





Our Values:

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



Social Inclusion;

Social inclusion with a demonstrated commitment to enable the rights of the most underserved

and marginalized

to be realized.

Diversity;



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



Passion;

our passion and determination inspire others to have the

courage to challenge and seek social justice for all.

Voluntarism;

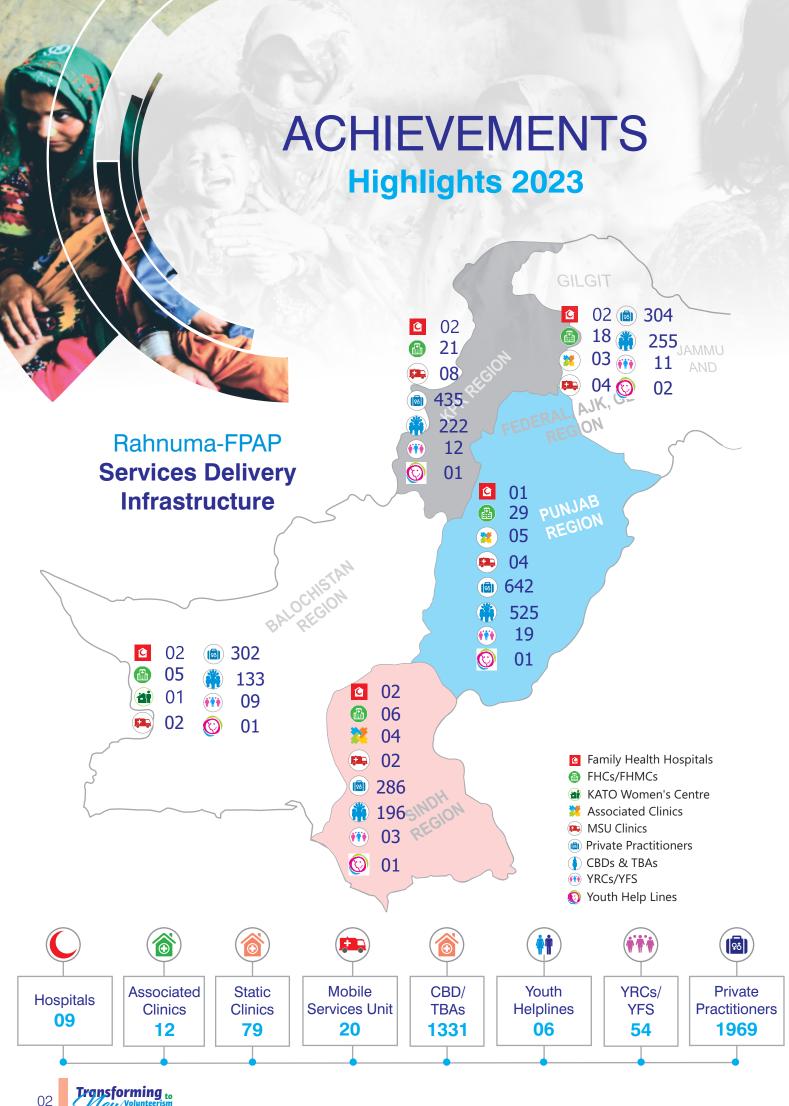


our voluntarism delivers significant contribution across a range of roles as activists towards advancing Association's mission.

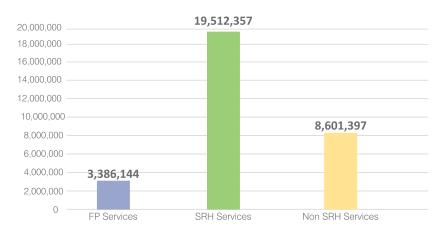


Accountability;

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

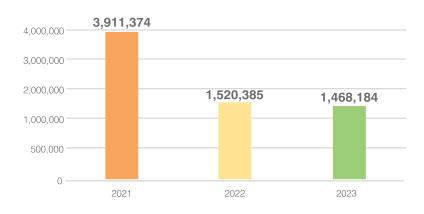


Total FP/SRH and Non-SRH Services, 2023



Couple Year Protection

Performance Trend (2021-2023)



Population Covered 2023









Our Achievements



Provided



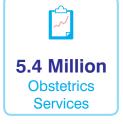
















MESSAGE President

While presenting the Rahnuma-FPAP Annual Report (Glossy) 2023, I would like to highlight some the developments that have a direct impact on our population landscape. Pakistan conducted its first-ever digital census (2023) revealing that our population has increased to 241.49 million, with an annual growth rate of 2.55%. This makes Pakistan the fifth most populous country in the world. This high population growth rate could place an unmanageable burden on our already fragile and inadequate infrastructure and resources. Moreover, this alarming demographic expansion poses a serious barrier to sustained economic growth, as the country's resources are not increasing at the pace required to support such a population. The causes of this population growth include high fertility rates, early and child marriages, poverty, the poor status of women, illiteracy, and a low rate of contraceptive use. Additionally, a major factor contributing to the rapid population increase is the limited availability of family planning services across Pakistan.

Recently, the global community renewed its commitment to population stabilization during the 7th Asian & Pacific Population Conference (7th APPC) held in Bangkok, Thailand, from November 15-17, 2023. Pakistan, as a key player in South Asia, participated in the conference, presenting its approved Pakistan Policy Statement. This statement was recognized as one of the strongest on sexual and reproductive health and rights (SRH&R) as first time SRH&R was included in Pakistan's policy statement at an international forum. Additionally, during a side event organized by the Government of Nepal on maternal health in Bangladesh, Nepal, Pakistan, and Sri Lanka, Rahnuma-FPAP's CEO, who was a member of Pakistan's delegation for the 7th APPC, presented findings from the Emergency Obstetric and Newborn Care (EmONC) services and needs assessment study conducted by the Government of Pakistan.

In 2023, Rahnuma-FPAP, as a leading advocate and pioneer in family planning and reproductive health, remained actively engaged with stakeholders at the federal and provincial/regional levels. Through networking and coalition-building, we worked to garner greater political support for FP 2030 and its alignment with National Population Action Plans. As an active member and CSO Focal Point of Pakistan's FP 2030 Country Engagement Working Group (CEWG) and a member of all FP 2030 Provincial Working Groups (Sindh, Punjab, KP, and Balochistan), we provided valuable insights and accountability on FP 2030-related targets and indicators. At Rahnuma-FPAP, we are vigorously working to support public sector efforts to reduce the population growth rate through both direct and indirect interventions.

Raia Munammad Razzague



MESSAGE Chief Executive Officer

It is my pleasure to present Rahnuma-FPAP Annual Report (2023) to all our valued stakeholders and partners. I am proud to share the significant progress we have made in 2023.

A key highlight of last year (2023) was launch of Rahnuma-FPAP's reinvigorated Strategic Plan (2023-2028), which sets our direction for the next five years. This strategic plan is built around four thematic pillars, each with its own objectives, indicators, and outcomes. Additionally, Rahnuma-FPAP transitioned to a more reformed governance structure to enhance efficiency, transparency, and accountability within the organization. The newly restructured Board of Governors now consists of fifteen members—ten internal members selected from the ordinary membership of Regional Councils, and five external members chosen for their contributions to the social sector (SRHR), public service, legal field, and philanthropy.

In 2023, Rahnuma-FPAP undertook various campaigns to empower youth and adolescents, focusing on issues such as child marriage, LSBE, and SGBV. Notably, we commemorated the 16 Days of Activism against Gender-Based Violence (GBV), an annual international campaign under the theme "UNITE! Invest to Prevent Violence Against Women and Girls". This campaign was commemorated through community awareness sessions, walks, seminars, poster competitions, and social media campaigns nationwide. We also implemented the "Young Omang Project" aimed at empowering adolescents and youth by promoting youth-friendly and gender-sensitive services. This project reached over ten thousand adolescents and youth across Pakistan.

Rahnuma-FPAP also implemented several flagship and innovative projects across Pakistan in 2023, benefitting hundreds of thousands of people, including women, youth, children, and marginalized communities. One of our leading projects, "Task Sharing & Task Shifting," funded by UNFPA, aimed to enhance national and sub-national capacities to accelerate the delivery of high-quality family planning (FP) information and services across Pakistan. As part of this initiative, over 371 master trainers from all provincial PWDs and DoHs were trained on implant insertion, removal, and the administration of subcutaneous depot medroxyprogesterone acetate (DMPA-SC). We also implemented a project to "Strengthen National and Sub-national Capacities in Resilience Programing" for emergency preparedness and response, ensuring access to life-saving interventions, including FP&RH services and GBV response, during humanitarian situations. Another innovative project focused on providing a comprehensive range of integrated, affordable, and person-centered FP&RH care by expanding choices during disasters and emergencies was also executed in 2023.

