

## DIRECTORS' REPORT 30 JUNE 2021

On behalf of the Board of Directors of the Company, we are pleased to present PPIF's operational performance together with the Audited Financial Statements and Auditor's Report for the year ended 30<sup>th</sup> June 2021.

### Introduction to PPIF

PPIF is a section 42 non-profit, public-sector company with an independent Board of Directors. The PPIF envisions to be a market maker with the immediate goal of accelerating a rise in contraceptive prevalence and reduction in unmet need for family planning services to meet targets and country level commitments highlighted in Sustainable Development Goals 2030, Punjab Population Policy Goals and Punjab Growth Strategy 2023. Its fundamental role is to test the impact of innovations that spark off a significant increase in consumer market for family planning through greater determination and information availability, enhanced provider motivation, and wider provision of quality family planning services. Recognizing the need for increasing both acceptability and availability simultaneously, the Fund supports interventions in areas of high poverty and high unmet need for family planning.

### Rationale of PPIF

With the staggering population of 207.8 million and the annual population growth rate of 2.4%, population growth in Pakistan is among one of the serious challenges which the country faces today.<sup>1</sup> Punjab, like Pakistan, has recorded a slow fertility decline in the last decade with Total Fertility Rate (TFR) 3.4% and a population of 110 million which is expected to grow double in the next 30 years.

While Punjab has the highest CPR among the provinces of Pakistan, being the most developed, it lags behind other regions and countries with similar levels of per capita income and development. The recently announced Punjab Population Policy calls for achieving replacement level fertility by 2030. Punjab houses half of the national population of Married Women of Reproductive Age (MWRA) with unmet need for contraception. Since every third pregnancy in Pakistan is unplanned, many people continue having children without giving much thought to the requirements of raising another child that can become a healthy and productive adult. Even couples who want to have fewer children lack access to family planning services. Punjab's modern contraceptive rate of 29.9%<sup>2</sup> has seen little progression for quite some time. A high level of unwanted pregnancies coupled with slow contraceptive rate have led to an unmet need of 17% for spacing<sup>3</sup>. It has also been seen that unwanted pregnancies lead to induced abortions. With more than one-third of couples spacing the next child for less than 24 months<sup>4</sup>, it is estimated that there are more than one million induced abortions in Punjab alone posing a huge financial and health burden on families and on the health system.<sup>5</sup>

Moreover, Family Planning programs in Pakistan have pre-dominantly been directed at women. With more than 50% of the couples having a disagreement on family size and 30% men wanting more children than women require for not only engaging men individually but also as couples.<sup>6</sup> The exclusion of men leads to information barriers for them at various fronts and insufficient knowledge leads to fear of side effects and contraceptive method failure, which is reported as one of the major reasons for a high contraceptive discontinuation rate (38%) in Pakistan.<sup>7</sup>

<sup>1</sup> Census Report 2017, Pakistan and World Bank Statistics

<sup>2</sup> Multiple Indicator Cluster Survey 2017-18

<sup>3</sup> Multiple Indicator Cluster Survey 2017-18

<sup>4</sup> Pakistan Demographics and Health Survey 2017-18

<sup>5</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4734376/>

<sup>6</sup> PDHS 2017-18 (Table 6.3)

<sup>7</sup> Pakistan Demographic and health Survey 2012-13

According to the UNFPA cost benefit analysis study, for each US \$1 dollar invested in family planning services, around US \$5.8 could be saved in net direct healthcare costs in Punjab<sup>8</sup>. PPIF mission is to act as an innovative hub for testing and scaling up successful family planning interventions that accelerate a rise in contraceptive prevalence and reduction in unmet need for family planning. It targets poor and underserved communities including men, women and young people, contributing to the achievement of family planning goals. Its fundamental role is to test the impact of interventions that improve family planning information availability, acceptance and wider provision of quality family planning services.

## **Performance during the year 2020-2021 over programs**

### **STRATEGIC FOCUS & INNOVATIONS:**

#### **1. INCREASE ACCESSIBILITY OF FAMILY PLANNING SERVICES:**

##### **Scale-up of Noor Model in Ten Districts of Punjab:**

Considering the mammoth potential of CRP model for scalability, the Board consented to scale up the Noor model in three districts (Gujranwala, Faisalabad and Bahawalpur) in 15<sup>th</sup> Board of Directors meeting and seven additional districts in 18<sup>th</sup> Board meeting along with its evaluation criteria to initiate the procurement process. Ten districts will be selected after receiving the data from IRMNCH regarding LHW uncovered areas. With additional funds available as communicated by P&D Board, the current Noor model shall be scaled up to 10 districts of Punjab and PDEC has recommended the same. The expected budget is PKR 450 million.

##### **The Main features of Noor model are**

- Identification of LHW uncovered areas by Department of Health
- Identification and training of *Noor* workers (community educators) for doorstep FP services integrated with BIB
- Mapping/Registration of Married Women of Reproductive Age
- Develop outreach plan including household visits, neighborhood meetings and sensitization sessions
- Identification, selection and Training of private health service providers
- Conduct family planning days in communities and at private clinics
- Develop referral mechanism with public health providers
- Printing of IEC material and data recording

##### **Selection Criteria for Districts is**

- Maximum LHW Uncovered Areas
- Poor Population Indicators
- Low CPR
- High number of Poor, Marginalized, Socially Excluded, underserved (PMSEU) strata
- Scarce Public & Private Health Facilities

#### **2. REDUCE COST RELATED BARRIERS:**

The board is complacent with the progress being made under the intervention and this has also exhibited a potential for scale-up not only in Punjab but also in Pakistan. Globally, fertility is higher among poor, rural, and uneducated women than among their well- off, urban, and educated counterparts, although this disparity is much smaller in countries with strong family planning programs.<sup>9</sup> Similarly, in Pakistan, the Total Fertility Rate for the lowest and highest wealth quintile in Pakistan is 4.9 and 2.8 respectively. However, PPIF aims to ensure that family planning services are accessible especially for the poor and the marginalized through interventions that focus on clients' financial decision-making for e.g. vouchers

<sup>8</sup> UNFPA, 2018. Estimating the Health Impacts and Economic Returns of Increased Family Planning Provision in Punjab. P(2).

<sup>9</sup> Bongaarts, 2015



that can be redeemed at trained private health service providers and/or family planning included in health insurance. The opportunity of integrating with poverty alleviation and other social development programs for enhanced service provision while also reinforcing the message that family planning can be an effective approach contributing to broad development goals of poverty reduction will also be explored.

#### **Interventions:**

##### **Innovative Model for FP Service Delivery for the Poor in Punjab**

PPIF has piloted an intervention in four Tehsils of **Rahim Yar Khan** to enable underprivileged BISP beneficiaries (MWRAs) to avail family planning services for better health outcomes. **Benazir Income Support Programme (BISP), Population Council, International Rescue Committee, and Development Strategies** are the project partners. The intervention has a digitized voucher management system based on a mobile application for verification and disbursement of funds to beneficiaries and providers. The transportation costs to the nearest health facilities will be reimbursed to the BISP beneficiaries for efficient improved access to FP services. PPIF has also provided training to service providers against Infection prevention and COVID Screening.



Service provider using mobile app

#### **Barriers in accessing FP services among Poor Women:**

1. Cannot afford private sectors.
2. Short timings of public facilities.
3. Public Facilities are far from home.
4. Busy in domestic work.
5. Restricted Mobility.
6. Transport costs

#### **Program Outcomes:**

- 80,000 MWRAs among BISP beneficiaries reached.
- 20,000 MWRAs among BISP Beneficiaries Served through electronic vouchers.
- 60 more private service providers capacitated to provide quality assured FP services.
- 4500 mother ambassadors and 34 outreach workers mobilize

### **COMPONENETS OF VOUCHER PROGRAM**

#### **Improved Accessibility of FP Information:**

- 4500 mother ambassadors and 34 outreach workers mobilized.
- Private sector providers have been incentivized to offer FP services.
- Network of 60 PPs closer to home.

#### **Improved Availability of Method-Mix Contraceptives (Short-term, Long-term & Permanent Method):**

- 60 Private Providers trained and provided with contraceptive supplies from PWD Punjab and the facilities present in the centers are maternity homes, dispenser clinics, doctor and LHV clinic and hospitals.
- Referral mechanism established with 20 Public Providers especially for permanent methods and the clinics have RHC, BHU, Public Dispensary, MCH Center, FWC, RHS-A/FH Center, and CMW
- Improved quality of care ensured.

- Infection Prevention and COVID Screening training provided to private service providers

#### Affordability of FP Services Ensured:

- Digital Voucher covers the cost related to FP services and transportation.
- Providers use mobile app to perform CNIC and biometric verification.
- Electronic payment can be received from nearby UBL and Omni branches.

