



**IPPF**  
Arab World Region

International  
Planned Parenthood  
Federation

Committed To  
Changing Lives

# 2021 Annual Report

## TRANSFORMING CHALLENGES INTO OPPORTUNITIES

### OUR 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.



### VISION:

ALL PEOPLE IN PAKISTAN ARE EMPOWERED TO MAKE CHOICES ABOUT THEIR SRH AND WELL-BEING IN A WORLD WITHOUT DISCRIMINATION.



### MISSION:

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.

#### OUTCOME 1:

FEDERAL, PROVINCIAL AND DISTRICT GOVERNMENTS RESPECT, PROTECT AND COMMIT TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS.

#### OUTCOME 2:

93.7 MILLION PEOPLE ARE AWARE OF AND EMPOWERED TO EXERCISE THEIR SRHR.

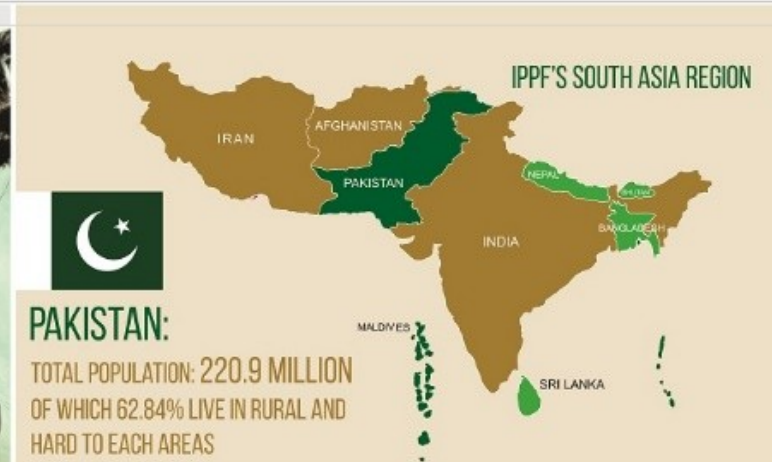
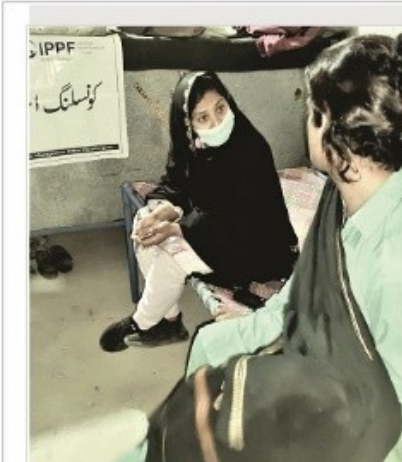
#### OUTCOME 3:

77.09 MILLION QUALITY INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH SERVICES DELIVERED.

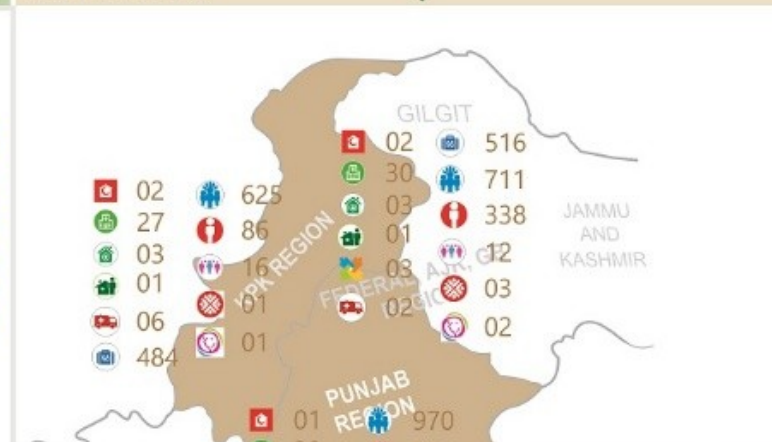
#### OUTCOME 4:

A HIGH PERFORMING, EFFICIENT AND ACCOUNTABLE ORGANIZATION.





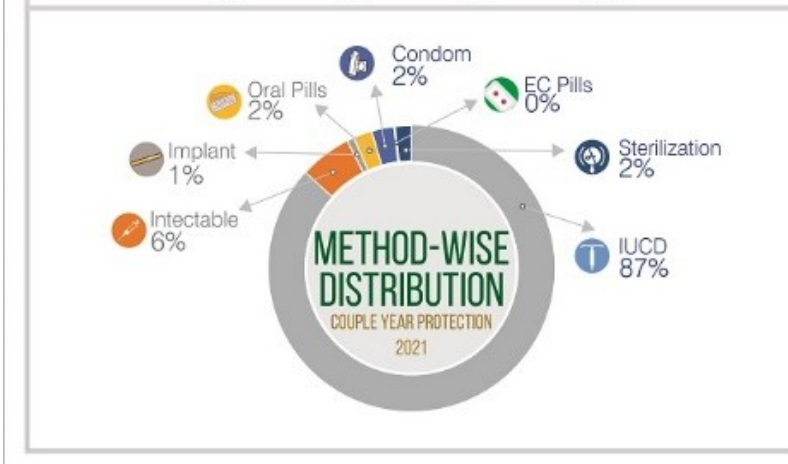
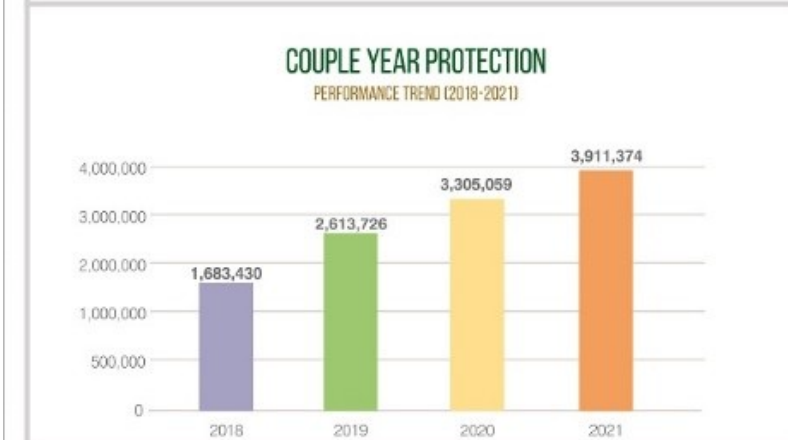
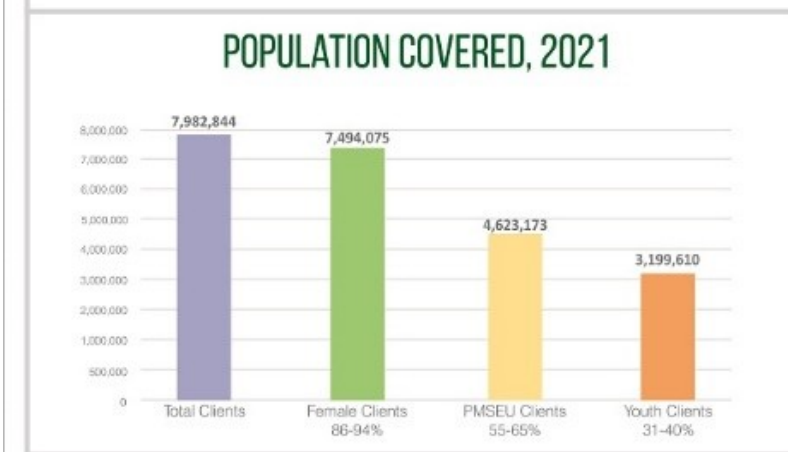
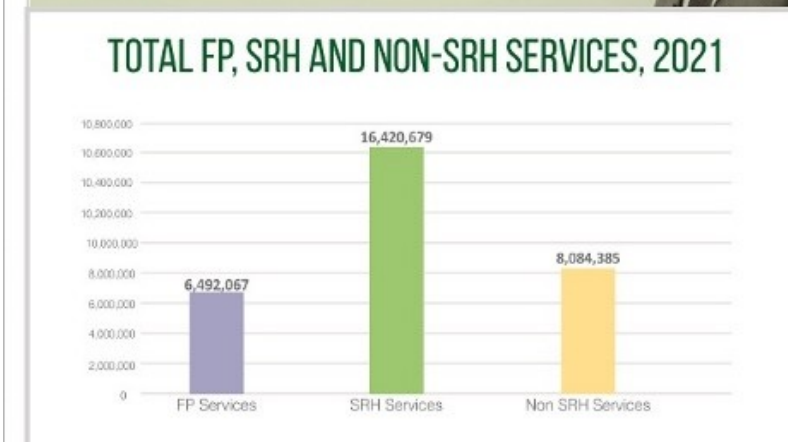
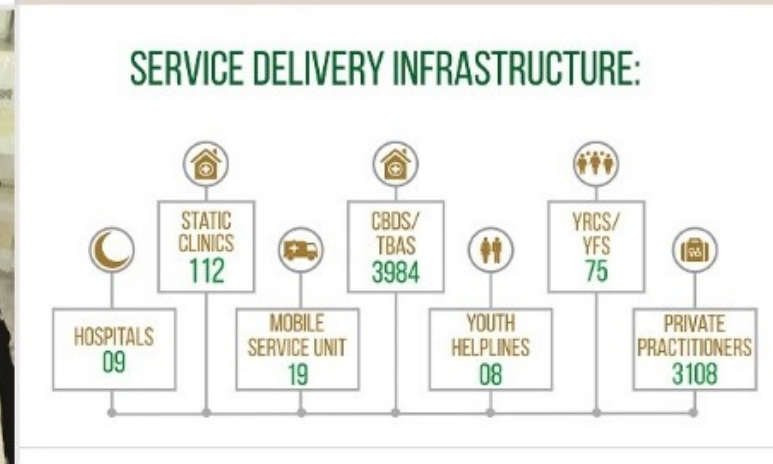
## RAHNUMA-FPAP OUTREACH AND SDP'S



## OUR ACHIEVEMENTS

- Family Health Hospitals
- Family Health Clinics
- Family Health Model Clinics
- KATO Women's Centre
- Partnership NGOs
- MSU Clinics

- Private Practitioners
- Community Based Distributors
- Traditional Birth Attendance
- Youth Resource Centres
- Youth Friendly Services
- Youth Help Lines



- ### CHALLENGES:
- CLOSURE OF GOVERNMENT HEALTH FACILITIES AND DE-PRIORITIZING RH/FP SERVICES AND CLIENTS IN GOVT HEALTH FACILITIES.
  - AVAILABILITY OF FP COMMODITIES.
  - SHORTAGE IN SUPPLY OF PPES.
  - MOBILITY OF OUT-REACH WORKERS WITH SAFETY PROTOCOLS.
  - LIMITED CAPACITY OF SERVICE PROVIDERS ON PROPER USE OF PPE.
  - LACK OF APPROPRIATE USE OF PPE IN PUBLIC SECTOR PROVIDERS.
  - STIGMA AND DISCRIMINATION ASSOCIATED WITH COVID-19 INFECTED CLIENTS.
  - MIS-INFO/MIS-CONCEPTION ON COVID-19 VIRILITY BY COMMUNITY STAKEHOLDERS AND SOCIAL MEDIA.
  - PLACES SOME OF FPAP'S SDPS AT RISK OF CLOSURE.

- ### SOLUTIONS:
- INNOVATIVE STRATEGIES-FOCUSED ON HOME VISITS AND SELF CARE INTERVENTIONS:
- COMMUNITY HOME VISITS BY SERVICE PROVIDERS FOR PROVISION OF MISOPROSTOL FOR SELF-USE FOR POST-ABORTION CARE AND PREVENTION OF POST-PARTUM HAEMORRHAGE.
  - DOOR-TO-DOOR PROVISION OF SHORT-ACTING FP COMMODITIES.
  - PROVISION OF SRH AND FP COUNSELLING AND CONSULTATION THROUGH MOBILE AND WHATSAPP GROUPS WITH PROVIDERS AND YOUNG PEER EDUCATORS.
  - CLIENTS ORIENTED ON SELF-INJECTION OF DMPA-SC OR 'SAYANA PRESS'.
  - CLIENTS ORIENTED ON SELF-TESTING FOR PREGNANCY AND BLOOD SUGAR WITH RAPID KITS.

- ### LESSONS LEARNED:
- KEEPING COMMUNITY CONNECTED WITH THE NETWORK: KEEPING IN VIEW THE RESTRICTED MOVEMENT OF THE COMMUNITY, FPAP FIELD STAFF REMAIN CONNECTED WITH THE LOCAL PEOPLE ON WHATSAPP, DISPLAYING POSTERS AND LEAFLETS IN LOCAL LANGUAGES AT PROMINENT PUBLIC PLACES AT COMMUNITY LEVEL.
  - DEVELOPMENT OF DISSEMINATION OF COVID-19 SBCC MATERIAL: DEVELOPED AND DISSEMINATED POSTERS, LEAFLETS, PAMPHLETS AND STANDEES IN LOCAL LANGUAGES FOR THEIR DISTRIBUTION AND DISPLAY AT ALL THE PROMINENT PLACES IN AND AROUND CLINICS.
  - DISTRIBUTION OF DIGNITY KITS: FPAP DISTRIBUTED THE DIGNITY KITS TO WOMEN AND GIRLS IN NEED DUE TO INCREASED DEMAND DUE TO LOCK DOWN.
  - FPAP'S HELPLINE: TOLL FREE HELP LINE NUMBERS WERE AVAILABLE MANAGED BY CLINICAL PSYCHOLOGIST WHO PROVIDED COUNSELING SERVICES AND INFORMATION.
  - RESOURCE MOBILIZATION: SUBMITTING PROPOSAL ON PANDEMIC TO DONORS.





**Ms. Rashida Panezai**  
President, Rahnuma-FPAP

## MESSAGE

This year Annual Report is dedicated to Begum Surayya Jabeen, (Ex President, Ex CEO Rahnuma-FPAP, 1967-2016) who devoted her whole life for the noble cause of humanity. She remained associated with Rahnuma-FPAP for more than five decades under various capacities and evolved this organization to new heights. Begum Surayya Jabeen is among the pioneers who spearheaded the population and women empowerment program in Pakistan despite of social taboos and stigma during early sixties. She embarked on very difficult journey for human well-being and the odds were very high but through her professional charisma, commitment and dedication transformed these odds and difficulties into an opportunity and transform Rahnuma-FPAP as an lead advocate for FP&RH program across Pakistan which is recognized globally. She has distinction to be part of various government delegations and represented the organization in various national and international conferences. Begum Surayya Jabeen remained instrumental to provide highest level of oversight to realize FP&RH at various levels. Rahnuma-FPAP is indebted to her countless services and contributions and will keep her mission of humanity moving towards new heights while setting new standards and hallmarks.

