

DIRECTORS' REPORT 30 JUNE 2024

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 30th June 2024.

1) 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.

2) Rationale of PPIF

With the staggering population of 241.49 million and the annual population growth rate of 2.55%, population growth in Pakistan is among one of the serious challenges which the country faces today.¹ 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%² 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 spacing³. 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 months⁴, 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.⁵

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.⁶ 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.⁷ 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 Punjab⁸. 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

¹ Census Report 2023, Pakistan and World Bank Statistics

² Multiple Indicator Cluster Survey 2017-18

³ Multiple Indicator Cluster Survey 2017-18

⁴ Pakistan Demographics and Health Survey 2017-18

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

⁶ PDHS 2017-18 (Table 6.3)

⁷ Pakistan Demographic and health Survey 2012-13

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

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.

3) Performance during the year 2023-2024 over programs

Strategic Focus & Innovations

I. Increase Accessibility of Family Planning Services:

Expanding access to family planning (FP) at the community level is a priority strategy for accelerating progress towards achieving Sustainable Development Goals which emphasizes upon the universal access to reproductive health (RH), including FP services. However, the achievement of universal access to FP and RH services remains a major challenge because most segments of the population in Pakistan, particularly Punjab (64%) are rural communities, where the demographic determinants including health infrastructure, human resource, and financial support for health are very poor and availability of family planning products and services is currently far from universal. Findings of the Population Council's recent landscape study indicate that there are not enough health facilities to begin with, especially in the public sector. The public service delivery for provision of contraception in these far-flung areas is limited to only 31% of married women of reproductive ages (MwRA) by family health clinics and 12% MwRAs by lady health workers. Of those available, large proportions, especially in the private sector, are not providing any family planning services in both rural and urban areas. 82% of private static facilities are not providing wide range of FP services. PPIF intends to develop new formal partnership with public and private providers and invest in bringing family planning services to where people live and work through door-step delivery models to improve the accessibility for family planning services.

Intervention

PPIF in its first program cycle, piloted the door-step service delivery model also known as Community-Based Family Planning (CBFP) model aimed at reaching underserved communities at the convenience of their homes by improving access to family planning advisory and health services. This model was piloted through locally trained women as Community Resource Persons (CRPs), called *Noor*. A network of trained public and private health service providers was developed to improve access to FP services. Group awareness session and information dissemination through audio-visual and print material was conducted for demand generation.



The program cycle aimed to implement the global high impact practice of door-step family planning service delivery while testing the integration of socio-economic empowerment of women (called *Noors*) as community-based workers. Health and Nutrition Development Society (HANDS) implemented the model in LHW uncovered 15 UCs of district Muzaffargarh whereas Akhter Hameed Khan Resource Center (AHKRC) in partnership with NUST implemented the project in 4 UCs in peri-urban slums of Rawalpindi. *Noors* successfully bridged the gap between FP information and services and acted as agents of change in the communities. They were trained to provide family planning information and short-term contraceptive services during household visits whereas referrals were provided to a quality assured network of public and private health service providers developed for counselling and both short- and long-term contraceptive services.

A mix of behaviour change communication techniques such as CBT (Cognitive Behavioral Therapy) and PDI (Positive Deviance Inquiry) was applied to promote acceptance of family planning services. In addition, small shops (*Noor Dukhaans*), managed by *Noors*, were setup at their houses in Muzaffargarh. These shops not only acted as entry points for communities to access household items, women health and hygiene products but also served as family planning information points for community women. Similarly, in Rawalpindi, business-in-box bags were given to the workers with similar products that women could sell at doorstep during household visits while providing family planning advisory and short-term contraceptive services.

Key Achievement

- a. 77,097 MWRA's reached with FP information.
- b. 17,142 additional users generated.
- c. 19% increase in CPR among target beneficiaries in district Muzaffargarh
- d. 17% increase in uptake of LARC in district Muzaffargarh
- e. 9% increase in CPR among target beneficiaries in district Rawalpindi
- f. 12% increase in uptake of LARC in district Rawalpindi

Key Takeaways and Recommendations

- g. The CPR model for door-step delivery of family planning information and advisory services effectively improves access to information and services in underserved communities particularly LHW uncovered areas (identified by Department of Health) in rural settings in Pakistan.
- h. Engaging private health service providers improves accessibility and sustainable uptake of FP services in underserved communities especially for the adoption of long-acting reversible contraceptives. Incentivization through increased client flow can encourage the vast majority of private sector that is currently not part of the FP ecosystem.
- i. A comprehensive communication strategy is critical in engaging all stakeholders including married men and women, community elders, religious scholars, influentials and local government administrative bodies to catalyze attitudinal change and create a supportive environment.

Scale up of Community Resource Persons (Noor Model) in Rural Uncovered Areas in 10 Districts of Punjab

Drawing on the success of the CRP model, PPIF scaled up this model in additional 10 districts which includes Rawalpindi, Sheikhpura, Lahore, Nankana, Faisalabad, Gujranwala, Kasur, Chiniot, T.T. Singh, Sargodha, Lahore & Rawalpindi. The duration of the call is 27 months. Through this intervention, it is expected to reach 823,000 MWRA's with FP information. The budget for the call is PKR 450 M.

Duration: 27 Months

Geographic Location:

Units	Geographic Location	Expected MWRA's Reached	Implementing Partner
Unit 1 (Rawalpindi)	District Rawalpindi: Rural & Peri-Urban Areas of eastern part of Rawalpindi City, Tehsil Kotli Sattian, Murree, Kallar Syedan and Kahuta.	82,000	REEDS
Unit 2 (Rawalpindi)	District Rawalpindi: Rural & Peri-Urban Areas of western part of Rawalpindi City, Tehsil Gujar Khan and Taxilla.	82,000	Akhtar Hameed Khan Resource Center
Unit 3 (Lahore)	District Lahore: Rural & Peri-Urban Areas of Wagha Town & Aziz Bhatti Town	83,000	HANDS
Unit 4 (Lahore)	District Lahore: Rural & Peri-Urban Areas of Ravi Town, Data Gunj Baksh Town, Shalamar Town & Samanabad Town	83,000	IRC
Unit 5 (Lahore)	District Lahore: Rural & peri-Urban Areas of Iqbal Town and Nishtar Town	83,000	IRC
Unit 6 (Cluster)	District Sheikhpura	66,000	HANDS
	District Nankana	14,000	
Unit 7	District Chiniot	32,000	REEDS

(Cluster)	District T.T Singh	26,000	
	District Sargodha	32,000	
Unit 8	District Faisalabad	80,000	IRC
Unit 9	District Gujranwala	80,000	HANDS
Unit 10	District Kasur	80,000	Pathfinder

Project Achievement till To Date:

- The project has reached 564517 MWRAs against the target of 528,200 and among them, 169,290 were served against the target of 159,629.
- 890 Noor Workers were engaged to conduct community sessions and household visits.
- Quality assured network of 506 private & Public providers developed.

Expected Outcomes:

- 20% increase in Family Planning Knowledge Particularly on Long-Acting Reversible Contraceptive methods in the target community.
- 10% increase in modern method CPR in target community.
- Graduation of 30% of MWRAs using traditional to modern methods of contraception.
- 10% decrease in discontinuation rate.
- Improved women empowerment through capacity building as change agents, opportunity for income generation, improved mobility, decision making role and access to FP services.

II. REDUCE COST RELATED BARRIERS:

Unwanted fertility is more common among poor, rural, and globally uneducated women than among their well off, urban, and educated counterparts, although this disparity is much smaller in countries with strong family planning programs.⁹ According to the Punjab MICS survey, there is an inverse correlation between wealth and the fertility rate; Fertility for the lowest wealth quintile is 4.5 births per woman as compared to 2.7 for the highest. Likewise, the unmet need for Family Planning is higher among the lowest wealth quintile i.e., 22% and lower among the highest wealth quintile that is 14.3%.¹⁰ 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 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.

Intervention

In 2018, PPIF entered into a tripartite agreement with BISP to reach the poorest of the poor with FP services and Population Council as the research partner. This pilot was tested in District Rahim Yar Khan through which free FP services and commodities along with the transportation cost were provided to eligible Married women of Reproductive Age among BISP beneficiaries through electronic FP vouchers.



Key Components and Activities

Community Mobilization

- 4522 Mother Ambassadors, 4 Social Mobilizers, 47 FP Champions and 84 LHWs were engaged to conduct community sessions and household visits.
- Sensitization of BISP beneficiaries through IVR and SMS services.

BISP Beneficiaries

- Based on survey conducted in 2010, BISP provided data for BISP beneficiaries in Rahim Yar Khan.

⁹ FP2020 goals, Age Structural Changes and Poverty Reduction Strategies in Pakistan, 2014

¹⁰ MICS Survey Punjab 2014 (http://bos.gop.pk/system/files/7.Reproductive_Health.pdf)

- Data of 106,000 MWRAs is uploaded on the app and 92,670 were BISP MWRAs were reached against target of 92,000.

