

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**



**CALL FOR**  
Post Abortion  
Care



**CALL FOR**  
Counselling  
on SRHR



**CALL FOR**  
Gender Based  
Violence



**CALL FOR**  
Family Planning  
Services

Rahnuma-FPAP  
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**Rahnuma Family Planning Association of Pakistan**  
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International  
Planned Parenthood  
Federation

Committed to  
Changing Lives

## Rahnuma-FPAP Annual Report 2024





### Vision:

All people in Pakistan are empowered to make choices and informed decisions about their SRHR and well-being without discrimination.



### Mission:

To lead a movement for SRHR and FP as a fundamental human right in Pakistan.

To provide and enable access to sustainable FP and SRHR information and services (including lifesaving MISP services in humanitarian settings) to all particularly the vulnerable, underserved and people at risk in partnership with public and private stakeholders.

#### EDITORIAL PANEL:

**Mr. Zahid Ali**  
Chief Executive Officer

**Mr. Amjid Latif**  
Manager Advocacy & Communication

**Mr. Jahangir Ali**  
Graphic Designer

# Progress Snapshot 2024

Measuring Impact, Driving Results (In Millions)



**2.1**

FP Services  
Provided



**13.47**

SRH Services  
Provided



**6.4**

Non SRH Services  
Provided



**7.4**

Services provided  
to Young Clients



**0.97**

HIV-related  
Services



**1.2**

CYP Delivered



**2.8**

Gynecological  
Services



**3.7**

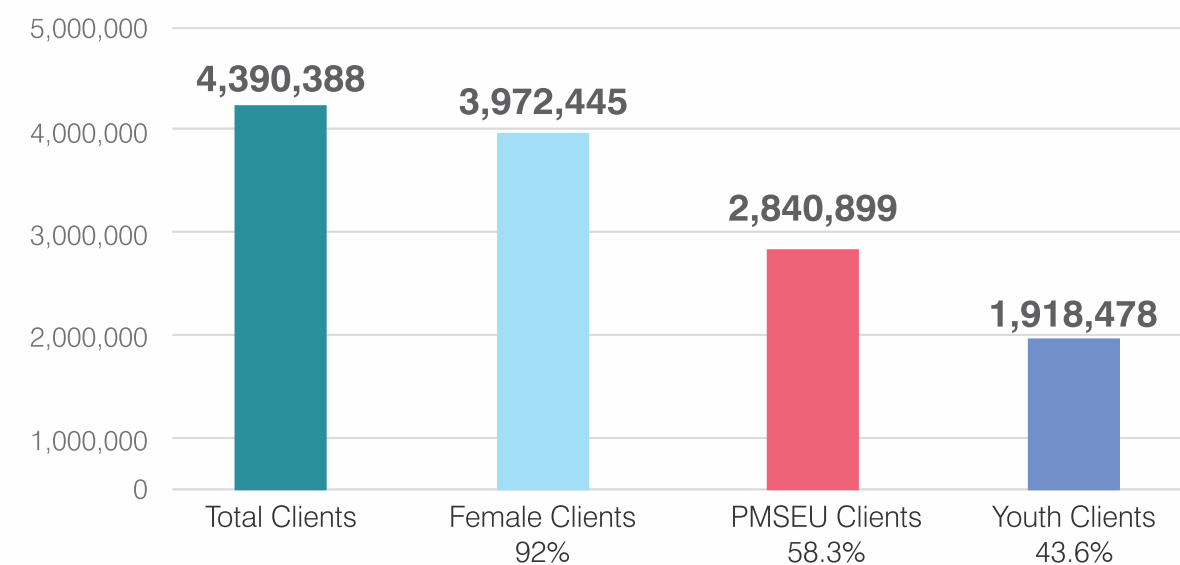
Obstetrics  
Services



**0.34**

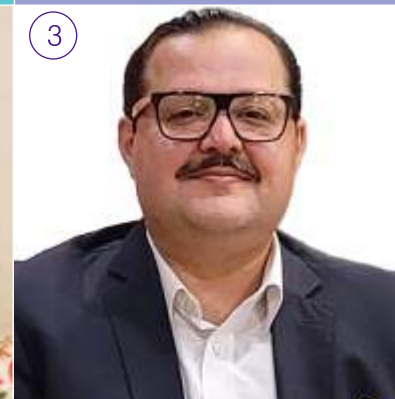
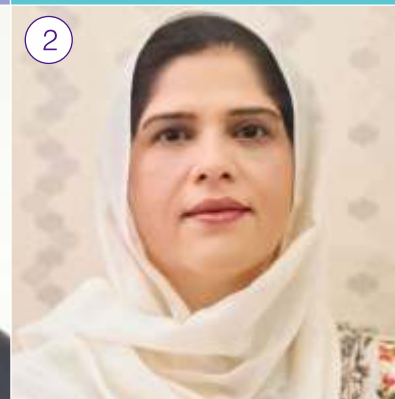
MR/PAC  
Services

## Population Covered



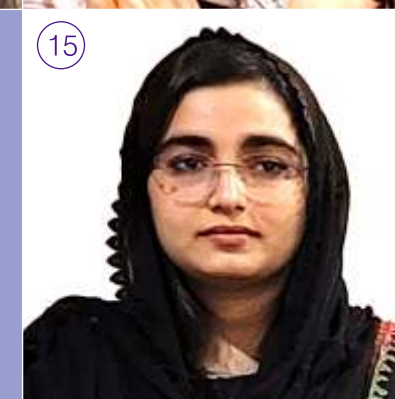
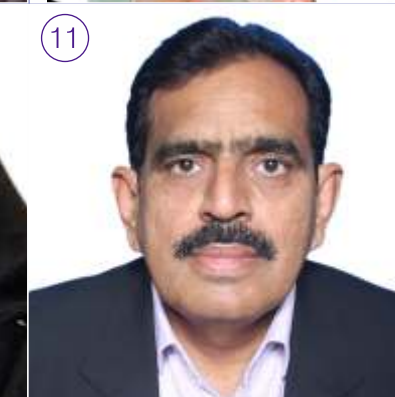
# RAHNUMA-FPAP Board of Governance

# 2025



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- ② Prof. Dr. Tazeem Shahbaz  
Chairperson
- ③ Mr. Mian Unwan-ud-Din  
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BoG Youth Member
- ⑯ Mr. Zahid Ali  
BoG Member Secretary



## MESSAGE

### Mr. Gul Mohammad Khan President Rahnuma-FPAP



Pakistan today stands at a pivotal juncture in its demographic journey. With a rapidly growing population, the nation faces immense challenges in ensuring equitable access to health, education, employment, and social protection for all citizens. These challenges are further compounded by persistent gender inequalities, limited investment in family planning, and unmet needs for reproductive health services.

In the light of the Sustainable Development Goals (SDGs) and Pakistan's FP2030 commitments, it is clear that addressing population dynamics is not merely a health concern but a national development priority. Achieving universal access to FP & SRH is central to reducing poverty, empowering women and youth, and building a healthier and more resilient society.

Rahnuma-FPAP, as a Member Association of the International Planned Parenthood Federation (IPPF), continues to play a crucial role in this national and global agenda. Through our rights-based and people-centered approach, we remain committed to expanding access to quality family planning, maternal health, and reproductive health services across Pakistan especially for the most marginalized and underserved communities.

The year 2024 marked significant progress in strengthening partnerships, scaling innovations, and amplifying the voices of communities we serve. Yet, we also recognize that much more needs to be done. Only through collective action by government, civil society, development partners, and communities can Pakistan realize the vision of FP2030 and achieve the promise of the SDGs.

I extend my gratitude to our dedicated teams, partners, and communities who make this mission possible. Together, we reaffirm our commitment to shaping a future where every individual has the right and opportunity to lead a healthy and dignified life.

## MESSAGE

### Mr. Zahid Ali Chief Executive Officer Rahnuma-FPAP



As we look back on 2024, I take immense pride in presenting Rahnuma-FPAP's Annual Report 2024 titled as **"Breaking Barriers- Building Bridges"** a reflection of a year that was both dynamic and demanding. Throughout, our steadfast commitment to advancing Family Planning (FP), Sexual and Reproductive Health (SRH) remained central, particularly for the most marginalized and vulnerable populations across Pakistan.

Leveraging our people-centered service delivery infrastructure and deep-rooted community networks, we extended FP & SRH services to remote areas, ensured access to family planning, even in crisis settings. Our strategic advocacy getting insight from international Commitments like FP 2030, SDGs and national strategic goals in the shape of Council of Common Interest (CCI) Recommendations we remained engaged at the national and provincial levels through partnership and coalition building to accelerate progress on the FP & SRH and population agenda.

Anchored in the International Planned Parenthood Federation (IPPF) Strategic Framework and aligned with national development goals, our efforts in 2024 were grounded in principles of equity, gender justice, and accountability.

This report provides an overview and progress of Rahnuma-FPAP's service delivery infrastructure, which includes nine fully functional, state-of-the-art Family Health Hospitals (FHHs), over 80 Family Health Model Clinics (FHMCs) and Family Health Clinics (FHCs), 10 Mobile Service Units (MSUs), 1,210 engaged Private Practitioners (PPs), 497 trained Community-Based Distributors (CBDs) and Traditional Birth Attendants (TBAs). Additionally, our youth-focused initiatives encompass 6 Youth Helplines, 38 Youth Resource Centers, and 9 Youth Friendly Spaces.

The report also highlights our best practices and innovations that have strengthened access to rights-based FP & SRH services, particularly in underserved and vulnerable communities.

One of our major priorities in 2024 was investing in youth empowerment through comprehensive FP & SRH and LSBE interventions. A significant milestone this year was the successful launch of Balochistan's first-ever Youth Policy 2024, following the devolution of youth-related mandates to provincial governments in 2011. The final section of this report showcases a selection of our successful, innovative interventions aimed at strengthening FP and SRH service delivery across Pakistan.

# Acronyms

|        |   |          |  |
|--------|---|----------|--|
| AJ&K   | Azad Jammu & Kashmir                                  | MR:      | Menstrual Regulation   |
| AWR:   | Arab World Region                                     | MSUs     | Mobile Service Units   |
| BCC:   | Bahaviour Change Communication                        | NDMAs:   | National Disaster Management Authorities                           |
| BoG    | Boards of Members                                     | NGO:     | Non-Government Organization  |
| CAR:   | Commissionate of Afghan Refugees                      | NHN      | National Humanitarian Network                                      |
| CBDs   | Community Based Distributors                          | OT       | Operation Theatre  |
| CBOs   | Community Based Organizations                         | PAC:     | Post Abortion Care   |
| CCI:   | Council of Common Interest                            | PDMA:    | Provincial Disaster Management Authority                           |
| CDA    | Chanan Development Association                        | PHC      | Primary Health Care  |
| CEWG:  | Country Engagement Working Group                      | PMOs     | Program Management Offices   |
| cLMIS  | Contraceptive Logistics Management Information System | PPCT     | Prevention of Parent to Child Transmission                         |
| CMR:   | Clinical Management of Rape                           | PPFP     | Postpartum family planning   |
| CPR    | Contraceptive Prevalence Rate                         | PPs:     | Private Practitioners  |
| CSGs   | Community Support Groups                              | PWD:     | Population Welfare Department                                      |
| CSO:   | Civil Society Organization                            | QAD:     | Quality Assurance Doctor   |
| CYP    | Couple Year Protection                                | QoC:     | Quality of Care  |
| DDMAs: | District Disaster Management Authorities              | RAF      | Research and Advocacy Fund   |
| DoH:   | Department of Health                                  | RESPOND: | Responding with Essential SRHR Provision & New Delivery Mechanisms |
| DPWO:  | District Population Welfare Officer                   | RH:      | Reproductive Health  |
| DRR:   | Disaster Risk Reduction                               | RHC:     | Rural Health Centre  |
| EmONC: | Emergency Obstetric and Neonatal Care                 | SAFRON:  | Ministry of States and Frontier Regions                            |
| FHC:   | Family Health Clinic                                  | SBCC:    | Social Behaviour Change Communication                              |
| FHH:   | Family Health Hospital                                | SDGs     | Sustainable Development Goals                                      |
| FHMC:  | Family Health Model Clinic                            | SDPs:    | Service Delivery Points  |
| FP&RH: | Family Planning and Reproductive Health               | SOPs     | Standard Operating Procedures                                      |
| FP:    | Family Planning                                       | SRHie    | Sexual and Reproductive Health in Emergencies                      |
| FPAP:  | Family Planning Association of Pakistan               | SRHR:    | Sexual and Reproductive Health and Rights                          |
| GB:    | Gilgit Baltistan                                      | STD:     | Sexually Transmitted Disease                                       |
| GBV    | Gender Based Violence                                 | STI:     | Sexual Transmitted Infection                                       |
| HIV:   | Human Immuno Deficiency Virus                         | TBA:     | Traditional Birth Attendant  |
| IEC:   | Information Education Communication                   | TVC:     | Television Commercial  |
| INGO:  | International Non-Government Organization             | UNFPA:   | United Nations Population Fund                                     |
| IPPF   | International Planned Parenthood Federation           | UNHCR:   | United Nation High Commission for Refugees                         |
| IRC    | Indus Resource Centre                                 | WFS:     | Women Friendly Spaces  |
| ITA    | Idara-e-Taleem o Aaghahi                              | WGFS     | Women and Girls Friendly Space                                     |
| IUCDs  | intrauterine contraceptive devices                    | WHO      | World Health Organization  |
| KP:    | Khyber Pakhtunkhwa                                    | YFHS     | Youth Friendly Health Spaces                                       |
| LARC:  | Long Acting Reversible Contraception                  | YRC:     | Youth Resource Centre  |
| LHV:   | Lady Health Visitor                                   |          |  |
| LHW:   | Lady Health Worker                                    |          |  |
| LoU:   | Letter of Understanding                               |          |  |
| LSBE:  | Life Skill Based Education                            |          |  |
| MA:    | Member Association                                    |          |  |
| MISP   | Minimum Initial Service Package                       |          |  |
| MNCH:  | Maternal Neonatal and Child Health                    |          |  |
| MoU:   | Memorandum of Understanding                           |          |  |

