



BALANCE FOR BETTER

CALL FOR
Gender Based
Violence

CALL FOR
Family Planning
Services

CALL FOR
Counselling
on SRHR

CALL FOR
Post Abortion
Care



The objective of Youth Helpline is to provide youth with convenient, confidential, interactive and compassionate access to information, counselling and referrals on Sexual and Reproductive Health

Currently, Six Youth Helplines are operational at Lahore, Karachi, Islamabad, Peshawar, Quetta and Gilgit-Baltistan, in the premises of the Family Health Hospitals/Static Clinics



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A black and white photograph of a hand holding a green plant, with a blurred background. The hand is positioned at the bottom of the frame, and the plant is growing upwards. The overall image has a soft, ethereal quality.

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.



Core Values:

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

Social Inclusion;

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

Diversity;

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;

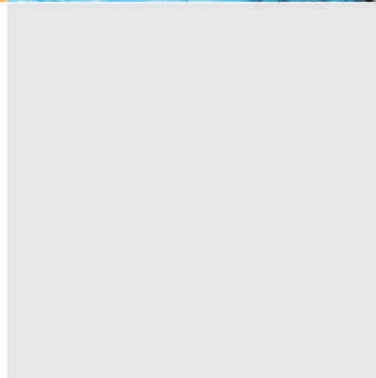
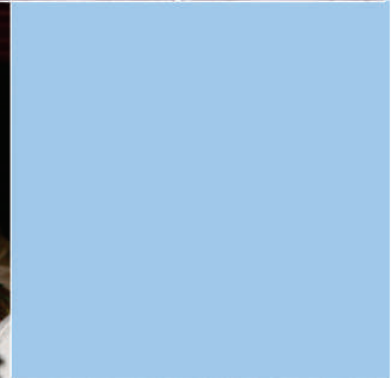
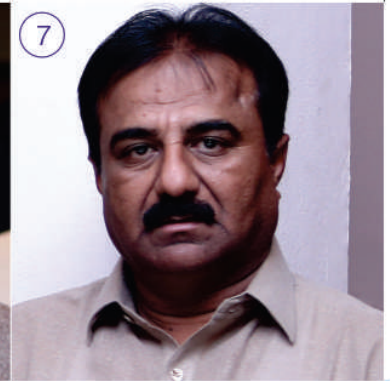
accountability as cornerstone of trust that is demonstrated through high performance, ethical standards and transparency

NATIONAL executive COMMITTEE 2019



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

NATIONAL executive COMMITTEE 2019



A close-up portrait of Dr. Rashida Panezai, a woman with dark hair, wearing a green headscarf with a white zigzag pattern and a dark blue garment with a red floral pattern. She is looking slightly to the right with a serious expression. The background is blurred, showing other people in white clothing.

MESSAGE

DR. RASHIDA PANEZAI

President, Rahnuma-FPAP

“Islam emphasis strongly on balance of nature, and he raised the heaven and established the balance. Do not transgress the balance. You shall establish justice; do not violate the balance”. (The Qur'an, 55:7-9)

It has been an exciting experience for me to grow with a growing organization like Rahnuma-Family Planning Association of Pakistan. With such a guiding values and principles and committed team of volunteers and staff, the organization overtime, expanded geographically and programmatically. Rahnuma-FPAP has remarkable track record to work with all reputable stakeholders, including parliamentarians, policy makers, CSOs, media, think tanks, professional bodies, religious scholars etc to achieve goals and target in areas of Sexual Reproductive Health & Rights and Family Planning with a special focus on Advocacy for the rights based policies and right based information and services to the most vulnerable and marginalized in the society. We are a nation of approximately 210 million and the fifth most populous country in the world. The population of any place doubles in 30 years if the annual growth rate is 2.3 % and we are growing at an approximate rate of 2.1 % annually. What it means in layman terms is that the population of Pakistan is bound to be around 400 million in the year 2045.

After the 18th Amendment, population is now a provincial subject but the provinces need to pool up their resources and synchronize with each other to create a national impact. The Supreme Court of Pakistan, taking Family Planning as a human right issue, took Suo Moto and constituted a Task Force who after a series of meetings, framed a set of recommendations. These approved CCI recommendations are basically a set of interventions in eight focused areas identified while keeping in view the population situation in Pakistan, the challenges faced and the global best practices and initiatives which are likely to yield tangible results and help in addressing matters relating to rapid population growth rate, low contraceptive prevalence, high fertility and high mortality rates. These recommendations have been translated into an Action plan with active support from private sector, civil society organizations and international development partners. The focus of the Action Plan was advancing towards the national and provincial program objectives and targets. At the same time, it will help in assessing the extent of progress towards various international commitments such as FP2020, ICPD beyond.

Family planning does not mean killing children after they are born but to plan the birth of children in a way that parents can bear all the expenses for their education, health, living space, upkeep, etc. in a proper manner. The Quran also suggests that a child be suckled for two years, and it is well known that as long as the mother suckles she may not conceive. Thus, indirectly, the Quran suggests spacing between children. It's high time we need to get out of the mentality as every parents have the right to freely and responsibly decide the number and spacing of children to be able to fulfil the fundamental rights of their children and

keeping in view health of mother and child. The government departments are already engaging religious scholars in spreading the message of population control by focusing on theme, Meezan/Tawazun. Aggressive awareness campaign will play key role, moreover the government needs to use a system of incentives and coercions. China as we all know embarked on the one-child policy and the policy is showing dividends. Bangladesh has successfully implemented a population strategy. Similarly, Fatwas issued in Iran protect a woman's right to her fertility. We on the other hand are lagging far behind in this all-important issue.

The need of the hour is to take a strong look at our resources and plan accordingly. Every country needs to draw a balance between its economic, social and demographic resources and so does Pakistan for high population growth upsets developmental efforts. It requires strong political will. The new paradigm "Balance for Better", brings a balance between family size and resources, we are all geared up to make the best of the national narrative for the human well-being, economic development and healthy environment.

Dr. Rashida Panezai
President Rahnuma-FPAP



MESSAGE

SYED KAMAL SHAH

Chief Executive Officer,
Rahnuma-FPAP

“Overpopulation is so far the worst kind of pollution, population growth, poverty and degradation of local resources often fuel one another.” We urgently need to create alertness about family planning, sexual and reproductive health needs to bring a balance for the future for our coming generations.

Strength and growth come only through continuous effort and struggle, and always remember growth is never by mere chance; it is the result of forces working together. Looking deep into the history of the organization and struggle made by its dedicated volunteers and committed staff in early fifties under extremely old-fashioned circumstances, facing many ups and downs but continued its pioneering work amidst tough resistance boost my dynamism again and again. It gives me prodigious inspiration to be part of Pakistan's one of the largest and oldest civil society organization which started its operations from one room and has now emerged as the largest service provider in the field of SRH/FP in Pakistan and capable to access the unreached/marginalized sections of the society. It has been the pioneer to launched Pakistan's flagship family planning program duly replicated by the government of Pakistan in 1965.


Rahnuma-FPAP revised Strategic Plan 2016-22 envisioned that "all people in Pakistan are empowered to make choices about their SRH and well-being in a world without discrimination" and to lead a movement for SRHR and FP as a basic human right in Pakistan and by providing enable sustainable and quality SH and RH including FP information and services to all particularly vulnerable and underserved in partnership with government and all other stakeholders.

Unfortunately we have been so preoccupied with external threats, which admittedly are quite a couple, that we have lost sight of the most fundamental threat that lurks within: the rate at which we are multiplying ourselves. Other transitional influences aside, this rapid multiplication is the main reason that we have been overtaken by Bangladesh in terms of per-capita income. Unless our population growth slows down, Nepal will overtake us in five years, and in some not-too-distant future, some other countries as well. Presently, our saving rate is about half of Bangladesh's, one-third of that in India and one-fifth of the saving rate in China. Heavy reliance on foreign savings (i.e., running high external current account deficits) leads to a rapid build-up of external debt.

The Annual Report Theme 2019, "Balance for Better" is the new narrative on population based on promoting rights-based approach. The idea of a national narrative on population is not new for Pakistan. Government of Pakistan did have one in the past, and to some extent, it perceived even today despite being out of orchestrate with the current realities to have fewer children-in order to lead a prosperous life. By and large, this narrative was never well-received as it was seen to be a direct infringement of peoples' private decision making space. The main problem was that it lacked broad-based national endorsement.

Though civil societies like Rahnuma-FPAP long back have adopted rights based strategies and programs. We are happy to share that as per new Government narrative, the parents have the right to freely and responsibly decide the number and spacing of their children to able to fulfil the fundamental rights of the children by maintaining a balance between their family size and resources. And the government and society have the responsibility to facilitate parents to achieve this balance by providing universal access to family planning information and services, thereby achieving sustainable development.

We are so enthusiastic to present our theme and work over the narrative which is in consonance with Pakistan's socio-cultural ethos, religious teachings, values, and fundamental human rights. It aims to attain a balanced and sustainable population growth rate to ensure people's well-being, prosperity, and security.



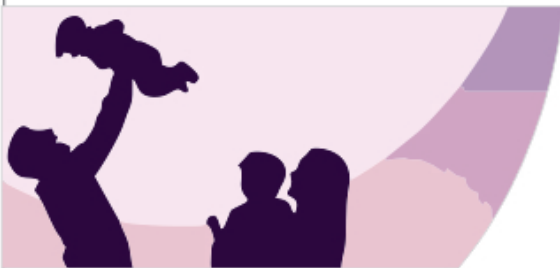
Syed Kamal Shah

Chief Executive Officer, Rahnuma-FPAP

ACRONYMS:

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

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Executive Summary

This year (2019) Annual Report is being presented under a new theme which has been devolved after the historic Supreme Court of Pakistan Population related Sou Moto and subsequently Council of Common Interest (CCI) approved Recommendations covering most of the population related issues in Pakistan. The report starts with presenting the global scenario as Human population has grown beyond earth's sustainable means, in 1950 there were 2.5 billion people on the planet, now in 2019 there are 7.7 billion. By the end of the century it's expected that global population of 11.2 billion.

The Report analyzed that major factors responsible for high population growth in Pakistan are high fertility, low contraceptive prevalence rate, high unmet need of family planning, declining mortality, custom of early marriages, son

preference, poverty, illiteracy especially of women and lack of women empowerment, religious constraints, beliefs, customs, traditions and lack of recreational activities. The new government has a firm stance on strengthening institutions, ensuring meritocracy and introducing transparency at all levels. With the establishment of federal and provincial SDG units at federal and provincial levels Pakistan has instituted monitoring and evaluation processes that are critical for supporting the SDGs' implementation, horizontal and vertical coordination, also strengthened collaborations with development partners, civil society organizations, think tanks, academia and the private sector.

Second chapter of Annual Report under the title "We Care" elaborate Rahnuma-FPAP strategic directions in the historical evolution. It also elaborate the thematic focus of the and its link with theory of change and strategic transformative direction. Rahnuma – FPAP has been the rights based landscape since 1953 and has been serving the people through integrated and coordinated development approaches. Our organization is working closely with government institution to advocate for improved social policies. It is a collaborating partner with Ministry of National Health Services, Regulations and Coordination (MNHSRC), Government of Pakistan and CSO Focal of Country Engagement Working Group (CEWG) on FP 2020 established under MNHSRC, Government of Pakistan,



Member SDGs Task Force, Member Prime Minister SC /CCI Task Force. RFPAP plays important role in Ministry of National Health Services, Regulation and Coordination's Reproductive Health Working Group on MISP under National Health Emergency Preparedness and Response Network (NHEPRN).

This chapter also briefly discuss the Strategic Plan and link with theory of change. The nutshell of the theory of change of strategic plan is to ensure that all people in Pakistan are empowered to make choices about their SRH and wellbeing in the world without discrimination and to lead the movement of SRHR and FP as a basic human right in Pakistan. R-FPAP strategic plan specially revolves around vulnerable and underserved people to provide them sustainable and quality SH and RH, FP services and information in partnership with government and different stakeholders.

The 3rd chapter under the title "We are leading" discuss our Public Sector engagements at international, national and regional levels as it is active member and CSO Focal of FP 202 Country Engagement Working Group (CEWG) and provincial government task forces and committees. We works in close partnership with federal and provincial governments, and UN Systems. During 2019 all the provincial governments (Punjab, Sindh, KP and Balochistan) finalized their respective Task Sharing and Task Shifting

Strategies and their implementation Action Plans to strengthen the family planning outreach services. The Balochistan government notified to own the Task Sharing and Task Shifting Strategies. The Punjab provincial government adopted the Punjab Health Sector Strategy 2019-28. Through the strategy, targets in health governance and accountability, public-private partnership, human resource, measures taken for safeguarding the mother and child, family planning, patients safety and availability of medicines in government hospitals will be achieved.

Fourth Chapter highlights its various innovative / flagship projects including WISH2 Action, GCHCI, GUSU, LARC, Poverty Alleviation projects. Our SRH&R & FP based service delivery apparatus is composed of nine fully equipped Family Health Hospitals, more than one hundred Family Health Clinics and thousands of Community Based Distributors and Private Practitioners which benefit hundreds of thousands of people annually. The contributions of Rahnuma-FPAP are recognized by Government of Pakistan through its quarterly performance report issued by Pakistan Bureau of Statistics, under Planning Division (www.PBS.gov.pak).



The objective of global WISH2ACTION program is to ensure universal access to family planning and sexual and reproductive health and rights. This three year long program is operational since 2018 and will continue till 2021



Women's Integrated Sexual Health (WISH) project, funded by the UK Department for International Development (DFID), through IPPF, aims to deliver access to life-saving contraception for six million couples per year. The objective of global WISH2ACTION program is to ensure universal access to family planning and sexual and reproductive health and rights. This three year long program is operational since 2018 and will continue till 2021 with expected extensions. Under the LARCs Project as a part of initiative to promote interactive dialogues between youth and policy makers on SRHR of youth and adolescents issues in Pakistan, a workshop was organized and a youth-led community mobilization platform was formed, oriented and engaged in SRH/gender awareness raising and sensitization. This Workshop was attended by 30 representatives from youth led organizations, young advocates and CBOs run by young people.

The SPRINT Initiative (Sexual Reproductive Health Program in crisis and post-crisis situations) is designed

to address gaps in the implementation of the Minimum Initial Service Package (MISP) for Reproductive Health, a set of priority activities to be implemented at the onset of an emergency. Rahnuma-FPAP Humanitarian Response Structure was developed at both the head office and at all provincial bases, as established through dialogues with 17 participants from Rahnuma-FPAP Head Office PDMA, Social Welfare and NGOs. We also organized a refresher training session in KP province for service providers and three days TOT on MISP for Law enforcement staff, events which were attended by more than 36 medical professional from Law Enforcement agencies and, notably, from Armed Core. Under the Global Comprehensive Health Care Initiative during the first year 2019 of GCACI Phase V, the four Member Associations (Pakistan, Indonesia, India and Nepal) in the Asia grant provided 53,614 women with an abortion or treatment for incomplete abortion, 39 percent increase in the number of clients provided with safe PAC and a 30 per cent increase in the number of clients served with family planning services, with 20 per cent choosing a long acting method. The proportion of PAC clients adopting a contraceptive method was maintained at a high rate of 96 per cent, with 40 per cent choosing a long acting method.

Under our another flagship project "Get Up Speak Up-GUSU" five Value Clarification Trainings (VAT) were organized and trained 111 services providers. Most of the service providers share that they have never received such training in regard to Sexual and Reproductive Health issues. Service providers and referral partner those were trained during the reporting period were trained to be more inclusive



National Parliamentarian's Caucus on SRHR is one of the largest Parliamentarian's Caucus in Pakistan; it consists of more than 85 MNAs, Senators, MPAs and MLAs across Pakistan who have pledged to advocate for bridging the gaps in population and SRH&R policies

in their services. GUSO program is targeting the young people (10-24 years), especially adolescent girls and young women, boys and specific vulnerable groups, such as young lesbian gay bisexual transgender (LGBT), deaf people, out-of-school youth and young people in high-density urban settings, through targeted and contextualized meaning full youth participation approaches that address their specific needs and realities.

The next chapter of Annual Report 2019 highlights our networking and alliance building under the title "Stay United to Deliver" to strengthen population and SRH&R related commitments at national and international levels. National Parliamentarians Caucus on SRHR is one of the largest parliamentarians caucus in Pakistan; it consists of more than 85 MNAs, Senators, MPAs and MLAs across Pakistan who have pledged to advocate for bridging the gaps in policies, introduce necessary legislation on a host of SRHR & other social issues including laws against child marriage, marriage with Quarn, Vani, Sawara, domestic violence, etc. During 2019, various consultative events were organized to sensitize these worthy members on SRHR, FP, GBV, ICPD, and FP 2020. During 2019 The Sindh government become pioneer in approving the Reproductive Healthcare Rights Bill in line with CCI Recommendations 2019. We along with other prominent CSOs transpired 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.

