

ANNUAL REPORT 2024





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RSPNPakistan



RSPNPakistan



Rural Support Programmes Network

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Review:

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Publication:

Masha ALLAH Printers, Islamabad

Every effort has been made to verify the accuracy of the information contained in this report. All information was deemed to be correct as of June 2024. Nevertheless, the Rural Support Programmes Network (RSPN) cannot accept responsibility of the consequences of its use for other purposes or in other contexts.

ANNUAL REPORT 2024



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ACRONYMS

AAP	Accelerated Action Plan for Reduction in Stunting and Malnutrition in Sindh
ACF	Action Against Hunger
ADB	Asian Development Bank
AFS	Agriculture and Food Security
AKF	Aga Khan Foundation
AKRSP	Aga Khan Rural Support Programme
ALP	Accelerated Learning Programme
AYFS	Adolescent and Youth Friendly Spaces
BEP	Balanced Energy Protein
BHF	Building Healthy Families
BIB	Business-in-a-Box
BMU	Basic Management Unit
BOD	Board of Directors
BRACE	Balochistan Rural Development and Community Empowerment Programme
BRSP	Balochistan Rural Support Programme
BS	Birth Spacing
BCBS	Bring Children Back to School
CBO	Capacity Building Officer
CDD	Community Driven Development
CEO	Chief Executive Officer
CERP	Centre for Economic Research in Pakistan
CHW	Community Health Worker
CI	Community Institution
CIF	Community Investment Fund
CLLG	Community Led Local Governance
CO	Community Organisation

CPI	Community Physical Infrastructure Scheme
CRP	Community Resource Person
CNIC	Computerised National Identity Card
CYP	Couple Years of Protection
DAFPAK	Delivering Accelerated Family Planning in Pakistan
DALYS	Disability-Adjusted Life Years
DHQ	District Headquarters
DOH	Department of Health
DRR	Disaster Risk Reduction
DS-TB	Drug-Sensitive Tuberculosis
DR-TB	Drug-Resistant Tuberculosis
DTC	District Technical Committee
ECW	Education Cannot Wait
ECE	Early Childhood Education
ECEC	Early Childhood Education Centre
EU	European Union
FACE	Forum for Advancement of Communications Expertise
FCDO	Foreign, Commonwealth and Development Office
FFS	Farmer Field School
FP	Family Planning
GBC	Gilgit, Baltistan and Chitral
GBTI	Ghazi Barotha Taraqiati Idara
GBV	Gender Based Violence
GOB	Government of Balochistan
GOP	Government of Pakistan
GOS	Government of Sindh
GRG	Gender Resource Group
HBGM	Home-based Growth Monitoring
HTT	Heavy Touch Treatment
IDEAS	Institute of Development and Economic Alternatives

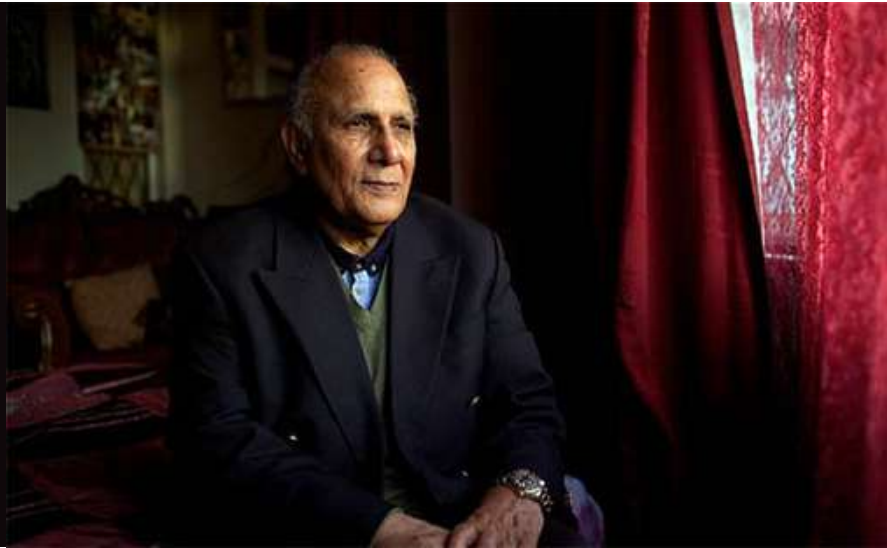
IGG	Income Generating Grant
INGO	International Non-Government Organisation
IP	Implementing Partner
IRM	Institute for Rural Management
IRMNCH	Integrated Reproductive, Maternal, Newborn and Child Health
IVR	Interactive Voice Response
JCD	Jacobabad
JDC	Joint Development Committee
KCI	Key Community Influencer
KP	Khyber Pakhtunkhwa
KSK	Kamber Shahdadkot
LGRD	Local Government and Rural Development Department
LHS	Lady Health Supervisor
LHV	Lady Health Visitor
LHW	Lady Health Worker
LTT	Light Touch Treatment
LSO	Local Support Organisation
MERG	Monitoring & Evaluation Resource Group
MIS	Management Information System
MHM	Menstrual Hygiene Management
MNCH	Maternal, Newborn and Child Health
MOU	Memorandum of Understanding
MWRA	Married Women of Reproductive Age
MYRP	Multi-Year Resilience Programme
NADRA	National Database and Registration Authority
NGO	Non-Government Organisation
NNS	National Nutrition Survey
NRSP	National Rural Support Programme
NUST	National University of Science and Technology
ODF	Open Defecation Free

OOSC	Out Of School Children
PCRWR	Pakistan Council for Research in Water Resources
PDH	Positive Deviance Hearth
PHED	Public Health Engineering Department
PKR	Pakistan Rupees
PINS	Programme for Improved Nutrition in Sindh
PLW	Pregnant and Lactating Women
PPRP	People's Poverty Reduction Programme
PRSP	Punjab Rural Support Programme
PTC	Parent Teacher Council
PTSMC	Parent Teacher School Management Committees
PWD	Population and Welfare Department
RADS	Research and Development Solutions
RHRI	Reproductive Health Right
RSH	Reproductive and Sexual Health
RSP	Rural Support Programme
RSPN	Rural Support Programmes Network
SDG	Sustainable Development Goal
SGA	Sindh Graduates Association
SMC	School Management Committee
SMK	Sehatmand Khaandaan
SMT	Social Mobilization Team
SPHF	Sindh People's Housing for Flood Affectees
SRSO	Sindh Rural Support Organization
SRSP	Sarhad Rural Support Programme
SUCCESS	Sindh Union Council & Community Economic Strengthening Support Programme
TA	Technical Assistance
TFP	Total Family Planning Users
TRDP	Thardeep Rural Development Programme
U5	Children Under 5 Years of Age

UC	Union Council
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
VHC	Village Health Committee
VO	Village Organisation
VSO	Voluntary Service Overseas
WASH	Water, Sanitation and Hygiene
WCC	Women Community Center
WGFS	Women and Girl Friendly Spaces
WHO	World Health Organisation
WSERP	Women Socio-Economic Resilience in Pakistan
YC	Youth Champions

MESSAGE FROM OUR CHAIRMAN

The Rural Support Programmes continue to show what is possible when the poorest are enabled to take charge of their own development.



Since 2000, the RSP Network has served as the national platform for the RSPs. It has played a vital role in bringing the RSPs onto a common strategic platform, enabling learning among them to strengthen overall programming and enhance partnerships with donors for the communities they serve.

Over the past year, through floods, displacement and economic uncertainty, the RSPs once again demonstrated their quiet strength – reaching the unreached, engaging communities with dignity, and delivering results where they were needed most.

The impact is not in the numbers alone, but in the spirit of the work. Whether it is getting children back into classrooms, supporting women's health and livelihoods, or helping families rebuild after disaster, the RSP approach remains rooted in the belief that people are the greatest resource of this country. That belief continues to guide everything we do.

I commend the CEOs, field staff, and community institutions for their unwavering commitment. Your work affirms that unity of purpose, anchored in trust, continues to deliver meaningful and lasting change.

A handwritten signature in black ink, appearing to read 'Shoaib Khan', with a long horizontal stroke underneath.

Shoaib Sultan Khan
Chairman, RSPN

MESSAGE FROM OUR CEO

This year, RSPN and its partners continued to work closely with rural communities across Pakistan to address complex development challenges.



From education to health, livelihoods to climate resilience, our focus remained on enabling people to lead and sustain their own progress.

This Annual Report reflects that commitment. It brings together the efforts of dedicated teams, field workers, and community institutions who made it possible to reopen schools after the devastating 2022 floods, extend health services to underserved areas, and support women and young people in gaining new skills and opportunities. The scale of outreach this year has been significant – but more importantly, so has the quality of engagement.

We've seen over 64,000 children benefit from rehabilitated schools, more than 159,000 people reached through health awareness sessions, and thousands of women take steps toward financial independence through vocational training, mobile wallets, and entrepreneurship support. These figures highlight the breadth of RSPN's work – but it is the trust, leadership, and resolve of local communities that give our work its meaning.

As always, our work would not be possible without the support of our partners, donors, and the communities who place their trust in us. I am especially grateful to our project teams, whose responsiveness and persistence in the face of ongoing challenges is a credit to the RSP tradition.

Thank you for your continued support.

A handwritten signature in dark ink, reading "Shandana Humayun Khan". The signature is written in a cursive style and is underlined with a long, horizontal stroke.

Shandana Humayun Khan
Chief Executive Officer, RSPN

RSP CREATION TIMELINE



OUR VISION



Realising people's potential for social and economic development.

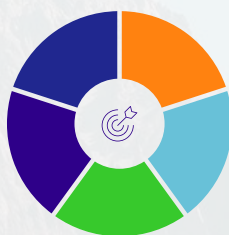
OUR MISSION



Strengthen the Rural Support Programmes to foster institutions of the people i.e to facilitate, enable and provide technical support to member RSPs.