Pakistan with five decades of investment in family planning program, only 25 per cent of women reported using modern contraception in 2017-18, the lowest amongst the Asian and neighboring Muslim countries. With family planning program in place, Pakistan aimed to achieve replacement level fertility (2.2 births per woman by 2030). Fertility declined steadily from 4.9 births per woman (1990-91 PDHS) 2 to 4.1 births (2006-07 PDHS) and to 3.6 births (2017-18 PDHS). Pakistan's population is estimated to be around 222 (2021) Million and ranked 5th populace country in the world. Pakistan's population is growing at 2.1 percent per annum, with net annual addition of 4.3 million every year, it is projected to touch 263 million by 20301. This rapid population increase has several implications for the socioeconomic development of the country as it is falling behind to achieve its own goals set for lowering fertility reflects diminished political will and inadequate financial allocations.

During 2021, Pakistan faced plethora of social development problems compounded by the onset pandemic (COVID-19) as most of the public sector development related allocations diverted to contain this pandemic. Population Welfare program was one the main victim as public sector services remained suspended and staff deputed for family planning related functions was relocated to COVID-19 vaccination activities. Moreover funds allocated for population welfare program diverted to more important and pandemic related areas. This pandemic has taught us a lesson to formulate national population policy/framework synergizing the provincial population policies to create collective wisdom on population issues in line with international commitments as after 18th Constitutional Amendment population has become provincial subject along with other civic ministries/departments but diverse population dynamics of different provinces and an absence of national population policy/framework is impeding the efforts to contain the high population growth.

The CCI recommendations and Pakistan National Vision 2025 provide greater insights and I am hopeful that the federal government led by Prime Minister Shahbaz Sharif will exhibit a greater political will and financial support for population issues.



**Syed Kamal Shah**  
Chief Executive Officer,  
Rahnuma-FPAP

## FOREWORD

I am delighted to present Rahnuma-FPAP Annual Report 2021 **“Transforming Challenges into Opportunities”** to our distinguished viewers which has been developed in the backdrop of global pandemic (COVID-19). Pakistan with a very fragile and limited health services delivery infrastructure was among the countries severely affected. During 2021 Pakistan was again severely enveloped under the pandemic (3rd & 4th Wave) and to contain the spread of this wave the federal and provincial governments moved toward partial and complete lock down, some of the essential health services including family planning and OPDs were stopped temporarily except emergency health services. The resources allocated for health services were diverted to contain the spread of pandemic.

Rahnuma-FPAP devised various strategies to cope with COVID-19 pandemic as it not only ensured non-stop services delivery at all SDPs while taking effective preventive measures for its staff, clients and communities but also supplemented the public sector health care providers to cope with pandemic related effects on its health services. Our more than 80% services remained targeted towards vulnerable and marginalized sections of society who have been hit hard by this pandemic. We also closely worked with other stakeholders not to ensure the availability of FP& RH services despite pandemic.

Rahnuma-FPAP strengthening its coordination/collaboration with Public Sector at the federal level and provincial/ regional levels as we are member of Federal and Provincial Population Task Forces established to move forward the population agenda as per CCI recommendations. Rahnuma-FPAP being a CSOs Focal Point of FP2030 Country Engagement Working Group (CEWG) of the Ministry of National Health Services, Regulations and Coordination (MNSRC), government of Pakistan in partnership with stakeholders is committed for FP2030 framework in the light of CCI approved recommendations and it was select to co-chair the Advocacy and Media Sub Group formed under FP2030 CEWG. During 2021 we carried out extensive media/social media campaign for endorsing of FP2030 Commencements and aligning them with CCI recommendations/Action Plans.

During 2021 we strengthened our partnership and coordination with NDMA, PDMA, PWD, DoH other stakeholders at national, provincial and district levels to strengthen and supported them to provide humanitarian services during emergency/ disaster situations. The SPRINT (I,II,III) and Humanitarian Capacity Development Project (HCDC) are among these initiatives. Under HCDC Rahnuma-FPAP being a capacity building lead of other IPPF MAs (Yemen, Sudan, Burundi, Burkina Faso and Central African Republic) strengthened expertise and capacity of MAs and Collaborative partners in at least 10 high-risk countries.

At the end I pay my rich tributes on behalf of Rahnuma-FPAP to our beloved (late) Begum Surayya Jabeen who devoted her whole life for the cause of humanity and social work. She remained associated with us for more than five decades and evolved this organizations to unequalled heights. May Almighty Allah rest her soul in eternal peace and Jannah (Amin).



# TRIBUTES

## TO BEGUM SURAYYA JABEEN EX-PRESIDENT, EX-CEO RAHNUMA-FPAP



1967 TO 2016

RAHNUMA-FPAP FAMILY REMUNERATE ITS RICH TRIBUTES AND HOMAGE TO BEGUM SURAYYA JABEEN A SEASONED AND HIGHLY ACCLAIMED SOCIAL WORKER, WHO REMAINED ASSOCIATED WITH RAHNUMA-FPAP AS A LIFE MEMBER/VOLUNTEER FOR MORE THAN 5 DECADES (AS A CHIEF EXECUTIVE OFFICER, CHAIRPERSON AND PRESIDENT).

SHE HAS UNFLINCHING COMMITMENT AND IS ONE OF THE PIONEERS WHO SPEARHEADED THE CAMPAIGN FOR FP&RH IN PAKISTAN. SHE HAS DISTINCTION TO BE PART OF VARIOUS GOVERNMENT DELEGATIONS AND REPRESENTED THE ORGANIZATION IN VARIOUS NATIONAL AND INTERNATIONAL CONFERENCES. BEGUM SURAYYA JABEEN REMAINED INSTRUMENTAL TO PROVIDE HIGHEST LEVEL OF OVERSIGHT TO REALIZE FP&RH AT VARIOUS LEVELS. THE ORGANIZATION IS INDEBTED TO HER COUNTLESS SERVICES AND CONTRIBUTIONS.



# THE NEW TRENDS IN C

- 06 RAHNUMA-FPAP FLASHBACK 2021
- 08 ENABLING THE POLICY & LEGISLATIVE ENVIRONMENT IN PAKISTAN
- 10 BUILDING MOMENTUM FOR PAKISTAN FP2030 COMMITMENT
- 11 ENGAGEMENT FORUM ON FP2030 IN PAKISTAN
- 14 SENSITIZATION ON FP2030 PAKISTAN COMMITMENTS
- 16 SERVING PEOPLE UNDER THE SHADOW OF PANDEMIC:
- 20 ACCELERATING CHANGE THROUGH MODEL PROJECT
- 28 RESPONDING ESSENTIAL FP&RH NEEDS OF EARTHQUAKE-AFFECTED COMMUNITIES
- 30 ENABLING PEOPLE TO RESPOND EMERGENCY AND DISASTER SITUATIONS DURING PANDEMIC
- 34 AUDIT REPORT 2021





# RAHNUMA-FPAP FLASHBACK 2021

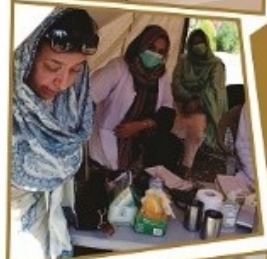


## DR. RASHIDA PANEZAI

President Rahnuma-FPAP  
has been awarded

### "CERTIFICATE OF APPRECIATION"

by the Members of BMC Galaxy 1985 in  
recognition of her countless social and  
humanitarian services with commitment  
and dedication



*"Warmest  
Congratulations  
on your  
Achievement"*

Rahnuma-FPAP entire family is proud of our  
**CHAIRPERSON MRS. MAHTAB AKBAR RASHDI**  
who has been elected unopposed as Chairperson  
of the Sindh Graduates Association. First ever  
female elected for the position in 50 years history  
of the association. Sindh Graduates Association  
has more than 88 branches across Pakistan

## MoUs SIGNED:

MoU signed with Population Welfare  
Department (PWD) Government of  
Sindh for increasing access of Long-  
Acting family planning methods  
through task-shifting and task sharing  
in district Larkana.

MoU signed with Youth Affairs and  
Sports department Punjab for revival  
of Youth Helpline under UNFPA  
project.

MoU signed with Sathi Foundation,  
Khawaja Sira Society and Dostana  
Society for RH&FP services for  
vulnerable segments of society.

## EXCELLENCE AWARDS BY GOVERNMENT OF PAKISTAN

Rahnuma-FPAP received  
appreciation and  
acknowledgment certificate from  
DG PDMA Balochistan on  
International Day for Disaster  
Reduction.



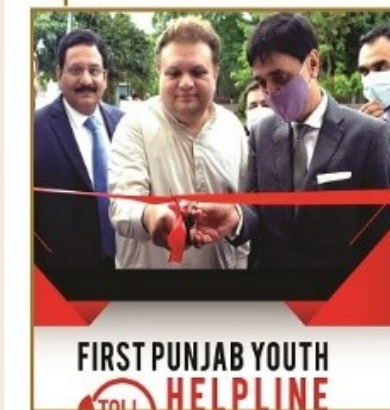
Dr. Yasmeen Rashid, Minister for  
DoH Punjab presented  
appreciation and acknowledgment  
shield to Rahnuma-FPAP for his  
excellent FP/RH Services at  
Punjab Donor's and Partners  
Conference 2021.



## EXPANDING THE OUTREACH

### DIAGNOSTIC CENTER :

A state of the art diagnostic center  
established in Family Health  
Hospital Gilgit to better serve the  
marginalized and vulnerable  
section of society. This diagnostic  
center is equipped with CT scan,  
MRI, Ultrasound Color Doppler  
and X-Ray CR and available round  
the clock 24/7. This is only facility  
in private sector where services  
being provided.



### PUNJAB YOUTH HELPLINE:

Mr. Fuad Hashim Rabbani  
(Secretary Youth Affairs & Sports)  
and Mr. Adnan Arshad Aulakh  
(DG Sports) inaugurated by  
Punjab Youth Helpline. The  
Punjab Youth Helpline was jointly  
re-commissioned by UNFPA and  
Rahnuma-FPAP. Currently  
Rahnuma-FPAP Youth Helpline  
staff is running the Helpline.

### INAUGURATION CEREMONY BADIN:

Dr. Rashida Panezai (President  
Rahnuma-FPAP), Ms. Mahtab  
Akbar Rashdi (Chairperson  
Rahnuma-FPAP), Mr. Ashiq Ali  
Khowaja (Vice President  
Rahnuma-FPAP) inaugurated  
Family Health Hospital & Family  
Health Clinic Badin, Sindh.



### INAUGURATION CEREMONY HARIPUR:

Dr. Rashida Panezai (President  
Rahnuma-FPAP) and Syed Kamal  
Shah, C.E.O Rahnuma-FPAP  
inaugurated Family Health Model  
Clinic (FHMC) Haripur. The event  
was graced by Chief Health  
Sector Reforms Unit, Director of  
Health KP and District Population  
Welfare Officer, PWD Haripur.





## ADVOCACY HIGHLIGHTS 2021

DG (PPW) MNHRC, Secretary PWD KP and CEO Rahnuma-FPAP participating FP2030 CEWG meeting

Deputy Director IEC, PWD Punjab sharing his views

## ENABLING THE POLICY & LEGISLATIVE ENVIRONMENT IN PAKISTAN

### PRESIDENT OF PAKISTAN CHAIRED 4<sup>TH</sup> MEETING OF FEDERAL TASK FORCE (FTF) ON POPULATION:

4<sup>th</sup> meeting of FTF on population was held in 2021, chaired by the President of Pakistan. The FTF approved population indicators for 2025-2030, Pak Rs. 100 billion budget for national action plan, and national narrative of 'Balance for Better'. The FTF also allocated Pak Rs. 1 billion for the procurement of contraceptives.

### SELECTED CO-CHAIR OF ADVOCACY AND MEDIA SOCIAL BEHAVIOUR CHANGE COMMUNICATION (SBCC) COMMITTEE UNDER FP2030:

FP2030 Pakistan Country Engagement Working Group (CEWG) formed an Advocacy and Media Sub Group and under this sub group constituted Advocacy and Media BCC strategy formulation committee. This committee was chaired by

the Deputy Director Information Education and Communication, PWD Punjab and co-chaired by the Director Advocacy & Communication of Rahnuma-FPAP. We produced videos, media clips, slogans/logos and taglines which were in line with national narrative on population.

### SINGLE REPRODUCTIVE HEALTH AND RIGHTS BILL 2021:

Rahnuma-FPAP provided technical support to Ministry of National Health Services, Regulations and Coordination (MNHSRC) to formulate single Reproductive Health and Rights (RHR) Bill by combining three bills on i) age at marriage, ii) premarital counselling, and iii) RH Right.

### PROVINCIAL POPULATION BUDGET 2021/2022 INCREASED:

As a result of continuous efforts of Rahnuma-FPAP and other partners, PWD Punjab increased its development budget from 1.3 billion to 2.1 billion during 2021-

22. The KP Provincial Task Force (PTF) chaired by Chief Minister of KP province approved funds of Pak Rs. 310.0 million for PWD KP as well as allocated Pak Rs. 183 million for the

purchase of contraceptives for the next fiscal year. Likewise, PWD Balochistan issued Pak Rs. 30 million for the purchase of contraceptive commodities.

### WORKING WITH PROVINCIAL POPULATION TASK FORCES (PTF):

Rahnuma-FPAP as member of Population Task Force AJ&K worked actively for the functional integration of Health and Population Welfare Departments in order to further strengthening delivering of

**Rahnuma-FPAP is active member of Provincial Population Task Forces (Punjab, Khyber Pakhtunkhwa, Gilgit Baltistan and Azad Jammu and Kashmir) for implementation of CCI recommendations**

FP&RH services at community level. Subsequently the AJ&K Govt. approved functional integration of Department of Health and Population Welfare Department in 2021.

Rahnuma-FPAP as Population Task Force GB member, provided technical support in preparation of its four year development plan (PC-1) focusing on integrating FP&RH services in the region, which was subsequently submitted to MNHSRC for approval.

### SENSITIZING RELIGIOUS LEADERS ON POPULATION ISSUES:

While getting an insight of Rahnuma-FPAP successful endeavor with religious leaders on population issues, PWD Punjab piloted a project to involve 1,300 imams and khateeb (muslim religious scholars) to promote FP in 10 districts. Under this endeavor Rahnuma-FPAP provided support in developing training

manual and also supported PWD Punjab in formulating communication messages and taglines for their display on public transport.

