



THE OBJECTIVE OF YOUTH HELPLINE IS TO PROVIDE YOUTH WITH CONVENIENT, CONFIDENTIAL, INTERACTIVE AND COMPASSIONATE ACCESS TO INFORMATION, COUNSELLING AND REFERRALS ON SEXUAL AND REPRODUCTIVE HEALTH

CURRENTLY, SIX YOUTH HELPLINES ARE OPERATIONAL AT LAHORE, KARACHI, ISLAMABAD, PESHAWAR, QUETTA AND GILGIT-BALTISTAN, IN THE PREMISES OF THE FAMILY HEALTH HOSPITALS/STATIC CLINICS

Rahnuma-FPAP  
TOLL FREE

Helpline  
**080044488**



**RAHNUMA**

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**IPPF** International  
Planned Parenthood  
Federation  
Arab World Region

**Committed To  
Changing Lives**



INTEGRATING INNOVATIVE AND  
INCLUSIVE FP&RH PACKAGE IN  
**HUMANITARIAN**  
SETTINGS

**69**

Serving Years  
**1953-2022**

Annual Report **2022**





## VISION:

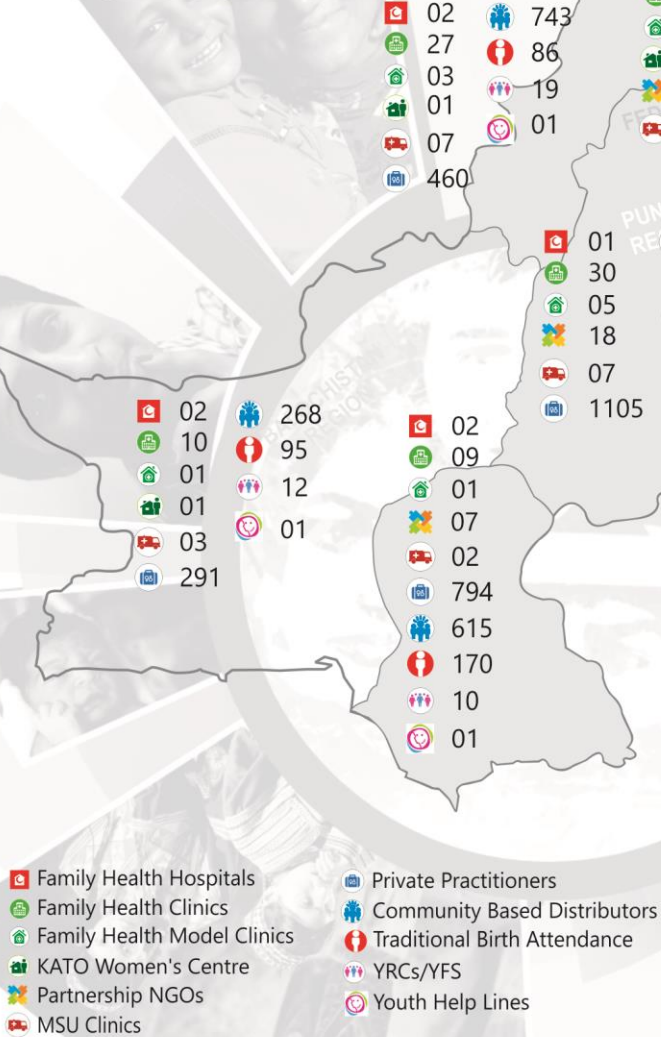
ALL PEOPLE IN PAKISTAN ARE EMPOWERED TO MAKE CHOICES ABOUT THEIR SRH AND WELL-BEING IN A WORLD WITHOUT DISCRIMINATION.



## 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.

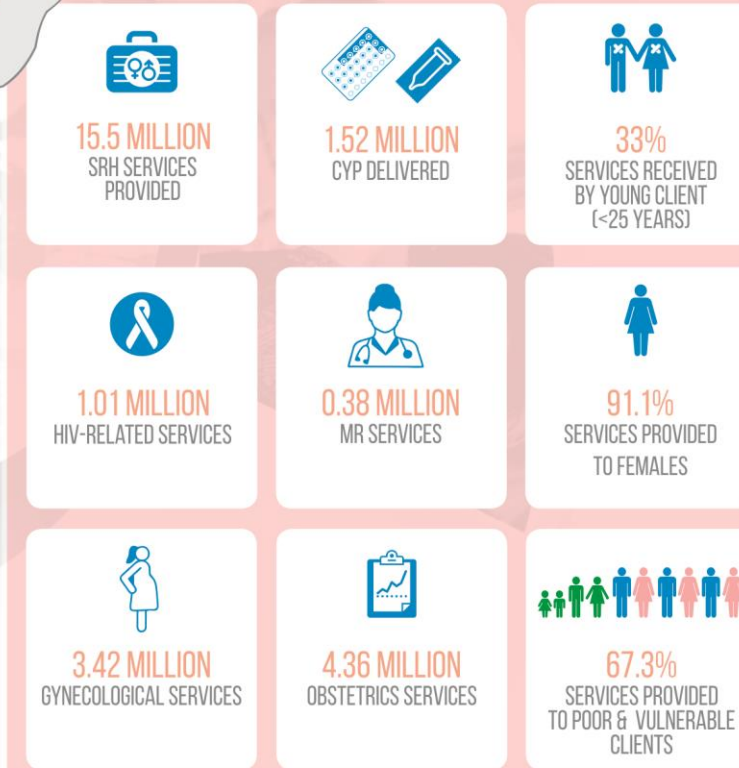
## RAHNUMA-FPAP SDP's



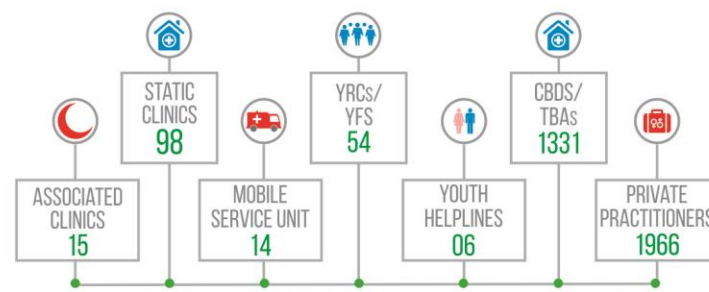
## PAKISTAN:

TOTAL POPULATION: 220.9 MILLION  
OF WHICH 62.84% LIVE IN RURAL AND HARD TO EACH AREAS

## OUR ACHIEVEMENTS 2022

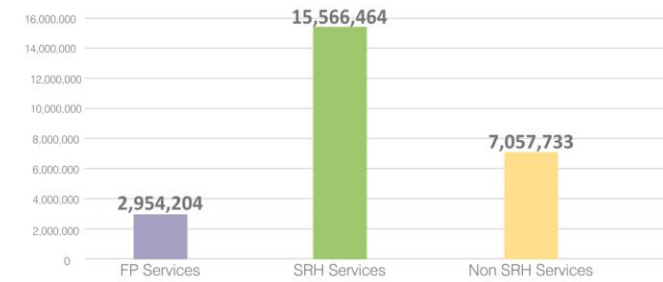


## SERVICE DELIVERY INFRASTRUCTURE:

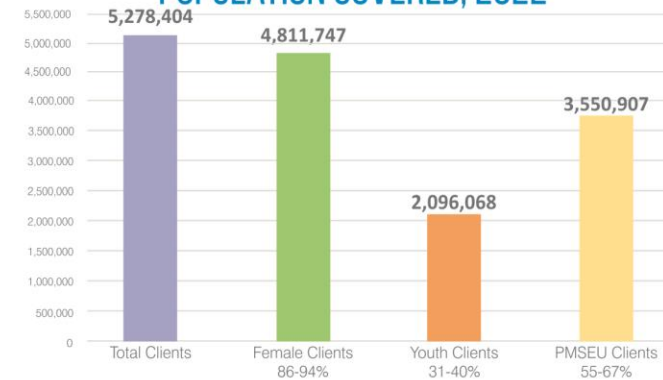


| OUTCOME 1:   | OUTCOME 2:   | OUTCOME 3:  | OUTCOME 4:   |
|--|--|---|--|
| FEDERAL, PROVINCIAL AND DISTRICT GOVERNMENTS RESPECT, PROTECT AND COMMIT TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS. | 93.7 MILLION PEOPLE ARE AWARE OF AND EMPOWERED TO EXERCISE THEIR SRHR. | 77.09 MILLION QUALITY INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH SERVICES DELIVERED. | A HIGH PERFORMING, EFFICIENT AND ACCOUNTABLE ORGANIZATION. |

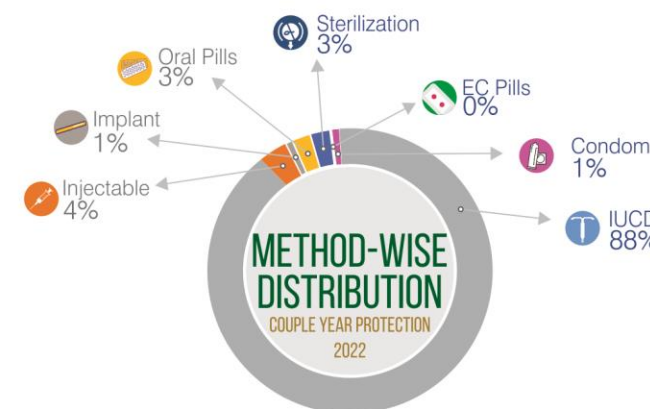
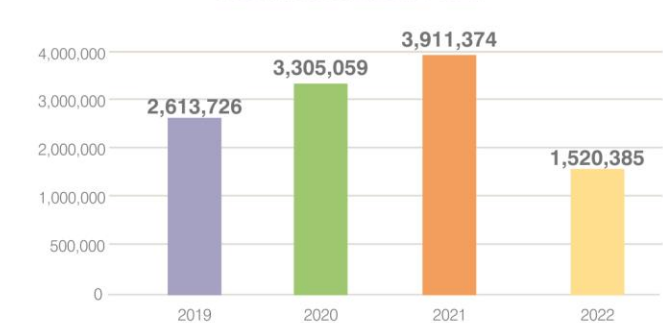
## TOTAL FP, SRH AND NON-SRH SERVICES, 2022



## POPULATION COVERED, 2022



## COUPLE YEAR PROTECTION PERFORMANCE TREND (2019-2022)



## OUR VALUES:

RAHNUMA-FPAP CORE VALUES ARE AN INTEGRAL PART OF CURRENT STRATEGY



## SOCIAL INCLUSION;

WITH A DEMONSTRATED COMMITMENT TO ENABLE THE RIGHTS OF THE MOST UNDERSERVED AND MARGINALIZED TO BE REALIZED.



## DIVERSITY;

RESPECTING ALL REGARDLESS OF THEIR AGE, GENDER, STATUS, IDENTITY, SEXUAL ORIENTATION OR EXPRESSION.



## PASSION;

AND DETERMINATION INSPIRE OTHERS TO HAVE THE COURAGE TO CHALLENGE AND SEEK SOCIAL JUSTICE FOR ALL.



## VOLUNTARISM;

DELIVERS SIGNIFICANT CONTRIBUTION ACROSS A RANGE OF ROLES AS ACTIVISTS TOWARDS ADVANCING ASSOCIATION'S MISSION.



## ACCOUNTABILITY;

AS CORNERSTONE OF TRUST THAT IS DEMONSTRATED THROUGH HIGH PERFORMANCE, ETHICAL STANDARDS AND TRANSPARENCY.





## FOREWORD

Based on the findings of the 2017 population census, the present assessment of Pakistan's demographic situation points to the country's continuing significant population increase, which has averaged 2.4 percent yearly over the years 1998 to 2017. Between 1951 and 2017, Pakistan's population expanded six times, from 34 million in 1951 to 208 million in 2017. The United Nations Population Division's medium projection indicates that Pakistan's projected population will reach 263 million by 2030 and 383 million by 2050, or an increase of about 84% during the 2017–2050 period, unless substantial measures are taken to slow population growth and rationalize population dynamics. This alarming trend is expected to persist in the future. The rapid growth in population is brought on by the gradual and delayed reduction of national and provincial fertility rates. A woman in Pakistan would typically have 3.6 children by the end of her reproductive cycle, according to the Pakistan Demographic and Health Survey (PDHS, 2017–2018), a decline of roughly 1.3 children (27%). The gradual drop in fertility rates over the past 1.5 decades transformed the country's age structure, delayed the start of the demographic transition, and accelerated population growth rates that were already high. High fertility rates are primarily caused by high rate of child marriage and very low Contraceptive Prevalence Rate (CPR).

Rahnuma-FPAP always strives for the protection of vulnerable sections of society especially women and girls during disaster and emergency situations. It has developed very close and effective working relationship with federal, provincial and regional disaster management agencies and stakeholders. In recent past it has successfully incorporated MISP in National and Provincial Disaster Management Plans (DMPs) and carried out extensive capacity building of disaster management staff across Pakistan. Rahnuma-FPAP selected as a capacity building lead and Humanitarian Capacity Development Centre (HCDC) to build the capacity of selected IPPF Member Associations (Yemen, Sudan, Burundi, Burkina Faso and Central African Republic under the first phase. The main aim of the project was to set up and to build relevant expertise and capacity of partners from ten high-risk countries.

During 2022 as a result of our continuous engagement (by providing capacity building and technical support of provincial Disaster Management Authorities) the Provincial Disaster Management Authority (PDMA) KP included MISP in the District level Contingency Plans under District Disaster Risk Reduction (DRR) protocols to better protect pregnant women and new born children during disaster and emergency situations. Rahnuma-FPAP signed

MoU with PDMA Balochistan to build its capacity on MISP and conducted twelve capacity building sessions with PDMA Staff on MISP.