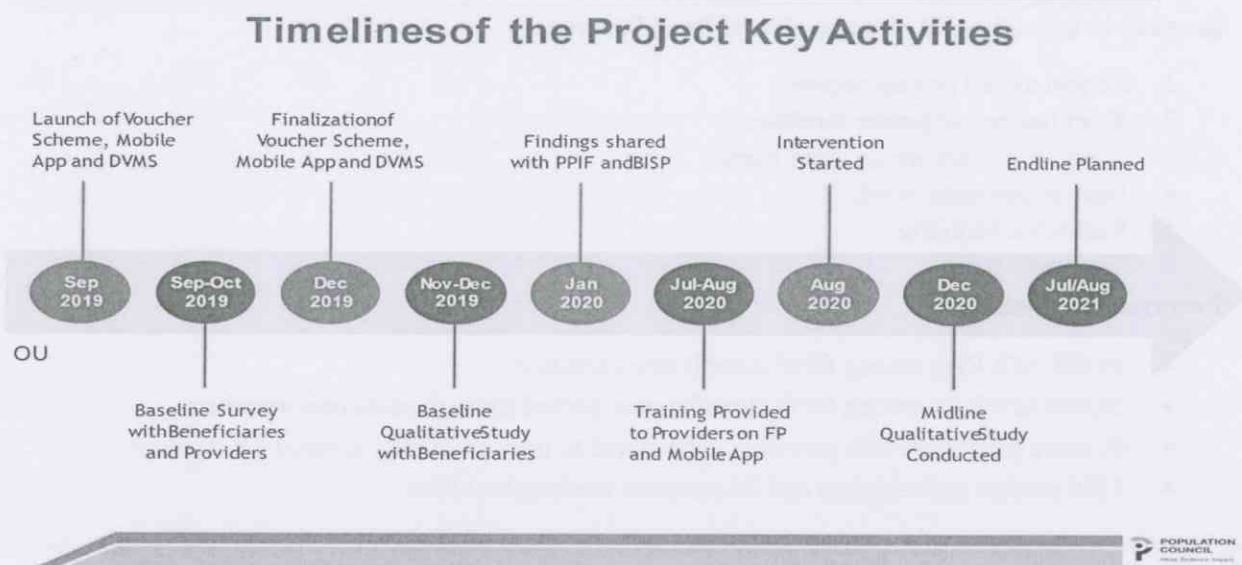
#### Program Learning:

- Community mobilization has been effective in reaching out to BISP beneficiaries.
- Maternity homes and LHV's are popular service providers.
- Additional young beneficiaries in the BISP household could be reached with half the per-beneficiary cost, doubling the intervention's impact with the availability of updated BISP data.
- Challenges in reaching BISP beneficiaries because BISP available data is only from 2010 as well as restrictions due to pandemic. Digital mediums for outreach and FP desks at Ehsas disbursement camps have been set up for the optimum reach.

#### Key Midline Findings:

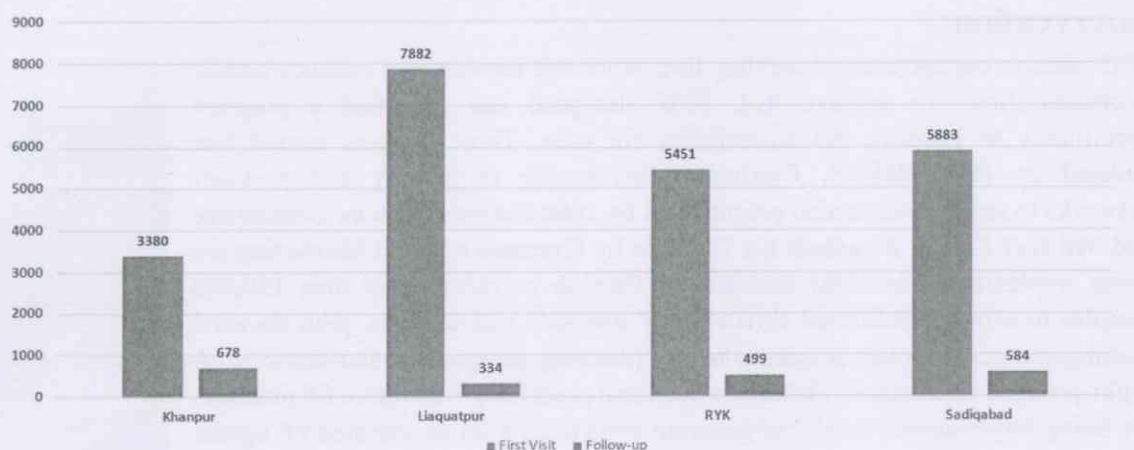
Population Council has carried out a midline study to assess the progress made so far. Its key findings are as follows:

#### Timelines of Project Activities:



#### Demand Side Progress:

## Number and Type of Visits, by Tehsil



### Perception of BISP Beneficiaries about the Intervention:

## Perception about the voucherscheme

### Availability

- ❖ Appreciation for availability of free of cost contraceptive at private facilities;

### Accessibility

- ❖ Access to services has been facilitated by meeting cost of travel to service delivery points
- ❖ Community mobilization efforts have helped in informing about FP voucher scheme
- ❖ Women refer voucher as *Ma Bachey kieharka card* or *Waqfeywal Parchi*

*"Previously due to financial constraints we could not get contraceptive methods. We would get pregnant frequently. Now we have the advantage to get a free of cost method of our choice and we can give time to our younger child." 34 years old women with 5 children beneficiary of voucher scheme*

### SCALABILITY:

- It is estimated 1.6M MWRA among the 2.7M BISP Beneficiaries in Punjab who can be provided with FP services through this model. The board is complacent with the progress being made under the intervention and this has also exhibited a potential for scale-up not only in Punjab but also in Pakistan. However, the final approval will be granted upon the production of the endline report.

### 3. STRENGTHEN MALE ENGAGEMENT:

Despite husbands predominantly being the decision makers of the household and their understanding of family planning significantly affecting women's use of contraception, most family planning programs in Pakistan are still largely directed at women with limited opportunities for men to acquire information, counselling, and services. With more than 50% of the couples having a disagreement on



family size and 30% men wanting more children than women require for not only engaging men individually but also as couples.<sup>10</sup>

### Intervention:

PPIF aims to engage men where they live, work and recreate and enhance couple communication. To achieve that, PPIF designed and launched a program specifically to improve the accessibility for men. Three projects named **kar Buland** by **DOCTHERS**, **Connect4fp**-leveraging technology and provider networks to reduce unintended pregnancies by **International Rescue Committee** and **Mil Kar Faisla, Khushali Ka Waseela** by **Greenstar Social Marketing** are being implemented in **eight districts of Punjab** reaching more than **150,000 couples** to improve informed choice of FP methods and services, joint decision making and accessibility of quality family planning information and services. A multi-pronged approach of globally proven and promising innovative FP practices are being implemented locally to generate evidence for an accelerated FP uptake by engaging both men and women. In this regard, men and women are being reached by increasing information channels through community workers and tele-health and also provided with FP services through a network that includes previously untapped Male GPs, Hakims, Homoeopaths and Pharmacies with referral linkages to female health service providers.



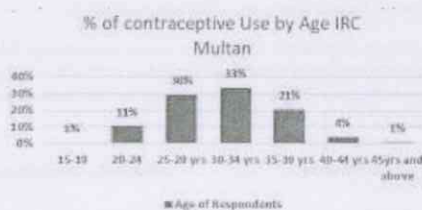
Training of men at workplaces

### INTERNATIONAL RESCUE COMMITTEE:

The project being implemented by *International Rescue Committee* is offering a comprehensive client-centered FP package including FP counselling, treatment/ management and referrals through a trained network of **pharmacies/medical stores, private providers (Male & Female GPs)** and public providers. Trained **Family Planning Champions** have conducted community mobilization and a performance-based remuneration is also provided to incentivize the mobilization activities. *Viamo*, as technical partner, has provided a high-tech and **low-cost mobile solution** linking clients with service providers in hard-to-reach communities and for data collection. The intervention is being carried out in **9 Union Councils of district Multan** and is expected to reach more than **54,000 MWRAs**, generate **7300 Additional Family Planning Users** and offer wide range of quality FP services through **40 service providers**. **30%** of MWRAs availing services are expected to choose long term FP methods. Due to the limitations and delays caused by the pandemic and subsequent lockdowns, the project has been awarded a No Cost Extension of three months hence the project will be ending in July 2021.

- **Quality-assured Network of 40 Private HCPs Established**
- **104% Couples Reached**
- **More than 100,000 MRAs & MWRAs Sensitized through SMS & IVR Services**
- **158% New FP Users generated**

## IRC-Multan Progress till to Quarter-6



**Method Mix of Female Service Provider**



### Digital Platform:

- Need for Family Planning among youth met particularly through mHealth solutions
- 36% of PPs reported an increase in their clientele due to SMS & IVR services
- 60% of community members were reported to benefit from digital platform and same was reflected in the Client Exit Interviews conducted by TPM.
- Knowledge of men on LARCs increased significantly compared to the baseline survey and majority attributed it to the platform.

- 50 Private providers trained
- 10 Male GP and 8 Chemists trained on FP Counselling
- 100% Couples Reached target 54,000.
- 153% New FP Users generated

## Greenstar Social Marketing:

The project being implemented by *Greenstar Social Marketing* is **reaching men and couples at first point-of-contact** services. It has developed a network of **Male General Practitioners** providing FP services at polyclinics (female provider assisted), Female Health Providers, Pharmacies, Hakims and Homeopaths. The project has involved previously inactive Male Service Providers, Hakims and Homeopaths in the family planning ecosystem. It has also established male friendly spaces at pharmacies for the provision of FP counseling. The health clinics also observe **fixed day FP services** to further accelerate the promotion of family planning services. The intervention is being carried out in **6 Union Councils of district Bahawalpur and three Union Councils of district Faisalabad**. The project is expected to reach more than 47,000 MWRAs, generate 5200 Additional Family Planning Users and offer wide range of quality FP services through 175 service providers. 30% of MWRAs availing services are expected to choose long term FP methods. Due to the limitations and delays caused by the pandemic and subsequent lockdowns, the project has been awarded a No Cost Extension of three months hence the project will be ending in September 2021.