We joined hands with the likeminded organizations to develop a national taskforce and raise a strong collective voice in favor of LSBE under the platform of Right Here Right Network (RHRN). 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. Last two chapters briefly highlights stories of Hero's, our achievements, publications/ IEC material developed, media and social media contributions, a brief graphic comparison of our various services and finally the dully approved Audit report 2019.

JOURNEY

ANNUAL REPORT

2019

BALANCE
FOR **BETTER**
AnnualReport
2019



1

NEED FOR CHANGE

- Global Scenario
- Pakistan Explosion
- Who We Are?
- Key Partnership & Alliance
- Rationale for Change
- The New Narrative

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WE CARE

- Who We Are?
- Always the Leaders in Advocating
- Theory of Change and Strategic
- Transformative Direction
- Rahnuma-FPAP Strategic Direction

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WE ARE LEADING

- Key Public Sector Policy Initiatives 2019
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- Public Private Partnership Strengthened
- Consultative Round Table Session on Population
- Capitalizing Public & Private Engagement on Population
- FP 2020 Country Engagement Working Groups (CEWG):
- Technical Working Group on SDGs (3 & 5):
- Regional Humanitarian Hub

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OUR INNOVATIVE PROJECTS

- WISH: transforming lives of women and girls
- Improving Access of Long Acting Reversible Methods through Task Sharing/Shifting
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STAY UNITED TO DELIVER

- Parliamentarian's Caucus on SRHR:
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STORY OF OUR HEROS

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OUR ACHIEVEMENTS HIGHLIGHTS

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CHAPTER 1:

NEED_{FOR} CHANGE

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Global

Scenario:

Human population has grown beyond Earth's sustainable means, in 1950 there were 2.5 billion people on the planet, now in 2019 there are 7.7 billion. By the end of the century it's expected that global population of 11.2 billion. The 2019 Scientists' Warning of a Climate Emergency, signed by more than 13,000 scientists from around the world, explicitly calls for "bold and drastic transformations" regarding both economic and population policies, including making family planning services available to all and achieving full gender equity. "Population Matters" is putting population on the global agenda, bringing the issue to an international audience through awareness campaigns, education and research.



In addition to family planning, girls' education and other measures to empower women, people need to be educated about the personal and global benefits of smaller families, while beliefs and values favoring large families must be overturned.

Worldwide, 214 million women have an unmet need for modern contraception (i.e., they do not wish to get pregnant and are using no contraceptive method or a traditional method). Each year, approximately 47,000 women die from complications associated with unsafe abortion. Access to and use of effective contraception reduces unintended pregnancies and the incidence of abortion. Reasons for the lack of access to and, in some cases, utilization of FP/RH services include low awareness of the risks of sexual activity, such as pregnancy and HIV; cost; gender inequality; and laws in some countries that require women and girls to be of a certain age or have third party authorization, typically from their husband, to utilize services. Improving access to family planning and reproductive health (FP/RH) services globally can help prevent maternal deaths and reduce unintended pregnancies. Each year, an estimated 303,000 women die from complications during pregnancy and childbirth, almost all in developing countries. Approximately one-third of maternal deaths could be prevented annually if women who did not wish to become pregnant had access to and used effective contraception. Worldwide, 214 million women have an unmet need for modern contraception.

We can achieve a sustainable global population when communities, governments and organizations take action to encourage smaller families through choice, education, women's empowerment, and easy access to family planning. By doing so, we can ensure that, in the future, everyone can have a decent standard of living



on a healthy planet. There are several key global goals for expanding access to and improving FP/RH services, including: SDG 3: ACHIEVING UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH – “ensure healthy lives and promote well-being for all at all ages,” is to “ensure universal access to sexual and reproductive health care services, including for family planning, information, and education, and the integration of reproductive health into national strategies and programmes. The SDGs are the successor to the Millennium Development Goals (MDGs), which also included this goal as a specific target under MDG 5 (improve maternal health). FP2020: PROVIDING ACCESS TO VOLUNTARY FP TO AN ADDITIONAL 120 MILLION WOMEN, In July 2012, the government of the United Kingdom and the Bill & Melinda Gates Foundation – in partnership with the United Nations Population Fund (U.N. Population Fund or UNFPA), civil society organizations, developing countries, donor governments, the private sector, and multilateral organizations – co-sponsored the London Summit on Family Planning, an effort to provide

voluntary family planning services to an additional 120 million women and girls in developing countries by 2020 through new commitments. This goal is being monitored by Family Planning 2020 (FP2020), a global partnership created as an outcome of the Summit. In July 2017, the second London Summit on Family Planning reviewed progress made thus far.

Time and time again, fertility rates have been brought down quickly and substantially in many parts of the world through ethical, positive measures. To address our current environmental crisis and achieve a global population that the Earth can sustain and a decent quality of life, we have to do more, better and quicker than we've ever done before. That goal is achievable. The recipe is proven and simple, and improves people's lives in multiple other ways:

- birth spacing; challenge beliefs that large families are good or that family planning is wrong - and encourage smaller families;
- provide universal, high quality, modern family planning services;
- sexuality education, information and counseling;
- post-abortion care;
- screening/testing for HIV and other sexually transmitted diseases (STDs);
- repair of obstetric fistula;
- antenatal and postnatal care;
- lift people out of poverty
- empower women



PAKISTAN Explosion

The Increasing population:

Pakistan being one of the high-fertility countries with a large proportion of young adults and children had a population of 33 million in 1950 and its rank was 14th in the world but today, its population has reached around 208 million making Pakistan 5th most populous country of the world, after China, India, USA, Indonesia, Brazil, Japan, Bangladesh, Nigeria, South Korea, Russia etc. In terms of land area Pakistan is 34th and shares 0.6% of the world area and in terms of Human Development Index, it's at 152 position out of the total 189 countries. Most alarmingly, Pakistan's ranking was lower than all comparable regional countries of South Asia 147th position in the world. Pakistan has the highest population growth rate at around 2.4%. Each family in Pakistan on average has 3.1 children. If the population of the country continues to grow with the same rate, it is likely to double in next 30 years, making Pakistan 3rd most populous country of the world; whereas land area will remain the same rather will be reduced due to residential plans,

Major factors responsible for high population growth in Pakistan are high fertility, low contraceptive prevalence rate, high unmet need of family planning, declining mortality, custom of early marriages, son preference, poverty, illiteracy especially of women and lack of women empowerment, religious constraints, beliefs, customs, traditions and lack of recreational activities.

Failure of proper implementation of government's population planning policies is the major cause of population growth as our contraceptive prevalence rate instead of increasing is decreasing and at present.

Another reason is that government did not have a strong monitoring system in place to regulate health centers or keep records of the population growth despite the fact that population welfare programme of Pakistan is one of the oldest in the world but it has not yielded the kind of progress as compared to other countries like Bangladesh and Indonesia.

The new government has a firm stance on strengthening institutions, ensuring meritocracy and introducing transparency at all levels. With the establishment of federal and provincial SDG units and FP2020 Working Groups, Pakistan has instituted monitoring and evaluation processes that are critical for supporting the SDGs' implementation, horizontal and vertical coordination, and strengthened collaborations with development partners, civil society organizations, think tanks, academia and the private sector. To ensure an enabling institutional environment, Parliamentary Taskforces are operating in national and provincial assemblies, closely overseeing progress on the SDGs. All such efforts are expected to accelerate the pace of Pakistan's progress on the SDGs. The Honorable Supreme Court of Pakistan, taking Family Planning as a human rights issue, took Suo Moto Notice on 4th July 2018 and constituted a Task Force to frame clear, specific and actionable recommendations to address matters relating to the alarming population growth. The Task Force, after a series of meetings, framed a set of recommendations aiming at

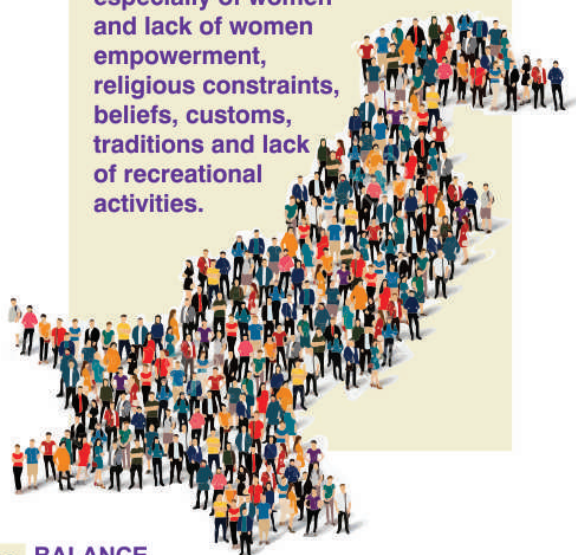
enhancing contraceptive prevalence rate (CPR) to 55 percent, lowering total fertility rate (TFR) to 2.1 and bringing down population growth rate to 1.5 percent. These recommendations were placed before the Supreme Court Bench and were thereafter approved. The Council of Common Interest (CCI) approved all the recommendations in principle and advised the Ministry of National Health Services Regulation and Coordination to prepare an Action Plan with financial modalities for operationalization of the recommendations in consultation with all relevant stakeholders. These recommendations would be implemented by the federal and provincial governments with active support from private sector, civil society organizations and international development partners. In pursuance to the direction/decision of CCI, the recommendations have been translated into an Action Plan, prepared in consultation with provincial governments, relevant and other implementing partners in the private sector. The Action Plan will



enable advancing towards the national and provincial program objectives and targets. At the same time, it will help in assessing the extent of progress towards various international commitments such as Family Planning 2020, International Pakistan Economic Survey 2018-19, International Conference on Population and Development (ICPD) beyond 2014 and Sustainable Development Goals (SDGs) of the 2030 Agenda. The federal government formed a taskforce on Population and Family Planning on 4th December 2018. This taskforce is headed by the Prime Minister and has representation of Chief Ministers from four provinces. The main purpose of this task force is to devise Strategy/ Action Plan and its best implementation, to achieve the desired objectives and targets relating to population. On similar lines, the provincial governments have also formed their respective taskforces which are headed by their Chief Minister along with other stakeholders as their members. The purpose is to have highest level commitment from the provinces so that a coordinated strategy is developed to tackle the population issue. The Punjab and Sindh Provincial Taskforces were formed on 30th November 2018, and the Khyber Pakhtunkhwa Provincial Taskforce was formed on 29th November 2018, while Baluchistan Taskforce formation is still in process.

Rahnuma – FPAP was part of the National and Provincial Committees which formulated Action Plans for the respective provinces, in line of Supreme Court Recommendation, R-FPAP is working and will continue to work on the lines of the recommendation in order to address FP and SRH which is the basic human right. R- FPAP has become the necessity of people especially of marginalized, underserved and vulnerable members of local community.

Major factors responsible for high population growth in Pakistan are high fertility, low contraceptive prevalence rate, high unmet need of family planning, declining mortality, custom of early marriages, son preference, poverty, illiteracy especially of women and lack of women empowerment, religious constraints, beliefs, customs, traditions and lack of recreational activities.





Rationale for Change:

The rapid increase in population is like a bomb which when will explode will destroy country socio-economic development and it will lead the country towards disasters, it is high time we take this seriously and take it as a top priority as its link with our environmental issues, our economic falls, climate change, deforestation, food and water scarcity, increase in infrastructure leading to land degradation, are we ready for disaster or we are ready to ensure stability of our future and our upcoming future. Pakistan faces a daunting challenge and issues relating to family planning and reproductive health services are complex and intertwined, solutions also need to be comprehensive and integrated

All countries that made dramatic economic breakthroughs in the last 30 years managed to drastically reduce the average fertility rate — the number of children born to a woman over her lifetime. Iran drastically reduced its fertility rate from 6.53 to 1.96 in a span of 30 years. Bangladesh brought its fertility rate down from 6.92 to 2.1 since its independence, while Korea (1.21), China (1.65), Hong Kong (1.23) and Taiwan (1.1) made similar impressive reductions. Sadly, Pakistan has been firmly saddled with a very high fertility rate of 3.73 for the past four years. If not immediately addressed, this single factor could negate every effort Pakistan may make to break away from poverty, hunger, disease and illiteracy. Pakistan's demographic transition is considerably delayed

by slow onset of fertility decline, with a total fertility rate of 3.8 children per woman - 31 per cent higher than the desired rate. Low achievements in human development, particularly education and lack of female empowerment, pose serious problem to population growth rates. Poverty has close relation with low literacy, high fertility, and high child and maternal mortality rates, nearly one-fourth of country population continues to live below poverty line with high numbers of poor increasing due to rise in growth rates. Family planning can help slow unsustainable population growth that is threatening Pakistan's future economic growth. Investing in family planning is crucial to the development of Pakistan and can accelerate the achievement of the Sustainable Development Goals.

Pakistan, on the other hand, could not benefit from religion as an instrument for change and action. It failed to create and implement population control policies that could integrate communities — lady health visitors, religious leaders and BHUs. There was neither easy free access to contraceptives, nor was the media utilised for mass awareness and

guidance. For rationale of change in regards to population regarding issues, requires consistent commitment, appropriate policies and adequate human and financial resources. Once these conditions are met, the country will achieve sustainable balance between its resources and population. In order to generate such support in Pakistan's socio-political realm, there is a need for an evidence based transformative advocacy strategy to enhance high-level support for positioning population dynamics, mostly fertility transition, as priority in national and provincial development agendas. The strategy should go beyond running linear, interpersonal BCC vigorous and energetic campaigns and instead work in close liaison with other supporting partners to influence current federal and provincial governments to address this burning topic of population religiously and firmly. The focus should be as central impediment to national development by engendering and provoking a sense of urgency for structural reforms to improve the quality and access to family planning services.

Pakistan needs to adopt multi-modal approach in order to promote family planning in Pakistan in light of CCI recommendation to engage different stakeholders from different sectors and consolidate advocacy efforts to develop an environment marked by political will to reduce population growth rate, increased funding for family planning programs, reduced gaps in service provision, and reliable data about population dynamics. This model can only work in close co-operation with all the stakeholders with one common aim in order to achieve constant movement.



The New Narrative Balance for Better:

Over the last five decades some limited efforts have been made to raise awareness among Pakistanis about family planning through public advocacy campaigns and mass media programming. The idea of a national narrative on population is not new for Pakistan. We did have one in the past, and to some extent, it prevails even today despite being out of sync with the current realities. Past planners reasoned that if Pakistan was to prosper, the rate of population growth had to be curtailed. Reflecting this end, couples were exhorted to produce two children — a prescription later modified to have fewer children — in order to lead a prosperous life. By and large, this narrative was never well-received as it was seen to be a direct infringement of peoples' private decision making space. The main problem was that it lacked broad-based national endorsement. To address this gap, the SC-appointed task force recommended a new narrative on population to be developed to reflect the aspirations of the people and compel us all to action.

To help implement this recommendation, a wide-ranging consultative process has been conducted to obtain inputs of government representatives, parliamentarians, academics,



religious scholars, and media experts to develop a new narrative with the technical support of the Population Council and UNFPA. The narrative is in consonance with Pakistan's socio-cultural ethos, religious teachings, values, and fundamental human rights. It aims to attain a balanced and sustainable population growth rate to ensure people's wellbeing, prosperity, and security.

The narrative stipulates that, "Parents have the right to freely and responsibly decide the number and spacing of their children to fulfil the fundamental rights of their children and family by maintaining a balance (tawazun) between their family size and resources. The Government and society have the responsibility to facilitate parents to achieve this balance by providing universal access to family planning information and services."

Also, three interrelated principles are inherent in this narrative. The first principle recognizes that all citizens have fundamental rights (haqooq) which are enshrined in all religious teachings, the Constitution, and the international covenants Pakistan is a signatory of. All citizens and every child born have the right to shelter, nutrition, healthcare, education, parental attention, and a good quality of life. This also includes the right of parents to information and services they need in order to make free and informed choices while planning a family.

The second principle is the recognition that to provide these rights, individuals, parents, and the State have distinct responsibilities to fulfil. Parents ought to act responsibly and only have the number of children they can provide these

basic rights to, while the State is responsible for providing the necessary policies, frameworks, services and resources, such as voluntary family planning and health services, quality education, housing, job opportunities, and gainful livelihoods.

The third principle acknowledges that the responsibilities of individuals and the State can only be fulfilled when there is balance (tawazun) between resources and its utilization. At the State level, tawazun implies achieving a sustainable balance between population growth and available resources. At the individual level, it implies balancing family size with family resources.

It is now for the federal and provincial governments to embrace this narrative, develop it further, and widely disseminate its essential message so that it permeates every level of our society.

According to the new narrative, parents have the right to freely and responsibly decide the number and spacing of children to be able to fulfil the fundamental rights of their children by maintain a balance between family size and resources.

The government and society have a responsibility to facilitate people to achieve this balance by providing universal access to family planning information and services, thereby achieving sustainable development. There has been lack of political commitment on the issue of population in Pakistan. Even though there is an overall consensus across party lines on this issue, there is a need to show collective will through supportive legislation to promote family planning.