We at the Rahnuma-FPAP are striving hard to overcome the stumbling block hindering our population management measures and exacerbating our overall socioeconomic outlook. Rahnuma-FPAP undertook innovative FP&RH services delivery interventions and policy advocacy at the national and international levels while targeting vulnerable and marginalized sections of society. During 2022 Rahnuma-FPAP remained engaged with policy stakeholders at the federal, provincial and regional levels through networking and coalition building for greater political ownership of population issues. Rahnuma-FPAP is a CSOs focal point of FP2030 Country Engagement Working Groups (CEWG), Government of Pakistan. FP2030 CEWG is an apex Public Sector forum to monitor the progress on FP2030 Pakistan commitments. Rahnuma-FPAP conducted three Policy Dialogues involving all public and private sectors stakeholders at Lahore, Karachi and Quetta to build momentum for FP2030 commitments. We also arranged numerous advocacy and lobbying meetings with federal and provincial policy makers, which resulted in the approval for contraceptives procurement at national as well as at the provincial levels. Population Welfare Departments (PWDs) and Health Departments at the platform of Provincial Population Task Forces (PTF) have committed to double the Provincial Population Welfare & Health budgets for FP/RH for next two years in line with Council of Common Interest (CCI) recommendations. The process of aligning the CCI Web Portal with FP 2030 indicators is yet another step in the right direction.

Rahnuma-FPAP signed MoU with Provincial Aids Control Program Balochistan for referring of clients and screening of HIV positive patients. MoU was also signed with DoH Balochistan and PWD Balochistan for the capacity building of their staff on LARC (Long Acting Reversible Contraception). Rahnuma-FPAP signed MoU with Commissionerate of Afghan Refugees (CAR) Balochistan to support the Afghan communities on FP and RH issues while

conducting outreach RH camps and community awareness sessions. Provincial Disaster Management Authority (PDMA) KP included MISP in the District level Contingency Plans under District Disaster Risk Reduction (DRR) protocols to better protect pregnant women and new borns during disaster and emergency situations.

Rahnuma-FPAP signed MoU with School Education Department KP to conduct Life Skills Based Educations (LSBE) sessions in six selected schools and build capacity of teachers on LSBE and population issues. Moreover Department of Youth Affairs Punjab engaged Rahnuma-FPAP to reactivate the Punjab Youth Helpline and Kamyab Jawan Markaz to provide counseling, information, skills, and opportunities to marginalized youth population. Rahnuma-FPAP and PWD Punjab organized a Poster Competition to highlight the importance of family planning.

During 2022 Rahnuma-FPAP signed MoU with Punjab Vocational Training Council (PVTc) and Soft Solutions (Ilm Ki Dunya) for dissemination of Life Skilled Base Education (LSBE). Through this initiative PVTc will disseminate life skills and entrepreneurship training to 45000 people in partnership with Rahnuma-FPAP while Soft Solutions (Ilm ki Dunya) will digitalize the LSBE with Android app LMS (Learning Management System).

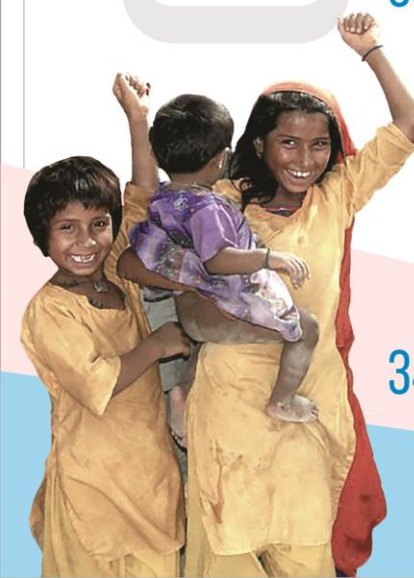
During 2022 Rahnuma-FPAP provided 16.1 million FP &RH Services through its ten fully equipped Family Health Hospitals, more than one hundred Family Health Centers and thousands of Community Based Distributors (CBDs) and Private Practitioners (PPs). Rahnuma-FPAP attained 3.9 million CYPs and also provided 1.2 million HIV &AIDS services, 3.26 million gynecology, 4.73 million obstetric services and 0.44 million menstruation regulation services. 93.9% of services were provided to women and 55.6% of these services were specifically targeted to vulnerable and marginalized community groups across Pakistan.



# ACRONYMS

|        |  |          |   |
|--------|--|----------|---|
| AWR:   | Arab World Region  | LAD:     | Large Anonymous Donor   |
| BCC:   | Bahaviour Change Communication                                   | LARC:    | Long Acting Reversible Contraception                                |
| BMZ:   | German Federal Ministry for Economic Cooperation and Development | LHV:     | Lady Health Visitor   |
|        |  | LHW:     | Lady Health Worker  |
| CAR:   | Commissionate of Afghan Refugees                                 | LSBE:    | Life Skill Based Education  |
|        |  | LoU:     | Letter of Understanding   |
| CCI:   | Council of Common Interest                                       | MA:      | Member Association  |
| CEWG:  | Country Engagement Working Group                                 | MNCH:    | Maternal Neonatal and Child Health                                  |
| CMR:   | Clinical Management of Rape                                      | MoU:     | Memorandum of Understanding   |
| CSO:   | Civil Society Organization                                       | MR:      | Menstrual Regulation  |
| DCMC   | District Coordination Management Committee                       | MSS:     | Marie Stopes Society  |
|        |  | MSW:     | Male Sex Worker   |
| DHQ:   | District Head Quarter  | NDMA:    | National Disaster Management Authority                              |
| DDMA:  | District Disaster Management Authority                           | NGO:     | Non Government Organization   |
|        |  | NOC:     | No Objection Certificate  |
| DoH:   | Department of Health   | OSDs:    | Outreach Service Delivery   |
| DPWO:  | District Population Welfare Officer                              | PAC:     | Post Abortion Care  |
| DRR:   | Disaster Risk Reduction  | PAP:     | Population Association of Pakistan                                  |
| ED:    | Executive Director   | PDMA:    | Provincial Disaster Management Authority                            |
| EmONC: | Emergency Obstetric and Neonatal Care                            | PPE:     | Personal Protection Equipment                                       |
|        |  | PP:      | Private Practitioner  |
| FHC:   | Family Health Clinic   | PTF:     | Provincial Task Force   |
| FHH:   | Family Health Hospital   | PVTC:    | Punjab Vocational Training Council                                  |
| FHMC:  | Family Health Model Clinic                                       | PWD:     | Population Welfare Department                                       |
| FP:    | Family Planning  | QAD:     | Quality Assurance Doctor  |
| FP&RH: | Family Planning and Reproductive Health                          | QoC:     | Quality of Care   |
|        |  | RESPOND: | Responding with Essential SRH&R Provision & New Delivery Mechanisms |
| FPAP:  | Family Planning Association of Pakistan                          | RH:      | Reproductive Health   |
|        |  | RHC:     | Rural Health Centre   |
| FSW:   | Female Sex Worker  | RHR:     | Reproductive Health and Rights                                      |
| FWW:   | Family Welfare Worker  | SAFRON:  | Ministry of States and Frontier Regions                             |
| GB:    | Gilgit Baltistan   | SBCC:    | Social Behaviour Change Communication                               |
| GBV    | Gender Based Violence  | SDP:     | Service Delivery Point  |
| GCHCI: | Global Comprehensive Health Care Initiative                      | STD:     | Sexually Transmitted Disease  |
|        |  | STI:     | Sexual Transmitted Infection  |
| HSA:   | Health Service Academy   | SWWD:    | Social Welfare & Women Development Department                       |
| HIV:   | Human Immuno Deficiency Virus                                    | TBA:     | Traditional Birth Attendant   |
| IEC:   | Information Education Communication                              | THQ:     | Tehsil Head Quarter   |
|        |  | TVC:     | Television Commercial   |
| INGO:  | International Non Government Organization                        | UNFPA:   | United Nations Population Fund                                      |
| JTF:   | Japan Trust Fund   | UNHCR:   | United Nation High Commission for Refugees                          |
| KMBL:  | Khushhali Microfinance Bank Limited                              | WFS:     | Women Friendly Spaces   |
| KP:    | Khyber Pakhtunkhwa   | WHO:     | World Health Organization   |
|        |  | WMO:     | Women's Medical Officer   |
|        |  | YRC:     | Youth Resource Centre   |

|    |  |
|----|--|
| 06 | Regional Director IPPF Arab World Region Visit to Pakistan                               |
| 08 | Humanitarian Work  |
| 10 | Improving FP&RH and Maternal and Child Health for Afghan Refugees                        |
| 12 | Ensuring Sustainable FP&RH Services at Community Level                                   |
| 13 | Sprint Emergency Response Floods in Pakistan   |
| 16 | Meeting the Essential SRH Needs of Earthquake-Affected Communities in Harnai Balochistan |
| 16 | Identify an agency to lead the implementation of the MISP                                |
| 16 | Prevent and Manage the Consequences of Sexual Violence                                   |
| 17 | Reduce Transmission of HIV and others STIs   |
| 17 | Prevent Maternal and Infant Mortality  |
| 17 | Prevent Unintended Pregnancies   |
| 16 | Meeting the Essential SRH Needs of Affected Communities in Floods in Sindh and KP        |
| 19 | Identify an agency to lead the implementation of the MISP                                |
| 19 | Prevent and Manage the Consequences of Sexual Violence                                   |
| 19 | Reduce Transmission of HIV and others STIs   |
| 20 | Prevent Maternal and Infant Mortality  |
| 20 | Prevent Unintended Pregnancies   |
| 20 | Plan for Comprehensive Reproductive Health Services                                      |
| 21 | Treatment of other FP&RH issues and General Health Conditions                            |
| 22 | RAHNUMA-FPAP Public Sector Engagements   |
| 22 | Advocating for Localization of Sustainable Development Goals                             |
| 23 | Advocating for FP2030 Commitments  |
| 24 | Advocating for National Commitment on FP&RH  |
| 26 | Advocating for Youth and Adolescent Rights   |
| 27 | Launching of Learning Management System  |
| 28 | Youth Affairs & Sports Department Co-working Space                                       |
| 29 | Working with Transgender Community   |
| 30 | Innovative Projects to Strengthen FP&RH in Pakistan                                      |
| 30 | Digital Health and Self Care Model for FP&RH Services                                    |
| 30 | Building Resilience for Sexual and Reproductive Health                                   |
| 32 | Ensuring Sustainable MR&PAC Services at Community Level                                  |
| 33 | Impact of Helpline on FP/RH Clients  |
| 33 | Role of Religious Leaders in FP/RH   |
| 34 | Provide technical support to provinces for Institutionalization of LARC                  |
| 36 | Improving Access to Rights Based Family Planning for Underserved Communities             |
| 38 | Success Story of Poverty Alleviation Project   |
| 34 | Audit Report 2021  |







## IPPF PAKISTAN ENGAGEMENT

Ms. Fadoua Bakhadda, Regional Director-IPPF Arab World Regional Office visited Pakistan and held important meetings with Public Sectors, INGOs, CSOs representatives at Lahore and Islamabad. She also visited Rahnuma-FPAP Head Office and its various Service Delivery Points.

## PROFILE DG IPPF AWR:

Ms. Fadoua Bakhadda has been recognized as a leader in sexual and reproductive health rights by UNAIDS in 2020. Her PhD thesis focused on the relationship between women's empowerment and access to basic health services. She holds a Master of Business Administration degree in NGO Management. She studied in the Faculty of Economics: health econometrics, and organization's management. She's been the Executive Director of the Moroccan Member Association of IPPF for 8 years. She has published 2 books and 9 scientific articles defending the role of women in the development sector.



Syed Kamal Shah CEO Rahnuma-FPAP during his welcoming remarks highlighted evolving process of the organization. He had in-depth discussion to broaden the spoke of CSOs in the field of FP&RH inline with National and International commitments. He also briefed about governance reforms, finance & ERP and progress of different projects.

Ms. Fadoua Bakhadda, along with Rahnuma-FPAP Senior Management met with UNFPA Country Representative Mr. Bakhtior Kadirov and Dr. Jamil Ahmad at Serena Hotel Islamabad. She also joined humanitarian stakeholders meeting attended by PWD, NDMA, UNFPA, MSS, UNDP, UNHCR, CARE International, Afghan Refugee Commission Islamabad, KP and Balochistan.



## Visit Highlights Rahnuma-FPAP

**Ms. Fadoua Bakhadda**  
Regional Director IPPF  
Arab World Region

During her stay in Lahore she visited Family Health Hospital (FHH), Regional Training Institute (RTI), Youth Resource Centre (YRC) and Family Health Clinic (FHC) Lahore where she observed the FP&RH services. She had an exclusive interactive session with Youth Peer Educators and Youth Helpline staff and she was briefed about the services provided to youth and adolescents at YRCs across Pakistan. She highly appreciated Rahnuma-FPAP youth engagement model.





Rahnuma FPAP striving for providing essential medical and mental health services. Dr. Abdul Rasheed Nasar (District Health Office) established WFHS and community awareness sessions were also conducted by the Rahnuma-FPAP staff.

## HIGHLIGHTS RAHNUMA-FPAP HUMANITARIAN WORK 2022



Rahnuma-FPAP reached out to earthquake affected areas with essential medical/ psychological support, along with medical camps at Khost, Kili Mirza upper and lower Kili Mirza of District Harnai. In this regard, coordination meeting was held with Deputy Commissioner Office and District Health Office to deliver FP/RH services and psychological aid to women and girls in prone areas.

Rahnuma-FPAP KP Region commenced its intervention in Afghan Refugee Camps in KP under RESPOND Project. Medical camps were conducted in Afghan Refugee camps along with awareness sessions on RH/FP.