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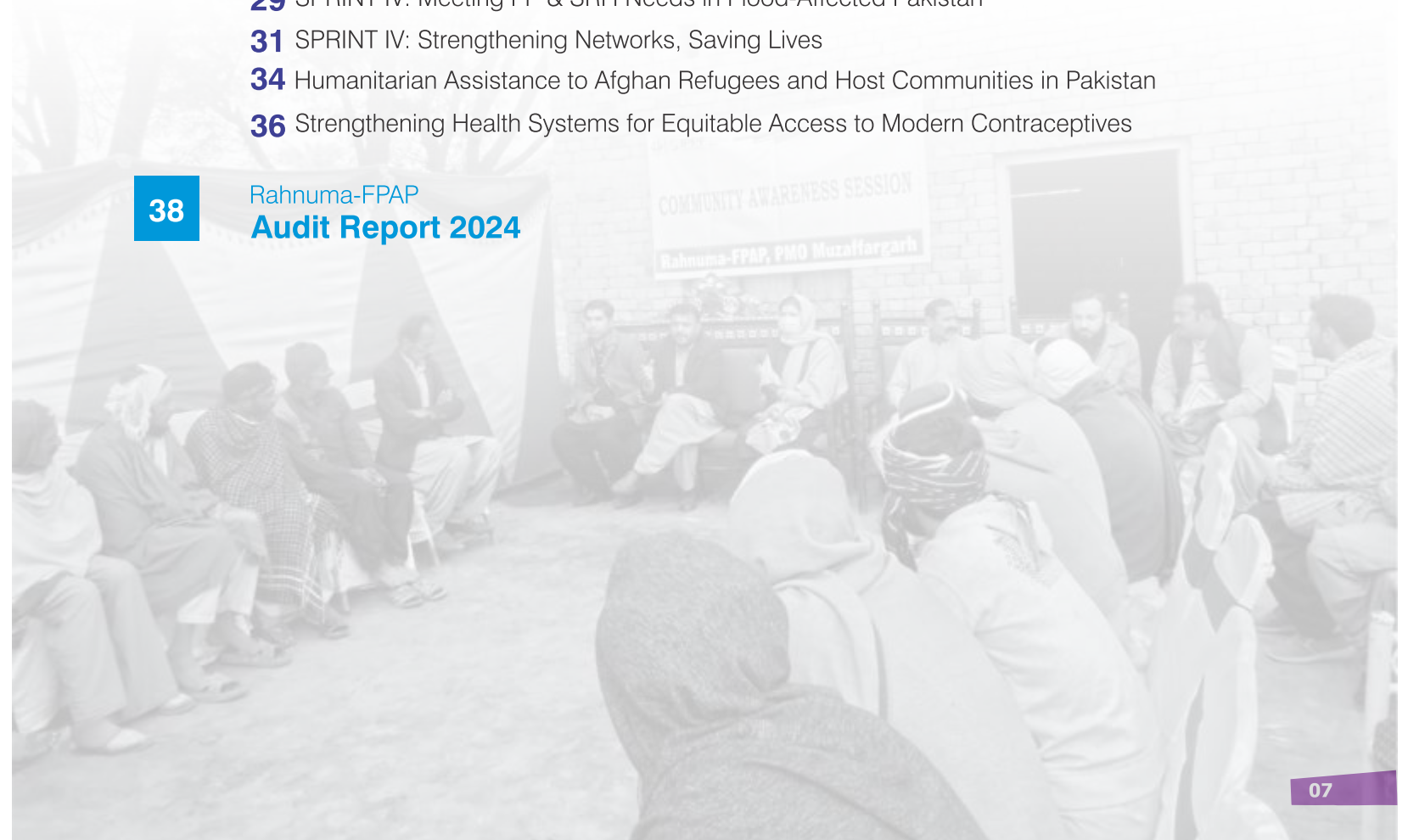
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## Expanding Choices, Enhancing Care:

### Integrated and Person-Centered FP&SRHR Services

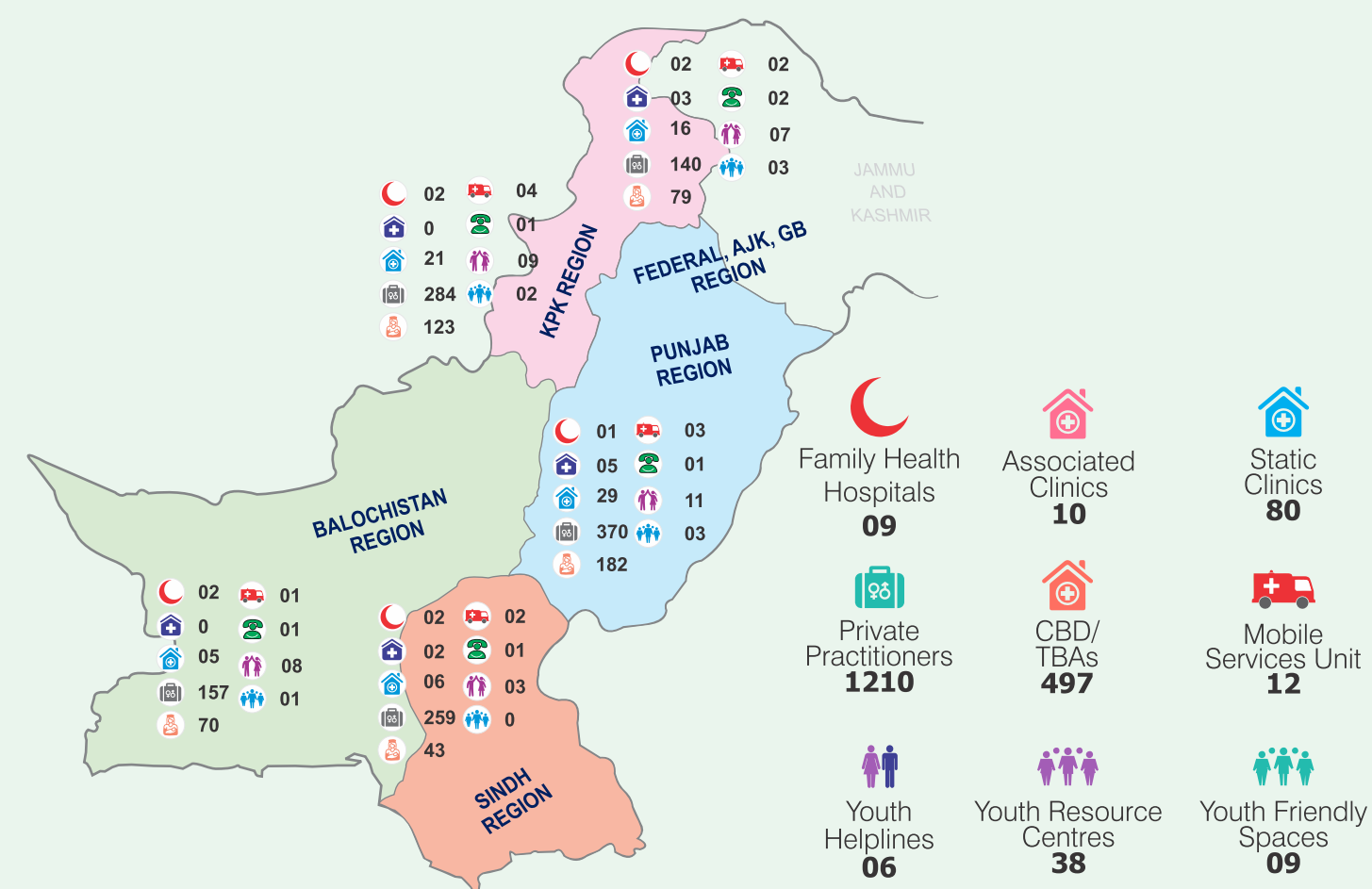
To provide a full range of integrated, affordable, quality, and person-centered family planning (FP), Sexual and Reproductive health and rights (SRHR) care by expanding choices, widening access, and advancing digital health innovations and self-care.



## Rahnuma-FPAP's Service Delivery Infrastructure 2024

As one of Pakistan's oldest and largest rights-based civil society organizations, Rahnuma-FPAP is nationally and internationally recognized as a leading advocate and provider of family planning (FP) and Sexual and Reproductive Health (SRH) services. Its extensive service delivery network demonstrates a strong commitment to equitable access and rights-based healthcare.

Through this infrastructure, the organization delivers services including family planning, sexual and reproductive health, emergency care, counseling, and referrals with a particular focus on marginalized communities living in urban slums, remote rural areas, and conflict-affected regions.



# Empowering Communities, Strengthening Futures:

## Scalable Best Practices for Accessible, Rights-Based FP&SRH Information and Services

Family Planning (FP) and Sexual and Reproductive Health (SRH) services are foundational to the well-being of individuals, families, and communities. However, equitable access to these services remains a challenge in many underserved and marginalized areas. The key to bridging this gap lies in community empowerment building trust, ownership, and capacity at the grassroots level. This approach emphasizes scalable best practices that prioritize human rights, informed choice, gender equity, and cultural sensitivity.



### Provision of Quality Counselling Services

Counselling is an essential element of FP & SRH care. At present, nearly half of women and young clients benefit from counselling services offered through Rahnuma-FPAP's health facilities. Service providers deliver one-on-one counselling in a safe and confidential environment. Skilled counsellors offer free information, guidance, and referral support on FP & SRH matters, empowering clients to make informed decisions and exercise their rights to voluntary choices.



### Working with Private Practitioners

Rahnuma-FPAP has introduced a Private Practitioners (PPs) model as a core strategy to enhance the delivery of FP & SRH services in collaboration with private providers. Under this approach, a network of Family Health Clinics (FHCs) has been established, each branded and supported to broaden access to family planning and other FP & SRH services, ensuring long-term sustainability and positive community outcomes.

To uphold service quality, Rahnuma-FPAP's Quality Assurance Doctors (QADs) conduct regular supervisory visits to these Family Health Clinics, closely monitoring service standards and ensuring a consistent supply of family planning commodities.



### Strengthening FP & SRH through Public Private Partnerships

Recognizing the important role of the private sector in healthcare delivery, Rahnuma-FPAP strengthened collaboration between public and private health providers to enhance access, outreach, and quality of FP & SRH services. While the public sector remains the primary provider of FP & SRH services in Pakistan, a significant share of these continues to be provided by private practitioners, clinics, and hospitals.