### RAHNUMA-FPAP SELECTED MEMBER OF WORKING GROUP ON PUNJAB POPULATION AND CLIMATE:

Rahnuma-FPAP selected member of Working Group on Punjab Population and Climate/ Environment to formulate strategies for population effects on the climate.

### PWD SINDH DECLARED FP&RH AS ESSENTIAL HEALTH SERVICES:

As a result of continuous efforts of Rahnuma-FPAP and other partners, PWD Sindh declared FP&RH as essential health services and prioritized provision of tele-health services during and post Covid-19 situation. PWD Sindh registered 330 private health facilities as RHS-B Centers with providing them free of cost contraceptive

commodities under its commitment to increase public-private partnership for ensuring universal access to FP services. Establishment of 10 new RHS-A Centers with existing resources and paraphernalia were committed by PWD Sindh to provide services to under-served communities.

### KP APPROVED ADDITION OF PRE-MARITAL COUNSELING IN NIKKAH NAMA:

As a result of our continue efforts through advocacy and lobbying meetings, regular media/social media campaigns the KP government approved the addition of a question about pre-marital counseling in Nikkah Nama (marriage contract).

### STRENGTHENING POLITICAL OWNERSHIP ON SUSTAINABLE DEVELOPMENT GOALS (SDGs):

Rahnuma-FPAP sensitized government officials on SDGs at the platforms of FP2030 CEWG as this is also instrumental in monitoring progress on population recommendations by Council of Common Interest (CCI) through Federal Task Force/Provincial Task Forces.







## FP2030 BUILDING MOMENTUM FOR PAKISTAN FP2030 COMMITMENT

### CIVIL SOCIETY ORGANIZATIONS (CSOs) AND YOUTH CHAMPIONS SHARED THEIR FEEDBACK ON DRAFT FP2030 PAKISTAN COMMITMENTS:

Rahnuma-FPAP launched a dedicated campaign to build momentum for pre-FP2030 Pakistan Commitments and in this regards organized a CSOs and youth champions Consultative Session on Draft FP2030 Pakistan Commitments to provide a platform for inputs and suggestions. The event was participated by distinguished CSOs and Youth Champions from all over Pakistan the prominent among them were Mr. Shoaib Ahmad, UNFPA Punjab, Mr. Muzaffar Mahmood Qureshi, Green Star Social Marketing, Mr. Danish Tariq, Youth Focal Point on FP2030 CEWG Pakistan, Ms. Saman Yazdani, CHPS etc. while leading NGOs/INGOs working in FP&RH joined virtually. The session appreciated Rahnuma-FPAP efforts as being one of the oldest and largest CSOs in

Pakistan and is currently CSO focal point in FP2030 CEWG organizing this successful event. During the meeting it was transpired that as most of the national level NGOs have already shared their feedback on draft FP2030 Pakistan Commitments. As a CSO focal and through this consultation an opportunity was provided to remaining CSOs and youth representatives to share their feedback specifically on the 8 thematic areas of the draft FP2030 commitment document.

Mr. Mohsin Baig representing National Youth Network and Youth Alliance on FP&RH on population development emphasized to ensure access FP&RH to all youth adolescents and also highlighted inclusion of youth perspective at all levels. The forum is aimed to

strengthen the capacity of local youth led organizations and youth leaders. While sharing the progress of Youth Alliance, he further stated that their three youth members have been selected as a member in National Youth Council of Pakistan. He himself selected as a core committee member of Prime Minister of Pakistan:

**Rahnuma-FPAP National Youth Member Mr. Mohsin Baig selected as a core committee member of Prime Minister of Pakistan: Kamyab Jawan Program**

Kamyab Jawan Program and one of their colleague (Mr. Danish Tariq) has been selected as a Youth Focal Point for FP2030 CEWG. Furthermore, Mr. Fasahat ul Hassan, another youth

advocate has been selected FP2030 global team.

Dr. Jamil Ahmed, National Lead on FP&RH shared that UNFPA is preparing the country strategic plan for Pakistan which will be aligned with this particular documents. He further highlighted the important role of CSOs and their scope to strengthen contributions in FP&RH.

## ENGAGEMENT FORUM ON FP2030 IN PAKISTAN

To strengthen momentum for FP2030 Rahnuma-FPAP initiated a civil society engagement campaign during 2021 and launched social media campaign on Facebook (developed dedicated Facebook page name: (Rahnuma-FPAP CSOs Engagement Forum FP2030). Moreover this campaign was also initiated on Twitter, Instagram, Radio, Cable Network, Influencers, Magazine and Rahnuma-FPAP Website. Prior to this campaign developed communication messages and taglines. Subsequently a dedicated social media and electronic media campaign were launched across Pakistan.

## PERFORMANCE:

### Social Media Campaign:

The social media campaign started with Facebook live session of Dr. Tauseef Ahmed explaining commitments of FP2030 followed by youth messages, conference coverage video and special FP2020 messages to create trending on Twitter as top trends, then Instagram using major magazines later Facebook poll was done which showed how people have gained knowledge about the subject.

### Launched a dedicated social media campaign for more than three months and achieved following results:

- Reached 2.01 million while target was 1 million
- Reached 2.3 million while the target was 1 million
- Reached 1.45 million while the target was 0.5 million



Hold consultations with youth and CSOs to initiate FP2030 SBCC campaign

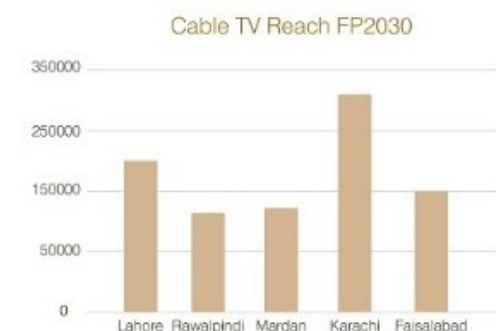
## STRATEGY ADOPTED FOR FP2030 PAKISTAN COMMITMENT

- Initiated formal and informal consultations with key CSO stakeholders to develop FP2030 SBCC contents for various social media platforms.
- Organized two (pre & post) consultations with key CSO stakeholders to finalize contents for social media campaign for FP2030 framework.
- Created hype around post FP2030 Pakistan commitments on social media.

**Radio:** a six week campaign explaining the FP2030 commitments and civil society alongside Govt. efforts for achieving, asking support from the civil society to take it as a challenge and work on it together. We used the spots in youth most favorite shows.



**Cable TV:** six week campaign explaining the FP2030 commitments and civil society alongside Government efforts for achieving, asking support from the civil society to take it as a challenge and work on it together. We used cable TV video channels for our scrolls to ensure maximum recall by youth.



**During a consultation on Roadmap for Pakistan's FP2030 Commitments/Targets, Ministry of National Health Services and other stakeholders appreciated the commitment and dedication of Rahnuma-FPAP.**



## YOUTH PERSPECTIVE (DRAFT) PAKISTAN FP2030 COMMITMENTS:



- Youth integration into the Task Forces both at provincial and federal level must be insured to make the Task Force more representative. As a short term measure already selected FP2030 CEWG Youth Focal point must be engaged at these Task Forces.
- Another key stakeholder could be private sector; for example, Reckitt which manufactures condoms. Partnerships with such companies can help in creating sustainable solutions to increase availability of contraceptives especially in under-developed areas at subsidized rates
- The youth-led organizations who have great social capital in rural areas should be provided with technical support including the training and availability of resources, so they would play their active and meaningful role in community sensitization and mobilization
- The prevalent rate of STDs and STIs should also be taken into account because they are also caused by early child marriages which leads to more FP issues
- Promote societies and clubs within the universities to support and aware the students' body around FP2030 agenda and SDGs.
- Create and encourage safe spaces for young people at each level to discuss and get to know about the right policies and programs being run by the provincial and federal governments to have their more meaningful participation.
- Capacity building of services providers is very important and they should be taught about the dissemination process through social action projects, this would increase the resource persons and strengthen their capacity.
- Support from minority groups would play a key role because they would be able to disseminate the right information in their communities and areas more rapidly.

## CSO's PERSPECTIVE ON (DRAFT) FP2030 PAKISTAN COMMITMENTS:

- Prominent CSO's shared that social accountability and political will are very wider subjects and these should be translated into actionable strategies and plans. Furthermore voices of youth, women and other marginalized group be institutionalized at all levels (national, provincial, district and community).
- Voices of women and youth should be strengthened and linking the population program with women as well as youth empowerment. The participants emphasized to align the relevant Ministries/Departments especially the youth ministry with civil society and youth groups to create a conducive environment for social accountability and political ownership.
- Universal Health Coverage may also include inclusion of self care initiative in which engagement of women and girls would create ownership and continuity of services. Furthermore, youth engagement should be ensured at all levels through multiple interventions as youth engagement is key for overall social accountability, in this regards LSBE can become an entry point to initiate the discussion around FP&RH.
- It is very important to ensure financial accountability and financial support for all budgetary allocations because all strategies will result in vein if security of funds continuation is not ensured.
- One of the participants pointed out innovative initiatives through social media to reach out young couples and learn about contraceptive technology and BCC.
- The value clarification and sensitization of population on civic issues is very important as most of the public sector officials are not adequately sensitized. It was pointed out that developing rapport with public sector, officials is very important and we have to formulate multi sectoral approach to deal with populated related issues at all levels.
- We should engage youth for the creation of an environment of social responsibility at the grassroots level as the realities and dynamics at the grass root level are quite complex and diverse.







Envisions a society where all citizens have universal access to FP&RH services without any discrimination

## PAKISTAN FP2030 VISION STATEMENT

By the end of 2030, Pakistan envisions a society where citizens have the basic rights to decide the number of children freely and responsibly by maintaining a balance (tawazun) between their family size and resources, and space births, and make informed choices to achieve a prosperous, healthy, educated, and knowledge-based society and to improve quality of life and achieve desired aspirations. Thereby, individuals, parents and the State have distinct responsibilities to maintain the balance (tawazun) between population size and resources available at all levels for achieving Sustainable Development Goals, regenerative capacity and reducing negative environmental effects.

### Key theme and Strategic Areas for FP2030

- Rights, Responsibilities and Balance' based family planning
- Functional Integration
- Postpartum, post-abortion family planning
- Adolescent, youth and family planning
- Advocacy & CSO engagement
- Emergency Preparedness & response
- Faith & family planning

### FP 2030 Focus Areas

- Political commitment and policy environment are expanded and consistently supportive
- Policies and programs are improved through evidence-informed decisions
- Family planning financing is sufficient and resilient, with countries increasingly able to sustainably finance their family planning work
- All married woman and adolescent girl's decision to use modern contraception is supported and accepted
- Health systems meet the information, service, and supply needs of individuals

## SENSITIZING CIVIL SOCIETY ON FP2030 PAKISTAN COMMITMENTS:

As a part of our continued efforts to support the government in carrying out its commitments of FP2030 framework in light of Council of Common Interest approved recommendations, Rahnuma-FPAP organized CSOs Consultations on Pakistan FP2030 Commitments Framework supported by UNFPA to record civil society and youth champion's recommendations with regard to Pakistan FP2030 Commitments and their subsequent submission at upcoming FP2030 CEWG meeting. This consultation was overwhelmingly attended by members of civil society, public sector officials, youth champions and academia. Prominent among them were Dr. Jameel Ahmed, Technical Specialist FP&RH UNFPA, Dr. Tauseef Ahmed, Population Expert and UNFPA Consultant, Mr. Shoaib Shahzad, Provincial Manager UNFPA Punjab, Ms. Rukhsana Kausar, Principal PWTI-PWD Punjab, Mr. Danish Tariq, Youth Focal Point FP2030 CEWG, Dr. Zafar Ikram, Chemonics-USIAD, Dr. Amber Alahi, RIZ Consultants, Mr. Muhammad Alam, Green Star Social Marketing, Mr. Mohsin Baig, President RNYN, Ms. Javeria Ejaz, MSS, Ms. Laraib, MASHAAL, Dr. Aminah Khan WHO, MS. Samia Shah, Population Council Pakistan etc.

During the Consultation Syed Kamal Shah, CEO Rahnuma-FPAP elaborated the background of FP 2030 Pakistan Framework in the context of FP2020 commitments, MDGs/SDGs and role of CSOs. He shared that Pakistan FP program is confronting various challenges after the devolution such as contraceptives commodity security, imposition of taxes on

contraceptives Pakistan very poor track record interm of international commitments and more stringent regulatory rules for NGOs/INGOs. He further underlined the need to re-strategize the PF focus while strengthening the mobilization and counseling, Quality Service provision under pandemic Sops has opened up a door for across the board learning from all sector especially from NGOs/INGOs.

Dr. Tauseef Ahmed, Consultant UNFPA highlighted the salient features of FP2030 Pakistan Commitment Framework. He shared that FP2030 Commitments are based on the National Narrative through an inclusive, equitable, and transparent process that is rooted in 'Rights, Responsibilities and Balance' family planning principles. He shared that FP2030

Commitments align with a Pakistan's other global and regional partnerships and objectives, such as Universal Health Coverage, CCI recommendations, targets and ICPD+25 pledges. He underlined the need to align the CCI Plan of Action with FP2030 Strategies. He highlighted that FP2030 commitments to be translated into Action Plan for provinces fully incorporating timely actions for all stakeholders making concerted effort to achieve CPR level of 50 by 2025. He further emphasized that the Action Plan needs to be updated in terms of implementation targets by year, measurement mechanism, indicator verification, and progress review and monitoring

**Federal and Provincial Governments along with CSO's came together to frame Pakistan's new commitments to the FP2030 to achieve universal access to FP methods by 2030.**

vision FP2030 statement as "Pakistan envisions a society where women and girls are empowered and all couples enjoy basic rights to decide the number of their children freely and responsibly by maintaining a balance (tawazun) between their family size and resources, make informed choices to achieve a prosperous, healthy, and educated society"

Mr. Danish Tariq, Youth Focal point of FP2030 CEWG really appreciated and thanked Rahnuma-FPAP for jointly organizing a CSO and Youth Consultation. He also recalled the successful conduct of a Consultation prior to FP2030 conference to

and attention will be given to evolve accountability mechanism including focus on user's feedback and revamping the national and provincial coordination platforms. He further shared the

integrate youth voices into the draft Pakistan FP2030 Commitments, which was attended by more than 50 young people including transgender and people with disabilities. He shared that during that consultation contributed Youth put forth 27 recommendations into the draft of Pakistan FP2030 Commitments. Majority of the recommendations have been integrated such as enabling environment at all levels, inclusion of young people into the M&E Mechanisms, he also shared that inclusion of young people in the creation of mechanism for reporting and make it accessible for youth and

**FP2030 Working Group meeting of PWD KP, held in Nathiagali on 23rd September 2021. Progress against CCI approved recommendations and proposed KP commitment of FP2030 were presented.**

CSOs to integrate their progress and engage youth in strengthening the e-health initiatives and social media activities.