Dr. Syed Asif Hussain

Acronyms

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

WMO:

YRC:

Women's Medical Officer

Youth Resource Centre

KP:

Khyber Pakhtunkhwa

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Country Context

As per Pakistan Bureau of Statistics Digital Census 2023, Pakistan growth rate stands at 2.5%. Furthermore, Pakistan has the highest population growth and birth rates in South Asia and is the fifth most populous country in the world. UNFPA estimates that Pakistan's population will reach 263 million by 2030 and 383 million by 2050-75% increase over current figures. This situation is aggravated by the fact that its health sector resource allocation falls below the international standards. As indicated by the Economic Survey of Pakistan 2022-23, the country's health expenditure is 1.4% of the GDP in the outgoing financial year against 5% as recommended by the WHO.

The unmet need for FP stands at 17% while total fertility rate remains high at 3.6%. Pakistan has the lowest overall CPR at 34 percent compared to South Asian countries at 53 percent (World Bank, 2019). Less than one-third of Pakistani women are currently using modern contraceptives, despite the desire of 70 percent of married women to delay their next pregnancy or not have additional children. These FP challenges are a major contributor to Pakistan's high maternal, child, and infant mortality rates, which constitute the largest share of preventable deaths. There are an estimated 4.7 million births annually with more than 11,000 maternal deaths and 248,000 newborn deaths. In terms of specific health indicators, Pakistan ranks low in women healthcare utilization. As per Pakistan Demographic and Health Survey (PDHS) 2017-18, only 60% of women aged 15-49 had a health checkup in the last 12 months, compared to 76% of men. Women also have lower rates of access to person-centered antenatal care, with only 65% of women receiving antenatal care from a skilled health provider.

According to the World Economic Forum's Global Gender Gap Report 2023, Pakistan ranks 142 out of 146 countries in terms of gender equality, indicating a significant gender gap. Evidence indicates that GBV remain pervasive and is a serious public health problem. The 2017-2018 Pakistan Demographic and Health Survey (PDHS) found that approximately one-third of women aged 15–49 had experienced physical violence at least once in their lifetime.

Reproductive health is a serious concern for young people in Pakistan which constitute 67% of Pakistan population (UNICEF, 2021). There are no public or national level adolescent and youth reproductive health and rights programs. According to UN Population 2017 report, young women age 15-19 are more likely than young men to be currently married (14% versus 3%). Early marriage increases the risk of teenage pregnancy, which can have a profound effect on the health and lives of young women and can contribute to high fertility rates. Furthermore, the use of family planning methods among younger women (age 15-19 and age 20-24) is low as 7% and 18%, respectively.

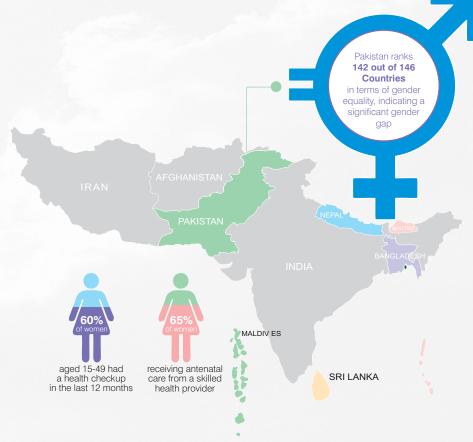
Young people are less likely to be exposed to family planning messages through the media, with just 20% of women and 31% of men ages 20-24 being exposed to such messages on television. Moreover, lack of awareness, knowledge about bodily rights and life skills education make young people' position further vulnerable in taking the decisions and making right choices about their reproductive health. Pakistan pledged to increase its contraceptive prevalence rate (CPR) to 60% to contribute towards Family Planning 2030 commitments. This CPR target constitutes reaching out to young couples aged 15-29 years to ensure family planning programs/services.

Unsafe abortion practices are also a prevalent issue, with an estimated 2.2 million induced abortions occurring each year, of which 54% are unsafe (Guttmacher Institute. (2021). Lack of access to safe abortion services contribute further to high rates of maternal mortality and morbidity in the country.

Gender minorities' health issues remain a matter of concern. According to the Human Rights Commission of Pakistan, there were 73 cases of violence against transgender individuals in 2020, including murder, rape, and physical assault. Pakistan is also confronted with huge rise in HIV cases with an estimated 190,000 people living with HIV as of 2020, according to UNAIDS.

Pakistan faces a range of humanitarian challenges, including natural disasters, conflicts and displacement that exacerbate the already existing disparities. According to The World Bank, 2022 floods alone affected 33 million people. The havoc caused by floods has further intensified health challenges.

As part of Pakistan's national and international commitments (such as FP 2030, SDGs, Vision 2025, etc.), it is critical to address the existing health challenges. In particular FP 2030 framework set important benchmarks for next few years that include increasing the CPR from 34 percent to 50 percent by 2025 and to 60 percent by 2030; and decreasing the TFR from 3.6 to 2.8 by 2025 and to 2.2 by 2030.



PILLAR 1:

Center Care on People

Objective: To provide full range of FP and SRHR integrated, affordable, quality and person centered care by expanding choices, widening access and advancing digital health inventions and self-care.

PILLAR 2:

Move the Sexuality Agenda

Objective: To advance the SRHR agenda through grounding advocacy, shifting norms and engaging with youth in order to support societal and legislative change.

PILLAR 3:

Solidarity for Change

Objective: To promote solidarity for change by building bridges and forging greater alliances and partnerships.

PILLAR 4:

Nurture our Association

Objective: To nurture FPAP through capacity development, systems strengthening and embracing diversity.













In 2019, IPPF acknowledged that its governance structure was outdated, top-heavy, and lacked meaningful global participation from Member Associations (MAs). There was also a lack of a unified Secretariat, with regional staff reporting to both regional boards and the Director General. These reforms were undertaken to improve efficiency and ensure smooth and transparent operations within the organization. The new structure aimed to reflect the diversity of its constituency, particularly in terms of gender identity, sexual orientation, age, and background, while emphasizing a commitment to sexual and reproductive health and rights.

Members were expected to represent various regions of the world, bringing diverse experiences from countries of different sizes and stages of development, along with the perspectives of youth, grassroots actors, under-served communities, and professionals in health, human rights, international development, politics, and regional and global institutions. Consequently, in November 2019, MA delegates at the General Assembly reached a consensus on all recommended reforms to IPPF's governance structure, which were endorsed by the Governing Council during 2019.

Rahnuma-FPAP consistently supported the new initiatives by IPPF. During its National Executive Committee (NEC) meeting on December 14, 2019, Rahnuma-FPAP endorsed the decision made by the IPPF General Assembly. The NEC further decided that the reform implementation process could begin with Rahnuma-FPAP whenever MA-level engagement was initiated.

In April 2020, IPPF launched the MA Governance Pilot Program to drive governance reforms through the Analytical and Development Phases. Rahnuma-FPAP, along with nine other MAs, applied for and was selected to participate in the governance reform process. During this process, a SWOT analysis was conducted to evaluate the existing governance structure's effectiveness against set criteria, including governance oversight, costs, board selection, recruitment, evaluation, and other relevant factors.

Through its participation in the MA Governance Pilot Program, Rahnuma-FPAP gained insights into good governance practices, strengthening its membership and governance processes, and sharing its experience, expertise, integrity, and accountability with other MAs.

Rahnuma-FPAP

Launched

New Governance Structure:

After finalizing new governance reforms, Rahnuma-FPAP transitioned to a new governance structure, replacing the old National Council with a new Board of Governance. The reformed Board of Governance (BoG) consisted of fifteen members: ten selected from the ordinary membership of Regional Councils, referred to as Internal Members, and five selected externally based on their services in the social sector (SRH), public service, legal field, and/or philanthropy, referred to as External Members. The composition of the Board included at least five youth members under the age of 25 at the time of selection from within the ordinary members and could also include representatives from vulnerable and marginalized groups, including people living openly with HIV, while maintaining gender balance (50%). The Chief Executive Officer served as an exofficio member/secretary without a vote. The selection of members for the Board of Governance was open to all persons without discrimination based on race, creed, religion, geographic origin, political belief, sex, or disability.

As a result, Rahnuma-FPAP revised its governance structure and made necessary updates to its Constitution, Articles, and By-laws.



FP2030 NATIONAL COMMITMENTS

Vision FP2030 Statement:

By the end of 2030, Pakistan envisions a society where citizens have the basic rights to decide the number of children freely and responsibly by maintaining a balance (tawazun) between their family size and resources, and space births, and make informed choices to achieve a prosperous, healthy, educated, and knowledge-based society.

