

# VOICE OF THE VOICELESS



[www.fpapak.org](http://www.fpapak.org)

## 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.

## Strategic Framework:

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

### OUTCOME 1:

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

### OUTCOME 2:

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

### OUTCOME 3:

77.09 Million quality integrated sexual and reproductive health services delivered.

### OUTCOME 4:

A high performing, efficient and accountable organization.

## 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;

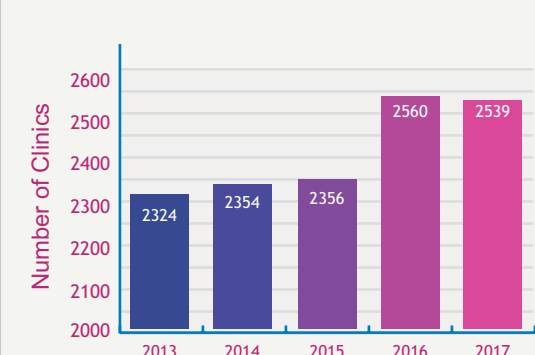
accountability as cornerstone of trust that is demonstrated through high performance, ethical standards and transparency.

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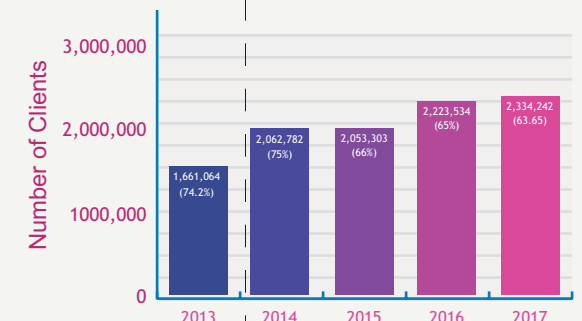


## RAHNUMA FAMILY PLANNING ASSOCIATION OF PAKISTAN: Expanding Integrated SRHR Service Delivery Through Social Franchising In Pakistan

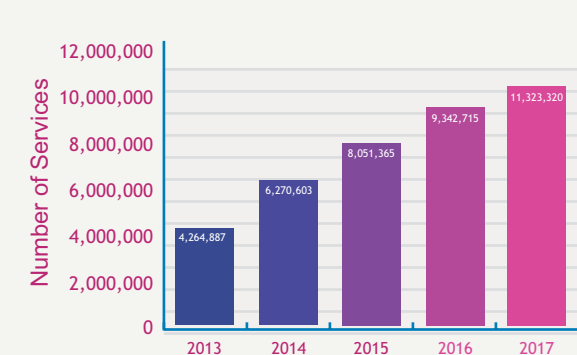
Number of Private Partner Associated Clinics:



Number of poor and vulnerable clients (% of total clients):



Number of SRH services delivered:



### LESSONS LEARNED:

- ➔ Select and train local certified private practitioners to maximize capacity building investment
- ➔ Maintaining quality of care requires continued investment in training
- ➔ Uniformity of branding across franchises essential
- ➔ Quality assurance integral to success, and drives client satisfaction
- ➔ Stronger collaboration between private sector entities is essential for expanding service delivery options.

"Before enrollment with Rahnuma-FPAP, I used to just provide condoms and pills but after getting trainings now I can provide IUCD too. Now my clients are very satisfied as they get all services at a very low cost. I'm so motivated, my clients think this is a posh clinic. I want to get the shop next door so that I have space for deliveries".

**Sabeha Fatima**, lady health visitor (Faisalabad)

### FUTURE DIRECTION:

Rahnuma-FPAP will continue to expand the network by:

- engaging 20 new Private Practitioners per year
- building on brand consistency to enhance visibility
- exploring opportunities for efficiency gains
- providing refresher SRH trainings and assistance for clinic updates

### APPROACHES:

#### STEP 1, Identify and select franchisees based on criteria

- peri-urban or rural location
- commitment to service poor/vulnerable
- prepared to subsidize fees



#### STEP 2, Enrollment, trainings and upgradation:

Needs assessment, clinic renovation and branding of service package

Building capacity of franchisees

Select and recruit local community mobilizers for each franchisee to generate demand



Quality assurance and performance monitoring

#### STEP 3, Partnership development



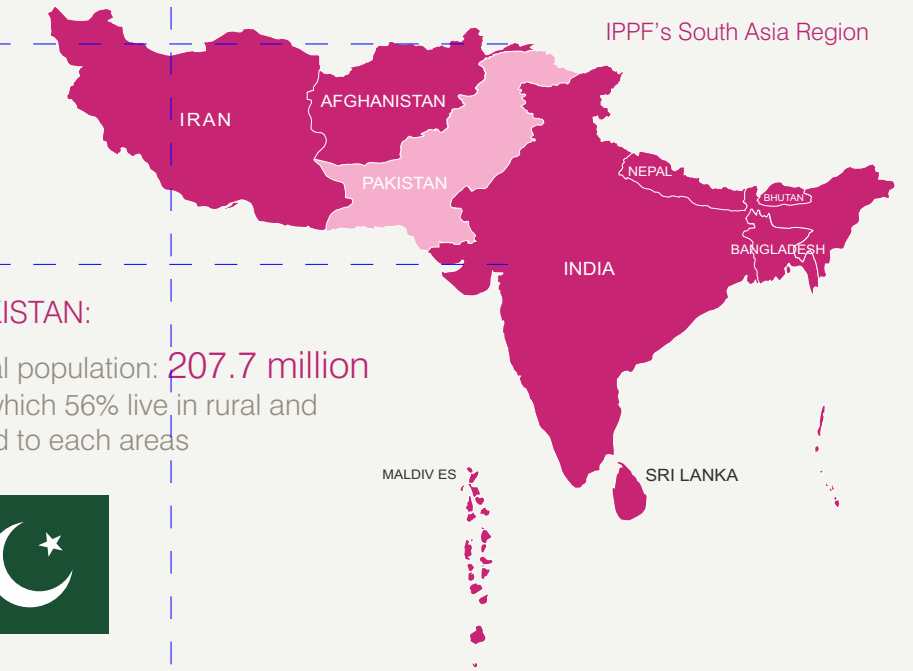
Networking with other partners in private and public sectors for expanding outreach and referrals



Working with provincial government to incorporate Private partners model to expand service to meet unmet need



### COUNTRY CONTEXT:



#### PAKISTAN:

Total population: 207.7 million  
of which 56% live in rural and hard to reach areas



#### Fertility



Fertility rate of 3.6

World Meters

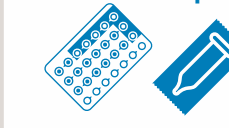
#### Youth Population



29% of Population under the age of 18

UNDP report (NHDR) 2017

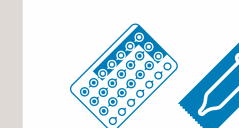
#### Contraception



At 35% the contraceptive prevalence rate is off the target of 50% by 2020

Pakistan Bureau of Statistics

#### Unmet Need



Unmet need for contraception 25%

PDHS 2006-07

#### Mortality



Maternal Mortality Ratio (per 100,000 live births): 127

World Population Report 2017

#### Infant Mortality



Infant Mortality Rate (for every 100,000 live births): 260

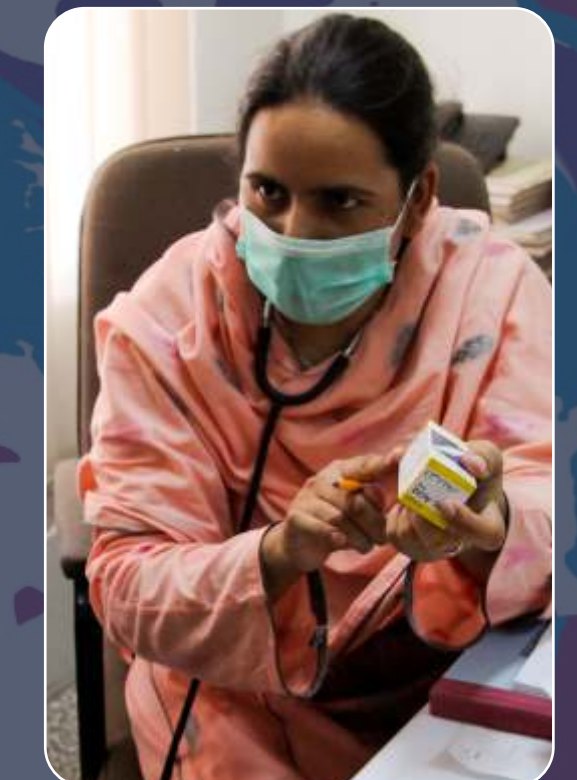
WHO, Global Health Observatory Data

### PROBLEM:

- \$ State investment in the health sector has remained low, with private sector growing to meet demand
- 71% of households currently seek health care through private providers; few of these offer FP services
- Private providers lack skills and training in provision of FP services, especially long-term methods
- Costs are prohibitive for poor and vulnerable people, coverage and quality is variable

### SOLUTION:

- Expand access to SRH services among poor and underserved communities through a social franchising network with mid-level providers
- Provide training and support to improve quality of care
- Expand package of services to include a wider range of contraceptive methods, including long-acting reversible contraceptives and eight service categories of the Integrated Package of Essential Services







## MESSAGE

President  
Rahnuma-FPAP

I am delighted to present Rahnuma-FPAP's Annual Report 2017, which highlights the tremendous strides in human rights work our organisation has carried out across Pakistan. Since 1953, Rahnuma-FPAP, as the oldest and largest civil society organisation in the country, has fought to safeguard the rights of marginalised and underserved communities through integrated and rights based development endeavours. Today, we are one of the leading civil society organisations to have spearheaded a dedicated program for women and children on the thematic areas of reproductive health and family planning.

Rahnuma-FPAP has been on the rights based landscape since 1953 and serves the people through integrated and coordinated development approaches. In the years since our inception, our management techniques and programs have evolved to new heights duly recognised by international and national partners. We have the distinction to launch Pakistan's flagship family planning Program in the early fifties, duly replicated by the government of Pakistan in 1965 to contain the high population growth rate and provide equitable opportunities to the masses. We are one of the leading partners of public Sector and international community on population related issues.

This year, the government of Pakistan successfully completed the National Census after a hiatus of more than 19 years. A cursory review of the provisional census results revealed very challenging and pessimistic state of affairs as our population growth rate is still higher than expected, having surged to a staggering 207.8 million, an increase of 75.4 million people in 19 years. The population was just over 130 million in 1998, the year the fifth census was conducted. This indicates that the

country has seen a 57% increase in the population at an annual rate of 2.4%. We have one of the highest population growth rate of 2.4 per cent in the world. If the population of the country continues to grow with the same rate, it is likely to reach 400 million by 2050. The main reasons behind this rapid increase are the lack of political engagement of the issue, as well as the absence of equitable health related opportunities for women and youth.

The rapid population growth rate in Pakistan is resulting in a shortage of educational facilities, health services, food, living space, clean water, housing units, energy crisis, putting pressure on transportation, electricity, sewage, sanitation, and increase in unemployment, climate change, urbanization, overcrowding, squatter settlements, poverty and overall affecting badly the country's economic development.

This year we celebrated World Population Day under the theme, "Family Planning: Empowering People, Developing Nations". The event was coincided with the Family Planning Summit at London under the Family Planning 2020-initiative. The FP 2020 initiative is to expand access to voluntary family planning to 120 million additional women by 2020 and the government of Pakistan is signatory to the FP 2020 Commitment. During the summit, developing countries, including Pakistan, committed to refocus their priorities to women's health, reducing high TFR, declining MMR and IMR, effective campaigning against custom of early marriages, and other such prevalent social issues, to achieve the goals of FP 2020.

Dr. Rashida Panezai  
President Rahnuma-FPAP



## MESSAGE

Chief Executive Officer,  
Rahnuma-FPAP

In 2011, following a historic devolution, Pakistan devolved all its civic ministries and departments to the provincial governments. The Population Welfare Program has since found new prominence, given how the provincial governments have shown a strong interest in constructing well researched and necessary strategies in this regard. One of the greatest challenges for provincial governments has been a lack of adequate capacity and available fiscal space to incorporate new departments, such as the welfare program, into the existing provincial apparatus. In an effort to alleviate the situation, the provincial governments were collectively facilitated and supported by many stakeholders, including the federal government, provincial policy makers, parliamentarians, international partners, CSOs, and notable figures in media and academia. It is a matter of great encouragement that, so far, the provincial governments have succeeded considerably in expanding the requisite capacity and fiscal space, and fostering a suitable environment for a revolution in Pakistan's population policy. Now, six years after the devolution, the population policies of almost all the provincial governments have been finalized and launched into action. The Sindh Government was able to develop and get approved by the Costed Implementation Plan (CIP) under FP2020 national commitments (operational since 2016), receiving adequate and methodically allocated resources for all regions/districts.

More recently, the government of Pakistan released the provisional results of Pakistan Census 2017, which yet again highlighted the high population growth rate (2.1%), and all its subsequent issues. The provisional figures suggest that Pakistan is still passing through a 'youth bulge', as the majority of the population is composed of youth and adolescents. A recent United Nations Population Fund report (the most "stressed out" population in Pakistan are its millennials) makes the claim that out of 200 million people, 63 percent of Pakistan's population comprises of youth. Of these, 58.5 million are 20-to-24-year olds while 69 million are under the age of 15. These census figures support the findings of the previous PDHS reports, that brought attention to the disturbing reality that a vast majority of the population has no access to modern

contraceptives services. These statistics are difficult to ignore and stress the fact that, despite many great strides in recent years, a great need for family planning services across all regions/provinces of Pakistan still persists.

Since 1953, Rahnuma-FPAP, as a leading civil society organisation, has spearheaded a dedicated campaign to address the dynamics and dangers of high population growth. We strive to cater to the unmet need for FP services through piloting advocacy campaigns and services delivery innovations especially designed for at-risk individuals and communities, with special focuses on youth, adolescents, women, and children.

In 2017, we piloted various innovative projects across Pakistan to provide integrated social development services beside continually capacity building of the concerned, keeping their attention towards humanitarian causes, especially since Pakistan is increasingly exposed to more forms of disasters, natural or otherwise. For this year's Annual Report "Voice of the Voiceless", our departments have made a collective effort to showcase FPAP's integrated approach to community development for some of the poorest and most marginalized families within Pakistan. We exclusively designed and implemented innovative projects across Pakistan for women, children, youth & adolescents, Hijras (transgender), FSWs, Inmates (men and women), commercial vehicle drivers, nomads, gypsies, IDPs and 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 transform them into equal and effective citizens of this country. This exclusive targeting and provision of dedicated support has played an important role to overcome the stigmas and taboos associated with vulnerabilities and seclusion.

A recent shift in the global and national political landscapes has created a sense of uncertainty regarding the funding environment for family planning programs across the world. Through GAG rule, the funding for FP has been substantially reduced, imperilling many programs and posing a threat to women's health. At the same time, new global initiatives are encouraging some donors to increase their investments in this area. Worldwide, there is broader recognition of family planning as a development priority.

Family Planning Summit, held in UK in 2017, was a tremendous success for the entire FP community. We gathered from around the world to take stock of how far we've come, make future plans, and renew our pledge to ensure that women and girls are able to decide for themselves whether and when to use modern contraception. At the summit Pakistan reaffirmed its commitments to strengthening the National Task Force/National Population Commission on Population and Development to achieve policy consensus and program improvement for FP across provinces. In post 18th Amendment provinces and special areas, governments have developed health sector strategies for 2012-2020, containing interventions for promotion of FP, and encompass regularly monitoring the increase in CPR. Furthermore, cross party support for population issues was ensured by the Parliamentary Group on Population and Development, to influence political party agendas in favour of FP2020 commitments.

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

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## Executive Summary

The Annual Report 2017 documents our organization's efforts to become the voice for those who are powerless and unable to stand for their rights. In Pakistan, these voiceless millions suffer in silence because they are unaware of their rights as citizens of this nation. This report lists the efforts made during the decades of the organization's existence to improve the lot of the people. One of the programs launched to achieve this purpose is the women empowerment program, a feature of our organization from the very beginning, first formalized in 1978 as a comprehensive women empowerment program, fully initiated and synergized with SRH&R and Family Planning Program. It was later expanded to strive for greater political, economic and legal engagement; as we believe economic independence is the key to empowerment. Our Poverty Alleviation Program provides loans to groups of women, in partnership with Khushhali Bank and others, and in the process breaks their isolation, thus enabling them to have a collective strength and voice. Gender based violence is also a gruesome reality that we face in this

country. Rahnuma-FPAP has a long standing program that provides social and economical support to the survivors of GBV. Other aspects of this program are to create an environment of zero tolerance for any kind of violence and to increase access to services for all demographics. The youth in Pakistan is the largest segment of the population, therefore it is important to empower and groom them to become healthy, conscientious, and productive members of society. Our youth program provides youth empowerment through information and youth friendly services, availability of youth resource centres, and youth helplines, as well as many other campaigns and projects in an effort to achieve this objective.

The customs and traditions of our land, so deeply imbued into our daily lives, make them colourful and interesting but, unfortunately, some longstanding societal norms and cultural taboos in place seriously hinder the lives of millions, child marriage being one such phenomenon. Rahnuma-FPAP stands alongside other like-minded organizations in

campaigns to reform mentalities and reject child marriage and other harmful trends. Adolescent pregnancies are putting the lives of our young girls in danger and we work day and night to spread this realization across to general population and to the decision makers, so we can ensure an environment where children will not be deprived of their childhood. There are many segments of our society who go unnoticed because they are in the minority or have been deprived and disempowered in some way. These include people with disabilities, female sex workers, transgender people, people hit by natural disasters, jail inmates, and other poverty stricken and exploited people, such as truckers and massagers. Rahnuma-FPAP has dedicated separate projects and programs for the rights of all these various groups.

In the second section of this report, 'Advocating For Change', the population policies of Punjab and Sindh are thoroughly analysed and the status of the population policy of KP is discussed. One of the biggest contributions by Rahnuma-FPAP for change has been advocating for people friendly, rights based policies. We analyse existing policies to identify gaps and then campaign with various stakeholders to address the identified loopholes and ensure improvement in them.