To bridge service gaps and ensure that individuals receive equitable and reliable care regardless of the source, Rahnuma-FPAP prioritizes capacity building and quality assurance. This includes training of healthcare providers, standardizing protocols, and promoting best practices that align with national and international FP & SRH standards.

Through this integrated public private partnership model, Rahnuma-FPAP contributes to expanding service coverage, reducing inequalities in healthcare access, and fostering a more resilient and sustainable FP & SRH ecosystem in Pakistan.



### Capacity Building of Public and Private Healthcare Providers

As part of its commitment to quality care, Rahnuma-FPAP conducts regular trainings and refresher sessions for healthcare providers to enhance their knowledge and skills in FP & SRH. These capacity-building initiatives equip providers to deliver effective counselling, improve client engagement, and strengthen uptake and continuation of FP & SRH, and MNCH services. By empowering providers, Rahnuma-FPAP ensures that clients receive accurate information and support to make informed choices FP & SRH services.

To safeguard quality standards, Quality Assurance Doctors (QADs) are placed across all five regions. They conduct quarterly supervisory visits to Service Delivery Points (SDPs), carry out client exit interviews, and oversee compliance with QoC protocols. In addition, QoC trainings are organized at each Program Management Office (PMO) to reinforce service standards. Specialized trainings and workshops are also conducted for mid-level healthcare providers, with a strong focus on FP and SRH areas, ensuring continuous professional development and improved service delivery.



## Delivering Hope: Humanitarian Response & SRHie Impact 2024

Rahnuma-FPAP remained at the forefront as both an advocate and provider of life-saving humanitarian services, ensuring the delivery of rights-based quality SRHie care to the most vulnerable populations in crisis with a strong emphasis on equity, dignity, and resilience.

### Strategic Humanitarian Partnership:

Strengthened partnership with UNFPA and Balochistan AIDS Control Program to advance FP/RH and HIV/AIDS efforts, including PPCT OT setup at Saiban Hospital Balochistan.

### Emergency Medical Outreach:

In collaboration with PDMA Sindh, Balochistan, KP, and Punjab, Rahnuma-FPAP organized community outreach medical camps in disaster-affected districts, providing essential healthcare services to over one hundred thousand community members.

### District Coordination for Emergency Preparedness:

Conducted and hosted district-level coordination meetings with DDMA in selected districts of Sindh, Balochistan, KP and Punjab to prepare for disaster and emergency response and integrate MISP services.

### Signed MoU with Rescue 1122 KP:

Rahnuma-FPAP signed MoU with Rescue 1122 KP to institutionalize SRH and MISP services in emergency response.

### Capacity Building of Rescue 1122:

Conducted MISP trainings for KP and Balochistan Rescue 1122 officials under the Flood Emergency Response, SPRINT Project.

### Multi-Stakeholder Engagement:

Organized and hosted coordination meetings with National Humanitarian Network (NHN) to strengthen private sector role for disaster response.



## Rahnuma-FPAP Humanitarian Response

In the face of Pakistan's recurring disasters including the devastating 2024 floods Rahnuma-FPAP has established itself as a leading private sector organization partnering with the public sector to deliver life-saving humanitarian assistance. With a strong focus on advancing FP & SRH, preventing and responding to GBV, and ensuring inclusive healthcare, Rahnuma-FPAP works to leave no one behind, prioritizing poor, marginalized, and hard-to-reach communities.

Over the years, Rahnuma-FPAP has earned recognition as a reliable and responsive humanitarian CSO, swiftly mobilizing during natural disasters such as floods, earthquakes, and droughts, as well as human-induced crises including displacement, conflict, and public health emergencies. Its integrated response model combines essential healthcare services with psychosocial support, dignity kits, and

protection services placing special emphasis on the needs of women, girls, and other vulnerable groups.

Anchored in technical expertise, community presence, and strong collaboration with national and provincial authorities particularly NDMA and PDMA's Rahnuma-FPAP has successfully mainstreamed the Minimum Initial Service Package (MISP) for FP & SRH into Pakistan's disaster response framework. Guided by a principled humanitarian mandate, Rahnuma-FPAP continues to demonstrate that rights-based, gender-responsive, and community-driven healthcare not only saves lives but also restores dignity during times of crisis.

## Rahnuma-FPAP Responded to Emergencies with Compassion and Care

Whenever disasters strike whether floods, earthquakes, or displacement crises Rahnuma-FPAP rapidly mobilizes its resources to reach affected populations. Its humanitarian interventions focus on:

- Essential medical supplies and health services for women, children, and marginalized groups.
- Psychosocial support, especially for women and girls facing trauma and violence.
- Emergency reproductive health services, ensuring no interruption in access to contraception, maternal health services, or GBV support.

These efforts have been instrumental in maintaining the dignity and well-being of vulnerable populations during crises.





## Family Health Hospitals (FHHs)

Located in Lahore, Islamabad, Karachi, Quetta, Peshawar, Turbat, Badin, Kohat, and Gilgit-Baltistan, Rahnuma-FPAP's Family Health Hospitals represent flagship models of integrated, inclusive, and community-responsive healthcare. These facilities combine high-quality clinical services with person-centered care, ensuring dignity and respect for every client, especially women, youth, and marginalized groups.

The scope of services has significantly expanded in recent years to meet the dynamic FP & SRH needs of the communities served. In addition to core FP and SRH services, these hospitals now offer comprehensive FP & SRH services, addressing women's health across the life course. As models of excellence, these hospitals continue to inform best practices for scaling integrated health services nationwide.

## Family Health Clinics (FHCs) & Family Health Model Clinics (FHMCs)

Rahnuma-FPAP operates number of Family Health Clinics and Family Health Model Clinics across Pakistan, strategically located to serve underserved and geographically isolated communities. These clinics are crucial in ensuring equitable access to FP & SRH services, offering care that is either free or highly subsidized, thereby eliminating financial barriers for vulnerable populations.

Functioning as satellite centers, FHCs maintain strong referral linkages with Family Health Hospitals, ensuring seamless continuity of care and timely access to advanced services. Robust quality assurance mechanisms and Standard Operating Procedures (SOPs) are implemented across all FHCs, guided by international best practices and IPPF standards. These clinics not only provide essential health services but also empower individuals especially women and adolescents.

## Mobile Service Units (MSUs)

To further extend its outreach, Rahnuma-FPAP operates 12 Mobile Service Units (MSUs) that bring essential FP and SRH services to the doorsteps of marginalized, hard-to-reach populations. These mobile units conduct regular visits to remote areas, offering on-the-spot services including contraceptive counseling and provision, maternal health support, and community awareness sessions. MSUs play a critical role in closing service delivery gaps by linking clients to FHCs and FHHs for follow-up care.



## Private Practitioners (PPs)

To strengthening public and private partnership for the provision of family planning and reproductive health services, Rahnuma-FPAP's partnership with 1,210 community-based Private Practitioners who serves as a cornerstone in its strategy at the grassroots levels to target marginalized and vulnerable sections of society. These practitioners are often the first point of contact for individuals seeking general health services in their communities.

Rahnuma-FPAP engages these practitioners to:

- Deliver FP and SRH counseling, especially on short-term and long-term contraceptive methods
- Provide basic reproductive health services
- Refer clients requiring long-acting or permanent methods to public or private sector service points

This partnership model strategically engages local healthcare providers such as community clinics, private practitioners, and frontline health workers as the first point of contact for individuals seeking medical attention. By embedding healthcare services within the community, it enhances accessibility, especially for underserved and remote populations.

## Community-Based Distributors (CBDs)

A key pillar of Rahnuma-FPAP's community engagement model is the deployment of 497 Community-Based Distributors (CBDs) to directly deliver contraceptive services to marginalized and underserved households. Most CBDs are Traditional Birth Attendants (TBAs) which are respected community figures with deep cultural ties and trusted relationships within their localities. Prior to deployment, all CBDs undergo comprehensive training covering:

- Foundational knowledge in FP and SRH.
- Counseling skills and communication techniques.
- Ethical service delivery and client confidentiality.
- Distribution of short-term contraceptive methods i.e., condoms and pills.

CBDs also play a vital role in community education, addressing misconceptions around family planning and referring clients to clinics and hospitals for advanced services. This localized approach significantly improves accessibility, ownership, and trust in reproductive healthcare.

## We Ensure

### Quality Assurance and Client-Centered Approaches

Rahnuma-FPAP has institutionalized a robust Quality of Care (QoC) framework grounded in IPPF's global standards. The framework ensures:

- Client rights and dignity.
- Informed choice and consent,
- Medical eligibility screening.
- Comprehensive and personalized counselling.
- Ongoing follow-up and client support.

Continuous capacity building, routine monitoring, and feedback mechanisms are integral to maintaining high service standards and improved client satisfaction.

### Innovations in Digital Health and Self-Care

Recognizing the potential of digital tools in expanding access, Rahnuma-FPAP has advanced digital integration across its service delivery system. Key innovations include:

- Expansion of tele-counseling services
- Digitization of health records
- Piloting of mobile-based health education content for youth and remote communities
- Adaptation of IEC and BCC materials for virtual platforms

These efforts have enabled clients particularly young people and rural populations to access accurate SRHR information, adopt self-care practices, and receive timely follow-up support.

## Institutional Integration of MISP in Disaster Response Plans

One of Rahnuma-FPAP's most significant contributions has been its sustained advocacy and policy engagement around the Minimum Initial Service Package (MISP) for FP & SRH in emergencies.



Through collaboration with the National Disaster Management Authority (NDMA) and all Provincial Disaster Management Authorities (PDMAs), Rahnuma-FPAP played a leading role in ensuring that MISP protocols were officially notified and integrated into national and provincial disaster response plans.



MISP is a globally recognized life-saving package that ensures access to essential FP & SRH services during the earliest stages of emergencies, with a particular focus on protecting women, girls, and other vulnerable populations.

## National & Global Humanitarian Coordination

In response to the 2024 floods, Rahnuma-FPAP has continued to play a proactive role in both national and global humanitarian coordination platforms. At the national level, it is an active member of networks such as the National Health Emergency Preparedness and Response Network (NHEPRN) and the National Humanitarian Network (NHN). Through these platforms, Rahnuma-FPAP ensures that its disaster preparedness and response efforts remain aligned with nationally endorsed standards, humanitarian principles, and established SOPs.

By adhering to these frameworks, Rahnuma-FPAP not only enhances the quality, accountability, and effectiveness of its flood response interventions but also strengthens its standing as a credible and dependable humanitarian actor within Pakistan. This strong engagement allows the organization to contribute to collective crisis responses, advocate for inclusive and rights-based approaches, and amplify the visibility of FP & SRH needs.

## MISP to ensure FP & SRH Services during emergencies and disasters

As a leading civil society organization, Rahnuma-FPAP has prioritized the integration of the Minimum Initial Service Package (MISP) into Pakistan's disaster preparedness and response frameworks. We launched a dedicated campaign to ensure that MISP is formally included in both National and Provincial Disaster Management Plans. Through strong coordination with NDMA, PDMAs of all provinces including AJ&K and GB, Rahnuma-FPAP continues to advocate for the systematic implementation of MISP in disaster response.

MISP is a globally recognized umbrella package designed to address the reproductive health needs of women and children in emergency settings. Endorsed as part of the 2004 revision of the Sphere Humanitarian Charter and Minimum Standards in Disaster Response. Its interventions include preventing maternal and newborn mortality, ensuring access to contraception, managing sexual violence, preventing the spread of HIV, and laying the foundation for comprehensive reproductive health services as the situation stabilizes.

## Working with AFGHAN Refugees:

Through the RESPOND Project, Rahnuma-FPAP has been actively engaging with Afghan refugee populations in District Kohat. Mobile medical outreach camps and targeted community awareness sessions form the cornerstone of this engagement bringing health education and services directly to those who need them most. We organized community outreach FP&SRH Medical camps in Refugee Settings in selected Districts of KP and Balochistan by providing essential FP&SRH Services.