Building Momentum

for FP2030 Commitments

FP 2030 Country Engagement Working Group (CEWG), established by Ministry of National Health Services, Regulations, and Coordination (MNHSRC) Government of Pakistan, is a national forum designed to integrate FP 2030 commitments into national and provincial action plans. As a leading CSO and the FP 2030 CEWG CSO Focal Point, Rahnuma-FPAP initiated a consultative process to build momentum for Pakistan's FP 2030 commitments. This effort included launching a dedicated CSO engagement project, which encompassed consultations and social media campaigns. These initiatives culminated in a highly encouraging FP 2030 Pakistan Commitment at the 6th International Conference on Family Planning (ICFP), held in Pattaya, Thailand, from November 14-17, 2022. In 2023, Rahnuma-FPAP continued its efforts to support the government's FP 2030 commitments by organizing a series of consultative meetings with CSOs and youth champions across Pakistan. These meetings, supported by UNFPA and attended by leading development partners, aimed to synergize FP 2030 commitments with the National Action Plan on Population, formulated in light of the Council of Common Interest (CCI) Recommendations. As the FP 2030 CSO focal point, Rahnuma-FPAP regularly participated in FP 2030 CEWG meetings, voicing the feedback and concerns of CSOs and youth champions. Consequently, the role of CSOs and youth was duly recognized, and they were included in the National and Provincial Population Task Forces formed to implement the National Action Plan on Population (NAPP).



CSO Focal Point

Our Achievements 2023

- Strengthened the role of CSOs and youth as accountability partners in FP 2030.
- Further devolved and involved CBOs and community champions to make the FP 2030 CSOs and Youth Working Group a conclusive and vibrant forum.
- Shared best practices and special initiatives for cross-learning and experience sharing.
- Strengthened the public-private partnership and provision of contraceptives by the provincial PWDs and local manufacturing of contraceptives.
- Integrated and ensured youth voices into FP2030 from all the provinces.
- Ensured meaningful youth participation and membership at all public sector (federal and provincial) meetings and/or provincial task force meetings.
- Encouraged the establishment of SDGs societies/clubs in universities to promote events on population awareness and FP.
- Designed and endorsed proper TORs of this forum by each CSO/Youth Member to work towards the achievement of FP 2030 targets across the board.
- Hosted quarterly CSOs and Youth Consultations across Pakistan with the support of UNFPA since 2022. So far, 8 meetings have been conducted at provincial and national levels.

- Established the FP2030 CSOs and Youth working group at national and provincial levels.
- FPAP regularly participated in CEWG meetings and carried forward the CSOs' feedback and concerns. As a result, the role of the private sector was recognized, and they were made part of national and provincial population task forces formed to carry forward the national action plan on population.
- Strengthened coordination among various stakeholders at national and provincial levels while institutionalizing the CSOs' consultative process, with the CSO Focal Point leading the initiative.
- Recommended to all organizations to adopt the same slogan and the National Narrative of FP2030, "Tawazun," through their campaigns and projects to create harmony.



Mainstreaming CSOs & Youth

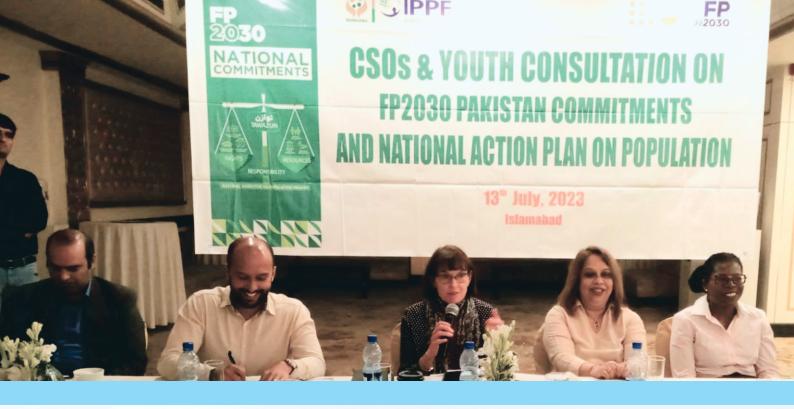
Champions Role on FP2030 Commitments through FP2030 CEWG:

During 2023 Rahnuma-FPAP remained extensively engaged at various levels to address and carry forward the population agenda in Pakistan at national, provincial and regional levels. The FP 2030 Country Engagement Working Group (CEWG), Ministry of National Health Services, Regulations and Coordination (MNHSRC), Government of Pakistan remained at the forefront to advance and consolidate achievements of public and private sector on population despite of the politically unstable situation. Rahnuma-FPAP was part of the Core- Working Group (under the auspices of UNFPA) established to formulate Pakistan Policy Statement and this Core Working held extensive physical and virtual pre-statement meetings to deliberate and finalize the Policy Statement in line with Pakistan National Population Narrative and National Population Action Plan 2023-2030.

This extensive advocacy campaign was strengthened with support of other civil society actors as Rahnuma-FPAP organized four CSOs and Youth FP 20230 Policy Consultative Dialogues at Lahore, Karachi, Peshawer and Quetta during 2023 with the support of UNFPA Pakistan participated by leading CSOs and Youth Champions across Pakistan. The prominent organizations which participated in these Consultations were Population Council Pakistan,

Pathfinder International, Marie Stopes Society Pakistan, Population Services Internationals(PSI), Green Star Social Marketing, IPAS international Pakistan, Aahung, Youth Advocacy Network, National Youth Network, MCMNH etc. During these Consultative Sessions the representatives from CSOs and Youth highlighted importance of population management to contain high population growth rate which is still highest in South Asia. During these consultations the participants underscore the importance of dedicated and concentrated efforts from all stakeholders (public and private sectors) to carry forward population agenda in Pakistan.





Recommendations of cso and Youth Champions to Strengthened FP & RH in Pakistan

- Engage youth for the creation of an environment of social responsibility at the grassroots level as the realities and population dynamics at the grass root level are quite complex and diverse.
- Strengthened the local accountability process. The participants emphasized to effectively engage and strengthen LSBE and other skills among youth to make them a useful citizen.
- To target the Youth related policy gaps, we should involve all stake holders as the voices of youth may be heard at all the policy making levels. The participation of vulnerable groups such as women, minorities, and socially excluded groups is imperative in this regard.
- Voices of youth be included in all public documents. The participants highlighted that counseling should be part of new strategy as counseling plays a pivotal role in enhancing the outreach services.
- Youth friendly services, youth help line and other services targeting youth have very limited outreach and there is a great scope to scale up these interventions at the wider level.
- Engagement of academia in research on the population related issues is very important and the current draft duly point out the role of academia.

- To create a conducive environment for three zeros (no MMR, no IMMR and no GBV), the political ownership and requisite financial ownership is highly recommended.
- CSOs highlighted that their contributions are not adequately and properly reflected in public documents.
- Effective representation of Youth in all planning and policy making levels of all civic ministries.



Public Policy Win 2023

- The Government of Pakistan approval of US \$ 600 million (Rs 100.9 billion) to implement the National Action Plan is not only reflection of political will but provides a great opportunity to evolve a dynamic program to achieve ambitious targets set for 2025 and 2030.
- The Govt. of Pakistan initiated multi-sectoral approach towards achieving FP goals by actively pursuing stakeholders including women development, primary and secondary education, youth development and sports, climate change activists, Chambers of Commerce for evolving their role and support to achieve FP Goals.
- The Govt. of Pakistan is determined to achieve universal access to safe and quality reproductive health and family planning services to achieve CPR of 50 percent by 2025 and 60 percent by 2030 with increased focus to promote LARCs.
- The Govt. of Pakistan expanded contraceptive choices through improved availability of contraceptive types, especially long acting reversible methods including expansion of new methods of self-care technologies, and improving opportunities in the health system.
- The Govt. of Punjab established Plan of Action to implement functional integration approach at provincial and district levels and train more than 50 percent of all LHVs, FWWs and community based workers (CMWs) to provide a wider range of contraceptive products with a focus on LARCs.
- All family planning activities will be linked with Social Safety Net like Ehsas Program Govt. of Pakistan and introduce innovative schemes for adoption of FP service and institutionalized birth delivery.
- Mobilize religious scholars and leaders to support family planning activities at district and local levels.
- Give oversight and pursue Life Skills Based Education and Population Studies in Secondary and Higher Secondary schools and launch population dynamics courses in college and university level education.
- Strengthen Supply Chain Management System including forecasting, estimation and requisitioning and to ensure availability of all contraceptives to the last mile and ensure inclusion of FP Commodities in the essential drug list of primary, secondary and tertiary drug list by 2022.