The third section talks about our own social enterprise model. Rahnuma-FPAP is able to utilise its extensive infrastructure, built up over the years, to construct a social enterprise model fit for the modern age. To provide some background, the operation is based out of a Head Office in Lahore which manages 5 Regional offices located in every province. Those 5 regional offices are equipped with 15 program offices which assure quality services, delivery through 9 hospitals, 97 family health clinics, 11 mobile units, 30 associated clinics, over 2,564 community-based distributors, 2,509 private physicians, 52 youth centers and six toll free youth help/counselling lines and 14 youth friendly spaces. In addition to a complete range of sexual and reproductive health and safe motherhood services, Rahnuma-FPAP provides a range of family planning (FP) services across Pakistan.

Rahnuma-FPAP is thinking big to chase FP2020 goals and other international commitments.

As the task of rights acknowledgment is impossible to achieve alone, Rahnuma-FPAP has established many coalitions and networks to join hands with like-minded organizations to achieve its objectives. These networks include caucuses of Parliamentarians, media networks, networks of civil society organizations, as well as religious leaders. This is discussed in detail in the fourth section of the report.

The fight for rights starts at the policy level and that is why Rahnuma-FPAP works to bring about positive and progressive changes in policies with the help of its partners in the parliament and with the support of its media and CSO networks.

In the modern world, social media is playing an important role in shaping opinions. Rahnuma-FPAP has a special focus on capturing social media space in its fight for rights. Section 5 of the report lists the new channels of communication we have established in this area.

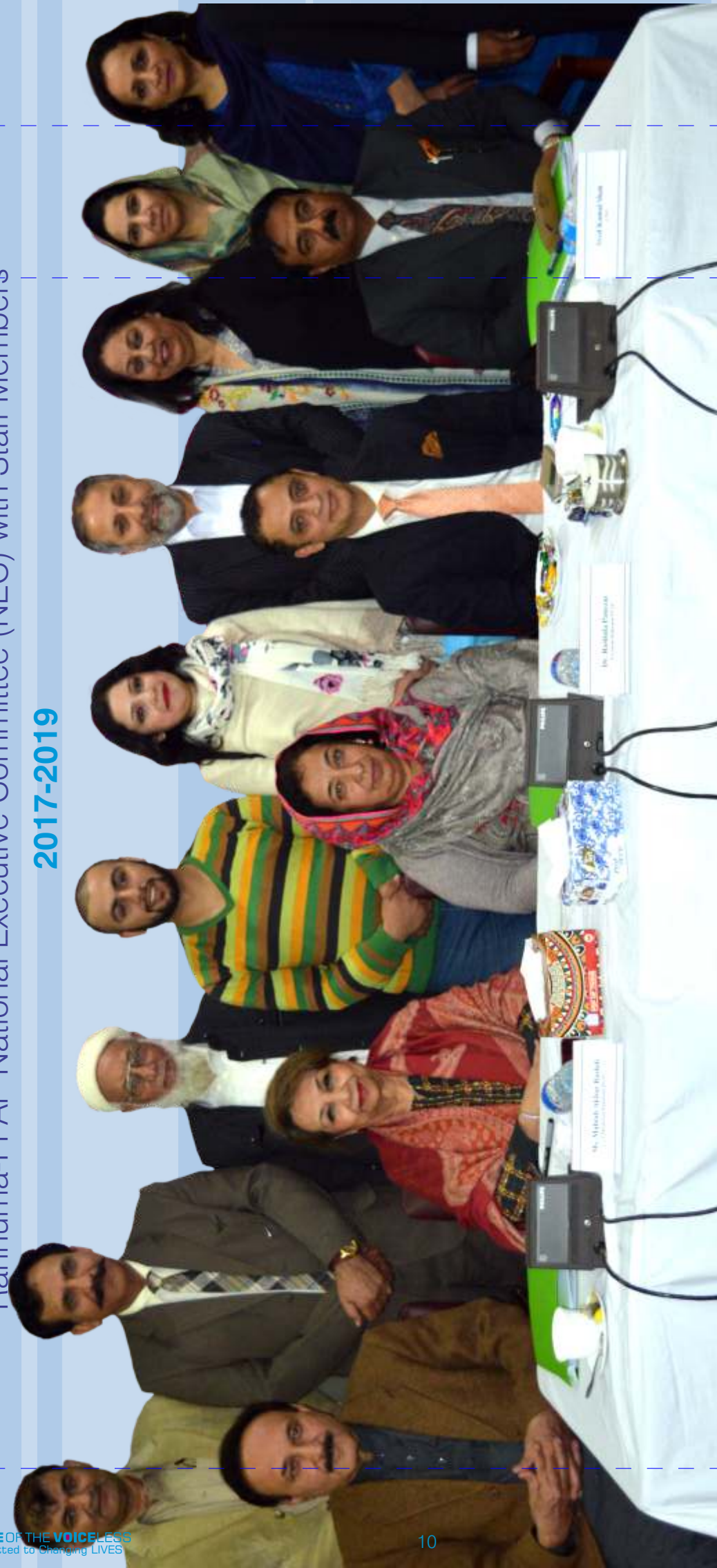
Rahnuma-FPAP has remained the leading organization for SRH&R over the years due to its constant investment in its own development and monitoring. Many new avenues have opened up in the form of information technology that Rahnuma-FPAP has adopted as means of communication to reach out to larger segments of the society. These new channels include online counseling services, tele counseling, an official website and twitter account, as well as mobile messaging that reaches the young among the old.

For the work at hand Rahnuma-FPAP needs a large team, comprised of members trained to deliver results. Regional Training Institutes (RTIs) are built within the premises to ensure efficiency in our programs and services. These highly equipped modern RTIs are also serving other organizations for their needs of training.

For the past six decades Rahnuma-FPAP has voiced the concerns and issues of those who could not do it for themselves. The 2017 report is a testament to these past and present efforts, a commitment to continue the fight into the future.

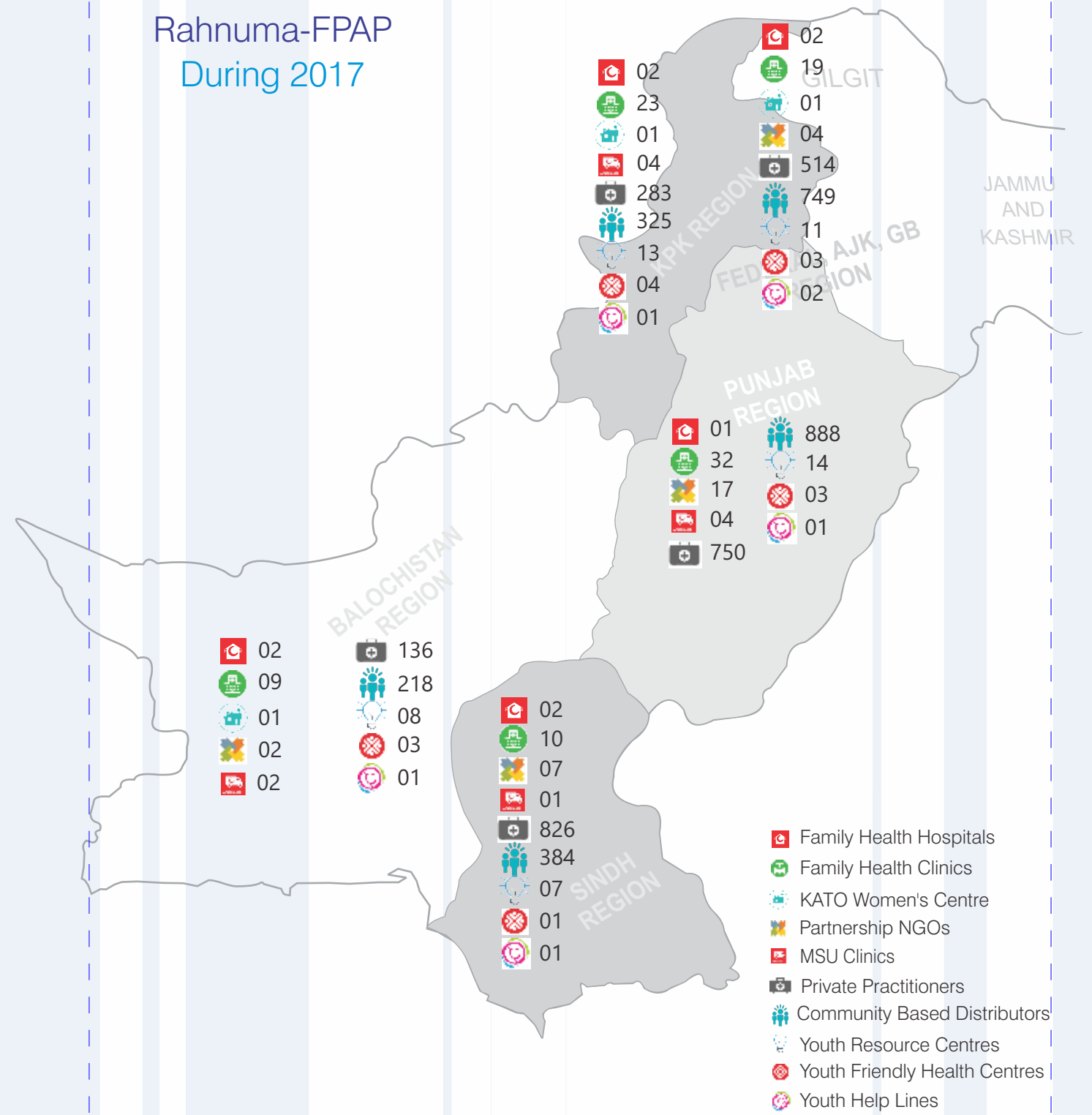


## Rahnuma-FPAP National Executive Committee (NEC) with Staff Members 2017-2019



**First Sitting Row L to R:** Mr. Hidayat Shah, VP Federal, GB & AJK, Ms. Mahtab Akbar Rashdi, Chairperson, Dr. Rashida Panezai, President, Syed Kamal Shah, Chief Executive Officer, Mr. L.K. Sharma, VP Sindh  
**Second Standing Row L to R:** Mr. Mudassar Hussain, Director Internal Audit, Col. (r) Malik Tariq Mahmood, Director Administration, Mr. Zahoor Ahmed Qureshi, VP-Punjab, Mr. Mohsin Bin Iqbal, Youth, Ms. Iqra Alam, Youth, Mr. Ruhul-Ameen, VP KP, Dr. Anjum Rizvi, Director PMD, Ms. Shazia Sultana, Manager HR, Ms. Asifa Khanum, Director MER

## SDP's Distribution of Rahnuma-FPAP During 2017





**Voice of the Voiceless**  
Committed to Changing LIVES

## SECTION 1



# Voice of the Voiceless

## Committed to Changing LIVES

Rahnuma FPAP, in the 65 years since its establishment, has achieved many goals. Time after time, the organisation has fought against the traditional opposition to FP (family planning) and convinced the government of Pakistan to include FP in its agenda. The ministry for popular welfare was established as a result of such efforts. There are many areas in which Rahnuma-FPAP's contribution has resulted in better policies and programmes at the national and provincial level. Our service delivery network, the largest NGO network in the country, upholds international standards in its work with the marginalized and vulnerable members of the local community. This annual report broadly focuses on Rahnuma-FPAP's work towards our ultimate aspiration, to fight against injustice, to become the voice of the voiceless. Some of the work documented below relates to life skilled based education, Sexual and Gender Based violence, Transgender people's rights, Youth and adolescent's SRHR rights, People with disabilities, People affected in disaster areas and situations, women, girl child, poor, secluded, and under-served communities.

Today's Pakistan is a hopeful place, where people are fighting with increasing determination to get their rights acknowledged. However, the people of Pakistan, especially minority groups, are often cast aside in favour of topics considered more urgent and pressing, like the ever looming threats to national security or the latest torrents of political instability. In such an environment, Rahnuma-FPAP strives to become the voice of the people, to make them aware of their rights, and give them the







Our approach is to broaden and empower women to strive for greater political, economic, social, and legal engagement at all levels

We started Poverty Alleviation Program in 2002, in partnership with Khushhali Microfinance Bank to boost our women empowerment program



courage and tools to demand the quality of life they deserve.

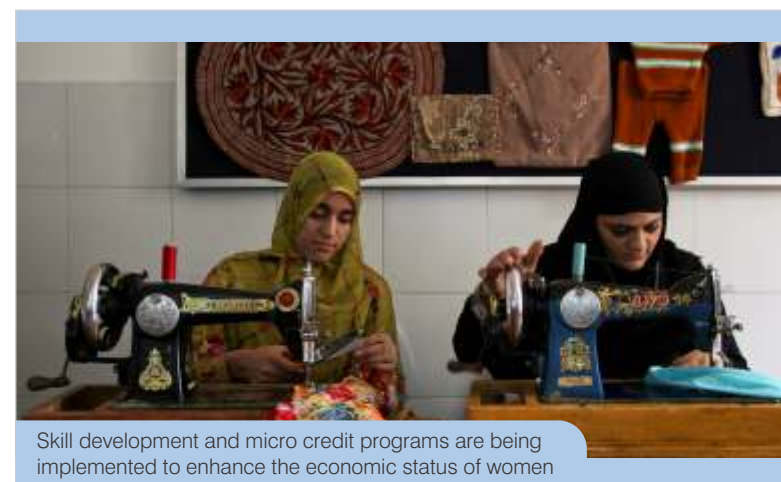
## Women Empowerment Program:

Rahnuma-FPAP, since its inception, has maintained an exclusive focus on women who account for more than 50% of the total population, they are still one of the most marginalized and oppressed sections of modern society. In 1978, Rahnuma-FPAP initiated a comprehensive women empowerment program and synergized it with SRH&R and Family Planning Program. Initially, the strategy was aimed at giving rights awareness to women to improve their decision-making capacity within the family. Afterwards, the approach was broadened to empower women to strive for greater political, economic, social, and legal engagement.

**Political:** Women were trained to effectively participate in the electoral process. In the last two elections, many graduates of this program were elected as councilors.

**Economic:** Skill development and micro credit programs are being implemented to enhance the economic status and earning potential of women. Women empowerment program is an important component of Rahnuma-FPAPs core program, and is currently implemented at fifteen locations in Pakistan. Under this program, three

Women Development Centres, called KATO Centres (named after their benefactor), at Haripur (1998), Quetta (2003) and Muzzafarabad (AJK) in (2005) were established. Initial funding was provided by the Embassy of Japan but for years now the project has been funded by the core fund provided by IPPF, as well as Rahnuma-FPAP's local income. These centres are custom made Vocational Trainings centres for skill building in indigenous and traditional crafts making. These centres have been established within existing Family Health Clinics to further strengthen the SRH&R services and referrals. These centres are also linked up with the micro-credit program which Rahnuma-FPAP is implementing in partnership with Khushhali Bank. KATO Women Development Complexes provides an effective platform for marginalized women from a variety of backgrounds to learn and



Skill development and micro credit programs are being implemented to enhance the economic status of women

market their skills, leading to an enhancement of their economic status. Economically empowered women are also better equipped to deal with issues like domestic violence/abuse.

Women Empowerment Program keeps expanding its outreach by reaching out to new districts in all five regions. Most recently, in 2017, a program designed to exclusively cater to young women was implemented. The aim was to create opportunities to empower young women in order to enhance their decision making skills and enable them to participate in mainstream development debates. Technical support in integrating and aligning different initiatives by other donor projects within the core women empowerment program was provided. Relevant resources and materials were developed. Furthermore, new opportunities for women empowerment were explored and proposals were developed. Following are the major highlights of this initiative:

- Strengthened three KATO Women Development Centers through core program and other donor projects, including SGBV & PAP, and provided additional resources to strengthen the program.
- Skill development training was provided to girls and women, linked with Kato Centers through SGBV project.
- Capacitated women were supported in acquiring loans for income generation activities.

- In addition, need based skills trainings were also conducted at all YRCs for young married girls, to empower them and to sensitize them to sexual and reproductive health concerns.
- A total number of 60 skilled women and young girls received the micro credit facility and established their home based/small scale businesses.
- They have made noteworthy contributions to increase the average monthly income of their families. An average monthly increase of Rs.1752 is observed during the year.
- A total number of 281 women and young girls reported that they are generating and controlling their own income. Moreover, these women and young girls have established connections with local employers and vendors for the future sustainability of their businesses.

## Poverty Alleviation Program for the marginalized:

Rahnuma-FPAP Poverty Alleviation Program was designed to help women achieve economic empowerment and has, over the years, worked on a large scale to bring about social development within the masses as well as construct poverty alleviation endeavours to improve the status of women and youth (details of PAP on page 38).





GBV survivors have been identified and mobilized to avail GBV (including SRHR) services through static clinic, mobile services and referral partners

Main objectives of youth & adolescent program are to include sexual reproductive health and rights related interventions in youth policies



## Supporting Survivors of Gender Based Violence (GBV):

A three pronged strategy was designed for Gender Based Violence Survivors; it included:

1. creating an enabling environment to address GBV
2. improving access to quality services
3. economic empowerment of women and girls

Implementation of the strategy yielded visible results within a year. A large number of GBV cases were identified and many survivors regained their self-confidence and self-assurance, which in turn improved their access to services.

Furthermore, engaging men and boys has proved to be an effective strategy to generate support to address GBV in the communities.

The key lessons learnt so far are:-

- Engaging men and boys through gender awareness sessions, theater performances and peer education work very effectively to enlarge the impact of project intervention to bring attitudinal change in communities.
- Economic empowerment activities are extremely meaningful in the project design,

as they not only serve as entry points to work with GBV survivors in these communities but also significantly contribute in the social empowerment of the GBV survivors and their access to services.

1,478 GBV survivors have been identified. These survivors have been mobilized to avail GBV (including SRHR) services through static clinic and mobile services and referral partners. They have been provided with GBV information through counseling, awareness sessions, and theater performances. These survivors were facilitated in economic empowerment through need based skill trainings and linkages with micro-credit programs. A referral mechanism has also been established for the social protection of survivors.

A comprehensive service delivery package was developed and printed with GBV training Manual for service providers. The main components of the package are screening, counseling, SRHR and other socio-legal services for SGBV survivors. 860 SGBV survivors and marginalized community members have been provided need based skill training. This training includes professional health and grooming, stitching, waving, kitchen gardening, honey bee farming. 349 GBV survivors with skill training have been able to acquire micro credit to initiate small scale businesses by applying learned skills.