Piloting innovative concepts
& projects for scale-up

Mobilising resources for RSPs
& supporting implementation



Following the core social
mobilisation approach

Coordination & communication
between RSPs

Providing technical
assistance

STRATEGIC OBJECTIVES 2020-25



Promote and **expand** the RSPs'
Community Driven
Development approach



Share **evidence** and **practical
learning** to improve development
work



Keep improving RSPN's
performance and **results**



Community dialogue is integral to Pakistan's Rural Support Programmes' approach in organising Pakistan's poorest households. An ongoing dialogue, deep in Gilgit-Baltistan's Immit valley, is pictured here.

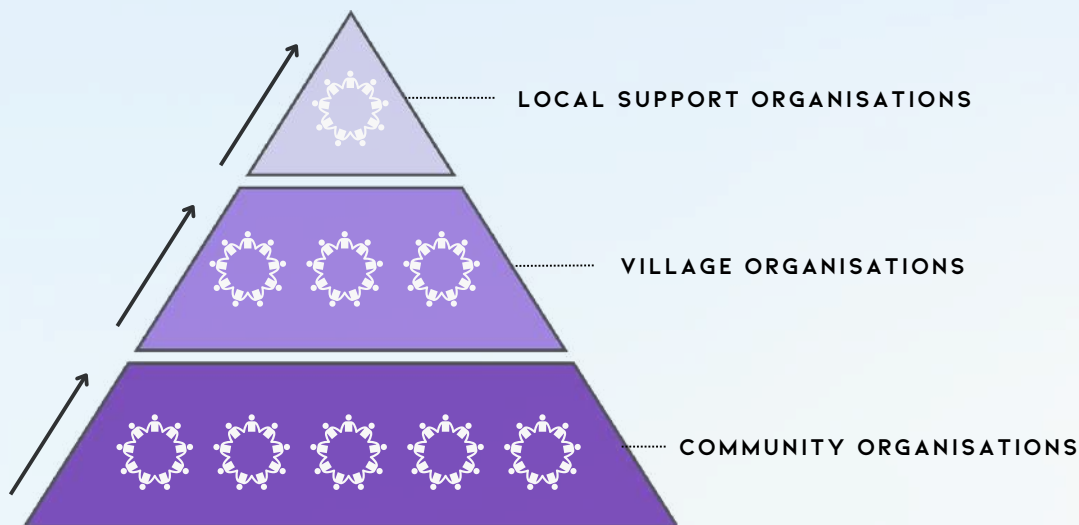
ABOUT RSPN

The Rural Support Programmes (RSPs) began in 1982 with the Aga Khan Rural Support Programme (AKRSP), launched by the Aga Khan Foundation. Spearheaded by Shoaib Sultan Khan – currently RSPN's Chairman – AKRSP showed that even the poorest can improve their lives when supported to organise and make their own decisions. This participatory model gained recognition and inspired the creation of other RSPs across Pakistan.

By 2000, seven RSPs were active in different regions, many with backing from federal and provincial governments. In 2000, these RSPs formed the Rural Support Programmes Network (RSPN), a national platform to exchange knowledge, mobilise funding, and provide technical guidance.

Today, RSPN stands as the largest community-driven development network in Pakistan. It draws strength from over three decades of experience, strong ties with government, and a reach that extends to millions of rural households.

THE THREE-TIER MODEL



SIZE OF THE NETWORK

2.4k+

LOCAL SUPPORT
ORGANISATIONS (LSO)

45%

WOMEN ONLY LSO

4.9k

RURAL UNION COUNCILS WITH
RSP PRESENCE

42.8k+

VILLAGE ORGANISATIONS (VO)

67%

WOMEN ONLY VO

530k+

COMMUNITY ORGANISATIONS (CO)

53%

WOMEN ONLY CO

8.6 million+

ORGANISED RURAL HOUSEHOLDS

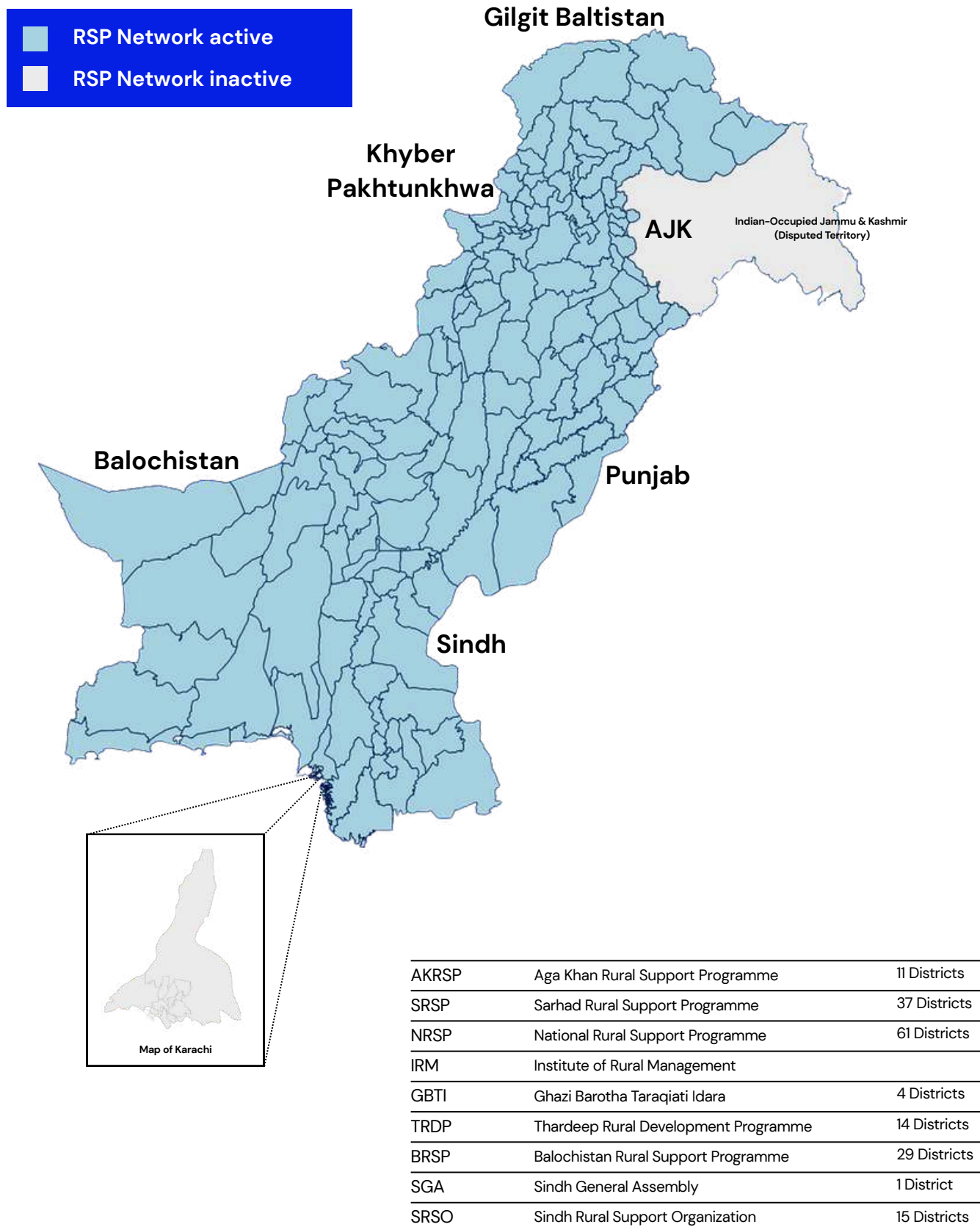
152

DISTRICTS
COVERED

58.1 million+

POPULATION COVERED (BASED ON AVERAGE HOUSEHOLD SIZE)

MAP OF TOTAL OUTREACH



CURRENT PROJECTS 2023-24



Education Cannot Wait (ECW) Funded Multi-Year Resilience Programme (MYRP)



Bringing Children Back to School – Girls and Out of School Children Action For Learning



Community Engagement for Promotion of Reproductive Health Rights (RHR) in Youth and Improve Their Reproductive Health (RH) Access



Community Mobilisation and Referrals for Strengthening of Family Planning Services at Health Facilities in Underserved Rural Areas



PSI-Supported Family Planning Project in Pakistan



Building Healthy Families Activity



Balanced Energy Protein Rural Market Test



Community Mobilization, Facilitation, Demand Creation, and Supporting the Provincial TB Control Program in Sindh, Pakistan



Women Socio-Economic Resilience in Pakistan



Women Financial Inclusion Through Easypaisa



EXECUTIVE SUMMARY

In 2023–24, RSPN, together with its partners, continued to advance community-driven development across Pakistan, with a focus on education, health, nutrition, women's empowerment, and social protection. Despite ongoing recovery needs following the 2022 floods and persistent socio-economic challenges, the year's efforts reached hundreds of thousands of individuals – particularly women, children, and vulnerable populations in underserved rural areas.

Education remained a core priority. Under the ECW-funded Multi-Year Resilience Programme (MYRP), 42,912 out-of-school children were enrolled in safe and inclusive learning environments across Balochistan – exceeding the original target. Cumulatively, the project has supported over 49,600 children, including 26,578 girls and 786 children with disabilities. The FCDO-funded Bringing Children Back to School (GOAL) project rehabilitated 278 schools during the year (305 total to date) and enabled 11,956 new enrolments, with girls comprising 53% of total enrolled students. School governance was strengthened through training of 1,525 School Management Committee members and psychosocial support sessions were delivered across project areas.

In health and family planning, the PSI-supported DAFPAK project maintained a strong outreach, enrolling 122,508 new family planning users this year and conducting over 10,479 service delivery camps. The project has now reached 5.7 million people through mobilization since its inception, contributing over 2.4 million Couple Years of Protection (CYPs) and preventing an estimated 65,959 unintended pregnancies and 23,142 unsafe

abortions.

Complementing this, the UNFPA-funded Husband School Model engaged men as partners in reproductive health decisions across Rawalpindi, Muzaffargarh, and Rahim Yar Khan. In the reporting year, 60 new Husband Schools were established (132 total to date), with more than 70% of participants utilising FP services through referrals.