CHAPTER 2:

WE CARE

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Who We Are?

From Humble Beginning to a Growing Success - Splendid Tale to tell!!

Rahnuma Family Planning Association of Pakistan (R-FPAP) a Member Association of International Planned Parenthood Federation (IPPF) is one of the largest and oldest rights based civil society organization established much before the constitution of IPPF, back in 1953 exclusively devoted to working in Reproductive Health (RH) and Family Planning (FP). IPPF was constituted in Mombay (now Bombay) by 8 of these associations (including FPAP) to mobilize resources for these associations for the very cause of FP (initially for FP and over time covered the entire SRHR sector). Over time IPPF grew big, currently it covers 150+ countries across the globe with its Head Office at London and covering the globe through 6 Regional Structures, R-FPAP is part of the South Asia Region along with 8 other countries. R-FPAP is recognized both nationally and internationally as an (lead organization) advocate and service provider for RH and FP. It has distinction to collaborate with all major national and international development agencies (INGOs, UN Systems, Public sector, government institutions). Rahnuma-FPAP RH & FP based services delivery apparatus is composed of ten fully equipped Family Health Hospitals, more than one hundred Family Health Centers and thousands Community Based Distributors and Private Practitioners which benefit hundred thousand people annually. The contributions of R-FPAP are recognized by Government of Pakistan through its quarterly performance report issued by Pakistan Bureau of Statistics, under Planning Division (www.PBS.gov.pak).

Marinating to meet the new challenges in population sector (National Devolution 2011 and adoption of Sustainable Development Goals-SDGs 2016-2030) Government of Pakistan FP 2020 commitments, Rahnuma-FPAP revised its Strategic Plan 2016-22. The revised plan envisioned that “all people in Pakistan are empowered to make choices about their SRH and well-being in a world without discrimination” and to lead a movement for SRHR and FP as a basic human right in Pakistan and ii) to provide and enable sustainable and quality SH and RH including FP information and services to all particularly vulnerable and underserved in partnership with government and all other stakeholders.

Rahnuma-FPAP's contribution to the government's national level CYP achievement has been in the range of 8-10%. The organization's Service Delivery network is comprised of 111 Static Units including 9 Family Health Hospitals and 3 KATO Development Complexes; 31 Associated Clinics; 21 Mobile

Service Units; 6 toll-free Youth Help Lines, 6 Youth Friendly Clinics, Private Practitioners (PP) 3134, and 61 Youth Resource Centers and Youth Friendly spaces and 4044 Community Based Distributors (CBDs). Organization has also established a Regional Training Institute (RTI) at Lahore to provide trainings to its own service providers, staff and volunteers as well as to the staff and volunteers of the other stakeholders.

Recent research conducted on the beneficiaries of R-FPAP indicates that (65%) of these belong to Poor Marginalized Socially Excluded and Underserved (PMSEU) group. R-FPAP has a 'No Refusal Policy', whereby anyone who is unable to pay for the already subsidized service charges, is served after due diligence without or at subsidized rates. R-FPAP has a strong Quality of Care project through which Quality Assurance doctors and other monitoring staff conduct supportive supervision of all service delivery points. Also, frequent exit interviews are conducted, to ensure quality of care and client satisfaction. Indeed, 22% of R-FPAP clients are referred by clients who were satisfied with the services. Furthermore, community mobilization activities are a regular feature of R-FPAP program, whereby support groups, peer educators and partner defined quality methodologies are employed.



Rahnuma-FPAP and ITS EVOLUTION

Message

Family planning motivation

Intervention/Services

Condom, Vasectomy, Pills, IUCD

Infrastructure

IDistrict Branches with Model Clinics & Information Centers

Beneficiary

Men & Women

Crosscutting Issues

Advocacy amid vociferous opposition from clergy, verbal & physical abuse and harassment from communities



Message

Caring attitude towards mother & child

Intervention/Services

Salt, sponge, vinegar and foam

Infrastructure

In Single room operation at Karachi, Lahore and Dhaka

Beneficiary

Women in need

Crosscutting Issues

Advocacy amid strong opposition, arson and attacks.



[1953-1959]

[1960-1969]

[1970-1979]

[1980-1989]



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 Issues

Advocacy amid gifts and slogans like 'child stoppers' and 'American agents'

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 Issues

Advocacy



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 Issues

Advocacy for policy/law changes and efforts to avoid implications of 18th Amendment.

[2010-2018]



[2000-2009]



[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 Issues

Poverty reduction amid fertility transition

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 Issues

Advocacy for rights based approach to development

Always a Leader in Promoting FP and SRH

Rahnuma-FPAP has been the rights based landscape since introduction of the rights based framework and has been serving the people through integrated and coordinated development approaches. Our Management and strong advocacy techniques and programs have evolved to new heights duly recognized 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. More than 65 years of hard work Rahnuma-FPAP has achieved many goals time after time, the Ministry of Population Welfare to the provinces in the wake of the 18th Constitutional Amendment in 2010 was established as a result of such efforts. Our organization is working closely with government institution to advocate for improved social policies. It is a collaborating partner with Ministry of National Health Services, Regulations and Coordination (MNHSRC), Government of Pakistan and CSO Focal of Country Engagement Working Group (CEWG) on FP 2020 established under MNHSRC, Government of Pakistan, Member SDGs Task Force, Member Prime Minister SC/CCI sub working groups. Rahnuma-FPAP plays important role in Reproductive Health Working Group on MISP under National Health Emergency Preparedness and Response Network (NHEPRN). It has close partnership with Federal Ministry of Economic Affairs, Ministry



of Planning, Development and Reforms, National Institute of Population Studies (NIPS), Health Services Academy (HAS) and Population Association of Pakistan (PAP) and has opened the door for collaborative endeavors with the National Parliamentarians Caucus on SRH&R also a part of International FP 2020 Champions Group. Rahnuma-FPAP is member of working groups formed at all provincial/regional levels (PWD, DoH, PDMA's, P&D etc). In private sector organization has developed partnership to increase the coverage of SRHR services and information. R-FPAP initiated various advocacy campaigns to safeguard the rights of marginalized sections of the society, such as survivors of early age marriage, adolescent and youth, and disempowered women. Rahnuma-FPAP has been the pioneer when it comes to comprehensive campaigns based on advocacy, consciousness raising, lobbying, awareness, sensitization, behavioral change communication (BCC), and services while effectively focusing and addressing the rights of marginalized groups and poor of the poorest. Various initiatives to tackle the menace of child marriage and adolescent pregnancies which is the leading cause of MMR, IMR, PAC and SGBV and other socio-economic miseries, have been launched. Furthermore, intensive advocacy efforts have been initiated to get Life Skilled Based Education LSBE (Reproductive Health and Rights Education (RH &RE) included in the national and provincial curricula. In the past years, Rahnuma-FPAP has worked extensively with peer educators, communities, schools, parents, teachers and religious scholars and policy makers.

Furthermore, Rahnuma-FPAP works closely with public sector on developing mechanisms, resources and materials to engage and train key stakeholders in respect of their obligations and commitments on FP and SRH&R with engaging their strong networking of parliamentarians, decision makers, religious leaders, media, CSOs for family planning demand generation.



Theory of change and strategic transformative direction:

The strategic plan is based on four key challenges relating to the environment, empowerment, access and managerial accountability and efficiency. As such, it embodies creating SRHR friendly environment by influencing the government policies, empowerment and capacitating people to exercise their SRH rights, strengthening and expanding its service delivery base. It also includes improving systems and enhancing resources management, both human and financial. Based on the rationale that without change in the environment, SRHR cannot be realized, Rahnuma-FPAP strategized and work in close liaison with Federal, Provincial and district government, motivating them to fully respect, protect and commit to sexual reproductive health. In limelight to the strategic plan Rahnuma-FPAP has been in the continuous race to promote healthy choices and rights by engaging champions, opinion formers, and the media by empowering women, men, youth and other vulnerable groups to realize their SRHR. Aiming to emphasized on socio-economic development of people and constant hard work and focus on LSBE to create an impact in the society and make people aware of what their rights are.

Rahnuma-FPAP reinforced its present systems of delivery with right based quality services by strengthening through capacity building of the service providers, improving infrastructure, quality of care and increasing the outreach in order to increase the access of public to SH&RH and FP services including PAC/MR, SGBV, HIV and humanitarian

situations. Its further working closely in partnership with private service providers in order to strengthen them to provide high quality and wider range of SH&RH services including complete basket of FP. R-FPAP has excellent track record of healthy relationship with Government and NGOs in order to expand its services to most marginalized and underserved and continues to do so, in order to work and serve for the society by creating alertness and aptitude of people to exercise their SRHR.

To meet the demand for SRHR services requires an improved management system and additional resources and for this purpose the strategy is to make R-FPAP is a high performing, efficient, accountable organization through enhanced operational effectiveness and doubling organization through enhanced operational effectiveness and doubling organizational local income. The human resources will be complemented by widening the volunteer base of the organization through enrolment and training of new volunteers and registering online activist.

The nutshell of the theory of change of strategic plan is to ensure that all people in Pakistan are empowered to make choices about their SRH and wellbeing in the world without discrimination and to lead the movement of SRHR and FP as a basic human right in Pakistan. Rahnuma-FPAP strategic plan specially revolves around vulnerable and underserved people to provide them sustainable and quality SH and RH, FP services and information in partnership with government and different stakeholders.

Rahnuma-FPAP Strategic Direction and its Salient Features

Rationale and Background:

The fast changing ground realities, emerging new challenges and the global conferences of the 90s, in particular, the ICPD, Beijing Declaration and Platform for Action & its Sequels, & the Millennium Development Goals, however, expanded the scope of work for NGOs globally. It generated a new discussion in the IPPF system that culminated in recognizing the need for replacing the existing long term Strategic Plan with medium term five year plans. The first medium term five year strategic plan of the organization was formulated in 2001. In 2003, IPPF again went through a major shift in its strategic priorities with new program directions known as 5As approach, viz. Adolescents, Abortion, Access, AIDS and Advocacy as a cross-cutting theme.

SRH and FP service delivery has always been the core element of Rahnuma-FPAP's program. In the current strategy, advocacy interventions' scope has been broadened down to the level of district governments, including tracking to measure government progress on SDGs etc. The campaign for comprehensive sexuality education for in school and out of school children has been exponentially scaled up, empowerment program and social franchising have gotten more attention and substantial expansion in the volunteer and online activists base has also emerged as a new



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

In sync with IPPF's Strategic Plan, Rahnuma-FPAP's Strategic Plan (2016-22) is the core strategic document that informs its vision, mission and work. It is based on is based on four Outcomes:

- Federal, provincial and district governments respect, protect and commit to sexual health and reproductive health and rights;
- 45.8 million people are aware of and capacitated to exercise their SRHR;
- 54.18 million quality integrated sexual health and reproductive health services delivered;
- A high performing, efficient and accountable organization.
- Furthermore, as per its revised Strategic Plan, Rahnuma - FPAP is expected to expand its base of volunteers and activists through enrolling 90,500 volunteers and 138,750 online activists during the strategic plan period of 7 years. In addition, as per its SP framework, FPAP's SRH and FP work is focused on;
- Creating SRH friendly environment by influencing government at national, provincial and district levels
- Empowering and capacitating people to exercise their SRH rights
- Strengthening and broadening service delivery systems across Pakistan
- Strengthening systems and enhancing human and



- financial resource management. Moreover, against each of the four Outcomes, SP include impact indicators to measure performance throughout 7 years period.

Salient Features of Strategic Plan 2016-22

Advocacy interventions have been taken down to the District level. Tracking governments' progress with respect to SDGs has been made an integral part of advocacy activities. The engagement of youth advocates is a new dimension added to advocacy programming. 4 Policy changes have been planned. Comprehensive Sexuality Education (CSE) program will be scaled up and the strategies have been designed to provide CSE to 0.148 Million in and out of school children. 0.22 Million men, women and youth will be socio-economically empowered through this Plan. 45.8 Million people will be informed and empowered through awareness raising using various channels of communication (the number of CSE and empowerment included). Organization will deliver 33.45 Million rights- based SRH and FP services including for safe abortion, SGBV, HIV and humanitarian through its own service delivery network all over the country. 17.13 Million services delivered through Rahnuma-FPAP on health infrastructure Organization will also enable 16.32 Million SRH and FP services through public and private health providers. 53,000 volunteers will be enrolled, trained and involved in the promotion of organization vision, mission and values. Organization will plan to engage 75,000 online activists by the end of Plan period. Overall spending to achieve the SP objectives has been estimated at approximately Rs. 2.13 Billion.

Expected Outcomes

Advocacy:

Change in the environment, SRHR cannot be realized, this document strategizes to work with Federal, Provincial and District Governments, pursuing them to agree and implement supportive legislation, policy and budgets for sexual and reproductive health and rights. Rahnuma-FPAP will further invest in political advocacy at all levels, targeting key institutions and government departments and building supportive parliamentarians, community, religious networks and media, ensuring that country capital is better connected with regional and international processes and representatives. Rahnuma-FPAP will generate new political commitment so that governments deliver, and even exceed, their (new) sustainable development targets. As a political change maker and catalyst, the organization will lead the SRHR community's political advocacy and deliver on its own mandate to track government's commitments. Rahnuma-FPAP will also implement a program to attract, invest and provide pathways for young leaders with a focus on girls and young women, further strengthen and resource its youth network and youth adult partnership. Male involvement and addressing issues related to sexuality and gender will be promoted. The organization will also work with other CSOs to encourage them to adopt a youth centric approach and influence government services to be more client and youth focused. These issues will be highlighted and promoted in policy, legislation and strategic domains of government, with the active engagement of women, men and youth advocates.

We will deliver 33.45 Million rights-based SRH and FP services including for safe abortion, SGBV, HIV and humanitarian through its own service delivery network all over the country. 17.13 Million services delivered through Rahnuma-FPAP on health infrastructure Organization will also enable 16.32 Million SRH and FP services.



Enabling young people to exercise their sexual rights is a vital priority of the organization and the program is designed to address the expectations and potential of a large youth cohort ever, a highly underserved group, both in accessing SRH services and information. Cognizant of the fact that young people who are able to exercise their sexual rights have the potential to be effective agents of change and hence have the ability to transform social norms, the organization will focus on establishing a right's based youth centric approach while prioritizing and investing in scaling up of comprehensive sexuality education services, both for those in and out of schools and focusing on interventions for the most marginalized and underserved youth. Wider public and community opinion directly affects an individual's ability to realize their sexual and reproductive rights. Change in public opinion also contributes to achieving legislative, policy and practice improvements. Popular campaigns, with integrated communication, supported by case studies and evidence, will be launched, and amplified through champions, opinion formers and media in order to create an environment to promote health, choice and rights. Rahnuma-FPAP

will focus on having powerful content featuring personal testimonies and evidence supporting SRHR. This content will be used in a variety of media formats including digital channels such as social media and more traditional including TV and radio programming and plotlines that sensitively raise SRHR issues in order to shift attitudes and approaches to SRHR and gender equality at local and national levels. the organization will focus on how to embed this so that it becomes a regular and ongoing feature of organizational and other CSO's work. Meetings and community based awareness sessions will play an important role in these campaigns.

Empowerment:

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

Services:

As there remains significant unmet need for a broad range of SRH services, the organization will ensure that at least a minimum integrated package of high quality essential services that are client-centric, rights-based, youth friendly and gender sensitive will continue to be delivered through static and mobile settings, with Family Health Hospitals being the hub. Rahnuma-FPAP will invest in the capacity building of its service providers and communities to ensure



Rahnuma-FPAP plan to engage 75,000 online activists by the end of Plan period. Overall spending to achieve the SP objectives has been estimated at approximately Rs. 2.13 Billion.

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

Institutional Building:

At the institutional level, the organization will adapt to constantly shifting political, financial and market conditions and innovate through an evolving business model with the development of social enterprises, recruiting and retaining expert staff and volunteers that bring a broader skill set to the organization. As opposition to SRHR from a vocal

minority threatens many of the significant improvements that have been realized, a critical mass of public support from the grass-roots up is needed to achieve outcomes by widening the volunteer base of the organization through enrolment and training of new volunteers and registering online activists, who will be joining hands with increasing numbers of SRHR supporters from diverse backgrounds, across the country, boldly and courageously promoting SRHR and gender equality. Rahnuma-FPAP will invest in public communications, in skilled staff, systems and new technologies to grow the supporter base quickly. It envisages a social movement which empowers people to claim their sexual rights and reproductive rights and hold their governments accountable. Programmatically it has been ensured that the current strategy is aligned with IPPF global strategic framework, responds to Pakistan's the changing environment, articulates a realistic program model, secures engagement and 'buy-in' of key internal and external stakeholders, while stretching the organization's focus to achieve greater impact and also clearly articulating organizations' brand, niche and reputation and setting out expected results and measures.