## Youth and Adolescents

## Empowerment Program:

Rahnuma-FPAP Youth Empowerment Program aims to empower young people in Pakistan by building their skill sets and by providing them access to reproductive health services. Rahnuma-FPAP constantly works with policy makers to address the existing policy gaps, empowering youth to access SRHR information and services and to be involved in the very policy formulation and program implementation which has direct relevance to their life. The main objectives of Youth & Adolescent program are to include a Sexual Reproductive Health and Rights component in the youth policies of all provinces and add Life Skilled Based Education in school/ and college curricula, all in an effort to increase access to comprehensive, youth friendly, gender sensitive SRHR information, education and services. Youth and Adolescent program also addresses the issue of child marriage. One of its objectives is to advocate for the revision of age of marriage for girls from 16 to 18 and to make the law punitive enough to be effective.

Rahnuma-FPAP Youth and Adolescent Empowerment Program is in line with IPPF strategic direction and continues to work for increased access to SRH services by youth and adolescents. It also carries out policy advocacy to facilitate the same at a larger scale. The program has four target areas, which include: increasing access to an essential package of youth friendly SRH services, increasing access to

comprehensive, gender-sensitive, rights- based sexuality education, advocating for prioritizing the sexual and reproductive health needs of young people and empowering women through improved livelihood and Gender Based Violence (GBV) services. We have carried out following interventions for youth mainstreaming.



Increasing access to comprehensive, gender-sensitive, rights- based sexuality education for youth and adolescent





Youth Friendly Services Units (YFSs) have trained a large number of people including medical practitioners, youth champions, field workers and teachers

## Youth Friendly Services (YFS):

Rahnuma-FPAP Youth Friendly Services are an integral part of our youth and adolescent program since 2009, running at 14 selected locations across Pakistan. It is based on the standardized guidelines finalized through a long consultative process with the government of Pakistan, involving the Ministries of Education, Health, Population Welfare and Youth Affairs, along with local and international stakeholders (WHO, Plan International Pakistan, UNFPA, Rutgers/ WPF, Care International Pakistan, Aahung, Rozan, Sahil, Chanan Development Association, Rahnuma National Youth Network (RNYN). These Youth Friendly Services units (YFSs) have a well trained staff which includes medical practitioners and youth Counselors. Youth Friendly Services are located at an accessible but separate and secure space at all Family Health Hospitals (FHH). These YFSs are equipped with audio/video tools, documentaries and IEC material on youth and adolescent issues. These YFSs are truly youth and adolescent friendly as they are based on Rahnuma-FPAP's child and youth protection policy, no refusal policy, and youth SRH rights. Since the inception of the Youth Friendly Services (YFS) Program, we have conducted mobile camps that have served more than 11000 young people. Different training and awareness sessions were conducted on child marriage and LSBE with youth, parents, teachers and more than 9000 were sensitized to these issues.

## Youth Resource Centers (YRCs):

Rahnuma-FPAP's Youth Resource Centers are part of the adolescent and youth SRHR empowerment program and these YRCs are operational at 52 locations across Pakistan. These YRCs are an integral part of our other youth related interventions and are accessible through our website, dedicated toll free telephones, and physical approach/visits. These YRCs have well trained staff and a stock of equipment (audio/ video tools, IEC material, documentaries etc). At these targeted YRCs, different educational and recreational activities, including Youth SRHR awareness raising and sensitization, counselling sessions on GBV, LSBE, women empowerment etc., in-door games, and learning activities are carried out regularly. These YRCs are also linked with the Rahnuma-FPAP services delivery and referral network across Pakistan (with more than 100 Family Health Clinics (FHCs) and 09 state of the art Family Health Hospitals (FHHs) for referral and counselling.

Joint sessions by staff and youth volunteers on LSBE, GBV and women empowerment to educate young people, in an organized and comprehensive manner, are conducted at each YRC on a monthly basis, with 25-35 participants in each session. In 2017, more than 25000 young people were sensitized on these issues.

Toll Free

Youth Helplines

0800 44488

Operational all over Pakistan

Rahnuma-Youth Helpline (YHL) is another integrated but youth focused SRHR empowerment project operational in the six major cities of Pakistan. These helplines are mandated to provide SRHR awareness as well as sensitization and counseling services to young and adolescent population, and operated by a well trained staff of female counsellors. These Youth Help Lines have dedicated toll free lines and are accessible through online channels as well. These youth Help Lines (YHL) have a software generated MIS system for backup and referral purposes. This system not only ensures the privacy of the visitors but can also be used for report monitoring, analysis, and data validation purposes. The information about YHL is widely disseminated through promotional material, IEC and BCC material and the Rahnuma-FPAP website.

### Electronic & Mobile (E&M) Health:

The purpose of this E&M health is to develop radio adverts, text messages, and Facebook content providing young people with SRH information and education. Through M&E Health following milestones were achieved:

- Capacity building training on Youth Friendly Services was conducted for private practitioners.
- Developed Quality of Care Manual titled "How to Ensure Quality Youth Friendly and Reproductive Health Services", piloted at Service Delivery points.
- 30 trained services providers offer SRH services to young people with complete privacy, ensuring them of their confidentiality.

## Eliminating Child Marriage/ Adolescent Pregnancies:

Rigorous efforts were made to address the issue of Child Marriage through the core program and other donor projects, like Choices and "Pakistan Child Marriage (Prevention) Initiative-PCMI". More than 20,000 people, mostly young people or influential community members, were sensitized to the hazardous effects of Child Marriage. To this end, various techniques were adopted, including interactive theatres, awareness raising sessions and meetings with community gatekeepers. The number of indirect beneficiaries of SMS/ FM Radio messages, articles and other resource material is even larger. The continuous efforts of Rahnuma-FPAP, with its partners and networks, resulted in a debate amongst the policymakers which eventually led to the Punjab assembly passing an amended bill "the Punjab Child Marriage Restraint (Amendment) Act, 2015 in March 2015 which made the law more strict and punitive, however, the age issue of girls went unaddressed. The statement was presented to the provincial parliamentarians in another provincial level meeting of the advisory committee on Child Marriage, organized by R-FPAP in May, 2015. The parliamentarians solicited their fervent commitment to raise their voice in the provincial assembly to raise minimum age of marriage for girls.

A national level National Parliamentarians Caucus on Child Marriage was involved and they also expressed their commitment to the initiatives of the Sindh Assembly on Child Marriage in their respective regions. A Provincial level media workshop was also organized to augment the media reporting on child centred issues and to engage the media for lobbying against Child Marriage. 15 Youth groups of boys and girls have so far been developed to extend community mobilization and advocacy efforts at a district level on the issue of Child Marriage. A team from the Sweden National Office (Plan International) visited the PCMI project and expressed their satisfaction with the projects progress. Getting directions from PCMI project, another project with the support of Oxfam-Novib was also initiated, with a particular focus on Child marriage.





It is obvious from the findings and conclusions of the study that improving the situation of PWDs requires a concerted and long-term effort from all the stakeholders

We are targeting vulnerable groups to protect them from unsafe sexual behavior and promote safe sex practices, thereby reducing the risk of HIV&AIDS and other STIs



## Focus on Persons with Disabilities:

Rahnuma-FPAP engaged the Institute of Social Sciences (ISS) to conduct a research study to identify the different kinds of sources of SRH information available to Persons with Disabilities (PWDs), the assistance required and services available to and attained by PWDs to fulfil their SRH needs. The team also documented the perceptions, practices and attitudes of service providers, parents or immediate care takers and PWDs themselves, which makes them more vulnerable for access to SRH information and services. The study involved in-depth interviews and focus group discussions with a wide range of stakeholders involved with the rehabilitation and welfare of PWDs, including PWDs themselves, their parents, staff of institutions involved in the education and care of PWDs, SRH and public health experts, physicians, government officials, and disability experts and advocates, assessment of the existing attitudes of service providers regarding PWDs using an attitude scale, and semi-structured interviews of 104 PWDs. A Reference Group consisting of key stakeholders reviewed and made inputs into the research design and instruments, as well as the study report, and participated in the dissemination meeting of the report. The key findings of the study are summarized below.

The study identified many prevalent myths and misconceptions regarding SRH, disability and

PWDs (e.g. many PWDs attributed the infertility of a couple, the birth of a disabled child, the determination of the sex of a child, or a person becoming disabled due to God's will), and most PWDs and their teachers declared masturbation sinful and harmful to health. However, about one-fourth of PWDs, mostly young, attempted to provide scientific explanations for most of these SRH myths. The data clearly shows that sexual harassment takes place where PWDs live and/or study, that there is a definite increase in the reporting of harassment of PWDs in institutions during the last year, and that most cases are dealt with by the staff of the concerned institutions without informing or involving high ups. There is a limited awareness of the law regarding sexual harassment, which is limited to punishment for the harasser, without any knowledge for the need for a committee to deal with complaints. There is also a societal tendency to focus on the victim of harassment but not the perpetrator.

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

## Protecting the most Vulnerable: Truckers and Massagers

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

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

The second phase was to engage all the stakeholders, including the religious leaders, prayer leaders, public sector officials from relevant ministries, and representatives of various

segments of transport sector trade unions (truck drivers, managers of truck companies, lady health workers, massagers, female sex workers and hijras).

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

Through this project, more than two hundred local champions/peer educators were engaged and trained from local communities diverse groups among the truckers. They were provided with IEC material and involved in awareness and referral for diagnostic purposes. Keeping in view the action plan, more than two hundred local stakeholders including religious & prayer leaders, health functionaries, officials of law enforcement agencies, officials of local government were provided comprehensive orientation regarding HIV&AIDS, its mode of spread and prevention from HIV&AIDS.

Through this project, 55 Community Based Distributors (CBDs) were identified and provided orientation on HIV&AIDS. These capacity building initiatives enabled them to effectively sensitize their clients on HIV&AIDS related preventative measures and provide effective solutions. These CBDs include local shopkeepers/street hawkers-grocery shop owners, medical stores, barber's shops, tea shops. The supply of contraceptives is regularly replenished by dedicated field staff.





Our initiative is based on reducing the transmission of HIV&AIDS by improving health seeking behavior of FSWs by providing quality information and services

Through this intervention, 28 male and 9 female Jail staff and 180 female inmates were sensitized and made aware of their rights, including SRH Rights and protection against violence



## Protecting Female Sex Workers' Health:

The main focus of the project "Understanding Social Power and Dynamics among High Risk Groups and Piloting Specific Packages Using Innovative Approaches" revolves around working with female sex workers (FSWs), by involving them in awareness, advocacy of HIV/AIDS, educating them through trainings and workshops, in an attempt to make them aware of the AIDS pandemic. From situation analysis it was observed that sex work is widespread in the major urban cities of Pakistan. In Quetta there are a considerable number of mobile FSWs that walk streets and parks, while others are housed in scattered communities or, as in the case of the 'high class' FSWs, houses in posh residential areas. It has also been observed that the low literacy level among FSWs, the early ages of initiation into the trade, and the restricted lifestyles, all result in low self-esteem, lack of knowledge and information on major SRH issues (including STIs & HIV). These women also have poor access to quality health care services. Multiple sexual partners, low condom use and little perception of self-risk increase their vulnerability to the acquisition and potential for transmission of STIs and HIV.

The project was initiated with the goal of reducing the transmission of HIV&AIDS by improving the health seeking behavior of FSWs while simultaneously making quality information and health care services available to them.

During the project, 571 FSWs were registered whereas 450 FSWs were sensitized. Sensitization sessions on Sexual and Reproductive Health, STIs, and HIV and AIDS, condom promotion, domestic violence, drug abuse and information of services available at DIC etc. were provided to 439 FSWs by the peer educators.

A local NGO, working for the sex workers in Badami Bagh, Lahore truck terminal, was approached by Rahnuma-FPAP. Regular meetings were held with them on HIV&AIDS and STIs, especially for sex workers. On the basis of these orientation meetings, more than 40 LHV



Regular meetings were held with vulnerable groups to protect them from HIV&AIDS and STIs

and TBAs were trained on HIV&AIDS, STIs and family planning. Now, SHEED is effectively creating awareness on HIV&AIDS and unsafe sex among sex workers and the general public through their static clinics and TBAs. Rahnuma-FPAP also provided refresher training to their paramedic staff as well as a supply of contraceptives.

In the same area, there are three 'Traditional Healers' clinics opened in the daytime. They were also approached and provided orientation on HIV&AIDS. At later stage it is also planned to provide them referral cards to act as VCT referral. All the LHVs will also be provided referral cards so that they may refer cases to VCT centers. Seven billboards were prepared with messages regarding HIV/AIDS and installed in the project area. 3500 key chains and 1200 wallets were prepared with the message regarding "HIV/AIDS" and distributed during various orientation sessions. Posters with HIV/AIDS messages were also distributed and affixed at prominent places in the project area.

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

## Sensitizing Jail Inmates:

Rahnuma-FPAP reached out to women in Lahore Jail to generate discourse with the victims of gender based violence and domestic violence. There were spirited discussions in favour of setting up shelters, crisis centers, counseling centers and legal aid centers. The purpose of this intervention was to make a direct contribution to the prevention of domestic violence. The activity, aimed at tackling domestic violence by promoting the respect of human rights, helped sensitize the women inmates and management at the Lahore Jail as well as the public at large, asking them to advocate for change, challenge the acceptance of violence, and empower victims of domestic violence through information sharing.

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





Training Session held in KP for Rescue 1122 on implementation of Minimum Initial Service Package (MISP) for SRH in crisis

Rahnuma-FPAP reached out in the disaster hit Tharparkar with medical and nutritional assistance for the community, especially mothers and children



## Reaching Out to People Affected by Disasters and Emergencies:

Rahnuma-FPAP launched the SPRINT II initiative to improve health outcomes in crisis affected populations by reducing preventable sexual and reproductive health mortality and morbidity as it is an effective way to save lives, if implemented at the onset of an emergency. Neglecting sexual and reproductive health (SRH) in emergencies has serious consequences, such as preventable maternal and infant deaths, unwanted pregnancies, and subsequent unsafe abortions. The MISP is a set of priority activities designed to prevent excess maternal and neonatal mortality and morbidity, reduce HIV transmission, prevent and manage the consequences of sexual violence and plan for comprehensive SRH services. The specific objectives of this project were to create a favourable policy & funding environment, increase support of SRH in crisis settings and to increase the national capacity to coordinate the implementation of the MISP in humanitarian settings.

Rahnuma-FPAP played an important role in integrating MISP RH Support to SPRINT implementation and provided technical assistance/capacity building to integrate the MISP in national policies. We conducted meetings at both national and provincial levels with NDMA and PDMA. Four day ToTs were

organized in which participants from the public sector, NGOs, INGOs and UN agencies were all trained. These trainings were intended for SRH coordinators from local and international organizations, including UN agencies and government representatives working in the area of health, SRH, emergency preparedness, disaster management and situations of forced displacement. These sessions included class room lectures, brainstorming, and group work, including practical exercises. Five training sessions for trainers were also conducted in collaboration with UNFPA, NHEPRN and Health Services Academy at Islamabad and Peshawar. These sessions were attended by 122 participants from NHEPREN, HSA, UNICEF, UNFPA, NATPOW, Save the Children, and different NGOs. The overall goal of the trainings was to increase the coordination and



Training sessions were also conducted to train staff of Rescue 1122 in KP province

implementation skills of Sexual and Reproductive Health (SRH) Coordinators and managers. The skills and evidences delivered through these trainings have the capacity to be used as advocacy tools to mainstream SRH into emergency preparedness plans and humanitarian responses.

### Extending SRH Services for Awaran District:

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

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

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

## Emergency Health Services for Thar Desert of Sindh Arid Zone:

Rahnuma-FPAP reached out in the disaster hit Tharparkar with medical and nutritional assistance for the community, especially mothers and children. The Rahnuma-FPAP team worked to immunize them against disease, promote healthy breast feeding, monitor the growth of children, providing preventive medication to women, especially in the antenatal period, and provide comprehensive family planning services. The other objective was to control communicable diseases common in drought hit areas such as malaria, diarrhea, acute respiratory infections, typhoid, viral hepatitis, cholera and other similar ailments.



**Progressive Policies**  
Advocating for Change

## SECTION



# Progressive Policies

## Advocating for Change

Rahnuma-FPAP focuses on improving and expanding access to sexual and reproductive health and rights for the people of Pakistan. In addition to providing critical on-site services, our organisation works closely with government institutions to advocate for improved social policies. We facilitate the capacity building of government officials and important decision makers, sensitising them to the issues at hand and providing advice on how they can better utilise their positions as committee and task force members to make positive change.

Rahnuma-FPAP, among other civil society partners, played a key role in developing the 2002 National Population Policy and 2010 draft National Population Policy.

It has become the sole responsibility of the provincial government after transfer of the federally controlled Population Welfare Programme to the provinces in the wake of the 18th Constitutional Amendment in 2010.

Rahnuma-FPAP, being the largest NGO with a presence in all provinces and regions, again played an important role in developing these policies. Following is the province wise policy analysis.





## Punjab Population Policy 2017

The province of Punjab, with a land mass of 25.6 percent of Pakistan, is home to more than 50 per cent of the country's population. Population density at present is estimated at 490 persons/sq. km. with a net annual estimated addition of 2.2 million people per year. The annual growth rate of 2.05 per cent implies that if the current trend is maintained the population of Punjab will double in the next 36 years.

The recently adopted Punjab Population Policy is broadly based and envisions a prosperous and healthy society where every family is planned, every member is nurtured and all citizens are provided with the opportunity and choice to attain improvement in the quality of their lives. It provides a framework for advancing goals and prioritising strategies to meet the reproductive and child health needs of the people, and to achieve replacement fertility levels by 2030.

The policy framework is based upon the need to address issues of contraception and, in the process, change societal fertility behavior and norms, reduce maternal and infant mortality, while also simultaneously increasing outreach and coverage of a service package of reproductive, maternal and child healthcare.