Following is the research brief jointly developed with GSM on the project learnings so far.

## Integrating a Male Practitioner Ecosystem to Augment Family Planning Service Delivery

Dr. Muhammad Ahmed Siddiqui, Dr. Syed Aziz ur Rab, Amna Akhsheed, Ali Imran, Jawad Mansoor, Muhammad Alam.

### Objective

To document the contribution of the male practitioners' ecosystem towards sustaining demand and generating family planning users

### Rationale

Male engagement is considered to be a high impact and gender-

sensitive practice for increased adoption of family planning (FP) services<sup>1</sup>. Evidence shows that addressing men engagement in family planning programs can improve program outcomes and increase gender equality<sup>2</sup>. However, increasing men engagement in FP is a complex process, and there are many impeding cultural factors. 27% of men in Pakistan still think contraception is a women's business, and 16% link contraception to women's promiscuity. Furthermore cultural and behavioral barriers are more

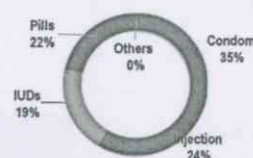
prevalent in men with low educational and wealth status<sup>3</sup>.

### Innovation in Action

Greenstar's social franchise programming focusses on demand led initiatives to increase access of modern FP through community based mobilization, and 7000 female service providers. At parallel, the Greenstar's social marketing channel ensures commodity supply at approx. 39,000 active pharmacies, 1000 informal providers (Hakeems

- Overall the project registered 10946 new users collectively. 56% (n=6173) were generated directly from services provided at the female provider facilities, and 44% (n=4773) were contributed by the male provider ecosystem

Method Mix - Female Providers



Method Mix - Male Ecosystem

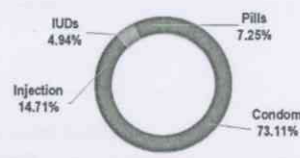


Figure 02 depicts the total landscape against the proportion providing referrals, and the average referrals. Overall 48% (n=60) practitioners provided onward referrals. Of the referring providers 20% were general physicians (n=12, 30% of total male G.P.s), 42% chemists (n=25, 56% of total chemists), 22% were Hakeems (n=15, 65% of total Hakeems), and 17% Homeopaths (n=10, 50% of total).

MALE ECOSYSTEM & CLIENT REFERRALS

— Total Count — Referring Providers Avg. Clients Per Channel

- 175 Private providers trained
- 45 Chemists trained on FP Counselling
- 102% Couples Reached
- 153% New FP Users generated

FP counselling and methods through standardized training manuals, and male community mobilizers (Sattar Bhai) aided the Sitara Baji (female mobilizers) in their household visits to better influence normative behaviors and barriers related to male engagement in the communities.

### Scope and Geography

09 underserved union councils of Bahawalpur and Faisalabad, with a direct beneficiary coverage of 47000 couples.

### Methodology

The brief reports secondary analysis of retrospective program data from February 2020 to April 2021. The program data is collected by trained field workers and submitted electronically every month. The data is verified through a three tier validation and monitoring mechanism, which includes GSM internal monitoring, PPIF monitoring and third party validation mechanism.

### Results

- The project collectively serviced 27586 FP clients. 33% (n=9290) of which were contributed by the male provider ecosystem, and 67% (n=18296) by the female providers.
- 72% (n=90) of enrolled male practitioners contributed in generating family planning clients out of which 33% (n=30) provided direct counselling and condom dispensation at their respective facilities, and 67% (n=60) also referred clients to female providers for pills, injections, IUDs, and sterilization.
- Overall 36% (n=9824) clients adopted long term methods (injections, IUDs, sterilization). 44% (n=7999) of the clients visiting female providers directly adopted long term methods (LTM), and 20% (n=1825) of the clients generated from the ecosystem.
- A total of 2499 clients out of 9290 were referred to female providers. The LTM adoption rate in the clients referred (n=2499) by the ecosystem to the female providers stands at 73% (n=1825).

entails extensive mapping and capacity building which requires a larger inception phase as compared to the status quo. Still contribution of one third of the clients, 44% of new users, and increasing trend of long term method adoption denotes significant potential

- Key programmatic interventions that amplified the ecosystem performance in a short time
  - Availability of condom dispensing units at all practitioners of the eco-system, which helped in generating new users
  - A complete functional referral loop, which ensured referrals are effective and timely data is collected and reported
  - Dedicated male physicians for FP outreach camps helped augment service delivery to males directly
  - An centrally managed supply chain ensuring zero stock outs.

### Conclusion and Recommendations

Informal providers, majority of which are men, undertake a significant burden of healthcare delivery specifically for the poor due to convenient access, trust, affordability, and perceived quality of care<sup>4</sup>. Similarly male general physicians, and male dominated pharmacies, have been largely left out of FP programming

The Greenstar/PPIF pilot is indicative of the effectiveness of the male unconventional channels in FP service delivery. Leverage of existing strengths in delivering FP care and commodities allow for better linkage of the ecosystem with conventional modes of FP service delivery. Such public-private partnerships if brought to scale may help public sector to enhance access and increase CPR in an efficient and cost effective manner.

### References

1. High-Impact Practices in Family Planning (HIPS). Engaging Men and Boys in Family Planning. A Strategic Planning Guide. Washington, DC: USAID; 2018 Jan.
2. Rottach E, Schuler SR, Hardie K. Gender perspectives improve reproductive health outcomes: New evidence. Washington, DC: Population Reference Bureau; 2008
3. National Institute of Population Studies (NIPS) [Pakistan] and ICF. 2019. Pakistan Demographic and Health Survey 2017-18. Islamabad, Pakistan, and Rockville, Maryland, USA: NIPS and ICF
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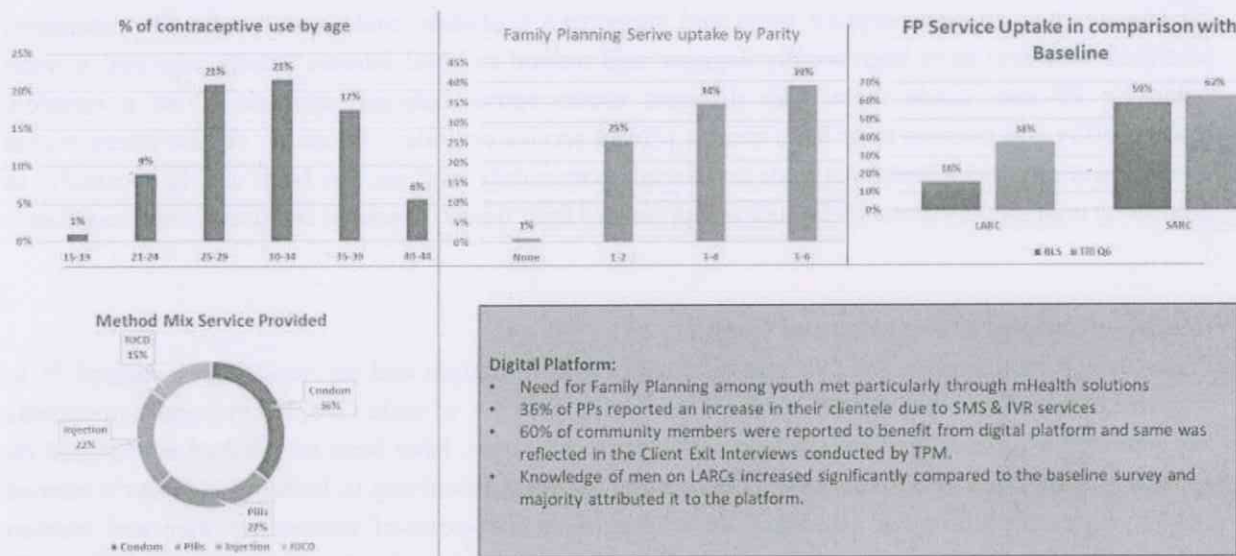
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## DoctHers:

The project being implemented by *DoctHers* is reaching men and women working in **168 factories/distribution centers** in eight districts as well as its surrounding communities to increase accessibility to FP information and consultation via an online Community Health Worker (CHW)-assisted telemedicine platform (HD-video-consultation). Family planning has been added to the employee's **health insurance system**. The intervention is being implemented in districts of **Lahore, RY Khan, Muzaffargarh, Multan, Bahawalpur, Gujranwala, Faisalabad and Rawalpindi**. The project is expected to reach more than 40,000 MWRAs, generate 6000 Additional Family Planning Users and offer wide range of quality FP services through 40 service providers. 40% of MWRAs availing services are expected to choose long term FP methods. Due to the limitations and delays caused by the pandemic and subsequent lockdowns, the project has been awarded a No Cost Extension of three months.