## Resilience in Crisis: Strengthening FP & SRH Through Innovation and Inclusion

### Enabling Environment – FP and SRH Community Outreach Services During Emergencies and Disasters

Despite on going disasters and emergency situations, Rahnuma-FPAP continues to provide FP and SRH services across Pakistan using innovative approaches. We adopt and apply all relevant national and international protocols and guidelines for FP and SRH community outreach. Antenatal registration remains operational, and family planning services are delivered without interruption. Postpartum care is also provided at the household level to identify newborns and children for initiating or continuing routine immunization and home visits. During community visits, key messages on FP and SRH are consistently delivered to all pregnant women. Health Care Workers are reassigned various tasks related to maternal health and post-abortion care, including awareness raising, counselling, birth preparedness, lactation management, and addressing issues related to pregnancy, delivery, and postpartum care during emergencies.





## Strengthening Partnership with Federal & Provincial Disaster Management Authorities

To ensure the continuity of FP & SRH services during emergencies and disasters, Rahnuma-FPAP has prioritized building strong institutional linkages. We have established and strengthened coordination with the Federal and Provincial Disaster Management Authorities as well as with relevant departments and agencies.

In addition, Rahnuma-FPAP has developed close collaboration with the National Health Emergency Preparedness Network (NHEPRN) and the National Humanitarian Network (NHN). These partnerships have been critical in consolidating and scaling up civil society's contribution to humanitarian response during crises.

The central objective of these public private partnerships is to safeguard the rights and well-being of women and girls, ensuring that FP and SRH services often overlooked in emergencies are prioritized, protected, and integrated into disaster response mechanisms. Rahnuma-FPAP advocates for a holistic humanitarian response that addresses not only immediate survival needs but also the longer-term health and dignity of affected communities.



## Capacity Building of Public Sector to Strengthen Humanitarian Services

Building on the success of the Research and Advocacy Fund (RAF) Project, Rahnuma-FPAP expanded its humanitarian interventions to enhance the role and capacity of disaster management authorities at both federal and provincial levels. A key component of these efforts is the SPRINT Initiative, specifically designed to address critical gaps in the implementation of the MISP for reproductive health.

Under this initiative, a series of coordination meetings were conducted with the PDMAs across Punjab, Khyber Pakhtunkhwa, Balochistan, and Sindh. In parallel, liaison meetings were organized with the DDMA in Muzaffargarh (Punjab), Badin (Sindh), Peshawar (KP), and Quetta (Balochistan). These meetings focused on advocating for the inclusion of MISP as a core component of emergency preparedness and response agendas.

To strengthen operational capacity, Rahnuma-FPAP also organized specialized trainings for the National Health Emergency Preparedness and Response Network (NHEPRN) and Rescue 1122 teams in Punjab and KP. These trainings aimed to build institutional capacity for effective delivery of FP & SRH services during emergencies and to ensure that the specific needs of women and girls are not overlooked in crisis situations.



## Developing Partnership with Public and Private Partners

With SPRINT support, Rahnuma has engaged with agencies including WHO, UNHCR, NDMA and the PDMA through a Reproductive Health Working Group (RH WG) chaired by the National Health Emergency Preparedness and Response Network (NHEPRN) and co-chaired by UNFPA. Collaboration with such agencies has strengthened partnerships for timely coordination to effectively respond to disasters. Rahnuma-FPAP trained more than 30 Master Trainers on the MISP, as well as a total of 200 Government Officials from National DMA (NDMA), PDMA, NHEPRN, representatives from international NGOs and civil society organizations. It has further conducted more than 10 related trainings for army officials and law enforcement agencies. With emphasis to date primarily at the national and sub-national levels, SPRINT/Rahnuma are well positioned to concentrate efforts at the community level, where gaps exist in community capacity for FP & SRH integration into disaster risk management for health.



## FP&SRH Services for Refugees:

Rahnuma-FPAP conducted community outreach FP & SRH camps, along with awareness sessions in refugee camps, targeting marginalized and vulnerable sections of society. During these sessions, over 300 participants were provided with essential information on various reproductive health topics, including MR care, STIs, FP and GBV prevention and response. These activities not only enhanced community awareness but also facilitated better access to reproductive health services for underserved populations, fostering informed decision-making and overall well-being.



# Investing in **future** Empowering Youth Through Comprehensive FP & SRH & LSBE

Rahnuma-FPAP Youth Program aims to empower young people in Pakistan by building their capacity and skills to access FP & SRH Services including Life Skill Based Education (LSBE). It is mandated to that all adolescents which account for more than 21% of total population are aware of their FP & SRH and are empowered to make informed choices and decisions.

The main objectives of Rahnuma-FPAP Youth & Adolescent Program to advance the SRHR agenda through grounding advocacy, shifting norms and engaging with youth in order to support societal and legislative change. The Rahnuma-FPAP Youth Program continues to play a vital role in empowering young people across Pakistan by improving their access to FP & SRH services and strengthening youth leadership through education, counseling, and community engagement.

## Strengthening School-Based LSBE Interventions

- ✓ **90** schools were selected
- ✓ MoUs signed
- ✓ **279** teachers trained as LSBE facilitators
- ✓ **360** complete sessions
- ✓ **48,830** students (male & female) reached
- ✓ **180** partial sessions conducted
- ✓ **18,147** students engaged

## Building Peer Leadership

Youth participation remained central to the program's success:

- ✓ **420** young people were trained as Peer Educators on LSBE and youth FP & SRH.
- ✓ **900** single LSBE awareness sessions organized
- ✓ **73,308** young people engaged

Peer-led education fostered trust, openness, and peer-to-peer dialogue, significantly enhancing the impact of SRH messaging.

## Reaching Youth Through Helpline Counselling

- ✓ Youth Helpline provided essential counseling services to **15,166** young people
- ✓ Ensured confidential access to FP & SRH support
- ✓ Helped them navigate issues related to their health, relationships, and personal safety.

## Awareness Raising Events

- ✓ Through interactive seminars, discussions, and community events, the investing in the future project commemorated important international observances, such as Youth Day and International Women's Day.
- ✓ **2432** women and **2092** men were made aware of FP & SRH and GBV as a result of these initiatives.

## Mobilizing Community Support

- ✓ **30** Community Support Groups (CSGs) were established at Regional and PMOs levels
- ✓ Comprising of **142** male and **153** female members to ensure sustained engagement at the grassroots level. CSG members took ownership of local implementation, facilitating LSBE sessions, supporting youth-led initiatives, and organizing community awareness campaigns. Their leadership has significantly improved community responsiveness toward youth FP & SRH and LSBE initiatives.



## Achievements 2024



Female Participants

**94,663**

received LSBE information, equipped with knowledge on SRHR, personal safety, and empowerment.



Male Participants

**44,161**

received LSBE information, empowered through sessions on health, decision-making, and rights.



People with Disabilities & Transgender Youth

**461**

received LSBE information Inclusive learning through adapted materials and outreach.



## Driving Change: Moving the FP & SRH Advocacy Agenda Toward Sustainable Futures

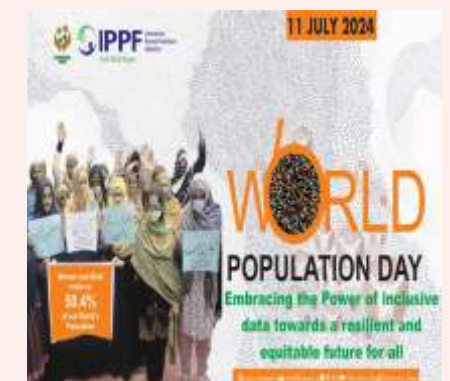
To advance the FP & SRH agenda through grounding advocacy, shifting norms and engaging with youth in order to support societal and legislative change.

## COMMEMORATING INTERNATIONAL DAYS 2024 Celebrate, Unite, Empower



Rahnuma-FPAP organized various activities and events across Pakistan to observe the 16 Days of Activism against Gender Based Violence (GBV). These initiatives aimed to raise awareness among participants about gender-based violence and other harmful social practices. The events also emphasized the ongoing struggle to end violence against women and girls, encouraging participants to recognize its impact and take a stand for a more equitable and inclusive future.

Rahnuma-FPAP commemorated International Youth Day 2024 under its theme "From Clicks to Progress: Youth Digital Pathways for Sustainable Development". Rahnuma-FPAP marked International Youth Day 2024 across its network by organizing community awareness sessions, seminars, walks, and social media campaigns in Lahore, Karachi, Haripur, Chakwal, and Muzaffargarh, focusing on artificial intelligence and connecting digitalization with FP & SRH services.



To celebrate International Women's Day 2024, Rahnuma-FPAP organized a series of activities across Pakistan, aimed at promoting gender equality and women's empowerment. The events included recreational activities, role plays, speeches, poster exhibitions, IEC material displayed, awareness sessions, and seminars conducted in schools and colleges.

Rahnuma-FPAP, along with other development partners, observed World AIDS Day 2024 across Pakistan. As part of this initiative, an awareness seminar was organized under the auspices of the Balochistan AIDS Control Program in collaboration with UNDP and UNICEF.

Rahnuma-FPAP celebrated World Population Day 2024 with a series of activities and awareness campaigns aligned with the theme, "Harnessing Opportunities and Ensuring Rights and Choices for All". The organization engaged communities, youth, and local health providers through informative sessions, interactive dialogs, and advocacy events. Rahnuma-FPAP reaffirmed its commitment to building a healthier, more inclusive future for all.

# Accelerating FP2030 in Pakistan Through Civil Society Engagement



## Pakistan FP2030 Vision Statement;

By the end of 2030, Pakistan envisions a society where women and girls are empowered and all couples enjoy basic rights to decide the number of their children freely and responsibly by maintaining a balance (tawazun) between their family size and resources, make informed choices to achieve a prosperous, healthy, and educated society.

## Background & Overview

Rahnuma-FPAP has been one of the pioneering organizations in driving momentum for FP2030 in Pakistan. To ensure national ownership and effective implementation of FP2030 commitments, Rahnuma-FPAP launched a series of initiatives and advocacy campaigns, which were acknowledged and supported by the FP2030 Secretariat. In recognition of this leadership, Rahnuma-FPAP was designated as the Civil Society Organization (CSO) focal point for the FP2030 Country Engagement Working Group (CEWG).

With support from UNFPA, Rahnuma-FPAP initiated a dedicated civil society engagement project that significantly contributed to shaping a comprehensive FP2030 Pakistan Framework. This framework was guided by recommendations endorsed by the Council of Common Interests (CCI) in 2018. Under this initiative, the FP2030 CSOs and Youth Working Group was established at the national level and later expanded into provincial chapters across Punjab, Sindh, Khyber Pakhtunkhwa, and Balochistan, bringing together key CSOs, INGOs, and development partners.

Since 2021, with sustained support from UNFPA, Rahnuma-FPAP has been convening regular national and provincial meetings of the FP2030 CSOs and Youth Working Groups. These forums provide civil society organizations with an inclusive space to share insights, highlight challenges, and put forward recommendations. The inputs generated are consolidated and fed into Pakistan's FP2030 Country Engagement Working Group (CEWG) through quarterly consultations, which are organized on a rotational basis across the provinces.



## The Role of CSOs in Advancing FP2030

Civil society organizations have played a transformative role in:

- Driving accountability for FP2030 commitments through grassroots monitoring and feedback.
- Promoting equity and inclusion, especially for underserved groups and rural communities.
- Mobilizing youth leaders and peer networks to normalize FP & SRH conversations.
- Piloting innovative outreach models in hard-to-reach areas, bridging service gaps.

## Our Achievements

1
Institutionalized Civil Society Engagement

- Established the FP2030 CSO & Youth Working Group with representation from 30+ CSOs and youth-led organizations at Federal, Punjab, KP and Balochistan
- Held 12 quarterly coordination meetings, ensuring continuity, alignment, and joint planning among key stakeholders.

2
Youth Inclusion and Empowerment

- Rahnuma-FPAP revitalized the Youth Peer Education approach in Pakistan and nurtured a new generation of FP youth champions. These champions are actively advocating for family planning and reproductive health within their communities and policy spaces.

3
Advocacy and Policy Influence

- Advocated for the inclusion of private sector in population task forces.
- Contributed to policy dialogues on:
  - Revised CPR targets
  - Supporting local contraceptive manufacturing.

4
Strengthened Multi Sectoral Coordination

- Facilitated collaboration between government, CSOs, private sector, and community-based organizations (CBOs) to align FP/SRHR efforts
- Promoted best practice sharing and cross-learning through regional and national forums.