CHAPTER 3:

WE ARE LEADING THE SRHR Campaign

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We are leading the SRHR Campaign

Key Public Sector Policy Initiatives 2019

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). During 2019 all the provincial governments (Punjab, Sindh, KP and Balochistan) finalized their respective Task Sharing and Task Shifting Strategies and their implementation Action Plans to strengthen the family planning outreach services. The Balochistan government notified to own the Task Sharing and Task Shifting Strategies. The Punjab provincial government adopted the Punjab Health Sector Strategy 2019-28. Through the strategy, targets in health governance and accountability, public-private partnership, human resource, measures taken for safeguarding the mother and child, family planning, patients safety and availability of medicines in government hospitals will be achieved.



Sindh RH Bill 2019

Rahnuma-FPAP was part of Sindh Government FP 2020 Working Group Committee and provided technical support in the finalization of Sindh Reproductive Healthcare Act 2019 in line with CCI recommendations. Prior to inception of the RHR Act R-FPAP team remained engaged with policy makers, parliamentarians, media & CSO members etc. to build necessary support and momentum for this legislation. Through this Act Sindh Government is bound to provide quality reproductive healthcare through short- and long-term efforts comprising among others, to professionalize obstetric care, emergency obstetric and neonatal care. The bill also meant to support in diverse ways provision of family planning services, meet health needs of men and women through family planning services for prevention of unsafe and unplanned pregnancies. The bill provides broadening of the scope of family planning and/or reproductive health services to various geographical areas, and provision of service to reduce infant and neonatal mortality, decrease preterm and stillbirths and strengthening the reproductive healthcare system. It will also enforce the public sector approved manual on family planning.



LSBE Included in KP Development Plan 2020:

In response to council of Common Interest (CCI) Recommendations, Population Welfare Department KP in November 21st, 2019 agreed to include life skills based education (LSBE) in its annual development plan for 2020. Director General Population Welfare Department along with other relevant PWD and Education Department, officials decided that the LSBE booklet which was developed by Rahnuma FPAP will be rolled out system wide in KP. This curriculum has high social acceptability as it was piloted by Punjab Government in nine districts of Punjab and the project was rated as successful. It was further decided that education department KP will nominate a focal person for review of full scale LSBE module which was developed by Rahnuma-FPAP under its flagship Get up Speak up (GUSU) project.

Public Private Partnership Strengthened

Rahnuma-FPAP was part of the working group for conceptual framework of Public Private Partnership to Accelerate Family Planning uptake in Pakistan held in March 2019 by the Population Council, UNFPA and Government of Pakistan to establish a clear PPP strategy and process map, including quality assurance and approvals processes with manuals. The PP partnership was aim to contribute towards achieving Balochistan, Punjab and KPK FP 2020 goals of: universal access to safe and quality reproductive health/family planning services by 2020, increase CPR and MCPR and to reduce the unmet need.

Consultative Round Table Session on Population

Rahnuma-FPAP was part of National Action Plan based on policy and consultative session on population which was organised by Multi Sectoral Nutrition Center (MSNC), Planning & Development Board, Government of the Punjab, Punjab Welfare Department (PWD) Govt of Punjab, UNFPA, along with the technical support of Punjab Population Innovation Fund (PPIF) to organize a Consultative Round Table Session on Population, on 3rd December 2019. The aim of the consultative session was to analyses potential gaps/barriers in family planning strategies and policies with insight of international best practices and identify instruments for implementation of family planning strategies through a multi-sectoral approach. This round table session covered the way to develop and implement evidence-based plans of action to address this abnormal population growth. A set of recommendation evolved from technical sessions of four thematic areas (services delivery, enabling environment,



During 2019 all the provincial governments (Punjab, Sindh, KP and Balochistan) finalized their respective Task Sharing and Task Shifting Strategies and their implementation Action Plans to strengthen the family planning outreach services.

social and behavior change communication and role of developing partners). We were also part of the Inception meeting on Mapping of Public and Private Sector in relation to the delivery of family planning services in AJK& GB held on 18th November, 2019 arranged by UNFPA.

Capitalizing Public & Private Engagement on Population

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 is the CSOs focal organization for FP 2020 and 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. Chief Executive Officer Rahnuma-FPAP being a CSO focal point remained instrumental for ensuring the fullest civil society participation in the group.

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During 2019 Punjab finalized the Punjab (draft) RHR (Reproductive Health Rights) Bill and mechanism for the supply of contraceptives to all health and PWD facilities including NGO. Moreover the Punjab government has increased PWD budget from 4.87 Billion to 5.30 Billion for the year 2019/2020. The Sindh government notified Task Force on Population and its secretariat established in PWD Office. Moreover The KP government approved Provincial Health Sector Strategy incorporating the provision of FP services mandatory for all public and private health facilities and increased more 50% PWD budget in 2019/2020. The Balochistan government has increased annual budget of PWD from 872.2 to 1091.278. R-FPAP was competently and efficiently part of Contraceptive Security Working Group, Data Working Group of the CEWG, Provincial sectors working group and National Advocacy working group and was a key players in the materializing above mentioned achievements in line with FP2020.

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 nalization 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 localization process, Government of Pakistan 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 as CSO member in the working group.

During 2019 the government of Pakistan organization National Conference on SDGs to to scale up SDGs implementation through a multi-stakeholder approach based on increasing transparency, enhancing finance and leveraging technology under the auspices of Federal Ministry of Planning, Development and Reforms. During the conference the Government of Pakistan shared its annual SDGs related Volunteer National Review (VNR) highlights, emphasizing that poverty alleviation remains a key focus for the country. As part of its efforts to achieve SDG 1 (no poverty), the Government of Pakistan has established an 'Ehsas' (Compassion) program to expand social protection and safety nets and support the development of human capital throughout the country. Under this program, the



Government has announced plans to double the amount for social protection in its next budget. In addition, Pakistan is updating its National Socioeconomic Registry to more effectively target the poorest people and ensure that no one is left behind, in line with SDG 10 (reduced inequalities). National data collection tools have been modified to improve data availability with a focus on equity and sustainability aspects of SDGs. Transparency would be a major hallmark of the monitoring and evaluation architecture- through the establishment of SDGs Dashboard.

Regional Humanitarian Hub:

Rahnuma-FPAP being member of IPPF South Asia Regional Humanitarian Hub was further selected as Humanitarian Capacity Development Centre to play a vital role in terms of supporting IPPF- South Asia through strengthening the SRH responses in crisis and post-crisis situations in the country and also plans to liaison further with the various key stakeholders of the country by raising awareness on the importance of addressing SRH in crisis and post-crisis situations at the national, regional and international levels. Coordination with National Disaster Management Authority (NDMA), National Health Emergency Preparedness and Response Network (NHEPRN), all Provincial Disaster Management Authorities (PDMAs) including AJK and GB, Population Welfare Departments and Health Departments of all provinces.

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CHAPTER 4:



Our INNOVATIVE Projects

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Our Innovative Projects

Rahnuma Family Planning Association of Pakistan (R-FPAP) is one of the largest and oldest rights based civil society organization (national level) working in Reproductive Health (RH) and Family Planning (FP). Rahnuma-FPAP is recognized both nationally and internationally as an (lead organization) advocate and service provider for Reproductive Health. Rahnuma-FPAP is devoted to eliminate and alleviate the sufferings of marginalized and vulnerable sections of the society through integrated and concentrated social uplift efforts in the broader areas of SRH&R and FP. Nine fully equipped 24/7 Family Health Hospitals, more than one hundred Family Health Clinics, 21 Mobile Units and 2958 Community Based Distributors and 3092 Private Practitioners which benefit hundreds of thousands of people annually. The contributions of Rahnuma-FPAP are recognized by Government of Pakistan through its quarterly performance report issued by Pakistan Bureau of Statistics, under Planning Division (www.PBS.gov.pak).



WISH: Transforming Lives of Women and Girls:

The Women's Integrated Sexual Health (WISH) project, funded by the UK Department for International Development (DFID), through IPPF, aims to deliver access to life-saving contraception for six million couples per year. The objective of global WISH2ACTION programme is to ensure universal access to family planning and sexual and reproductive health services. This three year long programme is being implemented by Rahnuma-FPAP in 10 districts across Pakistan. The implementation started in 2018. National Ownership component of WISH2ACTION supports governments to prioritize SRHR in domestic financing, and to develop and implement evidence-based policies and plans to meet their commitments for SRHR. This has four work streams, namely: Accountability, Policy and Planning, Health Financing and Quality Improvement. Rahnuma-FPAP,

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

WISH2ACTION Project is using innovative approach to deliver services to the marginalized and underserved population. One of the innovation is the WISH Cluster Model approach. This model is based on IPPF's core integrated service delivery model for strengthening the availability and accessibility of comprehensive SRH/FP services. The model revolves around coordination, collaboration and integration between consortium partners. In addition, the model leverages on existing public and private health systems to capacitate, upscale and strengthen these facilities in targeted districts. The model is both inclusive and diverse in nature. It is a mix of Rahnuma-FPAP own service delivery points, associated clinics, youth resource centers, mobile service units, community based distributors and public health facilities. Another innovation of the program is introduction of transport and client vouchers to increase access and referral for FP services. Engaging men and boys in general and specifically reaching out to young people. Accessing people with disability (PWD) and providing them SRH and FP services. Handicap Internationals (HI) will capacitate service providers on providing services to PWDs while packaging evidence into meaningful formats for different target audiences so they can influence the decision making process (e.g. traffic light scorecards, info graphics, policy briefs, case studies, etc.). It is also facilitating to bring together both civil society and government to jointly review evidence, discuss challenges,



implement solutions and monitor actions together. HI is also supporting the review and expansion of the membership of existing CSO's, ensuring that marginalized voices are heard at all levels. WISH Program is being implemented in 10 districts of Pakistan which includes: Punjab: Faisalabad, Chakwal, Muzaffargarh, Rawalpindi Khyber Pakhtukhwa: Mardan, Haripur, Kohat Sindh: Badin Balochistan: Quetta Azad Jammu & Kashmir: Muzaffarabad. Each cluster, per district, will be equipped with 1 Doctor Based Family Health Model Clinic (FHMC) surrounded by 3 Lady Health Visitor (LHV) based Family Health Clinics (FHCs), 1 Outreach Service Delivery (OSD), 75 Associated Clinics, 150 Community Based Distributors (CBDs) and 2 Youth Resource Centers (YRCs). In total, there will be 10 clusters with 10 FHMCs, 30 FHCs, 10 OSDs, 20 YRCs, 750 Associated Clinics and 1500 CBDs. The 2 YRCs in each cluster will serve as information and service centers for young people. The CBDs will be inclusive of pharmacists, shopkeepers, traditional birth attendants, midwives, parlors, hakeems, homeopaths, internet cafes and sport clubs etc.

The WISH consortium is consist of three key tiers of stakeholder engagement including: 1. National Steering Committee (NSC) 2. Provincial Advisory Committee (PAC) 3. District Cluster Management Committee (DCMC) There will be 1 National Steering Committee (NSC) and 5 Provincial Advisory Committees (PACs). The NSC comprised of 6-8 members with representatives from DFID, Rahnuma-FPAP, the Options, HI, UNFPA, Departments of Health and Population Welfare etc. The 5 Provincial Advisory Committees (PACs), comprising of 8-10 members including representatives from Rahnuma-FPAP, Options, HI, UNFPA, Department of Health and Population Welfare, Youth representative, Person with Disability (PWD) and community



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

During 2019 the WISH 2 Action Project achieved following hallmarks.

- **We organized 1446 Out Reach Service Delivery Camps at all 10 locations in which 69,987 FP clients have been facilitated.**
- **1023 Sensitization and Motivational Sessions have been conducting at 10 clusters in community 19,797 participants.**
- **10 District Cluster Management Committees formed and meetings are being organized regularly.**
- **647 Community support group meetings have been conducted at all clusters in which 9,617 men and boys were sensitized in group sessions.**
- **505 Sessions with parents have been arranged 9,041 parents attend the sessions.**
- **118 Interactive Sessions with Schools/Colleges students have also been organized 2,679 students were provided awareness.**
- **511 interactive sessions with community (Male female) have been conducted so far with 8,103**
- **467 Meetings with youth at Youth Resource Centers of all 10 clusters have also been conducted with 6,605.**

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

This year long project was launched, in collaboration with UNFPA to strengthen provincial capacities to manage the delivery and accessibility of FP. The main goal of this project was to provide training on FP counseling, infection prevention, and hormonal methods of FP to health service providers. We also worked with the provinces to develop strategies on FP Task Shifting (Implants), and to improve the delivery and uptake of FP/SRHR services. Another objective of the project was to roll-out FP and provide technical support to provinces for task sharing and task shifting on Long Acting Reversible Contraceptive (LARC) methods.

During 2019 under LARC project we developed IEC material and case studies to better showcase our work this include 72000 pamphlets and 6000 posters which are printed in

local languages and shared with Tharparkar and Killa Abdullah team for dissemination. However, case studies/ documentary are being developed. 8 billboards on FP (with rights based approach and inclusion of disability) were posted at different locations/ Districts by PWD in GB. These included Nager, Khaplu-Kharmung, Gilgit, Astor, Diamar, Nagar, Hunza and Skardu. A ToT was conducted in during third quarter of 2019 for young advocates on "Youth and Adolescents SRHR" was arranged at Rahnuma Training Institute (RTI), Lahore in Sept 2019. The training was attended by 23 youth members including 12 young girls and 11 boys from four Districts of Lahore, Muzaffargarh, Chakwal and Faisalabad. 4 trickle down trainings organized at District level with 16 TGs, 40 Young girls and 15 young boys. A total of 102 community awareness sessions were organized during project life, through these



sessions 2865 young girls and boys were sensitized on their SRH needs and Rights.

As part of initiative to promote interactive dialogues between youth and policy makers on SRHR of youth and adolescents issues in Pakistan, a workshop was organized and a youth-led community mobilization platform was formed, oriented and engaged in SRH/gender awareness raising and sensitization. This Workshop was attended by 30 representatives from youth led organizations, young advocates and CBOs run by young people.

Two consultation workshops were organized on RHR Bill 2019. The first workshop was held in Lahore/Punjab on November 18, 2019 and second workshop was organized in Peshawar/KP on November 21, 2019. A total of 72 participants attended the two workshops. Out of this number, 20 were parliamentarians. During the course of the workshops' proceedings, MPA's were informed about legal lacunae in KP & Punjab's bills, and comparisons with KP and Punjab proposed bills; specifically with respect to implementation, monitoring, evaluation, budgetary, quality control, inspections and penalties contained therein. A Technical Committee was notified by the Secretary PWD/GB and its members were oriented/ sensitized on CCI recommendations/FP 2020 in Sep 2019. The Committee main roles are to work as a secretariat to support the Task Force meetings on population issues and to provide technical support in development of 5 years PC 1 for PWD.

During 2019 four coordination's meetings have been conducted with PDMA in four provinces Punjab, KP, Baluchistan and Sindh. Nine liaison meeting were conducted with District Disaster Management Authority in four provinces (MGH in Punjab, Badin in Sindh, Peshawar in KP and Quetta in Baluchistan). Rahnuma-FPAP organized a two days training of 21 young people and disable persons on "MISP" The objective of this training was to enhance the capacity and establish a pool of youth resources at national levels with awareness, knowledge and understanding of the MISP.



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

The SPRINT Initiative (Sexual Reproductive Health Program in crisis and post-crisis situations) is designed to address gaps in the implementation of the Minimum Initial Service Package (MISP) for Reproductive Health, a set of priority activities to be implemented at the onset of an emergency. The main objectives of this initiative are to develop relationships & coordination with Government stakeholders, and ensure that the health sector/cluster lead the implementation of the MISP and prevent and manage the consequences of sexual violence. It further aims to develop a mechanism to reduce STIs, including HIV transmission of maternal women, and prevent excess maternal and neonatal mortality and morbidity in selected areas. SPRINT Initiative is funded by the Department of Foreign Affairs and Trade (DFAT) under the Australian Government and managed by International Planned Parenthood Federation (IPPF). The initiative ensures access to essential lifesaving SRH services for women, men and children in times of crises, when services are most needed yet are not prioritized by key humanitarian responders. Through MISP, practical solutions were formulated, and humanitarian workers were trained to deal with issues relating to pregnancy, childbirth, reproductive health and the aftermath of rape and violence. Saving lives is the core aspect of the SPRINT Initiative.

During 2019 Four coordination's meetings have been conducted with PDMA in four provinces Punjab, KP, Baluchistan and Sindh. Nine liaison meeting were

conducted with District Disaster management Authority in four provinces (MGH in Punjab, Badin in Sindh , Peshawar in KP and Quetta in Baluchistan). The main purpose of the meeting was follow up on inclusion of MISP in their agenda during the emergency situations. R-FPAP organized a two days training of 21 young people and disable persons on "MISP" The objective of this training was to enhance the capacity and establish a pool of youth resources at national levels with awareness, knowledge and understanding of the MISP. Furthermore three days training on "Clinical management of Rape survivors (CMRS)" was organized for Service Providers at Regional Training Institute, Lahore attended by 18 service providers from across Pakistan. During this workshop the participants mapped a referral pathway for shelter and legal services for the Survivors in crises. Two days training of health care providers on WHO guide lines on facility-based health system response to GBV was conducted at Islamabad. A total # 16 service providers from across the Pakistan attended this training.