Secretary PWD Punjab chairing Provincial Task Force (PTF) meeting on CCI recommendations





## SERVING PEOPLE UNDER THE SHADOW OF PANDEMIC:

COVID-19 pandemic is having a major impact on the delivery of family planning and reproductive healthcare around the world, as per IPPF across Member Association survey conducted during 2020. Pakistan along with other developing countries of South Asia, East Asia and Africa were affected by the pandemic. On the onset of pandemic resources already allocated for family planning services were diverted to respond to the pandemic. Furthermore evidence indicates increased incidents of sexual and physical abuse, and espousal violence during the lockdown imposed by government to contain the spread of virus. This situation of GBV and poor health conditions of women and children further exacerbate as Pakistan is on the list of countries prone to humanitarian crisis/disasters (Inform Risk Index 2020). The data reveals that girls, woman and vulnerable groups are at a higher risk under any humanitarian situation.

To contain the spread of COVID-19 the government of Pakistan declared health emergency across the country and provincial government moved toward partial and complete lock down, some of the essential health services including family planning and OPDs were stopped temporarily except emergency health services. The resources allocated for health services were diverted to COVID-19 related services as public sector has no funds allocated for this particular situation/pandemic.

Rahnuma-FPAP devised various strategies to cope with COVID-19 pandemic as it not only ensured non-stop services delivery at all SDPs while taking

effective preventive measures for its staff, clients and communities but also supplemented the public sector health care providers to cope with pandemic related effects on its health services.

**Secretary PWD  
Punjab, Add. Secretary  
PWD, Deputy Dir. IEC  
and Provincial  
Manager UNFPA  
visited Rahnuma  
Training Institute,  
Family Health Hospital  
and Youth Resource  
Center**

In relevance, community outreach services within WHO & national safety and security protocols were ensured. Rahnuma-FPAP further strengthened its close coordination with NDMA, PDMA and DDMA at national, provincial and district levels.

The staff deputed at the services delivery points were trained/ oriented on COVID-19 preventions as per WHO and National Command & Operation Centre (NCOC) pandemic guidelines and provided all necessary PPEs. Ensured continued provision of FP&RH

services with reduced/ convenient timings at all SDPs. The requisite personnel protection equipment's (PPEs) were procured from our own resources and distributed among our wider services delivery apparatus across Pakistan.

Furthermore Rahnuma-FPAP introduced work from home strategy for non-essential staff and relaxed fewer working hours for staff deputed at the service delivery points. It was also ensured the requisite capacity development of staff through virtual trainings/meetings and back end support. Realigned physical activities such as service provider trainings, community gatherings and meetings at offices and using funds for PPEs and contraceptives with donors consent. It was fully ensured the regular and uninterrupted supply of PPE would be available at all service delivery locations spread across Pakistan.

**Rahnuma-FPAP  
organized a National  
Seminar of sharing  
findings on operational  
research of DMPA-SC  
(Sayana Press) in  
private sector at  
Islamabad**

Rahnuma-FPAP used innovative interventions –focusing on home visits and self-care. Proper action plan was developed at the SDP levels to ensure the regular home visits that no one left behind who is in need of FP services including antenatal and

postnatal care. it was ensured the provision of misoprostol for self-use for post-abortion care and prevention of post-partum hemorrhage along with availability of short acting

FP commodities including DMPA-SC while undertaking the door-to-door visits.

The provision of FP&RH counselling and consultation through mobile and WhatsApp groups was introduced during the lock down and SDP staff oriented clients on self-injection of DMPA-SC or 'Sayana Press, self-pregnancy and blood sugar testing with rapid kits.

Another important component of Rahnuma-FPAP pandemic strategy was the continuous networking and outreach services through social media like regular featuring of updates on WhatsApp groups, development and dissemination of BCC material in local languages at prominent public places at community level and distributed the dignity kits among women and girls in need to cope with the effects of lock down. Our Toll free Helpline remained operational during the pandemic and it was ensured that equally trained staff remained available at the helpline to provide counseling services and information.

## FAMILY HEALTH HOSPITAL:

Rahnuma-FPAP is operating nine state of the art Family Health Hospital (FHH) across Pakistan. These FHHs are working round the clock in major cities and act as a referral hospitals for their community based static and mobile service delivery centers and operate as one-window operation. During the pandemic (COVID-19), Family Health Hospital adopted all SoPs and remained operational with all indoor and outdoor services despite of closing of OPDs by the public sector hospitals across Pakistan. Family Health Hospitals work on informed choices and Quality of Care (QoC) which are the hallmark of their services delivery system. Highly qualified medics and paramedic based FHHs are providing services ranging from safe motherhood to early diagnosis of cancers. head office provides technical guidance and facilitation regarding medical standards and policies to the FHH and ensures that FP&RH services are up to highest medical standards.





## FAMILY HEALTH CLINIC (FHC):

Family Health Clinic is the basic building block of Rahnuma-FPAP's services delivery network. These are community-based centers handled by Lady Health Visitors (LHVs) and assisted by community motivators and during the pandemic our all FHCs remained operational with standard operational protocols. Family Health Clinic acts as the first referral base of service delivery system; it refers the clients to FHH. It is also supported by mobile teams. At present Rahnuma-FPAP has a network of FHCs providing services to masses at their doorsteps on affordable rates.

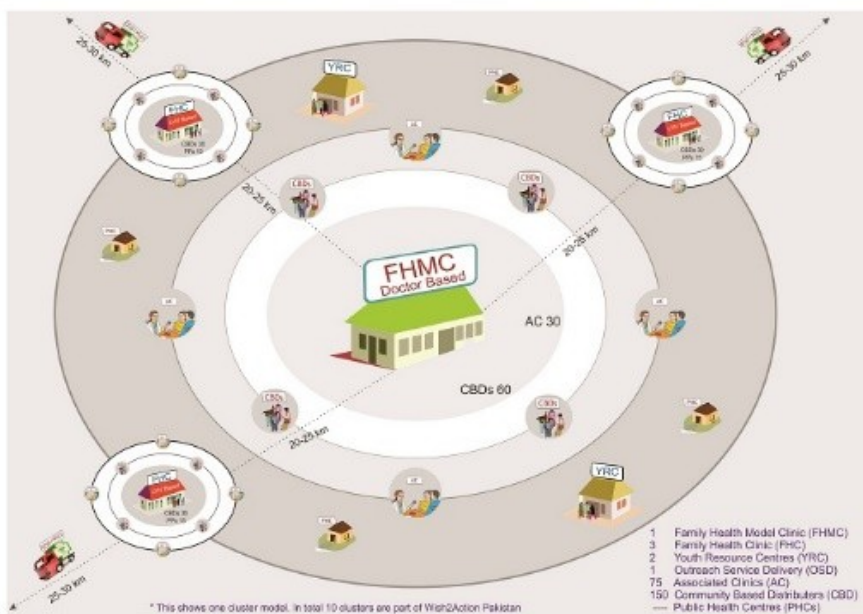
Family Health Clinic project is operative in all provinces of Pakistan. They are providing defined range of contraceptive services to the clients of marginalized communities and underserved population. These clients are referred for contraceptive surgery and other specialized treatments to nearby FHHs. They offer simple laboratory tests and their environment is client friendly and the quality of care is observed strictly. Regular on-job training is provided to FHC staff to improve their professional skills.

## MODEL CLINICS:

Model Clinics provided back support to all service delivery points. These hospitals and clinics are equipped with state of the art equipment and extend complete range of FP&RH services including male sterilization. A comprehensive package of diagnostic facilities has also been offered at these service delivery points ranging from simple laboratory services to X-rays and ultrasound facilities.



President, Chairperson and VP Sindh offer DUA after inaugurating the Fahnuma-FPAP Family Health Clinic Badin (Sindh)



## PRIVATE PRACTITIONERS:

Private Practitioners form part of Rahnuma-FPAP system of referral network. Rahnuma-FPAP provides Private Practitioners trainings, low cost family planning commodities and assistance in maintaining quality standards.

## COMMUNITY BASED DISTRIBUTORS:

These include shop keepers, registered hakeems and traditional birth attendants. These function as an important source of referred clients and distribution of FP methods.

## ASSOCIATED CLINICS:

These clinics belong to private individuals. Under a formal MoU, Rahnuma-FPAP provides them technical support, monitoring, quality of care oversight, FP&RH commodities.

## MOBILE CONTRACEPTIVE SERVICES (MCS):

Mobile Contraceptive Services project was introduced to cover the far-flung areas and hinterland to serve poorest of the poor and marginalized communities in 1986. Mobile Contraceptive Services has been specially designed to meet the



Mr. Fuad Hashim Rabbani (Secretary Youth Affairs & Sports) speaking during the inauguration of Punjab Youth Helpline

needs of geographically isolated areas where transportation facilities are scarce and services are not accessible easily. Besides distributing Oral Pills, condoms, injectable

contraceptives, primary health care and general FP&RH services are also provided. IEC materials are also distributed. Cases requiring specialized care especially contraceptive surgeries and referred to FHHs. Mobile camps are facilitated by TBAs, that provides a good number of referrals. Lady Health Workers of National Program for FP and Primary Health Care work in close collaboration to mobile contraceptive services project.

## DROP IN CENTER:

Drop in Center provides a mix of services including, primary health care, FP&RH, Psychosocial & Psychosexual counseling services. Produce referral for Voluntary Counselling

**Mobile FP&RH services has been designed for remote and isolated areas where transportation facilities are scarce and services are not accessible easily**

and testing of HIV and AIDS. Provide space and environment for informal/formal education and recreational activities to improve and raise the mental level of understanding and standard of living of male sex worker (MSW), Hijras

(transgender) to inculcate among them the sense of self-esteem.

## YOUTH RESOURCE CENTERS:

Rahnuma-FPAP operates 43 Youth Resource Centers (YRCs) across the country. The purpose of this activity is to provide a platform for youth. These Youth resource centers are a physical place where adolescents and youth come together, explore common activities, and discuss common problems and issues. Every YRC has youth groups comprise of youth aged between 15-24 years of age. These groups are established at all YRCs. These groups are working actively to create awareness among their community about various issues. These YRCs are

also the outreach mechanisms for providing FP&RH services to young people. These YRCs were also strengthened to provide high quality youth friendly services with referral mechanisms for comprehensive Youth friendly services. YRCs provides facilities to encourage young people to take part in activities. These facilities include includes TV, DVDs, CDs Movies/Documentary, Computers, Sewing Machines, Indoor games, Outdoor games, Provision of computers with internet & Telephone connection etc.

## COVID-19 VACCINATION

Rahnuma-FPAP and Gilgit Baltistan Government jointly established COVID-19 Vaccination Center in Family Health Hospital Gilgit where everyone can avail the service of Covid-19 vaccination. Prior to the launch of this service our FHH Staff got training from DHQ Hospital Gilgit for this special service.

Organized "Covid-19 Vaccination Camp" on the request of District Health Authority at Family Health Model Clinic Khanpur Baga Sher, Muzaffargarh. The local government appreciated Rahnuma-FPAP for their contribution to control the pandemic.

Rahnuma-FPAP organized free medical camp at Family Health Clinic at Tubat-Mand with collaboration of Frontier Constabulary Balochistan.





President, Chairperson visiting Rahnuma-FPAP Family Health Clinic Badin, Sindh



## ACCELERATING CHANGE THROUGH MODEL PROJECT

### WOMEN INTEGRATED SEXUAL HEALTH (WISH) PROJECT:

Rahnuma-FPAP in partnership with IPPF, successfully completed three years FCDO (DFID) funded Project "Women's Integrated Sexual Health" (WISH) during 2021. It was a flagship family planning (FP) project to deliver 20% of the UKs FP global commitments for FP2020 and broader aim of the project was to enable women to safely plan their pregnancies and improve reproductive health. Humanity & Inclusion (HI) and Options were the main consortium partners in Pakistan while local collaborating partners were Departments of Health, Population Welfare Departments, and Integrated Reproductive, Maternal, New Born and Child Health and Nutrition (IRMNCH&N) Program of the Primary and Secondary Healthcare Department (PSHD) Punjab. The project was implemented in ten districts of Pakistan including AJ&K through cluster model.

### WISH 2 ACTION PANDEMIC ADAPTATION:

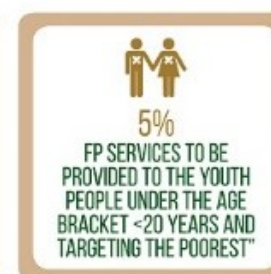
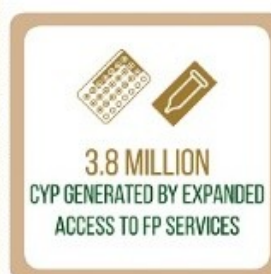
During the pandemic it was ensured non-stop FP&RH services delivery at our Services Delivery Points (SDPs) across Pakistan as NDMA declared national health emergency and provincial governments moved towards partial and complete lock down. Rahnuma-FPAP devised strategy to cope with this situation, while keeping in view the professional commitments & obligations. We adapted effective preventive measures for staff and

communities through following innovative pandemic preventions strategies.

### PACKAGE OF INTEGRATED SERVICES:

At our designated Service Delivery Points (SDPs) and OSDs FP&RH services delivery remained operational with increased infection prevention, hygiene practices across Pakistan. Besides this we also devised strategy for door to door visits and provision of short acting FP&RH methods, counselling, referral for specialized consultation and other FP&RH consultation.

### PROJECT ACHIEVEMENTS:



### COMMUNITY MOBILIZATION

**17450**

PARENTS REACHED THROUGH INTERACTIVE  
SESSIONS

**12626**

COMMUNITY MEMBERS ENGAGED THROUGH  
MEN AND BOYS SUPPORT GROUP MEETINGS

**41238**

PARTICIPANTS INVOLVED IN MOTIVATIONAL AND  
SENSITIZATION  
COMMUNITY SESSIONS

**18121**

MALE & FEMALE YOUTH ENGAGED IN  
INTERACTIVE SESSION AT YRCs

**18583**

BOYS AND GIRLS ENGAGED IN YRCs FOR  
REFERRAL AND DEMAND CREATION

**3539**

STUDENTS REACHED THROUGH LSBE SESSIONS  
IN ACADEMIC INSTITUTION

**2378**

YOUNG PEOPLE REACHED THROUGH THEATERS

### COMMUNITY OUTREACH:

Covered community outreach by adapting pandemic preventive measures and SOPs. Multiple approaches adapted to ensure and reach the maximum people/communities. Carried out door to door visits, individual counselling, group counselling, and social media networks for dissemination of pandemic messages, IEC/BCC material. Moreover community outreach camps organized with increased infection prevention and hygiene practices to ensure access to underserved communities.

