide LSBE to in and out of school children. Rahnuma-FPAP has developed a successful model to reach out to out of school children through its peer education process using its large network of youth resource centres.

Rahnuma-FPAP trained the representatives of NGOs Alliance partners on LSBE, Youth Friendly Services and facilitated well-being camps organised by Visionary Foundation.

This is an on-going campaign. The recommendation clause that deals with LSBE will provide support for it. We are hopeful that this long time demand of civil society and a need for the safety and security of children will soon be met.

RECOMMENDATION

7. Contraceptive Commodity Security:

- Incentivizing Local Production of Contraceptives: Federal and Provincial Governments should encourage/incentivize the pharmaceutical companies/investors to establish contraceptive production units in Pakistan on WHO/FDA standards.
- Pooled procurement model to be adopted by the Federal & Provincial Governments (subject to their consent) to garner the benefits of economy of scale.
- Supply Chain Management System to be strengthened to ensure availability of all contraceptives at Service Delivery Points.
- FP Commodities should be included in the essential drug list of primary secondary and tertiary drug list.

Rahnuma-FPAP Supply Chain Management System

Contraceptive Security is an essential and an imperative component of a successful Family Planning Programme. The logistic system connected to contraceptive security forms the backbone of delivering the client the product required at right place at the right time in right quality and quantity.

Rahnuma-FPAP follows guidelines for proper logistic management in the supply chain of contraceptive commodity procurement. The purpose of a logistic system is to provide the right quantities of the commodities at the SDPs on time and in good condition making sure that the purchase cost is right as well.

The contraceptive security management Rahnuma-FPAP involves.

Forecasting:

- Performance review,
- Target setting
- Contraceptive requirements
- Contraceptive costing

Storage Facilities:

- Major stores -06
- Minor stores -09

Main suppliers:

- Government of Pakistan
- Green Star
- DKT
- Other donors

Potential supplier:

- PWD, Provinces

Contraceptive Security Management Rahnuma-FPAP



Some of the contraceptive commodities procured by Rahnuma FPAP on regular basis are listed below.

- IUCD/ Copper – T
- Inj. Depo Provera
- Inj. Norigest
- Implant
- Condom
- Oral Pills
- ECP
- Clean Delivery Kit
- New Born Baby Kit
- Sanitary Kit
- Medicines

Rahnuma-FPAP uses Enterprise Resource Planning (ERP) software to conduct the procurement business for contraceptive commodities supplies.

- Requisition:** First of all SDPs must fill out the purchase requisition form specifying the quantity of contraceptive supplies required.
- Sourcing & Procurement:** In case of Rahnuma FPAP contraceptives are usually procured from government population welfare departments but also gets supplies from Green Star Social marketing and DKT.
- Receiving and Technical Inspection (QA):** Rahnuma FPAP observes high standards of quality and according its policies there can be no compromise on quality of products. There the products received have to go through a rigorous quality assurance procedure.
- Transfer to RO / PMO:** After procurement the commodities are briefly stored in the central store at head office. They are transferred to regional and programme management office locations as per requirements.



- Transfer to SDP:** The RO or the PMO on receiving supplies will immediately transfer it to the service delivery points.
- Issue to End User / Clients:** From the SDPs clients obtain and utilize the commodities as per their need.

RECOMMENDATION

8. Support of Ulema:

- i) Joint Declaration of Ulema made at Population Summit-2015, Islamabad to be widely advocated.
- ii) Training courses on family planning to be arranged at Provincial Judicial Academies and relevant training institutes for Ulemas and Khateebbs.

Rahnuma-FPAP Working with Ulema:

Rahnuma-FPAP's work with Ulema and religious leaders on FP and RH is as old as the organisation itself. During the early eighties, Rahnuma-FPAP created an integrated network of religious scholars in all the major cities of Pakistan, namely Lahore, Karachi, Rawalpindi/Islamabad, Quetta, and Peshawar. These religious scholars have helped the organization in conducting workshops in Gilgit, Muzaffarabad, Rawalpindi/Islamabad, Peshawar, Kohat, Haripur, Lahore, Faisalabad, Narowal, Karachi, Mirpurkhas, Badin, Quetta and Trubal, which were attended by a collective total of more than 3700 religious leaders. These motivated prayer leaders are responsible for the sermons at Friday congregations and have since used their platform to highlight the responsibilities of parents, especially of fathers, in safeguarding the rights of women and children, from an Islamic viewpoint.

Rahnuma-FPAP have been able to negotiate an agreement among several religious leaders on the legitimacy of and dire need for family planning in Pakistan. Many have even gone so far as to state their willingness to distribute contraceptives. The religious leaders have been sensitized to promote family planning due to the precedent set forth in Islamic texts. According to the Quran, it is the basic right of every child to suckle for two years, and from the point of view of a mother and child's health, family planning is legitimate and can be practiced, since there is also the provision of "Azal" [coitus interruptus], available contraceptive methods are deemed acceptable.

Rahnuma-FPAP expanded its relationship with more enlightened clergy members in 1998-99. Previously isolated scholars were brought into conversation with each other, and were able to clear out popular misconceptions among themselves and, subsequently, disseminate more accurate information in their communities. Such



large scale conversations were also facilitated in the year 2002.

In 2002, Rahnuma-FPAP introduced its services to the religious and political groups of Balochistan under the project titled "Responsibilities of Parents and the Rights of Women and Children from the Islamic Viewpoint". Influential clerics were provided a platform to understand the organisation's work and their questions were answered and concerns addressed. The vast majority did not oppose the idea of family planning itself, but took issue with the slogans employed to propagate it. This meeting paved the way for better collaboration and understanding in underserved areas. Through the meetings, more than one thousand religious and community opinion makers were sensitized to family planning and reproductive health. Lectures delivered at community centres and mosques were attended by 55,674 people and 7064 students and young people attended 95 lectures at women's colleges. An Islamic Cell, set up in Karachi, held two lectures for 58 community influentials. About 400 women and girls also benefited from the more private dialogues and lectures arranged at educational institutions and communities on reproductive health, family planning.

BMZ and NTF funded sessions and workshops for 767 male youth, including young imams [prayer leaders] and khateebbs (speakers at Friday sermons), and the female youth at Lahore, Peshawar, Islamabad, Karachi and Faisalabad. Under this initiative, more than 309 potential imams/khateebbs and 154 women activists were identified and 298 imams/khateebbs, 161 religion teachers and 251 women for community reference, and 224 woman teachers for reference and 124 peer groups at colleges were imparted training.

A particularly successful milestone was the sensitization of the Imam and Khateeb of Armed Forces through a series of lectures conducted under the Army Welfare Project for a total of 68 imams and khateebbs of various formations. Under this initiative, Junior commissioned officers and non-commissioned officers were orientated on Islamic injunctions on family planning and reproductive health women's development and responsibilities in Islam and Nikah Nama (marriage contract). Our work with Ulema continues at the same pace.



Innovative Projects



Improving Access of Long Acting Reversible Methods through Task Sharing/Shifting:

This year long project was launched, in collaboration with UNFPA to strengthen provincial capacities to manage the delivery and accessibility of FP. The main goal of this project was to provide training on FP counseling, infection prevention, and hormonal methods of FP to health service providers. We also worked with the provinces to develop strategies on FP Task Shifting (Implants), and to improve the delivery and uptake of FP/SRHR services. Another objective of the project was to roll-out FP and provide technical support to provinces for task sharing and task shifting on Long Acting Reversible Contraceptive (LARC) methods. The project developed and disseminated FP task sharing/shifting strategies to upscale in Punjab, Sindh and Balochistan. Under this project, Rahnuma-FPAP is in the process of establishing counseling and testing centers and providing voluntary counseling and testing (VCT) services at centers in Lahore, Peshawar and Muzaffargarh. In addition, we conduct training

sessions for service providers on HIV prevention, response and psycho-social support and develop and disseminate IEC/BCC Material on HIV & AIDS/STI.

The project has three important sub-components, which include (1) development and dissemination of FP task sharing strategies in three provinces, (2) capacity building of public service providers on LARC and (3) the provision of HIV/AIDs health and prevention care services for clients. In phase one, the project was implemented in the districts of Faisalabad/Punjab, Umerkot/Sindh and Lasbella/Balochistan. As part of 2019 project's up-scaling, Rahnuma-FPAP will strengthen the capacity of Departments of Population Welfare and Health to implement FP task shifting/sharing program in the provinces of Punjab, Sindh, KP, and Balochistan. The context specific strategies on FP task sharing, which were first developed in Punjab, Sindh and Balochistan, will be rolled out into new areas while Provincial Task Sharing strategy on the insertion of implants by paramedics will be developed in KP province. Overall, these interventions are expected to facilitate the provision of LARC in rural and remote areas. This phase of the project targets



Rahnuma-FPAP trained 276 public health service providers on LARC and developed and disseminated provincial task sharing strategies in Punjab, Balochistan and Sindh. We also established three VCT centres at Lahore,

Peshawar, and Muzaffargarh and conducted 21 medical camps, which provided free consultations and medical services to 751 (154 Male, Female and 338 TGs) people. Furthermore, 39 sessions were organized in these districts which effectively sensitized 777 vulnerable groups (40 male, 214 female, 473 transgenders, and 50 female sex workers and 22 community sessions were organized which were

attended by 488 (295 male, 193 female) community members including influentials, stakeholders and female groups. We also conducted twenty sensitization sessions geared towards young people in which, 457 (269 male, 188 female) were sensitized to the issues of HIV & AIDs/STIs and GBV. Under this project, two training sessions were conducted for private practitioners service providers, with a grand total of 69 (9 male and 60 female) gaining new expertise. Five trainings were also conducted for FSWs & TGs. A total of 128 trainees (79 TGs, 46 FSWs & 3 Gurus) benefited from these five sessions. Our team also worked with community members to develop IEC materials, such as posters and handbooks, which have been widely shared during community sessions.



the districts of Jhang/Punjab, Thatta/Sindh, Jaffarabad/Balochistan and Mardan/KPK.