## doctHERs Progress



- 40 Home-based-doctors trained by UHS
- 81% Couples Reached
- Telehealth Consultation provided to MRAs & MWRAs
- 93% New FP Users generated

## Scalability and Extension:

The results have been best observed in areas of

- Low CPR
- High unmet FP need
- Unavailability of public and private health facilities within 5 Km radius or within 20 minutes of traveling time depending on the topography of the area
- Involvement of men as outreach workers
- Inclusion of non-physician cadre and pharmacists

- Inclusion of male GPs
- Tele-medicine provides an entry point in communities for provision of information and services at their door steps, however it needs to offer a general health package.
- Reaching men and women at workplaces is more effective where the aggregated number is high

As per contract with all three partners in this cycle, clause 5.7 states “*On the successful completion of the project and upon mutual written agreement of both Parties, the project can be extended for another complete term (18 months) / terms based on performance and approval from the Board of Directors of PPIF. In such case, the extension shall be on the same scope of job, same TORs and on same cost. The location of the extended project may be same or vary as mutually agreed by both parties on the same cost.*”.

Based on the results shared above PPIF feels that there is enough proof of concept to scale up these models incorporating lessons learnt. This could be done through new call for proposals as well as extension of the projects as per the clause stated above. However, the Board held back its decision till the endline survey

## INNOVATIVE APPROACHES

### Door-step Information Channels

To engage men as contraceptive users and supportive husbands, male and female FP champions (outreach workers) have been locally engaged and trained to build interest among men and women regarding FP use, guide them with different contraceptive options, promote FP as a couple's responsibility and connect them with nearest private service providers. Globally, similar interpersonal communication model deploying male and female community workers, has been widely successful in increasing men's own contraceptive use and promoted their wives' access to and use of contraception.<sup>11</sup>

<sup>12</sup>

### Reaching Couples at First Point of Contact

Places which men find as reliable sources for health information and services seem a natural fit to sensitize them about other related issues. Therefore, a network of male GPs, hakims and homeopaths and pharmacies, places that are predominantly visited by men, have been established and trained on providing male friendly FP services. This strategy has been promising in building provider's interest for FP where these service providers are leveraged as first-point-of contact for men and women complimented by in-house female FP service providers or an external referral mechanism.<sup>13</sup> **Fixed FP days** are also organized at these facilities for couples thereby improving the clientele for other health issues for these providers.

### M- Health

With a rising internet and mobile penetration in far-flung areas of Pakistan and positive results of global interventions in this context, digital mobile information dissemination tools of SMS and voice messages (Urdu Language) are being piloted to share FP information. Research emphasizes that the message design, language and worker's training in communication skills is essential for a successful mobile health intervention. In communities with limited service providers, female doctors have been remotely engaged for tele-consultation services for the couples. Similarly, in another area, phone booths are being installed at pharmacies and connected to FP helpline.

### Reaching Men at Workplaces

<sup>11</sup> Shattuck D, Kerner B, Gilles K, Hartmann M, Ng'ombe T, Guest G. Encouraging contraceptive uptake by motivating men to communicate about family planning: the Malawi Male Motivator project. *Am J Public Health*. 2011;101(6):1089-1095. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093271/>

<sup>12</sup> Growing Up Smart Endline Study Report. Institute for Reproductive Health. <http://irh.org/resource-library/growup-smartendline-study-report/>. Published 2015. Accessed January 20, 2018.

<sup>13</sup> Silverman, J., & Jones, E. (1988). The Delivery of Family Planning and Health Services in Great Britain. *Family Planning Perspectives*, 20(2), 68-74. doi:10.2307/2135524



Information is also being disseminated among men at their workplaces through one-on-one sessions, group counselling and through behavior change information materials. These men and their wives are then connected with tele-health counselling services through remotely engaged female doctors and service provision is facilitated through their health insurance.

### **Couple Counselling**

A pool of Lady Health Visitors (LHV) / Community Midwives (CMWs), have been trained to address FP myths and misconceptions and safe administration of short and Long Acting Reversible Contraceptive (LARC) methods. A two-way referral mechanism is established between the male and female service providers. The inclusion of female service providers for FP services provision is a well-recognized global strategy however, their integration with male service providers for referrals is being studied through this intervention.

### **Engaging Men as Agents of Change**

FP programs that engage men as change agents in their families and communities can promote gender equitable norms and an enabling environment for FP. In this intervention, men who have had positive experiences of using FP service are reaching other community men and peers in spreading the FP message. Community leaders / influencers have been engaged to promote FP as a couple's responsibility. Religious scholars have also been sensitized to de-mystify religion as a barrier in the community, while promoting birth spacing messages and the importance of maternal and child health through family planning.

### **Key Baseline Findings**

- The highest mCPR is among the MWRA's from age 45-49 years with high parity. There needs to be a focus on younger couples with low parity.
- Knowledge and use of long term methods is significantly less than short term methods. Knowledge about LARC among men is also less than women. There needs to be focus on transitions from short term to long term methods.
- Comparatively, more women than men perceive FP as beneficial for mother and child health. There needs to be specific behavioral change communication for men.
- Private Service providers need to be engaged to improve accessibility to FP services to both men and women.

### **Expected Outcomes**

- 150,000 couples better informed of choices of methods and services especially young couples.
- 250 more private service providers capacitated including Male General Practitioners, LHVs / CMWs, Hakeems, Homeopaths and Pharmacies offering wide range of services readily.
- Increased acceptability of family planning due to diffusion of information through 100 Male and Female outreach workers and digital health services.
- Increased uptake of modern contraceptive methods due to improved access and reduced costs.
- Decreased discontinuation of contraceptive and increased conversion of family planning users to sustainable Long Acting Reversible Contraceptive (LARC) methods.

### **Project Learnings:**

- Promote both short term and long acting reversible methods,
- Emphasis on engaging younger women and men at workplaces.
- Increase knowledge on long term method options, side effects and myths and misconceptions for both men and women.

## **4. PROMOTE YOUTH-CENTERED INFORMATION & SERVICES:**

### **a) Engaging young people in three districts**

- b) **BACKGROUND:** The current call has already been approved in the PPIF 15<sup>th</sup> Board of Directors meeting.

### **The Intervention:**

The lack of information leads to misinformed decisions and perpetuates misconceptions around family planning choices, in addition inhibits access to appropriate services. Young people who are able to exercise their reproductive health rights, including by accessing services, have the potential to be agents of change by challenging prejudices and contributing to social cohesion and public health. Promoting girl's education is also established as a high impact practice (HIP) with the following impact on reproductive behavior:

- Educated women are more likely to delay marriage and first births as well as engage in other protective health behaviors
- Women's education is associated with a wide range of positive child health outcomes.
- Complementary investments in education and family planning can accelerate the fertility transition and facilitate development
- Educated women are more likely to have fewer children and to use modern contraception

In this call, we will apply a multi-pronged approach. Two calls for proposals have been designed. Knowledge on youth sexual and reproductive health will be generated through baseline and end-line studies.

### **Part 1: Youth Friendly Service and Demand Generation in Three Districts of Punjab**

The thematic focus of the intervention will be;

#### **A. Youth friendly services**

- Managing provider bias and confidentiality
- Training of health service providers
- Youth friendly clinical modifications

#### **B. Information Dissemination/Community Acceptance**

- Community workers
- Education sector
- Mass media and parents

Youth friendly services including managing provider bias and confidentiality, training of health service providers, youth friendly clinical modifications have demonstrated positive SRH uptake and are ready for large scale implementation.<sup>14</sup> Moreover, information dissemination through the community workers, education sector, mass media and parents has helped improve FP use among youth couples as well<sup>15</sup>.

### **Program and Audience Segmentation:**

The program will request applicants to submit proposals through the following programmatic segmentation:

For whom?

- Age 15-29
- Marginalized and vulnerable groups

<sup>14</sup><https://reader.elsevier.com/reader/sd/pii/S1054139X14004248?token=C85E1A8B8B35CE4555792DF87EF6530F126C1F6B2F09918C7CD9D2BE0AC1BAFED36ABB85AF0FDD6C912956746E3E045>  
<sup>15</sup> <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-018-0549-9#ref-CR36>



- Rural/urban
- Un-married/married
- In school/out-of-school, in work
- Boys/girls or both

Where?

- Facilities
  - Clinics, hospitals
  - Standalone versus integrated within existing facilities (with primary care services and/or for all age groups)
  - Public, NGO-run, Private
- Out-of-facility
  - Schools
  - Outreach/community
  - Homes, streets, parks, shopping malls
  - Workplaces

By whom? Providers of services and information

- **Services;** Doctors, midlevel providers, midwives, nurses, counselors (including peer counselors) birth attendants, traditional healers, pharmacists, medicine sellers, shopkeepers
- **Information;** Community health workers, peer-educators, teachers, mass media, gatekeepers/stakeholders

What? Services and Information

- **Services;** contraception, counseling on family planning, side effect management, HIV and STI counselling and pre-marital counselling
- **Information;** reproductive health consequences of early marriages, impact of girls' education on reproductive behavior, contraceptives, birth-spacing, contraceptive side effects, myths and misconceptions and availability of services

### Geographic Location and Scale:<sup>16</sup>

This project will be implemented in the districts of **RAJANPUR, KHUSHAB** and **ATTOCK**. Organizations will be requested to submit separate proposals district wise.

### Duration:

The proposed interventions are expected to generate results within a maximum period of **two years**.

### Project Outputs / KPIs:

- To reach up to 500,000 married young people with family planning information and services.