Diverse strategies adopted to reach the poor, marginalized and underserved communities. The community mobilization & sensitization with youth groups carried out with more focus on pandemic SOPs. Developed and disseminated pandemic IEC material to the government offices at district levels, strengthened the referral system for pandemic suspected clients (Testing & Treatment) through public sector support.

### CAPACITY BUILDING OF PUBLIC SECTOR SERVICE PROVIDERS ON PANDEMIC :

Launched a dedicated campaign to build the capacity of public sector service providers at ten clusters on COVID-19 preventive measure & messages. They were also capacitated to distribute short acting methods in communities, and use of emergency medical supplies. Conducted ten trainings of 200 services providers to mitigate enhanced risk of GBV during crises and enable them for supportive counselling and specialist referral.

### CAPACITY BUILDING OF PRIVATE SECTOR SERVICE PROVIDERS ON PANDEMIC:

Ten Trainings of 180 private service providers conducted and the participants were trained on "inclusion of pandemic messaging in communities, capacitated them to mobilize communities for different FP methods.

AFTER SUCCESSFUL IMPLEMENTATION OF 3 YEARS WISH2ACTION PROJECT, RAHNUMA-FPAP ORGANIZED LEARNING SHARING SEMINAR AND PROJECT CLOSEOUT CEREMONY ATTENDED BY STAKEHOLDERS FROM PUBLIC SECTORS, PRIVATE SECTORS, CIVIL SOCIETY AND INGO's





Public sector officials visiting one of Rahnuma-FPAP Family Health Clinic for replication of best FP&RH practices in public sector outlets



## FP&RH MEDIA CAMPAIGNS IN PAKISTAN UNDER WISH2ACTION PROJECT:

Rahnuma-FPAP developed and rolled out a electronic media & social media campaign in the lite of national narrative on FP&RH design for women and men of reproductive age. The media campaign was launched to promote family planning, mother & child health, GBV, women empowerment and awareness on COVID-19 vaccination.

Rahnuma-FPAP worked closely with public sector to implement the recommendations for the country's commitment of enhancing the CPR to 50%. These recommendations identify advocacy and communication to rally the country in developing a national narrative, create a sense of urgency in the country and involving men in this important role of family planning.

Moreover Rahnuma-FPAP along with other developing partners supported the "National Advisory Working Group to establish and strengthen the family planning Narrative (Balance for Better) at national level. Under the WISH project to strength communication development

process formed DCMCs at cluster level to get the grass root level (community level) information & feedback and subsequently transmit the community feedback into Provincial Advisory Committees. The Provincial Advisory Committees further refined the recommendations & feedback scrutinized and put forth it to the National Steering Committee for policy formulation in line with National Narratives for FP&RH.

## FM RADIO MESSAGES:

Aired the radio messages in all 5 regions of the country (Lahore, Karachi, Islamabad, Peshawar and Quetta). This includes 3 audio messages (Urdu Language) with WISH2ACTION branding and Rahnuma-FPAP helpline focusing on below mentioned themes:

- Family Planning and Mother & Child Health
- GBV and Women Empowerment
- Awareness on COVID-19 Vaccination

## RADIO BROADCAST:



54 SPOTS FOR 27 DAYS  
ON 9 FM RADIO  
REACHING OVER  
7 MILLION

## TV BROADCAST:



279 SPOTS FOR 14 DAYS ON  
5 TV CHANNELS,  
REACHING OVER  
2.5 MILLION

## CABLE MESSAGES:



COVERING ALL AREAS OF  
WISH2ACTION PROJECT ACROSS  
PAKISTAN (16/HOUR TICKERS  
REACHING OVER  
2.7 MILLION

## TELEVISION COMMERCIALS:

Rahnuma-FPAP in partnership with PWD Punjab broadcasted FP&RH Television Commercial (TVC) on leading news channels (Express News, ARY News, Geo News, GNN, 92 News) with WISH Branding. The main reason of this campaign was to create a BUZZ for FP&RH by sponsoring some slots to have maximum outreach. This was fourteen days campaign with 279 slots.

## TWO ARTICLES PUBLISHED:

- The Nation on July, 2021 with the title "The Flash of hope by Rahnuma-FPAP in Collaboration with WISH2ACTION project in Pakistan".
- The Nation on 31st August, 2021 with the title "A young and rising Pakistan prioritizing Youth Reproductive Health is Essential"

## TV TALK SHOWS:

- Two TV Talk shows organized to showcase the Rahnuma-FPAP and WISH2ACTION contribution in the field of FP&RH. The talk shows focused on "Access and affordability issues of FP&RH services by Women and vulnerable groups during pandemic".
- Two National TV channels were engaged "City 42" and "Express News".

## CAMPAIGN ON SOCIAL MEDIA:

This campaign was also launched on simultaneously on our official social media accounts (Rahnuma-FPAP website, Twitter, Facebook, Instagram), to extend the outreach of WISH2ACTION BCC campaign as more people are using social media.



Director Program Planning Division is discussing role of FP&RH during a TV talk show

## IMPROVING ACCESS TO LONG ACTING REVERSIBLE METHODS THROUGH TASK SHARING/SHIFTING:

The main goal of this project is to provide training on FP counseling, infection prevention, and hormonal methods of FP to health service providers. It is also aim to develop strategies on FP Task Sharing & Task Shifting (Implants), and improve the delivery and uptake of FP&RH services. Another objective of the project is to develop task sharing and task shifting strategies for Govt. adoption.

During 2021, one technical committee meeting was organized as part of the first GB Population Task Force Meeting with chaired by Chief Minister GB. The objectives of the GB Provincial Task Force (PTF) meeting was to sensitize them on CCI recommendations and alarming population growth in Pakistan. During the meeting PTF Gilgit Baltistan it was highlighted for mandatory FP&RH service delivery at all

health facilities while doubling the budgetary allocations for Gilgit Baltistan PWD and DoH departments and ensure the availability of at least two rooms for family planning services at every health facility level. Furthermore during 2021 one advocacy and engagement session was conducted at Balochistan (Quetta) with 42 religious leaders. The main objective of the session was to discuss the population issues of Balochistan in context of Islam and implementation of action plan of CCI recommendation Rahnuma-FPAP also conducted four refresher trainings on comprehensive FP&RH, woken empowerment

**Rahnuma-FPAP organized 5 days training on Insertion and Removal (Long Acting Reversible FP Method), under task sharing and task shifting UNFPA at Larkana-Sindh.**

etc. and the main outcome of these training were five fully trained Women Medical Officers of PWD AJ&K.

As part of the annual work plan 2021, a total of four trainings were planned with healthcare providers of Agha Khan University and Agha Khan Health Service Pakistan. Out the planned trainings, a total of three





FP&RH services is an integral component of Rahnuma-FPAP service delivery points across Pakistan

trainings with AKU/AKHSP are completed with 44 Healthcare providers while last training was dropped due to 3rd and 4th wave COVID-19. Furthermore one consultative workshop was organized by Rahnuma-FPAP as CSOs focal on FP2030 CEWG, the workshop was attended by 40 representative from CSOs/NGOs/INGOs and youth including UNFPA, Pathfinder International, Bargad, Polity & Strategic Planning Unit Punjab, Pakistan Family Welfare Council, Kashaf Foundation, All Pakistan Women Association, Marie Stopes Society, Jhpiego, etc.

Rahnuma-FPAP organized Provincial Task Force meetings at Peshawar and Lahore to review the progress on task sharing task shifting strategies under UNFPA project. Representatives of PWD, DoH, Social Welfare Department and NGOs attended the PTF meetings. The overall objectives of the meetings were to engage and present the quarterly performance to all stakeholders. Under this initiative Thirteen District Technical Committee (DTC) meetings held at Jhelum, Larkana, Khuzdar and Swat/ Mingora.

## ACHIEVEMENTS

**35** IMPLANT INSERTION & REMOVAL TRAININGS CONDUCTED

**350** MID-LEVEL SERVICE PROVIDERS TRAINED FROM PWD AND DoH

**36** DOCTORS PWDs AND DoH WERE TRAINED IN JHELM, LARKANA, KHUZDAR AND MINGROA/SWAT.

**20** MOBILE CAMPS ORGANIZED

**325** IMPLANT INSERTED

**30** DISTRICT TECHNICAL COMMITTEES MEETINGS ORGANIZED

**TECHNICAL EXPERT** ENGAGED TO DEVELOP STRATEGY ON FP TASK SHARING FOR ISLAMABAD CAPITAL TERRITORY AND GILGIT BALTISTAN, THE SAME STRATEGY ENDORSED BY MINISTRY OF NATIONAL HEALTH

During 2021 30 sensitization sessions/meetings with potential candidates and parliamentarians of AJ&K arranged to build necessary political momentum in AJ&K and sensitize the election candidates on FP/RH and population issues of AJ&K which was participated by ten members of AJ&K legislative assembly.

## COMPREHENSIVE HEALTH CARE INITIATIVE (GCHCI) PHASE-V:

The main aim of this project is to increase access to menstrual regulation (MR) and treatment for PAC as an integral component of FP&RH in twenty-two Rahnuma-FPAP service delivery points (SDPs). During 2021 our main focus was to maintain and adapt service delivery to ensure access to FP&RH services for clients. GCHCI service delivery points remained functional all over the Pakistan, adopting strict protection and safety measures for service providers and clients. The biggest success during this phase of GCHCI was to maintain and adapt service delivery to ensure access to FP&RH services for clients all over Pakistan. Our dedicated six toll free helplines provided FP&RH counselling. Moreover Services providers through young peer educators oriented clients on self-injection of DMPA-SC or 'Sayana Press' and self-testing for pregnancy with rapid kits. To provide online FP&RH Services, engaged LHWs and PPs and strengthened referrals. The dissemination of IEC material in local languages and social media and whatsapp groups used for community awareness and sensitization.

## ACHIEVEMENTS

**21,578**

CLIENTS SERVED

**93%**

CLIENTS PROVIDED MR&PAC SERVICES

**57%**

SELECTED LONG ACTING REVERSIBLE METHODS.

**2,107**

CLIENTS PROVIDED PPIUDs



Rahnuma-FPAP launched a project funded by Japan Trust Fund to address gender-based violence and harmful traditional practices

## ADDRESSING GENDER-BASED VIOLENCE (GBV) AND HARMFUL TRADITIONAL PRACTICES (HTP), AND RESPONDING TO THE NEEDS OF SURVIVORS:

Rahnuma-FPAP launched a project to address gender-based violence (GBV) and Harmful Traditional Practices (HTP), and responding to the needs of survivors in Mardan, addressing these issues within the ultra-conservative district (Mardan). The project was supported by Government of Japan, through the IPPF Japan Trust Fund (JTF) was targeted to address gender discrimination; improve the demand for, and the supply of reproductive health services; and to combat GBV and HTP. The purposes of the project was to increase the access of 3,000 GBV and HTP survivors to FP&RH services and promote women's economic empowerment particularly of GBV and HTP survivors. It was hoped that these interventions would transform the perceptions and behaviour of local communities in where GBV and HTP are regarded as a normal and acceptable part of domestic life.

Furthermore under this project capacity building of services providers for effective screening of GBV survivors undertaken and sixteen trainings sessions were conducted with 224 identified GBV survivors. Moreover 25 GBV survivors were trained and connected with local market having businesses of

## ACHIEVEMENTS

**2000** GBV/HTP SURVIVORS ENROLLED

**120** MOBILE MEDICAL CAMPS ORGANIZED

**35,418** CLIENTS RECEIVED FP&RH SERVICES

**16** TRAININGS SESSIONS WERE CONDUCTED FOR GBV/HTP SURVIVORS

**224** GBV/HTP SURVIVORS IDENTIFIED

**25** GBV/HTP SURVIVORS TRAINED AND CONNECTED WITH LOCAL MARKET

**35** GBV/HTP SURVIVORS PROVIDED ADVANCE TRAININGS

**3** SENSITIZATION SESSION WITH RELIGIOUS LEADERS ON GBV/HTP

embroidery, qureshy work and handicrafts.

Another achievement of the project was agreement/MoU with Govt Technical Vocational Center Takht Bhai and Gujar Garhi, District Mardan where 35 GBV survivors identified and enrolled for advance trainings at the center. Rahnuma-FPAP also organized three one day consultative and sensitization sessions with religious leaders at district level on GBV/HTP.

## BCC ACTIVITIES:

For awareness raising and inculcate sustainable behavioural changes BCC materials was developed and disseminated in local cultural context/ language and two theatre groups were engaged to sensitize local youth on GBV and HTPs practices. Under this more than thirty two community theatre performances were organized at community level. Moreover 30 articles on GBV/HTPs in local newspaper in Urdu languages were printed and two interactive dialogues held with policy makers/policy implementers at the district Mardan level to address GBV/HTPs, these dialogues were participated by personnel from local Health Department, Population Welfare Department, Public and private service providers, Social Welfare, Education and Women Protection Departments, community support groups, NGOs and GBV survivors.



## ADDRESSING BARRIERS TO IMPROVE GIRLS AND WOMEN'S ACCESS TO MR/PAC SERVICES:

Rahnuma-FPAP successfully completed Grand Challenges Canada (GCC) funded project design to respond to the cultural and belief-based barriers challenging women and girls' access to PAC services. This project was implemented at the five Family Health Clinics (FHCs) at Karachi (Sindh) with an integrated approach to raise awareness at the community level and provide quality reproductive health services. Initially, an 18-months innovative intervention was designed with regards to an alarming situation showing a high level of unmet need for FP (17%), a low level of CPR for modern methods (25%), and a high level of unwanted pregnancies (25%). This project aimed to reducing social stigma and misconceptions related to MR&PAC and it was implemented in selected FHC Karachi (Sindh) with an extended coverage of urban and semi-urban communities.

Due to pandemic it was difficult to conduct OPD and medical camps and community refusal cases also increased during door-to-door visits as many of the community members were afraid and reluctant to come with the field team for regular checkups. Despite of these challenges FP&RH services remained operational under WHO guidelines with all arrangements that may ensure the protection of clinical staff and facility visitor's as well. Family planning services also remained available for FP users as the supplies chain remained intact.