7th APPC

Pakistan Statement

The 7th Asian & Pacific Population Conference held at Bangkok, Thailand (15-17 November 2023) attended by delegates from Asia and Pacific. Pakistan being 5th largest country in the World and part of south Asia participated the Conference and presented its approved Pakistan Policy Statement during the Conference. Pakistan Policy Statement was considered to be amongst the strongest statement covering sexual reproductive health and rights(SRH&R).it is pertinent to mention here that SRH&R has been reflected in Pakistan Policy Statement first time at any international forum. During the conference Pakistan was represented by H.E the Ambassador of Pakistan to UN Mr Yasir Hussain along with the delegation members from Pakistan including staff concerned from Planning Division and M/O NHSRC (PPW). The side event organized by the Government of Nepal on "The status of maternal Health Bangladesh, Nepal, Pakistan and Srilanka" where the





Government of Bangladesh, Government of Nepal, Government of Pakistan and Government of Sri Lanka presented key drivers/activities for reducing maternal morbidity and mortality. Pakistan presented on EMONC services and the needs assessment study carried out by Government of Pakistan. During the conference Pakistan reiterated its commitment to increase CPR 50% in 2025 and 60% in 2030 and for this purpose Pakistan has developed a "Self Accountability Mechanism under the direct oversight of President of Pakistan". Furthermore to achieve these targets Pakistan developed National Population Action Plan (NPAP) and Provincial Population Action Plans and to implement these action plans formed high powered Nation and Provincial Task Forces (Federal Task Force is headed by President of Pakistan while provincial level Task Forces are lead by respective Provincial Chief Ministers).



Rahnuma-FPAP Role

Prior to the 7th Asian & Pacific Population Conference (APPC) Rahnuma-FPAP with the support of UNFPA carried out an extensive advocacy and lobbying campaign while engaging public and private stakeholders at national, provincial and regional levels to carry forward FP 2030 agenda in line with National Action Plan on Population. (NAP). Rahnuma-FPAP being a CSO Focal Point of FP 2030 CEWG and leading FP&RH CSO through its Chief Executive Officer Syed Kamal Shah was part of the Government of Pakistan Delegation for 7th APPC (this delegation represented Pakistan in 7th Asian & Pacific Population Conference (APPC), its side events and delivered Pakistan's Statement). Pakistan delegation was headed by H.E the Ambassador of Pakistan to UN Mr. Yasir Hussain along with staff concerned from Planning Division and Ministry of National Health Services Regulations & Coordination, Government of Pakitan, UNFPA Pakistan Country Representative Luay Shabaneh and Ms. Sehrish Naz, Youth Representatives.



- Identified **90** schools in project locations.
- Trained **274** teachers as Master Trainers on Life Skills-Based Education (LSBE).
- Trained teachers conducted 210 complete LSBE sessions with **33,606** in-school students on LSBE topics.
- **400** young people trained as peer educators on LSBE.
- Trained peer educators organized 1,280 single LSBE peer education sessions with 23,349 young people.
- 180 LSBE partial sessions were conducted with 8,925 young people
- 3,250 women and young people sensitized on SRH&R and SGBV issues.
- **60** awareness raising sessions on gender equality organized with 960 men and boys at project locations.

Young Omang

The main aim of this project had been to advance the SRHR agenda through grounding advocacy, shifting norms, and engaging with youth to support societal and legislative change, and this project was executed through a consortium. It comprised seven member organizations that brought with them a combination of youth and experience, regional diversity, and unique strengths. Young Omang member organizations included Aahung, Blue Veins, Bargad, Chanan Development Association (CDA), Idara-e-Taleem-o-Agahi (ITA), Indus Resource Center (IRC), and Rahnuma-FPAP. As a Young Omang partner, we executed different activities during the year of 2023, including a desk review and gap analysis of national and provincial youth policies in light of the SRHR needs of young people in Pakistan. The objective of this review was to identify gaps in the national and provincial health and youth policies on the status of reproductive health rights and services for youth. Another objective of this gap analysis was to provide key recommendations for the inclusion of coherent comprehensive reproductive health services for diversified groups of adolescents and youth in the national and provincial health and youth policies. It also aimed to build the capacity of youth-led CSOs (Punjab, Sindh, KP, and Balochistan) on socio-cultural barriers, underlying factors, and gaps impeding adolescent and young people's access to sexual reproductive health rights and services.













Rahnuma-FPAP Commemorated 16 Day of Activism 2023

The 16 Days of Activism against Gender-Based Violence is an annual international campaign that kicks off on 25 November, the International Day for the Elimination of Violence against Women, and runs until 10 December, Human Rights Day. Initially the campaign was started by activists at the inauguration of the Women's Global Leadership Institute in 1991. It is used as an organizing strategy by individuals and organizations around the world to call for the prevention and elimination of violence against women and girls.

2023 years theme for 16 Days of Activism was "Unite! Invest to prevent violence against women and girls". The campaign calls on citizens to show how much they care about ending violence against women and girls by sharing the actions they are taking to create a world free from violence towards women. Rahnuma-FPAP a leading civil society organization in Pakistan commemorated 16 Days of Activism 2023 by organizing Community Awareness Sessions, Community Walks, Seminars, poster competitions, and Social Media Campaigns across its country-wide services delivery network. These events were attended by a large number of people including women, children and youth. During this campaign, they were sensitized on GBV, STDS/ STIs, and the benefits of small family families.

Investing in future Youth Programs:

Rahnuma-FPAP, for the empowerment of adolescents and youth, made efforts to build youthfriendly and gender-sensitive characteristics with a special focus on improving services to young people through core programs and by integrating with other donor projects like RESPOND. To create a conducive environment for young people to access the health services offered in their communities, Youth Friendly Services were maintained at 11 already established clinics. Similarly, 44 Youth Resource Centers continued to provide opportunities for mobilizing young people in the communities and acted as referral points for accessing SRHR services. Additionally, 6 Youth Helplines were maintained, and the helpline counselors were trained in integrated counseling. Consequently, almost 9,915 young people accessed these services.





Task Sharing and Task Shifting

The project increased national and subnational capacity to accelerate the delivery and accessibility of high-quality family planning (FP) information and services through task sharing. The main objective of the project was to provide a full range of FP and sexual and reproductive health and rights (SRH&R) services that were integrated, affordable, of high quality, and person-centered. This was achieved by expanding choices, widening access, and advancing digital health interventions and self-care. The project was executed in selected locations of Lahore, Karachi, Quetta, Peshawar, Islamabad, Azad Jammu and Kashmir, and Gilgit-Baltistan with financial assistance from UNFPA Pakistan.



- 371 master trainers trained through national and provincial training of trainers (ToTs) on implant insertion and removal and subcutaneous depot medroxyprogesterone acetate (DMPA-SC).
- One national ToT on Single Rod Implanon was organized at Islamabad. More than twelve service providers from across Rahnuma-FPAP were trained. Trainers of Organon and SEARLE Pakistan facilitated this training at national level.
- Four provincial level ToTs were organized (one in each province) during 2023. A total of 76 service providers of Department of Health (DoH) and Population Welfare Department (PWD) were trained (23 Karachi, 13 Lahore, 19 Peshawar, and 21 Quetta). These trainings were facilitated by the participants of national level ToT in their respective provinces.
- Seven regional ToTs on Sayana Press were organized, two in Gilgit, Skardu and five in AJ&K (Muzaffarabad, Bagh, Kotli, Neelum Valley, and Haveli). More than 100 service providers of DoH & PWD were trained (71 in AJ&K and 29 GB).
- 88 master trainers trained through national and provincial ToTs on Single Rod Implanon.
- 100 master trainers trained through regional ToTs on Sayana Press in Gilgit Baltistan 29 and AJ&K 71.



Situation Analysis for Breast and Cervical Cancer

Prevention, Screening, and Management in Pakistan

This WHO funded Project executed under the broader objective to provide full range of FP and SRH&R integrated. affordable, quality and person centered care by expanding choices and widening access and advancing digital health inventions and self-care. It was also aimed to assess the current situation of cervical & breast cancer burden and services in Pakistan, including both medical and social/nonmedical factors and explore the potential acceptance or resistance from policy makers and the general public to the intervention pillars of the strategy. The project was designed to identify the strengths and weaknesses of existing cervical & breast cancer services and list prioritized interventions and finalizes a roadmap for successful implementation of the cervical & breast cancer strategy, based on findings. This project was executed at the selected locations of Islamabad, Karachi, Lahore, Peshawar, Quetta. Gujranwala, Jamshoro, Abbottabad, Kasur, Haripur, Taxila, Pishin and Thatta.



- Held meeting of Rahnuma-FPAP and Girls and Women Health Initiative (GWHI) members. GWHI is partner with Rahnuma-FPAP in this project.
- Hired an external consultant.
- Inception meeting held with WHO
- Held a meeting with technical advisory committee (TAC) members.
- Conducted literature and desk review.
- Group discussion under Strength Weaknesses, Opportunities, & Threat (SWOT) analysis was conducted with stakeholders in selected 5 locations (Islamabad, Peshawar, Lahore, Karachi and Quetta). Each discussion was attended by around 20.
- Created a plan and conduced Key Informant Interviews (KIIs) at project locations.