### Expected Outcomes:

- Increase in uptake of modern contraceptive methods among young married couples

- Increase in knowledge of contraceptive methods, spacing and myths and misconceptions among young people
- Increased community acceptance, positive attitude and awareness of family planning
- Decrease in discontinuation of contraceptive
- Joint Decision Making among young married couples

## **Part 2: Increasing Knowledge and Awareness on Family Planning Among Young People in Universities and Colleges**

PPIF envisions a world in which young people are empowered, included, and supported in the family planning community for years to come. This includes providing young people with the tools they need to effect change. PPIF is committed to working with young people by expanding access to quality information through increased channels, integration with education programs, knowledge generation on changing youth needs and most importantly creating structures to ensure meaningful and sustainable youth engagement on family planning at all levels.

For this purpose, the second call in the youth centered program cycle will request for proposals from youth networks/youth led organizations to conduct awareness raising sessions at universities and colleges in the urban centers in the first phase.

The thematic focus of the call will be;

- Information dissemination on contraceptive methods, spacing, myths and misconceptions, reproductive health consequences of early marriages, impact of girls' education on reproductive behavior
- Awareness on link between population and development

### **Geographic Area:**

The intervention will be piloted in urban centers of Punjab in both public and private institutions.

### **Duration:**

The proposed interventions are expected to generate results within a maximum period of **two years**.

### **Project Outputs / KPIs:**

- To reach young people at up to 30 universities and colleges of Punjab.

### **Expected Outcomes:**

- Increase in knowledge of contraceptive methods, spacing and myths and misconceptions among young people
- Awareness on role of population in development indicators

## **DESIGN OF PROGRAM CYCLE**

### **Primary Objective**

The objective of this call is to apply systematic and evidence-based SBCC interventions to improve family planning knowledge, promote positive attitudes related to FP and develop effective referral mechanisms with & within the service delivery points supported through training and capacity building.

### **Secondary Objectives**



- ✓ To improve accessibility to family planning information and services for up to 500,000 couples in underserved areas through interpersonal communication strategies.
- ✓ To improve awareness, acceptability and increase discussion of family planning among couples, family members and the public at large through the medium of a drama serial reaching up to 10 million people
- ✓ To address myths and misconceptions of family planning methods by reaching up to 1 Million people through digital technologies.

**Duration:** 24-36 Months

#### **Methodology:**

This intervention is categorized into three broad communication strategies.

1. Interpersonal Communication
2. Mass Media
3. Digital Technologies

PPIF will run separate procurement cycles for these categories as these categories have varying program objectives and evaluation criteria.

## **Interpersonal Communication**

#### **Intervention:**

Similar to PPIF completed and ongoing interventions, one communication strategy that will be utilized by our potential partners is interpersonal communication channels. Family Planning information will be provided directly to couples in communities and a referral mechanism of service providers will be established within those communities. Implementing partners will use innovative strategies that complement interpersonal communication such as edutainment activities and electronic and mobile health technologies. Following are some of the activities of this component

- Establishment of a trained network of community workers for field mobilization
- Establishment of a trained referral network with public and private service providers
- Provision of quality assured FP services at providers
- Uninterrupted supply of contraceptive products for delivery of services

Location: Rajanpur, Sheikhpura, Jhang, Okara, Sialkot and Sargodha.

#### **Expected Outcomes:**

- Increased knowledge of wide range of contraceptive methods
- Increased acceptability, positive attitude and awareness of family planning
- Increase in uptake of modern contraceptive methods

#### **KPIs / Project Outputs**

- ✓ Up to 500,000 couples reached through interpersonal communication with information and services in six underserved districts of Punjab.

## **Mass Media**

#### **Intervention:**

Considering the impact of drama serial on the health outcomes, PPIF aims to develop One Television Drama Series of up to 25 episodes. Some of the areas that PPIF will address through the drama serial

include early child marriages, social stigma around family planning information and services especially for young and newly-wed couples, myths and misconceptions associated with the use of contraception, maternal and child health, role of husbands, in-laws, religion and education in the lives of young girls. This intervention is divided into two main phases:

- a. Script Writing
- b. Production and Screening

### **Target Audience:**

The target audience for the drama serial will be public at large especially young people and newlywed couples with the most information barriers. However, it will also be directed at other important individuals that affect the decision-making of the households and family planning specifically husband, mothers-in-law and community gatekeepers.

### **Dissemination:**

PPIF aims to disseminate drama serial with a joint collaboration between the public and private sectors to reach communities from all socio-economic backgrounds. Previously, a recent drama serial 'Ehd-e-Wafa', a joint collaboration between a government organization and a leading private network 'HUM TV' has been tremendous in its outreach and value for money. In this regard, PPIF is exploring various avenues such as Pakistan National TV and leading private television networks to find the best partnership with maximum reach.

### **KPIs / Project Outputs:**

- ✓ Up to 10 million people reached through the medium of drama serial using mass media.

### **Expected Outcomes:**

- Increased discussion of family planning among couples, family members and public at large
- Increased engagement of especially young people

### **Digital Technologies**

To increase the outreach of Mass Media and Interpersonal Communication interventions, Digital technologies such as M-health and social media will be used. Evidence has proved that digital technologies contribute to promoting, adopting, and maintaining healthy sexual and reproductive behavior by influencing the individual, family, peer group, and/or community simultaneously. It has the potential to provide accurate information to individuals and reducing the time and cost-related barriers in seeking and receiving information through more traditional sources, such as print.<sup>17</sup>

### **Intervention**

Digital technologies will support the previous two interventions by deploying two globally proven strategies social media and M-health to reach priority audience.

- a. Social Media
- b. M-Health

### **KPIs / Project Outputs:**

1 million people reached through digital technologies

<sup>17</sup> High-Impact Practices in Family Planning (HIPs). Digital Health for Social and Behavior Change: New technologies, new ways to reach people. Washington, DC: USAID; 2018 Apr. Available from: <http://www.fphighimpactpractices.org/briefs/digital-health-sbc/>



### **Expected Outcomes:**

- Increased knowledge of wide range of contraceptive methods
- Increased acceptability, positive attitude and awareness of family planning due to diffusion of information.
- Increased discussion of family planning between spouses, family members, or friends
- Increase in uptake of modern contraceptive methods
- Decrease in discontinuation of contraceptive use due to better information and counselling.
- Joint Decision Making among couples

### **Procurement Status**

- Request for Prequalification of Firms for Family Planning Initiatives advertised (April-21).
- 30 Firms submitted their proposals till 06<sup>th</sup> May-21.
- 18 out of 30 Firms were found eligible when assessed against prequalification criteria.
- RFP has been shared with the prequalified firms.

### **Monitoring and Evaluation**

The PPIF has put into effect an effective monitoring and evaluation regime to ensure that at the design phase, only those projects that adhere to the objectives defined in the strategic framework are selected and the projects being implemented in the field adhere strictly to the defined outputs and outcomes within the prescribed period.

#### **Monitoring & Learning for Adaptive Approach**

Punjab Population Innovation Fund (PPIF) is the Government of Punjab's initiative to invite strong innovative ideas that can provide sustainable and scalable solutions to address population growth in the province. The monitoring framework of PPIF captures multiple tiers of monitoring activities that range from monitoring of grants, monitoring for evaluation and monitoring and learning for deriving innovation and process improvement. Two levels of monitoring are conducted; PPIF internal monitoring wing conducts random checks and corroborates the information and analysis to develop a meaningful analysis for the grants section to take appropriate actions. Third party monitors are also put in place to collect data and develop analysis to support the team make informed decisions about progress and releasing payments.



A Monitoring and Evaluation Framework has been developed which provides guidelines for implementation of the Monitoring regime envisioned by the Board of Directors and provides checks to maintain the validity and veracity of the data collected from the field.

The PPIF funded projects undergo a three-tiered monitoring process:

- The project partners designing and implementing their own monitoring plans;
- Process monitoring by third party evaluators engaged by the PPIF; and
- Indicator tracking and quarterly reviews by the PPIF team.

The following proposed activities corresponding to the phases of the project implementation cycle will be conducted.