We developed an enabling environment in project areas for sensibly listening and exchanging views close to the



Our FP&RH services providers are equipped to respond to the cultural and belief-based barriers challenging women and girls' access to PAC services

**This project was implemented at the five Family Health Clinics (FHCs) at Karachi (Sindh) with an integrated approach to raise awareness and provide FP&RH services.**

## ACHIEVEMENTS:

**310** SENSITIZATION SESSIONS AT COMMUNITY MEMBER  
**104** SENSITIZATION SESSIONS WITH LOCAL YOUTH  
**45** MEDICAL CAMPS  
**68** YRC MEETINGS  
**900** CLIENTS EXIT INTERVIEWS  
**18221** SRH SERVICES INCLUDING THE MR AND PAC SERVICES

key message of the GCC project, it assisted to implement the additional NEC tasks qualitatively. There was increase in numbers of clients to receive MR/PAC services at project's health care facilities.

Another main component of the GCC Project was effective engagement of youth through capacity building and awareness sessions at the Youth Resource Centers (YRCs) as youth engagement is an integral part and it is already working with youth on diverse issues and recorded incredible achievements. Youth Resource Centers (YRCs) has always remained a viable platform as they proved the most cost effective learning and entertaining hub for youth.

FHCs strengthening activities continued throughout the project period as part of an implementation strategy to provide quality reproductive health services to primary beneficiaries. Need-based equipment and supplies were provided to GCC-FHCs in three consecutive rounds. Quality assurance (QA) meetings were organized by QAD according to set standards of the organization.



Access to opportunities, resources and benefits between men and women are skewed

## POVERTY ALLEVIATION PROGRAM:

Rahnuma-FPAP's experience over the years has affirmed the right to development not only as an end in itself but also as a means to taking forward its social development activities which promote the alleviation of poverty and improve the status of women and youth.

Pakistan ranks 123rd in the world on Gender Development index, even lower than Human development index, indicating that the access to opportunities, resources and benefits between men and women are skewed. Also, the population in severe poverty is 25%. The socio-economic disparities, inflation rate, higher poverty level in the country, together with gender discrimination, impedes the population generally and females, specifically, access to education, health and other development services including FP&RH. The incidence of

teenage and adolescent marriage is high (10.2%).

Rahnuma-FPAP is empowering women and addressing existing gender economic and social inequalities through Poverty Alleviation Program (PAP). The project was started in 2002 in collaboration with Khushhali Microfinance Bank Limited (KMBL) as part of private public sector partnership. Another activities of the project is capacity building of project

**Over the years, project has benefitted 327,236 women, men and youth across Pakistan. The main activities includes loan disbursement, counseling & referral services on FP&RH.**

beneficiaries on economic empowerment.

Building on NGO-Bank long partnership in Poverty Alleviation Program and to enhance the quality of education and improve the school learning environment for the deprived masses in Pakistan, Rahnuma-FPAP collaborated with Khushhali Microfinance Bank Limited program "Education for Khushhali" under CSR initiative. A large number of furniture (desks, chairs, tables and white-boards) was provided to underprivileged and remote village students at Govt Primary School Sohan Valley, Hattian Bala, Azad Jammu & Kashmir (AJ&K). Rahnuma-FPAP arranged a session on Health and right Education for the students with an aim to enable them to improve their overall well-being.

In addition to this, under women empowerment program 220 women and girls from Haripur and nearby villages are being provided with training/skill of cutting, stitching, sewing, knitting and embroidery training in one year at Women Kato Development, Haripur. Objective of this collaboration is to improve the lives of rural women to fight against poverty.

## ACHIEVEMENTS 2021:

**10,550** COMMUNITY MEMBERS MOBILIZE AND TRAINED FOR MICROFINANCE.  
**2110** GROUPS FORMED AND PROVIDED AWARENES MICROFINANCE.  
**10,550** COMMUNITY MEMBERS SENSITIZED AND CAPACITATED TO EXERCISE THEIR FP&RH.



## REACHED TO EARTHQUAKE AFFECTED AREAS

RAHNUMA-FPAP REACHED TO EARTHQUAKE AFFECTED AREAS WITH ESSENTIAL MEDICAL SUPPLIES AND ORGANIZED MEDICAL CAMPS AT DISTRICT HARNAI IN COORDINATION WITH DISTRICT DISASTER MANAGEMENT AUTHORITY (DDMA) AND DISTRICT HEALTH OFFICE.

## APPRECIATION CERTIFICATE

RAHNUMA-FPAP RECEIVED ACKNOWLEDGMENT AND APPRECIATION CERTIFICATE FROM DG PDMA BALOCHISTAN ON THE OCCASION OF INTERNATIONAL DAY FOR DISASTER REDUCTION.

## RESPONDING FP&RH NEEDS OF EARTHQUAKE-AFFECTED COMMUNITIES IN HARNAI, BALOCHISTAN

DURING 2021, AN EARTHQUAKE HIT HARNAI, BALOCHISTAN KILLING AT LEAST 21 PEOPLE AND MORE THAN 300 PEOPLE WERE INJURED. ACCORDING TO THE LOCAL ADMINISTRATION, AROUND 800 TO 1000 HOUSES WERE FULLY OR SEVERELY DAMAGED AND MORE THAN 200,000 PEOPLE WERE AFFECTED. DUE TO REMOTENESS AUTHORITIES FACED HURDLES IN INITIAL RESPONSE AS ROADS LEADING TO THE AREA WERE BLOCKED AN EMERGENCY WAS DECLARED.

## ACHIEVEMENTS:

72 MOBILE MEDICAL CAMPS  
65,177 SERVICES  
6,761 OVERALL BENEFICIARIES  
96 AWARENESS SESSIONS  
62 SESSIONS AT WOMEN FRIENDLY SPACES  
87% BENEFICIARIES REACHED WERE WOMEN  
432 YOUTH REACHED WITH CLINICAL SERVICES

## MEDICAL CAMPS FOR EARTHQUAKE:

RAHNUMA-FPAP CONDUCTED A SERIES OF MEDICAL CAMPS ON FP&RH FOR EARTHQUAKE AFFECTED POPULATION AT DISTRICT HARNAI. THE PATIENTS WERE PROVIDED FREE MEDICINES AND CLEAN DELIVERY KITS (CDK) IN PARTNERSHIP WITH DISTRICT HEALTH OFFICE. CEO DISTRICT HEALTH OFFICE HARNAI VISITED MEDICAL CAMPS AND APPRECIATED RAHNUMA-FPAP FOR THEIR COMMITMENT AND DEDICATION DURING EARTHQUAKE.

## Community Awareness Raising Session at Women Friendly Space

Dirict Harnai  
Committed Changing LIVES

## YOUTH RESILIENCE GROUP

YOUTH RESILIENCE GROUP FORMED IN PUNJAB UNDER SPRINT PROJECT COMPRISING OF 04 YOUTH MEMBERS TO WORK AS A FIRST RESPONDERS UNDER DISTRICT AND PROVINCIAL DISASTER RESPONSE MECHANISMS TO IMPAIRMENT MISP RELATED EMERGENCY RESPONSE PLANS (ERP).

## SGBV WORKING GROUP

SGBV SUB WORKING GROUP AND NGOs COORDINATION MEETING JOINTLY ARRANGED BY UNFPA AND RAHNUMA-FPAP AT DG PDMA OFFICE LAHORE CHAIRED BY SENIOR MEMBER BOR AND CO-CHAIR BY DG PDMA, PUNJAB.

## PARTNERSHIP WITH PUBLIC SECTOR:

REPRODUCTIVE HEALTH WORKING GROUP (RHWG) PUNJAB MEETING HELD AT DG HEALTH SERVICES PUNJAB, PARTICIPATED BY INGO'S REPRESENTATIVES AND RELEVANT DEPARTMENTS.

TO STRENGTHEN PARTNERSHIP WITH DDMA ON MISP AT MUZAFFARGARH, A COORDINATION MEETING ORGANIZED BY RAHNUMA-FPAP AND ATTENDED BY CEO HEALTH DEPARTMENT PUNJAB. THE DISTRICT EMERGENCY OFFICER RESCUE 1122, DPWO, REPRESENTATIVE OF DDMA AND NGOs WORKING ON FP&RH AND GBV.

## LoU SIGNED:

COMMISSION ON AFGHAN REFUGEES SIGNED LETTER OF UNDERSTANDING (LoU) WITH RAHNUMA-FPAP. THROUGH THIS LoU OUR MANDATE TO IMPLEMENT EMERGENCY PREPAREDNESS PLANS (EPP) AND EMERGENCY RESPONSE PLANS (ERP) AND DISASTER RAPID RESPONSE (DRR) IN THE AFGHAN REFUGEES CAMPS.

## MoU SIGNED:

MEMORANDUM OF UNDERSTANDING (MoU) SIGNED BETWEEN PDMA BALOCHISTAN AND RAHNUMA-FPAP. D.G PDMA BALOCHISTAN AND RD RAHNUMA-FPAP, BALOCHISTAN SIGNED THE MoU. PRESIDENT RAHNUMA-FPAP DR. RASHIDA PANEZAI WAS THE GUEST OF HONOUR AT THE EVENT.





There has been increase in the incidents of gender based violence during emergency situation



Evidence indicates women Afghan refugees face significant health care challenges

## ENABLING PEOPLE RESPOND TO EMERGENCY AND DISASTER SITUATIONS DURING PANDEMIC:

### IMPROVING FP&RH AND MATERNAL NEONATAL & CHILD HEALTH FOR AFGHAN REFUGEE COMMUNITIES:

As per UNHCR estimates, 1.4 million registered Afghan refugees live in Pakistan with another 2 million living without formal documentation. As per UNHCR reports (2021) there was a continued need for increased international support to guarantee protection for these communities. Evidence indicates women Afghan refugees face significant health care challenges, mental health and psychological trauma. FP&RH services are a critical need for these communities. Existing services in refugee settlements in Pakistan are likely to be placed under considerable strain by an expected significant increase in refugee flows in the coming months. During pandemic it was observed that FP&RH is no longer a national priority and evidence suggests that emergency maternal and reproductive health services are

badly affected in Pakistan. There was an increase in the incidents of sexual and physical abuse and spousal violence during pandemic. These circumstances are even more acute for Afghan women in refugee settlements, where access to health facilities is limited.

Through this particular project "Improving sexual and reproductive health, and maternal and child health for Afghan Refugee communities in Pakistan" Rahnuma-FPAP strive hard to improve the utilisation of high-quality and equitable FP&RH information and services by the most vulnerable community groups, with a focus on innovative approaches and restoring services that have been impacted due to pandemic. Through this project Rahnuma-FPAP provided high quality and equitable FP&RH services through medical camps in Afghan Refugees camps spanning in six districts (three districts in KP (Nowshera,

Charsadda and Haripur) and three districts in Balochistan (Killa Saifullah, Loralai and Dukki).

The objective of this project was to save lives of women and girls through timely provision of quality FP&RH services through a multi-pronged, community led approach in four conflict prone areas in Afghan Refugee settlements. Under this project we conducted 240 mobile

### ACHIEVEMENTS:

**12679** CLIENTS SERVED SRH & NON-SRH SERVICES

**9221** CLIENTS PROVIDED WITH SRH SERVICES

**3458** CLIENTS PROVIDED WITH NON-SRH SERVICES

**33** STAKEHOLDER MEETINGS CONDUCTED

**281** COMMUNITY AWARENESS SESSIONS CONDUCTED

**4505** CLIENTS ATTENDED COMMUNITY AWARENESS SESSIONS

medical camps benefitting more than 10 thousand clients while providing them high quality and equitable FP&RH services in six districts. Moreover under this project established Women Friendly Spaces (WFSs) within Afghan Refugees' settlements to strengthened and improve privacy & quality of care for GBV survivors in targeted districts. Through these WFS we ensured the supply of essential FP&RH and infection prevention commodities including essential medicines, labs reagents, clean delivery and dignity kits through mobile services units.

Another component of this project was the strengthening the capacity of service providers while organizing comprehensive training on comprehensive FP&RH, GBV, infection prevention and quality of care. Moreover conducted coordination meetings with Afghan Refugees Commission (ARC), Provincial Disaster Management Authority (PDMA), District Disaster Management Authority (DDMA) and local Health Authorities for supporting Afghan Refugees. We also organized community awareness sessions on GBV, and women empowerment FP&RH issues.

### REPRODUCTIVE HEALTH PROGRAM IN CRISIS AND POST CRISIS SITUATIONS (SPRINT I, II AND III)

The SPRINT Initiative (Reproductive Health Program in crisis and post-crisis situations) was 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 was to develop partnership & coordination with public sectors and others stakeholders, and it was aim to ensure that the health sector/cluster play a leading role in the implementation of MISP. This initiative is funded by the Department of Foreign Affairs and Trade (DFAT) under the Australian Government and managed by International Planned Parenthood Federation (IPPF) to ensure access to essential lifesaving FP&RH services for women, men and children in times of crises, when services are most needed but are not prioritized by key humanitarian responders. Under this project, workable solutions formulated and humanitarian workers trained to deal with issues relating to pregnancy, childbirth, reproductive health.

During 2021, Rahnuma-FPAP under SPRINT Project strengthen coordination and engagement meeting with District Disaster Management Authority (DDMA) in four district (Muzaffargarh, Nowshera, Quetta and Badin) and for this purpose conducted coordination meeting with Provincial Disaster Management Authorities (PDMAs) at all provincial levels.

Rahnuma-FPAP regularly organized the Reproductive Health Working Group (RHWG) meetings at federal and provincial levels participated by all stakeholders. Under the SPRINT initiative we conducted capacity building trainings of Rescue 1122 Staff members on new MISP Modules. Furthermore the Rescue 1122 staff were oriented on humanitarian work and goals (inclusion of GBV prevention and response humanitarian principals). We also developed Emergency Preparedness Plans (EPP) and Emergency Response Plans (ERP) and strengthened partnership on FP&RH, Disaster Rapid Response (DRR) with humanitarian network to strengthen coordination for emergency preparedness and response. Moreover conducted community awareness sessions for preparedness on FP&RH during crises and emergency at all provincial levels.

Rahnuma-FPAP conducted youth peer educators orientation training on MISP in (Punjab & KP) to build the capacity of Youth Resilience Groups and Youth Officers on FP&RH during humanitarian settings. Furthermore on the basis of these trainings formed Youth Resilience Groups in five regions (Lahore, Peshawar, Quetta, Karachi, Islamabad, Muzaffarabad, and Gilgit Baltistan).



## RESPONDING WITH ESSENTIAL FP&RH PROVISION AND NEW DELIVERY MECHANISMS (RESPOND):

The main objective of this project is to improved utilization of high-quality and equitable FP&RH services by the most vulnerable community groups with a focus on innovative approaches and restoring services that have been impacted due to pandemic. This project achieved high-quality and equitable FP&RH services through already functional service delivery channels.