During 2018, through this innovative project,



Amplify Change Strengthening Grants:

This project, implemented over two years, was a mix of service delivery and advocacy interventions, made possible with funding by Mannion Daniels Ltd. It was implemented in 4 clinics of Rahnuma-FPAP's, located in Mardan, Province of KP. The main objective of this project was to increase access to SRH and GBV services while advocating for necessary policy changes. Many policy makers were brought on board regarding the necessary reproductive health policy change for women of reproductive age and GBV victims. The increased service hours of FPAP clinics greatly expanded the accessibility of our SRH services. For this project, the strategy adopted was to double the clinic hours and train the service providers on GBV for screening purposes. Sessions with husbands, mother-in-laws, referral partners, and the formation of male support groups all helped to generate this increased demand. Sensitization sessions with GBV survivors were conducted and successfully developed an interface with policy makers and SGBV survivors.

During 2018, (January 2018 to November 2018), conducted Interactive Dialogue with target communities which provided a great opportunity to both elected representatives and GBVs survivors to interact with each other. Parliamentarians who attended these interactive dialogues promised that they would raise their voice against the GBVs cases and formally advocate for their rights in the provincial and national assemblies. It was a great achievement that GBVs survivors not only came out of their homes but also bravely shared their stories in front of public representatives. Another main achievement of the project was that District Assembly, comprised of 75 union councils, unanimously passed a resolution against GBVs cases and urged the formation of a district level committee to address GBV cases. In addition, Rahnuma-FPAP approached higher and secondary level educational institutions and urged their participation in these committees.

Religious leaders also supported the initiative publically, resulting in extended coverage by various local and national newspapers. In the project area, the District level Gender Based Violence Committees (GBVC) are functional beyond the project's cycle and continue to play a role in addressing GBV and providing FP and SRH

women, and prevent excess maternal and neonatal mortality and morbidity in selected areas.

SPRINT Initiative is funded by the Department of Foreign Affairs and Trade (DFAT) under the Australian Government and managed by International Planned Parenthood Federation (IPPF). The initiative ensures access to essential lifesaving SRH services for women, men and children in times of crises, when services are most needed yet are not prioritized by key humanitarian responders. Through



services to survivors. The project has been able to effectively establish a referral system through the formation of small scale mother in laws and LHWs groups, which help provide necessary services to survivors. Through these avenues, our targeted SDPs provide quality SRH, family planning services to SGBV clients.

Sexual Reproductive Health Program in crisis and post- crisis situations (Sprint I, II and III)

The SPRINT Initiative (Sexual Reproductive Health Program in crisis and post-crisis situations) is designed to address gaps in the implementation of the Minimum Initial Service Package (MISP) for Reproductive Health, a set of priority activities to be implemented at the onset of an emergency. The main objectives of this initiative are to develop relationships & coordination with Government stakeholders, and ensure that the health sector/cluster lead the implementation of the MISP and prevent and manage the consequences of sexual violence. It further aims to develop a mechanism to reduce STIs, including HIV transmission of maternal

MISP, practical solutions were formulated, and humanitarian workers were trained to deal with issues relating to pregnancy, childbirth, reproductive health and the aftermath of rape and violence. Saving lives is the core aspect of the SPRINT Initiative.

Stage I of IPPF-SPRINT Initiative began in 2007. However, Pakistan, through R-FPAP, became part of it in 2012. A total of 7 Master trainers have been trained under IPPF-SPRINT and further trainings on MISP and its components are constantly being organized in the country. Rahnuma-FPAP has trained more than 350 reproductive health workers and other stakeholders in the country on MISP and its various components. Furthermore, it has been involved in building the capacity of Staff of Rescue 1122 in Punjab and KP provinces. It has also built the capacity of law enforcement agencies with regards to MISP.

During 2018, through this project, interaction with Government Health Departments on the use of MISP initiatives for disaster affected population has been strengthened and Health Cluster Members meetings in KP are now held regularly. Rahnuma-FPAP conducted three Coordination meetings with PDMA in the provinces of KP, Balochistan and Punjab to discuss the development of future strategies for the inclusion

MISP in their response mechanisms. These meetings were attended by more than 30 public sector officials from various departments.

Three days of training sessions on MISP for Reproductive Health in Emergencies were conducted, and reached a total of 22 youth volunteers and peer educators from the Rahnuma-FPAP network. These sessions focused on capacity building and established a pool of youth resources at the national level to further awareness, knowledge and understanding of the MISP. We hope that this process will augment the national capacity to better co-ordinate and implement the goals of MISP. In KP and Punjab, 13 youth (6 females and 7 males) have been enrolled as active volunteers in case of possible disaster or crisis situations. Rahnuma-FPAP also conducted three days training of Rescue 1122 Emergency Staff at Peshawar (KP), sessions which were attended by more 38 participants from Rescue 1122. Rahnuma-FPAP Humanitarian Response Structure was developed at both the head office and at all provincial bases, as established through dialogues with 17 participants from Rahnuma-FPAP Head Office PDMA, Social Welfare and NGOs. We also organized a refresher training session in KP province for service providers and three days TOT on MISP for Law enforcement staff, events which were attended by more than 36 medical professional from Law Enforcement agencies and, notably, from Armed Core. The data base of all trainees is actively maintained for use in future interventions.

Under National Health Emergency Preparedness and Response Network (NHEPRN), Ministry of National Health Services and Coordination, Government of Pakistan, a Reproductive Health Working Group (RHWG) has been formed which includes important stakeholders from Public, private and UN system organizations. Rahnuma-FPAP is the focal point of RHWG from CSOs and its meetings are organized on quarterly basis.



Integration with Private Practitioners (PPs):

This project has been launched with the support of IPPF as we believe the integration of the private sector is vital for sustained outreach to the vulnerable sections of society. The main objectives of this project are to enable SRH and FP services through private health care providers, train and facilitate public and private service providers on SRHR & IPES services, and help to operate Quality Assurance System at PPs Clinics, with the goal of increasing referrals, linkages and network with PPs and Rahnuma-FPAP clinics.

Over the years, Rahnuma-FPAP has tried and tested various strategies to increase its outreach. Though a majority of FP services are provided by the public sector, the bulk of health services are actually provided by the private sector. This indicates that the private sector has untapped potential with regards to FP services. The rising trend of privatization of public health services makes a balanced partnership with both public and private health service providers the need of the hour. Furthermore, there is a need to build the capacity of both public and private health care providers to strengthen quality of care across the



board. In addition, private practitioners form part of Rahnuma-FPAP system of referral networks. Rahnuma-FPAP provides private practitioners training, low cost family planning commodities, and assistance in maintaining quality standards.

During 2018, Rahnuma-FPAP, through these PPs/ Associated Clinics, provided 47,391 PAC services, 1,530,647 Contraceptive services, 124,366 HIV and AIDS Services, 236,024 STI/RTI services, 354,134 Gynecology services, 478,169 Obstetrics services, 109,360 Urology services, 74,252 Subfertility services, 150,400 Specialized SRH services, 57,891 other SRH services, 131,555 SRH-Pediatrics services. Furthermore, a functional Referral network was established for rural and marginalized communities through PPs focus on rural and marginalized segments. This has also proved instrumental in increasing awareness in the community and fostering relationships with important stakeholders within the community.

Global Comprehensive Health Care Initiative:

Over the course of the third phase of the GCHCI program, the five participating Member Associations in Asia achieved a 39 percent increase in the number of clients provided with safe PAC and a 30 per cent increase in the number of clients served with family planning services, with 20 per cent choosing a long acting method. The proportion of PAC clients adopting a contraceptive method was maintained at a high rate of 96 per cent, with 40 per cent choosing a long acting method. In addition, the Member Associations strengthened data utilization to improve their programs. Client-based data was analyzed on a regular basis in order to inform decision-making. Between January 2013 and June 2015, the Member Associations took a total of 119 decisions driven by data. They continue to improve quality of care standards through the routine monitoring of clinical standards using the clinic audit tool, client feedback mechanisms, technical assistance provided by IPPF, and regular updating of clinic staff skills through trainings. Now, at the end of the third phase of this initiative, IPPF Member Associations in India, Indonesia, Nepal and Pakistan are looking to consolidate and build on their achievements by



further expanding access to quality PAC and contraceptive services through new service delivery points, higher quality of care in all clinics, and improved choice and availability of services for clients.