Mobile App

- Mobile application developed for biometric/CNIC verification and digitization of BISP beneficiaries' family planning service uptake.
- Visualization of downloadable live data of BISP beneficiaries reached and served.



Family Planning Services:

- Quality assured network of 75 private providers developed.
- Inbound and outbound referral mechanism developed for expanded method mix including public and private providers.
- 24,630 MWRAs among BISP Beneficiaries were served through E FP vouchers against the target of 23,000.
- 9.9% CPR was increased among the target beneficiaries in the intervention.
- BISP beneficiaries' feedback mechanism established through two-way robo calls and client exit interview.

E-Payment

- SMS, IVR and Radio Spots developed and relayed to intended audience for collection of their payments.
- Electronic disbursement of funds to BISP beneficiaries through UBL Omni.

End-line study conducted by Population Council has revealed the following results;

- 9.9% net CPR is increased.
- 4% Unmet need is reduced
- 3% Graduation from short term to long term methods
- 35% never users at baseline have become current users at end line.
- 18% Increase in Knowledge about LARC.
- 61% of respondents reported satisfaction on the overall voucher scheme.
- 80% were willing to let young married women of their households benefit from the voucher scheme.
- 84% of interviewed BISP beneficiaries who had used the vouchers intended to continue use of FP services even if the voucher scheme ended.

Key Takeaways and Recommendations

- Unmet need among the poorest women is high and mostly related to access issues. The Voucher Scheme addressed both physical and financial access issues of marginalized women in Rahim Yar Khan. The model has huge potential of scalability in other districts with high unmet need for family planning.
- Leveraging on the vast power of the private sector, engaging private sector providers to provide family planning services is a viable option to enhance poor women's access to FP services. However, the public sector should also be engaged with an expanded choice of providers.
- Digital technology through the mobile app proved to enhance effectiveness at the service provider and the client level and ensured transparency of cost reimbursements - it should be an integral part of such voucher schemes.

Learnings

- Unmet need among the poorest women is high and mostly related to access issues. The Voucher Scheme addressed both physical and financial access issues of marginalized women in Rahim Yar Khan. The model has huge potential of scalability in other districts with high unmet need for family planning
- Leveraging on the vast power of the private sector, engaging private sector providers to provide family planning services is a viable option to enhance poor women's access to FP services. However, the public sector should also be engaged with expanded choice of providers.

- Digital technology through the mobile app proved to enhance effectiveness at the service provider and the client level and ensured transparency of cost reimbursements - it should be an integral part of such voucher schemes.
- Community mobilization is integral for success of voucher schemes. A well-designed mobilization program can be an effective tool in reaching out more the women for awareness about voucher schemes. The existing network of Lady Health Workers must be tapped in the future for greater mobilization, counseling, and provision of short acting contraceptive methods.
- Though the innovative model has succeeded in improving access to FP services for the marginalized, the reimbursement of travel cost emerged as a major impediment for BISP beneficiaries. One of the potential solutions can be attaching payments with the government's Ehsaas Program payment mechanism.
- The pilot model proved to a successful public-private partnership model ensuring uninterrupted and regular contraceptive supplies from the private sector providers therefore, fostering this relationship is crucial in such schemes.

Scale-Up of E-voucher Model for BISP Beneficiaries:

Based on proof of concept and learnings from pilot intervention there is great potential to scale-up the electronic FP-Voucher model to reach the eligible MWRAs among BISP beneficiaries for improved uptake of FP services. The pilot intervention has provided strong evidence that the E-voucher model can facilitate improved uptake of FP services by overcoming accessibility and affordability barriers among the poor and marginalized communities. Based on this evidence, the Government of the Punjab intends to scale up this program province wide.



Phase I in 4 Districts of D.G.Khan Division:

PPIF identified 4 Districts D.G.Khan, Layyah, Muzaffargarh and Rajanpur which has over 20% of unmet need for FP to initiate the Phase-1 of the scale up. An NDA was signed with BISP dated 31st March 2022 to receive the latest data of BISP beneficiaries in the aforementioned districts. Through this initiative, it is expected to reach 240,000 eligible MWRAs among BISP beneficiaries and among them up to 74,144 MWRAs are expected to avail FP services. The duration of the intervention is up to 3 years and the implementation is underway.

Duration: Two Years

Est. Budget: PKR 300 M

Expected Outcomes

- More than 280,000 eligible BISP MWRAs will be sensitized and up to 74144 MWRAs will be served through E-Voucher scheme.
- Increase in CPR among target beneficiaries.
- 30% graduation of FP users using traditional methods to modern contraceptive methods
- 20% points increase in knowledge about modern contraceptive methods among BISP MWRAs.

III. 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.¹¹

International agreements and declarations (ICPD 1994) have long recognized the positive role of men in Family Planning (FP) and Reproductive Health (RH) and have emphasized that 'special efforts should

¹¹ PDHS 2017-18 (Table 6.3)

be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning'.¹²

While the number of couples preferring smaller families is increasing, men and women still have varying fertility preferences in Punjab. Men in Pakistan have had more say in household decision making around family size, contraception, and use of health services.¹³ This has created various barriers for women in accessing family planning services. Insights from male engagement programs, catalogued by Population Council, shows that engaging men as contraceptive users, supportive partners and agents of change can improve their ability to communicate with their partners in FP use, better health outcomes for couples and thus accelerate Punjab's Sustainable Development Goals (SDG).¹⁴

Intervention:

PPIF piloted three interventions 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 was implemented locally to generate evidence for an accelerated FP uptake by engaging both men and women. In this regard, men and women were 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.



Mil Kar Faisla Khushhali Ka Waseela by Greenstar Social Marketing:

Greenstar Social Marketing has reached 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 engaged 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 counselling. The health clinics also observe fixed day FP services to further accelerate the promotion of family planning services. The intervention was carried out in 6 Union Councils of district Bahawalpur and three Union Councils of district Faisalabad.



Connect4FP By International Rescue Committee:

International Rescue Committee offered 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 conduct community mobilization and a performance-based remuneration was also provided to incentivize the mobilization activities. Viamo, as a technical partner, provides high-tech and low-cost mobile solutions linking clients with service providers in hard-to-reach communities and for data collection. The intervention was carried out in 9 Union Councils of district Multan.

Karbulund By DoctHERs:

¹² United Nations, "Framework of Actions for the Follow-Up to the Programme of Action of the International Conference on Population and Development Beyond 2014 Report of the Secretary-General," (2014), accessed at www.unfpa.org/sites/default/files/pub-pdf/CPD_beyond2014_EN.pdf.

¹³ Kamran, Iram, Zeba Tasneem, Tahira Parveen, and Rehan Niazi. 2015. "Family Planning through the Lens of Men: Readiness, Preferences, and Challenges," Policy Paper. Washington, DC: Population Council, The Evidence Project

¹⁴ Kamran, I., Khan, M. and Tasneem, Z. 2013. Involving Men in Reproductive and Fertility Issues: Insights from Punjab. Population Council, Islamabad.

DoctHers has reached men and women working in 20 factories/distribution centers of Unilever and Reckitt Benckiser 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 was added to the employee's health insurance system and a low-cost health insurance package was introduced in the surrounding communities. The intervention implemented in districts of Lahore, RY Khan, Muzaffargarh, Multan, Bahawalpur, Gujranwala, Faisalabad, and Rawalpindi.

Key Achievements

- 158,160 MWRAs reached with FP information.
- 74,193 MWRAs provided with FP services.
- 31,584 new users generated.
- 18% increase in mCPR in District Bahawalpur and 6.3% in District Faisalabad
- 19.1% increase in mCPR in District Multan
- 7.4% increase in CPR among Married Men of Reproductive Age at workplaces and 14.27% in mCPR increased among MWRAs in adjacent communities.

Key Takeaways and Recommendations

- Dedicated male physicians for FP outreach camps helped augment service delivery to males directly.
- Availability of condom dispensers at the service delivery points managed by male healthcare providers helped in generating new FP users.
- Mobile solution offered by Viamo increased the access to FP information in the intervention areas.
- Tele-consultations were also proved to be successful in increasing male engagement and FP consultations.
- Engagement in big industrial workplaces could be more successful if the scale is increased.

Scale Up of Male Engagement in FP

PPIF through these pilot projects has tested two innovative models. Based on its learnings, PPIF proposes to scale up these models as new calls for proposals.

Integration of male health workers and service providers in FP eco-system

Places which men find as reliable sources for health information and services such as male GPs, hakims and homeopaths and pharmacies seem a natural fit to sensitize them about other related issues such as FP. According to landscape analysis of FP situation in Pakistan, dispensers, hakeems, and homeopaths, mainly male providers, are present in large numbers but are not currently utilized for FP so there is a huge potential for expansion in increasing their role in FP service provision. Given the high unmet need and limited role of private sector in the current landscape of FP service provision, there is a potential for enabling the untapped private sector to play a more significant role. PPIF is proposing to scale up this model in two Phases.