The Punjab Population Policy 2017 adheres to four basic principles to achieve its goals (equity, efficiency, volunteerism, and sustainability). It reaffirms the national commitment to achieving universal access to reproductive health, and to raise Contraceptive Prevalence Rate (CPR) to 50% by 2020. It confirms the pledge to develop a sector strategy for family planning promotion and deliverance. A combined Health Sector Strategy has been formulated with interventions for family planning and reproductive health. PWD Punjab is involving doctors and Lady Health Visitors from the private sector in an effort to make birth spacing services available at private health facilities, thereby increasing access to family Planning.

The short term objectives of the Policy to be achieved by 2020 are as follows:

- Lower wanted family size to 2.5 by 2020 through an effective communication and education programme focusing on small family size and its relationship with human welfare and environmental security.
- Actively promote the three messages related to Healthy Timing and Spacing of Pregnancy (HTSP) to reach out all women by 2020.
- Ensure necessary contraceptive security at all service delivery outlets for 2015-20.
- Achieve a fertility level of 3.3 births per woman by 2020.

### Long Term till 2030:

- Ensure universal coverage and improve access to safe and quality family planning and reproductive health services to the most remote and far flung areas of the Province by 2025.
- Raise contraceptive prevalence rate to 60 per cent by 2030.
- Strive to attain replacement level fertility of 2.1 births by 2030.

## Sindh Population Policy 2016

This population policy is strongly committed to the voluntary character of the pursuit, equity and fairness in the provision of services and the right to information and services, with choice of methods to manage the fertility. This policy at the very outset asserts and reaffirms timely completion of fertility transition in the face of emerging demographic realities. It dwells on the unanimous agreement among all stakeholders that 'Every Birth be Safe and Every Pregnancy Wanted'. This approach poses confidence in repositioning family planning within a holistic framework of socio-economic development of the province. It recognises that fertility decline contributes to improvement in maternal health and child survival. It focuses on the concept of 'Healthy Timing and Spacing of Pregnancies' (HTSP) to revitalise family planning as a birth spacing initiative. The policy equally recognises International Commitments (ICPD, MDG, FP2020 and now SDG 2030), and right based approaches to end poverty in all its forms and supports reproductive health care, including family planning, as a fundamental human right. It values the rights of women by treating them as individuals and active agents (UNFPA, 2012). As such, it must be ensured that all women and men who require services receive it with ease, according to their choice and needs. Equity in access to services remains a major issue, one which calls for the public sector to proactively reach out to the vulnerable and poorest of the poor through its infrastructure. Pakistan has committed at the London FP Summit in 2012 to achieve universal access to RH and to raise CPR to 55 percent by year 2020, which was later revised to 50%.

The Population Policy pursues the vision, from the provincial level down to the district and lower levels, for direct and determined action, coordination and collaboration with all stakeholders in promoting the universal concept of family planning for the welfare of the society as a whole. The policy envisions a coordinated and multi-sectorial approach. The Population Welfare

Department will steer the family planning efforts in Sindh and impress upon the need for multi-sectorial support to effectively implement the population policy and highlight well considered investment in youth and women to enable the province to reap the benefits of demographic dividends. The Health Department, being the main pillar of support under the renewed resolve, and other stakeholders already mentioned will make significant contributions to advance the cause enunciated in the policy. The implementation mechanisms include five year plans in accordance with policy objectives. Thus, the Costed Implementation Plan (CIP) is the first five year plan to materialize the population policy. Subsequent five year plans will be prepared accordingly. The CIP was approved by the Honorable Chief Minister Sindh. The Policy stresses upon the private health sector to include and enhance the provision of family planning services. This may include accreditation of non-program outlets, consolidation, up-gradation and relocation of outlets by moving them closer to the target population.

Sindh Population policy 2016 aspires to enhance CPR from 30 % in 2015 to 45 % by 2020, achieve the replacement level fertility i.e. 2.1 births per woman by 2035, achieve universal access to safe and quality reproductive health/family planning services by 2020, and increase access to family planning and reproductive health services in the most remote areas of the province by 2017. It also stipulates to increase efforts to reduce unmet need for family planning from 21 to 14% by 2020, attain a decrease in fertility level from 3.9 (2013) to 3.0 births per woman by the year 2020 and ensure contraceptive commodity security up to 80% at all public service outlets by 2018.



## Khyber Pakhtunkhwa Population Policy 2015

The population of Khyber Pakhtunkhwa was 17.73 million in 1998, estimated to be 25 million in 2013 and projected to touch a 34 million mark by 2030. It is growing at 2.3% of annual growth and expected to double in 32 years, with a current density of 238 persons per square kilometer. The population projection exercise carried out over a longer timeframe under different scenarios further illustrates the difference fertility change can make on the population size, age distribution and various related outcomes, besides the effect of rapid urbanization. The evidence from PDHS 2012-13 and Pakistan Economic Survey 2008-09 clearly shows that Khyber Pakhtunkhwa, with its fertility rate of 3.9 and low contraceptive prevalence rate of 28%, lags behind in achieving various targets. The factors that have contributed to this slow pace of progress are the continuing low literacy rates, particularly among women in the province, fluctuating political support, rising poverty, limited accessibility, persistent sense of insecurity, mounting inflation and recurrent natural calamities.

The government of Khyber Pakhtunkhwa recognizes the wide spread cross-cutting effect and influence of population management on the overall development of the province and wishes to implement a focused population policy with the aim and object of striking a balance between population and resources consistent with the development goals. It affirms the centrality of fertility decline to achieve the policy objective through timely completion of replacement level fertility (2.1 births) by 2032. The Policy aims to harness the benefits of demographic dividend by making family planning a vital component of the essential service package to maximize its availability, as elucidated in the previous section. The policy promotes family planning and repositions it within a holistic framework of socio-economic development of the province, in order to bring down population growth rate to a level that facilitates the development process and its pace. Moreover, Pakistan, by virtue of its

international commitments (ICPD, MDG/SDG and FP2020), has endorsed family planning as a human right. The gravity of the issue strongly calls for political will and effective ownership of family planning by all stakeholders including Health Department to support coverage and accessibility, strengthen accountability and governance structure for efficacious results and to meet various international and national commitments made by Pakistan, especially FP2020 and SDG 2030.

The Policy 2015 envisages to promote a prosperous, healthy, educated, and knowledge-based society where every pregnancy is planned, every child is nurtured and cared for, and all citizens are provided with an opportunity and choice for improved quality of life as per their aspirations.

### The Population Policy seeks to:-

- Attain replacement level fertility through enhanced voluntary family planning.
- Promote family planning as a Reproductive Health Right, based on informed and voluntary choice.
- Reduce unmet need of contraception and unwanted pregnancies through universal access and improved quality of family planning services.
- Adhere to the requisites for 'demographic dividend' for economic growth by making investments in child survival, reproductive health and prioritising education, especially female education.

### Medium Term Objectives:

Achieve universal access to safe and quality reproductive health/family planning services by 2020. Increase Contraceptive Prevalence Rate (CPR) from the existing level of 28% to 42% by 2020. Raise modern CPR from existing level of 20% (PDHS 2012-13) to 28% by 2020. Reduce unmet need for family planning from existing level of 26% (PDHS 2012-13) to 15 % by 2020.

### Long Term:

- Raise contraceptive prevalence rate from 28% in 2012-13 to 55% by 2032.
- Decrease total fertility rate from 3.9 in 2012-13 to 3.3 births per woman by 2020
- Attain replacement level fertility (2.1 births per woman) by 2032.
- Reduce Annual Population Growth Rate from 2.2% in 2013 to 1.3% by 2032.
- Encourage increased investment for acceleration of female education and empowerment to facilitate attainment of population sector objectives.

**The Policy adheres to five basic principles to achieve its goals:** equity, efficiency, right-based voluntary services, sustainability and safety of workforce (in the specific context of the tense security situation of Khyber Pakhtunkhwa). The Policy focus would broaden the sphere of services to target sections of the population with an unmet need of contraception, new users, especially first time mothers, low parity women, and to promote continuous users by reaching out to women and men with accurate motivational information, with massive competency training of service providers in counseling and management of contraceptive services with care and understanding. The implementation of such ambitious policy seeks an environment that contains five basic elements:

- 1) KP government to recognize 'Population' as priority area by reflecting the same in the provincial integrated development framework,
- ii) Firm political commitment to support Population Policy and its Agenda,
- iii) Sustain comprehensive long term 'Plan' to achieve 'Demographic Dividend' as already explained,

- iv) Ensured adequacy in resource availability, with timely releases; and
- v) Effective monitoring of progress against outcomes and overall objectives. It is reiterated that inter-sectorial linkages are significant to actively engage and secure assistance from different sectors, including education, health, nutrition, agriculture, technical training, and water and sanitation, to provide inroads to family planning. Population Welfare Department will provide information, counseling, population education, and accessible contraceptive services for birth spacing, especially to young married couples to reduce high risk fertility behaviors. Pre-marriage counseling modules will be developed and innovative measures taken to introduce and promote this practice. Advisory Call Centers will be established to respond to questions and queries from adolescents and youth regarding planned and healthy family life and sources for access to services.

- As per population of Pakistan 2017 census, the current population of Pakistan is 207,774,520.\*
- Pakistan population is equivalent to 2.63% of the total world population.
- Pakistan ranks number 6 in the list of countries by population.
- The population density in Pakistan is 260 per Km<sup>2</sup> (675 people per mi<sup>2</sup>).
- The total land area is 770,880 Km<sup>2</sup> (297,638 sq. miles).
- 39.5 % of the population is urban (79,279,647 people in 2018).
- Courtesy: <http://www.worldometers.info/world-population/pakistan-population>

\* www.pbs.gov.pk



## SECTION 3



The term 'Social Enterprise' is used to describe an organization or a business unit within an organization that uses entrepreneurial methods (for example, the sale of specialized services or products) to generate funds with an intention to finance activities that enable the organization to fulfil its social mission. The demand for many health services, including contraception, is growing. The role of the social enterprise - businesses created to achieve a social goal is increasingly recognized by donors and impact investors as an effective way to provide goods and services through a country wide network of service delivery infrastructure.

To this end, Rahnuma-FPAP is able to utilise its extensive infrastructure to construct a social enterprise model. To provide some background, the operation is based out of a Head Office in Lahore which manages 5 Regional offices located in every province. Those 5 regional offices are equipped with 15 program offices which assure quality services, delivery through 9 hospitals, 97 family health clinics, 11 mobile units, 30 associated clinics, over 2,564 community-based distributors, 2,509 private physicians, 52 youth centers and six toll free youth help/counselling lines and 14 youth friendly spaces. In addition to a complete range of sexual and reproductive health and safe motherhood services, Rahnuma-FPAP provides a range of family planning (FP) services across Pakistan. Rahnuma-FPAP is thinking big to chase FP2020 goals and other International commitments.

Rahnuma-FPAP is escalating and imitating successful social enterprise models to amplify impact, promote sustainability and foster economic growth. Access to affordable, quality health care for millions of people around Pakistan remains in jeopardy because of the scarcity and unpredictability of global FP & RH financing. Rahnuma-FPAP use innovative social enterprise models to meet the sexual and reproductive health needs of poor and vulnerable communities, particularly women and girls.







Under Catalytic Fund, Rahnuma-FPAP franchised 70 health care establishments in Punjab, AJK and KP province

We have a no refusal policy, in place thus the provision of SRH services are not denied on the basis of inability to pay



### Why create a social enterprise?

- Achieving universal access to sexual and reproductive health services by 2030 is a smart investment and best buy in development.
- Despite the proven returns on investment, sexual and reproductive health is grossly under-funded. Mobilizing increased finances is crucial to secure universal access to sexual and reproductive health, which is enshrined in the Sustainable Development Goals. Innovative social enterprise models can play a key role.
- Private consumers in developing countries pay more than anyone else for their own sexual and reproductive health. 82% of IPPF's clients are poor and vulnerable.

### Rahnuma-FPAP Innovative Social Enterprise Models:

1. Social Enterprises and Franchises
2. Commercially successful Hospital i.e. Islamabad and Gilgit
3. Poverty Alleviation Project extended to women and girls
4. Operationalization of Rahnuma Training Institute in Lahore, Peshawar and Quetta

### Social Franchise:

Traditional social franchising programs have been very successful in expanding access to a specific health service through an existing healthcare provider. However, health care markets are becoming more sophisticated and donors are increasingly focused on exploring greater financial sustainability in social franchising. Under Catalytic Fund, Rahnuma-FPAP franchised 90 health care establishments in Punjab, AJK and KP province. Rahnuma-FPAP was responsible for the branding of these LHV based clinics and the enhancement of SRH service provision. In this endeavour, the focus has remained on FP/RH service provision and cross subsidization which has thus far generated a great impact. Rahnuma-FPAP quality assurance doctors regularly pays visits to ensure the quality of services and FP commodity supplies.

### Commercially Successful Hospitals:

Rahnuma-FPAP has a no refusal policy, under which the provision of SRH services are not denied to the clients on the basis of inability to pay. Some of Rahnuma-FPAP Service Delivery Points are also not only self-sustained but also generate profits to spend on other clinics in under served areas. Family Health Hospitals in Islamabad, Gilgit, Kohat and Turbat are all generating reasonable local incomes. At present, the remaining hospitals are also making their best efforts to become self-sustained.

### Success Story:

The Family Health Hospitals (Islamabad & Gilgit) grew from humble Model Clinics to become the full-fledged hospitals they are today. These financially sustainable institutions provide quality SRH & FP services around the clock, boast modern diagnostic facilities, qualified staff, well known visiting consultants and on panel of various renowned departments/organizations.

These hospitals are a result of the efforts made by a closely knit team of volunteers and management officers. Both Family Health Hospitals (FHHs) were established with the financial assistance of KfW/Germany in the years of 2001 (Islamabad) and in the year of 2003 (Gilgit) respectively and are now providing comprehensive SRH services and also advance primary and secondary health services.





FHH Islamabad caters emergency, outpatients, indoor services, safe motherhood, FP, general medicines, general & reconstructive surgery etc.

FHH Gilgit provides quality SRH/FP & general services around the clock to the poorer communities of Gilgit & its surrounding areas



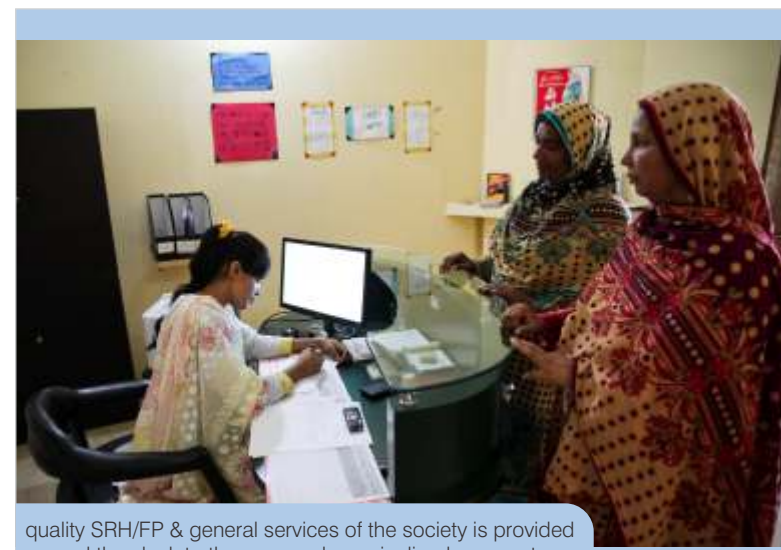
## Family Health Hospital (FHH), Islamabad:

Since May 2001, Family Health Hospital Islamabad has provided quality SRH/FP & General services around the clock to the poor and marginalised segments of the twin cities (Islamabad & Rawalpindi). The services offered by FHH are Emergency, Outpatients, Indoor services, Safe Motherhood, Comprehensive Family Planning, Paediatrics, General Medicines, Surgeries, Reconstructive Surgery, Orthopedics, ENT, Counseling, Dental Surgery and Speech Therapy. The available facilities are Labor Rooms, Operation Theatres, Laboratory, Ambulances, Radiology, CTG, ECG, ETT, ECHO, Blood Bank, EPI, Pharmacy & Cafeteria. The above cited services are being provided to the clients through qualified staff supplemented by visiting well known consultants. The organisational No Refusal Policy applies to all the services offered at this location.

It is worth mentioning that a team of French doctors visit FHH twice in a year to conduct reconstructive surgeries for burn victims/acid survivors under Smile Again Project of Medicines du Monde (MDM).

Family Health Hospital (FHH), Islamabad has been financially self-sustained since 2010 (operational & personnel costs are met from local income). FHH attained financial sustainability gradually, by increasing its number of clients,

engaging visiting reputed consultants, attracting various panel organizations, up-grading FHHs services, improving facilities & infrastructure, devising and ensuring internal control mechanisms, building staff capacity, and strengthening referral mechanisms with other hospitals/service providers. Special attention was paid to maintain client satisfaction, by inviting various stakeholders in major activities i.e., Parliamentarians, Policy Makers, Govt. Officials, Volunteers, Youth, Partner Organizations, Media, and Religious Leaders etc. The hospital has been visited not only by DG-IPPF in the year of 2012 but also various foreign delegates, who also visited and expressed their satisfaction with the services and facilities being offered at the hospital.



quality SRH/FP & general services of the society is provided around the clock to the poor and marginalised segments

## Family Health Hospital (FHH), Gilgit:

The Family Health Hospital Gilgit was initially a doctor based Model Clinic, first established in 1988 under project "Family Planning on the Roof of the World". The site was converted into a hospital in 2003, with the financial assistance of KfW, Germany.

The hospital provides quality SRH/FP & General services around the clock to the poorer communities of Gilgit & its surrounding areas. The services offered by FHH are Emergency, Outpatients, Indoor services, Safe Motherhood, Comprehensive Family Planning, Paediatrics, General Medicines, General, Eye, Orthopedics and Counselling. The available facilities are Labor Rooms, Operation Theatres, Lab, Ambulance, Radiology, CTG, ECG, EPI, Pharmacy & Cafeteria. The above cited services are being provided to the clients through qualified staff supplemented by visiting well known consultants. The organisational No Refusal Policy applies to all the services offered at this location.

Family Health Hospital (FHH), Gilgit first attained financial sustainability in 2015. FHH attained financial sustainability gradually by increasing its number of clients, engaging visiting reputed consultants, attracting Jubilee Insurance, up-grading FHHs services, improving facilities & infrastructure, devising and ensuring internal

control mechanisms, building staff capacity, and addressing advocacy/advertisement of FHH services, paying special attention to the aspect of client-satisfaction.