Meeting the essential SRH needs of communities affected by

Monsoon Floods

in Pakistan (Sprint III)

The main objective of this project was to provide full range of FP&RH integrated, affordable, quality, and person centered care by expanding choices, widening access and advancing digital health inventions and self-care. Furthermore through this project provision of quality FP&RH services to the selected flood affected communities in Sindh (Badin), Punjab, (Muzaffargarh) and Balochistan (Sibbi and Kachhi) in collaboration with IPPF.

> Provided **128,276** Sexual and Reproductive Health (SRH) and 98,292 non-SRH services.

19,275 clients received direct clinical 10,987 SRH and 8.288 non-SRH services.

Conducted 300 community awareness sessions on FP&SHR and maternal health with 14,457 participants.

1,636 clients received syndromic management of STIs through medical outreach camps.

132 clients referred for human immunodeficien cy virus (HIV) services.

2,200 clean delivery kits distributed to women in their last trimester of pregnancy.

32 clients provided comprehensive abortion care services.

27 clients provided manual vacuum aspiration (MVA) service.







Provide full range of FP&RH integrated, affordable, quality and person centered care by

Expanding Choices

The main objective of the project was to provide full range of FP&RH integrated, affordable, quality and person centered care by expanding choices, widening access and advancing digital health inventions and self-care. Improve policy and funding environment is increasingly receptive to including FP&RH in emergency planning and responses. Strengthened member association (MA) and partner capacity to deliver lifesaving SRH services in crises and enhanced management and coordination between humanitarian and development programs to aid delivery of comprehensive services. This project was implemented in Lahore and Muzaffargarh (Punjab). Peshawar and Nowshera (Khyber Pakhtunkhwa), Quetta (Balochistan), and Karachi and Badin (Sindh).



- Conducted 4 coordination meetings with provincial disaster management authority (PDMA) and National Humanitarian Network.
- Conducted 4 reproductive health working group meetings at Federal and Provincial levels.
- Conducted 4 trainings of NHN member organizations across the provinces on Minimum Initial Service Package (MISP).
- Conducted one training of PDMA Balochistan, Rescue 1122 Sindh, and organizations working on sexual and reproductive health and rights (SRHR).
- Conducted 4 youth peer educators training on MISP.
- Conducted 4 meetings with community resilience groups to address the SRH issues during the crisis.
- Signed memorandum of understanding (MoU) with two transgender groups in Khyber Pakhtunkhwa and Punjab.
- Developed Rahnuma-FPAP policies and guidelines on procurement and logistic during the crisis.
- Developed video documentary to showcase Rahnuma-FPAP work during the 2022-2023 floods in Pakistan.
- Conducted 2 trainings on human immuno deficiency virus (HIV) and sexually transmitted infections (STIs) management during crisis.

Strengthened

National and Subnational Capacities in Resilience

This important project launched to strengthened national and subnational capacities in resilience programing, emergency preparedness and response to ensure access to life-saving interventions in humanitarian situations, including sexual and reproductive health services and genderbased violence response. The main objective of was To provide full range of FP and SRH&R integrated, affordable, quality and person centered care by expanding choices, widening access and advancing digital health inventions and self-care. To provide full range of FP and SRH&R integrated, affordable, quality and person centered care by expanding choices, widening access and advancing digital health inventions and selfcare. This project was executed in selected locations Sibbi, Naseerabad, Kachi, Kharan and Quetta in collaboration with UNFPA.







15 women and girl friendly services (WGFS) centers established in districts Sibbi, Naseerabad, Kachi, Kharan and Quetta of Balochistan province.

A total of 72 community-based sessions with girls and women on gender based violence (GBV), reproductive health, child marriage, HIV/AIDS, substance abuse and family planning (FP) were conducted in all districts at their WGFS centers. A total of 1475 young girls and women attended these awareness raising sessions.

In order to build-up the referral mechanism for better treatment of GBV patients, proper referral mechanism were to be ensured, therefore 19 orientation sessions with 282 referral partners were conducted at each WGFS center.

12 GBV co-ordination meetings were conducted with partners at district level. Rahnuma-FPAP, Population Welfare Department, Health Department, People's Primary Healthcare Initiative, Social Welfare Department and Balochistan Rural Support Programme were part of those meetings.

GBV service mapping and capacity assessment exercise completed in 4 WGFS centers established in Sibbi and Naseerabad.







Working with Afghan Refugees

The project responded to the family planning and reproductive health (FP&RH) needs of Afghan women refugees in highneed, flood-affected districts of Balochistan and Khyber Pakhtunkhwa. The main aim of the project was to provide a full range of FP&RH services that were integrated, affordable, high quality, and personcentered. This was achieved by expanding choices, widening access, and advancing digital health interventions and self-care. The project was executed in Chaghi, Noshki, Quetta, Nowshera, Charsadda, and Peshawar, funded by the Japan Supplementary Fund (JSF).

Achievements of this project:

- Organized 743 medical camps serving 35,681 clients.
- Provided 400,484 Sexual and Reproductive Health (SRH) and 72,126 non-SRH services. 88% females (30,304) and 12% males (4,197), under 25 years of age (17,029) and above 25 years of age (17,483).
- Organized 782 community awareness sessions with 16,911 participants.
- Organized 48 youth meetings with 751 participants on quarterly basis at district level.
- Conducted 56 Coordination meetings with provincial and district level Afghan Commissionerate, District Health Department and Population Welfare Departments at Khyber Pakhtunkhwa and Balochistan.

RESPOND Project

The RESPOND program in Pakistan endeavored to bolster Sexual and Reproductive Health and Rights (SRH&R) services, particularly for women, girls, and vulnerable groups. Amidst the challenges posed by the COVID-19 pandemic, its goals included enhancing access to equitable SRH&R services, restoring disrupted services, and meeting unfulfilled needs in family planning and reproductive health. Implemented by Rahnuma-FPAP across all five regions and 32 SDPs, including underserved populations like people with disabilities, adolescents, young people, and Afghan refugees, the program aimed to ensure high-quality SRH&R care. By addressing these critical areas, RESPOND strived to empower communities and promote comprehensive healthcare inclusivity across Pakistan.



- Provided 11,532,780 family planning (FP) and sexual and reproductive health (SRH) services and 531,467 couple years of protection (CYP) services to 2,992,920 FP/SRH clients.
- Referred 66,244 clients for sexual and gender-based violence (SGBV) follow-up support.
- Conducted 335 mobile service unit camps around static clinics providing SRH services to a total of 32,588 clients.
- Organized 699 camps under the Afghan Refugees Component providing FP & SRH, and general health services to a total of 55,136 clients.
- Organized 8 specialized trainings for service providers, M&E, and support staff for provision of quality comprehensive SRH services and COVID-19 response. The trainings were attended by 977 participants.
- Established 4 women friendly spaces (WFS) in Afghan Refugee areas (1 each in Quetta, Pishin, Peshawar and Khyber).
- Conducted quarterly meetings with referral partners to strengthen the referral mechanism for SGBV survivors, progress sharing, follow-ups and learning-sharing.
- Conducted bi-annual meetings with stakeholders (District Population Welfare Department, Health Department, and Provincial Disaster Management Authority) for supporting Afghan refugees.
- More than 105,265 clients received services through telemedicine.











Stream 2

The project aimed to provide a full range of integrated, affordable, quality, and person-centered family planning (FP) and sexual and reproductive health and rights (SRH&R) care by expanding choices, widening access, and advancing digital health interventions and self-care. It was implemented in Mardan, Karachi, Islamabad, Turbat, and Chakwal, funded by IPPF.

Rahnuma-FPAP made significant progress in implementing the Menstrual Regulation (MR) model to improve access, quality, and perception of MR care in Pakistan. This multifaceted approach included capacitating private sector service providers, fostering positive community narratives, and ensuring quality care improvements. By training private sector providers, Rahnuma-FPAP ensured they could deliver effective and safe MR services, extending the reach of quality care. Community awareness sessions educated the public about the MR/ASC model, reducing stigma and encouraging women to seek needed care. Additionally, improving quality of care at clinics through rigorous standards and protocols, along with community accountability measures, ensured services met high benchmarks. These efforts resulted in a robust and sustainable framework for MR/ASC, addressing immediate healthcare needs and empowering communities to support these initiatives, ultimately leading to better health outcomes and greater social acceptance of MR/ASC.