The main objectives of this program are to increase access to quality comprehensive PAC services, including treatment for incomplete PAC services, which have resulted in a total of 45,972 clients being served so far, to increase update of PAC contraception, resulting in at least 93% of all clients provided with PAC or treatment for incomplete PAC services at the Member Associations' clinics adopting a contraceptive method of which at least 53% will choose a long acting method, to increase update of PAC IUDs resulting in a total of 5,142 clients being provided with PPIUDs and ultimately increased access to quality family planning services. During 2018, 205,921 clients were provided with contraceptive services of which at least 44% adopted as a long acting method.

In 2018, a need assessment and necessary refurbishment of new SDPs was done to meet the standards of quality of care as per IPPF guidelines. Capacity building for the staff on CAC, PPIUCD, Data collection, recording and reporting by using e-CMIS were successfully organized. Clinic specific implementation plans were also developed, with the goal of increasing the uptake of comprehensive PAC and post-partum FP services.

Addressing SRH Stigma-A Key to Young Women's Sexual and RH and Rights:

The project 'Addressing SRH Stigma-A Key to Young Women's Sexual and RH and Rights' was successfully completed in 2018. The project was designed to address Post Abortion Contraceptive (PAC) stigma and help lessen the obstacles young women face when trying to access PAC. Stigma is a major barrier to young people accessing sexual and reproductive health services, often exacerbated by the belief that young people cannot or should not make autonomous decisions about sex and sexuality. The main objectives of this project were to strengthen stigma-free PAC services and increase access, at the community level, for young people in Pakistan. It also addressed the various manifestations of stigma at the individual, community and organizational levels which prevent young women from accessing comprehensive PAC services. It further aimed to address PAC stigma as a direct result of dangerous laws/policies and information, education and communication (IEC), that prevent young women from accessing abortion services and to generate and share evidence and best practices on addressing PAC stigma with a view to scaling-up its services at wider levels.

Poverty Alleviation Program (PAP):



Rahnuma-FPAP empowers women and addresses existing gender economic and social inequalities through PAP. The project was started in 2002, in collaboration with Khushhali Microfinance Bank Limited (KBL), as part of public private partnership. Over years, this project has benefited 225,453 women, men, and youth, at 34 locations across Pakistan. The

Under this project, we conducted capacity building sessions of project staff and youth volunteers specifically for the issues of SRH and Stigma. We conducted Value Clarification and Attitude Transformation (VCAT) workshop for Providers, volunteers and clinical staff on Reproductive Health, participated by a total of 19 key actors. A two days training on Youth Friendly Service focus was conducted for more than 22 health care providers. The successful integration of this initiative with other project activities benefitted community members' at all three locations. Local communities appreciated the efforts made by this project regarding SRH and family planning services. The sensitization sessions have increased awareness about women's health issues and helped in positively changing the attitude and beliefs of community members regarding PAC related stigma. Youth and peer educators were effectively engaged in community mobilization, which resulted in the development of a formal referral mechanism. The advocacy related activities conducted under this project created greater awareness in the community and fostered linkages with all the stakeholders at large.

main objectives of the project are to reduce poverty among marginalized and underserved populations in Pakistan, to empower women, men, and youth to express their views in decisions directly affecting their lives; and to enhance women, men, and youth's access to reproductive health and family planning services.

Through this program, we effectively conducted five training sessions which were attended by more than 50 trainees of different micro credit enterprise organizations, including Khushhali Microfinance Bank Limited (KBL) staff. Capacity building training sessions of field staff were conducted at Region, PMO, and location levels. Annual performance review and planning meeting with internal staff were also planned and organized. In 2018, 35,682 clients received loans, with 7136 groups formed, showing an 84% achievement against annual indicators. Three trainings sessions on FP/RH sessions were conducted with 32 borrowers on right based approaches to micro enterprises, and RH & FP. Moreover, seven monitoring and technical support visits were conducted at 26 locations for the capacity building of the staff. Joint meetings were also regularly conducted with KBL to strengthen the liaison between both partners at field level.



WISH2ACTION

WISH2ACTION

WISH: transforming lives of women and girls:

The Women's Integrated Sexual Health (WISH) project, funded by the UK Department for International Development (DFID), through IPPF, aims to deliver access to life-saving contraception for six million couples per year



Penny Mordaunt

The Secretary of State for Department for International Development (DfID)

She said:

"Investing in family planning gives women control over their own bodies and lives. It helps them complete their education, pursue job opportunities and challenge inequality around the world.

WISH2ACTION will accelerate progress towards meeting global commitments on expanding access to contraception, as pledged by several governments and civil society organisations through the Family Planning 2020 (FP2020) movement.

The project will ensure that previously unreachable people, especially young and poor women, are able to access contraception and choose whether, when and how often to have children."



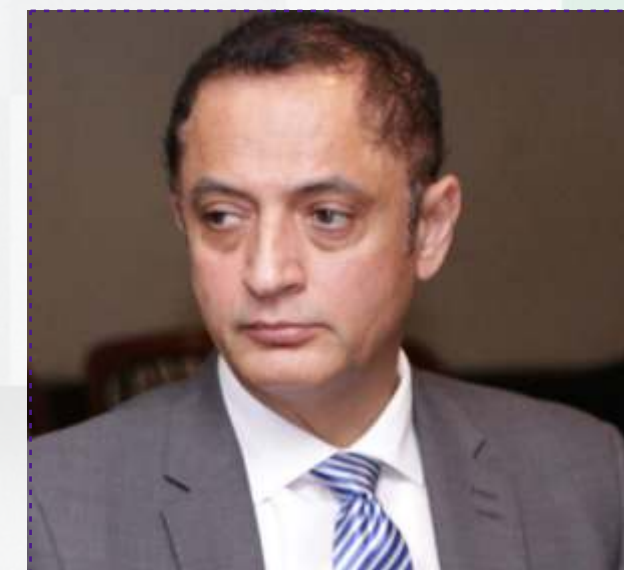
Dr. Alvaro Bermejo

IPPF's Director General Dr. Alvaro Bermejo also reaffirmed the organisation's commitment to WISH project

He said:

"This is a significant investment and a deep commitment to putting women at the heart of healthcare. Women and girls – of all ages, places, income and education – must have access to high quality, voluntary family planning care and information.

We thank the UK Government for their commitment to this vital issue. Together, we can accelerate change by expanding integrated healthcare through our clinics and outreach services. More services, wider contraceptive options means the right care at the right time. More power for every girl and woman to decide what to do with her body, with her life, and with her future."



Syed Kamal Shah

CEO Rahnuma-FPAP

He said:

"We are proud to be part of WISH lot 2 Consortium managed by IPPF with 16 Member Associations including Pakistan. This project will positively impact population growth in the country and is currently being implemented by Rahnuma-FPAP in ten districts of Pakistan. The project aims to increase the accessibility of underserved populations, youth and people with disabilities to FP information and services.

WISH is using innovative approach to deliver services to the marginalized and underserved population. One of the innovation is the Enhanced Cluster Plus (ECP) model to create sustainable, accessible, quality integrated sexual and reproductive health services".

The £200 million investment, entrusted to leading sexual and reproductive health service providers IPPF and MSI, is made-up of two individual DFID WISH awards, established through consortium arrangements.

- Lot 1 is a consortium managed by MSI with 7 of its country programmes and 6 IPPF Member Associations, with a focus on West and Central Africa.
- Lot 2 is a consortium managed by IPPF with 16 Member Associations and 8 MSI country programmes with a focus on East and Southern Africa and Asia.

The objective of global WISH2ACTION programme is to ensure universal access to family planning and sexual and reproductive health and rights. This three year long programme is being implemented by Rahnuma-FPAP in Pakistan. The implementation started in 2018 and a grand project launch ceremony was held in Islamabad attended by Ministers, high ranking government officials, CSO members, donor community and media.

The National Ownership component of WISH2ACTION supports governments to prioritize SRHR in domestic financing, and to develop and implement evidence-based policies and plans to meet their commitments for SRHR. This has four work streams, namely: Accountability, Policy and Planning, Health Financing and Quality Improvement.

Rahnuma-FPAP, Humanitarian International (HI) and Options are WISH Consortium Partners in Pakistan. Whereas country level collaborating partners includes: Department of Health, Department of Population Welfare, Integrated Reproductive, Maternal, New Born and Child Health and Nutrition Program (IRMNCHNP).

WISH is using innovative approach to deliver services to the marginalized and underserved population. One of the innovation is the WISH Cluster Model approach. This model is based on IPPF's core integrated service delivery model for strengthening the availability and accessibility of comprehensive SRH/FP services. The model revolves around coordination, collaboration and integration between consortium partners. In addition, the model leverages on existing public and private health systems to capacitate, up-scale and strengthen these facilities in targeted districts. The model is both inclusive and diverse in nature. It is a mix of Rahnuma-FPAP own service delivery points, associated clinics, youth resource centres, mobile service units, community based distributors and public health facilities.