Furthermore, the Pathfinder-funded Building Healthy Families (BHF) Activity deepened health and nutrition engagement in areas with low Lady Health Worker coverage. In 2023-24 alone, over 159,700 community members were reached through nearly 13,000 awareness sessions, and more than 64,300 young people engaged in health-focused discussions. The project also piloted the Positive Deviance/Hearth (PDH) approach in two union councils to address malnutrition.

Nutrition remained at the forefront through the Balanced Energy Protein (BEP) Rural Market Test, which sold over 930,000 Wellma nutrition sachets across three districts since inception. During the reporting year, commercialization was piloted in Jacobabad, with CRPs selling over 29,000 sachets in the first month alone. CRPs participating in the Last Mile Distribution Model reported average monthly profits of PKR 2,500, supporting women's entrepreneurship alongside health outcomes.

Gender equality and women's empowerment efforts were scaled through the UN Women-funded Women Socio-Economic Resilience in Pakistan (WSERP) project. Operating across nine flood-affected districts, WSERP reached over 1,300 women through 90 Women's Community Centers, including six sanitary pad production units. Ninety-nine percent of participating women engaged in skills-building activities, with 77% reporting a very positive experience with psychosocial support.





Financial inclusion for women was piloted through the Easypaisa-funded initiative in Bahawalpur and Shikarpur, which facilitated the registration of 665 women with mobile wallets. Over 3,000 women participated in financial literacy group meetings, with 1,232 transactions successfully conducted through the newly opened accounts.

In public health, with funding from JSI the TB Community Mobilization project reached over 42,600 household contacts for screening and registered 435 TB-positive cases across 15 districts of Sindh. Over 25,000 community members participated in awareness sessions, and 854 Key Community Influencers were trained to support early detection and stigma reduction.

Across all its interventions, RSPN remained committed to deepening collaboration with government partners, strengthening local leadership, and promoting sustainability through community engagement and capacity building. This year's achievements reflect the collective impact of our partners, donors, and the rural communities we serve – reaffirming our vision of realising people's potential for social and economic development.



MULTI-YEAR RESILIENCE PROGRAMME (MYRP)



Our donor



Consortium partners

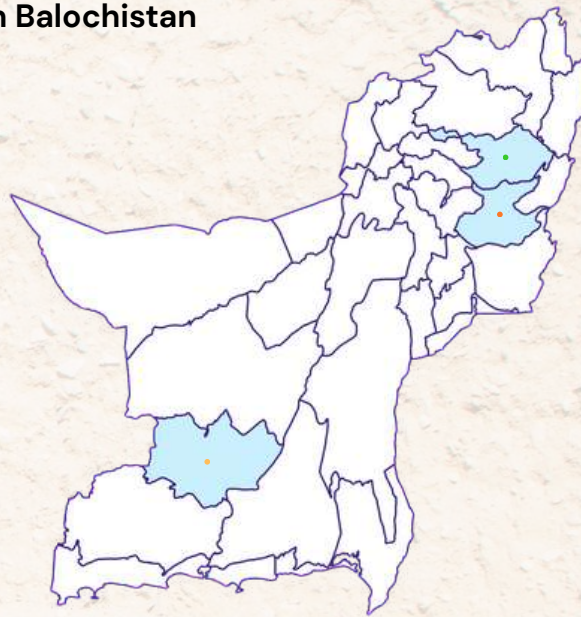


Implementing partner



Districts in Balochistan

- Loralai
- Kohlu
- Panjgur



Project duration

Feb 2022 – Dec 2025

Total budget

4 million USD

OVERVIEW

Pakistan has one of the highest numbers of out-of-school children globally, with 26 million children aged 5 to 16 not attending school. In Balochistan, poverty, insecurity, displacement, and poor infrastructure further restrict access to education. Girls, Afghan refugee children, and children with disabilities are especially at risk of being left behind.

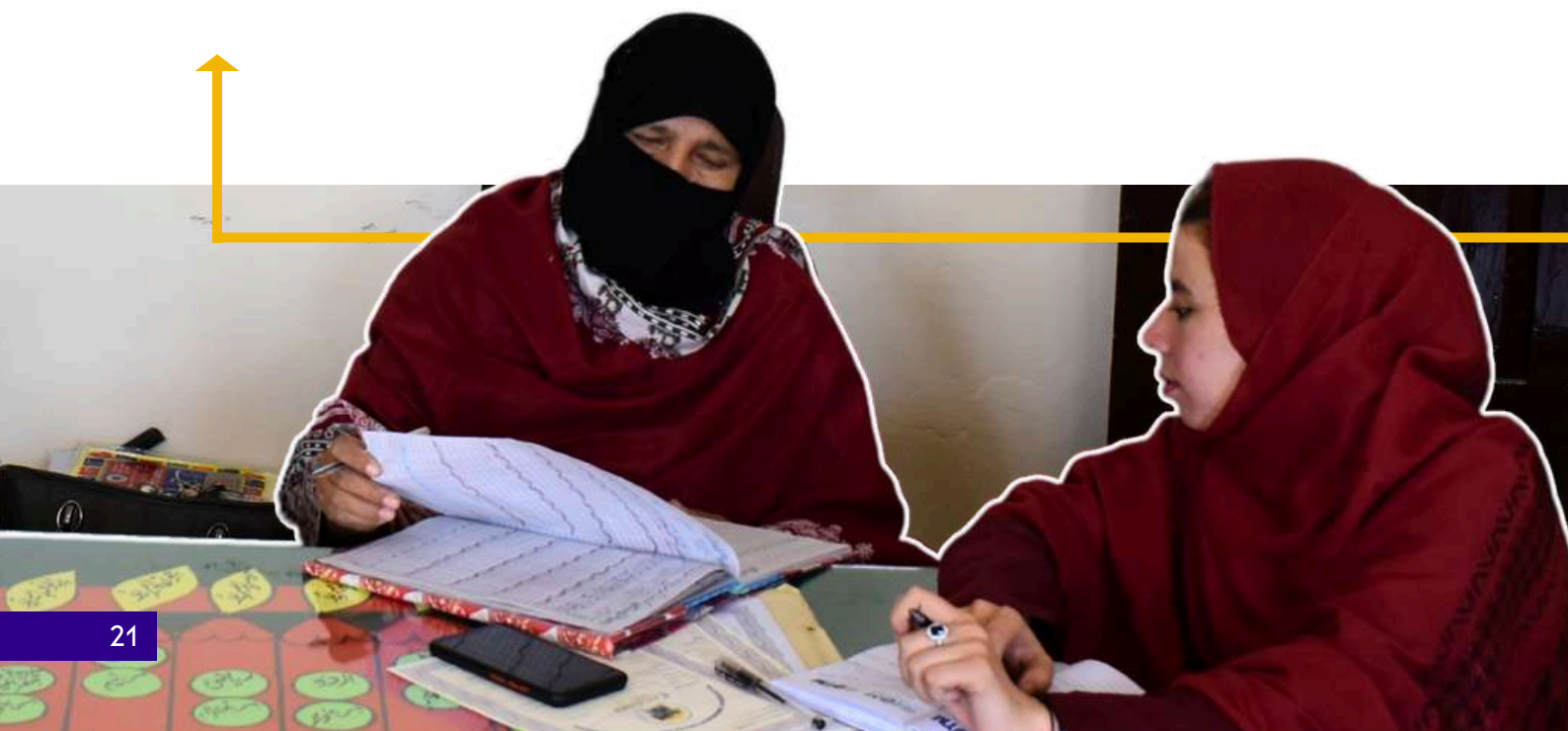
Education Cannot Wait is the United Nations global fund for education in emergencies and protracted crises. The MYRP project supports both formal and non-formal learning pathways and works to make classrooms safer, more inclusive, and better equipped to support children's well-being.

Project Approach

MYRP aims to improve access to inclusive, equitable, and quality education for refugees, crisis-affected children, and other vulnerable learners. It offers 'whole-of-child' solutions that support both mental and physical well-being while strengthening learning environments through close coordination with national and provincial education authorities. A key focus is addressing barriers that prevent girls from accessing and staying in school.

“Bright students were dropping out because of high fees. ECW’s support is changing that - it’s giving these girls the chance to keep learning.”

Shaheen, Head Teacher, Oryagi Kakaran, Loralai



New learning spaces are created through Early Childhood Education (ECE) and Accelerated Learning Programme (ALP) centres, while existing schools are upgraded with accessible toilets, handwashing stations, and ramps.

Teachers are trained in inclusive, participatory methods covering classroom management, differentiated learning, ECE, ALP, MHPSS, DRR, emergency preparedness, hygiene (including MHM), self-care, GBV prevention, and anti-bullying.

To improve access, the project provides MHM kits, conducts sensory screenings, and supplies assistive devices like wheelchairs, hearing aids, and visual tools—enabling full participation for children with disabilities.

Student inclusion is further supported through recreational activities and School Champion Clubs. At the community level, PTSMCs and CRPs advocate for education and help re-enrol out-of-school children.

EARLY CHILDHOOD EDUCATION (ECE) CENTRES

Provide safe and supportive spaces for children aged 3 to 5, helping them build basic learning and social skills before they start primary school.