# Our Advocacy Journey at a Glance

## Key Highlights, Achievements and Strategic Directions



Ms. Hadia Nawaz, Parliamentary Secretary for Population Welfare Department, Government of Balochistan, visited Rahnuma-FPAP Regional Office Balochistan to explore ways of strengthening FP & SRH services through public-private partnerships.



A delegation from the Australian High Commission, led by Mr. Neil Hawkins, visited the Rahnuma-FPAP Family Health Hospital in Gilgit. The guests were warmly received by Mr. Zahid Ali, Regional Director Federal, AJ&K and GB, Rahnuma-FPAP, along with Mrs. Kaneez Fatima, Member Board of Governance (BoG). During the visit, the delegation toured various sections of the hospital.

To strengthen public-private partnerships in family planning (FP) and reproductive health (RH), Ms. Saman Ray, Director General Population Welfare Department (PWD) Punjab, visited Rahnuma-FPAP Punjab Region. She also visited Rahnuma-FPAP Family Health Hospital Lahore.



Mr. Malik Liaqat Ali Khan, Special Assistant to Chief Minister of KP, acknowledged the critical role of CSOs in providing universal family planning and reproductive health (FP & RH) services in line with the FP 2030 Commitments. He made these remarks while serving as the Chief Guest at the FP 2030 Provincial CSOs Coalition Meeting organized by Rahnuma-FPAP in collaboration with UNFPA Pakistan at Peshawar.

# Our Advocacy Journey at a Glance

## Key Highlights, Achievements and Strategic Directions



Ms. Saman Ray, Director General, Population Welfare Department (PWD) Punjab, graced the Training of Trainers (TOT) organized by Rahnuma-FPAP for public and private healthcare practitioners on the adoption of Sayana Press and DMPA-SC. As a chief guest, she also distributed certificates to the successful participants of the training.



Rahnuma-FPAP Balochistan reached another milestone as Provincial AIDS Control Program provided essential OT equipment to Rahnuma-FPAP Family Health Hospital (FHH) Quetta. This support will further strengthen the hospital's performance and enhance its ability to serve poor and marginalized communities. Rahnuma-FPAP expressed appreciation to the Regional Director of Balochistan and his team for this achievement.

Chief Executive Officer Punjab Charity Commission, Col (R) Mr. Shehzad Amir, visited Rahnuma-FPAP Punjab Regional Office in Lahore. Rahnuma-FPAP Regional Director, Ms. Samina Ashraf, warmly welcomed him and provided an overview of the organization's programmatic areas and extensive community outreach.



The Government of Balochistan launched Balochistan Youth Policy 2024, marking a historic milestone as the province's first-ever youth policy. Rahnuma-FPAP played a pivotal role in the formulation and realization of this landmark initiative. Rahnuma-FPAP worked extensively with policymakers, parliamentarians, and key stakeholders to build momentum and ensure inclusive representation of youth voices throughout the process. This collaborative effort underscores Rahnuma-FPAP's commitment to youth empowerment.



## Our Innovative Projects

Empowering Communities through Creative Solutions

### Young Omang

Amplifying the Youth-led FP & SRH Movement in Pakistan

Young Omang Pakistan stands as a dynamic youth-led coalition dedicated to advancing FP & SRH through inclusive, rights-based advocacy. Since its inception in 2016, the platform has championed narratives of equality, diversity, and inclusion providing space for young voices to shape policy and transform societal norms. Comprising seven influential member organizations, Young Omang brings together a powerful blend of youth engagement, regional representation, and technical expertise. Anchored by the Chanan Development Association (CDA) as its host, the coalition includes Aahung, Bargad, Blue Veins, Idara-e-Taleem-o-Aagahi (ITA), Indus Resource Centre (IRC), and Rahnuma-FPAP. These members collectively work to mainstream FP & SRH across a broad spectrum, including:

### Building Capacity for Youth-Centered Programming

A series of comprehensive capacity-building workshops were organized, reaching 48 participants from the partner CSOs. These sessions deepened knowledge and practical skills on FP & SRH, LSBE, and YFHS, empowering civil society actors to embed youth-centered approaches in their community services and programming.

### Fostering Dialogue through Strategic Linkages

Linkages and networking meetings in Chakwal and Lahore brought together grassroots CSOs, policymakers, and government representatives to forge strong alliances and promote youth-focused health initiatives. These engagements facilitated mutual learning and catalyzed support for FP & SRH as a priority in public health and development agendas.

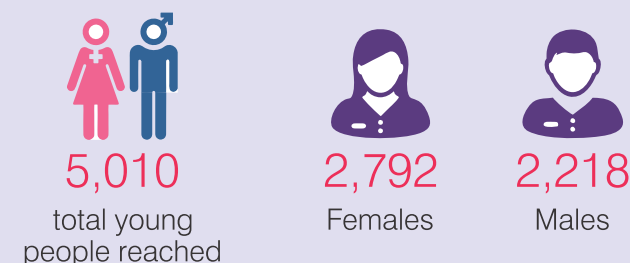


### Informing Policy with Evidence and Youth Voices

Young Omang developed a Policy Brief on Youth-Friendly Health Services (YFHS), highlighting systemic gaps, best practices, and actionable recommendations to enhance service delivery in alignment with the lived realities and rights of young people. This brief serves as a strategic tool for influencing provincial-level decision-making.

### Reaching Youth Through Direct Engagement

Through interactive educational sessions, Young Omang reached a total of 5,010 young people (2,792 females and 2,218 males) in year 2024 equipping them with critical knowledge on LSBE and access to YFHS. These efforts are central to empowering youth as agents of change in their communities. Young Omang continues to lead from the front, inspiring collaboration, amplifying youth voices, and shaping a future where all young people in Pakistan can exercise their FP & SRH with confidence and dignity.



## SPRINT IV:

Ensuring of FP&SRH Needs in Flood-Affected Districts

### Emergency Response for Communities in Crisis by Implementing MISP for SRH

When monsoon rains devastated large parts of Pakistan in mid-2024, vulnerable populations across Punjab, Sindh, and Khyber Pakhtunkhwa were left grappling not just with loss of shelter and livelihood, but with restricted access to essential healthcare. In these critical moments, Rahnuma-FPAP, supported by the SPRINT Initiative, launched a rapid, lifesaving intervention to ensure that FP & SRH were not sidelined in emergency response efforts.

### Target Locations:

- **Punjab:** Lahore, Muzaffargarh
- **Sindh:** Karachi, Badin
- **Khyber Pakhtunkhwa:** Peshawar, Nowshera
- **Balochistan:** Quetta



## SPRINT Flood Response:

To ensure affordable, person-centered, and quality FP & SRH services for flood-affected communities by

- Expanding access and choice.
- Advancing digital health innovations and self-care.
- Strengthening MA and partner capacities in crisis settings.
- Improving the policy and funding ecosystem for FP & SRH in emergencies

## Why It Mattered

The devastating floods claimed 156 lives including 76 children and left more than 280 people injured. Thousands of homes were destroyed, while critical health systems in severely affected districts such as Nowshera (Khyber Pakhtunkhwa), Badin (Sindh), and Lahore (Punjab) were disrupted.

Women, girls, and vulnerable people bore the brunt of the crisis. They faced heightened risks of maternal health complications, unsafe deliveries, GBV, and limited or no access to essential FP & SRH.

## Impact Snapshot



### 240 Mobile Medical Camps Conducted

14,878 clients served (12,416 women, 2,462 men; including 159 persons with disabilities)

74,759 FP & SRH services and 56,981 non-SRH services delivered



### 145 Community Awareness Sessions Conducted

These sessions focused on FP & SRH, MNH and GBV, equipping participants with essential knowledge and resources to improve health and well-being



### 07 Coordination Meetings Organized

strengthened coordination with District Disaster Management Authorities (DDMAs) and local health systems in Nowshera (Khyber Pakhtunkhwa), Badin (Sindh), and Lahore (Punjab). Regular updates on project activities and progress were shared, along with challenges encountered during implementation. This engagement not only fostered transparency but also strengthened collaboration among stakeholders, ensuring more effective and coordinated responses to community needs.



### 100 Clean Delivery Kits Distributed

to visibly pregnant women for safe childbirth in Nowshera (Khyber Pakhtunkhwa), Badin (Sindh), and Lahore (Punjab)



### 220 Referrals

Provided for survivors of sexual and gender-based violence (SGBV)



### Client Feedback

Based on 1,200 exit interviews, 98% of clients reported satisfaction with quality of services



## SPRINT IV: Strengthening Networks, Saving Lives

### Coalition Building for SRHR in Crisis and Post-Crisis Settings

As climate shocks, humanitarian crises, and health emergencies continue to challenge Pakistan's fragile systems, Rahnuma-FPAP, under the SPRINT IV Initiative, has emerged as a catalyst for change bringing together institutions, responders, and policymakers to put FP & SRH at the forefront of emergency preparedness and response following the MISP approach.

### Networking & Capacity Building for FP & SRH in Emergencies

Under SPRINT IV, priority was given to strengthening coordination, fostering coalitions, and building capacities to ensure that FP & SRH services are not overlooked during humanitarian crises. Through the effective implementation of the Minimum Initial Service Package (MISP) for FP & SRH in emergencies, the project engaged key national stakeholders to integrate SRH within Disaster Risk Reduction (DRR) frameworks and operational preparedness plans.

## National Reproductive Health Working Group (RHWG) – From Dialogue to Policy

Rahnuma-FPAP and UNFPA organized National Reproductive Health Working Group (RHWG) Meeting joined by all prominent public and private sector stakeholders at Islamabad under the chair of MoNHSRC attended by UN agencies, Provincial Health Departments and civil society organizations. Rahnuma-FPAP also co-convened the RHWG alongside UNFPA to formalize the Terms of Reference (ToRs) for SRH coordination in humanitarian contexts. During this national level meeting following action were ensured:

- Multi-stakeholder participation ensured across federal and provincial levels
- Policy-level feedback secured from MoNHSRC
- Punjab-level consultation also led by Rahnuma-FPAP with IRMNCH & UNFPA to localize RHWG mandates

## Impact:

Institutionalizing FP & SRH coordination mechanisms and ensuring it is embedded in national emergency preparedness plans.



## Frontline Readiness: MISP Training for Emergency Responders

**Location:** Khyber Pakhtunkhwa & Balochistan

**Participants:** Rescue 1122, NHN Member Organizations, Disaster Response NGOs

Rahnuma-FPAP organized 3-day intensive trainings on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Emergencies (SRHie), equipping frontline responders with critical knowledge and practical skills to deliver lifesaving FP & SRH services in disaster-affected communities.

The trainings aimed to strengthen the resilience and FP & SRH preparedness of emergency teams in provinces most vulnerable to floods, natural disasters, and humanitarian crises, ensuring that FP & SRH needs are effectively addressed from the onset of emergencies.



## Partnerships in Action: NHN Coordination Meetings

**Location:** Punjab, Balochistan, Khyber Pakhtunkhwa

**Partners:** NHN Member Organizations

In Punjab, Balochistan, and Khyber Pakhtunkhwa, Rahnuma-FPAP organized a series of three coordination meetings with National Humanitarian Network (NHN) member organizations to address the long-standing gaps in recognizing FP & SRH as a life-saving priority during emergencies. These meetings provided a platform to raise awareness on the overlooking of FP & SRH in disaster response, emphasize the importance of systematically implementing the Minimum Initial Service Package (MISP), and advocate for its formal integration into the contingency and response plans of NHN member organizations. By engaging humanitarian actors at both policy and operational levels, Rahnuma-FPAP mobilized civil society support for developing integrated disaster response models that place FP & SRH at the center of humanitarian planning. The discussions not only built consensus on the urgency of FP & SRH in crisis contexts but also fostered a collective commitment among NHN partners. NHN member organizations across all three provinces pledged to incorporate FP & SRH into their preparedness frameworks and response strategies, marking a step towards strengthening the humanitarian system's capacity to deliver timely, comprehensive, and inclusive care to vulnerable populations affected by floods, conflicts, and other emergencies.