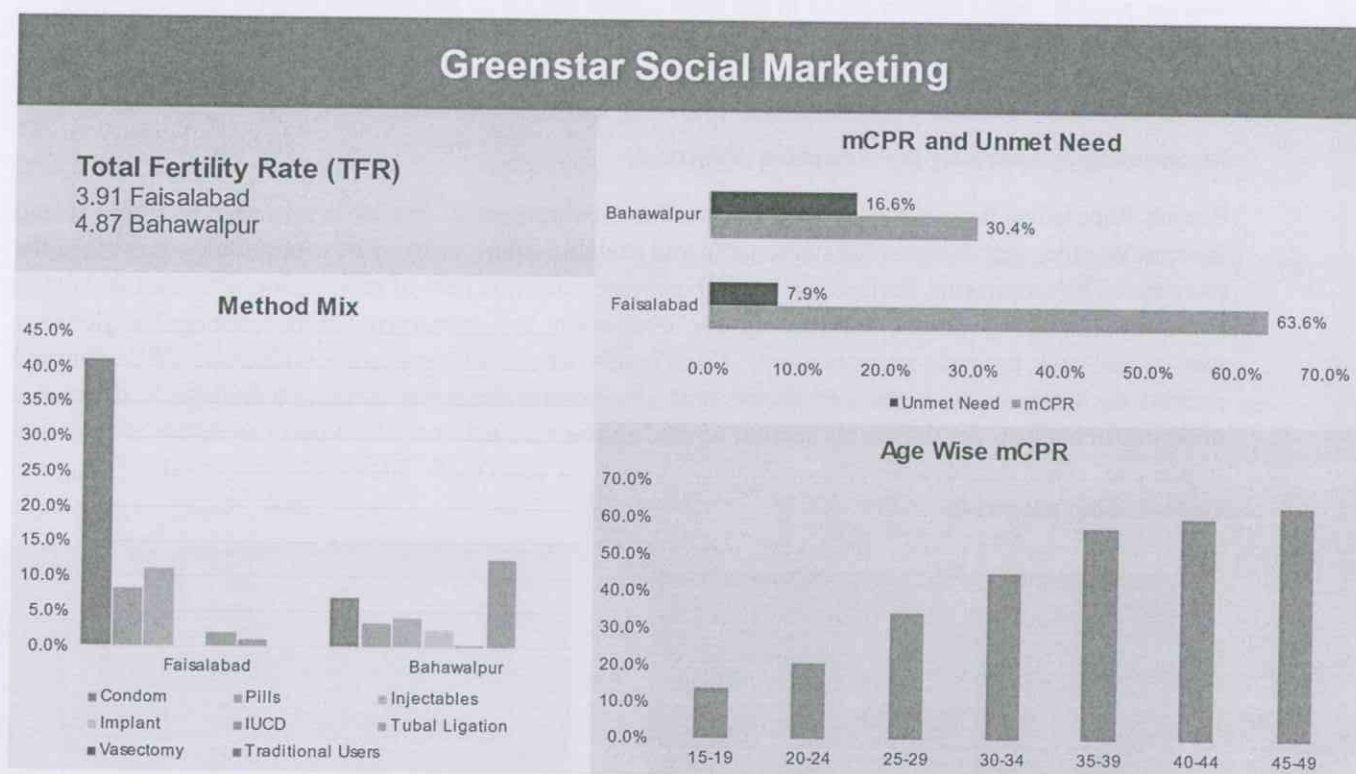
- Baseline/ endline evaluation: to be conducted prior to active implementation of the project
- Regular process monitoring: during the implementation period starting with the first monthly progress tracking indicator report
- Data collection and analysis to identify trends: during the implementation period
- Project evaluation: at the culmination of project life end of the project
- Program Evaluation over two to three years to assess incremental impact

#### Baseline Survey Results for PPIF Male Engagement Cycle (Part I).

“Improve accessibility of family planning products, information and services through pharmacies/ drug shops and private health service providers applying sustainability business models”

Development Strategies were hired for conducting the baseline for Cycle 2.1 projects implemented by Green Star Social Marketing, International Rescue Committee and doctHERs.

Findings of baseline is as bellow:

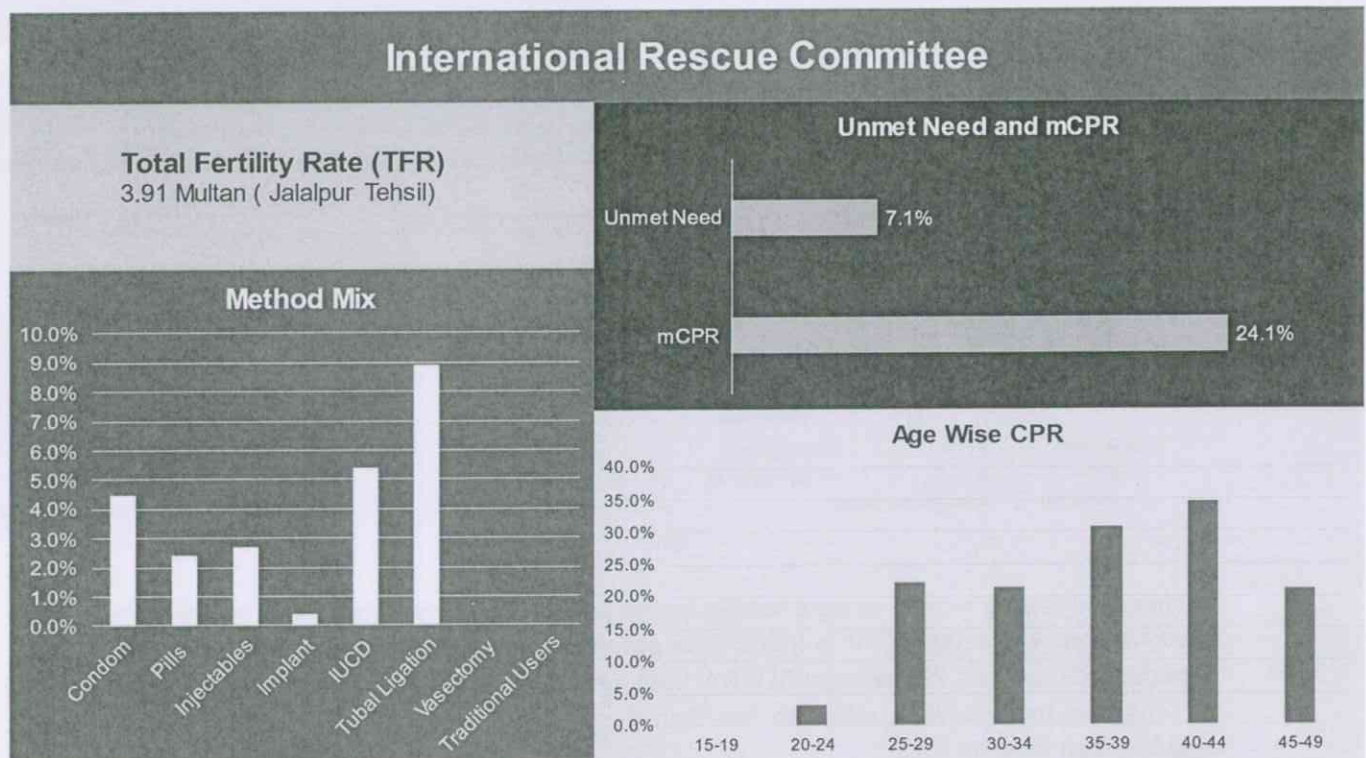


For Faisalabad, only 2.1% mCPR is for long-acting reversible methods (LARC) whereas 2.8% for Bahawalpur. However, permanent method is most prevalent in Bahawalpur. TFR is higher than provincial and district figures for both locations which is indicative of high discontinuation of FP methods. mCPR amongst MWRA from age 15-29 ranges between 14% to 34.5%. Less than 70% men perceive that family planning is beneficial for better mother and child health as compared to more than 90% women. Knowledge on long term methods is significantly less than short term methods. Knowledge of LARC for men is also less than women.

**Project Focus:**



- Graduating SARC users to long acting and permanent methods
- Emphasis on engaging younger women
- Increase knowledge on long term method options, side effects and myths and misconceptions for both men and women.



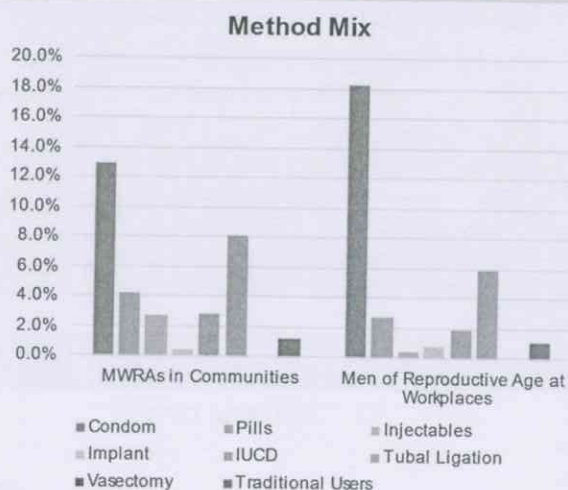
For Multan, permanent method is most prevalent. TFR is higher than provincial and district figures mCPR amongst MWRA from age 15-29 ranges between 3.3% to 21.5% Less than 50% men perceive that family planning is beneficial for better mother and child health as compared to more than 90% women. Knowledge on long term methods is significantly less than short term methods. Knowledge of LARC for men is also less than women.

#### Project Focus:

- Promote both short term and long acting reversible methods
- Emphasis on engaging younger women
- Increase knowledge on long term method options, side effects and myths and misconceptions for both men and women.

## DoctHers

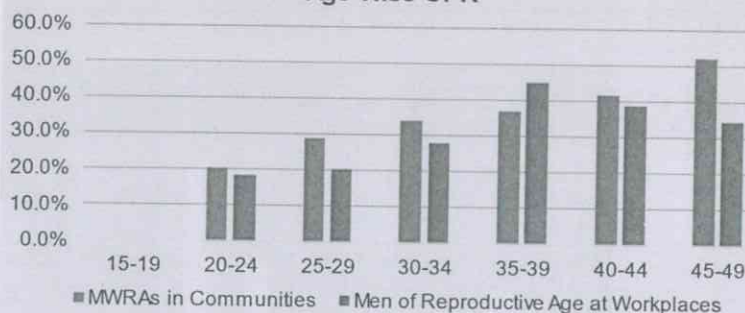
**Total Fertility Rate (TFR)**  
4.36 MWRA in Communities



### Unmet Need and mCPR



### Age Wise CPR



Unmet need among women is significantly higher than men. It is possible that men don't realize their need for family planning. TFR is higher than provincial and district figures among MWRA. LARC prevalence is low. mCPR amongst MWRA from age 15-29 ranges between 20% to 28%. Knowledge on long term methods is significantly less than short term methods. Knowledge of LARC for men is also less than women.

### Project Focus:

- Promote both short term and long acting reversible methods
- Emphasis on engaging younger women and men at workplaces

Increase knowledge on long term method options, side effects and myths and misconceptions for both men and women.