The hospital has been visited by the Chief Justice, Supreme Appellate Court, GB, Deputy Speaker, GB Assembly, Chief Secretary, Secretary & Director Health, Government of GB, as well as teams of foreign delegates.



Services offered by FHH GB are Emergency, OPD, Indoor services, Safe Motherhood, FP, General Medicines, ENT, Orthopedics etc.





Poverty Alleviation Program is being implemented at 34 locations with further expansion in future. The program has served 225,453 women, men and youth at 32 locations across the country

We have engaged a diverse and talented pool of experienced and highly skilled professionals, fully capable of tailoring training packages as per specific customer's requirements



## Poverty Alleviation Program:

Rahnuma-FPAP Poverty Alleviation Program was created to economically empower women and, over the years, has been a major tool for the social development of the masses and the overall improvement of the status of women and youth in the country. Rahnuma-FPAP first started Poverty Alleviation Program in 2002 as Alliance Partner with Khushhali Microfinance Bank Limited to boost its Women Empowerment program, purely from a rights perspective, with a three-fold objective;

1. Reducing poverty,
2. Empowering women to express their views in decisions directly affecting their lives, and
3. Enhancing their access to reproductive health and family planning services.

Since its inception, the program has been strengthened through linkage with Core Program of Rahnuma-FPAP and integration with other projects, all to provide maximum benefits to the community.

As a part of the Poverty Alleviation Program, awareness is raised on the issues of women's rights, human rights, family planning, and sexual and reproductive health and rights. FP and SRH discussions are a regular feature during the orientation sessions and additional awareness

raising sessions are regularly conducted in PAP working areas. Beneficiaries are also provided services of CYP, FP, SRH and general health through free medical camps set up within communities.

At present, the program is being implemented at 34 locations and is planning future expansion. The program has served 225,453 women, men and youth at 32 locations across the country so far.



Under poverty alleviation program, awareness is raised on the issues of women's rights, human rights, FP and SRH&R

## Rahnuma Training Institutes:

Rahnuma Family Planning Association of Pakistan (Rahnuma-FPAP) strongly believes in the necessity of capacity building for its own volunteers and staff. For about sixty years, the organization has spent substantial finances on outsourcing training to other organizations as it did not have its own training facility, in spite of the prevalence of skilled trainers.

Similarly, there are a number of Govt. Departments, Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs) and Civil Society Organizations (CSOs) in Pakistan who, while believing in capacity building of their staff, do not have significant training experts or the infrastructure to facilitate training, meetings, and workshops. This situation forces these organizations to hire consultants and organize events in hotels, for which these organizations then end up having to pay huge amounts in expenses, planned and miscellaneous.

Such places often do not have a training-friendly environment and cannot properly conduct hands on skill based training sessions. Subsequently, Rahnuma-FPAP felt a strong need for an affordable training facility which could be outsourced to interested public and private entities while also addressing the training needs of the owner organization. Rahnuma-FPAP invested in the Rahnuma Training Institute (RTI) within the premises of its own Family Health

Hospitals in Lahore, Peshawar and Quetta, these locations fully equipped and versatile enough to cater to the distinct challenges of large scale training. RTI Lahore has two large training halls with an option to merge both to create larger seating capacity, executive conference rooms, rooms for group work, rooms with training tools/kits/modules etc. There are accommodations available with standard rooms, executive rooms, dining halls, canteen, and office rooms etc. To design, arrange and deliver the training programs, Rahnuma-FPAP has hired a diverse and talented pool of experienced and highly skilled professionals, fully capable of tailoring Training Packages as per specific customer's requirements.

RTI has established a long list of satisfied & regular customers over a period of time including DKT, Care International Pakistan, Greenstar Social Marketing, Plan International Pakistan, IRC, Aahung, ECO-Trust, Media Foundation, CHS, AKH Resource Center, ISCEA Pakistan, Mercy Corps, White Ribbon Campaign, Godh, UNFPA, Save The Children, PWD and Research & Development Solutions etc. Knowing the scale, scope and utilization of RTI, these RTIs have generated a handsome amount of income from external and internal customers.

All of the four Social Enterprises models mentioned above are generating a strong social impact and creating a growing income to sustain many Rahnuma-FPAP interventions and programs and allow us to chase our long term development goals.



## Unity is Strength

Networks and Partnerships

# SECTION 4



## Unity is Strength

### Networks and Partnerships

Not so long ago Pakistan civil society was fragmented. Each and every one of the organization liked to work in isolation. There was a sense of insecurity about sharing their work with other organizations. The fear was that they will be deprived of their due credit and bigger organizations will claim credit for their work. The feeling, whether it had basis or not is hard to say, was keeping everyone separate and on guard. The end result was that nothing major was getting done. The wheel was being reinvented over and over again and everyone would exhaust their time and resources in similar activities and no one was making any substantial progress. The material developed was closely guarded, researches were not shared unless a proper launch of the study took place making it absolutely impossible to make any false claims on the hard work of the researchers or the organization. There were networks and coalitions but the individual organizations were always suspicious of joining hands in the true sense of the word.

This continued for a while till a few big organizations realized how self-defeating this whole affair has become. These advocacy organizations, Rahnuma-FPAP being one of them, go together and formed a group. The group worked together to influence major changes at the policy level and succeeded. The success was the actual convincing factor that changed the trend. Now all organizations realize that importance to due credits and collective advocacy. The government too went through this transition with the civil society. There was a time when the government was not so comfortable working with the CSO but now public private partnership is accepted and promoted by all major department.

Now that we have started working together. It is only a matter of time that we will reach our goals and achieve our missions getting closer to our vision every day.

Rahnuma-FPAP is blessed with a large number of partners who work with them and provide them the support they need to change the lives of the people for the better. Some of these partnerships are listed here.







Rahnuma-FPAP is an active member of various public and private sector task forces, technical committees, working groups, delegations and technical boards at national and provincial levels

Govt. of Pakistan has constituted a Technical Working Group on SDG 3 and 5 and invited Rahnuma-FPAP to be part of the Group



## Public Sector Engagement:

Rahnuma-FPAP works in close partnership with federal and provincial governments, and UN Systems. Over the years, Rahnuma-FPAP has been an active member of various task specific technical committees, working groups, task forces and technical boards on important priorities and international commitments (SDGs, FP 2020, CEDAW, MDGs, ICPD PoA etc). Rahnuma-FPAP is part of the Ministry of Planning, Development and Reforms, Government of Pakistan's Technical Working Group on SDGs (3 & 5), Ministry of National Health Services, Regulations and Coordination's FP 2020 Country Engagement Working Groups,

Ministry of National Health Services, Regulations and Coordination's Reproductive Health Working Group on MISP under National Health Emergency Preparedness and Response Network (NHEPRN), National Commission on the Status of Women (NCSW's) Technical Working Group on SDG (5), Punjab Government's Task Force on Population and Health, Punjab Commission on the Status of Women (PCSW's) committee on SRH and FP specific provincial goals and indicators, and Government of Sindh's Family Planning Working Group to oversee the implementation process of CIP and FP 2020 commitments etc.



Rahnuma-FPAP was unanimously elected as FP 2020 focal for CSO in 2017

## Technical Working Group on SDGs (3 & 5):

Ministry of Planning, Development and Reforms, Government of Pakistan formed a Technical Working Group on SDGs (3 & 5), which is mandated to formulate Pakistan specific targets and indicators. Prior to finalization of SDGs, Rahnuma-FPAP closely worked with Ministry of Planning, Development and Reforms (Planning Division), on the proposed SDGs Country Framework and was successful in getting solid pledges from Government of Pakistan through a Pakistan Position Paper presented in UN Session on SDGs (Rahnuma-FPAP was part of the Government of Pakistan Delegation). In post SDGs finalization process, Government of Pakistan officially endorsed and launched SDGs in Pakistan in 2017 and constituted various technical working groups. The Ministry constituted a Technical Working Group on SDG 3 and 5 and invited Rahnuma-FPAP to be part of the Group.

## FP 2020 Country Engagement Working Groups (CEWG):

The Government of Pakistan, through Ministry of National Health Services, Regulations and Coordination, constituted FP 2020 Country Engagement Working Groups (CEWG). The group is a broad based decision making and coordination body represented by all Federal and Provincial Health and Population Welfare Departments/Ministries including those in AJK and GB, INGOs, CSOs and the private sector (Rahnuma-FPAP and MSSP are representing CSOs in CEWG). The mandate of the FP 2020 Country Engagement Working Group is to coordinate and strengthen the role of provincial Health and Population authorities to deliver their pledges, made in line with FP 2020 Commitments. The Group meets regularly and has taken major steps to strengthen the role of provincial Population and Health departments, in line with FP 2020 Commitments.



We have also signed MOUs, Working Agreements with the following Public Sector Partners.

- Memorandum of Understanding between Population Welfare Department & Rahnuma-FPAP
- Memorandum of Understanding between Punjab AIDS Control Program Primary & Secondary Health Care Department Government of Punjab
- Memorandum of Understanding between Punjab AIDS Control Program Primary & Secondary Health Care Department Government of Sindh
- Memorandum of Understanding among CSE Task Force members to bring forward collective Advocacy efforts for Inclusion of Comprehensive Sexuality Education in Provincial and National Educational Curriculum.
- Memorandum of Understanding between Population Association of Pakistan and Rahnuma-FPAP
- Memorandum of Understanding between UNFPA and Rahnuma-FPAP
- Memorandum of Understanding between National Institute of Population Studies (NIPS) and Rahnuma-FPAP
- Memorandum of Understanding between National Health Emergency Preparedness and Response Network, MNHRC, Government of Pakistan and Rahnuma-FPAP
- Memorandum of Understanding between KPK 1122 Rescue Services and Rahnuma-FPAP
- Memorandum of Understanding between NCSW and Rahnuma-FPAP



More than 100 MNAs, Senators, MPAs and MLAs have pledged to advocate for our mission

## National Parliamentarian Caucus:

The National Parliamentarians caucus, one of the largest parliamentarians Caucus in Pakistan, (as it has more than 110 MNAs, Senators, MPAs and MLAs as its members), has pledged to work with Rahnuma-FPAP's mission. Some of the prominent members of the caucus are, Begum Zakia Shah Nawaz, Minister, Ms. Kiran Dar, MNA, Ms. Sadia Sohail Rana, MPA-Punjab, Ms. Uzma Zahid Bukhari, MPA-Punjab, Ms. Shehla Raza, Deputy Speaker, Sindh Assembly, Ms. Mehtab Akbar Rashdi, MPA-Sindh, Mrs. Nusrat Sehar Abbasi, MPA-Sindh, Ms. Uzma Khan, MPA-KPK, Mr. Zia Ullaha Khan Bangash, MPA-KPK, Ms. Rahila Durrani, MPA-Balochistan etc. These parliamentarians have played their role to advocate, help bridge gaps in policies, introduce necessary legislation on social issues including law against child marriage, marriage with Quarn, Vani & Sawara, and domestic violence etc. Rahnuma-FPAP organized various consultative events to sensitize these worthy members on SRHR, FP, GBV, ICPD, FP 2020 etc. They also pledged to review the policies of their respective governments on health, population, youth and women development.

The main objectives of the National Parliamentarians caucus are to advocate for stronger policy concerning Sexual and Reproductive Health (SRH), maternal and

We reactivated and expanded PAPAC membership base across Pakistan while enlisting very committed new members, such as Care International Pakistan



neonatal health (MNH) issues and needs of adolescent girls and young mothers. The members of the caucus are champions for the empowerment of these disenfranchised adolescent girls & young mothers at all social, political and policy forums.

## Pakistan Alliance for Post Abortion Care (PAPAC)

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

In June 2014, a new steering committee comprising of 11 members, including Ipas, Shirkat Gah, Marie Stopes Society, Population Council Pakistan, Jhpiego, Packard Foundation, Green Star Social Marketing, Midwifery Association Pakistan, NCMNCH and Rahnuma-FPAP, was constituted. At the same time, the PAPAC secretariat was transitioned to Rahnuma-FPAP for the next three years. In June 2017,

Rahnuma-FPAP conducted the elections of the New Steering Committee and as per TORs handed over the secretariat to Green Star Social Marketing Pakistan. During its control of the secretariat from 2014- 2017, Rahnuma-FPAP successfully conducted planned activities like quarterly Steering Committee Meetings, bi-annual National Assembly Meetings, reactivated and expanded its membership base across Pakistan while also enlisting very committed new members, such as Care International Pakistan.



PAPAC brought participants representing twenty major stakeholders together to build a shared vision and mechanism





A number of national level seminars, consultative dialogues and group discussions involving all stakeholder were organised to generate support for rights agenda

Pakistan pledged to increase CPR from 30% to 50% by 2020 and this requires an ambitious and accelerated family planning program at national and provincial levels



## Sustainable Development Goals (SDGs) Alliance:

In 2011, Rahnuma-FPAP and Shirkat Gah jointly formed an alliance in Pakistan to advocate for MDGs especially MDG 5b. After the expiration of MDGs and incorporation of SDGs, this alliance was transformed to work for SDGs especially SDG 3 & 5. Prominent civil society organizations (CSOs) like Shirkat Gah Women Resource Center, Aahung, Packard Foundation, Ipas, MESSAGE, Heal Trust, Active help organization, WAR, Baidari etc. have been the pioneering members of this alliance. Post National Devolution 2011, Rahnuma-FPAP established its provincial chapters in Punjab, KPK, Balochistan, AJK and Gilgit Baltistan (GB), consisting of a large number of local CSOs/CBOs.

We organized national level seminars, consultative dialogues and group discussions involving Parliamentarians, government officials, CSOs, Media, and private sector to sensitize them on SDGs, especially SRHR related commitments adopted by the government of Pakistan. In 2017, Ministry of Planning, Development and Reforms established a SDGs Support unit and its similar Provincial Support Units in Provincial Planning and Development Departments to strengthen the SDGs implementation at provincial levels.

## Alliance Against Child Marriage (AACM):

Rahnuma-FPAP, along with other prominent CSOs, collaborated to institutionalize their struggle against child marriage and formed a coalition/network (Alliance against Child Marriage) of like-minded organizations for advocacy and awareness raising purposes. As a result of tireless lobbying efforts, all Provincial Governments, especially governments of Punjab and Sindh, have amended their existing laws (child marriage restraint act 1929) with more punitive and equality based laws. It is pertinent to mention here that Rahnuma-FPAP was a member of Task Forces/committees formed by Sindh and Punjab governments to provide technical support in drafting their respective new legislations against child marriage.

All through 2017, Rahnuma-FPAP launched awareness campaigns across Pakistan against child marriage, shedding light on one of the leading causes of IMR and MMR in Pakistan.

## FP 2020 Champions Group: Catalyzing Support for FP 2020 in Pakistan

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

Population Council Pakistan and other leading civil society organizations, including Packard Foundation, Rahnuma-FPAP, TCF USAID, UNFPA, Save the Children, Aman Foundation etc, formed FP 2020 Champions Group to advocate for the achievement of FP 2020 Commitments. It was aimed to advocate with policy makers, including parliamentarians, public sector officials, ministers, media and CSOs representatives, for accelerated efforts at national and provincial levels on FP 2020 commitments. FP 2020 Champions Group members played their role in the inclusion of FP 2020 Commitments in the recently launched population policies of Sindh, Punjab and KPK. Furthermore, Sindh Government, in an effort to materialize FP 2020 commitments, approved and launched Costed Implementation Plan (CIP) in 2016, while Punjab government CIP is still in the process of development. It is pertinent to mention here that Rahnuma-FPAP is the CSO Focal of FP 2020 Core Working Group, formed by Ministry of National Health Services, Regulations and Coordination, government of Pakistan and members Sindh Government FP 2020 Task Force.

## Rahnuma National Youth Network (RNYN):

Rahnuma National Youth Network was approved by the National Council on 9th March, 2011 as per the adopted TOR's, and set up with a team of 30 members, 6 from each region. In this connection, the first meeting took place on 29th March, 2011 for the constitution of the Executive Committee comprising of President, Chairperson, Treasurer and Secretary through election process for a three years term (2017-2019).

The election for third term office bearers of the National Youth Network were held on December, 6th 2016 in Lahore.



Rahnuma National Youth Network was established in 2011 to provide equal representation for youth in our governance



Following are National Youth Network Focus Areas:

- Institutional capacity: Need Assessment, baseline, program planning, technical knowledge & capacity, partnerships, instrumental in bringing a strategic focus and strengthening the program.
- Demonstrated effectiveness of Youth Resource Centers: mobilization, information, education, skill development, services, telephonic counseling, Tea Parties through MYX Fund.
- Roll out of Youth Friendly Services: youth friendly clinics, Referral Mechanism: services (public & private), shelter, legal aid, Mobile Outreach and services.
- Piloted LSBE in Pakistan: Adapted “It’s All One Curriculum” for Pakistan LSBE Task Force, In School-Teachers Training, Out of School-Peer Education, Sensitization Sessions with Parents and In-laws.
- Brought Child Marriage, LSBE & YFS high on the agenda of policy makers: brought together key stakeholders in the form of formal networks/alliances for advocacy on child marriage, LSBE and YFS: parliamentarians, media, NGOs/CBOs, international agencies, government departments, youth networks and youth focused organizations.
- Institutionalized youth partnership: policy, program planning, network, advocacy, tool development, M&E, resource mobilization.



LSBE is an important part of Rahnuma-FPAPs strategic plan and is being integrated with different current initiatives.

## LSBE Taskforce:

Life Skill Based Education is still a new concept in Pakistan. It is an area which is continuously being ignored by the governments both at a policy and implementation level. Current national and provincial policies, programs and strategies are silent about this issue. This ignorance contributes to a great deal of problems for the youth, who are most effected by harmful, pre-existing cultural norms. LSBE is an important part of Rahnuma-FPAPs strategic plan and is being integrated with different current initiatives. Rahnuma-FPAP has expanded its LSBE related efforts at two levels

- Generating public discourse for the acceptability of LSBE in youth policies.
- Advocacy for prioritizing the issue at Policy level.