Rahnuma-FPAP has structured medical camps on RH and FP for earthquake affected areas at district Harnai where free medicines and delivery kits distributed. District Health Office, Dr. Abdul Rasheed Nasar also visited the camps and appreciated the community awareness sessions by Rahnuma FPAP staff for the well-being of people affected in Harnai, Balochistan.



With the virtue of Letter of Understanding (LoU) signed with Commissionate of Afghan Refugees Balochistan, Rahnuma-FPAP (Balochistan Region) commenced its intervention in Afghan Refugee Camps in Balochistan under RESPOND Project. First medical camp was conducted in Afghan Refugee camps and RH/FP services provided to more than 57 clients.

Rahnuma-FPAP (Muzaffargarh Region) organized free Mobile Medical camp for the transgender community under UNFPA Project at two different locations where twenty one transgender community members were checked up and provided free health services and medicine by medical team comprising of a lady doctor, counselor and social organizer.

- Mobile medical camps were organized in PMO Chakwal, Haripur, Kohat, Quetta under RESPOND project.
- Community Awareness Sessions were conducted in PMO Haripur and FHC Khanpur under RESPOND Project.
- Awareness sessions were conducted by Medical Officer (FPMC Skardu) at Boordo Muhallah in the catchment area of FPMC at Batul Mall Vocational Center and Panagah Skardu.

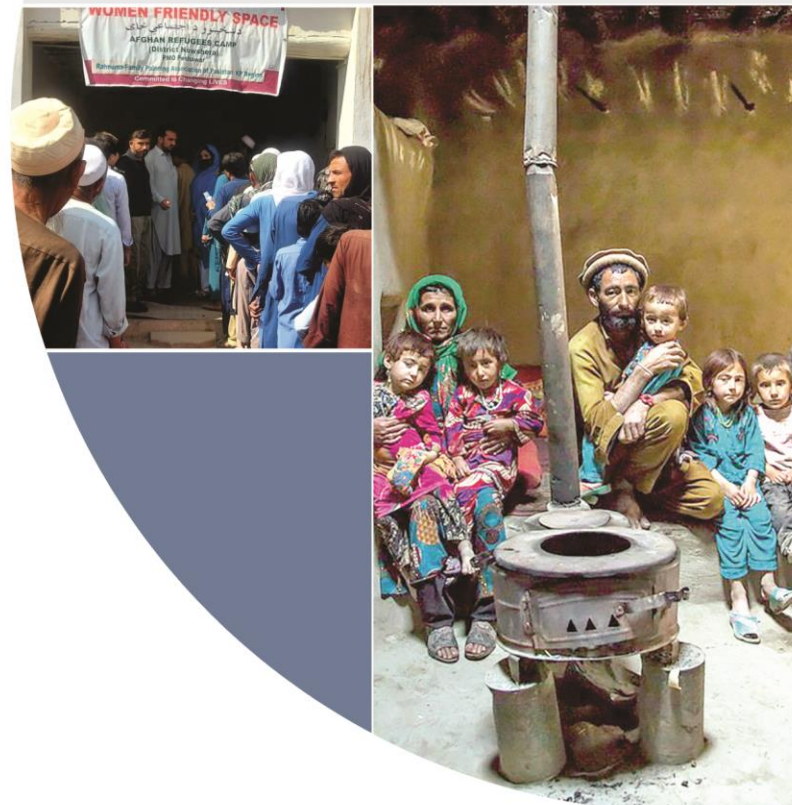


Rahnuma-FPAP KP Region organized medical camps at Utmanzai Afghan Refugees Camp. On the sideline medical camp and awareness raising sessions were also held on FP/RH and other gender issues under BMZ and RESPOND projects. A large number of people benefitted from these sessions and medical camps.





# IMPROVING REPRODUCTIVE HEALTH (RH), AND MATERNAL AND CHILD HEALTH (MCH) OF AFGHAN REFUGEE COMMUNITIES IN PAKISTAN



Rahnuma-FPAP through IPPF launched a Project funded by the BMZ (Federal Ministry of Economic Corporation and Development) in two provinces of Pakistan (KP and Balochistan). The project implemented in three districts of KP (Nowshera, Charsadda and Haripur) and three districts of Balochistan (Dukki, Qilla Saifullah and Loralai) for a time period of 5 months as well (December 2021 to April 2022). The Objective of this project was to save lives of women and girls through timely provision of quality FP&RH services by a multi-pronged, community led approach. This project aimed to improve the utilization of high quality and equitable FP&RH information and services by the most vulnerable population, with a focus on innovative approaches and restoring services that have been impacted due to COVID-19.

## KEY ACHIEVEMENTS :

More than  
**10 Thousand**  
clients were  
provided SRH  
services

More than  
**4 Thousand**  
clients were  
provided Non-  
SRH services

More than  
**4 Thousand**  
clients attended  
community  
awareness  
sessions

**33**  
Stakeholder  
meetings were  
conducted

**281**  
Community  
awareness  
sessions were  
conducted

- Training on MA&MVA for service providers
- Training on infection prevention and quality of care for service providers
- Training on comprehensive FP&RH methods Experience sharing meeting
- Training on data recording and reporting
- Training on safety and security
- Training on sexual and gender base violence

## BEST PRACTICES:

The Afghan communities are conservative and backward fighting with multiple challenges including poverty, migration and large family size. Rahnuma-FPAP carried out an extensive awareness and sensitization campaign with these vulnerable Afghan communities to convince them about limiting their family size to overcome poverty and malnutrition related challenging. They were convinced to understand the importance of FP&RH and hygiene.

These community awareness and sensitization sessions organized at Rahnuma-FPAP established Women Friendly Spaces (WFS). The WFS sensitized local communities including women, girls and even men about their health rights and needs. Through these sessions the local communities were distributed of dignity kits informed the girls and women about the safe use of materials for their sanitation needs.

The community awareness sessions on FP&RH has an impact to understand the value of family planning, girls education and women empowerment. The sessions for male community members aware them to understand the importance of FP&RH for the health of their life partner and quality life of their children.

Rahnuma-FPAP through this project was instrumental to highlight FP&RH issues of Afghan communities at the provincial levels while holding consultative meetings with relevant stakeholders. We also conducted number of community awareness and sensitization sessions in selective in highly conservative and orthodox areas helping in breaking their taboos.

These sessions played an important role in empowering Afghan refugee women and resolving their FP&RH issues at their doorstep. They also received essential health services including FP&RH through Rahnuma-FPAP organized community outreach medical camps where trained staff and adequate supply of medicines were insured.

**The women realized the importance of their personal health, resources and hygiene precisely, value of adopting of family planning services**





## ENSURING SUSTAINABLE FP&RH SERVICES AT COMMUNITY LEVEL:

### LEARNING FROM THE FIELD:

- It was realized that an effective networking and collaboration with public sector departments like Population Welfare Department (PWD), Department of Health (DoH) Social Welfare & Women Development Department (SWWD) and local Afghan Refugees Commissionate can generate local ownership and link for effective FP&RH services for Afghan Refugees.
- It has been learned that formation of an effective and accessible community referral mechanism with the equal engagement of community members and their linking with Rahnuma-FPAP's nearest FP&RH service delivery outlets and public health facilities.
- It was learned that close coordination and engagements with local community while sharing with them complete information (addresses and contact details of near by service delivery points) can generate greater demand for FP&RH services.

## PARTNERSHIP:

Rahnuma-FPAP has been working in close partnership with local private providers and with public health facility to extend RH and FP services.

Rahnuma-FPAP successfully received the No Objection Certificate (NOC) from Ministry of States and Frontier Regions (SAFRON) Govt. of Pakistan to work in humanitarian settings across Pakistan.

Rahnuma-FPAP also signed MoU with the Afghan Refugees Commissionate both in KP and Balochistan to work in Afghan refugees settlement. The mandate of these MoU is to extend FP&RH services in the selected Afghan Refugees Communities.



Picture Credit BBC News

## SPRINT EMERGENCY RESPONSE FLOODS IN PAKISTAN

Starting in June 2022, Pakistan experienced the devastation and wreckage caused by extremely heavy rains and floods in worst affected districts in Balochistan, Sindh and Southern Punjab. As per estimates of the Government of Pakistan, 33 million people across the country were affected, including an estimated 8.2 million women belong to reproductive age. The National Disaster Management Authority (NDMA) reported that rural areas of Balochistan were among the worst affected. According to the UNFPA's estimates, 650,000 pregnant women in the flood-affected

areas needed maternal health services. Out of this, 73,000 women were expected to deliver the following month as of September 2022. As planned, total 300 mobile medical camps were conducted by Rahnuma-FPAP for providing 128,276 FP&RH services to 19,276 clients; 87% of which were women. To generate demand for services, 300 community awareness sessions were organised along with the mobile medical camps. The total number of FP&RH services provided through the camps exceeded the target.

## KEY ACHIEVEMENTS:



31298

Clients received direct clinical (SRH and non-SRH) services



125192

SRH services provided at all locations



2300

Unintended pregnancies averted



1500

Post Abortion Services provided



1053

Unsafe MR/PAC averted



RS. 152511

Direct healthcare costs saved



5500

Total CYPs services provided



## MISP OBJECTIVE1:

### IDENTIFY AN AGENCY TO LEAD THE IMPLEMENTATION OF THE MISP:

At the national level, Rahnuma-FPAP is part of the Humanitarian Country Team coordinated by OCHA and throughout the response period attended weekly meetings to be updated on partners' responses. At the provincial level, Rahnuma-FPAP participated in a Protection Working Group in Sindh, chaired by the PDMA, along with UNFPA and other major protection actors to ensure good coordination in the ongoing humanitarian response. As a result of strong coordination with the public sector, Rahnuma-FPAP remained an active member of the Health Response Committee in Balochistan to address the FP&RH issues during the emergency. The Department of Health (DoH) Balochistan requested Rahnuma-FPAP to start a joint venture with Maternal, Neonatal and Child Health (MNCH) program in Sibbi, Kachhi and Naseer Abad (the most disaster affected districts) to collaborate with MNCH departments of DoH Balochistan to provide FP&RH services at selected locations of Sibbi and Kachhi districts.

## MISP OBJECTIVE2:

### PREVENT AND MANAGE THE CONSEQUENCES OF SEXUAL VIOLENCE:

Clinical services were provided to the survivors of Gender Based Violence (GBV) which includes psychosocial counselling, medical services, emergency contraception, pregnancy test, STI prophylaxis, etc. Majority of GBV survivors were referred to public health facilities for Post-Exposure Prophylaxis (PEP) services as the service is available only in public health facilities. Providers were also trained to provide services GBV survivors including Clinical Management of Rape (CMR) and the LIVES approach. The services were given in an environment where complete confidentiality and privacy of survivors was maintained. Rahnuma-FPAP worked with Health, Population Welfare, and Social Welfare Departments to develop referral mechanisms to refer GBV survivors to Departments and Agencies offering services including advanced medical (ultrasound, laboratory, x-ray etc.), legal, shelter and protection services etc. Rahnuma-FPAP field teams conducted 300 community awareness sessions in flood-affected communities of Kachhi, Sibbi, Badin and Muzaffargarh districts. The purpose of these awareness sessions to sensitize communities on GBV and prevention of sexual violence in flood-affected areas. Rahnuma-FPAP engaged influential women in each community (called 'Khala', 'Massi' and 'Addi'), who played a vital role to raise awareness on GBV and prevention of sexual violence.

## MISP OBJECTIVE3:

### REDUCE TRANSMISSION OF HIV AND OTHER STIS:

1,636 clients received syndromic management of STIs through medical outreach camps in flood affected communities. Rahnuma-FPAP field team conducted sensitization sessions with men and women separately on STIs and HIV, including stigma and discrimination, prevention, promotion of testing and adopting safe sex practices. Benefits of condoms use for dual protection were shared with the communities by the field teams. A total of 10,000 condoms were distributed to male community members during these sessions.

## MISP OBJECTIVE4:

### PREVENT MATERNAL AND INFANT MORTALITY:

Rahnuma-FPAP team provided obstetric and neonatal services to women and children during the mobile camps. In total, 180 awareness sessions were held in the community focused on the danger signs of pregnancy, timely referral of women having PPH, importance of hospital deliveries, care of umbilical cord of newborns, exclusive breast feeding, nutrition care during pregnancy and lactation. During the reporting period 30 women were referred to tertiary care hospitals for emergency obstetric care services. Rahnuma-FPAP put in place referral mechanisms (to District Headquarter (DHQ) Hospital, Tehsil Headquarter (THQ) Hospital and Rural Health Centre (RHC)) for pregnant women who were considered high risk. Transportation expenses were provided by Rahnuma-FPAP to refer clients for emergency obstetric and neonatal care (EmONC) services at DHQ/THQ and Rural Health Service (RHC).

## MISP OBJECTIVE5:

### PREVENT UNINTENDED PREGNANCIES:

Rahnuma-FPAP teams provided FP counselling for long-term and short-term methods, post abortion and postpartum FP&RH services. Rahnuma-FPAP teams conducted awareness sessions on family planning methods with women and men. During the awareness sessions, field staff, with the support of local health workers briefed women about the benefits of contraceptives particularly in emergency contexts. Contraceptive supplies were freely available for men and women during medical camps. Regular supplies of contraceptives and other commodities were ensured during the camps.

## LESSONS LEARNT:

- There are areas where security needs to be considered, particularly when moving into new areas for emergency response.
- It is essential to have strong coordination with key stakeholders, including the Government and UN Agencies, in supporting projects interventions and smooth implementation.
- Faced with the unprecedented scale of the floods, Rahnuma-FPAP simultaneously conducted an emergency response with Stream 3 funds in other locations in parallel with the SPRINT response, applying a similar approach organising mobile medical camps.
- In an events of such large-scale damage to infrastructure, Rahnuma-FPAP need to be prepared to bring its own structure or a tent for mobile medical camps to deliver confidential services.