ACCELERATED LEARNING PROGRAMME (ALP) CENTRES

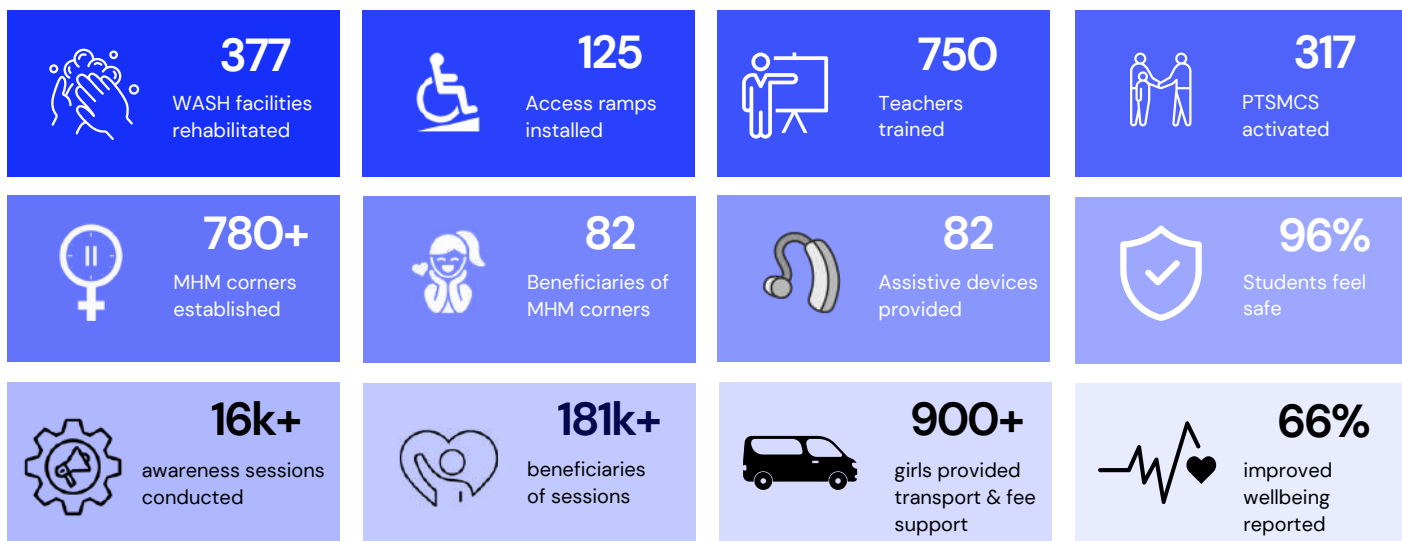
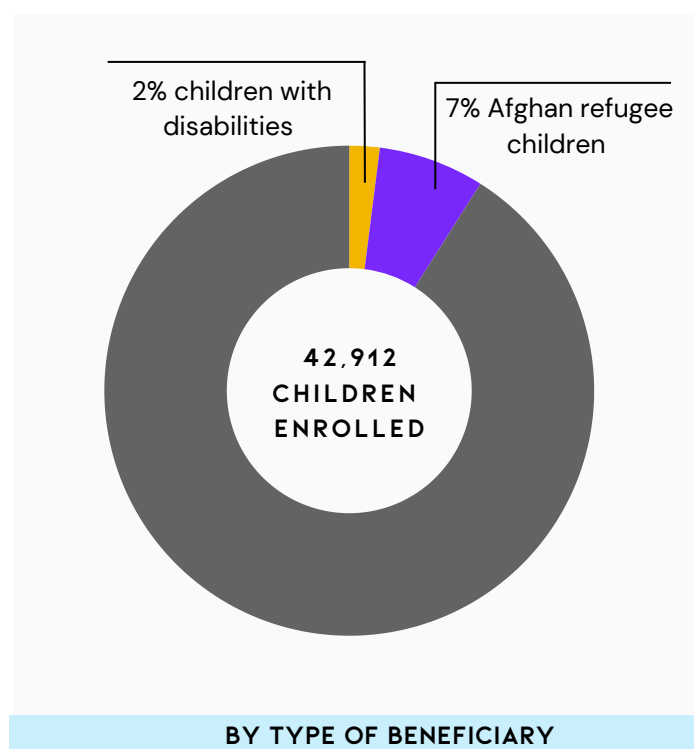
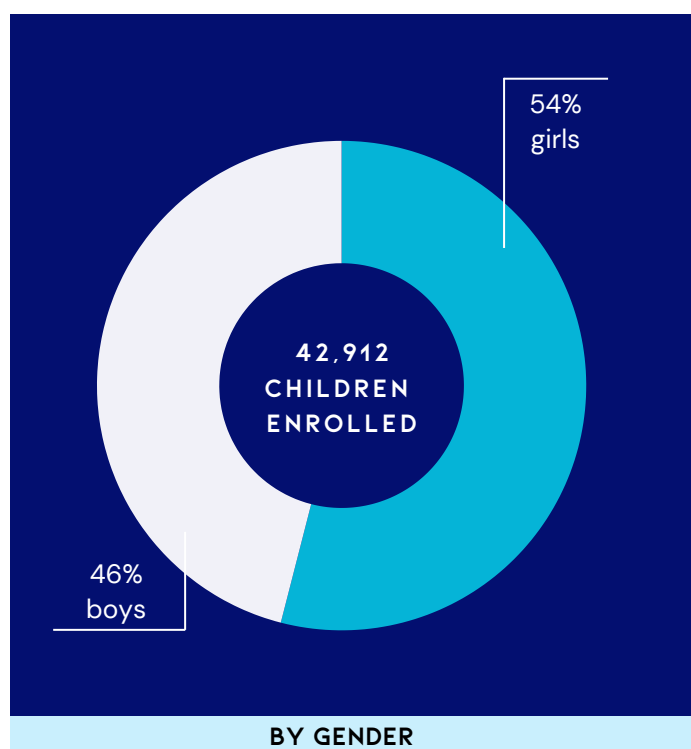
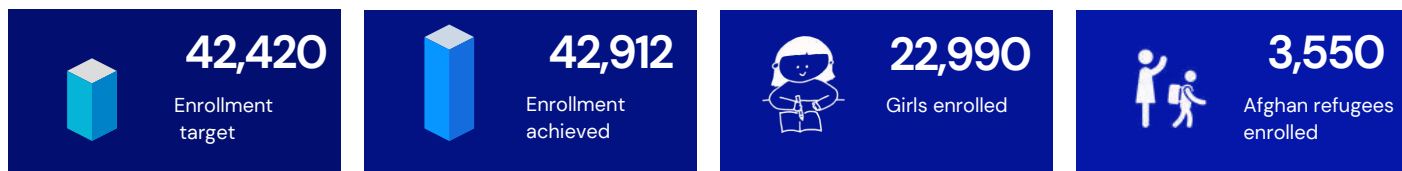
Help out-of-school children complete primary school in 3 years, so they may return to formal education or begin vocational training.

“I like studying here. I want to be a doctor when I grow up.”

-Israrullah, ALP Centre student, Shah Karez, Loralai



KEY RESULTS TO DATE



Insights and Lessons Learned

- Strong collaboration between communities, schools, and government, through PTSMCs and CRPs, helps ensure local ownership, sustainability, and effective implementation of education activities.
- A student-centred approach – combining joyful, activity-based learning, psychosocial well-being, GBV prevention, capacity building, infrastructure improvements, and direct student support such as MHM kits – promotes education, enrolment, and retention. ALP and ECE centres further strengthen access to quality learning for out-of-school children.

Way Forward

The next phase of the ECW MYRP will continue to:

- Expand education access for out-of-school children.
- Strengthen school infrastructure and build teacher capacity.
- Promote student well-being and advance gender equality in learning environments.
- Deepen collaboration with local communities, government, and other stakeholders to ensure sustainability.

Through these efforts, the project remains committed to helping children in crisis-affected areas of Balochistan return to learning and build brighter futures.

Arifa's Second Chance

Arifa, a bright student from Oryagi Kakaran village in Loralai, Balochistan, had to leave school despite excellent grades because her family couldn't afford transport costs. Like many girls in her community, Arifa faced the risk of early marriage once out of school.

In March 2023, the ECW-funded MYRP stepped in, offering Arifa monthly transport support of PKR 3,000. MYRP provides similar support to talented students who drop out due to financial barriers, working closely with local community groups and schools.

With MYRP's assistance, Arifa and eight classmates resumed their studies. Now in Grade 10, Arifa says, "I thought my education had ended forever. Now, I'm hopeful again."

Through ECW's MYRP, hundreds of girls in Loralai, Kohlu, and Panjgur districts are getting a second chance to pursue their education.



BRINGING CHILDREN BACK TO SCHOOL

Our donor



Implementing partner



Districts in KP

- Mohmand
- Khyber
- Dera Ismail Khan



Before the school's restoration

30th March 2023



Total budget 10.1 million GBP

Project duration Jan 2023 – May 2025

Districts in Punjab

- Rajanpur
- Dera Ghazi Khan



After the school's restoration

10th July 2023



OVERVIEW

The devastating floods of 2022 damaged hundreds of schools in Pakistan's most vulnerable districts, leaving thousands of children – especially girls – without access to safe learning spaces. Many of these children faced the risk of permanent dropout as damaged infrastructure, poverty, and displacement interrupted their education.

The Bringing Children Back to School (GOAL) Project, funded by the Foreign, Commonwealth and Development Office (FCDO), helps ensure that these children can return to classrooms that are safe, inclusive, and equipped for learning. The project focuses on rehabilitating schools, strengthening teacher capacity, providing essential learning supplies, and supporting student well-being – with a strong emphasis on reaching girls and out-of-school children.

The GOAL project works across five flood-affected districts in South Punjab and Khyber Pakhtunkhwa, with the following core interventions:

School Rehabilitation

The project has restored a total of 305 partially damaged schools – 155 in South Punjab and 150 in Khyber Pakhtunkhwa – ensuring that learning spaces are safe, functional, and child-friendly. Rehabilitation includes:

- Repairing classrooms and structural damage.
- Upgrading WASH (Water, Sanitation, and Hygiene) facilities to ensure access to clean water and toilets.
- Adding ramps and accessibility features for children with disabilities.
- Delivering essential supplies to rebuild classrooms, including furniture and learning materials.

Each rehabilitated school is formally handed over to the School Education Department, supporting long-term sustainability and government ownership.

Teacher Training and Capacity Building

The project equips teachers and School Management Committees (SMCs) / Parent Teacher Councils (PTCs) with the skills needed to create effective, inclusive, and nurturing learning environments.