Another innovation of the programme is introduction of Transport and Client Vouchers to increase access and referral for FP services.

Engaging men and boys in general and specifically reaching out to young people.

Accessing people with disability (PWD) and providing them SRH and FP services. HI will capacitate service providers on providing services to PWDs.



Packing evidence into meaningful formats for different target audiences so they can influence the decision making process (e.g. traffic light scorecards, infographics, policy briefs, case studies, etc.).

Bring together both civil society and government to jointly review evidence, discuss challenges, implement solutions and monitor actions together; and supporting the review and expansion of the membership of existing CSO's, ensuring that marginalized voices are heard at all levels.

- Each cluster, per district, will be equipped with 1 Doctor Based Family Health Model Clinic (FHMC) surrounded by 3 Lady Health Visitor (LHV) based Family Health Clinics (FHCs), 1 Outreach Service Delivery (OSD), 75 Associated Clinics, 150 Community Based Distributors (CBDs) and 2 Youth Resource Centers (YRCs). In total, there will be 10 clusters with 10 FHMCs, 30 FHCs, 10 OSDs, 20 YRCs, 750 Associated Clinics and 1500 CBDs.

WISH Program is being implemented in 10 districts of Pakistan which includes:

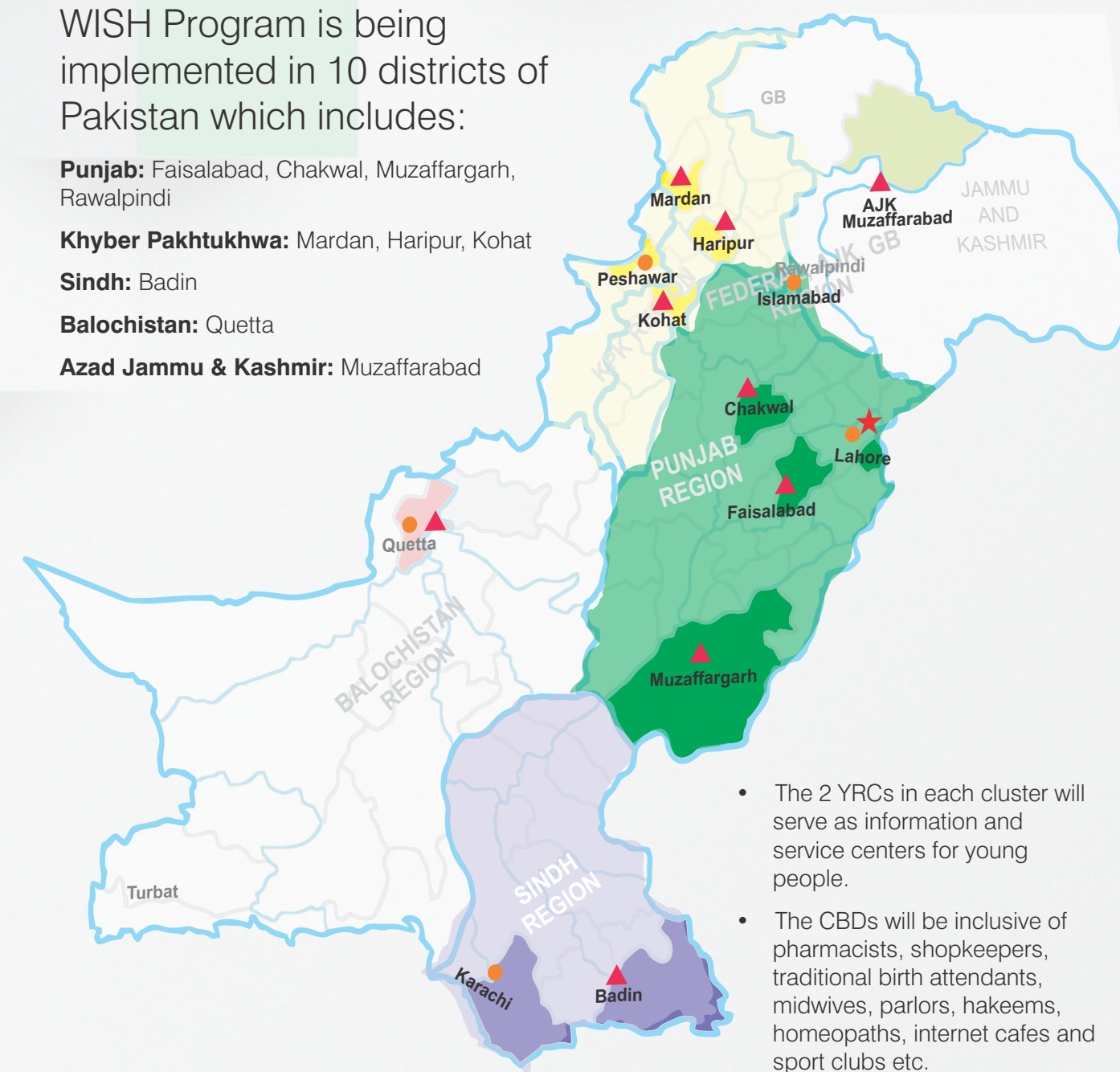
Punjab: Faisalabad, Chakwal, Muzaffargarh, Rawalpindi

Khyber Pakhtukhwa: Mardan, Haripur, Kohat

Sindh: Badin

Balochistan: Quetta

Azad Jammu & Kashmir: Muzaffarabad



- The 2 YRCs in each cluster will serve as information and service centers for young people.
- The CBDs will be inclusive of pharmacists, shopkeepers, traditional birth attendants, midwives, parlors, hakeems, homeopaths, internet cafes and sport clubs etc.

The WISH consortium will consist of three key tiers of stakeholder engagement including:

1. National Steering Committee (NSC)
2. Provincial Advisory Committee (PAC)
3. District Cluster Management Committee (DCMC)

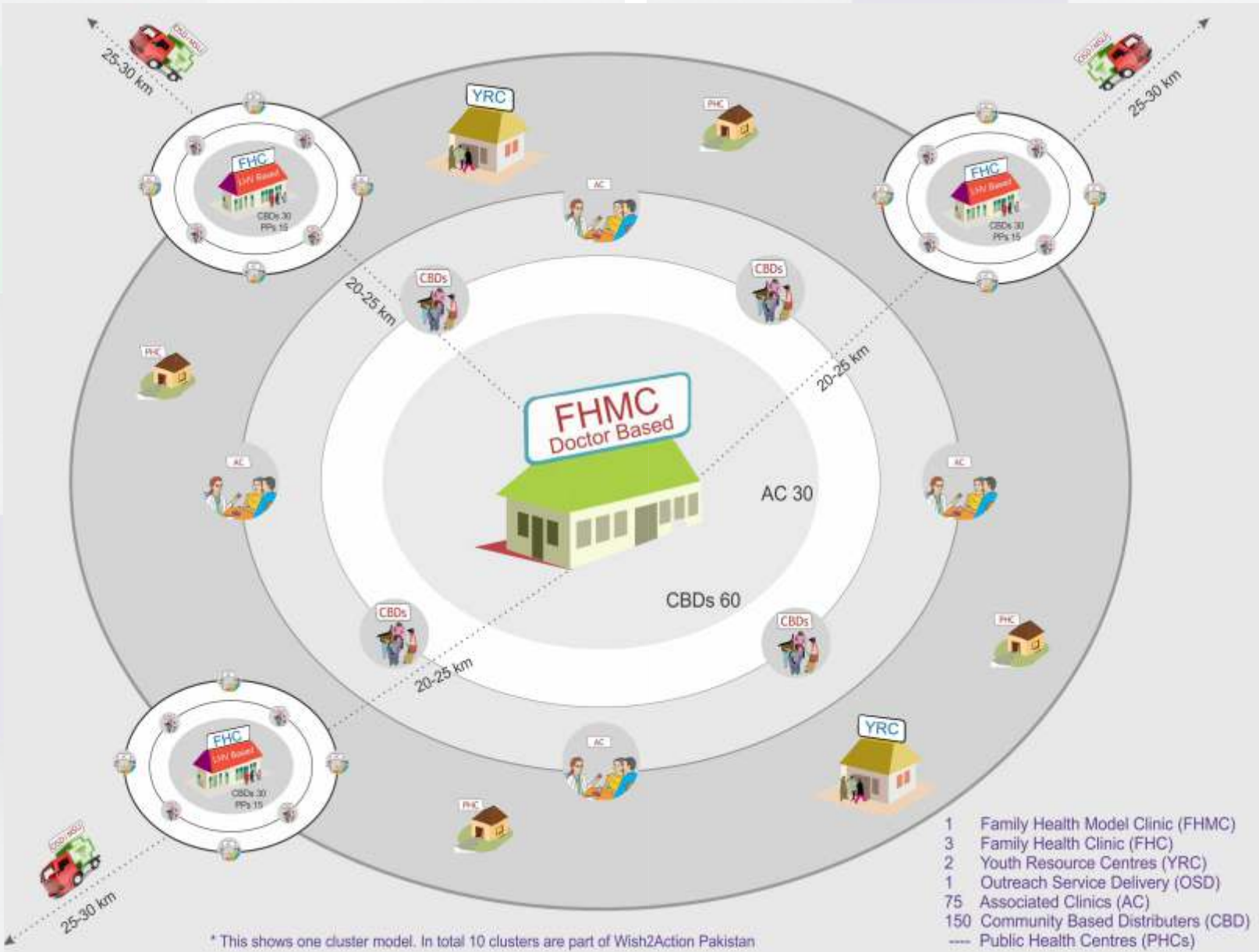
There will be 1 National Steering Committee (NSC) and 5 Provincial Advisory Committees (PACs).