## MEETING THE ESSENTIAL SRH NEEDS OF EARTHQUAKE-AFFECTED COMMUNITIES IN

# HARNAI BALOCHISTAN

On 7th October 2021, an earthquake of magnitude 5.9 hit Harnai District, Balochistan Province. Subsequently, the Provincial Disaster Management Authority (PDMA) declared an emergency, with district Harnai natural calamity area due to the earthquake. At least 21 people died 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 by the earthquake. This earthquake badly affected union councils of Saddar 1, Saddar 2, Naqas, Sharaq and Badyaan. Due to remoteness of the area, authorities faced hurdles in initial response as some roads had been blocked by landslides.

## WORKING WITH PDMA BALOCHISTAN FOR THE IMPLEMENTATION OF THE MISP:

Rahnuma-FPAP organized seven coordination meetings with Provincial Disaster Management Authority (PDMA), District Disaster Management Authority (DDMA), District Government, PWD, DoH and other stakeholders at Provincial and District level. During these meetings, in addition to the needs for shelter and food, the high need for health services for women, men, youth and children was identified as a priority area. Rahnuma-FPAP also conducted a rapid assessment to determine the FP&RH needs of women and girls in the affected areas, involving government representatives.

## PREVENT AND MANAGE THE CONSEQUENCES OF SEXUAL VIOLENCE:

As part of efforts to establish confidential and safe spaces for SGBV survivors, Rahnuma-FPAP established Women Friendly Spaces (WFS) in each of the three affected UCs i.e., Khoast, Sharug and Saddar. These spaces were identified within community-donated locations so that the local survivors could have easy access. Rahnuma-FPAP trained female counsellors and mid-level service providers held sessions in the WFS regularly and referred clients to medical camps for services To ensure sustainability of these SGBV services.

1405 SRH services were provided to SGBV clients including FP services in medical camps held in communities and at WFSs. In total, 96 awareness sessions were held, 62 in WFSs and 34 in community premises. A total of 1,421 community members attended these sessions (948 females and 473 males)



## REDUCE TRANSMISSION OF HIV AND OTHER STIS:

1,255 clients were provided with pre- and post- test counseling on STIs/RTIs. 7 out of 657 clients received STI/RTI treatment including syndromic management, 297 received risk reduction services in the form of safe sex counselling and 301 provided with referral services. 102 HIV rapid tests were conducted and 305 FP&RH services including pre-and post- test counselling and risk reduction counselling on HIV were provided to the community members. None was found positive but Rahnuma-FPAP had a strong referral system in place with Balochistan AIDS control system, should a positive case be found.

## PREVENT MATERNAL AND INFANT MORTALITY:

For the prevention of maternal and neonatal mortality, 2,910 obstetric services were provided to 766 women, and 21 clients were referred for EmONC services to public sector hospitals via ambulance. 308 Clean Delivery Kits were distributed to visibly pregnant women and girls. Given the socio-cultural status of women, home delivery was most common in the response target areas.

## PREVENT UNINTENDED PREGNANCIES:

To prevent unintended pregnancies, Rahnuma-FPAP team provided FP counselling, both long term and short term services, post abortion and postpartum FP services and other SRH services. A total of 5,340 beneficiaries benefitted with these services. A total number of 2,225 beneficiaries were provided with modern contraceptive methods of their choice. Regular supply of contraceptives and other commodities were ensured at camp settings.



## PROJECT ACHIEVEMENTS:



13,413  
SRH&R  
Services



23,747  
General  
Counselling  
Services



20,856  
Non-SRH  
Services





## MEETING THE ESSENTIAL FP&RH NEEDS OF COMMUNITIES AFFECTED BY FLOODS IN SINDH AND KHYBER PAKHTUNKHAWA

In Khyber Pakhtunkhwa (KP) province, seventeen districts were calamity hit area, around 4.3 million population was directly affected, leaving 306 human losses while

In Sindh province, twenty districts were calamity hit, around 12 million population is directly affected, leaving 933 human losses. Rahnuma-FPAP with the support of STREAM 3 initiative by IPPF launched the emergency response project in Sindh (district Mirpurkhas and Umerkot) and in

KP (district Dera Ismail Khan and Nowshera) to meet the essential FP&RH needs of flood affected communities through the delivery of MISP services using Mobile Medical Camps. The needs of FP&RH services were recognized by the public sector stakeholders during the coordination meetings.

## IDENTIFY AN AGENCY TO LEAD THE IMPLEMENTATION OF THE MISP:

During the project duration Rahnuma-FPAP conducted six meetings with the Provincial Disaster Management Authority (PDMAs) at Peshawar and Karachi, fifteen meetings were held with District Disaster Management Authorities (DDMAs), Department of Health (DoH), Population Welfare Department (PWD) and Social Welfare Department in KP province (Districts Dera Ismail Khan and Nowshera) and in Sindh province (Districts Mirpurkhas and Umerkot). At the provincial level, Rahnuma-FPAP participated in a Protection Working Group in Sindh, chaired by Provincial Disaster Management Authority (PDMA), along with UNFPA and other major protection actors to ensure good coordination in the ongoing humanitarian response.

## PREVENT AND MANAGE THE CONSEQUENCES OF SEXUAL VIOLENCE :

Rahnuma-FPAP field teams conducted 300 community awareness sessions with the flood-affected community members including women and men in Dera Ismail Khan, Nowshera, Mirpurkhas and Umerkot districts. Rahnuma-FPAP has a referral network with health, population welfare, social welfare departments and local NGOs who are responsible to take the lead in providing advance medical services, shelter and protection services to survivors. Mobile camp staffs are trained in providing first-line support for survivors using LIVES approach.

## REDUCE TRANSMISSION OF HIV AND OTHER STIs

Rahnuma-FPAP providers are trained in providing information, counselling, management and referrals services for HIV and AIDs as well as on sexually transmitted infections clients. The role of condom and its use for dual protection has been shared with clients. During the reporting period 5022 clients received syndromic management of STIs in flood affected communities through medical outreach camps. Rahnuma-FPAP field team conducted sessions with male and female groups separately on STIs and HIV, including stigma and discrimination, prevention, promoting testing and adopting safe sex practices. A total of 8000 condoms were distributed to male community members during sessions.







## PREVENT MATERNAL AND INFANT MORTALITY:

Rahnuma-FPAP team provided Obstetric and Neonatal services to women and children during the mobile camps. During the reporting period 30 women were referred to Tertiary Care Hospitals for EmONC services. During the mobile camps, the women with low Hemoglobin level were especially focused and counselled for intake of folic acid and other iron supplements and improve nutrition. More than 200 community awareness sessions were conducted with female community to aware them about the FP&RH information and danger signs of pregnancies and their consequences. About 75 women were referred for EmONC delivery services. During the response period 75 women were referred to avail EmONC service from DHQ/THQ and RHC.

## PREVENT UNINTENDED PREGNANCIES :

Rahnuma-FPAP field teams during the sessions with male and female aware them on the importance of family planning to improve their economic condition as well as the health of women and child. Rahnuma-FPAP teams provided family planning counselling for long-term and short-term methods, post abortion and postpartum FP services.

## PLAN FOR COMPREHENSIVE REPRODUCTIVE HEALTH SERVICES INTEGRATED INTO PRIMARY HEALTH CARE:

In Dera Ismail Khan a number of services providers (Women Medical Officers, Lady Health Visitor and Family Welfare Worker) of district Tank and Dera Ismail Khan were trained with support of UNFPA on Long Acting Reversible Contraception (LARC) to provide the quality FP&RH services to the flood affected

## TREATMENT OF OTHER FP&RH ISSUES AND GENERAL HEALTH CONDITIONS :

Pakistan health system as very limited outreach especially in vulnerable and marginalized communities effected by disaster and emergencies situations. This limited outreach results in the high unmet need of FP&RH services among poorest sessions of society. Further more during recent years the public sector healthcare system is disrupted and overcome this gap number of international and local non-governmental organizations (NGOs) have come forward to provide medical assistance to flood victims.

Rahnuma-FPAP in flood effected areas organized more than 300 mobile medical camps at various locations to provide general medical support including FP&RH services in flood affected areas. The most common diseases treated in mobile camps including fever, diarrhoea, cholera, skin diseases, allergies and cough etc. Rahnuma-FPAP through its Mobile Service Units (MSUs) provided.

communities of D.I. Khan and Tank. Another outcome of these trainings is the continuation and strengthening of FP&RH services in target areas. Rahnuma-FPAP has ensured that all certified trainers have complete knowledge and skills on Long Acting Reversible Contraception (LARC).

Rahnuma-FPAP Quality Assurance Managers/medical trainers lead these trainings with the support of Health Department of KP district. A Total of 83 services providers have been trained including 10 Women Medical Officers.

This capacity building initiative for public sector, health services provides especially of lady medical officers has significantly increased the scope of FP&RH services in their areas as they are more empowered and

THERE WERE  
**4548**  
(NON-SRH) CLIENTS  
WHO RECEIVED  
**46789**  
NON-SRH SERVICES







## RAHNUMA-FPAP PUBLIC SECTOR ENGAGEMENTS

### ADVOCATING FOR LOCALIZATION OF SUSTAINABLE DEVELOPMENT GOALS (SDGs):

- During 2022 SDGs Frameworks at the national level as well as in provinces and special areas have been finalized to plan the localization of SDGs in line with local needs and capacities.
- National Economic Council (NEC), Ministry of Planning and Development and Special Initiative, Government of Pakistan formed a Sub-Committee on SDGs to strengthen the institutional structure for consistent implementation and provide proper guidance for evidence-based policy making.
- Pakistan was selected as the first pilot country to develop universal health coverage benefit package based on disease control priorities interventions.
- Parliamentary Taskforces formed at federal and provincial levels and special areas are closely monitoring progress of the SDGs.
- Rahnuma-FPAP remained engaged with policy stakeholders at the federal and provincial/ regional levels through networking and coalition building for greater political ownership of SDGs as being active member of Federal Government SDGs Support Unit and all Provincial SDGs Support Units.
- Rahnuma-FPAP participated in Voluntary National Review Meeting convened by Ministry of Planning, Development and Special Initiative Government of Pakistan to finalize the Pakistan Voluntary National Review (VNR).
- Rahnuma-FPAP being a member of all FP 2030 Provincial Working Groups (Sindh, Punjab, KP and Balochistan) provided valuable insight and accountability on SDGs and FP 2030.



## Advocating for FP2030 Commitments:

Rahnuma-FPAP continued its campaign for post FP2030 and launched comprehensive CSOs engagement and consultative process across Pakistan. It conducted quarterly CSOs and youth consultative meetings during 2022 in Lahore, Karachi, Gilgit Baltistan and Quetta which were overwhelmingly participated by CSO representatives and youth champions. These consultative meetings played a pivotal role for integrating in CSOs suggestions/feedback into FP2030 National Action Plan. Rahnuma-FPAP conducted lobbying meetings to sensitize government officials for a greater political ownership of SDGs targets at the platforms of FP2030 CEWG.

- Rahnuma-FPAP being a CSOs focal point of FP2030 Country Engagement Working Groups (CEWG), Government of Pakistan (FP2030 CEWG is an apex Public Sector Forum to monitor the progress on FP2030 Pakistan Commitments) since 2017 strongly advocated for the alignment of FP2030 Commitments with for SDGs targets (especially goal 3&5).
- FP2030 CEWG further streamlined its working by constituting a special committee of FP2030 CEWG to expedite the decision making and implementation process against FP2030 commitments.

**Rahnuma-FPAP was selected as a CSOs Focal Point of the FP2030 CEWG Special Committee to represent and carry forward the CSOs and Youth agenda.**



## ADVOCATING FOR NATIONAL COMMITMENT ON FP&RH:

- Ministry of National Health Services, Regulations and Coordination (Population Program Wing) submitted a PC-1 of PKR 1998.82 million to procure contraceptives (2021-2025) for approval to the Prime Minister of Pakistan.
- All Provincial Population Welfare Departments (PWD) and Health Departments at the platform of Provincial Population Task Forces (PTF) have committed to double the Provincial Population Welfare & Health budgets for FP/RH for next two years in line with Council of Common Interest (CCI) recommendations.
- Government of Pakistan developed an instrument to review the progress against National Action Plan on Population (NAP) and FP 2030 Commitments on quarterly basis.
- National Assembly and Senate of Pakistan were advocated for constitution of a Dedicated Standing Committees on Population. Furthermore the process to align CCI Web Portal with FP2030 indicators has been initiated at the federal and provincial levels through respective Ministries and Departments.

## ADVOCATING FOR FP&RH IN PUNJAB

- As a result of our continuous advocacy and lobbying initiatives the Punjab Government increased Provincial Budgetary (2022/2023) allocations for Population Welfare Department by at least 10% and enrolling more workforce including male mobilisers to improve services in neglected and vulnerable areas.
- The Punjab Government in provincial budget 2022/23 also allocated 250 million for the establishment of breast cancer screening facilities at DHQ level initially starting with Divisional Headquarters and increased allocation for Primary & Secondary Healthcare Department's Nutrition Program.
- The Punjab Government further allocated resources in provincial budget 2022/23 to establish one stop facilities for survivors of GBV in all Divisional Headquarters, starting with DG Khan and allocated resources for Training of Nikah Registrars and Union Council Secretaries to pre-empt child marriage.