Selection Criteria: Intervention area will comprise of high ratio of rural UCs, scarce health facilities and adequate availability of non-physician cadres.

Phase I:

The model is expected to reach 300,000 MWRAs with FP information and services.

Districts: Mandi Bahauddin, Hafizabad and Narowal.

Duration: Two years

Est. Budget: PKR 262 M

Expected Outcomes

- The model is expected to reach 300,000 MWRAs with FP information.
- 12-15% Increase in CPR in case CPR in the district is 25% (+ 2%)

- 10-13% Increase in CPR in case CPR in the district is 30% (+ 2%)
- 8-10% Increase in CPR in case CPR in the district is 40% (+ 2%)
- 5-7% Increase in CPR in case CPR in district is 50% (+ 2%)
- Graduation of FP Users using Traditional methods to Modern Methods of Contraception.
- 20% Increase in Knowledge about Modern Methods of Contraception

Strengthening FP uptake through Health Insurance/Social Security Programs

It is well established that health insurance and social security programs can enhance access to health services by offering an opportunity to help fill the gap in unmet need. Studies show that it also decreases financial barriers and increases access to health care. Well-designed pro-poor FP programs can enhance equitable distribution of family planning services.



As project pilot showed that Integration of FP into Health insurance significantly increased use of contraception and reduced unintended pregnancies. PPIF is proposing to scale up the Strengthening FP uptake through Health Insurance/Social Security Program in 5 districts of Punjab. The model will be implemented in the selected factories and adjacent communities to reach MWRAs and MRAs with FP information. Community educators will be trained to address FP myths and misconceptions. Quality assured network of service providers will be developed. Based on this, PPIF is proposing to scale up health insurance model in two phases.

Phase I:

It will mainly focus on reaching men at workplaces with FP information. It is expected to reach 20,000-25,000 men and women of reproductive age at workplaces and 250,000 eligible MWRAs in the adjacent communities with FP information and services.

District: Faisalabad, Gujranwala, Gujrat, Lahore and Sialkot. The selected districts have high numbers of industrial workers with high unmet need.

Duration: Two years

Est. Budget: PKR 247 M

Expected Outcomes:

- It is expected to reach 21,000 men and women of reproductive age at workplaces
- and 300,000 eligible MWRAs in the adjacent communities with FP information and services.
- 12-15% Increase in CPR among the intended population in case CPR is 25% (+ 2%)
- 10-13% Increase in CPR among the intended population in case CPR is 30% (+ 2%)
- 8-10% Increase in CPR among the intended population in case CPR is 40% (+ 2%)
- 5-7% Increase in CPR among the intended population in case CPR in district is 50% (+ 2%)
- Graduation of FP Users using Traditional methods to Modern Methods of Contraception.
- 20% Increase in Knowledge about Modern Methods of Contraception

IV. PROMOTE YOUTH-CENTERED INFORMATION & SERVICES:

Youth have not been the focus of reproductive health information and communication campaigns in Pakistan. Young people who are able to exercise their sexual rights, including by accessing services, have the potential to be agents of change by challenging prejudices and contributing to social cohesion and public health. Low levels of information combined with an early age of marriage and low CPR has led to a high incidence of pregnancy among married women of reproductive age (15 to 19 years). There is a dearth of effective strategies and programs to reach distinct groups of adolescents such as married and unmarried, rural and urban, and younger and older youth. 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.

Interventions:

a) Youth-centered Family Planning Information and Services in Three Districts of Punjab

PPIF aims to generate knowledge and evidence for proven practices that address youth Reproductive Health (RH) needs and facilitate coordination among development partners to scale up best practices. Preliminary analysis shows that among most reproductive health interventions, young people and newlywed couples are not prioritized. Therefore, PPIF has designed a program which primarily focuses on providing youth friendly services including managing provider bias and confidentiality, training of health service providers and youth friendly clinical modifications. The intervention is being implemented in Districts Attock, Khushab and Lodhran. It is expected that 550,000 young couples and young people will be reached with FP information.



HANDS

HANDS is implementing intervention in Districts Attock and Khushab. The salient features of the intervention are as follows;

- Capacity building of Youth Peer Educators.
- In school and out-of-school (Factories and uncovered communities) RH/FP information.
- Establishment of Youth Friendly Spaces in the premises of youth peer educators.
- Quality assured network of private healthcare providers.

REEDS

REEDS is implementing intervention in District Lodhran. The salient features of the intervention are as follows;

- Capacity building of youth FP champions.
- De-stigmatization of RH/FP among youth by engaging Local Body Representative and community gatekeepers including religious leaders.
- Organizing mobile FP camps in hard-to-reach areas.
- Establishment of Quality Assured Network of public and private service providers.
- Enabling access to FP information through youth-friendly mediums of communication such as radio.



Project Progress till to date:

- The project has reached 143,566 MWRA against the target of 130,981 and among them, 58,415 were served against the target of 52,848.
- 365 Community based volunteer, 428 Noor Workers were engaged to conduct community sessions and household visits.
- 200 teachers and 800 Youth groups formation for sensitization activities in 153 colleges and universities
- 500 supervisors & PHEs in 20 factories.

- Formation of 63 Village Health committees.
- Quality assured network of 150 private & Public providers developed.

Expected Outcomes

- 30%-point increase of FP Users that are expected to avail LARC services
- 20%-point increase in knowledge of young people on SRHR.
- Graduation of 30% of young MWRAs using traditional to modern methods of contraception

b) Meeting SRHR information Gap Among Young People in 30 Universities and Colleges in Punjab

Greenstar Social Marketing through its program “Khud ko PEHCHAANO!” aims at reaching 12,000 young people in 30 public and private universities of Punjab to provide them with the basic knowledge about SRHR and Family Planning to empower them to make an informed decision in future.



Duration: One Year

Geographic Area:

The intervention was piloted in urban centres in 30 public and private academic institutions of Punjab excluding districts Lodhran, Attock and Khushab.

Results from the project

- MoU signed with 30 Public and Private Universities of Punjab.
- 600 Master trainers trained against the target of 600.
- 11,104 young people were reach against the target of 12,000
- Social media campaign developed to create mass awareness and project learnings.

Expected Outcomes:

- 30% increase in number of young men and women

V. Address Family Planning Barriers Through Social & Behaviour Change Communication (SBCC):

Only less than 15% of men and women are ever exposed to main stream media messages for importance of education, early marriages and reduction in maternal and child deaths in relation to family planning.¹⁵ Cultural taboos, stigmatized nomenclature, myths and misconceptions play a critical role in shaping attitudes and behaviours. The Landscape study conducted by Population Council also shows that 38 percent of urban pharmacies, 22 percent of rural pharmacies in Lahore were not selling contraceptives because it was perceived as impermissible in Islam.¹⁶ PPIF not only aims to design programs with effective SBCC components, paying particular attention to important demographic variables to ensure the appropriateness of SBCC messages but also strengthen the knowledge base through multiple information channels by identifying and demystifying FP misconceptions, addressing social barriers and increasing channels of access to correct information at all levels for the youth, men and women.

Intervention

¹⁵ PDHS 2017-18 (Table 7.18)

¹⁶ Landscape Analysis (Population Council)

The aim of this call is to improve family planning knowledge, positive attitudes and practices through systematic and evidence-based Social and Behavior Change Communication Interventions. There is a growing body of evidence from program evaluations that have demonstrated SBCC's role, specifically with attempts to identify a positive correlation between exposure to SBCC and reported changes in intermediate results across a range of health areas, including family planning, maternal and child health¹⁷. Henceforth, SBCC intervention is categorized into three broad communication strategies.



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

The budget for this call is PKR 305 M.

Interpersonal Communication Component:

Interpersonal communication strategies have worked globally and nationally. It has also successfully implemented by PPIF as part of its first program cycle. In the context of family planning programs, well-designed and well-implemented interpersonal communication interventions can increase demand for family planning and quality of services. It is expected to reach 500,000 young MWRAs (15-29 Yrs) in districts Rajanpur, Sheikhpura, Jhang, Okara, Sialkot and Sargodha.

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

Duration: 24-36 Months

PPIF implemented the project with 4 organizations in 6 districts deploying the innovative models around SBCC.

GREEN STAR SOCIAL MARKETING (GSM)

GSM was selected for two (2) districts Sargodha & Okara. GSM is a well-established organization working in the field of sexual reproductive health sector and has a very wide footprint in the field of service delivery. GSM proposed to build on its own network of service delivery and has proposed to scale up and replicate *Family Health House* which is a Globally proven best practice through community health workers. Young couples will be mobilized for the behavior change communication in the target area as Community health workers (Sitara Baji and Sattar Bhai). GSM will also conduct educational activities in order to develop information channels and will engage pharmacies and drug shop staff to provide information on family planning who will provide referrals to nearby healthcare providers for FP services and information. Through this model, the concept of social entrepreneurship with *Sitara Bajis* will be integrated for increased income. Greenstar POOCHO helplines will be integrated to dispel myths and misconceptions. It is expected to reach 98,143 couples in Sargodha and 80,741 couples in Okara through this model.