Teacher Training:

- Strengthens skills in lesson planning, classroom management, and multigrade teaching – critical for schools with limited resources or combined classes.
- Introduces inclusive teaching practices to support children of different learning levels, including girls, Afghan refugee children, and children with disabilities.
- Train teachers in psychosocial support and child protection, helping them

recognize and respond to the emotional needs of students affected by floods and displacement.

Training of School Management Committees/Parent-Teacher Councils:

- Builds the capacity of School Management Committees (SMCs) and Parent-Teacher Councils (PTCs) in school governance, community mobilisation, health and hygiene promotion, and psychosocial support.
- Strengthens the leadership role of female committee members, who actively oversee rehabilitation work and support local accountability.

Learning and Well-being Support Through Kit Distribution:

The project ensures that students and teachers have the tools they need to succeed through the distribution of learning, teaching, and hygiene kits.

These kits help create well-equipped, healthy, and engaging learning environments, supporting both academic success and student well-being.

STUDENT LEARNING KITS

Provide students with basic supplies like notebooks, pens, pencils, drawing materials, and water bottles to support daily learning.

TEACHING KITS

Equip teachers with guides, visual aids, stationery, and tools to help them deliver effective and engaging lessons.

SCHOOL-IN-A-BOX KITS

A complete classroom kit with student and teacher supplies, including games, sports gear, and teaching aids for under-resourced schools.

HYGIENE KITS

Supports student health with hygiene essentials to reduce illness and absences.

Promoting Girls' Education and Community Leadership

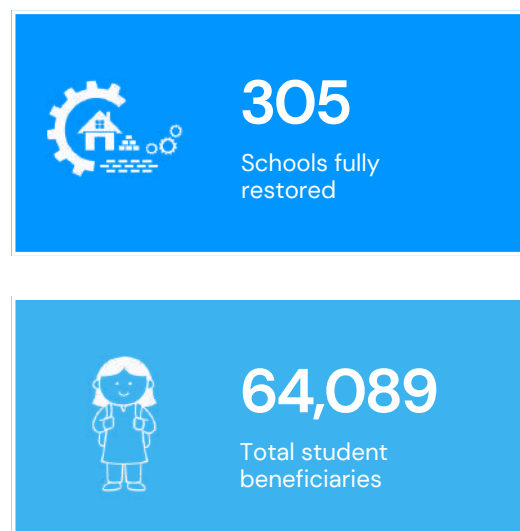
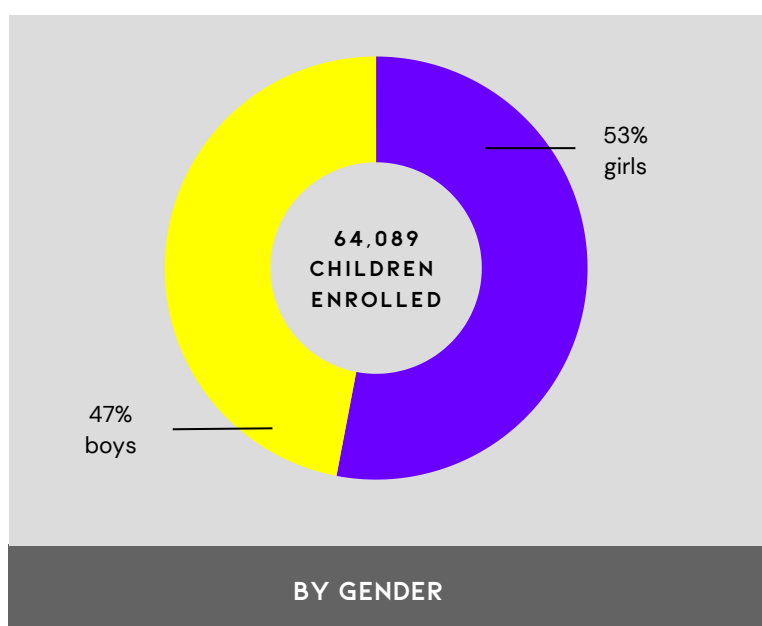
Girls remain at the centre of the project's focus. Today, they make up 53% of total enrolled students (34,074 girls out of 64,089 children) – a result of targeted outreach and family engagement to break down barriers to girls' education.

The project also strengthens women's leadership at the community level. Female members of SMCs and PTCs have played key roles in monitoring school rehabilitation and ensuring transparency – fostering ownership and accountability locally.

KEY ACHIEVEMENTS 2023-24



CUMULATIVE PROGRESS



Looking Ahead

With the project extended until May 2025, GOAL will continue to:

- Rehabilitate and upgrade 745 schools across the target districts.
- Train 1,930 teachers in education quality, psychosocial care, and hygiene promotion.
- Build the capacity of 745 SMCs/PTCs to strengthen school governance and community engagement.

The project remains committed to helping every child – especially girls and the most vulnerable – return to safe, supportive classrooms where they can learn, recover, and thrive.





COMMUNITY ENGAGEMENT TO PROMOTE REPRODUCTIVE HEALTH RIGHTS IN YOUTH

Our donor



Implementing partners



Districts in Sindh

- Kamber Shahdadkot
- Matiari



Timeline

July 2021 – June 2024

OVERVIEW

Access to sexual and reproductive health (SRH) information and services remains a major challenge for adolescents and youth in rural Pakistan. Early marriage, gender-based violence, and limited awareness of reproductive health rights continue to put young people – especially girls – at risk.

The Sehatmand Khaandaan project, funded by Global Affairs Canada (GAC) through UNFPA, works to promote sexual and reproductive health and rights (SRHR) among adolescents and youth aged 15 to 24. The project aims to strengthen community-based awareness, improve access to information, and empower young people to make informed decisions about their health and well-being.

RSPN has led the implementation in Matiari and Kamber Shahdadkot districts of Sindh, collaborating with NRSP and SRSO to engage young people, families, and communities across 7 tehsils and 28 union councils.

Project Approach

The project focuses on four key strategies to improve reproductive health awareness and access for youth:

Community Awareness and Education

The project rolled out a comprehensive SRHR toolkit in 560 Local Support Organisations (LSOs), covering key topics such as family planning, early marriage prevention, gender-based violence (GBV), and life skills including decision-making and self-esteem. Outreach efforts prioritised out-of-school youth, recognising their heightened vulnerability and limited access to reproductive health information.

Youth Champion Model

A total of 798 youth champions – half of them girls – were trained to lead peer education and awareness sessions. These champions reached 129,957 adolescents and youth, far exceeding the initial target of 87,780 participants.

Safe Spaces for Youth Engagement

To provide safe spaces for learning and dialogue, the project established 56 Adolescent and Youth Friendly Spaces. These Spaces offered skill-building activities such as digital media, freelancing, tutoring, tailoring, painting, and other livelihood training, helping young people build confidence and explore income-generating opportunities.

Prevention and Referral for Child Marriage, GBV, and Family Planning

Youth champions also played a critical role in prevention and referral efforts, helping

prevent 46 cases of early child marriage and 24 cases of GBV through coordination with LSOs. Additionally, the project supported 374 young couples in adopting family planning methods and enabled 325 youth to gain digital skills, with 58 securing employment through AYFS support.

Challenges and Sustainability

While the project has successfully met its targets, ensuring the long-term sustainability of the Adolescent and Youth Friendly Spaces (AYFS) remains a key challenge. These safe spaces are not yet formally linked to any government support mechanism, such as the Department of Youth Affairs.

To address this, RSPN and UNFPA are actively engaging with government stakeholders, advocating for the integration of the Centres into official youth outreach programs. This would help maintain the momentum of community-based youth engagement and secure continued support for reproductive health education beyond the project period.

CUMULATIVE PROGRESS





COMMUNITY MOBILISATION AND REFERRALS FOR STRENGTHENING FAMILY PLANNING SERVICES

Our donor



Implementing partners



Timeline November 2022 – August 2024

Districts in Punjab

- Rawalpindi
- Muzafargarh
- Rahim Yar Khan



OVERVIEW

In Pakistan, family planning initiatives have largely focused on women, often overlooking the influence men have over reproductive health decisions within households. Recognising this gap, the Community Mobilisation and Referrals for Strengthening of Family Planning Services project introduced an innovative male engagement approach – the Husbands’ School Model – to foster shared responsibility and informed decision-making about family planning.

Funded by UNFPA and implemented by RSPN with NRSP, the two-year pilot adapts a model originally tested in Niger to the local socio-cultural context of rural Punjab. The project works in three underserved districts – Rawalpindi, Muzaffargarh, and Rahim Yar Khan – helping extend family planning services to men, women, and couples through community mobilizers and trained Husbands’ School coaches.

The intervention recognises that engaging men directly as family planning clients, not just as gatekeepers, is critical to reducing social and gender barriers to the uptake of FP services.

Project Approach

The project employs a multi-level engagement strategy targeting individuals, households, and communities.

The project engages married men through structured small-group sessions

called Husbands’ Schools, where trained male mobilisers lead discussions on family planning, reproductive health, and shared decision-making. These sessions aim to break gender barriers by providing men with accurate information and encouraging their active participation in family planning decisions.

HUSBANDS’ SCHOOLS

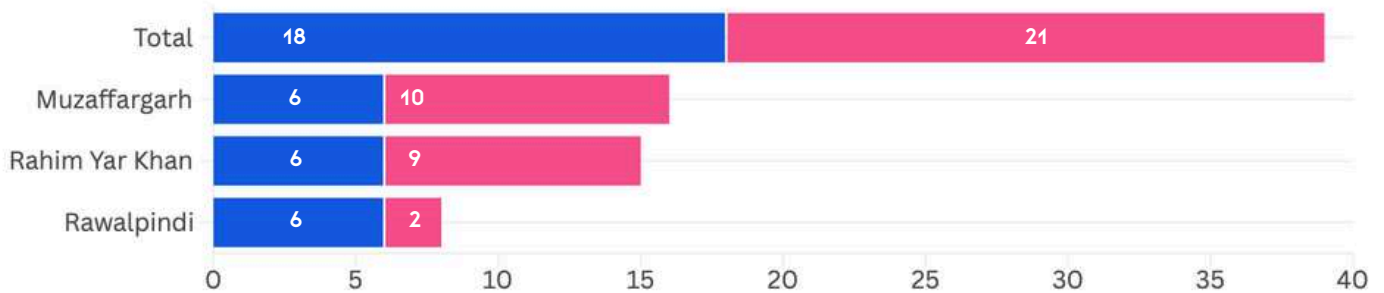
An informal school near a health facility to educate married men on sexual and reproductive health, improving outcomes for women.