## ADVOCATING FOR FP&RH IN KP

- As a result of our continuous engagement by providing capacity building and technical support, the Provincial Disaster Management Authorities (PDMA) KP included MISP in the District level contingency plans under District Disaster Risk Reduction (DRR) protocols to better protect pregnant women and new born children during disaster and emergency situations.
- Rahnuma-FPAP signed MoU with School Education Department KP to conduct LSBE Sessions in six selected Schools and build capacity of teachers on LSBE and population issues.

## ADVOCACY ACHIEVEMENTS 2022

## ADVOCATING FOR FP&RH IN BALOCHISTAN

- Rahnuma-FPAP signed MoU with PDMA Balochistan to build its capacity on MISP and conducted twelve capacity building sessions with PDMA Staff on MISP. Moreover we signed MoU with Provincial Aids Control Program Balochistan for referring of clients for screening of HIV positive patients. Another MoU was also signed with DoH Balochistan and PWD Balochistan for the capacity building of their staff on LARC (Long Acting Reversible Contraception). Rahnuma-FPAP signed MoU with Comissionorate of Afghan Refugees (CAR) Balochistan to support the afghan communities on FP&RH issues while conducting outreach RH camps and community awareness sessions.

## ADVOCATING FOR FP&RH IN SINDH

- Rahnuma-FPAP being member of Sindh Government FP2030 Working pushed for the amendment in Sindh RH Bill 2022 to promote marital counselling. The bill envisioned to set up a Maternal, Perinatal Death Surveillance Response and Review (MPDSRR) system in the province to strengthen the surveillance, review and response activities.
- Rahnuma-FPAP Regional Office Sindh at the platform of Sindh Reproductive Health Working Group, Protection Sector Working Group and GBV Sub working group sensitized provincial stakeholder and built momentum for the desired legislation during 2022.





## ADVOCATING FOR YOUTH AND ADOLESCENT RIGHTS



Rahnuma-FPAP with technical support from UNFPA, has established National Youth Helpline (0800-69457) at the Higher Education Commission (HEC) under the guidance of the Prime Minister's Office. Helpline aims to provide a secure and confidential gateway for young people to access information regarding challenges associated with adolescence/youthful age, particularly related to counseling of psycho-social support, career advancement, and reproductive health. UNFPA Deputy Representative, Ms. Latika Maskay Pradhan at the inauguration of National Youth Helpline (0800-69457) at Higher Education Commission (HEC) Islamabad delivered opening remarks and emphasized the importance of continuing with this initiative and its contribution to the future of the youth in Pakistan. Prof. Dr. Shaista Sohail, Executive Director of the Higher Education Commission was the Chief Guest at the event.



## Launching Life Skills Based Education

Rahnuma-FPAP signed MoU with Punjab Vocational Training Council (PVT) and Soft Solutions (Ilm Ki Dunya) for dissemination of Life Skills Based Education (LSBE). Through this initiative PVT had disseminated life skills and entrepreneurship training to 45000 people in partnership with Rahnuma-FPAP while Soft Solutions (Ilm ki Dunya) has digitalized the LSBE through Android app and online LMS (Learning Management System).

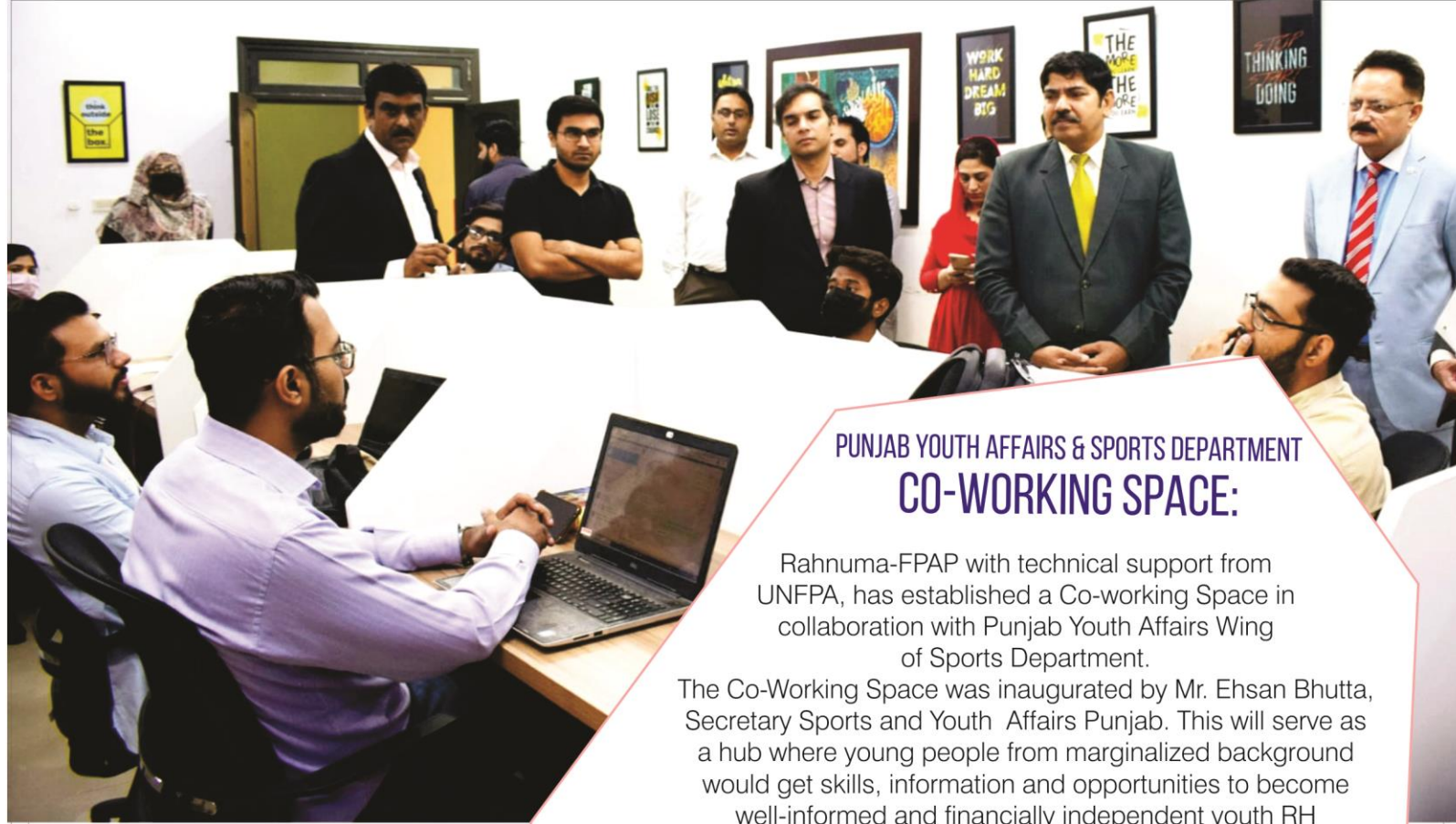


## LAUNCHING OF LEARNING MANAGEMENT SYSTEM (LMS) AND ANDROID APPLICATION:

Rahnuma Family Planning Association of Pakistan (Rahnuma-FPAP), with technical support from UNFPA, has developed a Learning Management System (LMS) and Android Application on LSBE to reach out to young people through digitalization. Syed Yawar Abbas Bukhari - Spokesperson Punjab Government was the Chief Guest. This learning management system and android application will empower the youth from marginalized and vulnerable communities. Rahnuma-FPAP through the support of vast network of Youth Resource

Centres (YRCs) and Women Friendly Spaces (WFS) will sensitize youth on Life Skills Based Education and other FP&RH issues. This initiative will also enhance and upscale the FP&RH services in remote and inaccessible areas. The support of UNFPA has always remained instrumental in advocating for the issues of youth through LSBE across country. This event was participated by a large number of representatives from various government departments, private sector institutions, media, CSOs and NGOs.





### PUNJAB YOUTH AFFAIRS & SPORTS DEPARTMENT CO-WORKING SPACE:

Rahnuma-FPAP with technical support from UNFPA, has established a Co-working Space in collaboration with Punjab Youth Affairs Wing of Sports Department. The Co-Working Space was inaugurated by Mr. Ehsan Bhutta, Secretary Sports and Youth Affairs Punjab. This will serve as a hub where young people from marginalized background would get skills, information and opportunities to become well-informed and financially independent youth RH champions. The selected entrepreneurs' number was twenty in first phase whose innovative ideas were guided by an expert entrepreneur.

### WORKING WITH TRANSGENDER COMMUNITY:

Rahnuma-FPAP mandate is to work with vulnerable people and transgender community is one of the most vulnerable and discriminated social segment. We conducted a number of activities involving transgender community members at various location.

Rahnuma-FPAP organized mobile medical camps in collaboration with Sathi Foundation in selected community settings and through these medical camps a large number of transgender persons benefitted from the medical camp. The trained health care providers provided consultations for FP&RH services, general diseases, and free medicines. The transgender community members were sensitized on STIs, HIV&AIDS and other diseases.

The beneficiaries were glad to see such a useful step taken by Rahnuma-FPAP. They were pleased that Rahnuma-FPAP is providing health facilities to everyone without any discrimination.



### MAIN ACHIEVEMENTS



Learning Management system on LSBE has been successfully developed and android application was launched, providing digital modules on LSBE for 12-18 years old young people.

Rahnuma-FPAP developed and printed LSBE manual along with supplementary material for boys and girls. More than 2000 copies of this supplementary material were distributed (1000 copies for boys and 1000 copies for girls).

2859 Young people contacted through the National Youth Helpline and have received the counseling, information and psychosocial support.



933

Young people contacted through the Punjab Youth Helpline and have received the counseling, information and psychosocial support.

60000

12000 Young girls were sensitized on LSBE through the revised Pakistan Girl Guides LSBE training Curriculum. Each girl trained then passed on the information to another 5 peers, thus collectively sensitized.

53828

Young people were reached out on LSBE through revised Punjab Vocational Training Council LSBE manual. Who also passed this valuable information to their peers/siblings/family members.

200

Young girls from four project locations (Chakwal, Lahore, Faisalabad, Muzaffargarh) successfully completed their digital skills training.



# HIGHLIGHTS

## INNOVATIVE PROJECTS TO STRENGTHEN FP&RH IN PAKISTAN

### DIGITAL HEALTH AND SELF CARE MODEL FOR FP&RH SERVICES:

Rahnuma-FPAP provided telemedicine services while connecting helpline caller with health care providers and enable them to get online FP/RH information and counselling services. This telemedicine services connect mid-level service providers with trained health care professionals though telephone for guidance and support in complicated cases. Rahnuma-FPAP through the support of an anonymous donor integrated file already functional helpline in five regions and are continuously providing online telemedicine services across the country. Through these telemedicine online support FP/RH clients can consult the provider under complete confidentiality and privacy. We are focusing more to increase the expansion of these telemedicine services so that a large number of community can be reached.

For a greater uptake of FP/RH telemedicine services in remote and marginalized areas Rahnuma-FPAP signed 62 MoUs with Private Practitioners (PPs) during 2022.

### RAHNUMA-FPAP TWO ABSTRACT PRESENTED IN 14TH FIAPAC INTERNATIONAL CONFERENCE:

Rahnuma-FPAP presented two abstracts, "Acceptability & reasons of medical/surgical abortions in Pakistan: a comparative analysis of GCACI SDPS-RFPAP" and "PPIUCD uptake and influencing factors: a study of women giving birth at Rahnuma-FPAP clinics in Pakistan" in 14th FIAPAC International Conference held in Riga, Latvia. Both were accepted for poster presentation.



### RAHNUMA-FPAP PRESENTED TWO RESEARCH ABSTRACTS IN 12TH PAP CONFERENCE

Rahnuma-FPAP presented two abstracts during the 12<sup>th</sup> Annual Public Health Conference on 2<sup>nd</sup> Nov. 2022, organized by Health Services Academy (HSA) Islamabad. "Prioritizing readiness for preventing unintended pregnancies in humanitarian settings (oral presentation) and "Using the latest Whatsapp API to replace the traditional telephone helpline technology for counseling and tele-health services for potential clients of FP/RH services" (poster presentation).

Presented oral presentation during Population Association Annual Conference 2022 "Benefiting from Inbound Marketing Strategy (IMS) for Responding to Unmet Needs of Family Planning Clients in Pakistan".



## BEST PRACTICES:

Rahnuma-FPAP integration of FP/RH service delivery points project clinics with the Humanitarian response network in the disaster prone areas of Pakistan helped in strengthening the provision of FP/RH services to the women and girls.

Extending FP/RH services in flood affected districts in the project locations with effective community engagement was a successful strategy to increase accessibility of services to vulnerable group.

Tele-medicine services through connecting helpline caller with service providers. These efforts helped to enhance the acceptance of modern family planning methods, also addressed abortion stigma in the community, and increased referrals of clients for services.

Coordination, liaison and linkages with Government Departments (Population Welfare, Health Department and Social Welfare at district and provincial level) was strengthened to effectively provide FP/RH related services.

The most effective strategy was the cross learning activities carried out at each Region/PMO level. The staff shared the best practices/experiences and lesson learnt of handling the issues like uptake of contraception services, client satisfaction leading to creating advocates for support of services.



### BUILDING RESILIENCE FOR SEXUAL AND REPRODUCTIVE HEALTH AT THE COMMUNITY LEVEL:

CO-AUTHORS FROM RAHNUMA-FPAP  
DR. ANJUM RIZVI & DR. NADEEM MAHMOOD

Dr. Anjum Rizvi, Director Program Development Division & Dr. Nadeem Mahmood, Project Director LAD co-authored and article along with IPPF team "Building Resilience for Sexual and Reproductive Health at the Community Level". the article appeared in BMG Global Health detailing Rahnuma-FPAP humanitarian services in emergency and crisis situation. The article highlight learning from three crisis-affected provinces in Pakistan.