Innovation:

- Employment and business entrepreneurship opportunities for these outreach workers by supporting them to upgrade a room in their homes to serve as the Sitara Baji / Sattar Bhai Health House, a well-tested intervention by the Government of Pakistan's Lady Health Workers' Program.

¹⁷ <https://sbccimplementationkits.org/service-communication/wpcontent/uploads/sites/13/2017/01/ServiceCom-I-Kit-Learn-Section.pdf>

- Community based Sustainable Youth Friendly Eco-system and Sitara Houses. This Eco-system will comprise of Sitara Houses (youth friendly space), Sabz Sitara clinics/public healthcare facilities, chemists and FMCG retailers (kiriyana/general store).

HANDS

HANDS has vast experience in FP and social development programs and PPIF has also previously worked with HANDS in Muzaffargarh. HANDS proposed the intervention to improve the access to correct FP information and quality services, which are not available to significant number of population residing in rural, difficult to reach and low resource setting areas of Sialkot. The capacity of community health workers, public and private sector providers in use of digital application for dissemination of behavior change information will be the key to enhance access to correct FP information. Male engagement will be ensured through male community resource persons/Religious Leaders. Improving accessibility of quality FP services will be ensured through multiple service channels (Public and Private sector). It will also provide mobile service units in areas where the public service provision is limited. It is expected to reach 103,420 couples through this model in Sialkot.

Innovation:

- Use of digital technology for community mobilization
- Use of digital technology for data gathering, progress review and improving coverage
- For underserved areas three intervention models --- HANDS CRP model, engagement of LHVs as outreach service provider for services in selected villages and population through mobile camps, and engagement & strengthening of Private providers in a network for quality FP services in both rural and urban areas.
- Engagement and strengthening of health department LHW program for dissemination of FP information through digital videos, FP services and its digital reporting system.

Lahore School System & Vocational Training Institute

This Organization has a wide footprint in terms of academic institutes throughout the country and mainly in Punjab. They have a wide range of vocational institutes in Punjab and have been engaged in various social development programs. They will be implementing the projects in the districts of Jhang & Rajanpur. They will provide information on family planning to the parents of the students enrolled and also provide information to the trainees of the vocational institute who are slightly older and fall within young age group. They will train the vaccinators of EPI to provide family planning information and who then will provide referral for family planning services. Moreover, they will provide information through mobile phones as they already have an established existing platform in which they are linked with all the parents of the students. Referral linkages will be developed with BHUs and RHCs, tertiary health facilities through Health Facilities and EPI Staff, health workers and school teachers. It is expected to reach 72,824 couples in Jhang and 53,000 couples in Rajanpur through this model.

Innovation:

- Leveraging existing outreach of academic and vocational institutes
- Integrate family planning and immunization services: Offer family planning information and services proactively to women in the extended postpartum period.
- Use of digital technologies to support healthy sexual and reproductive behaviors

SUNGI DEVELOPMENT FOUNDATION

SUNGI development foundation was selected for the district Sheikhpura. Sungi has experience in projects related to sustainable livelihoods, social development and disaster management. Social mobilization has been niche of SDF work over the years. SUNGI successfully practiced three tiers of social mobilization including capacity enhancement, building human resource, raising right's awareness and bridging gap between right-holders and the state. SUNGI has proposed a community group engagement model in which they will engage young couples and the community at large to educate them on family planning. This project intends to train young couples as change makers, forming 'husband-groups' and 'mother-clubs' so they can hold meetings and community group dialogue along with the interactive sessions. They have also added street theatre and social media campaign as part of the project. This project will also focus on service delivery as they will set up health desk at both private and public facilities in the intervention area. It is expected to reach 91,872 couples in Sheikhpura.

Innovation:

- Successfully piloted health communication strategies now applied to family planning behavior change communication in new areas.
- Male engagement through Male Motivator Husband Groups and Religious Leaders and Influencers.
- Youth Circle of Influence Project funded by UKAID - Engage local Celebrities 'Ambassadors for Change 'and engage local youth groups
- Ending Violence Against Women (EVAW) project using Helpline and Ambassador of Change Methodology
- Community Group Engagement

Results from the Project

- The project has reached 531,073 young couples against the target of 500,000 and among them, 206,115 were served against the target of 200,000.
- Quality assured network of 232 Private Providers developed.
- 296 Community educators capacitated to provide FP information.

Digital Health

Digital health intervention is being implemented in 06 districts Rajanpur, Sheikhpura, Jhang, Okara, Sialkot and Sargodha by Strengthening Participatory Organization. Through this intervention, a m-health app named Hamraah has been developed to reach young people with FP information to make an informed decision about their reproductive health.

App comprises of the following features

- Self-Assessment through MEC Wheel
- Mapping of service delivery point
- Online referral linkages
- Client follow-up mechanism
- Digital loop feedback mechanism
- Promote informed choices.
- Reduce the time and cost-related barriers.

Another medium that will be used in generating mass awareness about family planning is social media. Online platforms such as facebook, twitter and Instagram are an essential gateway to reach young people to share reliable, evidence-based content and debunk myths and misconceptions and promote healthy FP practices. It is expected that through this intervention, 1 million young people will be reached.

Project Progress till to Date:

- 500 youth champions engaged for community mobilization.
- The project has reached 1,675,228 people through the app against the target of 1,030,100.

Mass Media

Mass media communication tools such as Television has one of the highest outreach of any communication channel. Its weekly viewership stands at 76.2% for Pakistan of which the major contribution is through public channels whereas private channels also have a significant outreach with 14% and less viewership through cable and satellite mediums. Considering the impact of drama serial on the health outcomes, PPIF aims to develop One Television Drama Series/serial of up to 22-25 episodes



with 40 minutes running time approximately. The main activities required to implement mass media intervention includes:

- Provision of one-liner (storyline of the drama)
- Script writing
- Production includes designing and execution of promotional campaign. Promotional campaigns include Teasers, Drama OST, promos and public service message etc.
- Development of social media campaign
- Hiring of cast of drama.
- Provision of detailed budget

Target Audience:

The target audience for the drama serial/series will be public at large especially young people and newlywed couples with the most information barriers.

Duration: The expected timeline of production will be one year and six months of airing for drama serial.

Project Progress

- Drama Production has been started

Expected Outcomes:

- Up to 10 million people will be reached with FP information.

Punjab Family Planning Program – World Bank.

a) E-voucher for the BISP beneficiaries in 14 Districts of Punjab

Under the PFPP program by the World Bank, PPIF is scaling up its electronic voucher program in 14 districts of Punjab. The main feature of the program is as follows:



Project Objectives

DLI 3

- To support the uptake of family planning information and services to marginalized communities especially poor (BISP Household)
- To facilitate the equitable access to and choice of voluntary contraceptives services thus reducing the high unmet need.
- It will enable MWRAs among BISP households to make informed decision that foster positive health outcomes for the broader community.

DLI4

- To improve awareness, acceptability and increase discussion of family planning among couples, family member and the public at large through the medium of short film series.
- To address myths and misconception of family planning by reaching public at large through airing of drama serial/series on television and social media platform.
- It includes production & airing of drama serial and short telefilm series, social media marketing & promotions, M&E, subject expert cost i.e. (program Manager, communication coordinator and technical expert) and meeting and workshops.

Main Activities

Development & Printing of IEC Material

- Development & Printing of Detailing Aid for Outreach Workers
- Printing of IEC material on Family Planning

Demand Generation

- Capacity Building of Social Mobilizers, FP Champions and BISP Mother Leaders
- Conduct Awareness Raising Community Sessions and Household Visits

Service Delivery

- Mapping and Assessment of Private Health Providers/Facilities
- Develop Quality Assured Network of Private Health Service Providers
- Develop a Referral Mechanism for Expanded Method Mix including public and private providers.
- Provision of Family Planning Commodities to Service Providers

Voucher Management

- Hiring of Funds Disbursement Agency for voucher management.
- Mobile application for verification of vouchers redeemed by beneficiaries through service providers.
- Disbursement of funds to beneficiaries and service providers through an m-finance tool.

Geographic Location:

Lahore, Multan, Bahawalpur, Jhang, Sargodha, Kasur, Khanewal, Faisalabad, Okara, Vehari, Bhakkar, Sheikhpura, Bahawalnagar and Lodhran.