## Improving Access to Rights-Based Family Planning for Underserved Communities

**Implementation Areas:** Rawalpindi, Rahim Yar Khan & Muzaffargarh (2024)

The Norway-funded initiative aimed to improve access to gender-responsive, rights-based, and high-quality family planning (FP) information and services in districts with some of Pakistan's poorest FP indicators. The project prioritized reaching the most marginalized, enabling women of reproductive age to exercise their reproductive rights free of coercion and discrimination.



## Achievements 2024

- **Capacity Building of Mid-Level Providers on LARCs:** 15 trainings on Single Rod Implanon were conducted. 291 mid-level providers trained from the Population Welfare Department (PWD) and Department of Health (DOH) across Muzaffargarh, Rahim Yar Khan, and Rawalpindi. 19 trainings on Sayana Press (DMPA-SC) were organized, training 331 providers.
- **Development of Standardized IEC & Training Materials:** Existing modules on Comprehensive FP & SRH, LARC, PPFP, LSBE, and Pre-Marital Counseling were reviewed, customized, and printed. Key materials developed and disseminated. These materials enhanced the knowledge, counseling skills, and service delivery capacity of healthcare providers.
- **Engagement of Unemployed Female Health Workers (FHWs):** 30 unemployed Family Welfare Workers (FHWs)/Lady Health Visitors (LHVs) were engaged (10 from each district), doubling the initial target of 15. This task-sharing model expanded outreach and improved service access in low-resource communities.
- **Technical Workshops on Pre-Marital Counseling & LSBE:** 6 workshops conducted with 125 service providers and community workers. During these workshops the topic covered were relationship communication, conflict resolution, financial planning, gender equity, and culturally relevant reproductive health practices. Promotion of inclusion of LSBE and premarital counseling into routine service delivery.
- **Youth Engagement & Community Sensitization:** 126 youth and peer educators trained in FP&SRH, gender issues, and premarital counseling, surpassing the target of 120. The sessions were conducted in Rahim Yar Khan and Muzaffargarh, focusing on behavior change, safe practices, and awareness raising of young people.
- **Mobile Health Camps for FP/SRH Services:** 160 mobile clinics organized in Rawalpindi, reaching 4,440 clients, among them were 2,678 new FP users, 1,344 follow-up clients. These camps expanded community-based access to quality reproductive health services.
- **Advocacy with Policymakers and Line Departments:** 2 high-level advocacy sessions held in Jatoi and Sadiqabad, engaging 45 participants from education, health, and related departments. These high level advocacy sessions expanded reach and sustainability of FP & SRH and LSBE interventions through institutional support and interdepartmental collaboration.



## Humanitarian Assistance to Afghan Refugees and Host Communities in Pakistan

### Provision of Life-Saving SRHie and GBV Services in Balochistan – 2024

**Supported by UNFPA** | Implemented by  
Rahnuma-FPAP

In 2024, with support from UNFPA, Rahnuma-FPAP implemented a high-impact humanitarian project across four districts of Balochistan-Quetta, Chaghi, Pishin, and Qilla Saifullah. The initiative was designed to address the humanitarian needs of Afghan refugees and host communities by providing integrated FP & SRH and GBV services, ensuring no woman or girl is left behind in crisis-affected regions.

### Project Objectives

- Expand Access to integrated FP & SRH and GBV services for Afghan refugees and host populations.
- Strengthen Health Systems by enhancing the capacities of healthcare providers and improving infrastructure.
- Enhance Coordination Mechanisms among FP & SRH and Protection actors at national and sub-national levels.
- Boost Community Resilience through awareness, psychosocial support, and improved referral pathways.

## Project Achievements 2024



Establishing  
Safe Spaces for  
Women and Girls

- 1 Women & Girls Friendly Space (WGFS) was established in Qilla Saifullah.
- The WGFS provided psychosocial support, GBV referrals, and essential FP & SRH information to over 1,563 women and girls during 2024.



### Building Community Awareness & Engagement

Rahnuma-FPAP conducted 18 awareness sessions on FP and SRH while reaching to 491 individuals (173 girls, 318 women, including 18 persons with disabilities). 1,563 women and girls received messages on GBV, FP and SRH. 8 orientation sessions held for referral partners to strengthen understanding of minimum standards, referral pathways, and survivor-centered response and 485 community members (men and women) sensitized on FP & SRH and GBV topics through community outreach.

### Medical Outreach & Service Delivery

We organized 150 community outreach medical camps across the project districts where 6,685 individuals received critical FP and SRH services (3,314 girls and 3,371 women) and 8,529 individuals accessed mobile FP & SRH services (4,050 girls and 4,479 women). Moreover 441 clients received modern contraceptives (IUCDs, injectables, implants, emergency pills, condoms) and 3,278 clients received FP and SRH counselling services.

### Capacity Strengthening for Healthcare Providers

One Comprehensive 3-day training for 20 Ob/Gyn specialists from secondary and tertiary care facilities and one BEmONC 5-day training for 21 WMOs, LHVs, and midwives from Primary Health Care (PHC) settings to improve maternal and newborn care.

### Strengthened GBV Coordination & Response

One GBV Coordination Meeting held with participation of 26 stakeholders, facilitating cross-sector collaboration. 35 GBV cases (including physical, domestic, and economic violence) identified and referred to relevant departments for appropriate support and care.

## Conclusion

This initiative exemplifies Rahnuma-FPAP's commitment to delivering people-centered humanitarian FP & SRH and GBV services to marginalized and crisis-affected populations. The project not only addressed immediate health and protection needs but also laid the groundwork for long-term resilience through system strengthening and community engagement. Together with UNFPA and local partners, Rahnuma-FPAP continues to ensure that every woman and girl has the right to safety, dignity, and reproductive choices regardless of their circumstances.



## Strengthening Health Systems for Equitable Access to Modern Contraceptives

Rahnuma-FPAP | UNFPA  
Global Supplies Partnership  
Project

### Project Overview

From 2023 to 2024, Rahnuma-FPAP implemented the UNFPA Global Supplies Partnership Project in Pakistan, making a substantial contribution to improving access to long-acting reversible contraceptives (LARCs) including Implanon and Sayana Press particularly in underserved and hard-to-reach regions.

The project placed strong emphasis on strengthening the capacity of Provincial Population Welfare Departments (PWDs) and Departments of Health (DoHs) to deliver high-quality family planning (FP) and sexual and reproductive health (SRH) services. Through a Training of Trainers (ToT) model, 670 healthcare providers from PWD and DoH were trained across Balochistan, Azad Jammu &

Kashmir (AJK), and Gilgit-Baltistan (GB) areas where access to FP and SRH services has historically been limited. This approach ensured not only immediate service delivery improvements but also laid the foundation for long-term sustainability.

A key achievement of the project was the enhanced capacity of healthcare providers to offer LARCs. Training went beyond technical insertion skills, encompassing counseling techniques and the management of potential side effects, thereby improving both the availability and quality of services. As a result, communities in underserved regions experienced greater access to modern contraceptive methods and higher-quality care.

The cascading ToT model proved to be a particularly impactful element, as trained master trainers were able to transfer knowledge and skills to additional healthcare providers. This created a self-sustaining system of continuous training and capacity building, ensuring that the benefits of the project will extend well beyond its official duration and contribute to a stronger, more responsive healthcare system.



### Key Achievements (2023–2024)

- 620 healthcare providers trained in LARC methods, including counseling, insertion, and side effect management.
- 50 health professionals trained on the Contraceptive Logistics Management Information System (CLMIS) in Skardu, GB.
- 40 TOT sessions conducted (16 national/provincial, 24 district-level) training 620 providers in total.
- TOTs covered key underserved areas: Balochistan, AJK, GB, Sindh, KP, and Punjab.
- Increased availability and uptake of modern contraceptives in remote regions.

### Strategic Impact

- Strengthened Health Systems: Built a pool of master trainers capable of cascading training, ensuring sustainability.
- Improved Access: Significantly improved contraceptive availability in hard-to-reach districts, contributing to equitable reproductive health access.
- Enhanced Service Delivery: Standardized training improved the quality and consistency of LARC services across regions.
- Sustainable Model: Cascading TOTs embedded a replicable, cost-effective approach into local health systems.

### Recommendations:

- Expand TOTs to more districts.
- Strengthen data monitoring systems for better tracking of Contraceptive Prevalence Rate (CPR).
- Engage youth through targeted reproductive health strategies.
- Deepen collaboration with provincial governments to institutionalize FP training programs.

# Rahnuma-FPAP Audit Report 2024



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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, 2024 and the statement of income, expenses and changes in fund balances, 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 material accounting policy information.

In our opinion, the accompanying financial statements present fairly, in all material respects, the balance sheet of the Association as at December 31, 2024 and its financial performance and its cash flows for the year then ended reporting framework and guidelines of International Planned Parenthood Federation (IPPF) as described in the note 2 of the financial statements.

### Basis for Opinion

We conducted our audit in accordance with the 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. These financial statements have been prepared in accordance with reporting framework and guidelines of 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.

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

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### 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, 2024 in accordance with the approved accounting and reporting standards as applicable in Pakistan on which we issued a separate auditor's report to the Association dated April 25, 2025.

The engagement partner on the audit resulting in this independent auditors' report is Zain Ul Arfeen.

Lahore  
Dated: April 25, 2025

**CROWE HUSSAIN CHAUDHURY & CO.**  
Chartered Accountants

# Rahnuma Family Planning Association of Pakistan

Balance Sheet  
As at December 31, 2024

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|                                 | Note | Unrestricted<br>2024<br>Rupees | Restricted<br>2024<br>Rupees | Total<br>2024<br>Rupees | Unrestricted<br>2024<br>US \$ | Restricted<br>2024<br>US \$ | Total<br>2024<br>US \$ | Total<br>2023<br>Rupees | Total<br>2023<br>US \$ |
|---------------------------------|------|--------------------------------|------------------------------|-------------------------|-------------------------------|-----------------------------|------------------------|-------------------------|------------------------|
| <b>Assets</b>                   |      |                                |                              |                         |                               |                             |                        |                         |                        |
| <b>Current Assets</b>           |      |                                |                              |                         |                               |                             |                        |                         |                        |
| Cash and bank:                  |      |                                |                              |                         |                               |                             |                        |                         |                        |
| Cash and bank balances          | 4    | 404,888,361                    | 103,548,809                  | 508,437,170             | 1,448,928                     | 370,558                     | 1,819,486              | 620,605,704             | 2,228,548              |
| Receivables:                    |      |                                |                              |                         |                               |                             |                        |                         |                        |
| PPFP                            |      | -                              | 4,208,902                    | 4,208,902               | -                             | 15,062                      | 15,062                 | 92,049,117              | 330,244                |
| Other donors                    | 5    | 43,300                         | 15,065,771                   | 15,109,071              | 155                           | 53,914                      | 54,069                 | 16,378,790              | 58,763                 |
| Others                          | 6    | 45,260,407                     | -                            | 45,260,407              | 161,969                       | -                           | 161,969                | 39,691,028              | 142,400                |
| Other assets:                   |      |                                |                              |                         |                               |                             |                        |                         |                        |
| Investments                     | 7    | 800,000,000                    | -                            | 800,000,000             | 2,862,869                     | -                           | 2,862,869              | 700,000,000             | 2,511,391              |
| Advances to employees           | 8    | 18,910,116                     | -                            | 18,910,116              | 67,671                        | -                           | 67,671                 | 10,996,421              | 39,452                 |
| Inventory:                      |      |                                |                              |                         |                               |                             |                        |                         |                        |
| Stock - Contraceptives          | 9    | 55,178,082                     | -                            | 55,178,082              | 197,459                       | -                           | 197,459                | 114,655,772             | 411,351                |
| Stock - General                 |      | 29,084,200                     | -                            | 29,084,200              | 104,080                       | -                           | 104,080                | 30,560,411              | 109,642                |
| Stock - Medicines               |      | 11,209,455                     | -                            | 11,209,455              | 40,114                        | -                           | 40,114                 | 25,235,445              | 90,537                 |
| <b>Total Current Assets</b>     |      | <b>1,364,573,721</b>           | <b>122,823,482</b>           | <b>1,487,397,203</b>    | <b>4,883,245</b>              | <b>435,534</b>              | <b>5,323,779</b>       | <b>1,650,172,880</b>    | <b>5,920,328</b>       |
| <b>Non-Current Assets</b>       |      |                                |                              |                         |                               |                             |                        |                         |                        |
| Fixed assets:                   |      |                                |                              |                         |                               |                             |                        |                         |                        |
| Security deposits               | 10   | 154,393,733                    | 218,959,144                  | 373,352,877             | 552,511                       | 781,564                     | 1,335,075              | 325,422,280             | 1,167,518              |
|                                 |      | 1,670,628                      | -                            | 1,670,628               | 6,694                         | -                           | 6,694                  | 1,921,128               | 6,892                  |
| <b>Total Non-Current Assets</b> |      | <b>156,064,361</b>             | <b>218,959,144</b>           | <b>375,023,505</b>      | <b>559,205</b>                | <b>781,564</b>              | <b>1,342,769</b>       | <b>327,343,408</b>      | <b>1,174,410</b>       |
| <b>Total Assets</b>             |      | <b>1,520,638,082</b>           | <b>341,782,626</b>           | <b>1,862,420,708</b>    | <b>5,442,450</b>              | <b>1,223,098</b>            | <b>6,665,548</b>       | <b>1,977,516,288</b>    | <b>7,094,738</b>       |