Rahnuma-FPAP implemented a 5 year project in 2016-2020 to build the evidence base and tools for incorporating SRH into disaster risk reduction efforts for communities affected by crises. The initiative began with a training of trainers at the national level, which was cascaded to six union councils (UCs) in three districts in Khyber-Pakhtunkhwa, Punjab and Sindh provinces.

#### Learning from the Field:

The benefits of investing in preparedness to strengthen core services and linking communities to existing formal structures. Action planning led to immediate gains and longer-term benefits.





## LESSONS LEARNED

Public sector mid level health care providers (LHWs, FWWs and LHV) were encouraged to refer FP/RH cases to Rahnuma-FPAP SDPs leaflets and poster with necessary information pertaining to FP/RH. They were also mentioned about the Rahnuma-FPAP helpline numbers for online information related to FP/RH. Furthermore Rahnuma-FPAP through its community outreach services engaged providers from complementary/alternative medicines and community based distributors for the provision of FP/RH information and services which subsequently upscaling the FP/RH services in remote areas.

Staff from better performing SDPs were engaged in cross learning experience with low performing SDPs enabling them to improve their services.

Rahnuma-FPAP outreach workers through their door-to-door visits under their targeted communities provided short-acting family planning (FP) commodities (condoms, oral pills) to encourage FP/RH clients for their self-care. Furthermore these outreach workers also distributed Social Behaviour Change Communication (SBCC) material.

### FUTURE DIRECTIONS:

- Upgrading of e-CMIS to latest version of open EMR 6.1 at locations.
- Training and capacity building of staff on e-CMIS /m-CMIS.
- Working with Government and partners enabling to provide FP/RH services as essentials health services.
- Training on self-care and digital health interventions of LAD staff for enhancing the capacity of the service providers
- Strengthening the Digital Health interventions through telemedicine by providing the android phones to service providers to increase the access to the digital services at LAD locations.
- To enhance the capacity of Government and organizations' mid-level providers on MA and modern contraceptive methods.

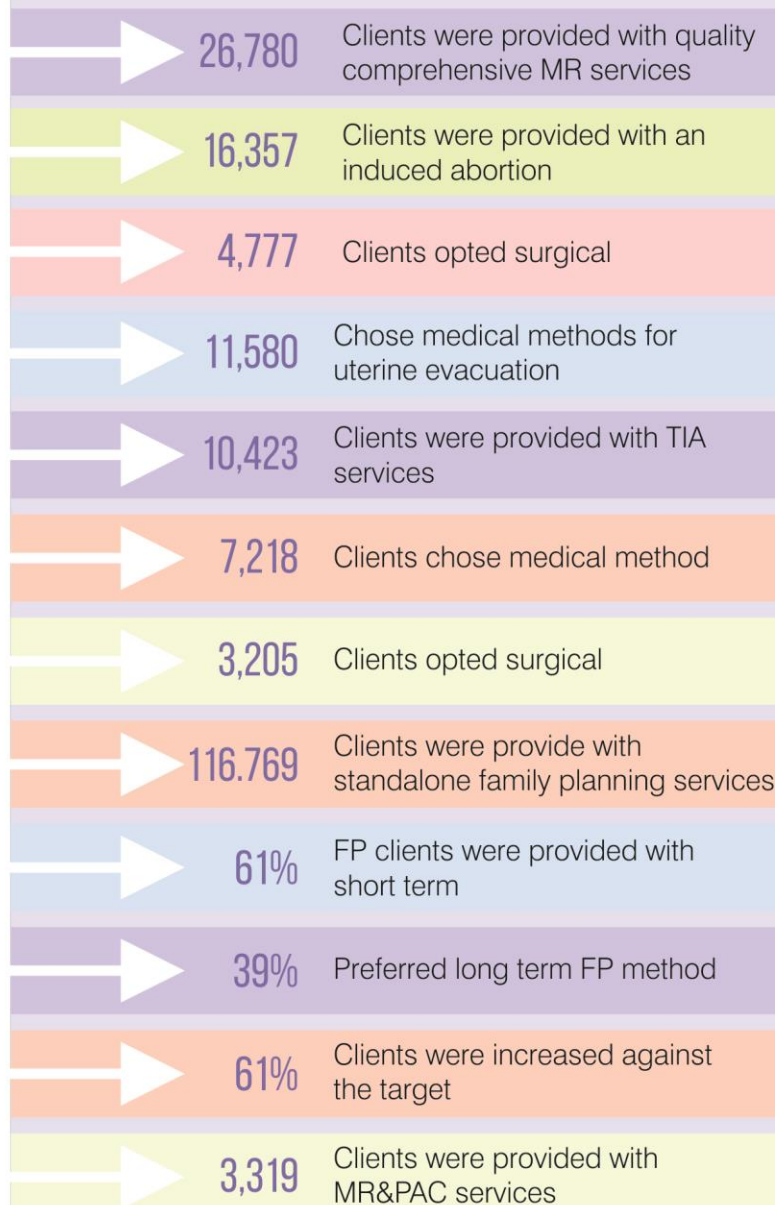


### ENSURING SUSTAINABLE MR&PAC SERVICES AT COMMUNITY LEVEL

Rahnuma-FPAP under its LAD project introduced e-health system tele-medicine and digital health intervention for the provision of MR&PAC services. Rahnuma-FPAP also strengthen partnership with public and private stake holders for the advocacy regarding MR&PAC through PAPAC forum to support joint efforts at national level. Rahnuma-FPAP also developed sustainable long-standing partnerships with governments, civil society, community networks, and other NGOs.



### PROGRESS LAD PROJECT 2022



### IMPACT OF HELPLINE ON FP/RH CLIENTS

There is an increase of 02% in calls received from clients as 3,696 clients provided services through dedicated FP/RH helplines working at (Lahore, Islamabad, Karachi, Quetta, Peshawar, and Gilgit). The people who wanted to seek any information and counselling on FP/RH contacted through these helplines. We ensure the complete confidentiality and privacy of the clients.

During 2022 more than 2,290 clients were provided telemedicine information and counselling on MR&PAC. Moreover home visits our FP/RH health care providers ensured increased access to health care services. 15,836 Clients are provided with family planning services in humanitarian settings in which 85% clients provided with a modern method of contraception.

### ROLE OF RELIGIOUS LEADERS IN FP/RH

Rahnuma-FPAP under its LAD project provided FP/RH information and counselling services to 4,302 resulting in an increase of over 10% during 2022. To sensitize and capacitate local religious leaders more than 20 community meetings were conducted participated by local religious leaders and other local stockholders. Furthermore the holding of community outreach awareness sessions increased the number of clients in every LAD SDPs. More than 4,025 clients were provided MR&PAC services, 22,745 clients have opted for contraceptive services.



## PROVIDE TECHNICAL SUPPORT TO PROVINCES FOR INSTITUTIONALIZATION OF TASK SHARING AND TASK SHIFTING ON LONG ACTING REVERSAL ABLE CONTRACEPTIVE METHODS (IMPLANON) THROUGH MIDLEVEL HEALTH CARE PROVIDERS

Rahnuma-FPAP implemented a UNFPA funded project to strengthen and institutionalize of Task Sharing and Task Shifting on LARC. The main goal of this project is to provide training on FP counseling, infection prevention, and hormonal methods of FP to health care service providers. It 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. During 2022, a total of 11 Provincial Task Force meetings (PTF) were organized at Quetta, Gilgit, Lahore and Karachi. Representatives from PWD, DoH and NGOs attended these meetings. The overall objective of these meetings was to institutionalize forum in provincial governments agenda and to discuss present the quarterly performance of all stakeholders on task sharing initiatives, define priority interventions, project activities, share implementation status, sustainability plan and measure the progress of task sharing and task shifting initiative.

### MOU SIGNING

Memorandum of Understanding (MoU) has been signed with Willows International Pakistan to institutionalize of Task Sharing and Task Shifting on LARC in their respective targeted areas. Both organizations through this MoU both partners will collaborate/facilitate the referral services of the No-Scalpel Vasectomy cases. The partnership established under the MoU will strengthen the FP/RH services in target communities. The Willows International Pakistan will utilize Rahnuma-FPAP expertise areas and it will also refer FP/RH clients for vasectomy services to Rahnuma Family Health Hospital across Pakistan.



### DISTRICT TECHNICAL COMMITTEE MEETINGS:

Rahnuma-FPAP formed District Coordinating Committee (DCC) to institutionalize of Task Sharing and Task Shifting on LARC. During 2022, 13 District Technical Committee (DTC) meetings were planned (one at each project district), out of this a total of 19 DTC meetings were organized two each in District Khuzdar, Swat, Neelum, Chakwal and Jhelum, three in Faisalabad and one each in District Jhang, Lasbella, Sibbi, Mardan, Haripur and Muzaffarabad. A total of 239 representatives from DOH and PWD as well as from NGOs and CBOs joined DTC's meetings.



## BEST PRACTICES :

### Institutionalization of Task Sharing and Task Shifting on LARC:

- Capacity building trainings for skill development of trainees (mid-level service providers). During these trainings Rahnuma-FPAP master trainers imparted training and skills to perform Implants independently.
- FP/RH clients mobilized by trainees from PWD/DoH were screened by respective location a day prior to organizing the camp.
- Quality of Care as well as clients rights was fully protected while conducting trainings of mid-level providers. It was also ensured the confidentiality and dignity of clients.
- Waste disposal, infection prevention protocols and sterilization of equipment were displayed and practically demonstrated both in training and practice.
- Implant Insertion and removal was done by trainees under aseptic measures.

## INSTITUTIONALIZATION OF TASK SHARING AND TASK SHIFTING ON LARC THROUGH CAPACITY BUILDING OF PUBLIC SECTOR:

Rahnuma-FPAP master trainers conducted refresher trainings of mid-level healthcare providers on Long Acting Reversible Contraceptive (LARC) method (Implanon). During 2022 more than 39 refresher trainings on LARC (implant insertion) at Umerkot, Thatta, Tharparkar, Larkana, Neelum, Jaffarabad, Sibbi, Khuzdar, Gilgit and Diamer. More than 5605 mid-level service providers (LHVs/FMT/Nurses, FWWs) from PWDs and DoHs trained on LARC.

Furthermore to institutionalize Task Sharing and Task Shifting on LARC through capacity building of public sector Rahnuma-FPAP master trainer conducted five days Training of Trainers (ToT) workshop at Chitral for 14 service providers from PWD and DoH of Gilgit Baltistan. Through these trainings mid-level healthcare service providers from public sector were trained and skilled to efficiently practice implant insertion & removal in their respective health facilities.







## IMPROVING ACCESS TO RIGHTS BASED FAMILY PLANNING FOR UNDERSERVED COMMUNITIES

Pakistan lags far behind other regional countries, and the contraceptive method mix has not changed much between 2012-13 and 2017-18. Low prevalence of modern contraceptives (mCPR) that have shown little change in the last two decades increasing only slightly from 22% in 2007 to 25% in 2012 has remained unchanged thereafter with considerable geographic variation ranging from a low of 14% in Balochistan to a high of 35% in Islamabad. Use of modern family planning methods increases with wealth; only 17% of women from the poorest households use a modern method of family planning, compared to 30% of women from the wealthiest households. These variations are greater at the district level. For instance, in Punjab the overall CPR (both modern and traditional) varies from 49% in district Multan to only 17% in district Gujranwala. An estimated 17.3% of married women of reproductive age had unmet need for family planning which decreases with wealth, from 23% among married women in the poorest households to 14% among married women in the wealthiest households.

Keeping in mind the vast socio-economic disparity in South Punjab and low level of FP & RH services Rahnuma-FPAP with support of UNFPA Pakistan funded by Government of Norway implemented an innovative project in selected Tehsils of two south Punjab districts - Muzaffargarh and Rahim Yar Khan To address the huge disparities within urban settings through innovative family planning model in low income

and underserved segment of Rawalpindi, the fourth largest city in Pakistan.

Rahnuma-FPAP became UNFPA partner in order to address FP&RH needs of the poorest women in the urban and peri-urban areas. The key objectives of the innovative model were to reduce financial barriers and incentivize private service providers to offer FP & RH services through reimbursement against redeemed vouchers by both the concerned government institutions (health and population welfare departments). The main aim of the project was to improve accessibility of quality and rights-based family planning information and services for women and families who reside in the most underserved districts of Punjab. The project envisaged to contribute in realizing reproductive rights and accelerated progress in the implementation of the recommendations of the Council of Common Interest (CCI) on population and family planning, voluntary national ICPD25 and FP2030 commitments of the Government of Pakistan.



## ACHIEVEMENTS FY 2022:

- 6 trainings were organized (2 each at Rawalpindi, Muzaffargarh and Rahim Yar Khan) on LARC and comprehensive FP/RH services in which total 63 Midlevel service providers were trained from PWD and DoH.
- 18 mobile camps were conducted and a total of 695 clients were benefited including 418 FP/RH clients and 277 SRH clients. Method wise beneficiaries are IUCD 110, Implants 40, Injectable 84, OCP 72, Condoms 107 and ECP 5. The mobile camps were organized in consensus with PWD and DoH on the identified vicinities of the project (5 community locations and 13 on service delivery points) at Rawalpindi.
- Clients' generation was ensured through PWD and DoH identified health outlets and engaged stakeholders (private practitioners and outreach worker). All benefited clients were linked with the identified PWD and DoH health outlets for follow up.
- Two technical workshops were organized with 40 service providers, community workers and notables on premarital counseling and LSBE one each at Muzaffargarh and Rahim Yar Khan.
- Two advocacy sessions were conducted with 40 policy makers, education and associated departments on FP/SRH/LSBE/Gender/ premarital counseling (one each at Rahim Yar Khan and Muzaffargarh). The main objectives of the activity was to enlarge the impact of the project intervention through their activate participation, engagement and enhanced information/ knowledge on FP/SRH/Gender/ Premarital counseling.
- Two community outreach sensitization session were organized one each at Muzaffargarh and Rahim Yar Khan with 42 Youth/peer educators on FP/SRH/Gender issues. The engagement of young people was ensured through sensitization and awareness sessions on FP/RH issues and their access to services. These sessions helped on breaking the silence on the subject and these trained young people trickled down this information to their peers.
- In year 2022, a total of three CSOs/ youth working groups meetings were organized, a total of 97 representatives from CSOs/ Youth led organizations attended the CSOs working group meetings. The purpose of this consultation was to record CSOs and Youth champion's recommendations with regard to Pakistan FP 2030 Commitments for its submission at upcoming FP 2030 CEWG Meeting.