The NSC will comprise of 6-8 members with representatives from DFID, Rahnuma-FPAP, the Options, HI, UNFPA, Departments of Health and Population Welfare etc.

The 5 Provincial Advisory Committees (PACs), comprising of 8-10 members including representatives from Rahnuma-FPAP, Options, HI, UNFPA, Department of Health and Population Welfare, Youth representative, Person with Disability (PWD) and community influentials etc.

There will also be a District Cluster Management Committee (DCMC), one at each cluster. Each DCMC will comprise of 8-10 members including local community influentials, service providers, public representatives, community members, youth representatives, outreach workers, and representatives from the target populations. Quarterly meetings of DCMC will be conducted at each cluster.

The Enhanced Cluster Plus model is organized around three interlocking, mutually supportive strategies that together will deliver the WISH



* This shows one cluster model. In total 10 clusters are part of Wish2Action Pakistan

Outputs, as follows:

These strategies comprise an integrated approach, wherein each strategy contributes in some way to

Strategy 1:

Partner with public and private sector actors to coordinate and strengthen the provision of comprehensive, quality, integrated FP/SRH services.

Strategy 2:

Promote community demands for a rights-based, youth-friendly, gender transformative SRHR approach.

Strategy 3:

Use evidence to foster policy change, accountability and financing for SRHR to be protected and fulfilled.

multiple WISH Outputs:

Some of the expected outcomes are listed below:

- WISH will deliver 16.9 m CYP across the programme by September 2021.
- WISH will deliver family planning services to clients living in poverty at parity with the national poverty head count and people living with disabilities by the end of 2020.
- WISH will deliver 2.2m Additional Users across the programme by September 2021, with 1.85m delivered by the end of 2020





Performance

Media Coverage

of SRHR in National & Local Newspapers in 2018

National Newspapers

Newspaper	No. of News	No. of Features	No. of Articles/ Columns
Daily Times	25	12	14
Daily Dawn	32	14	13
Daily The News	38	16	14
Daily The Nation	27	15	09
Daily Jung	49	23	13
Daily Nawa-e-waqt	36	07	11
Daily Khabrain	28	09	08

Total:

235

96

82

680 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.

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

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

Local Newspapers

Regions	No. of News	No. of Articles
Punjab	160	18
Sindh	72	19
Balochistan	25	04
KPK	80	04
Fed. GB & AJK	120	08

Total:

457

53



Publication Tools 2018

Rahnuma-FPAP has developed numerous IEC and BCC material to generate awareness among the communities and to further its advocacy objectives with decision makers and influentials. It is not possible to list all the material developed over the last eight decades in the small space available here. The following list provides a cursory look at the nature and sheer volume of work that our organization has produced.

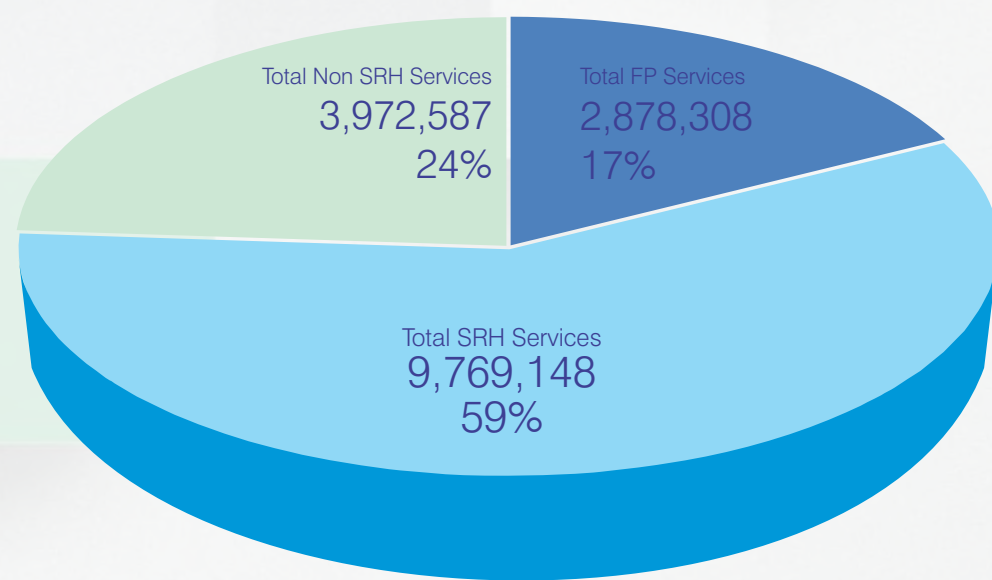
- Rahnuma-FPAP produces an Annual Report, based on a particular theme, to promote FP/RH messages and advocacy goals. This report is shared with Parliamentarians, CSOs, Media, Government functionaries, INGOs etc. Along with addressing the thematic topic, the report also highlights the organization's achievements and innovations on a yearly basis.
- Rahnuma-FPAP Quarterly E-Newsletter is an effective tool of communication with CSOs, Media, Government functionaries, INGOs etc. It documents and highlights the achievements and advocacy work of Rahnuma-FPAP. It is disseminated through Rahnuma-FPAP's website and email.
- At the beginning of each year, a Calendar is developed, printed and disseminated. The calendar contains important messages related to SRHR. It is another effective advocacy tool to remind our partners and other stakeholders about the work that still needs to be done.
- Year Planners are also prepared and disseminated, with various important messages, sometimes even utilising Quranic verses in support of women rights etc.
- Over the years Rahnuma-FPAP has produced many Media Kits for sensitization of our partners in media. For example there are media kits available on youth SRHR, FP and development, child marriage, MISP etc.



- A large number of Advocacy kits produced to support campaigns on Promotion of increased access to FP, LSBE, Child Marriage, MISP, YFHS, SGBV etc.
- Policy briefs are available on almost all issues related to SRHR which are used by the organization and its partners in advocacy campaigns.
- Rahnuma-FPAP has developed many brochures to disseminate information in a brief and simplified way to relevant stakeholders. Brochures are available on a plethora of topics such as child marriage, MISP, LSBE, Youth Policies, FP methods, Islam and FP, HIV and AIDS, Masturbation, menstruation, breast feeding, cervical cancer, youth friendly health services, SGBV and many more.
- A number of training modules and manuals have been developed and shared with partners over the years. These include manuals on Quality of Care, LSBE, and youth friendly health services,
- Booklets, Posters, flyers etc on fatawas in favour of FP, success stories from the field etc.
- Rahnuma FPAP has developed many documentaries on various aspects of SRHR to create greater awareness in communities. Docudramas on child marriage, swara, life skilled based education, child protection, puberty are among the most popular ones.
- Rahnuma-FPAP uses its website to promote the SRHR agenda. The website was recently revamped and made more user friendly and interactive.
- Rahnuma-FPAP facebook page is also regularly updated, to highlight the progress we achieve in various areas of our work.