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

# Rahnuma Family Planning Association of Pakistan

Balance Sheet  
As at December 31, 2024

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|   | Note | Unrestricted<br>2024<br>Rupees | Restricted<br>2024<br>Rupees | Total<br>2024<br>Rupees | Unrestricted<br>2024<br>US \$ | Restricted<br>2024<br>US \$ | Total<br>2024<br>US \$ | Total<br>2023<br>Rupees | Total<br>2023<br>US \$ |
|---|------|--------------------------------|------------------------------|-------------------------|-------------------------------|-----------------------------|------------------------|-------------------------|------------------------|
| <b>Liabilities and Fund Balances</b>              |      |                                |                              |                         |                               |                             |                        |                         |                        |
| <b>Liabilities</b>                                |      |                                |                              |                         |                               |                             |                        |                         |                        |
| Current liabilities:                              |      |                                |                              |                         |                               |                             |                        |                         |                        |
| Accounts payable, accrued expenses and provisions | 11   | 100,892,448                    | 12,997,454                   | 113,889,902             | 361,052                       | 46,513                      | 407,565                | 139,687,773             | 501,158                |
| Deferred income                                   | 12   | 55,178,082                     | 37,374,947                   | 92,553,029              | 197,459                       | 113,749                     | 311,208                | 192,012,988             | 688,886                |
| <b>Total Current Liabilities</b>                  |      | <b>156,070,530</b>             | <b>50,372,401</b>            | <b>206,442,931</b>      | <b>558,511</b>                | <b>180,262</b>              | <b>738,773</b>         | <b>331,700,761</b>      | <b>1,190,044</b>       |
| Non-current liabilities:                          |      |                                |                              |                         |                               |                             |                        |                         |                        |
| Staff gratuity payable                            | 13   | 223,241,441                    | -                            | 223,241,441             | 798,889                       | -                           | 798,889                | 221,292,310             | 793,931                |
| <b>Total Non-Current Liabilities</b>              |      | <b>223,241,441</b>             | <b>-</b>                     | <b>223,241,441</b>      | <b>798,889</b>                | <b>-</b>                    | <b>798,889</b>         | <b>221,292,310</b>      | <b>793,931</b>         |
| <b>Total Liabilities</b>                          |      | <b>379,311,971</b>             | <b>50,372,401</b>            | <b>429,684,372</b>      | <b>1,357,400</b>              | <b>180,262</b>              | <b>1,537,662</b>       | <b>552,993,071</b>      | <b>1,983,975</b>       |
| <b>Fund Balances</b>                              |      |                                |                              |                         |                               |                             |                        |                         |                        |
| Designated fund:                                  |      |                                |                              |                         |                               |                             |                        |                         |                        |
| Fixed assets fund                                 | 14   | 29,466,584                     | 72,491,079                   | 101,957,663             | 106,449                       | 259,272                     | 364,721                | 101,535,886             | 371,456                |
| RFPAP reserve fund                                | 15   | 154,393,729                    | 218,959,146                  | 373,352,875             | 552,511                       | 783,564                     | 1,336,075              | 325,422,278             | 1,167,518              |
| Zakat fund  | 16   | 894,272,212                    | -                            | 894,272,212             | 3,200,230                     | -                           | 3,200,230              | 902,924,333             | 3,239,423              |
| Asset replacement fund                            | 17   | 1,053,073                      | -                            | 1,053,073               | 3,769                         | -                           | 3,769                  | 1,103,322               | 3,958                  |
| Medicine inventory fund                           | 18   | 22,046,861                     | -                            | 22,046,861              | 78,897                        | -                           | 78,897                 | 35,241,341              | 126,229                |
| General inventory fund                            | 19   | 11,209,452                     | -                            | 11,209,452              | 40,114                        | -                           | 40,114                 | 25,235,446              | 90,537                 |
|   | 20   | 29,084,200                     | -                            | 29,084,200              | 104,080                       | -                           | 104,080                | 30,560,411              | 109,642                |
| <b>Total Fund Balances</b>                        |      | <b>1,141,526,111</b>           | <b>291,410,225</b>           | <b>1,432,936,336</b>    | <b>4,085,090</b>              | <b>1,042,836</b>            | <b>5,127,926</b>       | <b>1,424,523,017</b>    | <b>5,110,763</b>       |
| <b>Total Liabilities and Fund Balances</b>        |      | <b>1,520,838,082</b>           | <b>341,782,626</b>           | <b>1,862,620,708</b>    | <b>5,442,450</b>              | <b>1,223,098</b>            | <b>6,665,548</b>       | <b>1,977,516,288</b>    | <b>7,094,738</b>       |
| <b>Contingencies and Commitments</b>              | 21   | -                              | -                            | -                       | -                             | -                           | -                      | -                       | -                      |

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

# Rahnuma Family Planning Association of Pakistan

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

For the year ended December 31, 2024

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|   |      |                                |                              |                         |                               |                             |                        |                         | 2023                   |
|---|------|--------------------------------|------------------------------|-------------------------|-------------------------------|-----------------------------|------------------------|-------------------------|------------------------|
|   | Note | Unrestricted<br>2024<br>Rupees | Restricted<br>2024<br>Rupees | Total<br>2024<br>Rupees | Unrestricted<br>2024<br>US \$ | Restricted<br>2024<br>US \$ | Total<br>2024<br>US \$ | Total<br>2023<br>Rupees | Total<br>2023<br>US \$ |
| <b>Grant Income</b>                                   |      |                                |                              |                         |                               |                             |                        |                         |                        |
| PPFP - core   | 22.1 | 509,747,400                    | -                            | 509,747,400             | 394,524                       | -                           | 394,524                | 308,874,925             | 1,099,277              |
| PPFP - restricted                                     | -    | -                              | 588,224,943                  | 588,224,943             | -                             | 1,107,669                   | 1,107,669              | 584,688,742             | 2,029,712              |
| Other donors  | 22.3 | 65,246,027                     | 235,280,480                  | 300,527,419             | 335,305                       | 848,345                     | 1,183,650              | 224,625,295             | 798,147                |
| <b>Total Grant Income</b>                             |      | <b>574,993,427</b>             | <b>823,505,423</b>           | <b>1,398,498,850</b>    | <b>629,829</b>                | <b>1,955,924</b>            | <b>2,585,753</b>       | <b>1,058,164,082</b>    | <b>3,627,136</b>       |
| <b>Program Income</b>                                 |      |                                |                              |                         |                               |                             |                        |                         |                        |
| Income from distribution of contraceptives            |      | 140,695,453                    | -                            | 140,695,453             | 395,711                       | -                           | 395,711                | 74,832,639              | 264,320                |
| Membership fee  |      | 31,100                         | -                            | 31,100                  | 1.2                           | -                           | 1.2                    | 4,400                   | 15                     |
| Income from Rahnuma Training Institute (RTI)          |      | 3,679,000                      | -                            | 3,679,000               | 13,275                        | -                           | 13,275                 | 12,127,431              | 43,361                 |
| Donations   |      | -                              | -                            | -                       | -                             | -                           | -                      | 1,092,375               | 3,980                  |
| Local funds raised from hospitals and clinics         |      | 452,622,907                    | -                            | 452,622,907             | 1,207,825                     | -                           | 1,207,825              | 381,137,878             | 1,398,385              |
| Management fee  |      | 27,696,940                     | -                            | 27,696,940              | 98,941                        | -                           | 98,941                 | 37,674,866              | 134,681                |
| Release of fixed assets funds due to depreciation     |      | 77,441,588                     | -                            | 77,441,588              | 208,125                       | -                           | 208,125                | 79,458,392              | 285,178                |
| <b>Total Program Income</b>                           |      | <b>702,186,988</b>             | <b>-</b>                     | <b>702,186,988</b>      | <b>2,024,846</b>              | <b>-</b>                    | <b>2,024,846</b>       | <b>998,173,359</b>      | <b>3,133,131</b>       |
| <b>Other Income</b>                                   |      |                                |                              |                         |                               |                             |                        |                         |                        |
| Mark-up on Investments                                |      | 188,415,068                    | -                            | 188,415,068             | 594,610                       | -                           | 594,610                | 170,504,639             | 606,841                |
| Mark-up on saving accounts                            |      | 74,332,023                     | -                            | 74,332,023              | 207,311                       | -                           | 207,311                | 101,275,325             | 360,762                |
| Miscellaneous income                                  |      | 399,028                        | -                            | 399,028                 | 1,434                         | -                           | 1,434                  | 1,001,327               | 3,583                  |
| <b>Total Other Income</b>                             |      | <b>263,146,119</b>             | <b>-</b>                     | <b>263,146,119</b>      | <b>803,355</b>                | <b>-</b>                    | <b>803,355</b>         | <b>271,781,690</b>      | <b>969,204</b>         |
| <b>Total Income</b>                                   |      | <b>1,117,325,574</b>           | <b>823,505,423</b>           | <b>1,940,831,000</b>    | <b>6,018,534</b>              | <b>1,955,924</b>            | <b>7,974,458</b>       | <b>1,830,518,261</b>    | <b>6,960,691</b>       |
| <b>Expenses</b>                                       |      |                                |                              |                         |                               |                             |                        |                         |                        |
| <b>Direct Project Expenses</b>                        |      |                                |                              |                         |                               |                             |                        |                         |                        |
| Pillar 1  |      | 807,040,624                    | 940,760,046                  | 1,747,800,670           | 2,901,031                     | 1,943,827                   | 4,844,858              | 1,402,171,321           | 5,103,628              |
| Pillar 2  |      | 16,404,796                     | 3,701,479                    | 20,106,275              | 66,231                        | 13,127                      | 79,358                 | 21,801,087              | 77,581                 |
| Pillar 3  |      | 5,074,222                      | -                            | 5,074,222               | 18,969                        | -                           | 18,969                 | 5,969,058               | 21,344                 |
| Pillar 4  |      | 80,303,458                     | -                            | 80,303,458              | 208,613                       | -                           | 208,613                | 82,742,287              | 294,485                |
| <b>Total Direct Project Expenses</b>                  |      | <b>910,823,100</b>             | <b>944,461,525</b>           | <b>1,855,284,625</b>    | <b>3,174,804</b>              | <b>1,957,954</b>            | <b>5,132,758</b>       | <b>1,512,683,751</b>    | <b>5,501,158</b>       |
| <b>Indirect Expenses</b>                              |      |                                |                              |                         |                               |                             |                        |                         |                        |
| Administrative expenses                               |      | 135,765,676                    | -                            | 135,765,676             | 486,670                       | -                           | 486,670                | 117,881,592             | 419,541                |
| Depreciation  | 22   | 77,441,168                     | -                            | 77,441,168              | 218,125                       | -                           | 218,125                | 79,458,392              | 285,178                |
| <b>Total Indirect Expenses</b>                        |      | <b>213,206,844</b>             | <b>-</b>                     | <b>213,206,844</b>      | <b>704,795</b>                | <b>-</b>                    | <b>704,795</b>         | <b>189,340,984</b>      | <b>673,717</b>         |
| <b>Total Expenses</b>                                 |      | <b>1,124,029,944</b>           | <b>944,461,525</b>           | <b>2,068,491,469</b>    | <b>6,018,534</b>              | <b>1,957,954</b>            | <b>7,976,488</b>       | <b>1,701,984,735</b>    | <b>6,174,875</b>       |
| (Deficit) / Surplus for the year                      |      | <b>(6,704,390)</b>             | <b>-</b>                     | <b>(6,704,390)</b>      | <b>(24,660)</b>               | <b>-</b>                    | <b>(24,660)</b>        | <b>177,534,526</b>      | <b>632,816</b>         |
| <b>Taxation</b>                                       |      |                                |                              |                         |                               |                             |                        |                         |                        |
| Transfer to Designated fund                           |      | -                              | -                            | -                       | -                             | -                           | -                      | -                       | -                      |
| Adjustment of currency translation                    |      | -                              | -                            | -                       | -                             | -                           | -                      | (8,074,493)             | (29,091)               |
| Exchange gain/(loss) on foreign currency transactions |      | (1,287,211)                    | -                            | (1,287,211)             | (4,127)                       | -                           | (4,127)                | 1,077,644               | 3,860                  |
| Fund balances at beginning of the year                |      | 982,885,333                    | -                            | 982,885,333             | 2,718,432                     | -                           | 2,718,432              | 730,294,624             | 2,528,681              |
| <b>Fund balance at the end of the year</b>            |      | <b>984,272,212</b>             | <b>-</b>                     | <b>984,272,212</b>      | <b>3,105,305</b>              | <b>-</b>                    | <b>3,105,305</b>       | <b>802,824,313</b>      | <b>2,820,403</b>       |