Participants in Husbands’ Schools are issued referral slips, linking them directly to nearby health facilities and mobile service units for family planning services. The project works closely with these facilities to ensure referral uptake and service follow-up.

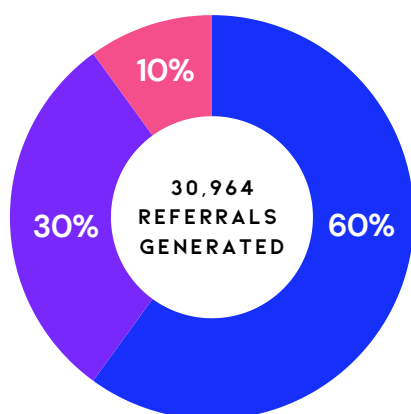
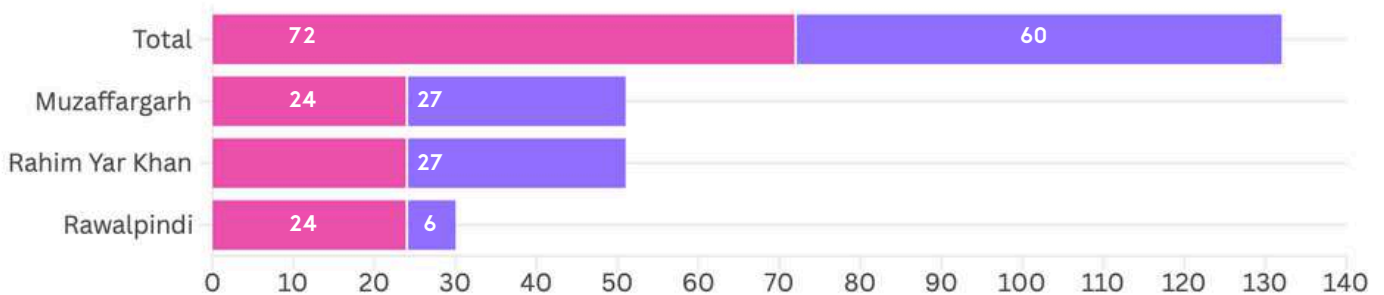
Male facilitation points were introduced at selected health facilities to create a more welcoming environment for male clients. The project also advocates for the inclusion of male family planning clients in health data systems to improve tracking and planning for services.

SCOPE OF COVERAGE

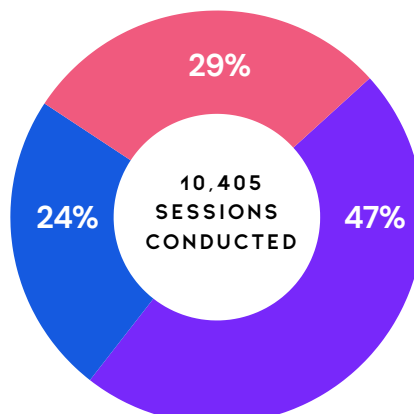
Union Council Y2023 New Union Councils Y2024



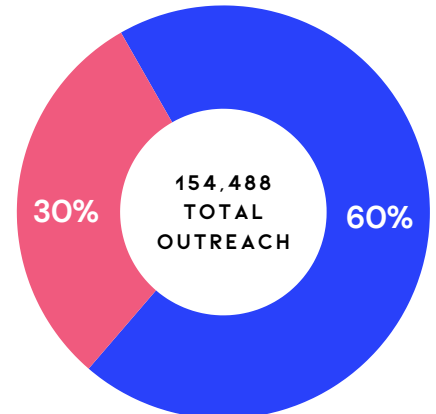
Husband Schools Y2023 New Husband Schools Y2024



15-24 years
25-34 years
>35 years



female mobilisers
male mobilisers
coaches



female
male

Insights and Lessons Learned

The pilot phase of the Husbands' School Model highlights several key lessons:

- Longer engagement is needed for sustained behavior change. Short project cycles limit the ability to follow up with clients and support continued contraceptive use.
- Male facilitation points at health facilities improve accessibility. These counters help create a welcoming environment for male clients.
- Including male clients in data systems is essential. Current reporting systems focus primarily on female users, leaving male participation invisible in official statistics.
- Accessibility for persons with disabilities requires improvement. Husbands' Schools venues need disability-friendly features to ensure inclusion.
- Pre-marital counseling is a valuable addition. Offering information to young couples before marriage supports informed decision-making from the start.

Looking Ahead

The project recommends scaling the Husbands' Schools Model through:

- Longer implementation cycles to allow sustained engagement and behavior change.
- Integration of male facilitation points into mainstream family planning service delivery.
- Institutional recognition of male family planning clients in government data systems.
- Expansion of pre-marital counseling as part of community-based family planning education.

"Husbands' Schools increased uptake of family planning – this model should be scaled to more areas."

Deputy Commissioner, Integrated Reproductive, Maternal, Newborn & Child Health
Rawalpindi

"The initiative helped men understand family planning and opened up vital community dialogue."

Deputy Commissioner, Integrated Reproductive, Maternal, Newborn and Child Health
Rahim Yar Khan

"With men excluded from decisions, uptake is low – Husbands' Schools address this critical gap."

Welfare Officer, Population Welfare Department
Rahim Yar Khan

"Husbands' Schools help men grasp the importance and benefits of family planning."

Deputy District Health Officer
Muzaffargarh



PSI-SUPPORTED FAMILY PLANNING PROJECT IN PAKISTAN

Our donor



Consortium partners



Implementing partners



Timeline December 2017 – June 2024

Districts in Sindh

- Shikarpur
- Kamber Shahdadt



Districts in Punjab

- Toba Tek Singh
- Bahawalpur



OVERVIEW

The FCDO funded, PSI-led project in Pakistan, was implemented by RSPN in partnership with NRSP, PRSP, and SRSO, aiming to improve access to family planning services for women living in rural areas not served by government Lady Health Workers. This is a subcomponent of the Delivering Accelerated Family Planning in Pakistan (DAFPAK) project.

The project uses a community-based service delivery approach, combining social mobilisation with direct service provision to ensure women, especially married women of reproductive age (MWRAs), receive accurate information, counselling, and family planning services close to their homes.

With its focus on outreach, client follow-up, and community engagement, the project has reached 5.7 million people through mobilisation efforts, expanding family planning access and contributing meaningfully to national FP goals.

How the Project Works

The DAFPAK project strengthens family planning access through a community-centred service delivery model. Community Resource Persons (CRPs), trained and mobilised by implementing partners, play a frontline role in reaching out to women in rural communities. These CRPs conduct household visits, lead small group discussions, and provide referrals for family planning services, focusing on areas where formal health outreach is weak.

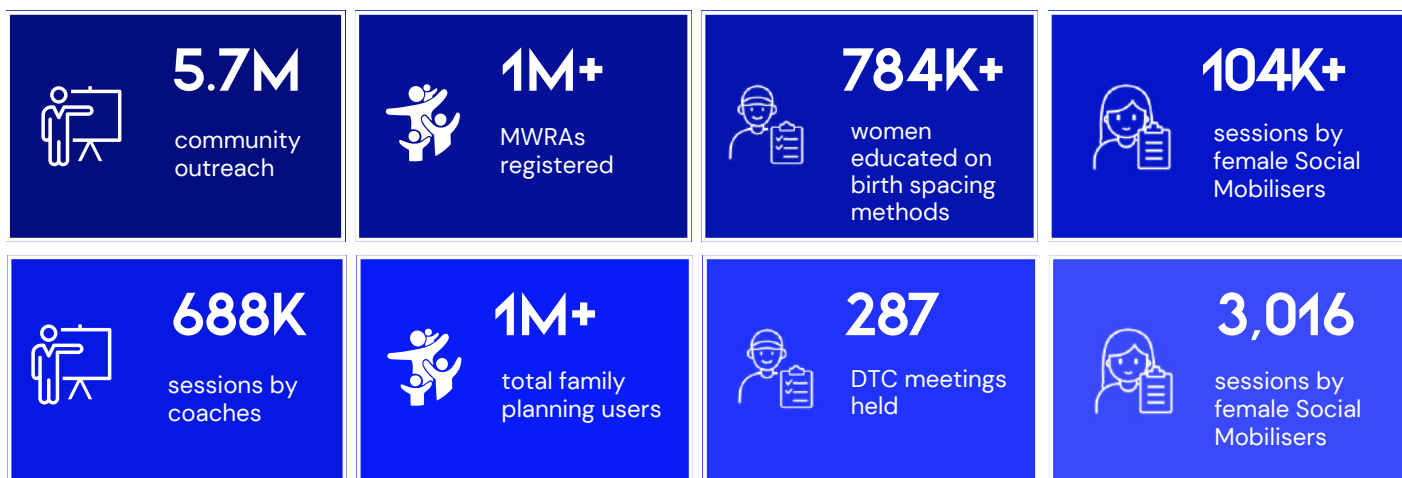
The project also organises regular service delivery camps staffed by certified healthcare providers. These camps offer a full range of contraceptive options, ensuring method choice and providing follow-up support for clients.

To sustain engagement and promote informed decision-making, CRPs follow up with clients after initial service uptake. This helps ensure continuation of contraceptive use, address method-related concerns, and encourage transitions from short-term to long-term methods where appropriate.

CRPs were also provided Business-in-a-Box kits, which were introduced to help make contraceptives more accessible for remote communities. Each kit included essential health and hygiene products that CRPs could sell door-to-door as part of their micro-entrepreneurship venture.