During the first year 2019 of GCACI Phase V, the four Member Associations (Pakistan, Indonesia, India and Nepal) in the Asia grant provided 53,614 women with treatment for PAC and a 30 per cent increase in the number of clients served with family planning services, with 20 per cent choosing a long acting method.



Established Humanitarian Response Structure:

Rahnuma-FPAP Humanitarian Response Structure was developed at both the head office and at all provincial bases, as established through dialogues with 17 participants from Rahnuma-FPAP Head Office PDMA, Social Welfare and NGOs. We also organized a refresher training session in KP province for service providers and three days TOT on MISP for Law enforcement staff, events which were attended by more than 36 medical professional from Law Enforcement agencies and, notably, from Armed Core. The data base of all trainees is actively maintained for use in future interventions. Under National Health Emergency Preparedness and Response Network (NHEPRN), Ministry of National Health Services and Coordination, Government of Pakistan, a Reproductive Health Working Group (RHWG) has been formed which includes important stakeholders from Public, private and UN system organizations. Rahnuma-FPAP is the focal point of RHWG from CSOs and its meetings are organized on quarterly basis.

Global Comprehensive Health Care Initiative:

Over the course of the third phase of the GCHCI program, the five participating Member Associations in Asia achieved a 39 percent increase in the number of clients provided with safe PAC and a 30 per cent increase in the number of clients served with family planning services, with 20 per cent choosing a long acting method. The proportion of PAC clients adopting a contraceptive method was maintained at a high rate of 96 per cent, with 40 per cent choosing a long acting method. In addition, the Member Associations strengthened data utilization to improve their programs. Client-based data was analyzed on a regular basis in order to inform decision-making. The main objectives of this program are to increase access to quality comprehensive PAC services, including treatment for incomplete PAC services.

During the first year 2019 of GCACI Phase V, the four Member Associations (Pakistan, Indonesia, India and Nepal) in the Asia grant provided 53,614 women with an abortion or treatment for incomplete abortion, 39 percent increase in the number of clients provided with safe PAC and a 30 per cent increase in the number of clients served with family planning services, with 20 per cent choosing a long acting method. The proportion of PAC clients adopting a contraceptive method was maintained at a high rate of 96 per cent, with 40 per cent choosing a long acting method. In addition, the Member Associations strengthened data utilization to improve their programs. Client-based data was analyzed on a regular basis in order to inform decision-making. They continue to improve quality of care standards through the routine monitoring of clinical standards using the clinic audit



During the first year 2019 of GCACI Phase V, the four Member Associations (Pakistan, Indonesia, India and Nepal) in the Asia grant provided 53,614 women with treatment for PAC and a 30 per cent increase in the number of clients served with family planning services, with 20 per cent choosing a long acting method.

tool, client feedback mechanisms, technical assistance provided by IPPF, and regular updating of clinic staff skills through trainings.

The main objective of this program is "Improved access to comprehensive quality abortion care and contraceptive services as integral components of sexual and reproductive health". FPAP has committed till January 2022, will Increase access to quality comprehensive abortion care services, including treatment for incomplete abortion services, resulting in a total of 59,668 clients being served by the end of phase-V. To Increased uptake of post-abortion contraception, resulting in at least 93% of all clients provided with abortion care or treatment for incomplete abortion services at the Member Associations' clinics adopting a contraceptive method of which at least 57% will choose a long acting method. Increased uptake of post-partum IUDs resulting in a total of 7,481 clients being provided. And also increased access to quality family planning services through the IPPF Member Association, resulting in 424,510 clients being provided with contraceptive services of which at least 41% will adopt a long acting method. Services were provided through 22 FPAP clinics and nine satellite clinics, one attached to each of the Family Health Hospitals in the program. All satellite clinics have now been refurbished and supplied with equipment. FPAP have conducted training focused on abortion, contraception and values clarification. Clinic, HQ staff, new governance members and young volunteers benefitted from values clarification training which enabled staff and volunteers to reflect on how values can impact attitudes and behaviors towards women who have an abortion. PPIUD training was conducted for medical officers and Quality Assurance Doctors, and job aids on PPIUD have been distributed, which have increased the knowledge and confidence of providers to provide post-partum IUDs.

Get Up Speak Out Project (GUSO)

The Pakistan GUSO Country partnership comprises of Rutgers, Family Planning Association of Pakistan, dance4life, Idara-e-Taleem o Agahi (ITA), Participatory Integrated Development Society (PIDS), AWAZ CDS, Visionary Foundation (VF) and Blessings Welfare Association (BWA). In 2018 the closure of Rutgers in Pakistan. Rahnuma FPAP is started to work on GUSO as host Organization with Idara-e-Taleem o Agahi (ITA), and Blessings Welfare Association (BWA). This experience has enabled GUSO staff and organization to learn a lot about the host role. Rahnuma FPAP is trying to build trust with GUSO partners through close coordination and communication.

GUSO program is targeting the young people (10-24 years), especially adolescent girls and young women, boys and specific vulnerable groups, such as young lesbian gay bisexual transgender (LGBT), deaf people, out-of-school youth and young people in high-density urban settings, through targeted and contextualized Meaning full Youth Participation approaches that address their specific needs and

realities. The approaches include strengthening and capacity building of youth networks, provision of comprehensive Life Skills Based Education (in school and out of school young people) through Whole School Approach (WSA) and effective peer education methods and advocate for an enabling policy and societal environment by removing social barriers through youth led campaigns and community awareness sessions.

The project was started in 1st July, 2016 and will continue till 31st December, 2020 at three Regions/ provinces (Punjab, Balochistan, Sindh). During 2019 more than one hundred and twelve young people & Teachers trained as peer educators including 4 transgender persons. Trained peer educators are conducting sessions with 8676 in schools students and out of schools young people and provided the information on Life Skills Based Education and Sexual and Reproductive Health Issues of young people. More than ninety in-schools Health sessions were conducted with 2080 young people and parents. Moreover, information on SRH&R issues through toll free Helpline and face to face counselling services were also provided. These sessions were conducted through inclusive approach and young people and parents from diverse background took part in these sessions. The project also shared information on SRH&R issues through toll free Helpline and face to face counselling services were also provided. Helpline counselors were capacitated on Youth friendly health services. These sessions were conducted through inclusive approach and young people and parents from diverse background took part in these sessions. During in school health sessions on LSBE mostly parents shared that after getting this information have eradicated their barriers and now the



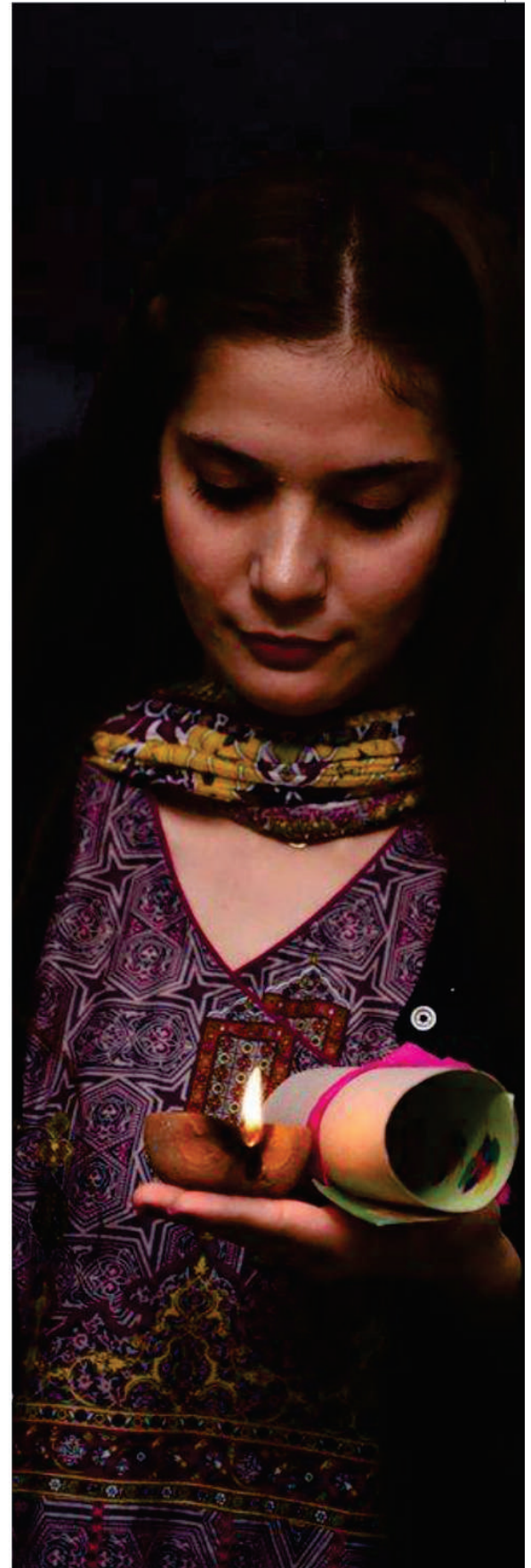
feel comfortable to discuss these specific issues with their children in confident manners and their communication gap between children and parents also reduced.

During 2019 under this project five Value Clarification Trainings (VAT) were organized and trained 111 service providers. Most of the service providers share that they have never received such training in regard to Sexual and Reproductive Health issues. Service providers and referral partner those were trained during the reporting period were trained to be more inclusive in their services. To ensure quality of services, they trained on Youth friendly health services. The number of young clients increased and these trainings also contributed a lot in this increase of number. As a whole a total number of 23,609 individuals were reached through campaigns and social media. 21,003 out of this total number was achieved through website page while 2,606 individuals were engaged through community sessions, father's day celebration and men engage sessions. 114 people were structurally involved in the implementation of the program at community level. Out of these 44 individuals were young people including 9 lady health visitors, 31 school staff members, 2 religious leaders and 2 nurses. 70 individuals were adults including 17 lady health workers, 32 school staff members, 2 health facility staff, Government officials 5 and 14 religious leaders.



Poverty Alleviation Program (PAP):

Rahnuma-FPAP empowers women and addresses existing gender economic and social inequalities through PAP. The project was started in 2002, in collaboration with Khushhali Microfinance Bank Limited (KBL), as part of public private partnership. Over years, this project has benefited (225,453 women, men, and youth, at 34 PAP locations across Pakistan. The main objectives of the project are to reduce poverty among marginalized and underserved populations in Pakistan, to empower women, men, and youth to express their views in decisions directly affecting their lives; and to enhance women, men, and youth's access to reproductive health and family planning services. Through this program, we effectively conducted five training sessions which were attended by more than 50 trainees of different micro credit enterprise organizations, including Khushhali Microfinance Bank Limited (KBL) staff. Capacity building training sessions of field staff were conducted at Region, PMO, and location levels. Annual performance review and planning meeting with internal staff were also planned and organized. In 2018, 35,682 clients received loans, with 7136 groups formed, showing an 84% achievement against annual indicators. Three trainings sessions on FP/RH sessions were conducted with 32 borrowers on right based approaches to micro enterprises, and RH & FP. Moreover, seven monitoring and technical support visits were conducted at 26 locations for the capacity building of the staff. Joint meetings were also regularly conducted with KBL to strengthen the liaison between both partners at field level.



CHAPTER 5:

Stay United to Deliver

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Stay United to Deliver

Parliamentarian's Caucus on SRHR:

After General Elections 2018 Rahnuma-FPAP reinvigorated and enlarged the National Parliamentarians Caucus on SRHR and FP and included newly elected members from National Assembly all Provincial Assemblies, and AJK and Gilgit Baltistan (GB) Assemblies. Main objectives of the National Parliamentarians caucus are to advocate for bridging the policy gap regarding Sexual and Reproductive Health (SRH), maternal and neonatal health (MNH) issues, needs of adolescent girls and young mothers and champion for the cause of sexual and reproductive health rights (SRHR) and maternal and neonatal health (MNH) for adolescent girls & young mothers at all social, political and policy forums.

National Parliamentarians Caucus on SRHR is one of the largest Parliamentarians Caucus in Pakistan; it consists of more than 85 MNAs, Senators, MPAs and MLAs across Pakistan who have pledged to advocate for bridging the gaps in policies, introduce necessary legislation on a host of SRHR & other social issues including laws against child marriage, marriage with Quarn, Vani, Sawara, domestic violence, etc. During 2018, various consultative events were organized to sensitize these worthy members on SRHR, FP, GBV, ICPD, and FP 2020. Parliamentarians also pledged to review the policies of their respective governments on health, population, youth and women development, and incorporate vital issues highlighted in these consultative events. During 2019 The Sindh government become pioneer in approving the Reproductive Healthcare Rights Bill in line with CCI Recommendations 2019. The Sindh Assembly on December 10th, 2019 unanimously passed this act which aimed to promote the reproductive healthcare rights of men and women and taking care of complications with regard to pregnancy and childbirth. Rahnuma-FPAP being member of Country Engagement Working Group (CEWG) on FP 2020, Sindh Government FP 2020 Working Group Committee provided technical support in the finalization of Sindh Reproductive Healthcare Act 2019 in line with CCI recommendations. We also remained we remained engaged with policy makers, parliamentarians, media & CSO members etc. to build necessary support and momentum for this legislation to create a conducive environment for this policy change.

Alliance against Child Marriage (AACM):

Rahnuma-FPAP along with other prominent CSOs transpired to institutionalize their struggle against child marriage and formed a coalition/network (Alliance against Child Marriage) of like-minded organizations for advocacy and awareness raising purposes. Rahnuma-FPAP organized national, and regional advocacy and sensitization seminars, interactive dialogues, interface with Parliamentarians, and community awareness sessions to gain momentum against child marriage. On the basis of this untiring advocacy and lobbying efforts Punjab and Sindh have amended their child marriage restraint act 1929 with more punitive and equality based law.

During 2019 Rahnuma-FPAP organized various national and provincial advocacy and awareness campaigns across Pakistan. We also remained engaged with other stakeholders to build a momentum for the repeal of existing laws against child marriage of KP and Balochistan governments and introducing necessary changes in Punjab Child Marriage law to make it more punitive and fixing same age of marriage of girls as on boys (18years).

Reproductive Health & Rights Education Task Force:

Rahnuma-FPAP constituted a Reproductive Health & Rights Education Task force with other organizations for joint advocacy efforts. Its prominent members are Rozan, Rutgers WPF, UNFPA, Oxfam Novib, Plan Pakistan, Aahung, Rahnuma-FPAP and UNICEF. The main achievement of this forum is the

development of a RH&RE Framework for Pakistan. This framework was developed through detailed consultations and input from all member organizations. Advocating for inclusion of RH&RE in curriculum and programs for in school and out of school young people has been identified as one of the main tasks of this forum. Through the task force, Rahnuma-FPAP has successfully introduced the concept of RH&RE at the provincial level to the Education Department of Punjab.

LSBE Taskforce:

LSBE is an important part of Rahnuma-FPAP's strategic plan and is being integrated with different current initiatives and we are taking this initiative at two levels, generating public discourse for the acceptability of LSBE in youth policies and advocating for prioritizing the issue at Policy level. Rahnuma-FPAP has joined hands with the likeminded organizations to develop a national taskforce and raise a strong collective voice in favour of LSBE. Rahnuma-FPAP is working with Rozan, UNFPA, Oxfam-Novib 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 IEC tools were developed and disseminated to divulge comprehensive LSBE information and education to young people, parents and community leaders through peer education and sensitization sessions. Different lobbying meetings were 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 and after 2010 the network has been decentralized and its provincial chapters established at Punjab, Sindh, KPK, Balochistan, AJK and Gilgit Baltistan. During 2019, 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, MISF 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 LSBE. Nine organizations are part of the country platform of RHRN, Pakistan: namely RahnumaFPAP, Aahung, Blue Veins, Forum for Dignity Initiative, Bargad, Youth Advocacy Network, Chanan Development Association, Rutgers Pakistan, Indus Resource Centre and Idare-e-Taleem-o-Agahi.

Under Right Here Right Now Project, Rahnuma FPAP implemented activities on LSBE and YFHS in 2019. In early 2019, Costed Implementation Plan of Punjab was launched and it included following activities for youth:

- Life skills education, pre-marriage counseling, delaying first birth and spacing in subsequent births are some areas that will be addressed in Adolescent Reproductive Health initiatives by the PWD.
- The initiative encompasses approaches for youth engagement, service and support by providers, awareness raising at academic institutions and by peers and the community itself. While implementing such approaches, lessons learnt and best practices within Pakistan and globally would be suitably adapted and carefully applied.
- An orientation of providers about the principles of youth-friendly services would be added in their training.
- The providers would be encouraged to cater to young

couples on a priority basis.

- PWD would also invite the private sector to assist in the roll-out of youth-friendly services in selected areas. Moreover, Department of Education and universities and colleges would be involved to impart life skills.
- PWD would work with the Textbook Board to include, improve and update the information in the relevant courses.