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

# Rahnuma Family Planning Association of Pakistan

Statement of Functional Expenses  
For the year ended December 31, 2024

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|  |      | 2024                 | 2024             | 2023                 | 2023             |
|--|------|----------------------|------------------|----------------------|------------------|
|  | Note | Rupees               | US \$            | Rupees               | US \$            |
| Personnel and employee benefits              |      | 562,912,926          | 2,023,476        | 577,573,436          | 2,055,568        |
| Travelling expenses                          |      | 187,510,442          | 674,035          | 224,448,967          | 798,808          |
| Vehicle running cost                         |      | 62,321,044           | 224,023          | 65,214,939           | 232,098          |
| Printing and stationery                      |      | 15,432,896           | 55,476           | 15,048,975           | 53,559           |
| Occupancy cost                               |      | 15,088,949           | 54,240           | 15,367,601           | 54,693           |
| Communication                                |      | 7,511,542            | 27,001           | 7,409,742            | 26,371           |
| Audit fee                                    | 23   | 850,000              | 3,055            | 850,000              | 3,025            |
| Consultancy and other professional fees      |      | 198,253,864          | 712,654          | 178,132,288          | 633,968          |
| Medical consumables                          |      | 179,474,700          | 645,149          | 209,581,781          | 745,896          |
| Contraceptives consumed                      |      | 106,811,365          | 383,950          | 114,261,484          | 406,653          |
| Repair and maintenance                       |      | 13,573,300           | 48,791           | 41,205,809           | 146,650          |
| Operational cost                             |      | 56,458,787           | 202,950          | 64,908,601           | 231,008          |
| IEC Material                                 |      | 17,762,533           | 63,850           | 6,606,345            | 23,512           |
| Office equipment and furniture               |      | 133,966,597          | 481,563          | 100,734,587          | 358,512          |
| Insurance                                    |      | 1,675,031            | 6,021            | 8,721,672            | 31,040           |
| Bank charges                                 |      | 348,683              | 1,253            | 478,320              | 1,702            |
| Others                                       | 25   | 31,360,642           | 112,731          | 60,026,769           | 213,634          |
| <b>Total Expenses excluding Depreciation</b> |      | <b>1,591,313,301</b> | <b>5,720,218</b> | <b>1,690,571,316</b> | <b>6,016,697</b> |
| Depreciation expense                         | 4    | 77,441,168           | 278,374          | 71,418,380           | 254,177          |
| <b>Total Expenses</b>                        |      | <b>1,668,754,469</b> | <b>5,998,592</b> | <b>1,761,989,696</b> | <b>6,270,874</b> |

| Rahnuma Family Planning Association of Pakistan<br>Cash Flow Statement<br>For the year ended December 31, 2024 |                      |                    |               |                      |                    |               |               |               |
|--|----------------------|--------------------|---------------|----------------------|--------------------|---------------|---------------|---------------|
|  | Unrestricted<br>2024 | Restricted<br>2024 | Total<br>2024 | Unrestricted<br>2024 | Restricted<br>2024 | Total<br>2024 | Total<br>2023 | Total<br>2023 |
|  | Rupees               | Rupees             | Rupees        | US \$                | US \$              | US \$         | Rupees        | US \$         |
| <b>(Deficit) / Surplus for the year</b>  | (6,944,910)          | -                  | (6,944,910)   | (24,964)             | -                  | (24,964)      | 177,528,595   | 631,818       |
| Adjustments for non cash and other items:  |                      |                    |               |                      |                    |               |               |               |
| Depreciation   | 42,948,514           | 34,492,654         | 77,441,168    | 154,385              | 123,989            | 278,374       | 71,418,380    | 254,170       |
| Release of fixed assets fund due to depreciation   | (42,948,514)         | (34,492,654)       | (77,441,168)  | (154,385)            | (123,989)          | (278,374)     | (71,418,380)  | (254,170)     |
| Provision for staff gratuity   | 54,327,900           | -                  | 54,327,900    | 195,290              | -                  | 195,290       | 71,581,731    | 254,757       |
| Transferred to designated fund   | -                    | -                  | -             | -                    | -                  | -             | (8,876,430)   | (31,591)      |
|  | 54,327,900           | -                  | 54,327,900    | 195,290              | -                  | 195,290       | 62,705,301    | 223,166       |
| <b>Net income before working capital changes</b>   | 47,382,990           | -                  | 47,382,990    | 170,326              | -                  | 170,326       | 240,213,896   | 834,984       |
| <b>Working capital changes</b>   |                      |                    |               |                      |                    |               |               |               |
| (Increase) / decrease in current assets:   |                      |                    |               |                      |                    |               |               |               |
| Receivables  | 33,744,181           | 49,796,564         | 83,540,745    | 121,299              | 179,001            | 300,300       | (96,035,589)  | (341,788)     |
| Advance to employees   | (7,913,695)          | -                  | (7,913,695)   | (28,447)             | -                  | (28,447)      | (1,787,035)   | (6,360)       |
| Inventory  | 74,979,893           | -                  | 74,979,893    | 269,527              | -                  | 269,527       | 49,966,581    | 177,830       |
| Security deposits  | 50,500               | -                  | 50,500        | 182                  | -                  | 182           | (169,100)     | (602)         |
|  | 100,860,879          | 49,796,564         | 150,657,443   | 362,561              | 179,001            | 541,562       | (48,025,143)  | (170,920)     |
| Increase/(decrease) in current liabilities:  |                      |                    |               |                      |                    |               |               |               |
| Accounts payable, accrued expenses and provisions  | (35,439,315)         | 9,641,444          | (25,797,871)  | (127,392)            | 34,658             | (92,734)      | 13,673,834    | 48,665        |
| Deferred income  | (59,477,691)         | (39,982,268)       | (99,459,959)  | (213,802)            | (143,722)          | (357,524)     | (19,365,329)  | (68,920)      |
| Staff gratuity paid  | (52,378,769)         | -                  | (52,378,769)  | (188,283)            | -                  | (188,283)     | (5,301,403)   | (18,868)      |
|  | (147,295,775)        | (30,340,824)       | (177,636,599) | (529,477)            | (109,064)          | (638,541)     | (10,992,898)  | (39,123)      |
| <b>Net changes in working capital</b>  | (46,434,896)         | 19,455,740         | (26,979,156)  | (166,916)            | 69,937             | (96,979)      | (59,018,041)  | (210,043)     |
| <b>Net Cash from Operating Activities</b>  | 948,094              | 19,455,740         | 20,403,834    | 3,410                | 69,937             | 73,347        | 181,215,855   | 644,941       |

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

| Rahnuma Family Planning Association of Pakistan<br>Cash Flow Statement<br>For the year ended December 31, 2024 |                      |                    |               |                      |                    |               |               |               |
|--|----------------------|--------------------|---------------|----------------------|--------------------|---------------|---------------|---------------|
|  | Unrestricted<br>2024 | Restricted<br>2024 | Total<br>2024 | Unrestricted<br>2024 | Restricted<br>2024 | Total<br>2024 | Total<br>2023 | Total<br>2023 |
|  | Rupees               | Rupees             | Rupees        | US \$                | US \$              | US \$         | Rupees        | US \$         |
| <b>Cash Flows from Investing Activities</b>  |                      |                    |               |                      |                    |               |               |               |
| Investments made   | (100,000,000)        | -                  | (100,000,000) | (359,465)            | -                  | (359,465)     | (147,000,000) | (521,169)     |
| Proceeds from disposal of fixed assets   | 2,781,740            | -                  | 2,781,740     | 9,999                | -                  | 9,999         | 28,957,171    | 103,058       |
| Purchase of fixed assets   | (25,612,562)         | (73,543,159)       | (99,155,721)  | (362,068)            | (264,362)          | (626,430)     | (62,736,648)  | (223,278)     |
| <b>Net Cash from Investing Activities</b>  | (122,830,822)        | (73,543,159)       | (196,373,981) | (441,534)            | (264,362)          | (705,896)     | (180,779,177) | (643,389)     |
| <b>Cash Flows from Financing Activities</b>  |                      |                    |               |                      |                    |               |               |               |
| Increase / (decrease) in funds:  |                      |                    |               |                      |                    |               |               |               |
| Designated fund  | (1,618,223)          | -                  | (1,618,223)   | (5,817)              | -                  | (5,817)       | 8,230,662     | 29,293        |
| RFPAP reserve fund   | (1,707,211)          | -                  | (1,707,211)   | (6,137)              | -                  | (6,137)       | 1,877,544     | 6,882         |
| Fixed assets fund  | 25,612,562           | 73,543,159         | 99,155,721    | 92,068               | 264,362            | 356,430       | 62,736,645    | 223,278       |
| Zakat fund   | (50,249)             | -                  | (50,249)      | (181)                | -                  | (181)         | (16,085)      | (59)          |
| Asset replacement fund   | (16,476,220)         | -                  | (16,476,220)  | (59,226)             | -                  | (59,226)      | (78,800)      | (280)         |
| Medicine inventory fund  | (14,025,994)         | -                  | (14,025,994)  | (50,419)             | -                  | (50,419)      | (8,010,884)   | (28,511)      |
| General inventory fund   | (1,476,211)          | -                  | (1,476,211)   | (5,306)              | -                  | (5,306)       | (23,169,020)  | (82,458)      |
| <b>Net Cash Generated from Financing Activities</b>  | (9,741,546)          | 73,543,159         | 63,801,613    | (35,018)             | 264,362            | 229,344       | 41,560,082    | 147,911       |
| <b>Net (Decrease) / Increase in Cash and Cash Equivalents</b>  | (131,624,274)        | 19,455,740         | (112,168,534) | (473,142)            | 69,937             | (403,205)     | 41,996,560    | 149,463       |
| <b>Effect of movements in exchange rates</b>   | -                    | -                  | -             | (2,777)              | (1,080)            | (3,857)       | -             | (476,917)     |
| <b>Cash and Cash Equivalents at the Beginning of the Year</b>  | 536,512,635          | 84,093,069         | 620,605,704   | 1,924,847            | 301,701            | 2,226,548     | 578,609,144   | 2,554,002     |
| <b>Cash and Cash Equivalents at the Reporting Date</b>   | 404,888,361          | 103,548,809        | 508,437,170   | 1,448,928            | 370,558            | 1,819,486     | 620,605,704   | 2,226,548     |

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



## Rahnuma Training Institute (RTI) Lahore



**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 50 Participants
- Audio, Visual, Multimedia, LED facilities in training halls
- 1 Executive Conference Room
- 2 rooms for groups work
- 1 room with training tools/kits/models/IP etc.
- 2 Dining halls
- 1 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 and 25 KVA)