## SUCCESS STORY 2002 TO 2022 OF POVERTY ALLEVIATION PROJECT

### RAHNUMA-FPAP POVERTY ALLEVIATION ENDEAVOR THROUGH INTEGRATED DEVELOPMENT APPROACH IN PARTNERSHIP WITH KHUSHHALI MICROFINANCE BANK LIMITED (KMBL) PAKISTAN

Experience of Rahnuma-FPAP over the years has affirmed that the right to development is not only an end in itself but also a mean to taking forward social development activities which promote the alleviation of poverty and improve the status of women and youth. Alleviation of economic deprivation is therefore an integral component of Rahnuma-FPAP holistic development approach.

### BACKGROUND AND RATIONALE/JUSTIFICATION

Pakistan ranks 123<sup>rd</sup> in the world on Gender Development index, even lower than Human development index neighboring countries, indicating that the access to opportunities, resources and benefits between men and women are skewed. The socio-economic disparities, high inflation rate, high poverty level in the country impedes access to education, health and other development services. The incidence of teenage and adolescent marriage is also more than (10.2%) which is an other source of poverty including MMR/IMR.

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. The Microfinance Social Development Fund (MSDF) has been closed in Pakistan by the Asian Development Bank (ADB) due to which the long term partnership KMBL and Rahnuma-FPAP has been concluded in April 2022.

The main activities include, loans disbursement, awareness raising sessions on FP/RH, provision of counseling & referral services, capacity building of borrowers on basic literacy & numeracy, and capacity building of staff on program policies/procedures on FP/RH.



### Objectives:

- I. The primary objective of the program is to "enhance social capital through community mobilization and strengthening solidarity, skills and social awareness of the poor by enabling their participation in and access to financial services" for poverty alleviation.
- II. Empowering women and youth to express their views in decisions directly affecting their lives, and Enhancing their access to reproductive health and family planning services.

### CORPORATE SOCIAL RESPONSIBILITY (CSR) ACTIVITIES

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 Family Planning Association of Pakistan 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 and over all objective of this collaboration was to economic empowerment of rural women enabling to fight

Over the years, project has  
Benefited  
**327,236**  
Women, Men and Youth  
across Pakistan





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Lahore, Pakistan.

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## INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF GOVERNANCE RAHNUMA FAMILY PLANNING ASSOCIATION OF PAKISTAN

### Opinion

We have audited the financial statements of **Rahnuma Family Planning Association of Pakistan** ("the Association"), which comprise the balance sheet as at **31 December 2022**, 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 2022**, 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 Board of Governance 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 Board of Governance 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, Board of Governance 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.

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

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

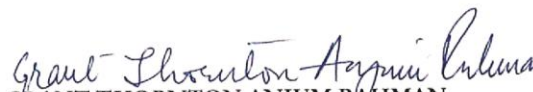
As part of an audit in accordance with ISAs as applicable in Pakistan, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

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

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

### Other Matter

The Association has prepared a separate set of financial statements for the year ended December 31, 2022 in accordance with Accounting Standards for Not-for-Profit Organizations (NPOs) issued by the Institute of Chartered Accountants of Pakistan (ICAP) on which we issued a separate auditor's report to the members of the Association dated April 28, 2023.

  
**GRANT THORNTON ANJUM RAHMAN**  
Chartered Accountants  
Dated: April 28, 2023  
Lahore  
Engagement Partner: Imran Afzal



Rahnuma Family Planning Association of Pakistan  
Balance Sheet  
As at 31 December 2022

Liabilities and Fund Balances

Liabilities

Current liabilities:

Accounts payable, accrued expenses and provisions

Deferred income

Total Current Liabilities

Non-current liabilities:

Staff gratuity payable

Total Non-Current Liabilities

Total Liabilities

Fund Balances

Designated fund

Fixed assets fund

RFPAP reserve fund

Zakat fund

Asset replacement fund

Medicine inventory fund

General inventory fund

Total Fund Balances

Total Liabilities and Fund Balances

Contingencies and Commitments

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

AM



Director Finance & Budget



Chief Executive Officer



Honorary Treasurer



President

| Note | Unrestricted<br>2022<br>Rupees | Restricted<br>2022<br>Rupees | Total<br>2022<br>Rupees | Unrestricted<br>2022<br>US \$ | Restricted<br>2022<br>US \$ | Total<br>2022<br>US \$ | Total<br>2021<br>Rupees | Total<br>2021<br>US \$ |
|------|--------------------------------|------------------------------|-------------------------|-------------------------------|-----------------------------|------------------------|-------------------------|------------------------|
| 11   | 65,965,954                     | 60,047,985                   | 126,013,939             | 291,176                       | 265,052                     | 556,228                | 75,471,870              | 422,410                |
| 12   | 133,442,450                    | 77,935,867                   | 211,378,317             | 589,020                       | 344,012                     | 933,032                | 272,570,360             | 1,525,551              |
|      | 199,408,404                    | 137,983,852                  | 337,392,256             | 880,196                       | 609,064                     | 1,489,260              | 348,042,230             | 1,947,961              |
| 13   | 155,011,982                    | -                            | 155,011,982             | 684,229                       | -                           | 684,229                | 155,829,433             | 872,163                |
|      | 155,011,982                    | -                            | 155,011,982             | 684,229                       | -                           | 684,229                | 155,829,433             | 872,163                |
|      | 354,420,386                    | 137,983,852                  | 492,404,238             | 1,564,425                     | 609,064                     | 2,173,489              | 503,871,663             | 2,820,124              |
| 14   | 22,854,127                     | 72,451,079                   | 95,305,206              | 100,879                       | 319,803                     | 420,682                | 89,209,629              | 499,298                |
| 15   | 158,924,052                    | 103,761,579                  | 262,685,631             | 701,495                       | 458,007                     | 1,159,502              | 221,696,618             | 1,240,815              |
| 16   | 732,394,624                    | -                            | 732,394,624             | 3,232,816                     | -                           | 3,232,816              | 553,595,371             | 3,098,423              |
| 17   | 1,129,410                      | -                            | 1,129,410               | 4,986                         | -                           | 4,986                  | 1,200,836               | 6,721                  |
| 18   | 6,862,870                      | -                            | 6,862,870               | 30,294                        | -                           | 30,294                 | 6,804,827               | 38,086                 |
| 19   | 33,246,330                     | -                            | 33,246,330              | 146,751                       | -                           | 146,751                | 21,309,937              | 119,270                |
| 20   | 53,729,431                     | -                            | 53,729,431              | 237,163                       | -                           | 237,163                | 42,966,618              | 240,480                |
|      | 1,009,140,844                  | 176,212,658                  | 1,185,353,502           | 4,454,384                     | 777,810                     | 5,232,194              | 936,783,836             | 5,243,093              |
|      | 1,363,561,230                  | 314,196,510                  | 1,677,757,740           | 6,018,809                     | 1,386,874                   | 7,405,683              | 1,440,655,499           | 8,063,217              |

Rahnuma Family Planning Association of Pakistan  
Statement of Income, Expenses and Changes in Fund Balances (RFPAP Reserve Fund)  
For the year ended December 31, 2022

| Note  | Unrestricted<br>2022<br>Rupees | Restricted<br>2022<br>Rupees | Total<br>2022<br>Rupees | Unrestricted<br>2022<br>US \$ | Restricted<br>2022<br>US \$ | Total<br>2022<br>US \$ | Total<br>2021<br>Rupees | Total<br>2021<br>US \$ |
|---|--------------------------------|------------------------------|-------------------------|-------------------------------|-----------------------------|------------------------|-------------------------|------------------------|
| 22.1  | 187,368,657                    | -                            | 187,368,657             | 916,004                       | -                           | 916,004                | 225,497,564             | 1,375,161              |
| 22.2  | -                              | 555,856,444                  | 555,856,444             | -                             | 2,717,460                   | 2,717,460              | 885,632,333             | 5,400,890              |
| 22.3  | 51,744,253                     | 90,581,507                   | 142,325,760             | 252,966                       | 442,833                     | 695,799                | 138,508,418             | 844,672                |
|   | 239,112,910                    | 646,437,951                  | 885,550,861             | 1,168,970                     | 3,160,293                   | 4,329,263              | 1,249,638,315           | 7,620,723              |
| Program Income  |                                |                              |                         |                               |                             |                        |                         |                        |
| Income from distribution of contraceptives                      | 56,817,085                     | -                            | 56,817,085              | 277,766                       | -                           | 277,766                | 159,637,775             | 973,526                |
| Membership fee  | 14,700                         | -                            | 14,700                  | 72                            | -                           | 72                     | 10,900                  | 66                     |
| Client mobilization and training fee from Khushali Bank Limited | 1,052,300                      | -                            | 1,052,300               | 5,144                         | -                           | 5,144                  | 10,324,100              | 62,960                 |
| Income from Rahnuma Training Institute (RTI)                    | 17,219,200                     | -                            | 17,219,200              | 84,181                        | -                           | 84,181                 | 12,965,100              | 79,066                 |
| Donations   | 315,365                        | -                            | 315,365                 | 1,542                         | -                           | 1,542                  | 178,030                 | 1,086                  |
| Local funds raised from hospitals and clinics                   | 345,192,349                    | -                            | 345,192,349             | 1,687,570                     | -                           | 1,687,570              | 333,712,417             | 2,035,092              |
| Management fees   | 45,519,909                     | -                            | 45,519,909              | 222,537                       | -                           | 222,537                | 36,809,581              | 224,477                |
| Release of fixed assets funds due to depreciation               | 44,499,562                     | 10,627,123                   | 55,126,685              | 217,549                       | 51,954                      | 269,503                | 55,287,469              | 337,163                |
| Total Program Income  | 510,630,470                    | 10,627,123                   | 521,257,593             | 2,496,361                     | 51,954                      | 2,548,315              | 608,925,372             | 3,713,436              |
| Other Income  |                                |                              |                         |                               |                             |                        |                         |                        |
| Markup on Investments   | 68,124,096                     | -                            | 68,124,096              | 333,044                       | -                           | 333,044                | 37,025,274              | 225,793                |
| Markup on saving accounts                                       | 58,034,729                     | -                            | 58,034,729              | 283,719                       | -                           | 283,719                | 35,118,544              | 214,165                |
| Miscellaneous income  | 1,215,058                      | -                            | 1,215,058               | 5,940                         | -                           | 5,940                  | 274,619                 | 1,675                  |
| Total Other Income  | 127,373,883                    | -                            | 127,373,883             | 622,703                       | -                           | 622,703                | 72,418,437              | 441,633                |
| Total Income  | 877,117,263                    | 657,065,074                  | 1,534,182,337           | 4,288,034                     | 3,212,247                   | 7,500,281              | 1,930,982,124           | 11,775,792             |