Population Welfare Department Khyber Pakhtunkhwa agreed to include life skills based education in its annual development plan for 2020. In lobbying meeting for life skills based education inclusion in the curriculum, Director general population welfare department along with other relevant PWD and education department officials decided that the LSBE booklet which was developed by Rahnuma FPAP will be rolled out system wide in Khyber Pakhtunkhwa. This curriculum has high social acceptability as it was piloted by Punjab Govt in 9 districts of Punjab and the project was rated as successful. The curriculum includes chapters on Rahnuma FPAP, in collaboration of PWD KP and Education department will steer the process for work plan development, budgeting and capacity building of PWD doctors and Psychologists on LSBE provision.

Rahnuma FPAP also was part of technical experts committee which developed premarital counseling manual for population welfare department Punjab. This manual will be used by doctors and Psychologists of population welfare department. The legislation for making premarital counseling a mandatory requirement before marriage is in process in Punjab.

Rahnuma-FPAP

National Youth Network:

Under its overall youth and adolescent SRHR capacity development program, Rahnuma-FPAP transpired to form Rahnuma-FPAP National Youth Network (RNYN) in the backdrop of IPPF South Asia Annual Youth Meeting (2010). Rahnuma-FPAP's National Council (NC) (apex policy making and governing body) awarded approval for the formation of this volunteer based Youth Network at the national level. Immediately after its formation this network became member of South Asia Regional Youth Network. RNYN is committed to implement the "Sexual Rights Declaration of IPPF" and is mandated to initiate programs which empower young people in Pakistan by building their capacities and skills to access sexual reproductive health & Rights (SRH). The main objectives of this network is to create and spread awareness of sexual and reproductive health and rights empowering, youth to make choices and decisions regarding their SRH&R. It aims to ensure fair and democratic representation and participation of young people from Pakistan and promote and advocate for Sexual and Reproductive Health and Rights of young people in Pakistan. Other aims of RNYN are to provide policy inputs to strengthen and monitor national level youth related programs, while ensuring that they are youth friendly and youth focused, to strengthen and co-ordinate with local youth groups and volunteers, and to establish partnerships with external youth networks (national & international level).

The core functional areas of RNYN are to advocate for Reproductive Health and Rights Education in Pakistan with Parliamentarians, policy makers, media, civil society, RH&RE



alliance and develop advocacy tools including capturing experiences of young people through documentaries. It also works for the development of RH&RE resource material and provision of Reproductive Health and Rights Education to in school and out of school. Youth developed local RH&RE Champions, and out of school young people as peer-educators. It is also mandated to work against child marriage through social media Campaigns, awareness raising, and lobbying for legislative change. It also advocates for establishment of youth friendly atmosphere through Youth Friendly legislation, provision of Youth Friendly Services, development of youth related IEC material, launching youth mobilization campaigns and providing them necessary motivation & counseling at community level.

During 2019 Elections for the constitution of its Executive Committee comprising of President, Chairperson, Treasurer and Secretary through election process for a three years term held on 12th December, 2019 in Lahore and elected following office bearers of RNYN :

- Mr. Mohsin Baig from Punjab Region
President
- Ms. Mahrukh Qumbrani from Balochistan Region
Chairperson
- Ms. Irum Ansari from Sindh Region
General Secretary
- Mr. Muhammad Farooq from KP Region
Treasurer

National Youth Network President Mr. Mohsin Baig is



member of country engagement working group for FP2020 which is a platform that works and advocates for family planning. He was also part of the team that represented Rahnuma-FPAP in accreditation meeting in Bangkok.

Ms. Zartsha Ghazi youth peer educator participated in GUSO review and planning meeting 2019 in Ethiopia. She presented the work of young people under GUSO. Furthermore, Mr. Sikandar Raza Youth Peer Educator participated in ICPD meeting in Kenya.

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

- Advocacy for LSBE (Parliamentarians, policy makers, media, civil society, LSBE alliance)
- Provision of LSBE out-of-school young people as peer-educators.
- Monitoring & evaluation.
- Awareness raising in community
- Advocacy for Youth Friendly Services
- Youth Mobilization
- Peer Counseling
- Development and Implementation of various projects

The main objectives of National Youth Network is:

-  To create and spread awareness of sexual and reproductive health and rights
-  To empower youth to make choices and decisions regarding their SRH&R.
-  To ensure fair and democratic representation and participation of young people from Pakistan
-  To promote and advocate for Sexual and Reproductive Health and Rights of young people in Pakistan
-  To provide policy inputs to strengthen and monitor national level youth related programs, while ensuring that they are youth friendly and youth focused
-  To strengthen and co-ordinate with local youth groups and volunteers
-  To establish partnerships with external youth networks (national & international level).



CHAPTER 6:

STORY OF OUR HEROS

INSIDE:

- 18 ▶ Case Study 1 Haripur
- 22 ▶ Case Study 2 Faisalabad
- 26 ▶ Case Study 3 Quetta
- 28 ▶ Case Study 4 Kohat



Case Study


Haripur Cluster

Ms. Sadia

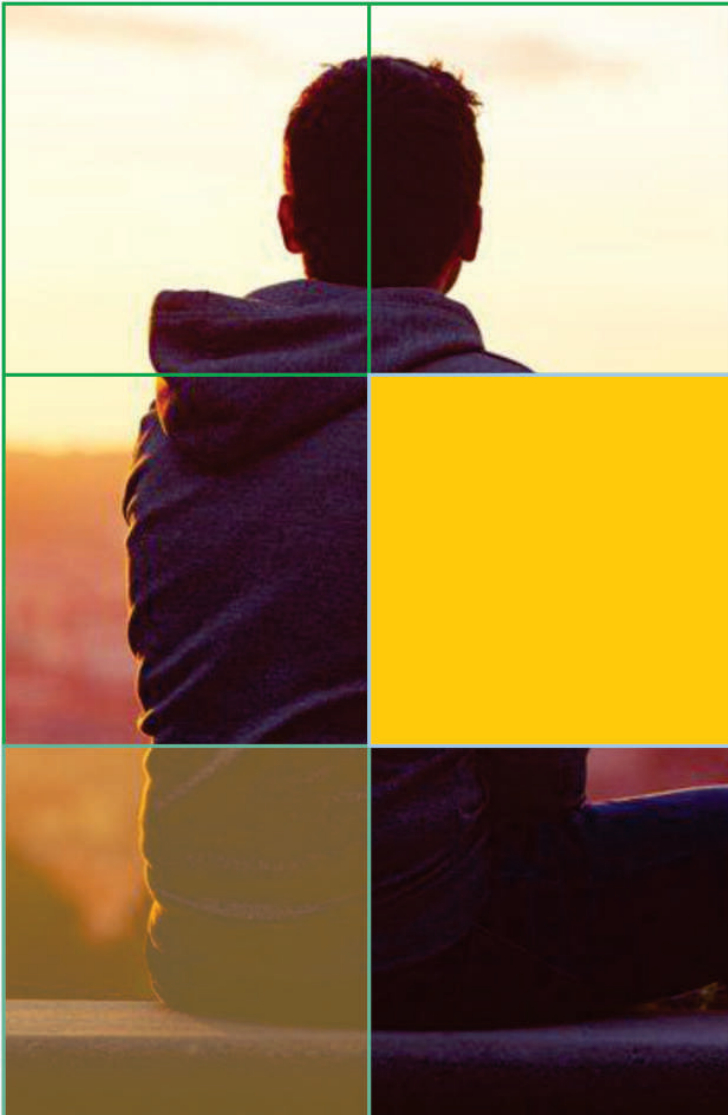
Sarai Saleh near Youth Resource Centre
District Haripur

Ms. Sadia, 34 year old mother of three children, fortunate to be located near Youth Resource Centre of Sarai Saleh of District Haripur. Due to her poor health conditions she wanted to adopt family planning method and to get more information and encouragement, she attended some sessions with her mother (parents). She got confused and demotivated after hearing from other stereotype women negative vibes of health issues after adopting family planning methods, which created bad impact on her husband and he himself got reluctant and skeptical to adopt FP method. Sadia was still in touch with YPA female representative after attending the session, she was given complete information about the benefit and advantages about all family planning methods and guided that Rahnuma-FPAP provides safe FP services to clients and she can use any method which she is comfortable with according to her ease. She was also referred to nearest SDP which was FHMC KATO Haripur for counselling. Her husband who was not eager first, got motivated after Rahnuma-FPAP staff counselling services which was provided to the couple at their visits. Sadia after the approval of her husband adopted the method of Implant service at FHMC. She shared that, due to not having correct information about FP methods and negative myth and

misconception of Family Planning made her hesitant in the first but correct information and couple counselling by Rahnuma Family Health center changed their thinking. Sadia and her husband were very thankful to Rahnuma-FPAP to empower them about sexual & reproductive health.



There is no tool for development more effective than empowerment of women for her SRH&R



Case Study

Faisalabad

Mr. Ejaz Tahir

Ibn-e-Mariam Colony Faisalabad

Mr. Ejaz Tahir resident of ibn-e-Mariam colony in Faisalabad, was in constant link with youth resource center Warispura from last few months. Some of his friends were regularly in touch with youth resource center from a long time and they always used to share the information with him. His friends always encouraged him to join YRC for learning important information and guidance regards to healthy lifestyle. One fine day Moses decided to visit YRC and was very convinced to be part of activities and sessions on LSBE of YRC Warispura. He was a shy boy who was apprehensive to ask questions from others. The sessions and activities made him aware and confident to deliver his thoughts in front of others. His optimistic behavior in his personality and his positive confidence was felt by his friends and family. His positive approach in his thoughts made him motivated to continue his work in solving problems and issues of youth and community. He is very grateful to Rahnuma-FPAP for such a great platform for youth like Youth resource center and feels lucky to spread important information in sessions with boys in regards to health problems and issues which they deal every day and are shy to share with anyone. He added in the end, act` as if whatever you do makes a change in society for better life, better us, better future

“If we want our youth to grow up safe, healthy, and ready to succeed, then all youth need the knowledge and skills to make healthy decisions about sexual health and rights”



Case Study

Quetta District

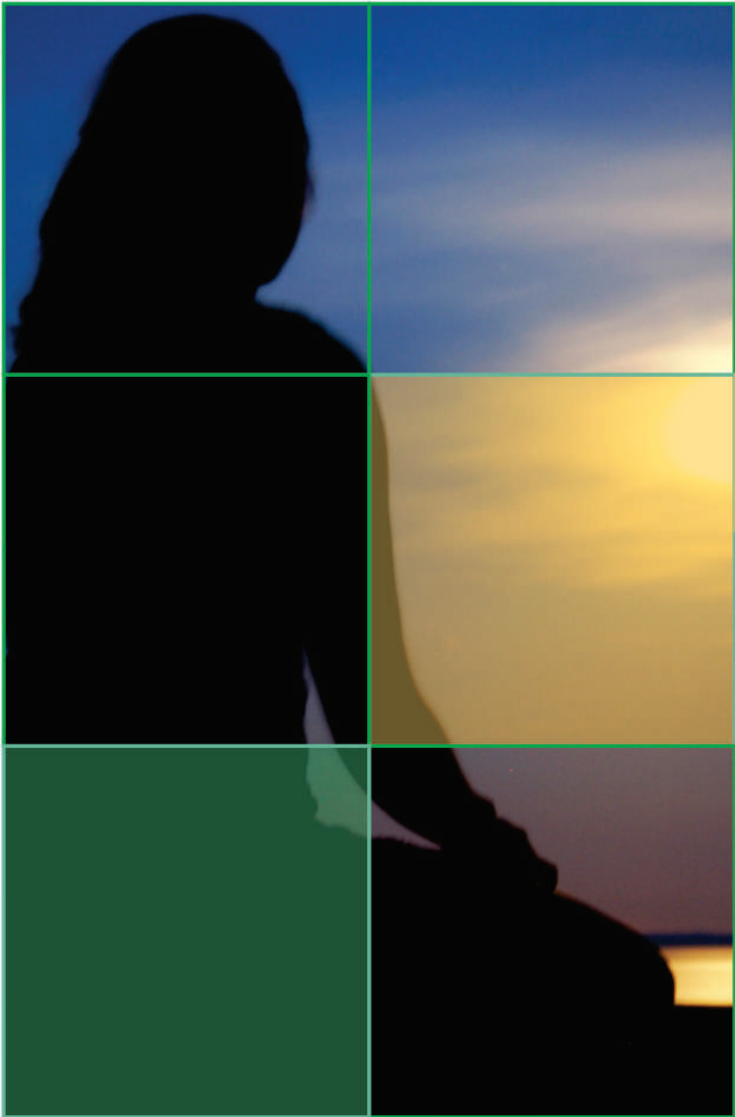
Ms. Yasmeen

School Teacher

Ms. Yasmeen having more than 30 years of teaching experience and currently is a school teacher from Quetta district. She shared that one day, Rahnuma-FPAP team visited her school and met with the school management for LSBE sessions in the school. The Program Officer of GUSO project, Rahnuma-FPAP took sessions with school teachers on LSBE in which Ms. Yasmeen was also part of it. She found the session very informative and relevant as an imperative need of the hour for her students. Later, Ms. Yasmeen was nominated by the Rahnuma-FPAP team for further teacher's training on LSBE. Comprehensive information on human rights, gender equality, puberty, child abuse, decision making, Interpersonal relationship, communication skills, value culture and diversity was part of her training.

After the training, she replicated this training for her students. Ms. Yasmeen applied her knowledge and interpersonal communication skills, acquired by training to communicate with her students at the school. When she started taking the sessions, her students were shy to share their problems. She treated her students politely and in a responsive way. As a result, with the passage of time, the students started sharing their problems with her. They got self-confident after her encouragement and started communicating with each other and within their families. She said that due to lack of communication and information, they

were hesitant and shy to discuss their issues and problems in the family, especially the issues related to their SRH. She also shared that she never came across this type of information before this training in her 30 years teaching experience. She said that in my opinion this important information should be given to every child for their protection and health development. Ms. Yasmeen told that personally she has become more assertive and alert of her rights. By applying Inter personal communication skills, Ms. Yasmeen's teaching style also got improved. She is more confidently transferring her knowledge to her students to improve their awareness on RH and rights and to empower them for safeguarding their lives. After LSBE sessions, her students were more open in discussing and communicating SRHR issues at the school and within their families.



Case Study

Tribal Girl

Ms. Rabiya

District Kohat

At the age of 15 years, Ms. Rabiya, a tribal girl from district Kohat got married, she is now 28 years old and have 6 children (5 Girls and 1 Boy). Her husband never believed in family planning and she had repeated pregnancies in early years of her marriage that affected her health badly. Unfortunately her husband wanted more male child, as he had only one. He forced her to have more babies. She was often threatened when she thought about birth spacing or Family Planning. In-fact he menace her of divorce and of 2nd marriage many times. She was very anemic and felt weakness while doing daily household work. She once visited FHMC with a family member for foul smelling vaginal discharge, where the lady doctor counselled her for Family planning. She had previously 2 caesareans and was not in the position to afford the third one. She had a 7 months old child whom she was breast feeding. She received free of cost services and went back without availing the FP services. The Social Organiser accessed her husband through community support group members who counselled him to adopt Family Planning and invited him to attend the Baithak meetings. He attended 2 meetings in which men and boys discussed the issues women faces because of repeated pregnancies and how more women in our country die during repeated child births. He realized and allowed his wife to take FP method after few weeks. Presently he is the member of Community Support Group, working voluntarily with FPAP team and often referring clients for family planning and other SRH ailments. One of the big success is that his younger brother who also had 4 children and due to repeated counselling by him went for vasectomy.

“Every human-beings of all backgrounds deserve access to accurate, comprehensive, and age-appropriate sexual health education and care”

CHAPTER 7:

OUR ACHIEVEMENTS AND HIGHLIGHTS

INSIDE:

- 18 ▶ Media Highlights
- 22 ▶ BCC Glow Out
- 26 ▶ Social Media
- 28 ▶ Performance Graphs
- 34 ▶ Audit Report





Facebook Reach:

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.

Rahnuma-FPAP Facebook account has more than 56595 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.



Twitter Reach:

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. Our twitter account during 2019 has 9.6K impressions

BCC Material Glow Out 2019

Annual Report 2018:

Rahnuma-FPAP Annual report 2018 titled as "Supreme Court Verdict, Healthy and Prosperous Pakistan" developed in line with historical Supreme Court of Pakistan Sou Moto on Population and subsequent CCI Recommendations for population control adopted by federal and provincial governments. This theme focuses on increasing the demand for family planning and SRHR services through a mass behavior change movement aimed at promoting small family norms. This report was developed and shared among Parliamentarians, CSOs, Media, Government functionaries, INGOs etc. to highlight its major achievements and innovations.

Rahnuma-FPAP Quarterly E-Newsletter:

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

Table Calendar 2020:

Table Calendar 2020 developed, printed and disseminated as an advocacy tool to highlight Rahnuma-FPAP's goals to increase visibility of the organization.