Through telemedicine and alternative service delivery models (home based care, self-care, etc.) it was insured that all segments of society (women, men, and young people) have access to digital health services during the pandemic. We also conducted awareness raising activities through radio, campaigns, TV, SMS, and social media

During 2021, 47 Mobile Service Units/Camps organized while providing FP&RH services to more than 3000 clients/patients. Moreover 37 mobile medical camps organized under the Afghan Refugees Component, total 2138 clients/patients.

Rahnuma-FPAP identified four Women Friendly Spaces (WFSs) in Afghan Refugees Settlement in consultation with Aghan community influential, local representatives of PDMAs to strengthening the provision of GBV services and referral pathways for GBV survivors. It is pertinent to mention here that for this purpose we conducted prior need assessment for infrastructure support to ensure the confidentiality and QoC at our static clinics as well as at WFSs in Afghan Refugee's settlements.



Our focus is to improve utilization of high-quality and equitable FP&RH services by the most vulnerable community groups

**During 2021, 47 Mobile Service Units/Camps organized while providing FP&RH services to more than 3000 clients/patients.**

Rahnuma-FPAP conducted project quarterly meetings with referral partners and held biannual meetings with all stakeholders (District Population Welfare Department, Health Department, and PDMA) to strengthen the scope of the project.

## ACHIEVEMENTS:

**746,918** FP AND SRH

SERVICES PROVIDED AGAINST

**148902** CYP GENERATED

**221655** FP&RH CLIENTS

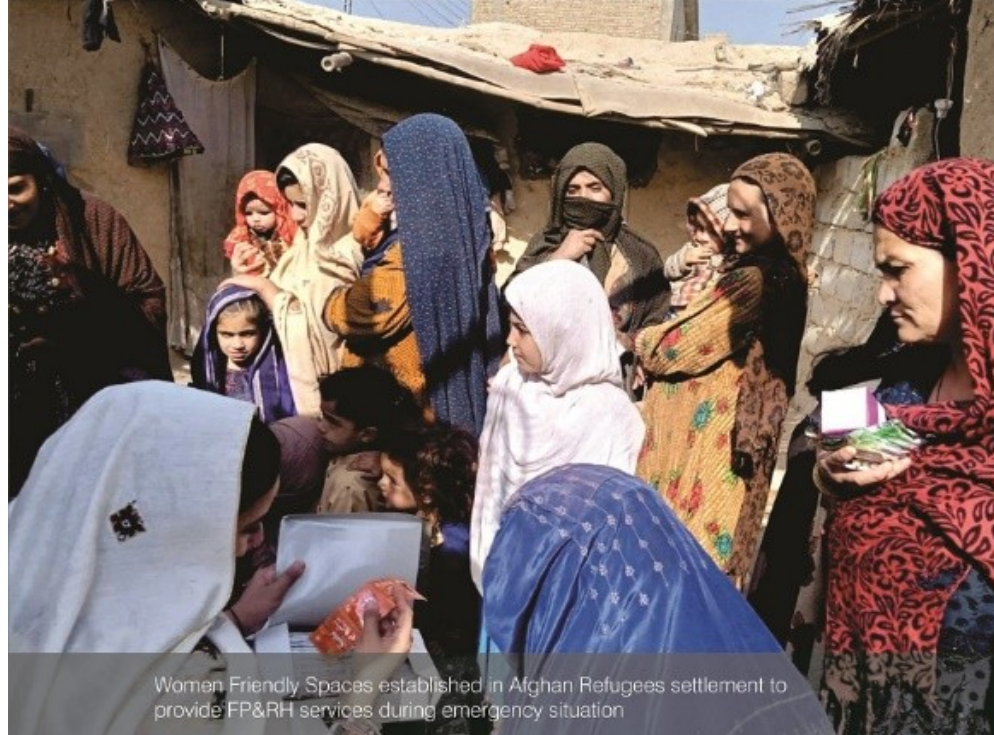
SERVED

**14%** ARE POOR, VULNERABLE AND MARGINALIZED

## HUMANITARIAN CAPACITY DEVELOPMENT CENTRE (HCDC) PROJECT:

Rahnuma-FPAP implemented a Humanitarian Capacity Development Project (HCDC) as capacity building lead along with other IPPF Member Associations (Yemen, Sudan, Maldives, Burundi, Burkina Faso and Central African Republic. The main aim of the project was to set up and implement IPPF's Humanitarian Capacity Development Centre to build relevant expertise and capacity among MAs and Collaborative partners in at least 10 high-risk countries. The overall objective of the project is to improve the capacity of the priority MAs to ensure that agile and responsive systems are put in place to enable rapid (within 72 hours of disaster event/upsurge) lifesaving humanitarian response. It was an 18 months initiative to be completed in January 2022 which was later on extended till September 2022.

For the purpose of Humanitarian Capacity Assessment of priority MAs, three training and assessment tools for humanitarian package were selected and contextualized



Women Friendly Spaces established in Afghan Refugees settlement to provide FP&RH services during emergency situation

including Quick Assessment Tool, Quality of Care Tool and Framework Assessment Tool.

The contextualized and reviewed tools were shared with MAs and after data collection against tools by MAs, an assessment report was developed of each MA which was also very helpful in developing their Humanitarian Capacity Development Plans. To initiate the activities by Member Associations in their countries,

all the 06 priority MAs were oriented and capacitated to develop their HCDC work plans and budgets. For the sake of keeping all the MAs work plan aligned with project core work plan, a specific work plan template was developed by Rahnuma-FPAP and shared with MAs as guideline. As per the template all the MAs developed their work plans and budgets which were reviewed by Rahnuma-FPAP and RHU program and finance teams. After finalization, all the work plans and budgets were shared with Humanitarian Hub IPPF for RFA signing and transfer of funds. RFAs were signed

between concerned MA and they were transferred the 1st trench of funds resultantly all the 06 priority MAs are in implementation phase of HCDC activities in their countries as per their work plans.

Technical Advisory Committee (TAC) of HCDC Project is a consortium of lead centers and Humanitarian Hub IPPF that is responsible to review progress and provide technical support.

**HCDC mandated to build expertise and capacity among MAs and Collaborative partners of 10 high-risk countries on disaster reduction.**

The TAC meets regularly on monthly basis and 12 meetings were conducted during reporting period which were very helpful in reviewing/discussing project periodic

progress and challenges along with mitigation measures. A four days virtual (Zoom link) visioning workshop was organized from 22-25 June 2021 which was attended by 30 participants representing all the 06 MAs, RHU and Rahnuma-FPAP. Keeping in view the communication challenge of

MAs, interpretation facility was arranged by hiring the services of a firm named Conference Interpreters Group (CIG) and participants were facilitated by providing interpretation in their native languages (Arabic and French along with English). Another firm named Innovision was also hired for virtual services arrangements of workshop. A detailed mapping of MA's technical needs was done for each priority MA which was also shared with Humanitarian Hub IPPF for review and input. The mapping was also discussed in Technical Advisory Committee (TAC).

Technical support was provided to all the 06 MAs as per their needs for HCDC activities. A number of challenges were faced during implementation of project activities i.e. pandemic halted the in time inception and commencement of preliminary project activities which resulted in delays. In country inception meetings could not be possible due to pandemic situation. It was a full fledge 3 days activity with partners which was conducted through zoom video link. Visioning workshop was planned in Dubai but could not be conducted due to pandemic and it was also conducted remotely via zoom video link. Communication is the top most barrier as most of the MAs native language is either Arabic or French and are unable to understand and communicate in english.



## Independent Auditors' Report to the National Council

### Rahnuma Family Planning Association of Pakistan

**Grant Thornton Anjum Rahman**

1 - Inter Floor, Eden Centre, 43-Jail Road, Lahore, Pakistan.

**T +92 42 37423621-23**

**F +92 42 37425485**

## 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 2021**, 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 2021**, 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 National Executive Committee 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 National Executive Committee 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, National Executive Committee 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.

*GR*

## Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

## Other Matter

Another set of financial statements has been prepared by the entity in accordance with special purpose framework prescribed by IPPF and we have issued separate report on those financial statements for the year ended December 31, 2021.

*Grant Thornton Anjum Rahman*  
GRANT THORNTON ANJUM RAHMAN

Chartered Accountants

Dated: April 19, 2022

Lahore

Audit Engagement Partner: Imran Afzal



Rahnuma Family Planning Association of Pakistan  
Balance Sheet

As at 31 December 2021



As at 31 December 2021

Note	Unrestricted 2021 Rupees	Restricted 2021 Rupees	Total 2021 Rupees	Unrestricted 2021 US \$	Restricted 2021 US \$	Total 2021 US \$	Total 2020 Rupees	Total 2020 US \$	
<b>Assets</b>									
<b>Current Assets</b>									
<b>Cash and bank</b>									
Cash and bank balances	4	457,885,536	76,213,988	534,099,524	2,562,744	426,563	2,989,307	459,518,809	2,866,617
<b>Receivables</b>									
IPPF		-	28,455,658	28,455,658	-	159,264	159,264	27,195,427	169,653
Other donors	5	1,200,899	4,792,106	5,993,005	6,721	26,819	33,540	12,442,488	77,620
Others		14,419,311	-	14,419,311	80,704	-	80,704	11,231,428	70,065
<b>Other assets</b>									
Investments	6	307,500,000	72,500,000	380,000,000	1,721,050	405,776	2,126,826	380,000,000	2,370,555
Advances to employees	7	9,234,204	-	9,234,204	51,683	-	51,683	8,497,558	53,010
<b>Inventory</b>									
Stock - Contraceptives	8	31,929,798	148,613,162	180,542,960	178,708	831,775	1,010,483	94,634,623	590,363
Stock - General		42,966,618	-	42,966,618	240,480	-	240,480	39,100,222	243,919
Stock - Medicines		21,309,937	-	21,309,937	119,270	-	119,270	17,325,583	108,082
<b>Total Current Assets</b>		<b>886,446,303</b>	<b>330,574,914</b>	<b>1,217,021,217</b>	<b>4,961,360</b>	<b>1,880,197</b>	<b>6,811,557</b>	<b>1,049,946,138</b>	<b>6,549,884</b>
<b>Non-Current Assets</b>									
<b>Fixed assets</b>									
Security deposits	9	33,118,614	188,578,008	221,696,622	185,361	1,055,454	1,240,815	204,134,031	1,273,449
		1,937,660	-	1,937,660	10,845	-	10,845	1,417,880	8,845
<b>Total Non-Current Assets</b>		<b>35,056,274</b>	<b>188,578,008</b>	<b>223,634,282</b>	<b>196,206</b>	<b>1,055,454</b>	<b>1,251,660</b>	<b>205,551,911</b>	<b>1,282,294</b>
<b>Total Assets</b>		<b>921,502,577</b>	<b>519,152,922</b>	<b>1,440,655,499</b>	<b>5,157,566</b>	<b>2,905,651</b>	<b>8,063,217</b>	<b>1,255,498,049</b>	<b>7,832,178</b>

GRP

Liabilities and Fund Balances

Liabilities

Current liabilities:									
Accounts payable, accrued expenses and provisions	10	57,988,593	17,483,277	75,471,870	324,557	97,853	422,410	59,698,183	372,418
Deferred income	11	31,929,800	240,640,360	272,570,160	178,708	1,346,843	1,525,551	230,836,046	1,440,025
<b>Total Current Liabilities</b>		<b>89,918,393</b>	<b>258,123,637</b>	<b>348,042,030</b>	<b>503,265</b>	<b>1,444,696</b>	<b>1,947,961</b>	<b>290,534,229</b>	<b>1,812,443</b>

<u>Non-current liabilities:</u>									
Staff gratuity payable	12	155,829,433	-	155,829,433	872,163	-	872,163	154,374,000	963,032
Total Non-Current Liabilities		155,829,433	-	155,829,433	872,163	-	872,163	154,374,000	963,032
Total Liabilities		245,747,826	258,123,837	503,871,663	1,375,428	1,444,696	2,820,124	444,908,229	2,775,475

Fund Balances									
Designated fund	13	16,758,550	72,451,079	89,209,629	93,797	405,501	499,298	84,624,016	527,910
Fixed assets fund	14	33,118,612	188,578,006	221,696,618	185,361	1,055,454	1,240,815	204,134,029	1,273,450
RFPAP reserve fund	15	553,595,371	-	553,595,371	3,098,423	-	3,098,423	458,326,414	2,859,179
Zakat fund	16	1,200,836	-	1,200,836	6,721	-	6,721	1,082,549	6,753
Asset replacement fund	17	6,804,827	-	6,804,827	38,086	-	38,086	5,997,007	37,410
Endowment fund	18	-	-	-	-	-	-	-	-
Medicine inventory fund	19	21,309,937	-	21,309,937	119,270	-	119,270	17,325,583	108,082
General inventory fund	20	42,966,618	-	42,966,618	240,480	-	240,480	39,100,222	243,919
Total Fund Balances		675,754,751	261,029,085	936,783,836	3,782,138	1,460,955	5,243,093	810,589,820	5,056,703
Total Liabilities and Fund Balances		921,502,577	519,152,922	1,440,655,499	5,157,566	2,905,651	8,063,217	1,255,498,049	7,832,178

Contingencies and Commitments

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

GRP

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, 2021



Note	Unrestricted 2021 Rupees	Restricted 2021 Rupees	Total 2021 Rupees	Unrestricted 2021 US \$	Restricted 2021 US \$	Total 2021 US \$	Total 2020 Rupees	Total 2020 US \$	
<b>Grant Income</b>									
IPPF - core	22.1	225,497,564	-	225,497,564	1,375,161	-	1,375,161	232,022,507	1,430,361
IPPF - restricted	22.2	-	885,632,333	885,632,333	-	5,400,890	5,400,890	860,024,973	5,301,840
Other donors	22.3	23,402,384	115,106,034	138,508,418	142,716	701,956	844,672	92,225,243	568,550
<b>Total Grant Income</b>		<b>248,899,948</b>	<b>1,000,738,367</b>	<b>1,249,638,315</b>	<b>1,517,877</b>	<b>6,102,846</b>	<b>7,620,723</b>	<b>1,184,272,723</b>	<b>7,300,751</b>
<b>Program Income</b>									
Income from distribution of contraceptives		159,637,775	-	159,637,775	973,526	-	973,526	96,720,442	596,258
Membership fee		10,900	-	10,900	66	-	66	14,900	92
Client mobilization and training fee from Khushali Bank Limited		10,324,100	-	10,324,100	62,960	-	62,960	25,024,000	154,267
Income from Rahnuma Training Institute (RTI)		12,965,100	-	12,965,100	79,066	-	79,066	7,554,230	46,570
Donations		178,030	-	178,030	1,086	-	1,086	174,736	1,077
Local funds raised from hospitals and clinics		333,712,417	-	333,712,417	2,035,092	-	2,035,092	253,774,338	1,564,456
Management fees - other donors		36,809,581	-	36,809,581	224,477	-	224,477	41,472,911	255,670
Release of fixed assets funds due to depreciation		15,711,772	39,575,697	55,287,469	95,816	241,347	337,163	44,730,387	275,752
<b>Total Program Income</b>		<b>569,349,675</b>	<b>39,575,697</b>	<b>608,925,372</b>	<b>3,472,089</b>	<b>241,347</b>	<b>3,713,436</b>	<b>469,465,944</b>	<b>2,894,142</b>
<b>Other Income</b>									
Markup on investments		37,025,274	-	37,025,274	225,793	-	225,793	44,068,767	271,673
Markup on saving accounts		35,118,544	-	35,118,544	214,165	-	214,165	40,219,067	247,941
Miscellaneous income		274,619	-	274,619	1,675	-	1,675	968,187	5,968
<b>Total Other Income</b>		<b>72,418,437</b>	<b>-</b>	<b>72,418,437</b>	<b>441,633</b>	<b>-</b>	<b>441,633</b>	<b>85,256,021</b>	<b>525,582</b>
<b>Total Income</b>		<b>890,668,060</b>	<b>1,040,314,064</b>	<b>1,930,982,124</b>	<b>5,431,599</b>	<b>6,344,193</b>	<b>11,775,792</b>	<b>1,738,994,688</b>	<b>10,720,475</b>