Expected Outcomes:

- 1,400,000 MWRAs among BISP beneficiaries reached with FP information and among them 300,000 MWRAs will avail FP services through e-voucher.
- 12-15% Increase in CPR in case CPR in the district is 25% (+ 2%). Estimated 168,000 to 210,000 additional New Users generated.
- 10-13% Increase in CPR in case CPR in the district is 30% (+ 2%). Estimated 140,000 to 182,000 additional New Users generated.
- 8-10% Increase in CPR in case CPR in the district is 40% (+ 2%). Estimated 112,000 to 140,000 additional New Users generated.
- 5-7% Increase in CPR in case CPR in district is 50% (+ 2%). Estimated 70,000 to 98,000 additional New Users generated.
- 6%-point decrease in unmet need for birth spacing.
- 10% decrease in discontinuation rate
- 30% Graduation of FP Users using Traditional methods to Modern Methods of Contraception.
- 20% Increase in Knowledge of BISP MWRAs about Modern Methods of Contraception.

Progress of the project

- PPIF initiated the pre-qualification to create a pool of eligible firms for the implementation of intervention
- Pre-qualification for the baseline firm has also been initiated.
- Funds Disbursement Agency has been selected through open tendering.
- Mobile Application development is in process and the app will be an extension of HISDU.

b) TV Drama Serial Aired Twice for Two Years

Under the World Bank Program, PPIF will develop a drama serial and short tele film series on Family Planning. The pre-qualification of production house/firm was initiated, and the following firms were pre-qualified

- M&C Saatchi
- Quack

The hiring of a consultant for the development of business plan is underway. PPIF has sought clarity from the World Bank on either it can produce drama serial and short tele film series or just one drama serial.

vi. PPIF 5 Year Strategic Plan (2022-27)

SUMMARY:

Punjab Population Innovation Fund was set up to devise out and fund out-of-box solutions to address the appalling population indicators in Punjab. Established in 2016, PPIF has tested out highly diversified innovative FP interventions across the province. Initially, PPIF struggled with fundings which restricted PPIF to mere a couple of minuscule projects in its initial years after its inception. It was not until 2020, PPIF was granted a supplementary grant of 203 million PKR to hit a sizeable scale and started contributing to the provincial population goals in the subsequent period. The same was hailed by the honourable Chairman P&D Board, Secretary PWD and Member Health, Dr. Sohail Saqlain at different forums. With their unabated support, PPIF was provided with another grant of PKR 613 million to undertake projects to ameliorate the population indicators in the province. The chairman P&D Board also assured his support in arranging further allocation if required.

Objective:

Based on the endline findings conducted by highly prestigious research firms, PPIF has proposed new initiatives and also scale-up of the pilot projects for a period of five years (2022-27) which will be tested out in different intervention areas. To ensure sound monitoring and evaluation, PPIF will outsource accredited firm to conduct baseline & endline study and Third Party Monitoring. After conducting base line study for each project and scale up the measurable FP indicators will be quantified and finalized.

Overall Expected Outcomes:

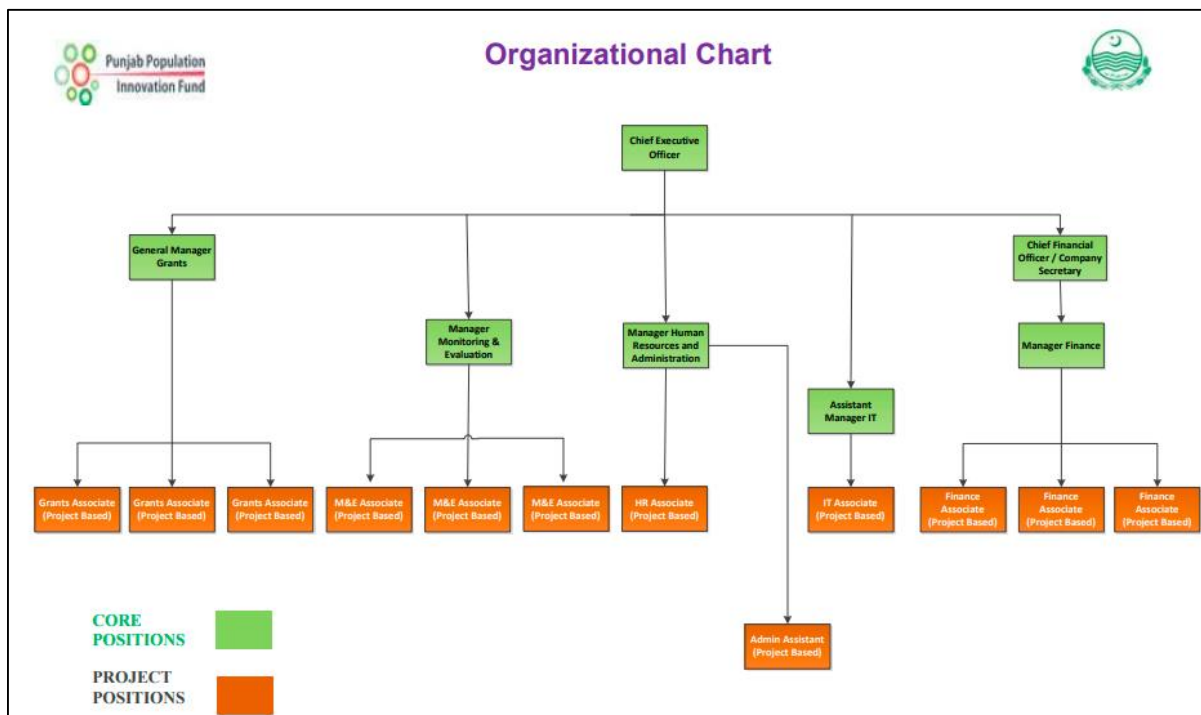
- More than 2 M eligible MWRAs/MRAs reached.
- 12-15% Increase in CPR in case CPR in the district is 25% (+ 2%)
- 10-13% Increase in CPR in case CPR in the district is 30% (+ 2%)
- 8-10% Increase in CPR in case CPR in the district is 40% (+ 2%)
- 5-7% Increase in CPR in case CPR in district is 50% (+ 2%)
- Need for family planning satisfied by 5 % point.
- 30 % increase in knowledge about LARCs.
- 10 % decrease in discontinuation rate
- Increased joint decision making among couples.

RESOURCE REQUIREMENTS:

PPIF 5 Year (2022-27)						
Requirements		Qty	Unit Price	Frequency		Price
Human Resources Required	Grants Associate	3	75000	60	13,500,000	10,800,000
	M&E Associate	3	75000	60	13,500,000	10,800,000
	Finance Associate	3	75000	60	13,500,000	10,800,000
	IT Associate	1	75000	36	2,700,000	4,500,000

	HR Associate	1	75000	60	4,500,000	4,500,000
Overhead					-	
Assets	Laptops plus accessories	11	200,000	1	2,200,000	2,200,000
	Furniture and fixture	11	35000	1	385,000	88,000
						110,000
	Photocopy	1				1,000,000
	Printer machine	1				
	Scanner	1				
	Shredder	1				
	Water dispenser	1				20,000
	External hard drives of 1 TB	3				30,000
	DSLR	1				200,000
	Lens					
	Batteries					
Out Sourcing	Baseline Survey firms					
	Endline Survey firms					
	Third-party monitoring firms					

Organogram



TIMELINE:

2022-2027

Activities	Timeline	Year I	Year II	Year III	Year IV	Year V
		2022-23	2023-24	2024-25	2025-26	2026-27
Approved Calls						
BISP beneficiaries in 15 Control UCs of R.Y. Khan	Feb 2022-Sep 22	█				
Interpersonal Communications- SBCC	Dec 2021- March 2024	██████████				
Digital technology- SBCC Call	Aug 2022- Nov 24		██████████			
Mass Media- SBCC Call	2023-2025		██████████			
Youth Call in 3 Districts	May/Apr 2022 – May/Apr 2023	██████████				
SRH information in 30 Universities	Jun 2022 – Sep 2023	██████████				
Scale up of Noor Model in LHW uncovered areas in 10 Districts	June 2022- sep 2024	██████████				
New Calls						
E-Voucher Model with BISP beneficiaries scale up Phase I (4 Districts)	2023- 2025		██████████			
E-Voucher Model with BISP beneficiaries scale up Phase II (10 Districts)	2024-2027			██████████		
Integration of male health workers and service providers in FP eco-system Phase I (3 districts)	2023-2025		██████████			
Integration of male health workers and service providers	2024-2027			██████████		

in FP eco-system Phase II (10 districts)							
Strengthening FP uptake through Health Insurance Phase I (5 districts)	2023-2025						
Strengthening FP uptake through Health Insurance Phase II (10 districts)	2024-2027						
Integration of Expanded Program on Immunization in 5 Districts	2024-2027						
M-health App	2024-2027						
Re-airing Drama Serial	2024-2027						
World Bank Program	2024-2027						

OVERALL BUDGET:

Activities	Timeline	Budget (PKR)	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
Approved Calls								
BISP beneficiaries in 15 Control UCs of R.Y. Khan	Feb 2022- Sep 22	28,000,000	12,600,000	15,400,000				
Interpersonal Communications	Dec 2021- March 2024	223,000,000	44,600,000	89,200,000	89,200,000			
Digital Technology	Aug 2022- Nov 24	30,000,000	6,000,000	12,000,000	12,000,000			
Mass Media-	2023-2025	52,000,000	10,400,000	26,000,000	15,600,000			
Youth Call in 3 Districts	May/Apr 2022 – May/Apr 2023	150,000,000	30,000,000	60,000,000	60,000,000			
SRH information in 30 Universities	Jun 2022 – Sep 2023	20,000,000	6,000,000	14,000,000				
Scale up of Noor Model	June 2022- sep 2024	450,000,000	135,000,000	157,500,000	157,500,000			
New Calls								
E-Voucher Model scale up Phase I (4 Districts)	2023-2025	300,000,000	60,000,000	105,000,000	135,000,000			
E-Voucher Model scale up Phase II (10 Districts)	2024-2027	800,000,000			160,000,000	240,000,000	200,000,000	200,000,000

Integration of male health workers and service providers in FP eco-system Phase I (3 districts)	2023-2025	300,000,000	60,000,000	105,000,000	135,000,000			
Integration of male health workers and service providers in FP eco-system Phase II (10 districts)	2024-2027	600,000,000			120,000,000	150,000,000	150,000,000	180,000,000
Strengthening FP uptake through Health Insurance Phase I (5 districts)	2023-2025	150,000,000	30,000,000	52,500,000	67,500,000			
Strengthening FP uptake through Health Insurance Phase II (10 districts)	2024-2027	500,000,000			100,000,000	125,000,000	125,000,000	150,000,000
Integration of Expanded Program on Immunization in 5 Districts	2024-2027	250,000,000			50,000,000	62,500,000	62,500,000	75,000,000
M-health App	2024-2027	50,000,000			10,000,000	25,000,000	7,500,000	7,500,000
Re-airing Drama Serial	2024-2027	20,000,000				4,000,000	10,000,000	6,000,000
Digitization of M&E	2024-2027	20,000,000	10,000,000	6,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Monitoring & Evaluation								
Opex								

Total	4,061,800,000	428,360,000	684,180,000	1,166,260,000	607,500,000	556,000,000	619,500,000
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Expected outcomes

Interpersonal Communication- SBCC Call	500,000 young couples (15-29 Yrs) will be reached	20 %-point increase in FP knowledge. 10%-point increase in CPR & 8%-point increase in mCPR. 20% of FP Users are expected to choose LARCs. Graduation of 30% of MWRAs using traditional to modern methods of contraception. 10% decrease in discontinuation rate.
Digital Health- SBCC Call	1M people will be reached	20% increase in knowledge of modern methods
Mass Media- SBCC Call	10 Mil people will be reached	
Youth Call in 30 Universities	600 master trainers 12000 young people will be reached	30% increase in number of young men and women <ul style="list-style-type: none"> • With basic knowledge about (SRHR). • With knowledge of at least three modern methods • With knowledge of HTSP • who reject three main myths and misconceptions about Family Planning? • who know at least three sources of information and services on SRH? • who can identify Gender-based violence • With knowledge of GBV preventive strategies • With knowledge on role of population in development indicators
Youth Call in 3 Districts	555,000 Young MWRAs and their Husband and young people will be reached	CPR Increase among young MWRAs 10% in Lodhran 10% in Khushab 12% in Attock Demand for FP among young MWRAs 5% in Lodhran 5% in Khushab 6% in Attock 30%-point increase of FP Users expected to avail LARC. 30% Graduation of young MWRAs using traditional to modern methods. 20%-point increase in knowledge of young people on SRHR.
Scale up of Noor Model in LHW uncovered areas in 10 Districts	823,000 MWRAs will be reached	20% of FP Users expected to avail LARC services. 20%-point increase in knowledge on LSBE and/or HTSP 30% Graduation from traditional to modern methods 10% increase in mCPR

E-Voucher Model with BISP beneficiaries scale up Phase I (4 Districts)	280,000 eligible MWRAs will be reached 74,144 BISP MWRAs will avail FP services	12-15% Increase in CPR in case CPR in the district is 25% (+ 2%) 10-13% Increase in CPR in case CPR in the district is 30% (+ 2%)
E-Voucher Model with BISP beneficiaries scale up Phase II (10 Districts)	300,000 eligible BISP MWRAs are expected to avail FP services	8-10% Increase in CPR in case CPR in the district is 40% (+ 2%)

Integration of male health workers and service providers in FP eco-system Phase I (5 districts)	300,000 MWRAs	5-7% Increase in CPR in case CPR in district is 50% (+ 2%) Graduation of FP Users using Traditional methods to Modern Methods of Contraception. 20% Increase in Knowledge about Modern Methods of Contraception
Integration of male health workers and service providers in FP eco-system Phase II (10 districts)	1 Million MWRAs	
Strengthening FP uptake through Health Insurance Phase I (5 districts)	20,000-25,000 MWRAs and MRAs at factories/workplaces reach 250,000 eligible MWRAs	
Strengthening FP uptake through Health Insurance Phase II (10 districts)	500,000 eligible MWRAs	

B) New Calls

1) Male Engagement in Family Planning – Project Extensions and Scale up

PPIF piloted three interventions in eight districts of Punjab where innovative approaches were tested, specifically doorstep services, reaching out to male workers in their workplaces, couples counselling, reaching couples at first point of contact such as at Homeopaths, Hakeems, pharmacies and male GPs.

Through these interventions 158,160 couples were reached with FP information and services. Based on the end-line results, among the innovative approaches tested, reaching couples at the first point of contact and reaching men at workplaces proved to be the most successful. PPIF based on its learnings proposes to scale up these models through project extensions as well as new calls for proposals.

A) Scale Up of Male Engagement

Integration of male health workers and service providers in FP eco-system

According to landscape analysis of FP situation in Pakistan, dispensers, hakeems, and homeopaths, mainly male providers, are present in large numbers but are not currently utilized for FP so there is a huge potential for expansion in increasing their role in FP service provision. Places which men find as reliable sources for health information and services such as male GPs, hakims and homeopaths and pharmacies seem a natural fit to sensitize them about other related issues such as FP. PPIF is proposing to scale up this model in two Phases. Phase 1 will be implemented in 5 districts for a duration of 2 years. Phase 2 will be implemented in 10 districts a duration of three years.

Strengthening FP uptake through Health Insurance

Family planning services are often excluded from health insurance benefit packages. As project pilot showed that **Integration of FP into Health Insurance** significantly increased use of contraception and reduced unintended pregnancies. Based on this, PPIF is proposing to scale up health insurance model in two phases. Phase I will focus on reaching MWRAs and MRAs in the factories and its adjacent communities with FP information and services in 5 districts. The duration will be two years. Phase II will focus on coordination with Sehat Sahulat Program to reach eligible MWRAs with FP information and services. The intervention will be implemented in 10 districts with highest enrollment of sehat sahulat program for a duration of three years.

2) Scale Up of SBCC Call

PPIF intends to scale-up the following three interventions that will be tested in the SBCC call.

a) Integration of FP with Expanded Program on Immunization in 5 Districts

In the interpersonal communication component of the SBCC call, the model will be tested in District Jhang and Rajanpur. Offering family planning services to postpartum women through infant-child immunization contacts is one of several promising “high-impact practices” (HIPs) in family planning. Most women in the extended postpartum period want to delay or avoid future pregnancies but many are not using a modern contraceptive method. The existing evidence suggests that family planning and immunization integration services can lead to increased family planning uptake. Based on the learnings of the pilot intervention, PPIF intends to scale-up the model in 5 Districts. Duration of this project will be 3 years (2024-2027).

b) M-Health

M-health app that will be developed by SPO in consultation with Primary and Secondary Healthcare Department, District Health Services and HISDU to support, maintain, and adopt healthy sexual and reproductive behaviors. App will provide an interface to the users including a medical eligibility criterion which will help the newlywed couple to adopt the best Family Planning (FP) method. The app developed will provide an innovative solution to the increasingly high unmet need among MWRA and young people. PPIF intends to scale up the outreach of the app based on the learnings from the project from six districts to Punjab wide dissemination. Duration of this project will be 3 years

c) Drama serial

PPIF will be developing One Television Drama Series as part of the Mass Media component of the SBCC call. Initially, the drama is intended to be aired on PTV and later PPIF aims to explore the various avenues to re-telecast drama serial through Public and Private mediums. Duration of this project will be 3 years

3) Digitization of M&E

In view of highly diversified interventions being implemented by PPIF, there is a pressing need for a Digitization of data that will be used for decision-making, and for the coordination, control, analysis, and visualization of information. It will include Management Information System, Real Time Monitoring, LMIS (Logistic Management Information System), Performance Based Evaluation and Digital Repository etc. It will help to keep track of progress while keeping data easily accessible on a wide array of mobile and web devices. Duration of this project will be 5 years (2022-2027)

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

Third Party Monitors

For the monitoring of field activities, PPIF engaged third-party monitoring firms as partners to monitor the field activities during project implementation. TPM firms, hired for the monitoring of field activities are as under:

Project/ TPM Firm Name	District For TMP
SBCC	
Development Strategies	Lahore
	Rajanpur
	Sialkot
-Consult	Sargodha
	Okara
	Sheikhupura
Noor Call	
Development Strategies	Rawalpindi (Unit-01, Unit-02)
	Lahore (Unit-03, Unit-04, Unit-05)
-Consult	Faisalabad (Unit-08)
	Gujranwala (Unit-09)
Value Resources	Sheikhupura & Nankana (Unit-06)
	Chiniot, TT Singh, Sargodha (Unit-07)
Kasur (Unit-10)	
Youth Call	
I. Consult	Lodhran
Development Strategies	Attock & Khushab
GAT	30 Universities
E-Voucher Model For BISP	
GAT	RYK

Inception Phase and Inception report:

After completion of contractual documentation obligations, all selected TPM firms have participated in inception meetings at PPIF office Lahore for formal introduction and orientation of projects. During the meeting, coordination mechanism between PPIF and TPM firms was finalized.