Year Planner 2020:

Year Planner of 2020 was prepared and disseminated.

NC Members Profile:

We developed Rahnuma-FPAP National Council members profile 2016-2019 and disseminated among a wider group

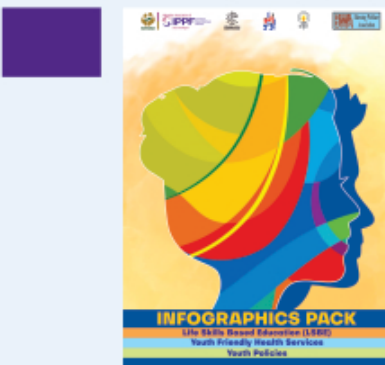
Posters:

Various Posters and other BCC tools were developed and disseminated among a wider audience base including CSOs, public sector, parliamentarians, media representatives etc.

Pamphlets:

Various Pamphlets were developed disseminated among a wider audience base including CSOs, public sector, parliamentarians, media representatives etc.





Emergency Maney Humal Brochure:

A brochure on Emergency Maney Humal was developed and printed to create awareness among people.

Mensuration Brochure:

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

Implant Tibi Karkono key liye Mane Humal Booklet :

We also developed a Urdu Booklet on Implant and Role of paramedics. This booklet provides basic information on implant. This booklet was disseminated among all our SDPs Staff and align agencies.

Peer Education Pictorial Handbook:

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

Info Graphics Pack :

An Infogrphic Packages Cards were developed covering various SRH&R issues and disseminated among wider audience base.

Cards Mane Humal Tarikon ka Taruf:

Urdu translation of Cards covering the various methods of contraceptives available in Pakistan , these cards are available in all our SDPs for further dissemination among the visiting clients.

Tarbiyati Manual for Teachers :

Rahnuma-FPAP developed a Training Manual for teachers on LSBE and SRH&R in Urdu and distributed among various stakeholders. The training manual provided valuable information on LSBE protocols adopted by Pakistan.

Implant Insertion Boards:

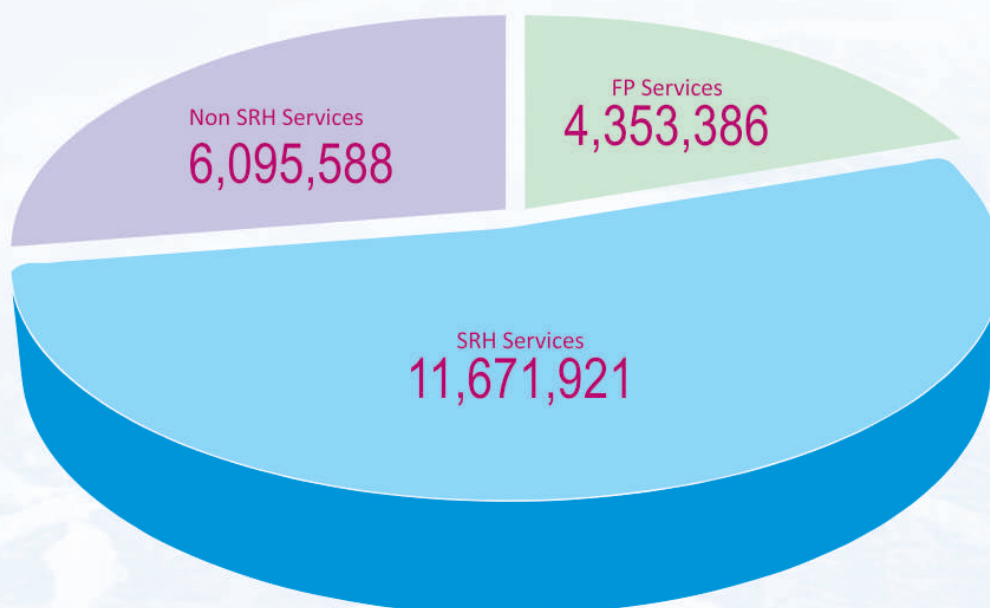
We developed Implant Insertion Boards under the project " Global Comprehensive Health Care Initiative" and placed them in our all SDPs. These insertion boards provide all the requisite information on implant for general public

Banners/Standeers:

Various Banners, Standees and other BCC tools were developed under WISH2 ACTION Project, LARC, SPRINT and GUSU project in large numbers and disseminated among a wider audience base including CSOs, public sector, parliamentarians, media representatives etc. to aware them on various population and SRHR related issues.

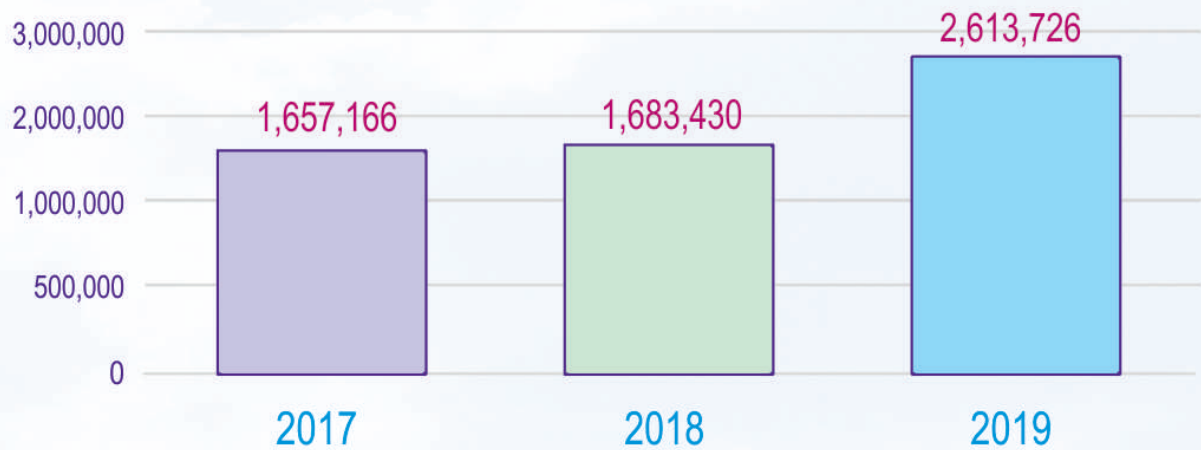


Total Family Planning, Sexual & Reproductive Health (SRH) and Non-SRH Services, 2019

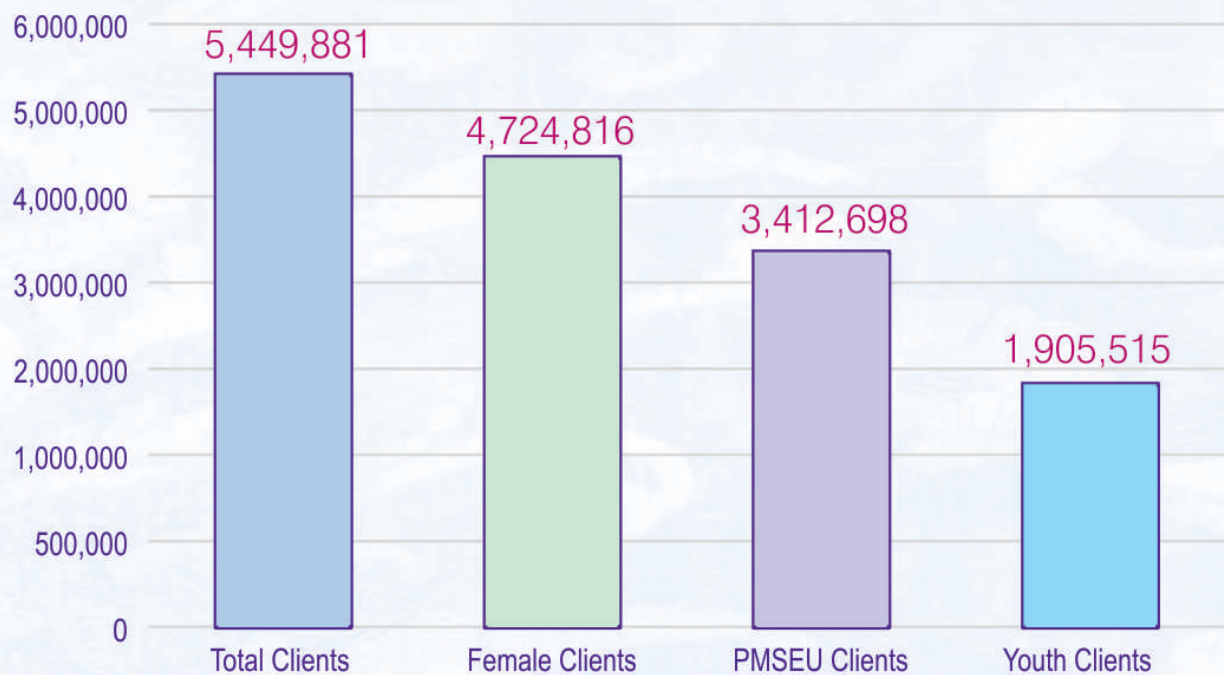


Couple Year Protection

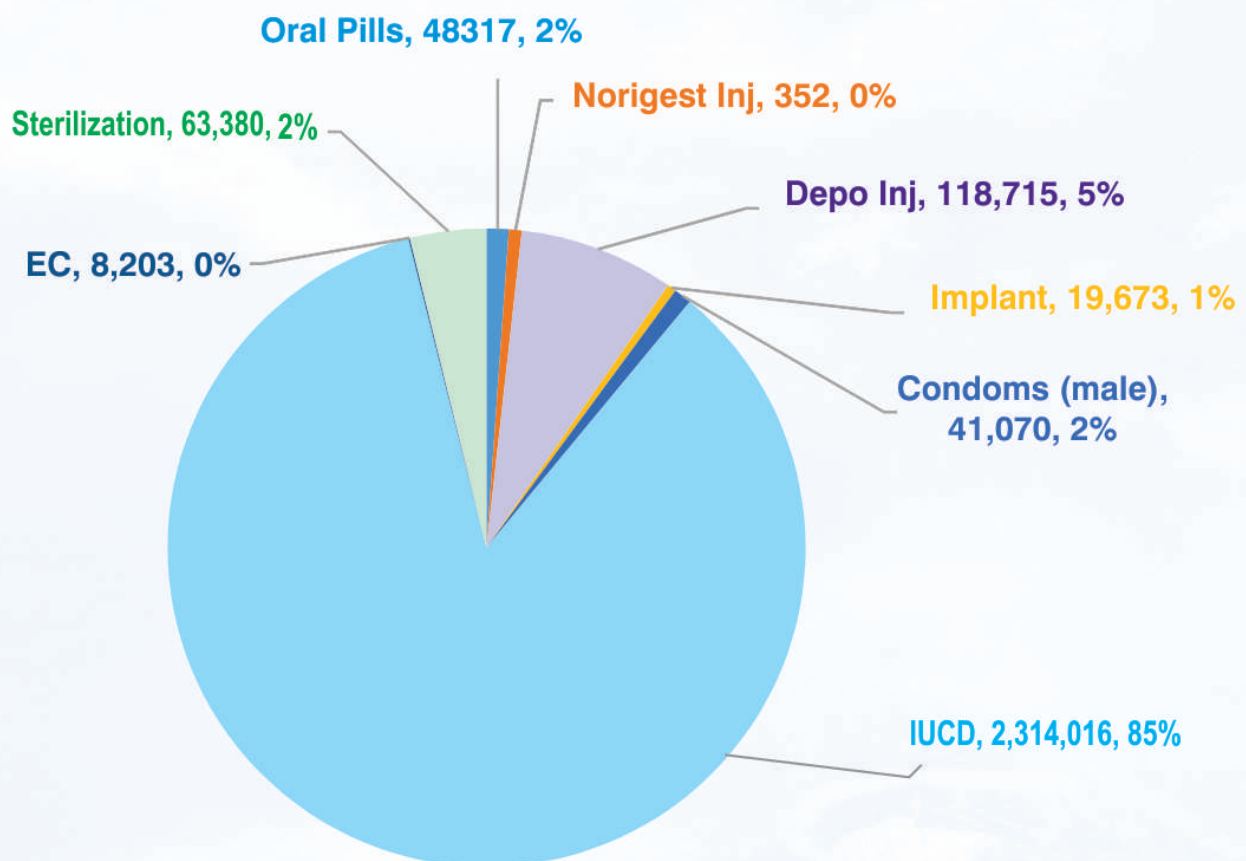
PERFORMANCE TREND (2017-2019)

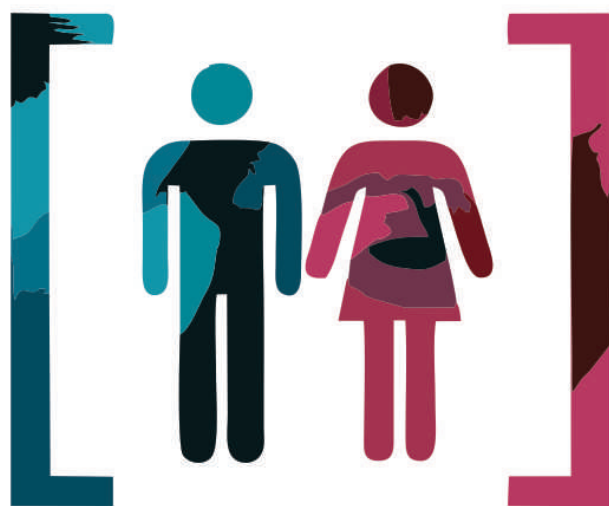


Population Covered, 2019



Method Wise Distribution of CYP, 2019





ACHIEVEMENT OF 2019

(FP, SRH and Non-SRH Services)

FP Services

● CYP	2,613,726
● New Acceptors (Never+Ever user)	988,380
● Contraceptive Services	4,353,386

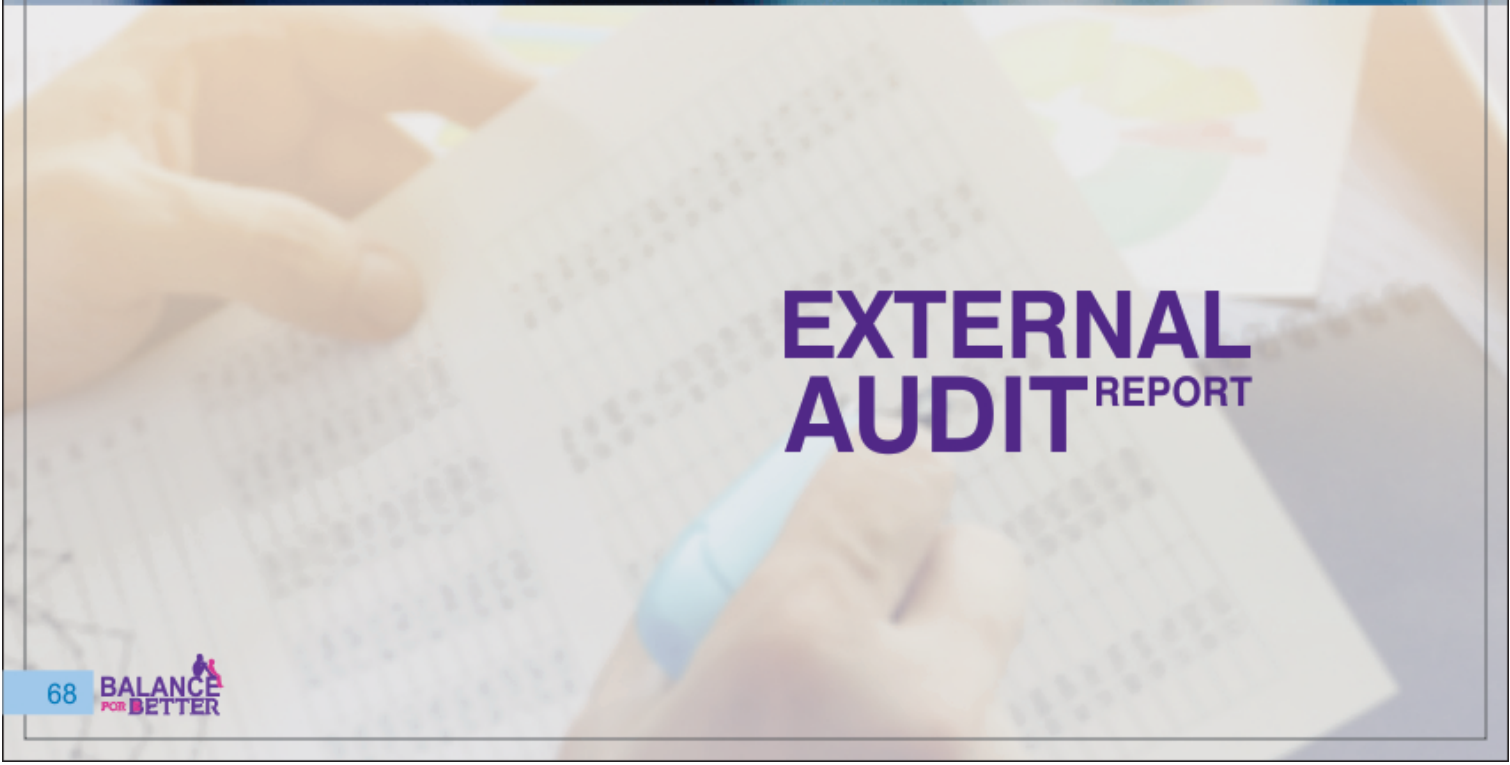
SRH Services

● Obstetrical services	3,293,510
● Gynecological services	2,443,343
● Abortion services	284,995
● HIV/AIDs services	825,769
● STI/RTI services	1,310,443
● Sub Fertility services	358,265
● Urology services	756,366
● Pediatrics services	1,047,471
● Specialized services	890,385
● SRH Other services	461,374

Total Non Contraceptive SRH Services **11,671,921**

Non-SRH Services **6,095,588**

Grand Total of Services **22,120,895**



**EXTERNAL
AUDIT** REPORT



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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 2019, and the statement of income, expenses and changes in fund balances, statement of functional expenses and cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Association as at 31 December 2019, and its financial performance and its cash flows for the year then ended in accordance with the financial reporting framework as described in note 2 to the financial statements.