Rahnuma-FPAP has joined hands with the like-minded organizations to develop a national taskforce and raise a strong collective voice in favour of LSBE. Rahnuma-FPAP is working with Rozan, Rutgers, UNFPA, Oxfam-Novib, Plan international Pakistan and Aahung. This taskforce has worked in close collaboration to develop a framework to outline what will constitute Life Skill Based Education in context of Pakistan. A number of well researched and informative documents related to LSBE were developed by taking guidance from this framework. These documents include:

- Gender segregated peer educators tool kits on Life Skill Based Education in Urdu.
- Training manual for peer educators on Life Skill Based Education.
- Pictorial booklets and leaflets on Life Skill Based Education.
- Handbooks for in school youth on Life Skill Based Education (Boys, secondary school).
- Handbooks for in school youth on Life Skill Based Education (Girls, secondary school).
- A teacher training manual based on Life Skill Based Education.

These resources are used to divulge comprehensive LSBE information and education to young people, parents and community leaders through peer education and sensitization sessions. Different lobbying meetings are also being held with line departments, including education departments, curriculum wing, policy makers and provincial education departments. These meetings successfully develop advocates in parliament, government departments, youth and media to advocate for LSBE at the policy level.

## Rahnuma-FPAP Media Network:

Rahnuma-FPAP has a large media network, first established in 2005 with 20 representatives from the electronic and print media. The network has since been decentralized and its provincial chapters established at Punjab, Sindh, KPK, Balochistan, AJK and Gilgit Baltistan. During 2017, we held different activities to sensitize media network partners at the regional levels. These events were largely attended and warmly received by the mainstream media industry. Rahnuma-FPAP maintains constant contact with its members through different initiatives. To strengthen the human rights and to campaign against gender discrimination, reproductive and sexual health and rights the organization holds regular consultations with media personnel. Rahnuma-FPAP media network has a major role in the success of its various campaigns like against child marriage, Post Abortion Care, MISP in disaster situations, FP 2020 etc.

## Right Here Right Now:

Right Here Right Now (RHRN) is a global strategic partnership of 8 organizations that is active in ten countries, and the Caribbean sub region. The partnership envisions a world where all young people are able to access quality and youth-friendly health services and comprehensive sexuality education.

Eleven organizations are part of the country platform of RHRN, Pakistan: namely Rahnuma-FPAP, Aahung, Blue Veins, Forum for Dignity Initiative, Bargad, Aware Girls, Youth Advocacy Network, Cannan Development Association, Rutgers Pakistan, Indus Resource Centre and Idare-e-Taleem-o-Agahi.

The long term objectives of the alliance is to:

- Improved access of young people to quality Sexual and Reproductive Health and Rights (SRHR) information through Life Skills Based Education (LSBE) by 2020.
- Sindh and Balochistan have youth policies in place that call for provision of youth friendly SRH information and services and all four provinces have implementation plans for their respective youth policies in place with progressive language for provision of youth friendly SRH information and services by 2020.
- Improved access of young people, including SGM to SRHR services without stigma and discrimination by 2020 with a focus on:
- Inclusion of Youth Friendly Health Services (YFHS) into the provincial Costed Implementation Plans (CIPs)
- Inclusion of stigma-free, SGM-sensitive training material into community health providers' curricula.

Rahnuma FPAP is an active member of the alliance leading the campaign for LSBE in three provinces including KP, Punjab and Balochistan and for YFHS nationwide. In this context R-FPAP along with other alliance members was able to initiate a successful campaign to utilize Universal Periodic Review process in Geneva to get commitments from Government of Pakistan for LSBE, against Child Marriage, YFHS and rights of transgender people.

RHRN alliance has joined the LSBE taskforce to further strengthen the LSBE campaign.



## Online Presence New Channels SECTION 5



## Online Presence New Channels

Social development is always an integrated phenomenon which cannot happen in isolation. Effective organisations are those which are able to adapt to the challenges of a constantly changing world and successfully convey their message. Recent advances in information technology have revolutionised the world of communications. With the simple click of a button, a plethora of information and possibilities become available to us. There is not only greater amounts of information at our disposal but also new opportunities for direct interaction with our audience, namely through the advent of social media. Social media empowers people and plays a major role in creating noise when there is injustice. In an instant, videos go viral and the whole world's attention is summoned to the issue at hand. Rahnuma-FPAP finds frequent use for social media in our quest for better lives for the people of Pakistan, especially those without the means to raise their voice against the injustices carried out against them. In these situations, Rahnuma-FPAP, along with its multiple civil society organisations, becomes the voice for the voiceless. This voice is very loud and visible on social media.

Rahnuma-FPAP uses social media to connect to people instantly for knowledge transfer and support. Our messages on social media cover a whole range of issues including health care, poverty reduction, good governance, environmental protection and community development, socio-economic and cultural development.

There is, of course, a dark side to this new era as well. Social media is often used to harass innocent people, generate baseless gossip, and exploit others' weaknesses. The government of Pakistan has enacted several laws to minimize harassment via social media but the proper and effective implementation of these laws continues to be a real challenge. To this end, Rahnuma-FPAP has a policy that keeps a check on social media's use and remains strictly in line with international human rights standards. The policy defines clear rules and penalties to ensure that social media is only used for the betterment of mankind.







Rahnuma-FPAP has an open and transparent communication policy for information sharing and to keep ourselves and our clients safe from the harmful effects of social media exploitation

## Rahnuma-FPAP Social Media Policy:

Rahnuma-FPAP has an open and transparent information sharing policy in place. One of its sections is exclusively devoted to social media engagement. The rules are meant to keep ourselves and our clients safe from the harmful effects of social media exploitation. Social media platforms such as Twitter, Facebook etc. are more popular than ever and we recognize that many people use these networks in both personal and professional capacities. In the past, we maintained a few simple social media platforms (Website, Facebook, Twitter and YouTube) which generated minimal impact. Recently, we overhauled and revamped these social networking tools to keep them compatible with emerging technological advancements. Through our various social media segments we ensure the effective participation of all our stakeholders.

Rahnuma-FPAP recognizes that there is a positive correlation between a high level of transparency through information sharing and public participation in all Rahnuma-FPAP development activities. Our communication and social media policy is intended to ensure that information concerning the organization's programs and operations is available to the public, except for limited information that is deemed confidential in order to protect people's personal privacy. Following are our Social Media Policy Rules.

Whenever posting on social media accounts following information and content in any form may not be disclosed:

- Disclose any information that could cause harm to Rahnuma-FPAP, our staff, programs, partners or beneficiaries
- Risk the confidentiality of individuals, especially those from key-populations, and particularly children
- Post defamatory, discriminatory, offensive, or harassing content
- Breach data protection, copyright or other laws
- Bring Rahnuma-FPAP into disrepute
- Imply that your personal pages or comments directly represent Rahnuma-FPAP



Our communication and social media policy is to ensure information of organization's is available to the public

## Rahnuma-FPAP Website:

We have recently revamped our website and transformed it into an interactive forum. Every step of the way information is created, disseminated and distributed using various social media tools, with the ultimate goal of creating a two way means of communication with our audience. At this point, It is pertinent to mention that social media and social networking sites are mushrooming everywhere. Users can either view the content passively or, if allowed, can react to posts and contribute content. Special web applications are incorporated that make it possible to interact via the internet using a variety of means such as text, images, audio, and video. This new website has the potential to create not only quality content for social media, but also foster greater connectivity and social networking. The information about Rahnuma-FPAP and its various projects is available on the site.

Following information can be found on the website:

- Memorandum of Understandings signed with various ministries and organizations.
- Human Resource Manual
- Five Year Strategic Plan
- Project Documents
- Project Performance Reports
- Annual Reports
- Evaluation Reports
- Information about Operations:
- National Executive Council
- National council/ regional council
- Audit Reports
- Organogram

And much much more.







Rahnuma-FPAP's Facebook account is one of the most popular accounts of civil society organizations. It is regularly updated and monitored

Rahnuma-FPAP Twitter account is linked with all main partners of development sector which allows its users to share ideas and user-generated content



## Facebook:

Facebook dominates the development sector with reports of more than 500 million active users as of July 2010. In Pakistan, a country with one of the lowest internet penetration rates in the developing world (about 18% of the total population), Facebook boasts a strong community of active users, of about 15-20 million men and 5-6 million women. Two thirds of this user base is under the age of 25, so Facebook becomes especially useful as a tool to interact with the youth, the largest demographic in the country. The study of the usage of Facebook in Pakistan provides fascinating insights to the existing culture of communication within the country, across different genders, political groups, and social classes. Women, in particular, navigate dangerous territory when participating in forums and public debate, often becoming the targets of online harassment. Rahnuma-FPAP strives to create a safe space for women and young people to discuss new concepts and build meaningful connections.

Rahnuma-FPAP's Facebook account is one of the most popular accounts of civil society organizations in Pakistan. This account is regularly updated and monitored. Workshops, panel discussions, and campaigns are meticulously catalogued and documented in real time. The Rahnuma-FPAP Facebook account has more than three thousands active friends/ members and trending posts can reach

hundreds of thousands of people. We have also developed separate Regional Offices Facebook pages and many groups and these pages and groups are interlinked with each other.

## Short Message Service (SMS):

SMS stands for Short Message Service and is also commonly referred to as a "text message". With a SMS, you can send a message of up to 160 characters to another mobile phone device.

SMS is employed frequently in mobile phone marketing. According to a report this method of communication has captured almost 50 percent of all the revenue generated by mobile messaging. This is now commonly used in the social sector by civil society organizations due to its large outreach and low cost.

Pakistan's mobile internet users as a percentage of the population were recorded at 21 percent (44.6 million users) at end of January 2018, according to a Global Digital report prepared by We Are Social and Hootsuite.

Rahnuma-FPAP is using SMS to generate awareness on various topics. In just one such initiative we were reached out to over 650,000 young people with information regarding their SRH and Rights.

## Twitter:

The emergence of the Twitter service enables users to send and read other users' messages of text-based posts made up of up to 140 characters called tweets. Users may subscribe or "follow" other author's tweets. This service is increasingly available and integrated in Smartphone technology. Twitter has gained popularity rapidly and currently has more than 100 million users worldwide (Economic Times, 2010). In Pakistan, Twitter is the favoured platform for politicians and journalists, with many news stories and incidents now beginning from the platform.

Rahnuma-FPAP regularly updates its Twitter accounts and it is linked with all main partners of development Sectors. The Rahnuma-FPAP Twitter account allows its users to share ideas and user-generated content (including images and video) while building connections and associations, on both a personal and professional level. Our twitter is used to generate campaigns for the rights of the people. These simple campaign messages are retweeted by hundreds of our youth network members as well as allied politicians and within days the issues raised in these campaigns become part of the main discourse on national television and other channels.

Social media tools provide an excellent opportunity to give voice to the issues of those who do not have the means to do so for themselves. As we have seen on the international stage, through the #Black Lives Matter movement for racial equality in America, as well as the international #Metoo campaign to call out powerful perpetrators of sexual harassment, social media can create serious disruption on a global scale. We urge you to follow us and strengthen us so we can succeed in our mission to improve the quality of life of each and every one of our fellow Pakistanis and bring their issues, our issues, to the forefront.



# Rahnuma-FPAP and Its Evolution

● [1953-1959]	
Message	Caring attitude towards mother & child
Intervention/Services	Salt, sponge, vinegar and foam
Infrastructure	Single room operation at Karachi, Lahore and Dhaka
Beneficiary	Women in need
Crosscutting Issue	Advocacy amid strong opposition, arson and attacks.
● [1960-1969]	
Message	Family planning motivation
Intervention/Services	Condom, Vasectomy, Pills, IUCD
Infrastructure	District Branches with Model Clinics & Information Centers
Beneficiary	Men & women
Crosscutting Issue	Advocacy amid 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

● [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.



## Facts & Figures

- Visibility in Media
- New Publications
- Service Stats
- Audit Report

## SECTION



## Facts & Figures

- Visibility in Media
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Rahnuma-FPAP's media network comprise of reporters, feature writing and TV and Radio journalists. Our Print media coverage is easy to track but our TV and Radio coverage is a challenging to capture. Rahnuma Media Network members remain in constant contact with our team working on various issues related to SRHR. They are invited to all major events organized by Rahnuma-FPAP and they in turn write reports and features in their respective newspapers. These reports and photographs published become a source for attracting support in the general public for issues related to SRHR. Our Media partners often use our resource centre and our experts for information and opinions on their pieces. This collaboration has made a positive contribution in the struggle for a change for the better.

The electronic media is equally interested in SRHR issues and many well known talk show hosts and anchor persons have joined our ranks. Zeenab case is just one example. With the support and information provided by NGOs media was able to launch a campaign against ignorance and in favour of Life Skilled Based Education. As a result Punjab and Sindh provincial governments started showing flexibility and willingness to work on the issue in collaboration with NGOs including Rahnuma-FPAP.

Radio is a medium Rahnuma-FPAP use frequently to reach out to people with our messages. The other means to disseminating messages and useful information for awareness and communication is our IEC material. In the following pages where you will find facts and figures on media coverage of our issue, you can also find a list of publications that were developed and published and disseminated in the reported period.

Rahnuma-FPAP is the only NGO in Pakistan with a large service delivery network specifically designed to cater for SRHR. The reported year stats in this section will tell you how many vulnerable and marginalized benefitted from this service delivery network. Rahnuma-FPAP has most modern technology installed to record data with precision. This data is analysed to polish our strategies and approaches for optimum results.

In the end of the section is our Audit Report conducted by outside agency of international repute - KPMG. Transparency and accountability are two pillars of our strategic plan and we follow very strict rules to ensure transparency in all our dealings. The audit report is made public for open scrutiny. We follow highest standards in our work ethics and the system we have designed has little room for those who cannot measure up to these standards. The fact and figures presented in this section is a proof of all that.





# Media Coverage

of SRHR in National & Local Newspapers in 2017

## National Newspapers

Newspaper	No. of News	No. of Features	No. of Articles/ Columns
Daily Times	28	17	15
Daily Dawn	37	15	15
Daily The News	36	18	12
Daily The Nation	29	15	08
Daily Jung	48	22	14
Daily Nawa-e-waqt	39	08	13
Daily Khabrain	25	10	07

Total:

242

105

84

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

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

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

## Local Newspapers

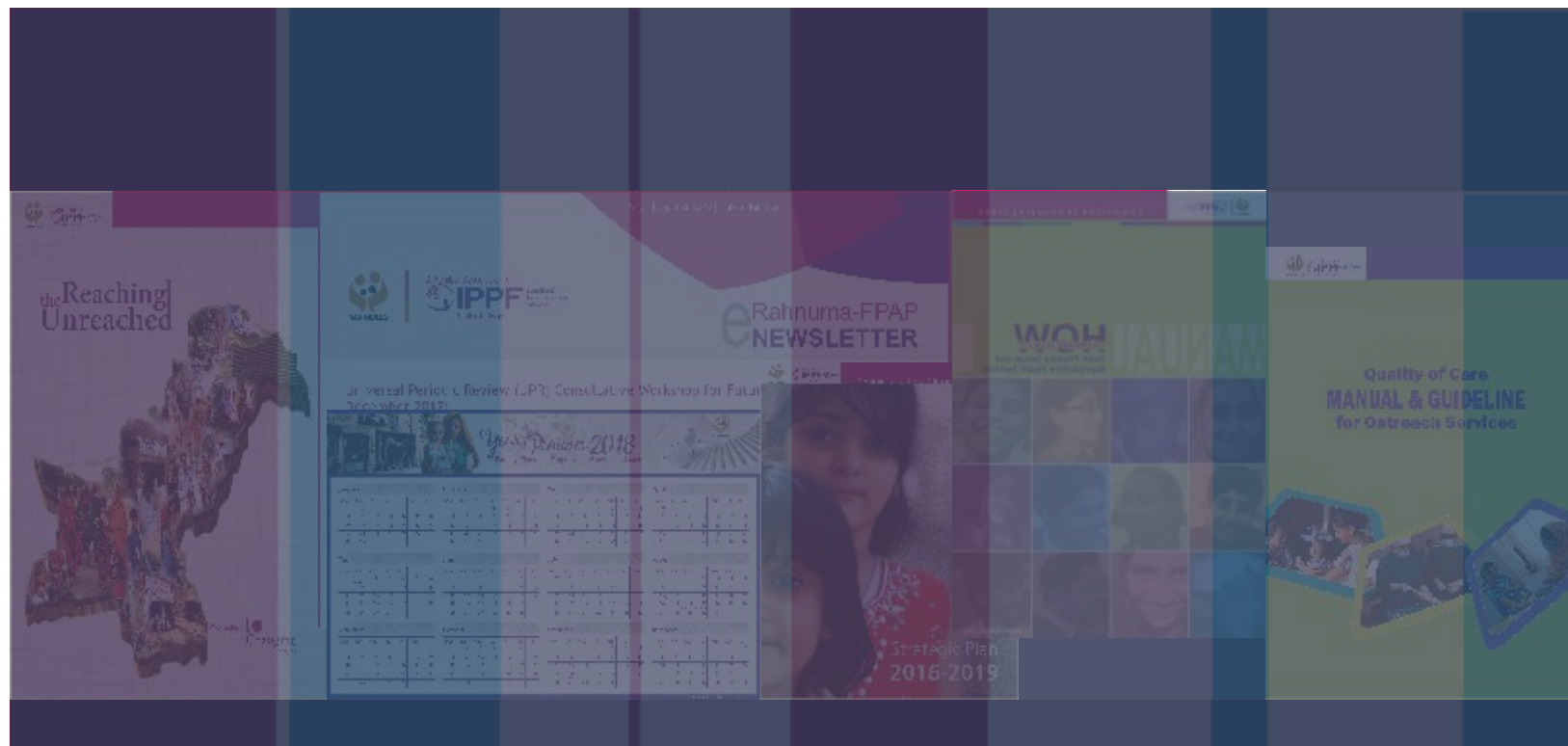
Regions	No. of News	No. of Articles
Punjab	152	15
Sindh	60	20
Balochistan	28	03
KPK	81	03
Fed. GB & AJK	125	09

Total:

446

50





# Publication Tools 2017

## Annual Report 2016:

Rahnuma-FPAP Annual Report 2016, titled “Reaching the Unreached”, was developed and shared among wider partners including INGOs, Donors, Parliamentarians, Public sector, Media, CSOs etc. to highlight our main activities and focus areas.