Monitoring tool development:

According to the interventions defined in the project proposal, indicator specific monitoring tools drafted and shared by the TPM firms.

Following monitoring tools were developed and shared by the TPM firms;

- Client Verification Form
- Knowledge Assessment of Intermediaries
- Quality audits
- Record keeping of CB training
- Spot Check of awareness sessions
- Training Monitoring Form
- Verification of Contraceptives
- Verification of intermediaries
- SBMR

Hiring and Training of field monitoring teams:

Simultaneously with monitoring tools development and pilot testing, hiring of field monitoring team has been completed by the TPM firms.

Data Verification:

All the selected TPM firms have started the data verification in their respective districts against the given milestone.

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

The board has set up an internal audit function, which has an audit plan and charter, duly approved by the audit committee. In the absence of the Chief Internal Auditor (CIA), board has outsourced internal audit function to M/s Muniff Ziauddin & Co, Chartered Accountants. 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 and all internal audit reports have been duly provided to external auditors for their review.

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) The Deputy Secretary (H), Finance Department, the Secretary of Population Welfare Department, the Secretary Primary & Secondary Healthcare Department, the Secretary Specialized Healthcare and Medical Education Department and the Member (Health), Planning & Development Department, all belong to the Government of the Punjab, shall be the ex-officio members of the Board. In addition, the Board shall include at least five persons who do not belong to the Government of the Punjab or any other government in Pakistan as members of the Board.

b) In addition to above, eight (08) Directors are appointed on the board of PPIF as private members, private members are categorized into Non-Executive and Independent members and their names are as follows:

Non-Executive Directors;

1. Dr. Ijaz Nabi;
2. Dr. Naved Hamid;
3. Dr. Yasmeen Sabeeh Qazi;

Independent Members;

4. Dr. Rubina Sohail;
5. Ms. Nazish Afraz;
6. Ms. Aqueela Mumtaz;
7. Mr. Irfan Ilyas;
8. 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:

- i. Audit & Finance Committee;
- ii. Human Resource Committee;
- iii. Procurement Committee (PDEC);
- iv. Nomination Committee;
- v. Risk Management and Investigation Committee; &
- vi. IT Steering Committee;

Members of Audit and Finance Committee:

- i. Ms. Aqueela Mumtaz – Independent Director - Chair AFC;
- ii. Dr. Naved Hamid – Independent Director – Member AFC;
- iii. Mr. Irfan Ilyas – Independent Director – Member AFC;
- iv. Deputy Secretary (Health) Finance Department – Ex-officio member; &
- v. Secretary Population Welfare Department – Ex-officio member;

During the year 2023-24, following sub-committee meetings of the PPIF board were held:

Serial Number	Sub-Committee Meetings of the PPIF Board	Date
1	19 th Audit & Finance Committee Meeting	21 st July, 2023
2	20 th Audit & Finance Committee Meeting	04 th September, 2023
3	21 st Audit & Finance Committee Meeting	08 th December, 2023
4	22 nd Audit & Finance Committee Meeting	26 th January, 2024
5	23 rd Audit & Finance Committee Meeting	29 th February, 2024
6	24 th Audit & Finance Committee Meeting	29 th May, 2024
7	25 th Audit & Finance Committee Meeting	07 th June, 2024
8	17 th Program Design & Evaluation Committee Meeting	12 th September, 2023
9	18 th Program Design & Evaluation Committee Meeting	30 th November, 2023

10	19 th Program Design & Evaluation Committee Meeting	04 th March, 2024
11	20 th Program Design & Evaluation Committee Meeting	26 th April, 2024
12	21 st Program Design & Evaluation Committee Meeting	17 th May, 2024
13	13 th Human Resource Committee Meeting	13 th September, 2023
14	14 th Human Resource Committee Meeting	06 th December, 2023
15	15 th Human Resource Committee Meeting	05 th March, 2024

The Planning & Development Board has devised a mechanism for the release of funds towards Public Sector Companies and constituted a Development Working Party (DWP) committee headed by the respective Chief Executive Officer of the organization. The DWP shall include the representatives of P&D Board, Finance Department and Concerned Administrative Department (not below the rank of Additional Secretary / Chief of Section). The DWP to work as a recommendatory body to scrutinize the development projects of the Punjab Population Innovation Fund and forward to the Board for consideration / approval.

During the year under review, 5th and 6th Development Working Party (DWP) meetings were held on 13th May, 2024 and 10th June, 2024 respectively and their recommendations were taken to the Board in 30th Board meeting held on 24th June, 2024.

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:

- i. The Board has complied with the relevant principles of the Corporate Governance and has identified the rules that have not been complied with;
- ii. Each Director and Chief Executive Officer, by whatever name called on the Public Sector Company complied with the fit and proper criteria specified under the Rules;
- iii. All Directors have provided their directorships in more than five Public Sector Companies and listed Companies Simultaneously;
- iv. No casual vacancy arose during the year and no removal of director took place during the year except for transfer & posting of ex-officio members;
- v. 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;
- vi. The board comprises of members have appropriate mix of core competencies, diversity, requisite skills, knowledge and expertise and fulfils all other criteria as considered relevant in the context of the Public Sector Companies;
- vii. The Board has one-third of its total members as independent directors and met the criteria of the independence as specified under the Public Sector Company Rules.
- viii. None of the independent director participated in share options or any similar schemes of the Public Sector Company which entitled him to acquire any interest in the Public Sector Company;
- ix. The board has ensured company has code of conduct along with supporting policies and company has also developed conflict of interest policy and policy on anti-corruption;
- x. The board has developed vision or mission statement and corporate strategy and also ensured compliance with the law as well as the company's internal rules and procedures relating to public procurement, tender regulations, and purchasing and technical standards, when dealing with suppliers of goods and services;
- xi. The board has established appropriate arrangements to ensure it has access to all relevant information, advice and resources necessary to enable it to carry out its role effectively;
- xii. 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 and Proper books of account of the Company have been maintained;
- xiii. Appropriate accounting policies have been consistently applied in preparation of Financial Statements and accounting estimates are based on reasonable and prudent judgement;

- xiv. The system of internal control is sound in design and has been effectively implemented and monitored;
- xv. The board approved the profit & loss account for, and balance sheet as at the end of, the first, second and third quarter of the year as well as the financial year end;
- xvi. The company has conducted an orientation course for the board members;

During the year under review, no salary 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 are on pro-bono status. However, during the year under review, meeting fees have been paid to all the board members of PPIF including the ex-officio members.

During the year under review, timely availability of funds was the most significant issue for FY 2023-24, however, under approved ADP Rs627.663million, Rs20m & Rs180m was released to PPIF on 30th January 2024 and 06th February, 2024 respectively. Rs300m was released to PPIF on 24th June, 2024, hence due to non-availability of requisite funds during FY 2023-24 majority of the planned activities could not be procured. Rs127.663m are considered to be lapsed, last year being the election year therefore, it translates the main reasons for the delay in the release of funds and also for the lapse of funds during FY 2023-24. Furthermore, the year 2023-24 being the election year, PPIF may not be able to complete the procurement process of Scale-up Male Engagement Model 1 & 2, also the hiring of Third Party Monitoring Firms and Baseline firms could not procure, hence majority of the activities were kept pending during the period July 2023 to June 2024 and hence carried forward to next financial year.