- Provided 2972 clients with quality information and post abortion care services.
- Provided 7,232 pre, post and during abortion counselling services to clients.
- Capacitated 75 service providers of Rahnuma-FPAP and associated clinics on sexual and reproductive health and rights (SRHR), value calcification attitude transformation (VCAT) and abortion self-care (ASC) Model.
- Conducted 02 capacity building training sessions with 37 service providers of Rahnuma-FPAP and associated clinics across the project locations.
- Organized 77 community awareness raising sessions around static clinics to create positive narrative on ASC.
- Conducted 492 client exit interviews to improve quality of care.





Post Flood Humanitarian Services

Stream 3

This project was launched to respond to the essential sexual and reproductive health (SRH) needs of communities affected by monsoon floods in selected districts of Khyber Pakhtunkhwa and Sindh. The main objective was to provide a full range of integrated, affordable, quality, and personcentered family planning (FP) and SRH&R care by expanding choices, widening access, and advancing digital health interventions and self-care. Funded by IPPF and UNFPA, this project was implemented in Dera Ismail Khan and Nowshera (Khyber Pakhtunkhwa), and Mirpurkhas and Umerkot (Sindh).



- 300 mobile medical camps organized, providing services to 26,755 clients (1,196 male, 25,496 female, and 63 disabled).
- 225,993 sexual and reproductive health (SRH) services (12,069 male and 213,924 female) and 46,789 non-SRH services (9,906 male and 36,883 female) provided.
- 300 community awareness sessions / information sessions on FP & SRH, and maternal health were conducted with 22,741 participants (male and female).
- 19 coordination meetings with humanitarian assistance partners conducted at provincial and districts levels.
- 148 mobile camps were organized (74 each at DIK and Tank).
- 22,693 clients receiving 9256 FP (family planning) and 17218 SRH/Non-SRH (sexual and

- reproductive health) services benefited from these mobile camps in flood affected areas.
- The project activities were implemented with the support of Population Welfare Department (PWD), Department of Health (DOH) and District Disaster Management Authority (DDMA) in far flung areas of DIK and Tank.
- 6 trainings were organized (3 each at Dera Ismail Khan and Tank) on Long Acting Reversible Contraceptive (LARC) and comprehensive FP services in which a total of 83 mid-level service providers from PWD and DOH were trained.
- 77 implants and 10 intrauterine contraceptive devices (IUCDs) were inserted by the mid-level service providers.
- 52 awareness raising sessions on FP/RH were organized and 3060 participants benefited from these sessions (1560 male and 1500 female).

Women Refugee Commission

This project was launched to provide full range of FP and SRH&R integrated, affordable, quality and person centered care by expanding choices, widening access and advancing digital health inventions and self-care executed at selected locations of Loralai (Balochistan) and Nowshera (Khyber Pakhtunkhwa).

Strengthening the FP&RH Outreach

The project aimed to improve access to rights-based family planning services in South Punjab. The main objective was to provide a full range of integrated, affordable, quality, and person-centered family planning (FP) and sexual and reproductive health and rights (SRH&R) care by expanding choices, widening access, and advancing digital health interventions and self-care. This project, funded by the United Nations Population Fund (UNFPA), was executed at the head office in Rawalpindi, and in Muzaffargarh and Rahim Yar Khan.



- A total of 160 mobile camps organized in Rawalpindi.
- A total of 9,826 clients benefited through the mobile camps.
- 131 service providers trained on premarital counseling in selected facilities in all project districts. 2 advocacy sessions with policy makers, education and associated departments on FP, SRH&R, Life Skills Based Education (LSBE), gender, and premarital counseling, were conducted in Jatoi and Sadiqabad. 45 participants attended these sessions.
- 15 Family Welfare Workers (FWWs) were engaged (5 from each district) for the provision of comprehensive FP services including LARC.
- 2 community outreach sessions to sensitize youth and peer educators on FP, SRH, and gender issues were organized at Rahim Yar Khan & Muzaffargarh.











Achievements of this project:

- Catered 31,810 clients with Comprehensive Menstrual and Regulation (MR) services with 18,685 clients receiving induced abortion, while 13,125 clients receiving Treatment of Incomplete Abortion (TIA) services.
- Conducted 156 community awareness sessions with 3,269 participants.
- Conducted 15 meetings with the religious groups, government stakeholders, partner organizations and community influential for increasing the access to MR related information and services.
- Conducted 1 training of trainers (TOT) on value calcification attitude transformation (VCAT) for 12 service providers.
- Provided 17,726 clients with contraception services.
- Provided 159,374 clients with standalone family planning (FP) services (65 % of FP clients were provided with short term, while 35% preferred long term FP methods).
- Provided 27% clients with MR care below the age of 25.
- Provided 3,124 clients with MR/ASC services.
- Provided services to 4,883 clients through youth help lines.
- In humanitarian settings, 3,192 clients were provided home-based medical abortion, 386 clients were provided with TIA services, and 16,972 clients are provided with family planning services.

LAD

The main objective of this program was to improve access to comprehensive, quality PAC and contraceptive services as integral components of sexual and reproductive health.

During the third phase of the LAD program, the five participating Member Associations in Asia achieved a 39 percent increase in the number of clients provided with safe PAC and a 30 percent increase in the number of clients served with family planning services, with 20 percent choosing a long-acting method. The proportion of PAC clients adopting a contraceptive method was maintained at a high rate of 96 percent, with 40 percent choosing a long-acting method.

In addition, the Member Associations strengthened data utilization to improve their programs. Client-based data was regularly analyzed to inform decision-making. The main objectives of this program were to increase access to quality comprehensive PAC services, including treatment for incomplete PAC services.

The Member Associations also focused on improving quality of care standards through routine monitoring of clinical standards using the clinic audit tool, client feedback mechanisms, technical assistance provided by IPPF, and regular training to update clinic staff skills. The project aimed to provide a full range of FP and SRH&R integrated, affordable, quality, and personcentered care by expanding choices, widening access, and advancing digital health innovations and self-care





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

Opinion

We have audited the financial statements of **RAHNUMA FAMILY PLANNING ASSOCIATION OF PAKISTAN (THE ASSOCIATION)**, which comprise of the balance sheet as at December 31, 2023, the statement of income, expenses and changes in fund balances (RFPAP Reserve Fund), the statement of functional expenses and the cash flow statement for the year then ended, and notes to and forming part of the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements for the year ended December 31, 2023 are prepared in all material aspects in accordance with the basis of preparation 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Company in accordance with the International Ethics Standards Board of 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 have been prepared for submission to International Planned Parenthood Federation (IPPF). As a result, these financial statements may not be suitable for another purpose. Our report is intended for the Association and IPPF and should not be distributed to or used by parties other than the Association or IPPF. Our opinion is not modified in respect of this matter.

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

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

In preparing the financial statements, management is responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters related 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.

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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 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, 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 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 underlying 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 Matters

The Association has prepared a separate set of financial statements for the year ended December 31, 2023 in accordance with the approved accounting and reporting standards as applicable in Pakistan on which we issued a separate auditor's report on those financial statements of the Association dated April 22, 2024.

The financial statements of the Association for the year ended December 31, 2022 were audited by another auditor who expressed an unmodified opinion on those financial statements on April 28,

The engagement partner on the audit resulting in this independent auditor's report is Amin Ali.

Lahore

Dated: April 22, 2024

CROWE HUSSAIN CHAUDHURY & CO.