### Third Party Monitors

Development Strategies as third-party monitoring firm for third party monitoring firm conducting field verifications for BISP and cycle 2.1 and recommending payments on the basis of quarterly milestone achievement.

For BISP beneficiary payment a mobile application was developed by the Population Council where the data of beneficiaries populated. Upon seeking the service at Point-of-service the beneficiary biometrically verified and beneficiary receiving their transportation cost amount through disbursement agency. For payment to the private service providers, Third Party Monitoring firm conducting verify 30% sample of clients generated through private providers. Payment disbursement is underway upon 100% validation of the 30% sample of clients.



## Main Objectives

### To assess:

- ❖ Perceptions of BISP beneficiaries about the newly introduced vouchers scheme.
- ❖ Beneficiaries' views regarding the success of community mobilization efforts in informing the beneficiaries about the existence of the scheme
- ❖ Beneficiaries perceptions regarding the benefits in terms of access; problems associated and their suggestions for improving the scheme.

### Supply Side Progress:

#### Capacity Building of Private Providers:

### Training of Service Providers Conducted in July-August 2020

- ❖ 60 service providers were identified by PPIF and IRC
- ❖ PPIF, IRC and PC jointly provided training to the service providers.
- ❖ The training was conducted in 5 batches
- ❖ The training included updates on family planning technology and on the use of Mobile App

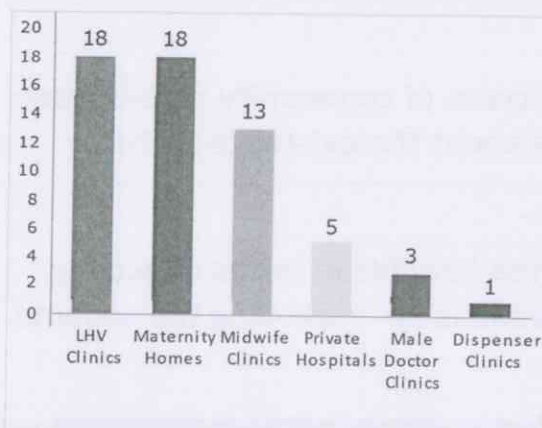


## Private Healthcare Provider Network:

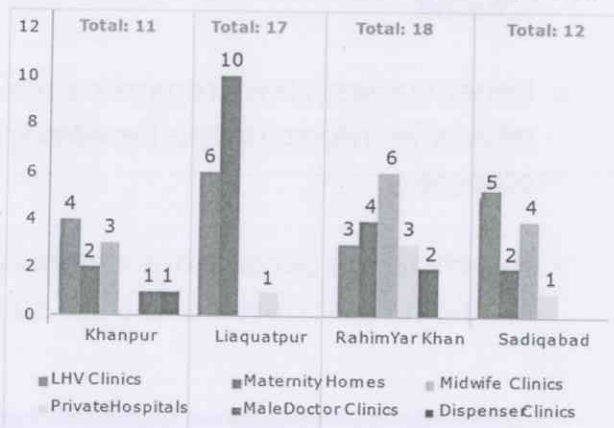
### Types of Service Providers Engaged

Total number of active service providers engaged in the district: 58

Overall Number and Type of Private Providers



Number and Type of Private Providers by Tehsil



## Corporate Governance

PPIF, being a public sector enterprise, operates under the framework enshrined in the Public Sector Companies (Corporate Government) Rules, 2013.

Overall superintendence of the Company vests with the Board of Directors which are accountable to the Regulatory Authorities for good corporate governance while the management is responsible for day-to-day operations, implementation of policies as envisaged in the Companies Act, 2017 and the Corporate Governance Rules.

## Internal Audit Function

Internal audit function serves as an effective appraisal of internal controls which ensure that methods and measures are in place to safeguard the assets, monitoring compliance with the best practices of Corporate Governance, check the accuracy and reliability of accounting data and encourage adherence to prescribed rules and policies.

In line with this function, PPIF has an independent Internal Audit Company. The scope and role of the Internal Auditor, as defined in the Internal Audit Charter, has been duly approved by the Board of Directors. The role corresponds to the responsibilities envisaged for the Internal Auditor under the Public Sector Companies (Corporate Governance) Rules, 2013. Internal Auditor functionally reports directly to the Audit Committee of the Board.

## Composition of the Board

The status of each director on the Board, whether non-executive, executive or independent and ex-officio has been disclosed in this report in accordance with the Public Sector Companies (Corporate Governance) Rules, 2013. The Board members are nominated by the Government of the Punjab. The composition of the Board is as follows:

- a) Five (05) Promoters from amongst the Government Departments in Ex-officio capacity, name of the Government Departments and ex-officio members are as follow:
  - i. Secretary Finance Department;
  - ii. Secretary Population Welfare Department;



- iii. Secretary Primary & Secondary HealthCare Department;
- iv. Secretary Specialized HealthCare and Medical Education Department; &
- v. Member HNP, P&D Board;

b) Eight (08) Directors as independent members;

### **No Casual Vacancy on the Board**

Five (5) casual vacancies occurred during 2019-20 filled in 2020-21 and following 05 independent directors were appointed on the board of PPIF on 28.06.2021 through CM summary.

- 1. Dr. Rubina Sohail;
- 2. Ms. Nazish Afraz;
- 3. Ms. Aqueela Mumtaz;
- 4. Mr. Irfan Ilyas;
- 5. Mr. Amir Zafar Khan;

### **Board Committees**

In line with the requirements of the Public Sector Companies (Corporate Governance) Rules, 2013, the Board has the following six committees:

- 1. Audit & Finance Committee;
- 2. Human Resource Committee;
- 3. Program Design and Evaluation Committee;
- 4. Nomination Committee;
- 5. Risk Management and Investigation Committee; &
- 6. IT Steering Committee;

### **Members of Audit and Finance Committee:**

- I. Dr. Naved Hamid – Independent Director – Chair Audit Committee;
- II. Secretary Finance – Ex-officio member – Member Audit Committee; &
- III. Secretary Primary & Secondary HealthCare Department – Ex-officio member;

During the year 2020-21, following sub-committee meetings of the PPIF board were held:

Serial Number	Sub-Committee Meetings of the PPIF Board	Date
1	7 <sup>th</sup> Audit & Finance Committee Meeting	September 22, 2020
2	8 <sup>th</sup> Audit & Finance Committee Meeting	December 17, 2020
3	9 <sup>th</sup> Audit & Finance Committee Meeting	March 17, 2021
4	10 <sup>th</sup> Audit & Finance Committee Meeting	June 22, 2021
5	9 <sup>th</sup> Program Design & Evaluation Committee Meeting	June 24, 2021
6	5 <sup>th</sup> Human Resource Committee Meeting	September 21, 2020

### **Compliance Statement**

Under section 236 of the Ordinance, specific statements to comply with the requirements of the Public Sector Companies (Corporate Governance) Rules, 2013 are as follows:

- a) The Board has complied with the relevant principles of the Corporate Governance and has identified the rules that have not been complied with;
- b) The Financial statements, prepared by the Management of the Company, present its state of affairs fairly, the result of its operations, cash flows and changes in funds and reserves;
- c) Proper books of account of the Company have been maintained;
- d) Appropriate accounting policies have been consistently applied in preparation of Financial Statements and accounting estimates are based on reasonable and prudent judgement;

- e) The system of internal control is sound in design and has been effectively implemented and monitored; and
- f) The appointment of the Chairman and other members of the Board and the terms of their appointment along with the remuneration policy adopted are in the best interests of the Public Sector Company as well as in line with the best practices;

During the year under review, no salary, fees, benefits and other performance-related incentives have been paid to any Director / member of the Punjab Population Innovation Fund. All board members / directors including ex-officio members were on pro-bono status.

During the year under review, timely availability of funds was the most significant issue, for FY 2020-21, under approved ADP only Rs 50.00 million were allocated and was released to PPIF on 30<sup>th</sup> April, 2021. Hence, due to the non-availability of requisite funds majority of approved calls could not be procured and finalized during 2020-21.

During the financial year 2020-21, the company also received Supplementary Grant of Rs 202.976 million on 28.06.2021 from the Government of the Punjab to meet the liabilities of current on-going projects and expenses relating to the program and non-program activities. All costs related to the program activities have been classified and accounted for as program related costs. Costs related to non-program activities include management cost, operating and capital expenditure.