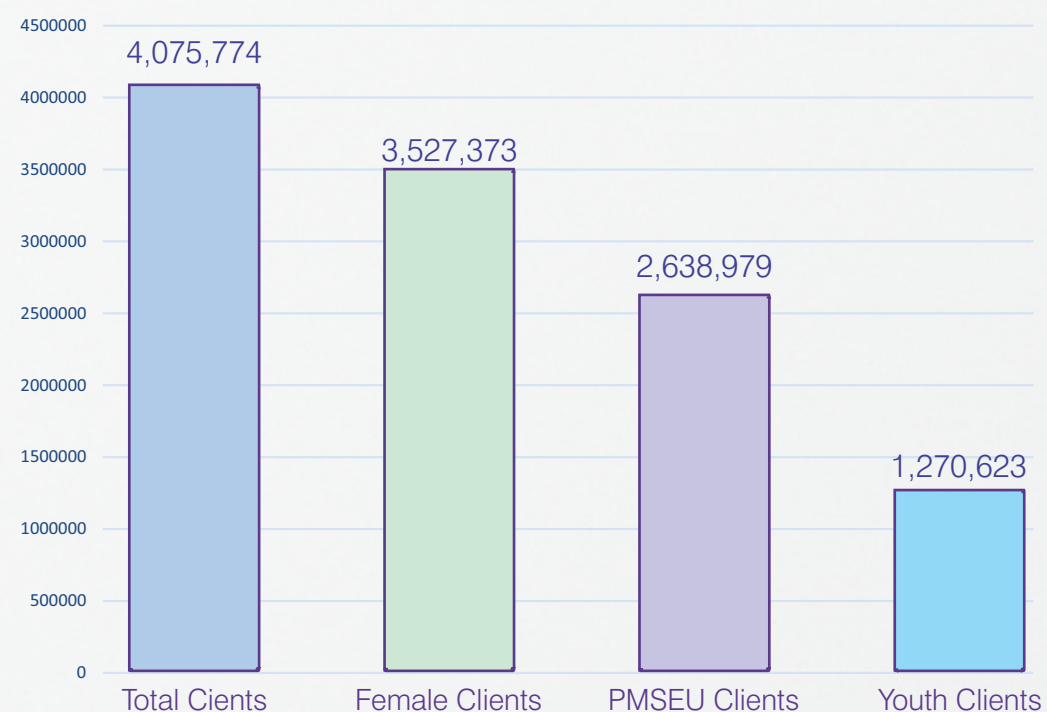
This small hand book was developed in English and Urdu for youths and adolescents to provide the comprehensive LSBE. This handbook is based on the CSE Framework developed by IPPF for Pakistan and follows singular curriculum guidelines for a unified approach to sexuality, gender, HIV and human rights education.

Total Service Delivered in 2018



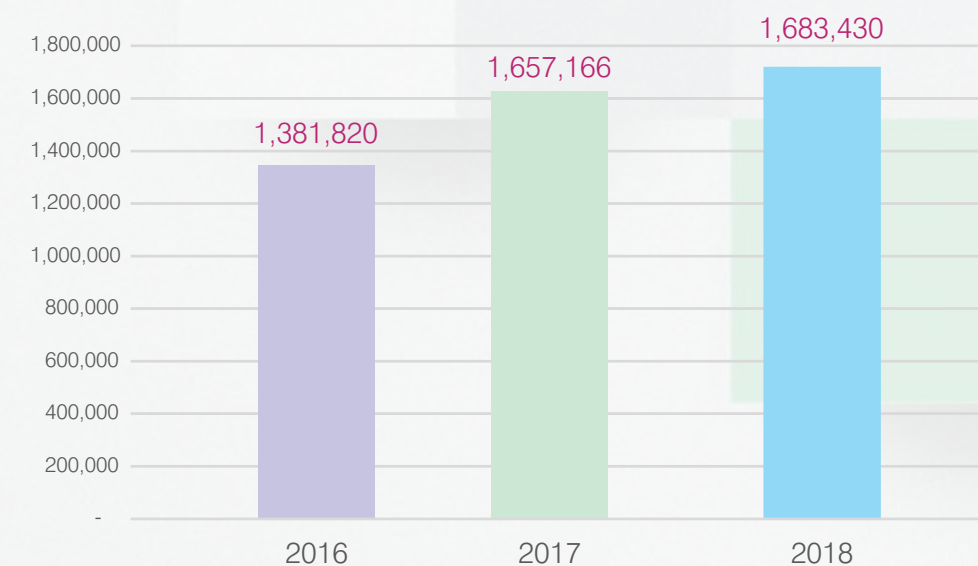
■ Total FP Services ■ Total SRH Services ■ Total Non SRH Services

Population Covered 2018

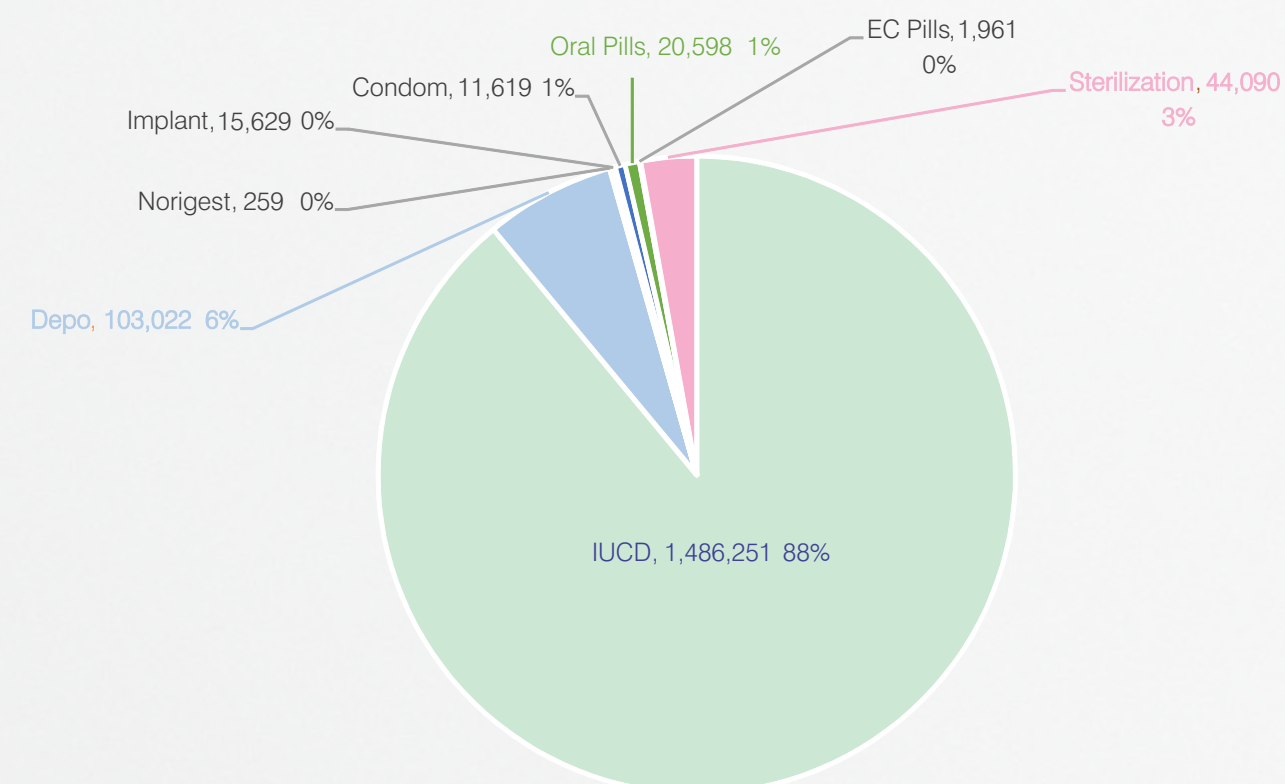


Couple Year Protection (CYP)

PERFORMANCE TREND (2016-2018)



Method Wise Distribution of CYP 2018



Achievement of 2018 (FP, SRH and Non SRH Services)

FP Services

CYP	1,683,430
New Acceptors (Never+Ever user)	559,091
Contraceptive Services	2,878,308

SHR Services

Obstetrical services	2,654,723
Gynecological services	2,000,232
Abortion services	235,025
HIV/AIDs services	759,087
STI/RTI services	1,200,974
Sub Fertility services	287,456
Urology services	544,616
Pediatrics services	818,342
Specialized services	861,813
SRH Other services	406,880

Total Non Contraceptive SRH Services 9,769,148

Non SRH Services 3,972,587

Grand Total of Services 16,620,043



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

Opinion

We have audited the financial statements of Rahnuma Family Planning Association of Pakistan ("the Association"), which comprise the balance sheet as at 31 December 2018, and the statement of income, expenses and changes in fund balances, statement of functional expenses and cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Association as at 31 December 2018, and its financial performance and its cash flows for the year then ended in accordance with the financial reporting framework as described in note 2 to the financial statements.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs) as applicable in Pakistan. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Association in accordance with the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants as adopted by the Institute of Chartered Accountants of Pakistan (the code), and we have fulfilled our other ethical responsibilities in accordance with the Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction on Distribution and Use

We draw attention to note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared to assist the Association in complying with the financial reporting framework as referred to above. As a result, the financial statements may not be suitable for another purpose. Our report is intended solely for the Association and International Planned Parenthood Federation ("IPPF") and should not be distributed to or used by parties other than the Association or IPPF. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

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

In preparing the financial statements, management is responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless management either intends to liquidate the Association or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Association's financial reporting process.

Signature

Chartered Accountants
Member of Grant Thornton International Ltd
Offices in Karachi & Islamabad

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs as applicable in Pakistan will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs as applicable in Pakistan, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Association to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlined transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Other Matter

The financial statements of the Rahnuma Family Planning Association of Pakistan for the year ended December 31, 2017, were audited by another auditor who expressed an unmodified opinion on those financial statements on May 29, 2018.