Chartered Accountants

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Cash Flow Statement

For the year ended December 31, 2023

2023 2023 2023 2023 Rupees Rupees US \$ US \$ (147,000,000) (147,000,000) (523,169) - 28,957,271 103,058 - (21,082,243) (41,654,405) (62,736,648) (75,031) (148,247) (139,124,972) (41,654,405) (180,779,377) (495,142) (148,247) 8,230,682 - 8,230,682 29,293 - 1,877,544 1,877,544 1,877,544 1,877,544 1,877,544 21,082,240 41,654,405 (25,085) (93) - (78,800) - (78,005) (280) - (8,010,884) - (8,010,884) (28,511) - (3,169,020) - (31,69,020) 148,247 (34,2323) 41,654,405 41,560,082 (336) 148,247 (34,33,860,479) (111,863,919) 41,560,082 547,583 (398,121) (311,780) (111,863,919) 41,996,560 547,583 (398,121) </th <th></th> <th>Unrestricted</th> <th>Restricted</th> <th>Total</th> <th>Unrestricted</th> <th>Restricted</th> <th>Total</th> <th>Total</th> <th>Total</th>		Unrestricted	Restricted	Total	Unrestricted	Restricted	Total	Total	Total
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(78,800) (78,800) (280) (8,010,884) (8,010,884) (28,511) (23,169,020) (23,169,020) (82,458) (94,323) 41,654,405 41,560,082 (336) 153,860,479 (111,863,919) 41,996,560 547,583 (398,121) (311,780) (165,136)		(26,085)		(26,085)	(63)		(63)	(71,426)	(348)
(8,010,884) - (8,010,884) (28,511) - (23,169,020) (82,458) - (23,169,020) (82,458) - (34,323) 41,654,405 41,560,082 (336) 148,247 (153,860,479 (111,863,919) 41,996,560 547,583 (398,121) (165,136)	ment fund	(78,800)		(78,800)	(280)		(280)	(234,357)	(1,146)
(23,169,020) (23,169,020) (82,458) (94,323) 41,654,405 41,560,082 (336) 148,247 153,860,479 (111,863,919) 41,996,560 547,583 (398,121) (311,780) (165,136)	ntory fund	(8,010,884)		(8,010,884)	(28,511)		(28,511)	11,936,393	58,354
(94,323) 41,654,405 41,560,082 (336) 148,247 153,860,479 (111,863,919) 41,996,560 547,583 (398,121) (311,780) (165,136)		23,169,020)		(23,169,020)	(82,458)		(82,458)	10,762,813	52,617
153,860,479 (111,863,919) 41,996,560 547,583 (398,121)		(94,323)	41,654,405	41,560,082	(336)	148,247	147,911	119,134,031	582,419
(311,780) (165,136)		53,860,479	(111,863,919)	41,996,560	547,583	(398,121)	149,462	44,509,620	214,429
OLO VOO	ements in exchange rates		,		(311,780)	(165,136)	(476,916)		(649,734)
195,956,988 5/8,609,144 1,689,044 864,958		382,652,156	195,956,988	578,609,144	1,689,044	864,958	2,554,002	534,099,524	2,989,307
Cash and Cash Equivalents at the Reporting Date 536,512,635 84,093,069 620,605,704 1,924,847 301,701 2,226,548		36,512,635	84,093,069	620,605,704	1,924,847	301,701	2,226,548	578,609,144	2,554,002

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

She

Chief Executive Officer

Director Finance & Budget

rary Treasurer / Chairperson

Bresident

Page 5 of 19

Our estricted 2023 Restricted 2023 Total 2023 Surplus for the year Adjustments for non cash and other items: Depreciation Release of fixed assets fund due to depreciation Provision for staff gratuity Transferred to designated fund (8,876,430) 177,528,595 24,375,775 71,418,380 Net income before working capital changes (8,876,430) - (8,876,430) - (8,876,430) Net income before working capital changes 240,233,896 - 240,233,896	Cash Flow Statement For the year ended December 31, 2023					RAHNUMA
8 Rupees Rupees Rupees Rupees Rupees Rupees Rupees Radio due to depreciation (47,042,605 (24,375,775 (71,581,731 (8,876,430) (8,876,430) (2,705,301 (6,2705,301 (2,2705,301 (6	Total 2023	Unrestricted 2023	Restricted 2023	Total 2023	Total 2022	Total 2022
ash and other items: 47,928,595 - 11 47,942,605 24,375,775 47,042,605) (24,375,775 71,581,731 atuity (8,876,430) - 62,705,301 vorking capital changes 240,233,896 - 2	Rupees	\$ SN	\$ SN	\$ SN	Rupees	ns \$
47,042,605 24,375,775 (47,042,605) (24,375,775) (71,581,731 (8,876,430) (22,705,301 - 240,233,896 - 2	177,528,595	631,818		631,818	135,940,247	664,582
(47,042,605) (24,375,775) (7,042,605) (24,375,775) (7,581,731 (8,876,430) (22,705,301 - 240,233,896 - 2		200		251 176	26 176 685	269 503
(47,042,605) (24,375,775) (7,581,731 (8,876,430) - 62,705,301 - 240,233,896 - 2		724,179		0/1/67	22,120,000	505,505
71,581,731 - (8,876,430) - (8,876,430) - (2,705,301 - (240,233,896 - 2	•	(254,176)		(254,176)	(55,126,685)	(269,503)
(8,876,430) - 62,705,301 - 240,233,896 - 2		254,757		254,757	13,475,129	59,480
62,705,301 - 240,233,896 -	- (8,876,430)	(31,591)		(31,591)	(6,797,012)	(30,002)
240,233,896	- 62,705,301	223,166		223,166	6,678,117	29,478
	- 240,233,896	854,984	1	854,984	142,618,364	694,060
Working capital changes	240,233,896	854,984			54,984	

Net income before working capital changes	1
Working capital changes	
(Increase) /decrease in current assets:	
Receivables	
Advance to employees	
Inventory	
Security deposits	,
Increase/(decrease) in current liabilities:	
Accounts payable, accrued expenses and provisions	
Deferred income	
Chaff wat it and	

(15,719)

(3,215,362) 24,818

(341,788) (6,360)

(194,294)

(147,494)

(685,250,36)

(54,592,597)

(41,442,992) (1,787,035)

(1,787,035)

49,966,581

121 119,293 908 104,603

185,632

21,396,392

(170,920)

(194,294)

(602)

(169,100)

(48,025,143)

(54,592,597)

(169,100)

6,567,454

49,966,581

23,374

177,830

24,401,304

177,830 (602) 247,090 (299,154)

(61,192,043)

48,664 (68,920)

(2,059)

250,432 (66,861)

13,673,834 (19,365,329)

(56,692,670) (578,652)

> (18,786,677) (5,301,403)

70,366,504

(18,868)

(5,301,403)

(10,992,898)

(57,271,322)

46,278,424

164,703 188,077

(201,768)

(14,292,580) (24,942,554) (3,546,162)

(39,124)(18,868)

(203,827)

(210,044)

(398,121)

(59,018,041)

(111,863,919)

52,845,878 293,079,774

139,072,202

644,940

(398,121)

1,043,061

181,215,855

(111,863,919)

50,542,069

(69,873) (121,937)(17,334)

Accounts payable, accrued expenses and provision
Deferred income
Staff gratuity paid
Net changes in working capital

Net changes in working capital	Net Cash from Operating Activities

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

Director Finance & Budget

Honorary Treasurer

Chief Executive Officer

President / Chairperson



For the year ended December 31, 2023 Statement of Functional Expenses

		2023	2023	2022	2022
	Note	Rupees	\$SN	Rupees	\$ SN
Personnel and employee benefits		577,573,436	2,055,568	431,618,269	2,110,087
Travelling expenses		224,448,967	798,808	142,767,462	697,959
Vehicle running cost		65,214,939	232,098	43,720,334	213,739
Printing and stationery		15,048,975	53,559	12,790,808	62,531
Occupancy cost		15,367,601	54,693	13,724,527	960'29
Communication		7,409,742	26,371	8,769,480	42,872
Audit fee	23	811,250	2,887	852,500	4,168
Consultancy and other professional fees		178,132,288	633,968	180,459,968	882,229
Medical consumables		209,581,781	745,896	140,129,931	685,064
Contraceptives consumed		114,261,484	406,653	108,858,122	532,183
Repair and maintenance		41,205,809	146,650	10,137,177	49,558
Operational cost		64,908,601	231,008	50,715,746	247,938
IEC Material		6,606,345	23,512	5,362,938	26,219
Office equipment and furniture		100,734,587	358,512	136,742,830	905'899
Insurance		8,721,672	31,040	4,734,644	23,148
Bank charges		478,320	1,702	402,857	1,969
Others	25	60,065,519	213,772	51,327,812	250,931
Total Expenses excluding Depreciation		1,690,571,316	6,016,697	1,343,115,405	6,566,197
Depreciation expense	4	71,418,380	254,176	55,126,685	269,502
Total Expenses		1,761,989,696	6,270,873	1,398,242,090	6,835,699

The annexed notes from 1 to 28 form an integral part of these financial statements. $0 M \mathcal{O}$

Director Finance & Budget

Chief Executive Officer

Honorary Treasurer / Chairperson

President

Statement of Income, Expenses and Changes in Fund Balances (RFPAP Reserve Fund)