GRP

Expenses

Direct Project Expenses									
OUTCOME 1 (Advocacy)		3,782,402	-	3,782,402	22,884	-	22,884	7,660,045	47,278
OUTCOME 2 (Awareness raising & capacity building)		24,775,358	-	24,775,358	151,089	-	151,089	130,824,052	806,498
OUTCOME 3 (Services delivered and enabled)		590,000,546	1,000,738,367	1,590,738,913	3,598,025	6,102,846	9,700,871	1,296,208,937	7,990,808
OUTCOME 4 (Efficiency & accountability)		45,533,560	-	45,533,560	277,679	-	277,679	36,397,103	224,379
Total Direct Project Expenses		664,061,966	1,000,738,367	1,664,800,333	4,049,677	6,102,846	10,152,523	1,471,099,137	9,068,963

Indirect Expenses									
Administrative expenses	102,600,066	-	102,600,066	625,690	-	625,690	103,141,125	635,840	
Depreciation	15,711,772	39,575,697	55,287,469	95,816	241,347	337,163	44,730,387	275,752	
Total Indirect Expenses	118,311,838	39,575,697	157,887,535	721,506	241,347	962,853	147,871,512	911,592	
Total Expenses	782,373,804	1,040,314,064	1,822,687,868	4,771,183	6,344,193	11,115,376	1,618,970,649	9,980,555	

Surplus for the year		108,294,256	-	108,294,256	660,416	-	660,416	120,024,039	739,920
<b>Taxation</b>	25	-	-	-	-	-	-	-	-
Transfer to Designated fund		(5,414,713)	-	(5,414,713)	(30,306)	-	(30,306)	(6,001,202)	(36,996)
Transfer from Endowment fund		-	-	-	-	-	-	16,176,849	99,726
Adjustment of currency translation		-	-	-	-	-	-	(348,270)	-
Exchange gain/(loss) on foreign currency transactions		(7,610,586)	-	(7,610,586)	(42,596)	-	(42,596)	(878,410)	(5,415)
Fund balances at beginning of the year		458,326,414	-	458,326,414	2,859,179	-	2,859,179	329,005,138	2,124,670
<b>Fund balances at the end of the year</b>		<b>553,595,371</b>	<b>-</b>	<b>553,595,370</b>	<b>3,098,423</b>	<b>-</b>	<b>3,098,423</b>	<b>458,326,414</b>	<b>2,921,905</b>

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

GRP

Director Finance & Budget

Chief Executive Officer

Honorary Treasurer

President



Rahnuma Family Planning Association of Pakistan  
Cash Flow Statement  
For the year ended December 31, 2021



	Unrestricted 2021 Rupees	Restricted 2021 Rupees	Total 2021 Rupees	Unrestricted 2021 US \$	Restricted 2021 US \$	Total 2021 US \$	Total 2020 Rupees	Total 2020 US \$
Surplus for the year	108,294,256	-	108,294,256	660,416	-	660,416	120,024,039	739,920
Adjustments for non cash and other items:								
Depreciation	15,711,772	39,575,697	55,287,469	95,816	241,347	337,163	44,730,387	275,752
Release of fixed assets fund due to depreciation	(15,711,772)	(39,575,697)	(55,287,469)	(95,816)	(241,347)	(337,163)	(44,730,387)	(275,752)
Provision for staff gratuity	21,013,389	-	21,013,389	117,610	-	117,610	18,295,046	114,130
Transferred to designated fund	(5,414,713)	-	(5,414,713)	(30,306)	-	(30,306)	(6,001,202)	(36,996)
	15,598,676	-	15,598,676	87,304	-	87,304	12,293,844	77,134
Net income before working capital changes	123,892,932	-	123,892,932	747,720	-	747,720	132,317,883	817,054
Working capital changes								
(Increase)/decrease in current assets:								
Receivables	(1,191,930)	3,193,299	2,001,369	(7,270)	19,474	12,204	(15,610,593)	(96,235)
Advance to employees	(736,646)	-	(736,646)	(4,492)	-	(4,492)	(559,956)	(3,452)
Inventory	(19,637,532)	(74,121,555)	(93,759,087)	(119,756)	(452,019)	(571,775)	(87,779,411)	(541,138)
Security deposits	(519,780)	-	(519,780)	(3,170)	-	(3,170)	(24,410)	(150)
	(22,085,888)	(70,928,256)	(93,014,144)	(134,688)	(432,545)	(567,233)	(103,974,370)	(640,975)
Increase/(decrease) in current liabilities:								
Accounts payable, accrued expenses and provisions	3,321,213	12,452,474	15,773,687	20,254	75,939	96,193	(4,088,352)	(25,203)
Deferred income	11,786,784	29,947,530	41,734,314	71,880	182,630	254,510	80,691,065	497,440
Staff gratuity paid	(19,557,956)	-	(19,557,956)	(119,271)	-	(119,271)	(5,874,389)	(36,214)
	(4,449,959)	42,400,004	37,950,045	(27,137)	258,569	231,432	70,728,324	436,023
Net changes in working capital	(26,535,847)	(28,528,252)	(55,064,099)	(161,825)	(173,976)	(335,801)	(33,246,046)	(204,952)
Net cash from/(used in) operations	97,357,085	(28,528,252)	68,828,833	585,895	(173,976)	411,919	99,071,837	612,102
Cash flows from investing activities								
Investments made	-	-	-	-	-	-	(90,000,000)	(554,828)
Proceeds from disposal of fixed assets	847,870	-	847,870	5,171	-	5,171	232,500	1,433
Purchase of fixed assets	(10,139,447)	(27,702,038)	(17,562,591)	(61,834)	(168,936)	(107,102)	(50,243,337)	(309,738)
Net cash from investing activities	10,987,317	(27,702,038)	(16,714,721)	67,005	(168,936)	(101,931)	(140,010,837)	(863,133)
Cash flows from financing activities								
Increase/(decrease) in funds:								
Designated fund	4,585,613	-	4,585,613	27,965	-	27,965	5,106,202	31,478
RFPAP reserve fund	(7,610,586)	-	(7,610,586)	(46,412)	-	(46,412)	15,298,439	94,311
Fixed assets fund	(15,272,485)	32,835,074	17,562,589	(93,137)	200,241	107,104	50,243,335	309,738
Zakat fund	118,287	-	118,287	721	-	721	77,736	479
Asset replacement fund	(40,050)	-	(40,050)	(244)	-	(244)	(564,500)	(3,480)
Endowment fund	-	-	-	-	-	-	(16,176,849)	(99,726)
Medicine inventory fund	3,984,354	-	3,984,354	24,298	-	24,298	14,400,619	88,776
General inventory fund	3,866,396	-	3,866,396	23,579	-	23,579	39,100,222	241,043
Net cash generated from financing activities	(10,368,471)	32,835,074	22,466,603	(63,230)	200,241	137,011	107,485,204	662,619
Net increase in cash and cash equivalents	97,975,931	(23,395,216)	74,580,715	589,670	(142,671)	446,999	66,546,204	411,589
Effect of movements in exchange rates	-	-	-	(272,151)	(52,158)	(324,309)	-	(82,734)
Cash and cash equivalents at the beginning of the year	359,909,605	99,609,204	459,518,809	2,245,225	621,392	2,866,617	392,972,605	2,537,763
Cash and cash equivalents at the end of the year (Note 24)	457,885,536	76,213,988	534,099,524	2,562,744	426,563	2,989,307	459,518,809	2,866,617

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 Functional Expenses  
For the year ended December 31, 2021



Note	Total 2021 Rupees	Total 2021 US \$	Total 2020 Rupees	Total 2020 US \$
Personnel and employee benefits	626,885,066	3,822,959	673,273,221	4,150,563
Travelling expenses	125,120,799	763,029	120,664,873	743,869
Vehicle running cost	38,772,523	236,448	33,454,322	206,238
Printing and stationery	16,343,020	99,665	29,908,442	184,378
Occupancy cost	17,999,188	109,765	30,351,356	187,109
Communication	9,048,261	55,179	8,414,570	51,874
Audit fee	725,000	4,421	950,000	5,857
23 Consultancy and other professional fees	212,625,975	1,296,666	158,978,592	980,064
Medical consumables	279,846,055	1,706,597	91,614,216	564,779
Contraceptives consumed	233,567,951	1,424,377	184,048,724	1,134,615
Repair and maintenance	29,487,112	179,822	35,073,007	216,216
Operational cost	45,894,721	279,882	34,195,930	210,809
IEC Material	22,595,801	137,797	5,910,039	36,434
Office equipment & furniture	65,203,795	397,635	116,272,344	716,790
Insurance of assets	4,782,223	29,164	2,408,631	14,849
Bank charges	587,300	3,582	578,537	3,567
Others	37,915,608	231,222	48,143,456	296,793
Total Expenses excluding Depreciation	1,767,400,398	10,778,210	1,574,240,260	9,704,804
Depreciation expense	55,287,469	337,162	44,730,387	275,752
Total Expenses	1,822,687,867	11,115,372	1,618,970,647	9,980,556

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

Director Finance & Budget

Chief Executive Officer

Honorary Treasurer

President



## ABBREVIATIONS:

AIDS: Acquired Immune Deficiency Syndrome  
 AJ&K: Azad Jammu & Kashmir  
 AKHSP: Aga Khan Health Services Pakistan  
 AKU: Aga Khan University  
 APWA: All Pakistan Women's Association  
 BCC: Behaviour Change Communication  
 BMC: Bone Marrow Concentrate  
 BTL: Below The Line  
 CCI: Council of Common Interest  
 CD: Compact Disk  
 CEWG: Country Engagement Working Group  
 CHPS: Centre for Health and Population Studies  
 CPR: Contraceptive Prevalence Rates  
 CSOs: Civil Society Organization  
 DCMC: District Coordination Management Committee  
 DDMA: District Disaster management Authority  
 DFAT: Department of Foreign Affairs & Trade  
 DFID: Department for International Development  
 DoH: Department of Health  
 DPWO: District Population Welfare Officer  
 DRR: Disaster Risk Reduction  
 DVD: Digital Video Device  
 ERP: Emergency Response Plans  
 FHCs: Family Health Clinics  
 FHH: Family Health Hospital  
 FHMC: Family Health Model Clinic  
 FP: Family Planning  
 FP&RH: Family Planning and Reproductive Health  
 FPAP: Family Planning Association of Pakistan  
 FSW: Female Sex Worker  
 FTF: Face To Face  
 GB: Gilgit Baltistan  
 GBV: Gender Based Violence  
 GCHCI: Global Comprehensive Health Care Initiative  
 HCDC: Humanitarian Capacity Development Coalition  
 HI: Humanity & Inclusion  
 HIV: Human Immuno Deficiency Virus  
 HSRU: Health Sector Research Unit KP  
 HTP: Harmful Traditional Practices  
 ICPD: International Conference on Population & Development  
 ICT: Islamabad Capital Territory  
 IEC: Information Education Communication  
 INGO: International Non Government Organization  
 JTF: Japan Trust Fund  
 KMBL: Khushhali Microfinance Bank Limited  
 KP: Khyber Pakhtunkhwa  
 LHV: Lady Health Visitors

LHW: Lady Health Worker  
 LSBE: Life Skill Based Education  
 MDGs: Millennium Development Goals  
 MIS: Management Information System  
 MISP: Minimum Initial Service Package  
 MoU: Memorandum of Understanding  
 MR: Menstrual Regulation  
 MRI: Magnetic resonance imaging  
 MSS: Marie Stop Society  
 MSW: Male Sex Worker  
 NCOC: National Command and Operational Centre  
 NDMA: National Disaster Management Authority  
 NEC: National Executive Committee  
 NGO: Non Government Organization  
 OPDs: Outdoor Patients  
 OSDs: Outreach Service Deliveries  
 PAC: Post Abortion Care  
 PAP: Population Association of Pakistan  
 PDMA: Provincial Disaster Management Authority  
 PHC: Primary Health Care  
 PPEs: Personal Protection Equipment's  
 PPs: Private Practitioners  
 PPWC: Public and Private Workers Coalition  
 PSHD: Primary and Secondary Healthcare Department  
 PSPU: Policy and Strategic Planning Unit  
 PTF: Provincial Task Force  
 PWD: Population Welfare Department  
 QAD: Quality Assurance Doctor  
 QoC: Quality of Care  
 RH: Reproductive Health  
 RHR: Reproductive Health and Rights  
 RHWG: Reproductive Health Working Group  
 SBCC: Social Behaviour Change Communication  
 SDGs: Sustainable Development Goals  
 SDP: Service Delivery Point  
 SOPs: Standard Operating Procedures  
 STDs: Sexually Transmitted Diseases  
 STIs: Sexual Transmitted Infections  
 TAC: Technical Advisory Committee  
 TBAs: Traditional Birth Attendants  
 TVC: Television Commercial  
 UNFPA: United Nation Population Fund  
 UNHCR: United Nation High Commission for Refugees  
 WFS: Women Friendly Spaces  
 WHO: World Health Organization  
 WISH: Women's Integrated Sexual Health  
 WMOs: Women's Medical Officer  
 YAN: Youth Advocacy Network  
 YRC: Youth Resource Centre  
 YRCs: Youth Resource Centres



## 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

### A FULLY FUNCTIONAL FACILITY WITH ALL AMENITIES OF A MODERN LIVE-IN-TRAINING CENTRE

- 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)





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