At the District level, coordination with the Department of Health and the Population Welfare Department ensures alignment with government service delivery systems and strengthens the project's reach and impact.

KEY RESULTS DEC 2017–JUNE 2024



KEY RESULTS JULY 2023–JUNE 2024



PUBLIC HEALTH IMPACT



How the Project Supports Informed Choice

The DAFPAK project emphasises informed contraceptive choice by counselling clients on the full range of available methods. Special focus is placed on helping clients transition from short-term methods like condoms and pills to long-term or permanent solutions where appropriate. Awareness campaigns highlight the benefits of birth spacing for maternal and child health, contributing to national efforts to reduce maternal mortality and improve child survival rates.

Collaboration and Coordination with the Public Sector

The project maintains close collaboration with the Department of Health and the Population Welfare Department through regular District Technical Committee (DTC) meetings. These coordination platforms ensure alignment between community mobilization efforts and public sector service delivery, strengthening the project's integration into local health systems.

Way Forward

Following its demonstrated success, PSI has extended the DAFPAK project until March 2025. The next phase will focus on:

- Reaching an additional 3 million people through sustained community engagement and service delivery.
- Strengthening follow-up systems for method continuation and client satisfaction.
- Continuing to prioritise young couples and newlyweds for early family planning education.
- Deepening linkages between community mobilisation and public health infrastructure.

By strengthening both demand generation and service delivery, the project remains committed to expanding reproductive health access and contributing to healthier families across rural Pakistan.

FROM THE FIELD

In a quiet village near the Cholistan Desert, 35-year-old Shaheena Nazir is shifting norms. As her village's CRP in Bahawalpur, she goes door-to-door raising awareness on birth spacing – once a taboo topic in her community.

"The work wasn't easy at first," Shaheena recalls. "It took time to build trust."

With more visits and conversations, curiosity replaced hesitation. Women began asking questions and discussing contraceptive options with one another. Husbands joined the conversation – some initially hesitant, but many became supportive once the health benefits were explained.

Shaheena is also an entrepreneur. With a Business-in-a-Box (BiB) kit worth Rs. 8,000, she launched a home shop now valued at Rs. 50,000, selling everyday goods – including sanitary pads – while supporting her child and parents after her divorce.

"I didn't want to be a burden. Now I'm financially independent and even help my family," she says.

Through BiB training, she learned how to identify high-profit items, pitch products, and grow her customer base. Shaheena is more than a CRP – she's a role model for women choosing to lead.





BUILDING HEALTHY FAMILIES

Our donor



Consortium partners



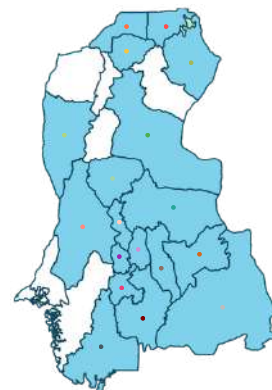
Implementing partners



Timeline January 2022 – January 2027

Districts in Sindh

- Kashmore
- Jacobabad
- Shikarpur
- Ghotki
- Khairpur
- Dadu
- S Benazirabad
- Sanghar
- Jamshoro
- Matiari
- Hyderabad
- T.A Yar
- T.M Khan
- Mirpurkhas
- Umerkot
- Tharparkar
- Badin
- Sujawal



Districts in KP

- Swat
- Upper Dir
- Lower Dir
- Mansehra
- Mardan
- Charsadda



OVERVIEW

The Building Healthy Families project is a five-year USAID-funded initiative that works to improve population health outcomes in Sindh through stronger primary care systems and greater community engagement. Led by Pathfinder International, the project promotes the uptake and continuation of voluntary family planning (FP), maternal, newborn, and child health (MNCH), nutrition, water, sanitation, and hygiene (WASH) services.

The Rural Support Programmes Network (RSPN) implements the community engagement component of the project through its partners SRSO, NRSP, TRDP, and SRSP, focusing on areas where Lady Health Worker (LHW) coverage is below 60 percent.

Our Approach

The project applies a combined strategy of health system strengthening and market development to address barriers to health access. Community engagement and social mobilisation are central to this approach, with efforts led by trained Social Mobilisers and Community Resource Persons (CRPs) in the 19 target districts.

Awareness is raised through interactive group discussions and household visits, focusing on family planning, MNCH, nutrition, WASH, and prevention of gender-based violence (GBV). The project prioritises the engagement of youth, newlyweds, and married couples, with special attention to behavioral change and informed decision-making. The project also invests in the capacity building of frontline health workers. Lady Health Supervisors (LHSs) and Lady Health Workers (LHWs) receive specialised training using the Sehat Ki Dastak toolkit, designed to enhance counseling, referrals, and demand generation for health services.

Male engagement is promoted through Community Learning Centres for married men, creating male-friendly spaces for discussions on key health issues. Additionally, the project pilots the Positive Deviance/Hearth (PDH) approach to identify and share effective local practices to reduce malnutrition.

Promoting Marital and Young Couple Counseling for Family Planning

The project places a strong focus on raising awareness among young couples and newlyweds, recognising the importance of early counseling in promoting family planning and healthier birth spacing. Social Mobilizers (SMs) and Community Resource Persons (CRPs) conduct sessions designed to encourage informed contraceptive choices and improve access to FP, MNCH, nutrition, and essential health services.

Through ongoing awareness activities, young people are also counseled on how they can support their communities in accessing health services, contributing to a broader culture of health-seeking behavior.

The project has 52 Social Mobilisers (26 male, 26 female) and 585 Community Resource Persons (292 male, 293 female). Among the CRPs, 301 are youth (aged 18–29), ensuring strong youth engagement across all project areas.

Community Counseling for Demand Creation Through Behavior Change Communication

As part of its commitment to enhancing community health services, the project conducted comprehensive training on the Sehat Ki Dastak toolkit for 303 Lady Health Supervisors (LHSs) across 13 districts. These trained LHSs then oriented 1,719 Lady Health Workers (LHWs) across six districts – Hyderabad, Mirpur Khas, Tando Allahyar, Tando Muhammad Khan, Jamshoro, and Ghotki – equipping frontline health workers to deliver effective counseling, awareness-raising, and referrals

Pilot Male Engagement Through Community Learning Centers

In partnership with the Department of Health, Government of Sindh, the project established 60 Community Learning Centres for married men in two districts – Tando Mohammad Khan and Shaheed Benazirabad. Each centre is led by a trained male coach, who facilitates awareness sessions on FP, MNCH, nutrition, GBV, WASH, and referral mechanisms. These centres offer men a dedicated space to discuss health issues, fostering greater male involvement in family health and decision-making at the household level.

Positive Deviance/Hearth (PDH) Approach

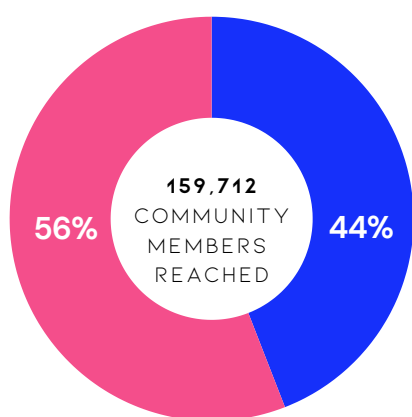
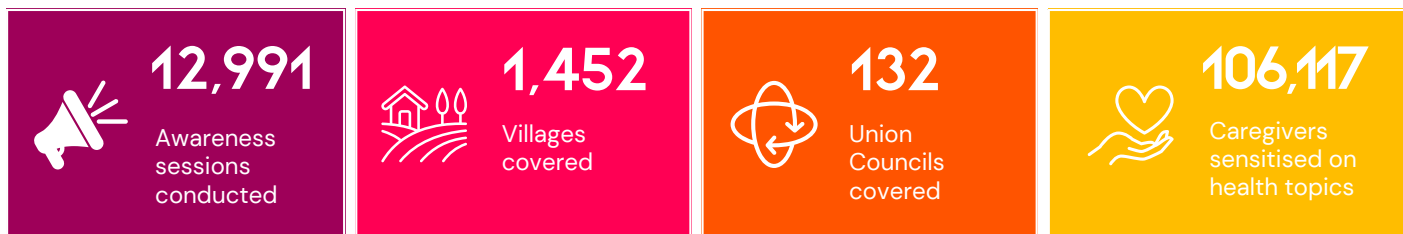
To advance nutrition outcomes, the project piloted the Positive Deviance/Hearth (PDH) approach in two Union Councils of Jamshoro and Tando Allahyar.

The pilot involved training 16 female CRPs, who screened children using the MUAC tape and engaged 32 households (16 with malnourished children and 16 with healthy children) as part of the study sample. Nutrition and caregiving practices have been observed, and analysis is underway to inform the next steps for community-driven nutrition interventions.

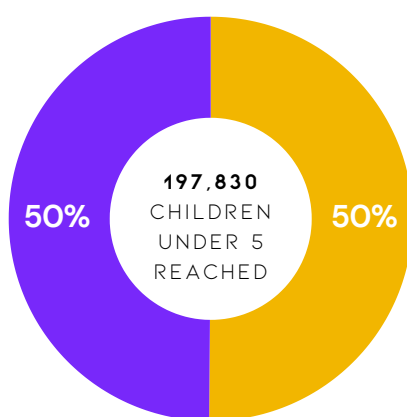
POSITIVE DEVIANCE/HEARTH (PDH) APPROACH

A community-led approach that identifies effective local feeding and caregiving practices to combat malnutrition. It aims to i) reduce malnutrition in children under five, ii) build local capacity for treatment, and iii) sustain children's recovery.