Basis for Opinion

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

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

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

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

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

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

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

Chartered Accountants

Member of Grant Thornton International Ltd
Offices in Karachi & Islamabad

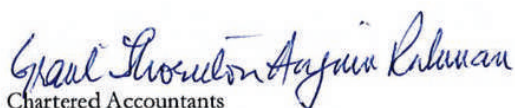
Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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



Chartered Accountants

Dated: June 19, 2020

Lahore

Audit Engagement Partner: Imran Afzal

Rahnuma Family Planning Association of Pakistan
Balance Sheet
As at 31 December 2019



	Note	Unrestricted 2019 Rupees	Restricted 2019 Rupees	Total 2019 Rupees	Unrestricted 2019 US \$	Restricted 2019 US \$	Total 2019 US \$	Total 2018 Rupees	Total 2018 US \$
Assets									
Current assets									
<u>Cash and bank:</u>									
Cash and bank balances	4 & 5	285,059,016	107,913,589	392,972,605	1,840,872	696,891	2,537,763	124,023,001	894,827
<u>Receivables:</u>									
IPPF		2,286,870	5,993,780	8,280,651	14,768	38,707	53,475	23,488,873	169,472
Other donors	6	244,865	3,202,163	3,447,028	1,581	20,679	22,260	4,378,802	31,593
Others		23,531,072	-	23,531,072	151,960	-	151,960	30,053,806	216,840
<u>Other assets:</u>									
Investments	7	217,500,000	72,500,000	290,000,000	1,404,585	468,195.03	1,872,780	290,000,000	2,092,352
Advances to employees	8	7,937,602	-	7,937,602	51,260	-	51,260	6,788,559	48,980
<u>Inventory:</u>									
Stock - Contraceptives	9	11,632,660	44,588,684	56,221,344	75,122	287,948	363,070	6,319,946	45,598
Stock - Stationery		4,134,709	-	4,134,709	26,701	-	26,701	1,120,862	8,087
Stock - Medicines		2,924,964	-	2,924,964	18,889	-	18,889	2,007,296	14,483
Total current assets		555,251,759	234,198,216	789,449,975	3,585,739	1,512,420	5,098,159	488,181,145	3,522,232
Non-current assets									
Fixed assets	10	50,280,690	103,610,004	153,890,694	324,706	669,099	993,805	57,923,940	417,921
Security deposits		1,393,470	-	1,393,470	8,999	-	8,999	934,944	6,743
Total non-current assets		51,674,160	103,610,004	155,284,164	333,705	669,099	1,002,804	58,858,884	424,664
Total assets		606,925,919	337,808,220	944,734,139	3,919,444	2,181,519	6,100,963	547,040,029	3,946,896
Liabilities and fund balances									
Liabilities									
<u>Current liabilities:</u>									
Accounts payable, accrued expenses and provisions	11	40,551,718	23,234,817	63,786,535	261,877	150,047	411,925	50,966,885	367,725
Deferred income	12	11,632,661	138,512,320	150,144,982	75,122	894,494	969,616	14,495,818	104,587
Total current liabilities		52,184,380	161,747,137	213,931,517	337,000	1,044,541	1,381,540	65,462,703	472,312
<u>Non current liabilities:</u>									
Staff gratuity payable	13	141,953,343	-	141,953,343	916,715	-	916,715	103,912,111	749,727
Total non current liabilities		141,953,343	-	141,953,343	916,715	-	916,715	103,912,111	749,727
Total liabilities		194,137,723	161,747,137	355,884,860	1,253,715	1,044,541	2,298,255	169,374,814	1,222,039
Fund balances									
Designated fund	14	7,066,735	72,451,079	79,517,814	45,636	467,879	513,515	76,636,657	552,933
Fixed assets fund	15	50,280,690	103,610,004	153,890,694	324,706	669,099.15	993,805	57,923,939	417,921
RFPAP reserve fund	16	329,005,138	-	329,005,138	2,124,670	-	2,124,670	218,576,289	1,577,030
Zakat fund	17	1,004,813	-	1,004,813	6,489	-	6,489	1,000,302	7,218
Asset replacement fund	18	6,329,007	-	6,329,007	40,872	-	40,872	5,682,920	41,002
Endowment fund	19	16,176,849	-	16,176,849	104,468	-	104,468	15,837,812	114,270
Medicine inventory fund	20	2,924,964	-	2,924,964	18,889	-	18,889	2,007,296	14,483
Total fund balances		412,788,196	176,061,083	588,849,279	2,665,729	1,136,978	3,802,708	377,665,215	2,724,857
Total liabilities and fund balances		606,925,919	337,808,220	944,734,138	3,919,444	2,181,519	6,100,963	547,040,029	3,946,896

Contingencies and Commitments

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

Director Finance & Budget

Chief Executive Officer


Honorary Treasurer

President

Rahnuma Family Planning Association of Pakistan
Statement of Income, Expenses and Changes in Fund Balances (RFPAP Reserve Fund)
For the year ended December 31, 2019

Note	Unrestricted 2019 Rupees	Restricted 2019 Rupees	Total 2019 Rupees	Unrestricted 2019 US \$	Restricted 2019 US \$	Total 2019 US \$	Total 2018 Rupees	Total 2018 US \$
Grant income								
IPPF - core	22.1	182,082,218	-	182,082,218	1,467,612	-	1,467,612	170,925,415
IPPF - restricted	22.2	-	700,242,132	700,242,132	-	4,643,259	4,643,259	153,807,636
Other donors	23.3	12,704,070	82,801,250	95,505,320	84,240	549,050	633,289	71,721,213
Total Grant Income		194,786,288	783,043,382	977,829,670	1,551,852	5,192,308	6,744,160	3,247,188
Program income								
Income from distribution of contraceptives		48,755,141	-	48,755,141	323,292	-	323,292	9,680,829
Membership fee		15,700	-	15,700	104	-	104	14,100
Client mobilization and training fee from Khushali Bank Limited		56,433,700	-	56,433,700	374,208	-	374,208	46,386,600
Income from Rahnuma Training Institute (RTI)		9,222,400	-	9,222,400	61,153	-	61,153	6,692,105
Donations		471,300	-	471,300	3,125	-	3,125	130,855
Local fund raised from hospitals and clinics		232,179,722	-	232,179,722	1,539,568	-	1,539,568	215,732,675
Management fees - other donors		28,507,110	-	28,507,110	189,029	-	189,029	21,476,044
Release of fixed assets funds due to depreciation		15,846,632	30,781,211	46,627,844	105,078	204,108	309,186	21,708,228
Total Program income		391,431,706	30,781,211	422,212,917	2,595,558	204,108	2,799,666	321,821,435
Other income								
Markup on Investment		33,036,164	-	33,036,164	219,061	-	219,061	25,465,964
Markup on saving accounts		26,468,749	-	26,468,749	175,513	-	175,513	5,977,348
Miscellaneous income		321,196	-	321,196	2,130	-	2,130	541,825
Total other income		59,826,109	-	59,826,109	396,703	-	396,703	31,985,137
Total income		646,044,103	813,824,593	1,459,868,696	4,544,112	5,396,417	9,940,529	750,260,836
Expenses								
Direct project expenses								
OUTCOME 1 (Advocacy)		5,744,229	7,093,053	12,837,282	38,090	47,034	85,123	17,788,375
OUTCOME 2 (Awareness raising & capacity building)		50,870,499	64,480,778	115,351,278	337,319	427,568	764,887	77,915,511
OUTCOME 3 (Services delivered and enabled)		371,781,075	711,469,550	1,083,250,624	2,465,256	4,717,707	7,182,963	475,461,221
OUTCOME 4 (Efficiency & accountability)		33,349,105	-	33,349,105	221,136	-	221,136	23,724,860
Total direct project expenses		461,744,908	783,043,381	1,244,788,289	3,061,799	5,192,309	8,254,108	594,889,967
Indirect expenses								
Administrative expenses		98,585,924	-	98,585,924	653,717	-	653,717	97,065,098
Depreciation		15,846,632	30,781,211	46,627,844	105,078	204,108	309,186	21,708,228
Total indirect expenses		114,432,556	30,781,211	145,213,767	758,795	204,108	962,903	118,773,326
Total expenses		576,177,464	813,824,592	1,390,002,056	3,820,593	5,396,417	9,217,010	713,663,293
Surplus for the year		69,866,639	-	69,866,639	723,519	-	723,519	36,597,544
Taxation	25	-	-	-	-	-	-	-
Transfer to designated fund		(3,493,332)	-	(3,493,332)	(22,559)	-	(22,559)	(1,829,877)
Transfer from gratuity fund & provident		-	-	-	-	-	-	27,874,956
Currency translation fluctuations		-	-	-	(437,823)	-	(437,823)	-
Exchange gain on foreign currency transactions		44,055,545	-	44,055,545	284,505	-	284,505	6,220,086
Fund balances at beginning of the year		218,576,286	-	218,576,286	1,577,030	-	1,577,030	149,713,580
Fund balances at the end of the year		329,005,138	-	329,005,138	2,124,670	-	2,124,670	218,576,289

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


Director Finance & Budget


Chief Executive Officer


Honorary Treasurer


President

Rahnuma Family Planning Association of Pakistan
Cash Flow Statement
For the year ended December 31, 2019



	Unrestricted 2019 Rupees	Restricted 2019 Rupees	Total 2019 Rupees	Unrestricted 2019 US \$	Restricted 2019 US \$	Total 2019 US \$	Total 2018 Rupees	Total 2018 US \$
Surplus for the year	69,866,639	-	69,866,639	463,281	-	463,281	36,597,543	299,755
Adjustments for non cash and other items:								
Depreciation	15,846,632	30,781,211	46,627,844	105,078	204,108	309,186	21,708,228	156,625
Release of fixed assets fund due to depreciation	(15,846,632)	(30,781,211)	(46,627,844)	(105,078)	(204,108)	(309,186)	(21,708,228)	(156,625)
Provision for staff gratuity	45,543,916	-	45,543,916	301,999	-	301,999	5,590,793	40,338
Transferred to designated fund	(3,493,332)	-	(3,493,332)	(23,164)	-	(23,164)	(1,829,877)	(13,203)
	42,050,584	-	42,050,584	278,835	-	278,835	3,760,916	27,135
Net income before working capital changes	111,917,223	-	111,917,223	742,116	-	742,116	40,358,459	326,890
Working capital changes								
(Increase)/decrease in current assets:								
Receivables	13,388,148	9,274,583	22,662,731	88,776	61,499	150,275	(27,695,436)	(199,822)
Advance to employees	(1,149,043)	-	(1,149,043)	(7,619)	-	(7,619)	(1,025,333)	(7,398)
Inventory	(9,244,229)	(44,588,684)	(53,832,913)	(61,298)	(295,665)	(356,962)	4,242,261	30,608
Security deposits	(458,526)	-	(458,526)	(3,040)	-	(3,040)	88,000	635
	2,536,349	(35,314,100)	(32,777,751)	16,818	(234,165)	(217,347)	(24,390,508)	(175,977)
Increase/(decrease) in current liabilities:								
Accounts payable, accrued expenses and provisions	8,808,603	4,011,046	12,819,649	58,409	26,597	85,007	9,593,036	69,214
Deferred income	11,632,661	124,016,502	135,649,163	77,135	822,345	899,481	(19,416,472)	(140,090)
Staff gratuity paid	(7,502,684)	-	(7,502,684)	(49,750)	-	(49,750)	(10,308,472)	(74,376)
	12,938,580	128,027,549	140,966,129	85,795	848,943	934,738	(20,131,907)	(145,251)
Net changes in working capital	15,474,929	92,713,448	108,188,377	102,613	614,778	717,390	(44,522,415)	(321,228)
Net cash from/(used in) from operations	127,392,152	92,713,448	220,105,600	844,729	614,778	1,459,506	(4,163,956)	5,662
Cash flows from investing activities								
Investments made	-	-	-	-	-	-	-	-
Proceeds from disposal of fixed assets	3,863,217	-	3,863,217	25,617	-	25,617	3,426,150	24,720
Purchase of fixed assets	7,643,249	(103,610,004)	(95,966,755)	50,682	(687,031)	(636,349)	11,978,640	86,426
Net cash from investing activities	11,506,465	(103,610,004)	(92,103,538)	76,299	(687,031)	(610,732)	15,404,790	111,146
Cash flows from financing activities								
Increase/(decrease) in funds:								
Designated fund	2,881,157	-	2,881,157	19,105	-	19,105	1,329,877	9,595
RFPAP reserve fund	44,055,545	-	44,055,545	292,129	-	292,129	34,095,042	245,996
Fixed assets fund	(7,643,249)	103,610,004	95,966,755	(50,682)	687,031	636,349	(11,978,640)	(86,426)
Zakat fund	4,511	-	4,511	30	-	30	160,829	1,160
Asset replacement fund	(3,217,130)	-	(3,217,130)	(21,333)	-	(21,333)	(1,498,141)	(10,809)
Endowment fund	339,038	-	339,038	2,248	-	2,248	15,837,812	114,270
Medicine inventory fund	917,668	-	917,668	6,085	-	6,085	(1,993,019)	(14,380)
Net cash generated from financing activities	37,337,539	103,610,004	140,947,543	247,582	687,031	934,614	35,953,759	259,407
Net increase in cash and cash equivalents	176,236,156	92,713,448	268,949,604	1,168,609	614,778	1,783,386	47,194,593	376,213
Effect of movements in exchange rates	-	-	-	(112,896)	(27,555)	(140,451)	-	(177,926)
Cash and cash equivalents at the beginning of the year	108,822,860	15,200,141	124,023,001	785,158	109,669	894,827	76,828,408	696,540
Cash and cash equivalents at the end of the year (Note 24)	285,059,016	107,913,589	392,972,605	1,840,871	696,892	2,537,762	124,023,001	894,827

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

GPR

Director Finance & Budget

Chief Executive Officer


Honorary Treasurer

President

Rahnuma Family Planning Association of Pakistan
Statement of functional expenses
For the year ended December 31, 2019

	Note	Total 2019 Rupees	Total 2019 US\$	Total 2018 Rupees	Total 2018 US\$
Personnel and employee benefits		597,398,917	3,961,312	366,743,810	3,003,840
Travelling expenses		157,830,601	1,046,564	77,804,050	637,259
Vehicle running cost		38,369,812	254,428	18,483,418	151,390
Printing and stationery		36,275,708	240,542	10,403,630	85,212
Occupancy cost		17,950,429	119,028	10,392,535	85,121
Communication		7,251,418	48,084	6,230,663	51,033
Audit fee	23	900,000	5,968	600,000	4,914
Consultancy and other professional fees		100,025,348	663,261	81,287,928	665,794
Data collection charges		6,691,500	44,371	-	-
Medical consumables		46,340,135	307,278	37,242,189	305,035
Contraceptives consumed		83,687,871	554,929	7,404,486	60,647
Repair and maintenance		14,796,008	98,111	7,027,693	57,561
Operational cost		30,255,699	200,624	24,451,522	200,272
IEC Material		6,936,593	45,996	2,556,494	20,939
Office equipment & furniture		162,054,109	1,074,570	14,371,318	117,709
Insurance of assets		2,397,007	15,894	2,428,860	19,894
Bank charges		483,498	3,206	265,661	2,176
Others	26	33,729,562	223,658	24,260,808	198,710
Total expenses excluding depreciation		1,343,374,212	8,907,825	691,955,065	5,667,504
Depreciation expense		46,627,844	309,186	21,708,228	177,803
Total expenses		1,390,002,056	9,217,011	713,663,293	5,845,307

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


Director Finance & Budget


Chief Executive Officer


Honorary Treasurer


President



Executive
Rooms



Executive
Rooms

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





Training Halls



Cooking Area



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

75 participants

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

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