Grant Thornton Ayman Laluan
Chartered Accountants
Dated: April 22, 2019
Lahore
Audit Engagement Partner: Imran Afzal

Rahnuma Family Planning Association of Pakistan Balance Sheet As at 31 December 2018

		Unaudited 2018 Rupees	Revised 2018 Rupees	Total 2018 Rupees	Unaudited 2018 US \$	Revised 2018 US \$	Total 2018 US \$	Total 2017 Rupees	Total 2017 US \$
Assets									
Current assets									
Cash and bank									
Cash and bank balances	4	107,965,274	13,200,141	122,265,315	772,478	89,669	862,147	71,136,448	645,117
Receivables in transit	5	1,757,486	-	1,757,486	12,680	-	12,680	5,671,960	51,423
Inventory									
Inventory		5,018,347	15,476,326	21,494,673	34,207	133,260	167,467	6,315,220	59,068
Other inventories	6	25,371,862	-	25,371,862	168,628	-	168,628	15,373,786	139,436
Others		11,960,806	-	11,960,806	79,883	-	79,883	11,337,033	105,331
Other assets									
Investments	7	217,590,000	72,340,000	290,000,000	1,349,264	523,088	1,872,352	290,000,000	2,626,193
Advances to employees	8	6,784,559	-	6,784,559	48,380	-	48,380	5,743,226	52,250
Intangibles									
Trade - Computers	9	6,319,586	-	6,319,586	45,598	-	45,598	7,834,768	71,031
Trade - Stationery		1,120,862	-	1,120,862	8,887	-	8,887	1,433,281	13,420
Trade - Medicines		2,807,296	-	2,807,296	14,483	-	14,483	4,000,315	36,268
Total current assets		342,010,478	108,170,667	450,181,145	2,766,210	766,022	3,532,232	416,508,043	3,776,137
Non-current assets									
Fixed assets	10	57,923,940	-	57,923,940	417,921	-	417,921	61,302,578	633,750
Security deposit		934,944	-	934,944	6,743	-	6,743	1,122,944	10,274
Total non-current assets		58,858,884	-	58,858,884	424,664	-	424,664	62,425,522	644,024
Total assets		400,869,362	108,170,667	509,040,029	3,190,874	766,022	3,956,896	478,933,565	4,420,161
Liabilities and fund balances									
Liabilities									
Current liabilities									
Accounts payable, accrued expenses and provisions	11	31,743,115	15,223,770	46,966,885	229,025	118,790	347,815	41,373,844	378,103
Deferred income	12	-	14,495,818	14,495,818	-	104,587	104,587	13,912,290	127,455
Total current liabilities		31,743,115	29,719,588	61,462,703	229,025	223,377	452,402	55,286,134	505,558
Non-current liabilities									
Staff Gratuity payable	13	883,912,131	-	883,912,131	749,727	-	749,727	119,629,790	1,104,858
Total non-current liabilities		883,912,131	-	883,912,131	749,727	-	749,727	119,629,790	1,104,858
Total liabilities		915,655,246	29,719,588	945,374,834	978,752	223,377	1,202,129	175,915,924	1,610,416
Fund balances									
Designated Fund	14	4,185,578	72,451,079	76,636,657	30,398	522,735	553,133	75,306,780	682,742
Fund Assets Fund	15	57,923,919	-	57,923,919	417,921	-	417,921	61,302,578	633,750
FIVAP Reserve Fund	16	218,276,289	-	218,276,289	1,577,030	-	1,577,030	146,713,580	1,357,331
Zakat Fund	17	1,000,102	-	1,000,102	7,218	-	7,218	859,473	7,811
Asset Replacement Fund	18	5,682,920	-	5,682,920	41,002	-	41,002	5,754,911	54,045
Endowment Fund	19	18,837,812	-	18,837,812	134,270	-	134,270	-	-
Modest Investment Fund	20	2,807,296	-	2,807,296	14,483	-	14,483	4,000,315	36,268
Total fund balances		309,214,126	72,451,079	377,665,205	2,203,122	522,735	2,725,857	181,917,637	1,735,740
Total liabilities and fund balances		440,869,362	108,170,667	549,040,029	3,190,874	766,022	3,956,896	478,933,565	4,420,161
Contingencies and Commitments									
21									

The annexed notes 1 to 20 form an integral part of these financial statements.

GRC

Imran
Director Finance & Budget

Shahid
Chief Executive Officer

Shahid
Honorary Treasurer

Rahnuma
President

Rahnuma Family Planning Association of Pakistan
Statement of Income, Expenses and Changes in Fund Balances (FPAP Reserve Fund)
For the year ended December 31, 2018



Note	Unrestricted 2018 Rupees	Restricted 2018 Rupees	Total 2018 Rupees	Unrestricted 2018 US \$	Restricted 2018 US \$	Total 2018 US \$	Total 2017 Rupees	Total 2017 US \$
Gross income								
IFPP - cash	22.1	170,925,415	-	170,925,415	1,399,976	-	1,706,976	154,096,919
IFPP - interest	22.2	-	153,807,636	-	1,259,774	1,259,774	126,941,792	1,223,699
Other income	22.3	20,975,641	30,745,532	71,721,213	435,635	587,818	42,478,442	402,552
Total Gross Income		191,901,056	284,553,168	242,646,628	1,835,409	1,847,288	325,517,153	3,027,260
Program income								
Income from distribution of contraceptives		9,688,829	-	9,688,829	79,291	-	79,291	6,175,590
Membership fee		18,300	-	18,300	115	-	115	31,719
Client mobilization and training fee		-	-	-	-	-	-	-
Khushali Bank (Interest)		46,386,600	-	46,386,600	379,933	-	379,933	47,771,180
Income from Rahnuma Training Institute (RTI)		6,692,305	-	6,692,305	54,812	-	54,812	2,545,827
Donations		130,855	-	130,855	1,072	-	1,072	110,148
Local fund raised from hospitals and clinics		215,732,675	-	215,732,675	1,766,973	-	1,766,973	20,939,534
Management fee - other donors		21,476,044	-	21,476,044	176,901	-	176,901	12,313,322
Release of fund assets fund due to depreciation		21,788,228	-	21,788,228	177,803	-	177,803	23,402,801
Total Program income		323,821,436	-	323,821,436	2,635,990	-	2,635,990	295,300,842
Other income								
Markup on investment		25,465,964	-	25,465,964	208,381	-	208,381	22,342,134
Markup on saving accounts		5,977,348	-	5,977,348	48,958	-	48,958	3,304,952
Miscellaneous income		541,823	-	541,823	4,438	-	4,438	323,619
Total other income		31,985,135	-	31,985,135	261,777	-	261,777	25,970,605
Total income		345,797,691	284,553,168	630,350,859	4,497,456	1,835,409	6,332,865	648,538,648
Expenses								
Direct project expenses								
OUTCOME 1 (Advocacy)		5,592,950	12,285,425	17,878,375	45,872	100,626	146,498	11,182,621
OUTCOME 2 (Awareness raising & capacity building)		46,755,673	31,159,634	77,915,307	382,555	255,239	637,794	90,897,963
OUTCOME 3 (Services delivered and enabled)		114,353,136	361,107,965	475,461,101	2,574,732	1,339,563	3,914,295	444,724,169
OUTCOME 4 (Efficiency & accountability)		23,724,860	33,724,860	57,449,720	194,320	194,320	21,781,667	20,609,098
Total direct project expenses		190,366,579	204,553,168	394,919,747	3,197,679	1,875,409	5,073,188	57,387,220
Indirect expenses								
Administrative expenses		97,265,098	-	97,265,098	795,018	-	795,018	80,498,922
Depreciation		21,788,228	-	21,788,228	177,803	-	177,803	23,402,801
Total expenses		218,576,280	204,553,168	423,129,448	3,992,697	1,875,409	5,868,106	63,886,041
Surplus/(deficit) for the year		127,221,411	80,000,000	207,221,411	4,497,456	1,835,409	6,332,865	648,538,648
Transfer (to) from designated fund		(1,829,877)	-	(1,829,877)	(15,203)	-	(15,203)	-
Transfer from gratuity fund & provident fund		27,874,956	-	27,874,956	226,318	-	226,318	-
Exchange rate fluctuations		-	-	-	-	-	-	-
Carried over adjustment		6,228,086	-	6,228,086	44,878	-	44,878	128,400
Fund balance at beginning of the year		189,713,580	-	189,713,580	1,557,331	-	1,557,331	170,309,799
Fund balance at the end of the year		218,576,280	-	218,576,280	1,835,409	-	1,835,409	180,713,580

The annexed notes 1 to 29 form an integral part of these financial statements.