### **Key operating and financial data of last two (02) years are as:**

#### **Key Operating and Financial Data**

#### **Punjab Population Innovation Fund**

#### **Key Operating and Financial Data for the last Two (2) Years**

#### **Financial Data as per audited accounts**

(Amount in Rupee)

Particulars	2020-21	2019-20
Fixed Assets	13,901,876	17,931,647
Right of use Assets	4,725,686	10,396,508
Long term Security deposit – Office Rent	1,483,216	1,483,216
Prepayments including Office Rent	5,878,153	23,777,266
Short Term Investment	-	80,000,000
Cash and bank balance	189,212,916	20,142,536
<b>Total Assets</b>	<b>215,201,847</b>	<b>153,731,173</b>
Deferred Grant	143,317,253	89,493,909
Deferred Liability	14,183,296	10,916,362
Lease Liabilities	-	6,335,516
General Fund payable	2,767,764	2,085,299
Trade and other payables	54,933,534	44,900,087
<b>Total Funds and Liabilities</b>	<b>215,201,847</b>	<b>153,731,173</b>

#### **Key Operation data as per audited accounts**

(Amount in Rupee)

Particulars	2020-21	2019-20
<b>Grant Income</b>	<b>212,571,203</b>	<b>122,575,421</b>
Program Expenses	201,671,698	112,049,013
Administration Expenses	9,204,433	8,237,597
Other Expenses & Financial Charges	1,695,072	2,288,811
<b>Total Expenses</b>	<b>212,571,203</b>	<b>122,575,421</b>
Surplus of Income over Expenses	-	-



Following are the key performance indicators of the Punjab Population Innovation Fund relating to its social objectives which significantly reflect the work and impact of the PPIF:

**KPI'S / EXPECTED OUTCOMES 2017-22:**

100,000 additional new users.	400,000 couples provided with FP services.
1.4 million quality FP services provided.	5 million population reached with FP messages.
3000 more providers (by type) offering wide range of quality FP services.	10% decrease in discontinuation of contraceptive use in the intervention area.
20% FP knowledge increased in intervention area.	10% increase in CPR in intervention area.
Commitment solicited for FP policy and practice improvements.	

Currently, unapproved gratuity scheme is being observed for the employees of the Punjab Population Innovation Fund. Application with competent authorities is in process for the approved gratuity scheme for PPIF employees.

During the year under review following four (04) meetings of the Board of Directors were held and the attendance of each Director is as under:

Serial Number	Board Meetings	Date
1	15 <sup>th</sup> Board Meeting	July 17, 2020
2	16 <sup>th</sup> Board Meeting	December 24, 2020
3	17 <sup>th</sup> Board Meeting	March 31, 2021
4	18 <sup>th</sup> Board Meeting	June 29, 2021

Name of Directors / Chief Executive Officer	No. of Meetings Attended
1. Dr. Ijaz Nabi – (Chairman Board)	4
2. Dr. Naved Hamid– (Chair Audit & Finance Committee)	4
3. Dr. Yasmeen Qazi – (Chair Program Design and Evaluation Committee)	4
4. Ex-officio Member HNP P&D Board	4
5. Ex-officio - Specialized HealthCare and Medical Education Department)	2
6. Ex-officio - Primary & Secondary HealthCare Department)	2
7. Ex-officio – Finance Department	3
8. Ex-officio - Population Welfare Department)	4
9. Mr. Jawad Ahmed Qureshi (CEO PPIF)	4

**Note:**

Following Ex-officio members transferred during the year 2020-21:

1. Mr. Abdullah Khan Sumbal – Finance Secretary – Government of the Punjab;
2. Capt. Retd. Muhammad Usman– Secretary Primary & Secondary Health Department;

Following Ex-officio members posted during the year 2020-21:

1. FLT.L.T. (Retd) Iftikhar Ali Sahoo – Finance Secretary – Government of the Punjab;
2. Ms. Sara Aslam– Secretary Primary & Secondary Health Department;

Following Independent member resigned during the year 2020-21:

- Prof. Dr. Muhammad Tayyab – Chair HRC;

## **AUDITORS**

Quality of financial reporting continues to be of prime concern to the stakeholders-sponsors, Board of Directors and Management. Therefore, the company will continue to exercise due diligence and care in the selection of Auditor as it had done in the past.

**M/S Crowe Hussain Chaudhury, Chartered Accountants** was appointed as External Auditor of Punjab Population Innovation Fund for the Financial Year 2020-21 and the retiring auditor M/S Crowe Hussain Chaudhry, Chartered Accountants be and hereby re-appointed as Statutory Auditor of the Company for the year ending June 30, 2022 and to hold office from the conclusion of this meeting till the conclusion of the next Annual General Meeting on a remuneration fixed by the Board of Directors;

### **External Auditor Team:**

1. Muhammad Nasir Muneer – Engagement Partner
2. Salman Yaqub Sheikh – Senior Manager
3. Shahyan Khan – Astt. Manager

According to rule 23 of PSC (CG) Rules, 2013;

Every Public Sector Company shall ensure that its annual accounts are audited by external auditors, as envisaged under section 252 of the ordinance.

Sub rule 6 of rule 23 of PSC (CG) Rules, 2013 states that; Every Public Sector Company in the Financial Sector shall change its external auditor every five years. Financial Sector, for this purpose, means banks, non-banking finance companies, mutual funds, modarabas, takaful companies and insurance companies. Every Public Sector Company other than those in the Financial Sector shall, at a minimum, rotate the engagement partner after every five years.

In light of above rule, M/S Crowe Hussain Chaudhury, Chartered Accountants, has provided their consent on new fee to act as an external auditor of Punjab Population Innovation Fund for the Financial Year ending June 30<sup>th</sup> 2022.

Sub rule 7 of rule 21 of PSC (CG) Rules, 2013 narrates that; The audit committee shall be responsible for managing the relationship of Public Sector Company with the external auditors. In managing the Public Sector Company's relationship with the external auditors on behalf of the board, the audit committee's responsibilities include;

- Suggesting the appointment of the external auditor to the Board, the audit fee, and any question of resignation or dismissal;

Rule 22 of PSC (CG) Rules, 2013 states that; There shall an internal audit function in every Public Sector Company. The Chief Internal Auditor, who is the head of the internal audit function in the Public Sector Company, shall be accountable to the audit committee and have unrestricted access to the audit committee.

In the absence of Chief Internal Auditor, PPIF has appointed M/S BDO Ebrahim & C0, Chartered Accountant as internal auditor.



**Internal Auditor – M/S BDO Ebrahim & Co, Chartered Accountants:**

- a) Mr. Muhammad Imran– Partner;
- b) Mr. Moeed Hassan – Supervisor;
- c) Muhammad Bilal Bashir – Audit Associate;
- d) Mr. Yousuf Habib – Audit Associate;

**Company Secretary – PPIF**

Abdul Qayyum

**Annual General Meeting**

For the period 2019-20, 4<sup>th</sup> Annual General Meetings of Punjab Population Innovation Fund was conducted on May 26, 2021 wherein the following agenda was resolved:

- a) The Company's audited financial statements for the year ended June 30, 2020, together with Reports of the Auditors and Directors thereon be and the same are hereby received, considered and adopted;
- b) The retiring auditor M/S Crowe Hussain Chaudhury, Chartered Accountants be and hereby reappointed as Statutory Auditor of the Company for the period ending 30.06.2021.

**Resource Mobilization during the year 2020-21.**

**Adolescent and youth centered SRH information and services (UNFPA).**

**BACKGROUND:**

Engaging young people and newly-wed couples is one of the key strategic areas of PPIF. Adolescents and young people (of age 10-29 years) are the largest population proportion in Pakistan yet they are one of the most vulnerable segments when it comes to access to Sexual and Reproductive Health (SRH) information and services; their fundamental right. Lack of gender sensitive Comprehensive Sexuality Education (CSE), as known as Life Skills Based Education (LSBE), as well as access to youth centered service provision remains a significant challenge for adolescents and young people. Social and cultural norms also restrict in accessing the accurate information and services confidently. These prevailing norms are another big reason that girls are being married at an early age with a staggering 55% women of age 15-19 years who have had a live birth or are pregnant with first child. It is mostly due to these barriers that the young married couples are not the frequent contraceptive users, and even in cases where they want to access services, they are not being reached with youth centered services.

In this context, PPIF is piloting a project titled "Advocating and Facilitating Access of Adolescent and Youth to SRHR Information and Services" in collaboration with Population Welfare Department-Punjab and UNFPA. The objectives of this project are to advocate for mainstreaming access to SRH information for adolescents and the youth at the national and provincial levels and to generate evidence for the scale of youth centered service provision.

**Main Activities:**

- 2 Animated videos on the following topics
  - Promoting girl's education and delaying early marriages and stigma free access to SRHR information for young people.
- 5 Adolescent and youth friendly health centers for services
  - Trained Female Psychologists for counselling and referrals to young people.

- Demand Generation for these Centers will be ensured through Community Mobilizers and Peer Educators who will conduct activities in field and disburse IEC material.

### **Expected Outcomes:**

- 200,000 young people will be reached with the SRHR toolkit through social media platforms
- 4000 young clients who will visit the newly established Adolescents/ Youth Friendly Centers in six months
- 8000 referrals will be made to access RH services.

### **Geographical Locations**

Chakwal, Jhang, Kasur, Lahore, Kehrro-Pecca Lodhran

### **Duration:**

The duration of this project is 1 year

### **Progress**

- Storyline, script, and storyboarding development for animated videos is finalized.
- Locations for centers have been finalized with Secretary PWD.
- Hiring has been completed.
- Conducted the training of Female Clinical Psychologists and Community Mobilizers for 03 Days.
- Conducted 02 days training of youth peer educators.
- Equipment and furniture for the centers has been procured and delivered to three centers i.e. Chakwal, Jhang, & Kehrro-Pecca Lodhran
- Chakwal, Jhang, and Kehrro-Pecca Lodhran centers are fully functional.
- Community based activities in Chakwal, Jhang, and Kehrro-Pecca Lodhran centers are ongoing
- MoU between PPIF and Fatima Jinnah Medical University for the establishment of the Adolescent and youth centers in universities is in process.
- The refurbishment of Chunnia-Kasur and FJMU Center is in process
- IEC Material developed by PWD on LSBE and pre-marital counselling is being reprinted.



**Chief Executive Officer**



**Director**