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	2023-24	2022-23
Fixed Assets	8,575,795	7,650,234
Intangible Assets	3,094,617	1,139,119
Long term Security deposit and advances	69,959,803	75,212,733
Loan, advances, prepayments and other Receivables	70,149,057	89,939,193
Short Term Investment – Term Deposit Receipt	340,000,000	543,504,796
Cash and bank balance	294,913,564	106,669,722
Total Assets	786,692,836	824,115,797
Deferred Grant	486,423,642	570,296,405
Deferred Liability	34,755,044	24,355,448
Reserve Fund	27,877,122	12,600,000
General Fund payable	2,854,257	2,716,207
Trade and other payables	234,782,771	214,147,737
Total Funds and Liabilities	786,692,836	824,115,797

Key Operation data as per audited accounts

(Amount in Rupee)

Particulars	2023-24	2022-23
Grant Income	568,595,641	490,451,746
Interest Income	105,456,830	114,413,763
Program Expenses	637,664,258	585,760,061
Administration Expenses	36,364,317	19,078,942
Other Expenses & Financial Charges	23,896	26,506
Total Expenses	674,052,471	604,865,509
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 2022-27:

- More than 2 M eligible MWRAs/MRAs reached
- 8-10% Increase in CPR in case CPR in the district is below 40
- 5-7% Increase in CPR in case CPR in district is above 40
- Need for family planning satisfied by 5 % point.
- 30 % increase in knowledge about LARCs.
- 10 % decrease in discontinuation rate
- Increased joint decision making among couples.

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	27 th Board Meeting	26 th September, 2023
2	28 th Board Meeting	28 th December, 2023
3	29 th Board Meeting	20 th March, 2024
4	30 th Board Meeting	24 th June, 2024

Name of Directors / Chief Executive Officer	Category	No. of Meetings Attended
1. Dr. Ijaz Nabi – (Chairman Board)	Non-Executive Director	3
2. Dr. Naved Hamid	Non-Executive Director	2
3. Dr. Yasmeen Qazi	Non-Executive Director	3
4. Dr. Rubina Sohail)	Independent Member	2
5. Ms. Nazish Afraz	Independent Member	4
6. Ms. Aqueela Mumtaz	Independent Member	3
7. Mr. Irfan Ilyas	Independent Member	4
8. Mr. Amir Zafar Khan	Independent Member	3
9. Ex-officio Member HNP P&D Board		4
10. Ex-officio - Specialized HealthCare and Medical Education Department)		4
11. Ex-officio - Primary & Secondary HealthCare Department)		4
12. Ex-officio – DS (Health) - Finance Department		4
13. Ex-officio - Population Welfare Department)		4
14. Chief Executive Officer - PPIF		4

EXTERNAL AUDITORS

The external auditors of the company have to confirm that the company are in compliance with international federation of accountants (IFAC) guidelines on code of ethics as applicable in Pakistan. So, every public sector company shall require external auditor who shall furnish a management letter to its board.

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 RSM Avais Hyder Liaquat Nauman Chartered Accountants has been appointed as an External Auditor of Punjab Population Innovation Fund for the Financial Year 2024-25 on an annual professional fee of Rs 460,000/- inclusive of all taxes, M/s RSM Avais Hyder Liaquat Nauman Chartered Accountants shall 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. Syed Ali Adnan Tirmazi – Engagement Partner
2. Mr. Inam ul Haque – Partner

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.

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 Muniff Ziauddin & CO, Chartered Accountant as internal auditor.

Internal Auditor – M/S Muniff Ziauddin & Co, Chartered Accountants:

- a) Mr. Arqum Naveed– Partner;
- b) Mr. Hassan Mustafa – Supervisor;
- c) Mr. Hamza Ilyas – Audit Associate;

Company Secretary – PPIF

Annual General Meeting

For the period 2022-23, 7th Annual General Meetings of Punjab Population Innovation Fund was conducted on October 24, 2023 wherein the following agenda was resolved:

- a) The Company's audited financial statements for the year ended June 30, 2023, 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 RSM Avais Hyder Liaquat Nauman Chartered Accountants be and hereby reappointed as Statutory Auditor of the Company for the period ending 30.06.2024.

Resource Mobilization:

World Bank intends to launch its Program-for-Results Financing (PforR) to implement Family Planning Program in all the districts of Punjab. It will be implemented over a period of five years (FY 2023- FY 2027). The Program will be implemented by the P&SHD and PWD of the Government of Punjab. PPIF has been a part of all working group meetings of the World Bank and has made specific evidence-based recommendations in the result areas. PWD has delineated specific roles for PPIF in the DLI document.

Program Development Objective(s) (PDO) and PDO Level Results Indicators

The PDO is to increase the utilization of quality family planning (FP) services in Punjab. Progress towards achievement of PDO will be measured by the following indicators:

1. Reduction in stock-out of FP commodities
2. Improved modern Contraceptive Prevalence Rate
3. Reduction of teenage pregnancy
4. Reduction of FP discontinuation rate while in demand

Disbursement Linked Indicators and Verification Protocols

DLI #	DLI (US\$185 million)
Results Area 1: Improved availability of family planning services and commodities	
1	Family planning commodities procurement and management strengthened and integrated within the province's Contraceptive Logistics Management Information System (cLMIS)
2	Improvement in the use of modern contraceptives and quality of care
3	Increased social marketing of FP commodities and private sector services
Results Area 2: Increased demand for Family Planning Commodities	
4	Increased demand for FP services
Results Area 3: Advocacy and leadership	
5	Improved advocacy and leadership

The verification of the DLRs will be conducted by an agency or organization external to the Program. In support of capacity building and institutional strengthening, the proposed Program will include an IPF component, which is estimated at US\$ 15 million.

Following are the activities delineated to PPIF by PWD:

Results Area 1: Improved availability of FP services and commodities

This Results Area will ensure availability of adequate supply of effective contraceptive method mix in various service delivery points

DLIs	(DLR) Activities
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DLI 1: FP commodities procurement DLI value (US\$57,000,000)	DLR 1.2: (2024-25) 60% of procurement of FP commodities as per the individual annual projection Executed individually by P&SHD and PWD
	DLR 1.4: (2025-26) 70% of procurement of FP commodities as per the individual annual projection executed individually by P&SHD and PWD

PPIF Role:

PPIF has already submitted a 5-year demand for contraceptives to PWD. Upon approval of WB funded project, the following estimation for contraceptives has been made for FY 2023-27;

Description	Condoms	Pills	Injections	IUCD	Implants
Contraceptives Requested for PPIF funded Projects	1,244,844	615,672	168,235	86,125	21,375
Contraceptives Requested for WB funded Projects Phase (I)	903,529	128,000	150,588	60,235	11,294
Contraceptives Requested for WB funded Projects Phase (II)	903,529	128,000	150,588	60,235	11,294

Results Area 2: Increased Demand for FP Commodities

This Results Area will address knowledge and cultural barriers to availing of family planning services and support the implementation of a gender-responsive, rights-based approach to reach underserved and marginalized populations.

DLIs	(DLR) Activities
DLI 3: Increased use of social marketing and private sector DLI value (US\$31,000,000)	DLR 3.2: (2023-24) Population of 10 districts of Punjab are covered by social marketing contracts (non-timebound, scalable)
	DLR 3.4: (2025-26) Population of additional 15 districts of Punjab is covered by social marketing contracts

PPIF Role:

- Private sector will be engaged and social marketing firms will be selected.
- FP commodities and services at subsidized rates through Private healthcare provider network will be provided.
- Ensure availability of barrier and hormonal contraceptives at pharmacies and drugstores.
- Ensure availability of barrier methods at Fast Moving Consumer Goods (FMCG) retail outlets i.e. karayana and pan shops.
- Branding and improving access to quality services and commodities at affordable prices.

DLIs	(DLR) Activities
DLI 3: Increased use of social marketing and private sector DLI value (US\$31,000,000)	DLR 3.3: (2023-24) 100,000 beneficiaries used FP through voucher schemes in conjunction with clinical franchising in the identified districts
	DLR 3.5: (2026-until closing) Additional 100,000 beneficiaries used FP through voucher schemes in conjunction with clinical franchising in the identified districts

PPIF Role:

- 1500 Community workers will be engaged.
- Quality assured network of 600 HCPs will be developed
- Ensuring Uninterrupted Supply of FP Commodities and Branding

- Conduct Quality Assessment of PP’s Network, SBMR (Biannually) and Client Exit Interviews
- E-voucher management and Mobile verification.

Expected Outcomes:

It is expected that 100,000 clients will avail reversible contraceptives, 110,500 clients will be served with FP services and 91,456 clients will be followed up in both Phase 1 and II respectively.

DLIs	(DLR) Activities
DLI 4: Improved demand for family planning services DLI value (US\$36,000,000)	<u>DLR 4.5: (2026-UNTIL CLOSING)</u> High intensity mass media 1 TV drama series aired twice for last two years

PPIF Role:

- Production and airing of drama serial consisting of up to 25 episodes.
- Initially, it will be aired on PTV and afterwards, it will be re-aired through private channels.
- 10 million expected nationwide viewership

Chief Executive Officer

Director