Signature

Director Finance & Budget

Chief Executive Officer

Honorary Treasurer

President

Rahnuma Family Planning Association of Pakistan
Cash Flow Statement
For the year ended December 31, 2018



	Unrestricted 2018 Rupees	Restricted 2018 Rupees	Total 2018 Rupees	Unrestricted 2018 US \$	Restricted 2018 US \$	Total 2018 US \$	Total 2017 Rupees	Total 2017 US \$
Surplus/(Deficit) for the year	36,597,543	-	36,597,543	299,755	-	299,755	(45,750,339)	(445,171)
Adjustments for non cash and other items:								
Depreciation	21,788,228	-	21,788,228	156,625	-	156,625	23,802,801	225,878
Release of fund assets fund due to depreciation	(21,788,228)	-	(21,788,228)	(156,625)	-	(156,625)	(23,802,801)	(225,878)
Provision for staff gratuity	5,590,793	-	5,590,793	40,334	-	40,334	17,397,020	166,988
Transferred to Designated fund	(1,829,877)	-	(1,829,877)	(15,203)	-	(15,203)	-	-
	3,760,916	-	3,760,916	27,135	-	27,135	17,397,020	166,988
Net income/(deficit) before working capital changes	40,358,459	-	40,358,459	326,890	-	326,890	(26,153,319)	(248,183)
Working capital changes								
(Increase)/decrease in current assets:								
Receivables	(15,014,709)	(12,680,727)	(27,695,436)	(108,331)	(91,491)	(199,822)	18,315,974	166,056
Advance to employees	(1,025,333)	-	(1,025,333)	(7,398)	-	(7,398)	1,294,167	11,734
Inventory	4,242,261	-	4,242,261	30,608	-	30,608	(4,474,352)	(40,565)
Security deposits	88,000	-	88,000	655	-	655	(19,900)	(172)
	(11,799,781)	(12,680,727)	(24,480,508)	(84,466)	(91,491)	(175,957)	15,116,780	137,053
(Increase)/decrease in current liabilities:								
Accounts payable, accrued expenses and provisions	(2,891,773)	12,484,830	9,593,057	(20,864)	90,878	69,914	(4,228,473)	(36,336)
Deferred income	-	(19,416,472)	(19,416,472)	-	(140,090)	(140,090)	(13,719,329)	(124,384)
Staff gratuity paid	(10,308,472)	-	(10,308,472)	(74,376)	-	(74,376)	(9,786,266)	(86,724)
	(13,200,245)	(6,931,642)	(20,131,907)	(95,240)	(50,011)	(145,251)	(27,734,260)	(251,444)
Net	(24,938,036)	(19,612,389)	(44,550,425)	(179,726)	(141,503)	(321,229)	(12,617,470)	(114,911)
Net cash (used in) from operations	15,448,433	(19,612,389)	(4,163,956)	147,164	(141,503)	5,661	(36,770,798)	(362,574)
Cash flows from investing activities								
Investments made	-	-	-	-	-	-	20,836,651	188,999
Proceeds from disposal of fixed assets	3,426,150	-	3,426,150	24,720	-	24,720	80,154	7,811
Purchase of fixed assets	(11,978,639)	-	(11,978,639)	(86,426)	-	(86,426)	(5,950,876)	(55,952)
Net cash from investing activities	15,404,769	-	15,404,769	111,164	-	111,164	15,747,318	142,768
Cash flows from financing activities								
(Increase)/decrease in funds:								
Designated fund	1,329,877	-	1,329,877	9,595	-	9,595	(23,488,148)	(212,948)
FPAP reserve fund	34,095,042	-	34,095,042	245,996	-	245,996	23,154,120	209,919
Fixed assets fund	(11,978,640)	-	(11,978,640)	(86,426)	-	(86,426)	3,760,222	34,145
Zakat fund	160,829	-	160,829	1,160	-	1,160	3,565	32
Asset replacement fund	(1,498,141)	-	(1,498,141)	(10,809)	-	(10,809)	(2,718,425)	(24,085)
Endowment fund	15,837,812	-	15,837,812	114,279	-	114,279	-	-
Medicine inventory fund	(1,993,019)	-	(1,993,019)	(14,380)	-	(14,380)	1,178,331	10,643
Net cash generated from financing activities	35,953,760	-	35,953,760	259,406	-	259,406	1,895,668	17,740
Net increase/(decrease) in cash and cash equivalents	66,806,982	(19,612,389)	47,194,593	517,715	(141,503)	376,212	(21,127,812)	(202,060)
Effect of movements in exchange rates	-	-	-	(113,481)	(64,444)	(177,925)	-	(37,885)
Cash and cash equivalents at the beginning of the year	42,015,878	34,812,530	76,828,408	380,924	315,616	696,540	97,956,220	936,483
Cash and cash equivalents at the end of the year (Note 24)	108,822,860	15,200,141	124,023,001	795,158	309,669	1,104,827	76,828,408	696,540

The annexed notes 1 to 29 form an integral part of these financial statements.

Signature

Director Finance & Budget

Chief Executive Officer

Honorary Treasurer

President

Rahnuma Family Planning Association of Pakistan
Statement of functional expenses
For the year ended December 31, 2018



	Note	Total 2018 Rupees	Total 2018 US\$	Total 2017 Rupees	Total 2017 US\$
Personnel and employee benefits		366,743,810	3,003,840	380,339,312	3,609,252
Travelling expenses		77,804,050	637,259	52,554,431	498,718
Vehicle running cost		18,483,418	151,390	19,371,215	183,824
Printing and stationery		10,403,630	85,212	6,084,504	57,739
Occupancy cost		10,392,535	85,121	9,956,436	94,482
Communication		6,230,663	51,033	6,502,614	61,707
Audit fee	23	600,000	4,914	590,000	5,599
Consultancy and other professional fees		81,287,928	665,794	77,474,139	735,195
Medical consumables		37,242,189	305,035	37,382,080	354,739
Repair and maintenance		7,027,693	57,561	8,266,288	78,443
Operational cost		24,451,522	200,272	23,484,380	222,856
IFC Material		2,556,494	20,939	2,286,572	21,699
Office equipment & furniture		14,371,318	117,709	7,693,993	73,013
Insurance of Assets		2,428,860	19,894	2,720,465	25,816
Bank Charges		265,661	2,176	253,459	2,405
Contraceptives consumed		7,404,486	60,647	5,593,040	53,075
Others	26	24,260,808	198,710	23,933,214	227,117
Total expenses excluding depreciation		691,955,065	5,667,504	664,486,142	6,305,679
Depreciation expense		21,708,228	177,803	23,802,801	225,878
Total expenses		713,663,293	5,845,307	688,288,943	6,531,557

The annexed notes 1 to 29 form an integral part of these financial statements.

Director Finance & Budget

Chief Executive Officer

Honorary Treasurer

President

Rahnuma Family Planning Association of Pakistan

Notes to the financial statements

For the year ended December 31, 2018



	2018	2017
27 Number of employees and their emoluments		
Number of employees	1,072	1,155
Emoluments to employees	366,743,810	380,339,312

28 Date of authorization

These financial statements were authorised by the council on April 20, 2019

29 Date of authorization

29.1 Figures in Pak Rupee have been rounded off to the nearest Rupee.

29.2 Figures in US \$ have been rounded off to the nearest US dollar.

29.3 Corresponding figures have been re-arranged / and reclassified where ever considered necessary for the purpose of better presentation. However, no significant reclassification has been made in these financial statements.

Director Finance & Budget

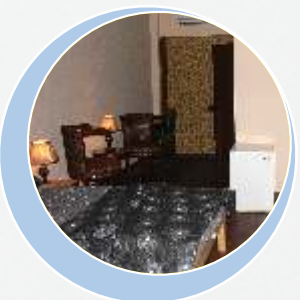
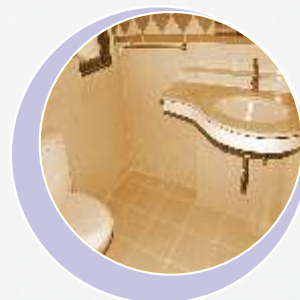
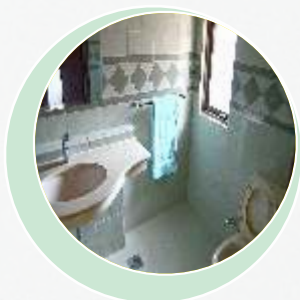
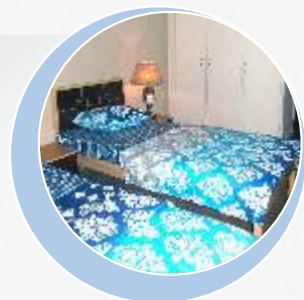
Chief Executive Officer

Honorary Treasurer

President



Rahnuma Training Institute

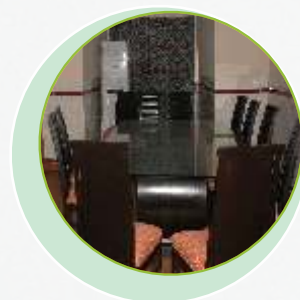
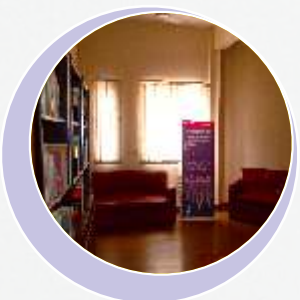


Maintaining High Quality Standards

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

Affordable Expert Care and Comfort

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



- 2 air conditioned training halls with option to merge both to create seating capacity of about more than 75 participants
- Audio, Visual, Multimedia, LED facilities in training halls
- 1 Executive Conference Room
- 12 rooms for groups work
- 1 room with Training Tools/Kits/Moduls/IP etc.
- 2 Dining Halls
- 3 Office Rooms

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

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