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Rahnuma Family Planning Association of Pakistan  
Statement of Income, Expenses and Changes in Fund Balances (RFAP Reserve Fund)  
For the year ended December 31, 2022

| Expenses  | Note | Unrestricted<br>2022<br>Rupees | Restricted<br>2022<br>Rupees | Total<br>2022<br>Rupees | Unrestricted<br>2022<br>US \$ | Restricted<br>2022<br>US \$ | Total<br>2022<br>US \$ | Total<br>2021<br>Rupees | Total<br>2021<br>US \$ |
|---|------|--------------------------------|------------------------------|-------------------------|-------------------------------|-----------------------------|------------------------|-------------------------|------------------------|
| <b>Direct Project Expenses</b>                        |      |                                |                              |                         |                               |                             |                        |                         |                        |
| OUTCOME 1 (Advocacy)                                  |      | 6,590,004                      | -                            | 6,590,004               | 32,217                        | -                           | 32,217                 | 3,752,502               | 22,884                 |
| OUTCOME 2 (Awareness raising & capacity building)     |      | 20,434,762                     | 27,617,998                   | 48,052,760              | 99,901                        | 135,018                     | 234,919                | 24,775,358              | 151,089                |
| OUTCOME 3 (Services delivered and enabled)            |      | 503,566,738                    | 616,900,753                  | 1,120,467,491           | 2,461,827                     | 3,015,892                   | 5,477,719              | 1,590,738,913           | 9,700,871              |
| OUTCOME 4 (Efficiency & accountability)               |      | 63,344,771                     | 1,919,200                    | 65,263,971              | 309,679                       | 9,383                       | 319,062                | 45,533,560              | 277,679                |
| <b>Total Direct Project Expenses</b>                  |      | <b>593,936,275</b>             | <b>646,437,951</b>           | <b>1,240,374,226</b>    | <b>2,903,624</b>              | <b>3,160,293</b>            | <b>6,063,917</b>       | <b>1,664,800,333</b>    | <b>10,152,523</b>      |
| <b>Indirect Expenses</b>                              |      |                                |                              |                         |                               |                             |                        |                         |                        |
| Administrative expenses                               |      | 102,741,179                    | -                            | 102,741,179             | 502,279                       | -                           | 502,279                | 102,600,066             | 625,690                |
| Depreciation  |      | 44,499,562                     | 10,627,123                   | 55,126,685              | 217,549                       | 51,954                      | 269,503                | 55,287,469              | 337,163                |
| <b>Total Indirect Expenses</b>                        |      | <b>147,240,741</b>             | <b>10,627,123</b>            | <b>157,867,864</b>      | <b>719,828</b>                | <b>51,954</b>               | <b>771,782</b>         | <b>157,887,535</b>      | <b>962,853</b>         |
| <b>Total Expenses</b>                                 |      | <b>741,177,016</b>             | <b>657,065,074</b>           | <b>1,398,242,090</b>    | <b>3,623,452</b>              | <b>3,212,247</b>            | <b>6,835,699</b>       | <b>1,822,687,868</b>    | <b>11,115,376</b>      |
| Surplus for the year                                  |      | 135,940,247                    | -                            | 135,940,247             | 664,582                       | -                           | 664,582                | 108,294,255             | 660,416                |
| Taxation  | 25   | -                              | -                            | -                       | -                             | -                           | -                      | -                       | -                      |
| Transfer to Designated fund                           |      | (6,797,012)                    | -                            | (6,797,012)             | (30,002)                      | -                           | (30,002)               | (5,414,713)             | (30,306)               |
| Adjustment of currency translation                    |      | -                              | -                            | -                       | (719,370)                     | -                           | (719,370)              | -                       | (348,270)              |
| Exchange gain/(loss) on foreign currency transactions |      | 49,656,018                     | -                            | 49,656,018              | 219,183                       | -                           | 219,183                | (7,610,586)             | (42,596)               |
| Fund balances at beginning of the year                |      | 553,595,371                    | -                            | 553,595,371             | 3,098,423                     | -                           | 3,098,423              | 458,326,414             | 2,859,179              |
| <b>Fund balances at the end of the year</b>           |      | <b>732,394,624</b>             | <b>-</b>                     | <b>732,394,624</b>      | <b>3,232,816</b>              | <b>-</b>                    | <b>3,232,816</b>       | <b>553,595,371</b>      | <b>3,098,423</b>       |

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

  
Director Finance & Budget

  
Chief Executive Officer

  
Honorary Treasurer

  
President

Rahnuma Family Planning Association of Pakistan  
Cash Flow Statement  
For the year ended December 31, 2022

|  | Unrestricted<br>2022<br>Rupees | Restricted<br>2022<br>Rupees | Total<br>2022<br>Rupees | Unrestricted<br>2022<br>US \$ | Restricted<br>2022<br>US \$ | Total<br>2022<br>US \$ | Total<br>2021<br>Rupees | Total<br>2021<br>US \$ |
|--|--------------------------------|------------------------------|-------------------------|-------------------------------|-----------------------------|------------------------|-------------------------|------------------------|
| <b>Surplus for the year</b>                        | 135,940,247                    | -                            | 135,940,247             | 664,582                       | -                           | 664,582                | 108,294,256             | 660,416                |
| <b>Adjustments for non cash and other items:</b>   |                                |                              |                         |                               |                             |                        |                         |                        |
| Depreciation                                       | 44,499,562                     | 10,627,123                   | 55,126,685              | 217,549                       | 51,954                      | 269,503                | 55,287,469              | 337,163                |
| Release of fixed assets fund due to depreciation   | (44,499,562)                   | (10,627,123)                 | (55,126,685)            | (217,549)                     | (51,954)                    | (269,503)              | (55,287,469)            | (337,163)              |
| Provision for staff gratuity                       | 13,475,129                     | -                            | 13,475,129              | 59,480                        | -                           | 59,480                 | 21,013,389              | 117,610                |
| Transferred to designated fund                     | (6,797,012)                    | -                            | (6,797,012)             | (30,002)                      | -                           | (30,002)               | (5,414,713)             | (30,306)               |
|  | 6,678,117                      | -                            | 6,678,117               | 29,478                        | -                           | 29,478                 | 15,598,676              | 87,304                 |
| <b>Net income before working capital changes</b>   | <b>142,618,364</b>             | <b>-</b>                     | <b>142,618,364</b>      | <b>694,060</b>                | <b>-</b>                    | <b>694,060</b>         | <b>123,892,932</b>      | <b>747,720</b>         |
| <b>Working capital changes</b>                     |                                |                              |                         |                               |                             |                        |                         |                        |
| (Increase)/decrease in current assets:             |                                |                              |                         |                               |                             |                        |                         |                        |
| Receivables  | (21,984,486)                   | 18,769,124                   | (3,215,362)             | (107,477)                     | 91,758                      | (15,719)               | 2,001,369               | 12,204                 |
| Advance to employees                               | 24,818                         | -                            | 24,818                  | 121                           | -                           | 121                    | (736,646)               | (4,492)                |
| Inventory  | (124,211,858)                  | 148,613,162                  | 24,401,304              | (607,244)                     | 726,537                     | 119,293                | (93,759,087)            | (571,775)              |
| Security deposits                                  | 185,632                        | -                            | 185,632                 | 908                           | -                           | 908                    | (519,780)               | (3,170)                |
|  | (145,985,894)                  | 167,382,286                  | 21,396,392              | (713,692)                     | 818,295                     | 104,603                | (93,014,144)            | (567,233)              |
| <b>Increase/(decrease) in current liabilities:</b> |                                |                              |                         |                               |                             |                        |                         |                        |
| Accounts payable, accrued expenses and provisions  | 7,977,361                      | 42,564,708                   | 50,542,069              | 39,000                        | 208,090                     | 247,090                | 15,773,687              | 96,193                 |
| Deferred income                                    | 101,512,650                    | (162,704,693)                | (61,192,043)            | 496,273                       | (795,427)                   | (299,154)              | 41,734,314              | 254,510                |
| Staff gratuity paid                                | (14,292,580)                   | -                            | (14,292,580)            | (69,873)                      | -                           | (69,873)               | (19,557,956)            | (119,271)              |
|  | 95,197,431                     | (120,139,985)                | (24,942,554)            | 465,400                       | (587,337)                   | (121,937)              | 37,950,045              | 231,432                |
|  | (50,788,463)                   | 47,242,301                   | (3,546,162)             | (248,292)                     | 230,958                     | (17,334)               | (55,064,099)            | (335,801)              |
| <b>Net cash from operating activities</b>          | <b>91,829,901</b>              | <b>47,242,301</b>            | <b>139,072,202</b>      | <b>445,768</b>                | <b>230,958</b>              | <b>676,726</b>         | <b>68,828,833</b>       | <b>411,919</b>         |
| <b>Cash flows from investing activities</b>        |                                |                              |                         |                               |                             |                        |                         |                        |
| Investments made                                   | (245,500,000)                  | 72,500,000                   | (173,000,000)           | (1,200,196)                   | 354,437                     | (845,759)              | -                       | -                      |
| Proceeds from disposal of fixed assets             | 292,400                        | -                            | 292,400                 | 1,429                         | -                           | 1,429                  | 847,870                 | 5,171                  |
| Purchase of fixed assets                           | (125,805,441)                  | 84,816,428                   | (40,989,013)            | (615,035)                     | 414,649                     | (200,386)              | (17,562,591)            | (107,102)              |
| <b>Net cash from investing activities</b>          | <b>(371,013,041)</b>           | <b>157,316,428</b>           | <b>(213,696,613)</b>    | <b>(1,813,802)</b>            | <b>769,086</b>              | <b>(1,044,716)</b>     | <b>(16,714,721)</b>     | <b>(101,931)</b>       |



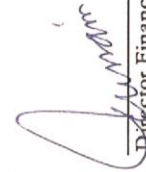


Rahnuma Family Planning Association of Pakistan  
Cash Flow Statement  
For the year ended December 31, 2022

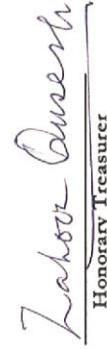
|  | Unrestricted<br>2022<br>Rupees | Restricted<br>2022<br>Rupees | Total<br>2022<br>Rupees | Unrestricted<br>2022<br>US \$ | Restricted<br>2022<br>US \$ | Total<br>2022<br>US \$ | Total<br>2021<br>Rupees | Total<br>2021<br>US \$ |
|--|--------------------------------|------------------------------|-------------------------|-------------------------------|-----------------------------|------------------------|-------------------------|------------------------|
| Cash flows from financing activities                       |                                |                              |                         |                               |                             |                        |                         |                        |
| Increase/(decrease) in funds:                              |                                |                              |                         |                               |                             |                        |                         |                        |
| Designated fund  | 6,095,577                      | -                            | 6,095,577               | 29,800                        | -                           | 29,800                 | 4,585,613               | 27,965                 |
| RFPAP reserve fund   | 49,656,018                     | -                            | 49,656,018              | 242,757                       | -                           | 242,757                | (7,610,586)             | (46,412)               |
| Fixed assets fund  | 125,805,440                    | (84,816,427)                 | 40,989,013              | 615,035                       | (414,649)                   | 200,386                | 17,562,589              | 107,104                |
| Zakat fund   | (71,426)                       | -                            | (71,426)                | (349)                         | -                           | (349)                  | 118,287                 | 721                    |
| Asset replacement fund                                     | (234,357)                      | -                            | (234,357)               | (1,146)                       | -                           | (1,146)                | (40,050)                | (244)                  |
| Medicine inventory fund                                    | 11,936,393                     | -                            | 11,936,393              | 58,354                        | -                           | 58,354                 | 3,984,354               | 24,298                 |
| General inventory fund                                     | 10,762,813                     | -                            | 10,762,813              | 52,617                        | -                           | 52,617                 | 3,866,396               | 23,579                 |
| Net cash generated from financing activities               | 203,950,458                    | (84,816,427)                 | 119,134,031             | 997,068                       | (414,649)                   | 582,419                | 22,466,603              | 137,011                |
| Net increase in cash and cash equivalents                  | (75,232,682)                   | 119,742,302                  | 44,509,620              | (370,966)                     | 585,395                     | 214,429                | 74,580,715              | 446,999                |
| Effect of movements in exchange rates                      | -                              | -                            | -                       | (502,734)                     | (147,000)                   | (649,734)              | -                       | (324,309)              |
| Cash and cash equivalents at the beginning of the year     | 457,885,536                    | 76,213,988                   | 534,099,524             | 2,562,744                     | 426,563                     | 2,989,307              | 459,518,809             | 2,866,617              |
| Cash and cash equivalents at the end of the year (Note 24) | 382,652,854                    | 195,956,290                  | 578,609,144             | 1,689,044                     | 864,958                     | 2,554,002              | 534,099,524             | 2,989,307              |

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

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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, 2022

|   | Note | Total<br>2022<br>Rupees | Total<br>2022<br>US \$ | Total<br>2021<br>Rupees | Total<br>2021<br>US \$ |
|---|------|-------------------------|------------------------|-------------------------|------------------------|
| Personnel and employee benefits         |      | 431,618,269             | 2,110,087              | 626,885,066             | 3,822,959              |
| Travelling expenses                     |      | 142,767,462             | 697,959                | 125,120,799             | 763,029                |
| Vehicle running cost                    |      | 43,720,334              | 213,739                | 38,772,523              | 236,448                |
| Printing and stationery                 |      | 12,790,808              | 62,531                 | 16,343,020              | 99,665                 |
| Occupancy cost                          |      | 13,724,527              | 67,096                 | 17,999,188              | 109,765                |
| Communication                           |      | 8,769,480               | 42,872                 | 9,048,261               | 55,179                 |
| Audit fee                               |      | 852,500                 | 4,168                  | 725,000                 | 4,421                  |
| Consultancy and other professional fees | 23   | 180,459,968             | 882,229                | 212,625,975             | 1,296,666              |
| Medical consumables                     |      | 140,129,931             | 685,064                | 279,846,055             | 1,706,597              |
| Contraceptives consumed                 |      | 108,858,122             | 532,183                | 233,567,951             | 1,424,377              |
| Repair and maintenance                  |      | 10,137,177              | 49,558                 | 29,487,112              | 179,822                |
| Operational cost                        |      | 50,715,746              | 247,938                | 45,894,721              | 279,882                |
| IEC Material                            |      | 5,362,938               | 26,219                 | 22,595,801              | 137,797                |
| Office equipment & furniture            |      | 136,742,830             | 668,506                | 65,203,795              | 397,635                |
| Insurance                               |      | 4,734,644               | 23,148                 | 4,782,223               | 29,164                 |
| Bank charges                            |      | 402,857                 | 1,969                  | 587,300                 | 3,582                  |
| Others                                  | 26   | 51,327,812              | 250,931                | 37,915,608              | 231,222                |
| Total Expenses excluding Depreciation   |      | 1,343,115,405           | 6,566,197              | 1,767,400,398           | 10,778,210             |
| Depreciation expense                    | 10   | 55,126,685              | 269,502                | 55,287,469              | 337,162                |
| Total Expenses                          |      | 1,398,242,090           | 6,835,699              | 1,822,687,867           | 11,115,372             |

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

402

  
Director Finance & Budget

  
Chief Executive Officer

  
Honorary Treasurer

  
President





**A GLIMPS**  
OF VARIOUS TRAININGS AND  
WORKSHOPS CONDUCTED ON FP&RH AT  
RAHNUMA-FPAP CENTRE OF  
EXCELLENCE (RAHNUMA TRAINING  
INSTITUTE) LAHORE



EXECUTIVE  
ROOMS



EXECUTIVE  
ROOMS



TRAINING  
HALLS



COOKING  
AREA

## 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)