## Quarterly Newsletter:

Our quarterly E-Newsletter is another main communication tool to inform the wider audience of our main activities during the quarter concerned. This e-newsletter is widely disseminated through email, social media, and our official website.

## Rahnuma-FPAP revamped Website:

Rahnuma-FPAP has recently revamped its website, making it more user friendly and informative. The new website has the capacity to project our thematic and operational areas while simultaneously integrating it with other important social media tools.

## Year Planner 2017:

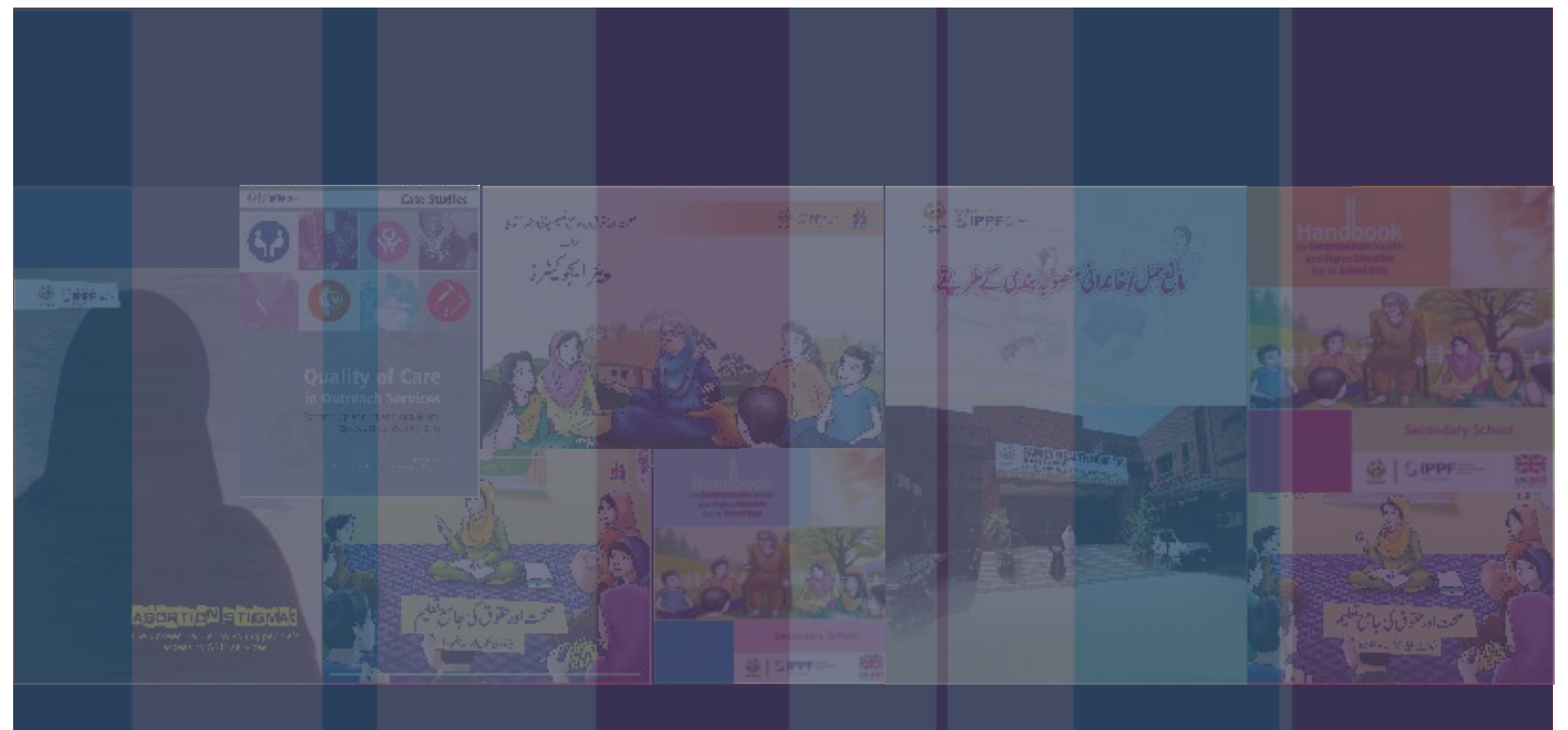
Rahnuma-FPAP printed and disseminated Annual Year Planner 2017.

## Strategic Plan 2016-2019:

In 2016, Rahnuma-FPAP launched its reinvigorated Strategic Plan 2016-2019 printed and disseminated to our all staff.

## Manual: How to Ensure Quality Youth Friendly Sexual and Reproductive Health Services

This manual is a detailed guide for service providers to ensure quality health services for adolescents and youths.



## Quality of Care Manual and Guideline for Outreach Services:

Quality of Care Manual and Guideline for Outreach Services has been designed to address the rights of clients as well as the providers needs and is based on IPPF's QoC Framework.

## Booklet Success Story:

This booklet illustrates the different success stories of various individuals who benefited from our SRHR and Family Planning services.

## Case Studies (Quality of Care in Outreach Services):

In order to build on existing resources, a user-friendly, gender appropriate manual was developed and printed includes that QoC standards.

## Table Charts for Family Planning Methods:

We developed a comprehensive chart on the various family planning methods provided in our clinics across Pakistan. Our recent charts, as mentioned below, are all designed to be easy to interpret and prominently displayed in all our SDPs.

## Peer Education Pictorial Kit:

A peer educator's kit for boys and girls was developed to re-orient them on the SRHR needs of youth and adolescents. This booklet, through visual presentations, highlights various aspects of youth SRHR needs.

## Handbook for Boys and Girls (terbiyati Kitabcha braye school health education):

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.

## Cards Kit for Boys and Girls (sehut aur haqooq ky Jamey taleem) secondary school:

A separate card kit for secondary school boys was developed. This handbook is also based on the IPPF CSE Framework developed for Pakistani boys and girls.





#### Poster:

For our international members, Rahnuma-FPAP developed a detailed poster highlighting our activities and thematic focus. The poster was presented to the IPPF Central Office in London, during a strategy meeting in 2017.

#### Method of Family Planning (Brochure):

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

#### AIDS Brochure:

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

#### Mensuration Brochure:

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

#### Breast Feeding Brochure:

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

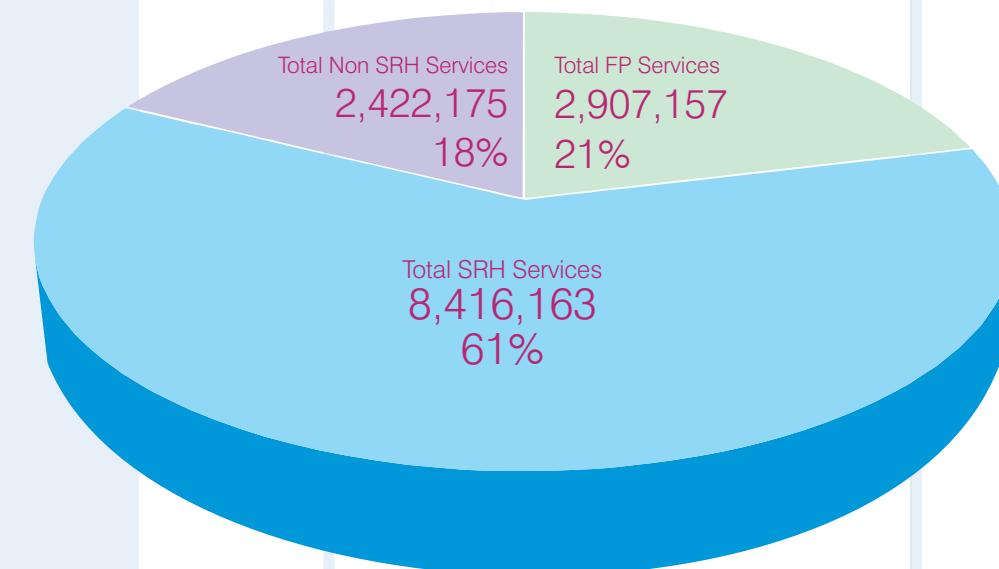
#### Insertion Steps for PPIUCD Chart:

We developed a comprehensive chart to explain the various steps for PPIUD provided in our clinics across Pakistan.

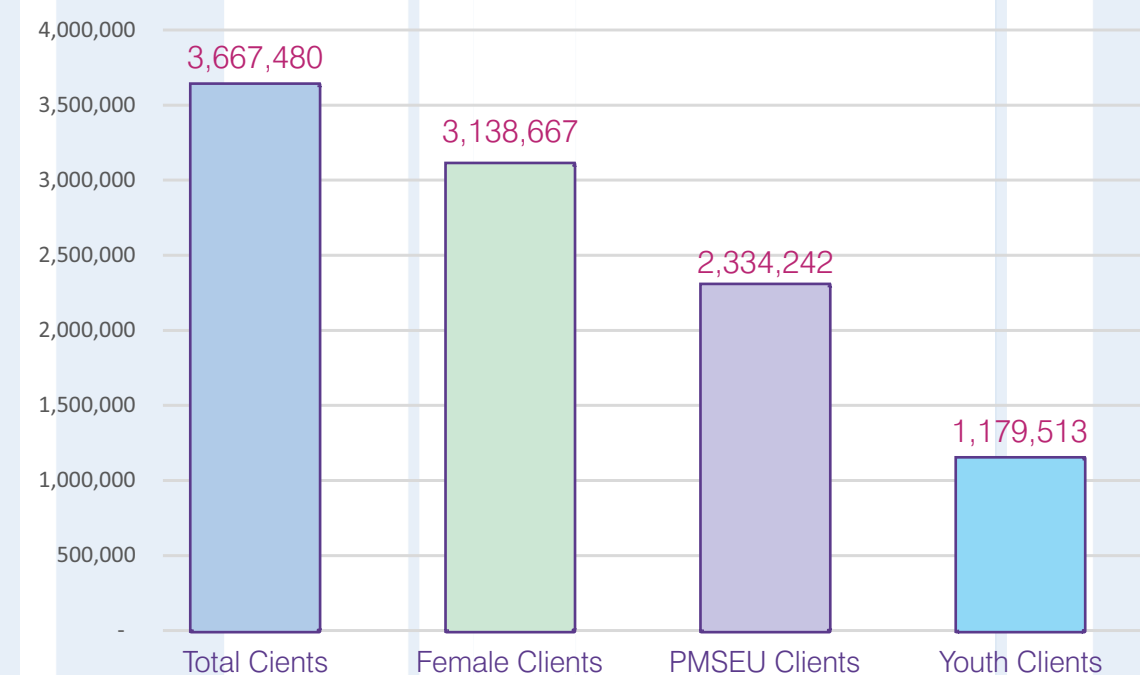
#### Contraceptive Charts:

We also developed a comprehensive chart describing the availability and effectiveness of all contraceptives to effectively provide family planning services.

## Total Family Planning and Sexual Reproductive Health Services 2017



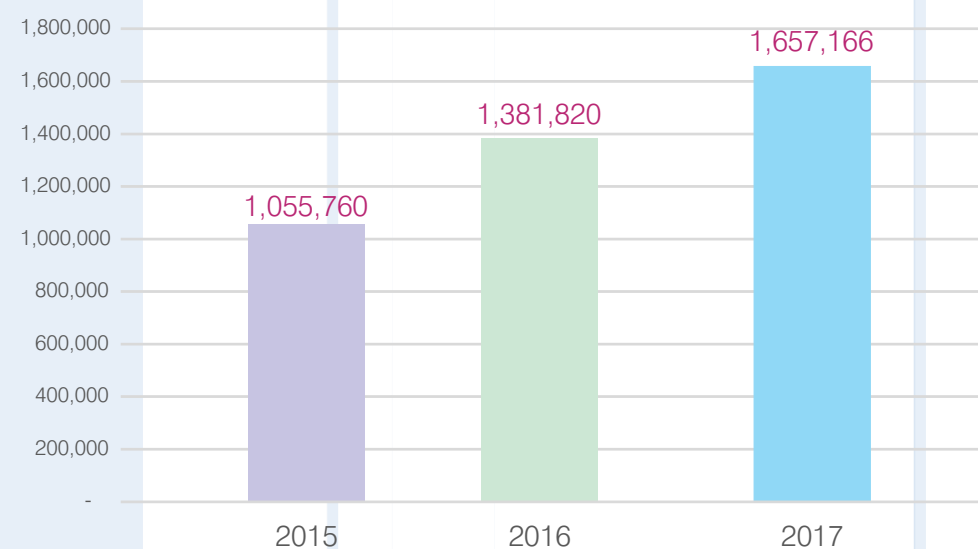
## Population Covered 2017



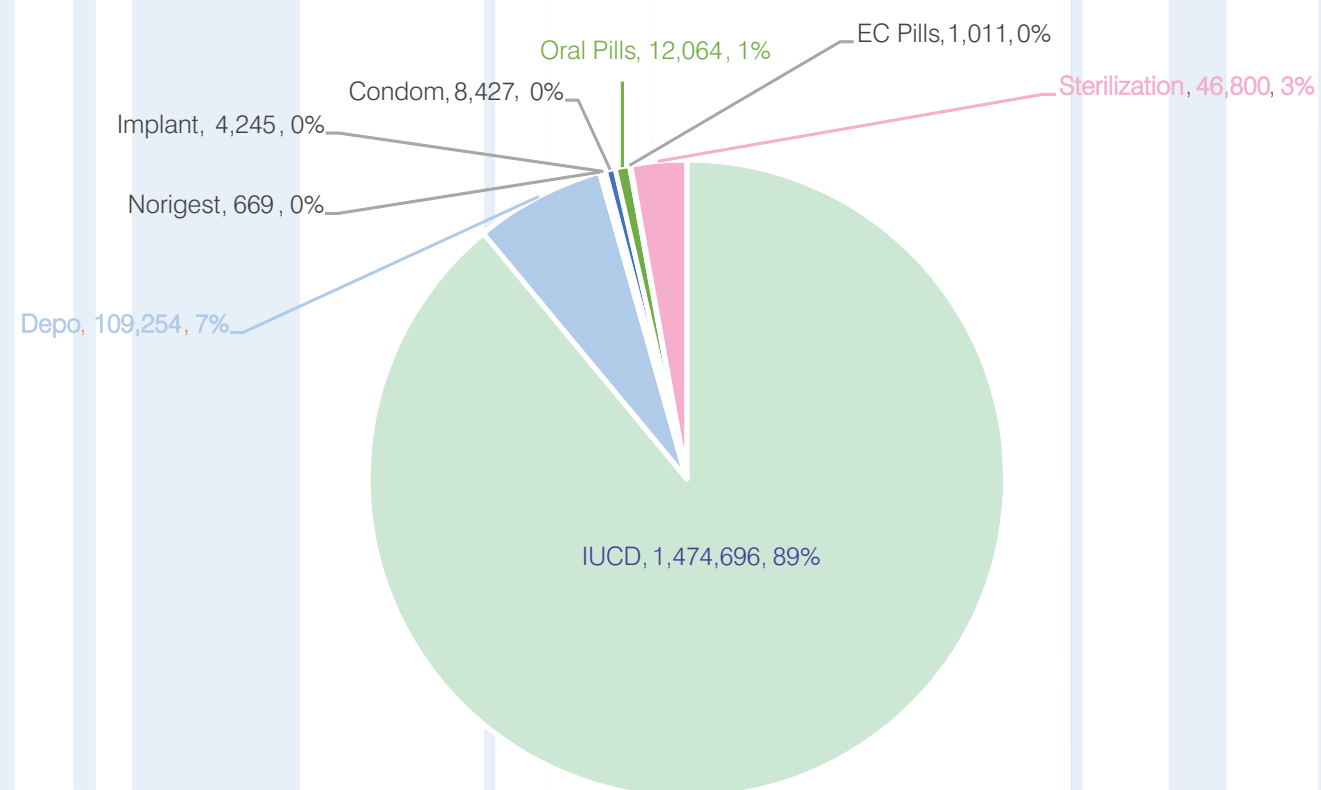


## Couple Year Protection (CYP)

PERFORMANCE TREND (2015-2017)



## Method Wise Distribution of CYP 2017



## Achievement of 2017

(FP, SRH and Non SRH Services)

### FP Services

CYP	1,657,166
New Acceptors (Never + Ever user)	622,439
Contraceptive Services	2,907,157

### SRH Services

Obstetrical services	2,412,216
Gynecological services	1,617,695
Abortion services	194,575
HIV/AIDs services	800,249
STI/RTI services	992,849
Sub Fertility services	232,730
Urology services	406,282
Pediatrics services	675,238
Specialized services	787,468
SRH Other services	296,861

Total Non Contraceptive SRH Services 8,416,163

Non SRH Services 2,422,175

Grand Total of Services 13,745,495





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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 2017, 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 of the Association for the year ended 31 December 2017 are prepared in all material respects, 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 ethical requirements that are relevant to our audit of the financial statements in Pakistan, and we have fulfilled our other ethical responsibilities in accordance with these requirements. 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 use of 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

Management is responsible for the preparation 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.

*KPMG*

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



KPMG Taseer Hadi & Co.

#### 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 auditing standards 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 auditing standards 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 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.

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.