Page 3 of 19

For the year ended December 31, 2023

		rol ule year en	aca December 21, 4	040					
		Unrestricted	Restricted	Total	Unrestricted	Restricted	Total	Total	Total
	Note	2023	2023	2023	2023	2023	2023	2022	2022
		Rupees	Rupees	Rupees	\$ SN	\$ SN	\$ SN	Rupees	\$ SO
Grant Income									
IPPE - COL	22.1	308,874,955		308,874,955	1,099,277		1,099,277	187,368,657	916,004
IPPF - restricted	22.2		564,688,742	564,688,742		2,009,712	2,009,712	555,856,444	2,717,460
Other donors	22.3	21,746,391	202,854,004	224,600,395	77,395	721,952	799,347	142,325,760	662,799
Total Grant Income		330,621,346	767,542,746	1,098,164,092	1,176,672	2,731,664	3,908,336	885,550,861	4,329,263
Program Income									
and interest and make a few and interest and a comment of		74 930 650		74 830 650	266 320		266 320	56 817 085	277.766
Mambarbin fine		660,000,17		6,000,000	200,220		23	14.700	72
Clear mobilization and training fee from Khuchali Bank Limited		0000		2000			1 .	1.052.300	5.144
CHELL HOURISTANDING THE WAITING THE PARTY OF		127 751 51		127 727 451	42 161		43 161	17 219 200	84 181
Income from Kannuma Training Insutute (K11) Donations		12,127,431		1,992,975	7.093		7,093	315,365	1,542
Local funds raised from hospitals and clinics		381,117,078		381,117,078	1,356,385		1,356,385	345,192,349	1,687,570
Management fees		57,879,966		57,879,966	205,993		205,993	45,519,909	222,537
Release of fixed assets funds due to depreciation		71,418,380		71,418,380	254,176		254,176	55,126,685	269,503
Total Program Income		599,373,109		599,373,109	2,133,151		2,133,151	521,257,593	2,548,315
Other Income									
		20000		000000	200		070	200 101 00	223 044
Markup on Investments		139,004,038		000,400,600	490,049		640,064	06,421,00	ארטינינים
Markup on saving accounts		101,375,305		101,375,305	360,792		360,792	58,034,729	283,/19
Miscellaneous income		1,001,127		1,001,127	3,563		3,563	1,215,058	086,5
Total Other Income		241,981,090		241,981,090	861,204		861,204	127,373,883	622,/03
Total Income		1,171,975,545	767,542,746	1,939,518,291	4,171,027	2,731,664	6,902,691	1,534,182,337	7,500,281
S O O O O O O O O O O O O O O O O O O O									
Direct Project Expenses									
Dillar 1		697 514 927	764 656 404	1 462 171 331	2,482,436	2,721,392	5.203.828	1,120,467,491	5.477.719
Carling		18 014 755	2 886 342	71 801 097	67.317	770 11	77 589	48.052.760	234 919
S TELLO		5 969 056	1.000/1	5 969 056	21 244	1 11/21	21.244	6.590.004	32,217
		795 747 78		797 747 767	204 495	,	294 495	65 263 971	319.062
Total Direct Project Expenses		805,146,005	767,542,746	1,572,688,751	2,865,492	2,731,664	5,597,156	1,240,374,226	6,063,917
Indirect Expenses									4
Administrative expenses		117,882,565		117,882,565	419,541		419,541	102,741,179	502,279
Depreciation	10	71,418,380		71,418,380	254,176		254,176	55,125,685	269,503
Total Indirect Expenses		189,300,945		189,300,945	673,717		673,717	157,867,864	771,782
Total Expenses		994,446,950	767,542,746	1,761,989,696	3,539,209	2,731,664	6,270,873	1,398,242,090	6,835,699
Surplus for the year		177,528,595		177,528,595	631,818		631,818	135,940,247	664,582
Taxation	24								
Transfer to Designated fund		(8,876,430)		(8,876,430)	(31,591)		(31,591)	(6,797,012)	(30,002)
Currency translation fluctuations									
Adjustment of currency translation					(600,303)		(600,303)		(719,370)
Exchange gain/(loss) on foreign currency transactions		1,877,544		1,877,544	6,682		6,682	49,656,018	219,183
Fund balances at the end of the year		732,394,624		732,394,624	3,232,816		3,239,422	911.193.877	3,452,610
						,		-	
The annexed notes frøm 1 to 28 form an integral part of these financial statements.	ements.		1				\	K	5
CM /		1	1			/	/		3
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Chief Executive Officer

Transforming to Volunteerism

of 19	6.0
Page 2	9

420,682 1,159,502 3,232,816 4,986 30,294 146,751 237,163 5,232,194 7,405,683 684,229 684,229 2,173,489 933,032,489,260 556,228 RAHNUMA Total 2022 S \$ 33,246,330 53,729,431 1,185,353,502 1,677,757,740 95,305,206 262,685,631 732,394,624 1,129,410 155,011,982 155,011,982 492,404,238 126,013,939 211,378,317 6,862,870 2022 Total Rupees 128,229 90,537 109,642 5,110,763 7,094,738 371,456 3,239,423 793,931 501,158 793,931 688,886 190,044 Total 2023 S \$ 781,642 259,933 521,709 12,040 277,535 289.575 1,071,217 Restricted 2023 S \$ 128,229 90,537 109,642 4,329,121 6,023,521 111,523 645,809 3,239,423 793,931 489,118 411,351 793,931 Unrestricted 2023 S \$ 902,924,333 1,103,322 35,741,341 25,235,446 30,560,411 1,424,523,017 139,687,773 221,292,310 221,292,310 103,535,886 325,422,278 1.977,516,088 331,700,761 As at December 31, 2023 Rupees 2023 Total Balance Sheet 72,451,079 3,356,010 77,357,215 217,867,066 80.713.225 298,580,29 Restricted 2023 Rupees 221,292,310 35,741,341 25,235,446 31,084,807 30,560,411 114,655,773 902,924,333 221,292,310 1,103,322 136,331,763 250,987,536 678,935,797 Unrestricted 2023 14 115 117 118 119 20 13 21 11 Note Accounts payable, accrued expenses and provisions **Fotal Liabilities and Fund Balances** Contingencies and Commitments Liabilities and Fund Balances Total Non-Current Liabilities Total Current Liabilities Medicine inventory fund Asset replacement fund General inventory fund Total Fund Balances Von current liabilities: Staff gratuity payable REPAP reserve fund Fixed assets fund **Total Liabilities** Fund Balances Designated fund Current liabilities: Deferred income Zakat fund Liabilities

The annexed potes from 1 to 28 form an integral part of these financial statements. $\ensuremath{\mathcal{M}}$

Director Finance & Budget

Chief Executive Officer

Honorary Treasurer/ Chairperson

President

Balance Sheet

			As at December 31, 2023	er 31, 2023					
		Unrestricted 2023	Restricted 2023	Total 2023	Unrestricted 2023	Restricted 2023	Total 2023	Total 2022	Total 2022
	Note	Rupees	Rupees	Rupees	\$ SN	\$ SN	\$ SN	Rupees	\$ SN
Assets									
Current Assets									
Cash and bank: Cash and bank balances	4	536,512,635	84,093,069	620,605,704	1,924,847	301,701	2,226,548	578,609,144	2,554,002
<u>Receivables:</u> IPPF Other donors Others	25.09	39,313,560 43,100 39,691,028	52,735,557 16,335,680	92,049,117 16,378,780 39,691,028	141,045 155 142,400	189,199 58,608	330,244 58,763 142,400	12,427,029 2,131,111 37,525,196	54,853 9,407 165,638
Other assets: Investments Advances to employees	. ~ 8	700,000,000		700,000,000	2,511,391		2,511,391	553,000,000	2,440,962
Inventory; Stock - Contraceptives Stock - General Stock - Medicines	0	114,655,772 30,560,413 25,235,445		114,655,772 30,560,413 25,235,445	411,351 109,642 90,537	1.1.1	411,351 109,642 90,537	133,442,450 53,729,431 33,246,330	589,019 237,164 146,751
Total Current Assets Non-Current Assets		1,497,008,374	153,164,306	1,650,172,680	5,370,829	549,508	5,920,328	1,413,320,077	6,238,446
Fixed assets Security deposits Total Non-Current Assets Total Assets	10	180,006,295 1,921,128 181,927,423 1,678,935,797	145,415,985 - 145,415,985 298,580,291	325,422,280 1,921,128 327,343,408 1,977,516,088	645,809 6,892 652,701 6,023,521	521,709 - - 521,709 1,071,217	1,167,518 6,892 1,174,410 7,094,738	262,685,635 1,752,028 264,437,663 1,677,757,740	1,159,503 7,734 1,167,237 7,405,683
The anneyed notes from 1 to 28 form an integral part of these financial statements.	egral part of these f	inancial statements.			*			de	

Chief Executive Officer

Director Finance & Budget

Honorary Treasurer / Chairperson

resident

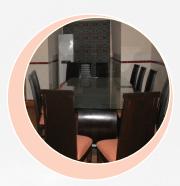


Rahnuma Training Institute









A fully functional facility with all amenities of a modern live-in-training centre

Maintaining High Quality Standards:

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

Affordable Expert Care and Comfort:

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

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

75 Participants

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



CALL FOR

Family Planning Services



CALL FOR

Gender Based Violence



CALL FOR

Counselling on SRHR



CALL FOR

Post Abortion Care



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

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



Rahnuma Family Planning Association of Pakistan

3-A Temple Road, Lahore-54000, Pakistan UAN: +92+42 111 22 33 66, Fax: +92+42 36368692 email:info@fpapak.org, web: fpapak.org