Lahore

Date: 29 May 2018

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



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Facts & Figures



VOICE OF THE VOICELESS  
Facts & Figures



Rahnuma Family Planning Association of Pakistan  
Balance Sheet  
As at 31 December 2017



		Unrestricted 2017	Restricted 2017	Total 2017	Unrestricted 2017	Restricted 2017	Total 2017	Total 2016	Total 2016	Total 2015	Total 2015
	Note	Rupees	Rupees	Rupees	US \$	US \$	US \$	Rupees Restated	Rupees Restated	Rupees Restated	US \$ Restated
<b>Assets</b>											
<b>Current assets</b>											
<b>Cash and bank:</b>											
Cash and bank balances	4	36,343,918	34,812,530	71,156,448	329,501	315,616	645,117	82,246,319	786,295	98,066,750	937,541
Remittance in transit	3	5,671,960	-	5,671,960	51,423	-	51,423	15,709,901	150,190	1,970,027	18,834
<b>Receivables:</b>											
IPPF		3,143,072	3,352,154	6,495,226	28,678	30,390	59,068	14,503,495	138,637	35,016,571	334,766
Other donors	6	10,736,140	2,437,646	13,173,786	97,336	22,100	119,436	23,415,618	223,858	13,114,294	125,376
Others		10,537,633	-	10,537,633	95,531	-	95,531	10,622,906	101,357	8,708,891	83,259
<b>Other assets:</b>											
Investments	7	217,500,000	72,500,000	290,000,000	1,971,895	657,298	2,629,193	310,836,651	2,971,670	293,226,764	2,803,315
Advance to employees	8	5,763,226	-	5,763,226	52,250	-	52,250	7,057,393	67,471	5,264,984	50,335
Prepayments		-	-	-	-	-	-	-	-	521,453	4,985
<b>Inventory:</b>											
Stock - contraceptives	9	7,834,768	-	7,834,768	71,031	-	71,031	5,258,998	50,277	4,014,438	38,377
Stock - stationary		1,855,281	-	1,855,281	16,820	-	16,820	1,135,030	10,851	372,868	3,565
Stock - medicine		4,000,315	-	4,000,315	36,268	-	36,268	2,821,984	26,979	3,747,559	35,828
<b>Total current assets</b>		<b>363,405,713</b>	<b>113,102,330</b>	<b>476,508,043</b>	<b>2,750,733</b>	<b>1,025,404</b>	<b>3,776,137</b>	<b>473,608,295</b>	<b>4,527,305</b>	<b>464,024,597</b>	<b>4,436,181</b>
<b>Non current assets</b>											
Fixed assets	10	55,631,040	14,271,538	69,902,578	504,362	129,388	633,750	89,939,157	859,839	111,660,588	1,067,500
Security deposits		1,022,944	-	1,022,944	9,274	-	9,274	1,003,944	9,598	1,103,940	10,554
<b>Total non current assets</b>		<b>56,653,984</b>	<b>14,271,538</b>	<b>70,925,522</b>	<b>513,636</b>	<b>129,388</b>	<b>643,024</b>	<b>90,943,101</b>	<b>869,437</b>	<b>112,764,528</b>	<b>1,078,054</b>
<b>Total assets</b>		<b>360,059,697</b>	<b>127,373,868</b>	<b>487,433,565</b>	<b>3,264,369</b>	<b>1,154,792</b>	<b>4,419,161</b>	<b>564,551,396</b>	<b>5,397,242</b>	<b>576,789,125</b>	<b>5,514,235</b>
<b>Liabilities and fund balances</b>											
<b>Liabilities</b>											
<b>Current liabilities:</b>											
Accounts payable, accrued expenses and provisions	11	34,634,887	6,738,961	41,373,848	314,806	61,097	375,903	45,602,321	435,978	45,569,588	435,654
Deferred income	12	-	33,912,290	33,912,290	-	307,455	307,455	47,631,819	455,371	22,434,366	214,478
<b>Total current liabilities</b>		<b>34,634,887</b>	<b>40,651,251</b>	<b>75,286,138</b>	<b>314,806</b>	<b>368,552</b>	<b>683,358</b>	<b>93,234,140</b>	<b>891,349</b>	<b>68,003,954</b>	<b>650,132</b>
<b>Non current liabilities:</b>											
Staff gratuity payable	13	108,625,790	-	108,625,790	984,858	-	984,858	100,819,036	963,850	83,769,609	800,858
<b>Total liabilities</b>		<b>143,260,677</b>	<b>40,651,251</b>	<b>183,911,928</b>	<b>1,299,664</b>	<b>368,552</b>	<b>1,667,416</b>	<b>194,053,176</b>	<b>1,855,199</b>	<b>151,773,563</b>	<b>1,450,990</b>
<b>Fund balances</b>											
Designated fund	14	2,855,701	72,451,079	75,306,780	25,890	656,852	682,742	98,794,925	944,501	101,193,020	967,429
Fixed assets fund	15	55,631,040	14,271,538	69,902,578	504,362	129,388	633,750	89,939,157	859,839	111,660,588	1,067,500
IPAP reserve fund	16	149,713,580	-	149,713,580	1,387,331	-	1,387,331	170,309,799	1,628,195	191,116,141	1,827,076
Un-designated fund	17	-	-	-	-	-	-	-	-	6,732,314	64,363
Zakat fund	18	839,473	-	839,473	7,611	-	7,611	835,968	7,891	852,987	8,154
Asset replacement fund	19	3,754,911	-	3,754,911	34,043	-	34,043	7,796,447	74,536	9,712,753	92,892
Revolving fund	20	-	-	-	-	-	-	-	-	-	-
Medicine inventory fund	21	4,000,315	-	4,000,315	36,268	-	36,268	2,821,984	26,979	3,747,559	35,831
<b>Total fund balances</b>		<b>216,795,020</b>	<b>86,722,617</b>	<b>303,517,637</b>	<b>1,965,805</b>	<b>786,240</b>	<b>2,751,745</b>	<b>370,495,220</b>	<b>3,542,043</b>	<b>425,015,562</b>	<b>4,063,245</b>
		<b>360,059,697</b>	<b>127,373,868</b>	<b>487,433,565</b>	<b>3,264,369</b>	<b>1,154,792</b>	<b>4,419,161</b>	<b>564,551,396</b>	<b>5,397,242</b>	<b>576,789,125</b>	<b>5,514,235</b>

Contingencies and Commitments 22

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

Waseem

Director Finance & Budget

29 MAY 2018

Chief Executive Officer

Honorary Treasurer

President

Rahnuma Family Planning Association of Pakistan  
Statement of income, expenses and changes in fund balances  
For the year ended 31 December 2017



		Unrestricted 2017	Restricted 2017	Total 2017	Unrestricted 2017	Restricted 2017	Total 2017	Total 2016	Total 2016
	Note	Rupees	Rupees	Rupees	US \$	US \$	US \$	Rupees Restated	US \$ Restated
<b>Grant income</b>									
IPPF-cure	23.1	154,006,919	-	154,006,919	1,461,457	-	1,461,457	166,800,588	1,596,300
IPPF-restricted	23.2	-	128,941,792	128,941,792	-	1,223,600	1,223,600	117,214,835	1,121,780
Other donors	23.3	10,069,603	32,348,839	42,418,442	95,556	306,976	402,532	110,470,396	1,057,213
<b>Total grant income</b>		<b>164,076,522</b>	<b>161,290,631</b>	<b>325,367,153</b>	<b>1,557,013</b>	<b>1,530,576</b>	<b>3,087,589</b>	<b>394,485,819</b>	<b>3,775,293</b>
<b>Program income</b>									
Income from contraceptives		6,175,390	-	6,175,390	58,602	-	58,602	3,888,100	37,210
Membership fee		31,700	-	31,700	301	-	301	23,800	228
Client mobilization and management fee from Khushali Bank		47,771,100	-	47,771,100	453,327	-	453,327	37,018,800	
Income from Rahnuma Training Institute (RTI)		2,165,827	-	2,165,827	20,553	-	20,553	2,175,550	20,822
Donation		110,168	-	110,168	1,045	-	1,045	258,259	2,472
Local funds raised from health hospitals and clinics		200,930,534	-	200,930,534	1,906,742	-	1,906,742	187,861,839	1,797,859
Management fees		12,313,322	-	12,313,322	116,848	-	116,848	29,020,957	277,734
Release of fixed assets fund due to depreciation		15,422,486	8,380,315	23,802,801	146,353	79,525	225,878	28,003,941	268,001
<b>Total program income</b>		<b>284,920,527</b>	<b>8,380,315</b>	<b>293,300,842</b>	<b>2,703,771</b>	<b>79,525</b>	<b>2,783,296</b>	<b>288,251,246</b>	<b>2,758,600</b>
<b>Other income</b>									
Profit on investments		22,382,038	-	22,382,038	212,396	-	212,396	16,691,835	159,743
Profit on saving account		3,164,952	-	3,164,952	30,034	-	30,034	3,267,042	31,266
Miscellaneous income		323,619	-	323,619	3,071	-	3,071	2,287,555	21,892
<b>Total other income</b>		<b>25,870,609</b>	<b>-</b>	<b>25,870,609</b>	<b>245,501</b>	<b>-</b>	<b>245,501</b>	<b>22,246,432</b>	<b>212,901</b>
<b>Total income</b>		<b>474,867,658</b>	<b>169,670,946</b>	<b>644,538,604</b>	<b>4,506,285</b>	<b>1,610,101</b>	<b>6,116,386</b>	<b>704,983,497</b>	<b>6,746,794</b>
<b>Expenses</b>									
<b>Direct project expenses</b>									
OUTCOME 1 (Advocacy)		5,612,459	5,570,162	11,182,621	53,260	52,858	106,118	11,840,595	113,316
OUTCOME 2 (Adolescents)		57,418,769	39,479,194	96,897,963	544,879	374,640	919,519	104,397,174	999,093
OUTCOME 3 (Access, Abortion, AIDS)		328,483,694	116,241,275	444,724,969	3,117,165	1,103,078	4,220,243	463,827,511	4,438,881
OUTCOME 4 (Resource development, Knowledge management and Capacity building)		21,781,667	-	21,781,667	206,698	-	206,698	15,177,458	145,251
<b>Total direct project expenses</b>		<b>413,296,589</b>	<b>161,290,631</b>	<b>574,587,220</b>	<b>3,922,002</b>	<b>1,530,576</b>	<b>5,452,578</b>	<b>595,242,738</b>	<b>5,696,541</b>
<b>Indirect expenses</b>									
Administrative expenses		89,898,922	-	89,898,922	853,101	-	853,101	102,856,942	984,352
Depreciation		15,422,486	8,380,315	23,802,801	146,353	79,525	225,878	28,003,941	268,001
<b>Total expenses</b>		<b>518,617,997</b>	<b>169,670,946</b>	<b>688,288,943</b>	<b>4,921,456</b>	<b>1,610,101</b>	<b>6,531,557</b>	<b>726,103,621</b>	<b>6,948,894</b>
Deficit for the year		(43,750,339)	-	(43,750,339)	(415,171)	-	(415,171)	(21,120,124)	(202,100)
Transfer from (to) designated fund		23,025,660	-	23,025,660	208,755	-	208,755	(81,240)	(777)
Exchange rate fluctuation		-	-	-	(65,613)	-	(65,613)	-	216
Cumulative translation adjustment		128,460	-	128,460	1,165	-	1,165	395,022	3,780
Fund balances at beginning of the year		170,309,799	-	170,309,799	1,628,195	-	1,628,195	191,116,141	1,827,076
Fund balances at the end of the year		<b>149,713,580</b>	<b>-</b>	<b>149,713,580</b>	<b>1,387,331</b>	<b>-</b>	<b>1,387,331</b>	<b>170,309,799</b>	<b>1,628,195</b>

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

Waseem

Director Finance & Budget

29 MAY 2018

Chief Executive Officer

Honorary Treasurer

President



Rahnuma Family Planning Association of Pakistan  
Cash Flow Statement  
For the year ended 31 December 2017



	Unrestricted 2017 Rupees	Restricted 2017 Rupees	Total 2017 Rupees	Unrestricted 2017 US \$	Restricted 2017 US \$	Total 2017 US \$	Total 2016 Rupees Restated	Total 2016 US \$ Restated
Deficit for the year	(43,750,339)	-	(43,750,339)	(415,171)	-	(415,171)	(21,120,124)	(202,100)
Adjustments for non cash and other items:								
Depreciation	15,422,486	8,380,315	23,802,801	146,353	79,525	225,878	28,003,941	268,001
Release of fixed assets fund due to depreciation	(15,422,486)	(8,380,315)	(23,802,801)	(146,353)	(79,525)	(225,878)	(28,003,941)	(268,001)
Provision for staff gratuity	17,597,020	-	17,597,020	166,988	-	166,988	23,385,834	223,809
(Gain)/ loss on disposal	(780,903)	2,104,014	1,323,111	(7,410)	19,966	12,556	490,791	4,697
	16,816,117	2,104,014	18,920,131	159,578	19,966	179,544	23,876,623	228,506
Net (deficit)/ surplus before working capital changes	(26,934,222)	2,104,014	(24,830,208)	(255,593)	19,966	(235,627)	2,756,501	26,406
Working capital changes								
Decrease (increase) in current assets:								
Receivables	1,830,120	16,485,854	18,315,974	16,592	149,464	166,056	8,297,737	79,412
Advance to employees	(244,037)	1,538,204	1,294,167	(2,212)	13,946	11,734	(1,792,409)	(17,154)
Prepayments	-	-	-	-	-	-	521,453	4,990
Inventory	(4,474,352)	-	(4,474,352)	(40,565)	-	(40,565)	(1,081,149)	(10,347)
Security deposits	(19,800)	-	(19,800)	(172)	-	(172)	99,996	957
	(2,907,269)	18,024,058	15,116,789	(26,357)	163,410	137,053	6,045,628	57,858
(Decrease)/ increase in current liabilities:								
Accounts payable, accrued expenses and provisions	7,554,142	(11,782,615)	(4,228,473)	68,487	(106,823)	(38,336)	32,733	313
Deferred income	(13,719,529)	-	(13,719,529)	-	(124,384)	-	25,197,453	241,147
Staff gratuity paid	(9,786,266)	-	(9,786,266)	(88,724)	-	(88,724)	(6,336,407)	(60,641)
	(2,232,124)	(25,502,144)	(27,734,268)	(20,237)	(231,207)	(251,444)	18,893,779	180,819
Cash (used in)/ generated from operations	(5,139,393)	(7,478,086)	(12,617,479)	(46,594)	(67,797)	(114,391)	24,939,407	238,677
Net cash (used in)/ generated from operating activities	(32,073,615)	(5,374,072)	(37,447,687)	(302,187)	(47,831)	(350,018)	27,695,908	265,083
Cash flows from investing activities								
Investments	-	20,836,651	20,836,651	-	188,909	188,909	(17,609,887)	(168,532)
Proceeds from disposal of fixed assets	861,543	-	861,543	7,811	-	7,811	159,580	1,527
Purchase of fixed assets	(4,903,079)	(1,047,797)	(5,950,876)	(44,482)	(9,509)	(53,991)	(6,932,881)	(66,350)
Net cash generated from/ (used in) investing activities	(4,041,536)	19,788,854	15,747,318	(36,641)	179,409	142,768	(24,383,188)	(233,355)
Cash flows from financing activities								
Increase (decrease) in funds:								
Designated fund	(462,485)	(23,025,660)	(23,488,145)	(4,193)	(208,755)	(212,948)	(2,479,331)	(23,728)
Fixed assets fund	4,822,438	(1,056,216)	3,766,222	43,721	(9,576)	34,145	6,677,532	63,875
FPAP reserve fund	23,154,120	-	23,154,120	209,919	-	209,919	-	-
Un-designated fund	-	-	-	-	-	-	(6,732,514)	(64,432)
Zakat fund	3,565	-	3,565	32	-	32	(17,079)	(163)
Asset replacement fund	(4,041,536)	-	(4,041,536)	(36,641)	-	(36,641)	(1,916,306)	(18,340)
Medicine inventory fund	1,178,331	-	1,178,331	10,683	-	10,683	(925,575)	(8,858)
Net cash generated from/ (used in) financing activities	24,654,433	(24,081,876)	572,557	223,521	(218,331)	5,190	(5,393,277)	(51,640)
Net decrease in cash and cash equivalents	(11,460,718)	(9,667,094)	(21,127,812)	(115,307)	(86,753)	(202,060)	(2,080,557)	(19,918)
Effect of movements in exchange rates on cash held	-	-	-	(15,018)	(22,867)	(37,885)	-	28
Cash and cash equivalents at the beginning of the year	53,476,596	44,479,624	97,956,220	511,249	425,236	936,485	100,016,777	956,375
Cash and cash equivalents at the end of the year (Note 25)	42,015,878	34,812,530	76,828,408	380,924	315,616	696,540	97,936,220	936,485

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

Director Finance & Budget

Chief Executive Officer

Honorary Treasurer

President

29 MAY 2018

Rahnuma Family Planning Association of Pakistan  
Statement of functional expenses  
For the year ended 31 December 2017



	Total 2017 Rupees	Total 2017 US\$	Total 2016 Rupees Restated	Total 2016 US\$ Restated
Personnel and employee benefits	380,339,312	3,609,252	377,409,667	3,611,853
Travelling expenses	52,554,431	498,718	79,796,568	763,662
Vehicle running cost	19,371,215	183,824	25,815,976	247,062
Printing and stationery	6,084,504	57,739	8,933,453	85,494
Occupancy cost	9,956,436	94,482	9,941,734	95,143
Communication	6,502,614	61,707	7,215,842	69,056
Audit fee	590,000	5,599	590,000	5,646
Consultancy and other professional fees	77,474,139	735,195	77,385,625	740,589
Medical consumables	37,382,080	354,739	29,527,382	282,580
Repair and maintenance	8,266,288	78,443	9,105,268	87,138
Operational cost	23,484,380	222,856	26,065,898	249,454
IEC material	2,286,572	21,699	6,167,735	59,026
Office equipment & furniture	7,693,993	73,013	7,516,301	71,932
Insurance of assets	2,720,465	25,816	2,823,649	27,023
Bank charges	253,459	2,405	401,664	3,844
Contraceptives consumed	5,593,040	53,075	1,090,046	10,432
Others	23,933,214	227,117	28,312,872	270,959
Total expenses excluding depreciation	664,486,142	6,305,679	698,099,680	6,680,893
Depreciation expense	23,802,801	225,878	28,003,941	268,001
Total expenses	688,288,943	6,531,557	726,103,621	6,948,894

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

Director Finance & Budget

Chief Executive Officer

Honorary Treasurer

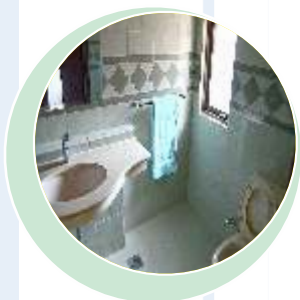
President

29 MAY 2018



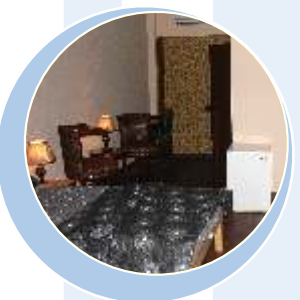


## Rahnuma Training Institute



### 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**