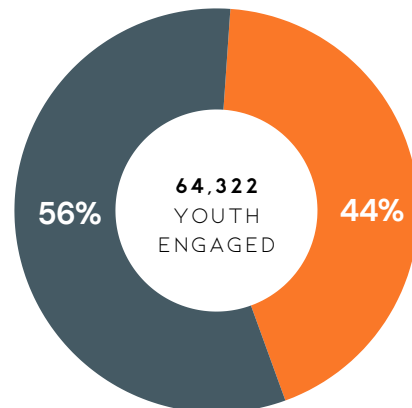
KEY RESULTS JULY 2023–JUNE 2024



● Women
● Men



● Girls
● Boys

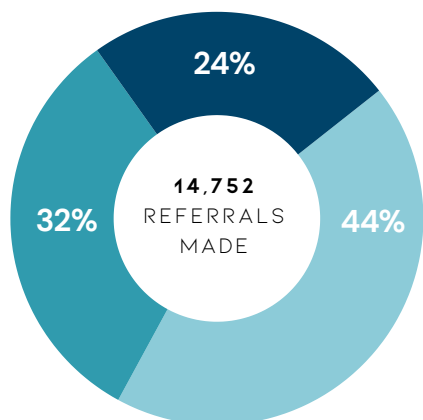


● Adolescent women
● Adolescent men

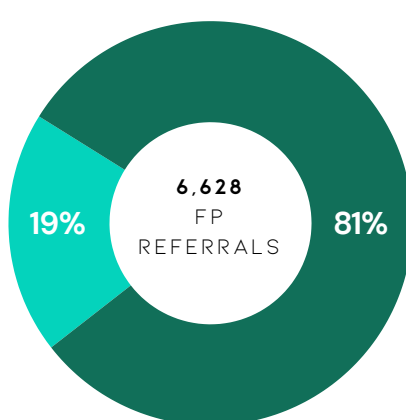
COMMUNITY MEMBERS REACHED

CHILDREN UNDER 5 REACHED

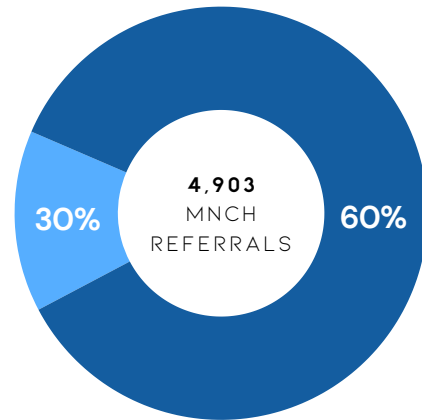
YOUTH ENGAGED



● Family planning services
● MNCH services
● Youth-specific referrals



● Women
● Men



● Women
● Men

TOTAL REFERRALS MADE

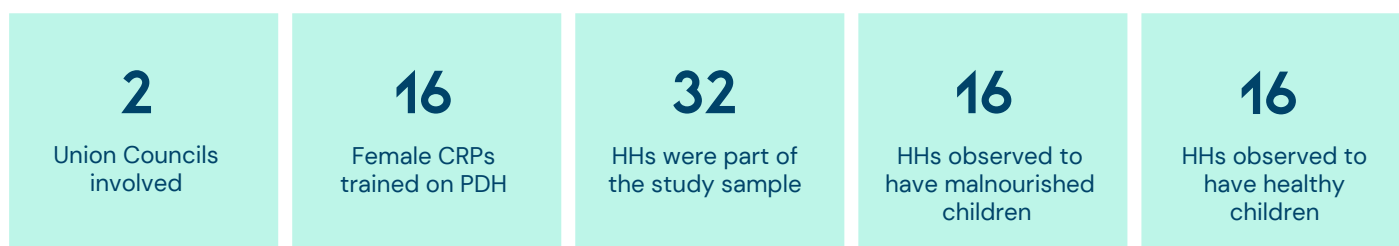
FAMILY PLANNING REFERRALS

MNCH REFERRALS

CAPACITY BUILDING & ENGAGING MEN



POSITIVE DEVIANCE/HEARTH PILOT



Insights and Lessons Learned

- Strong youth engagement through CRPs enhances health awareness and improves referral outcomes.
- Male involvement through learning centers contributes to shared health decision-making at the household level.
- Training of LHSs and LHWs improves the quality of counseling, follow-up, and service uptake at the community level.
- The PDH pilot highlights the value of community-based solutions in addressing malnutrition.

Way Forward

The project will continue to:

- Expand outreach and service delivery across all 19 project districts.
- Strengthen referral and follow-up mechanisms to improve client satisfaction and method continuation.
- Scale male engagement activities and the PDH approach based on pilot learnings.
- Deepen partnerships with government health systems to sustain community-based health interventions.

FROM THE FIELD

Reshma, a 36-year-old mother of six from Village Bilawal Jagrani in Qambar Shahdadt, always dreamed of building a better life for her family – but financial pressures and limited opportunities stood in the way.

Things began to change when the USAID-funded BHF project held a community session in her village. Reshma attended and learned for the first time about family planning and maternal health. Motivated by what she heard, she spoke with a BHF social mobilizer, received a referral slip, and visited the nearest government reproductive health clinic with her husband.

At the clinic, she chose an injectable contraception, which allowed her to space her pregnancies, focus on her children's health and education, and manage household expenses more effectively. With more control over her health and time, Reshma finally launched a small home-based business making traditional hand fans and roti baskets from palm leaves. Her products were well received, and she began earning a steady income.

Reshma is now not only supporting her family but also raising awareness about family planning in her community. She's proud of the choices she made and grateful for the support that helped her make them.





BALANCED ENERGY PROTEIN RURAL MARKET TEST

Our donor

BILL & MELINDA
GATES foundation

Consortium partners



Implementing partner



Timeline

Jan 2022 – Feb 2025

Total budget

1.8 million USD

Districts in Sindh

- Jacobabad
- Kamber Shahdadt



Districts in Punjab

- Bahawalpur



OVERVIEW

High rates of maternal malnutrition contribute to poor health outcomes for women and children across rural Pakistan, increasing the risks of low birth weight, stunting, and child mortality. Access to affordable and high-quality nutritional supplements remains limited, especially for pregnant and lactating women (PLWs) living in underserved communities.

The Balanced Energy Protein (BEP) Pakistan Rural Market Test, funded by the Bill & Melinda Gates Foundation, aims to improve maternal nutrition by testing the delivery of affordable, high-protein supplements through private sector channels. The project focuses on reaching pregnant and lactating women in rural, non-Lady Health Worker (LHW) covered areas, using market-based approaches to assess product uptake, consumption patterns, and cost-effectiveness.

Our Approach

The project introduces Wellma, a balanced energy protein supplement, through a rural market test designed to evaluate both consumption frequency and purchasing behavior among pregnant and lactating women. The supplement is sold at a subsidized price point (minimum PKR 30 per sachet) based on willingness-to-pay research conducted in rural communities.

The market test is being implemented in three districts – Bahawalpur (by NRSP), Jacobabad and Kambar Shahdadt (by SRSO). These districts were selected based on their demographic profiles, nutritional vulnerability, and the presence of established community networks.

A Last Mile Distribution (LMD) Model was introduced to support product delivery through Community Resource Persons (CRPs), who act as last-mile entrepreneurs. The CRPs also sell a basket of goods consisting of health, nutrition, and hygiene goods, expanding household access to essential products while earning a stable income.

The project supports inventory management and supply chain efficiency through the development and deployment of an online Inventory Management System (IMS). This system provides real-time visibility into product movement, improves stock planning, and reduces the risk of stockouts.

The market test is supported by a multidisciplinary consortium including business

strategy consultants, a monitoring and evaluation team, nutrition and technical experts, and research partners to ensure robust data collection and learning.

Pilot Commercialisation in Jacobabad

Following early success, the project introduced commercialisation pilot activities in Jacobabad with an integrated focus on reproductive, maternal, newborn, and child health (IRMNCH). Wellma was launched in Jacobabad in July 2023, and CRPs sold over 29,000 sachets in the first month of commercialisation.

Women's Entrepreneurship and the Last Mile Distribution Model

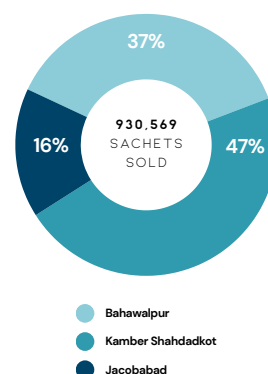
To support both health outcomes and women's economic empowerment, the project implemented a Last Mile Distribution Model in all target districts. CRPs sell Wellma alongside a growing basket of 23 health, nutrition, and hygiene products.

CRPs earned an average monthly profit of PKR 2,500 on a basket size worth approximately PKR 11,000, contributing to household income and financial independence for women entrepreneurs.

The project's Inventory Management System (IMS) has streamlined stock monitoring and improved the reliability of product availability across districts.

LAST MILE DISTRIBUTION MODEL

A supply chain approach that delivers goods and services to end users in remote or underserved areas by leveraging local networks – typically through trained community agents or entrepreneurs e.g CRPs.



WELLMA SACHETS

930k+

WELLMA SACHETS SOLD IN ALL 3 DISTRICTS

53%

REGISTERED PLWS WHO PURCHASED WELLMMA

12

AVERAGE NO OF SACHETS CONSUMED PER MONTH BY PLWs

34M+

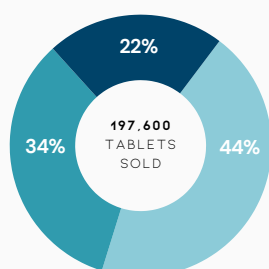
PKR WORTH OF GOODS
SOLD

2500

ADDITIONAL MONTHLY
INCOME (PKR)

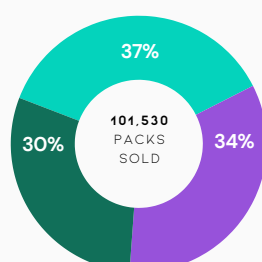
23

HEALTH & HYGIENE
PRODUCTS PER BASKET



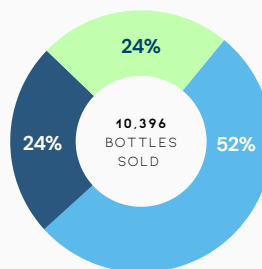
● Bahawalpur
● Kamber Shahdadkot
● Jacobabad

MMS TABLETS



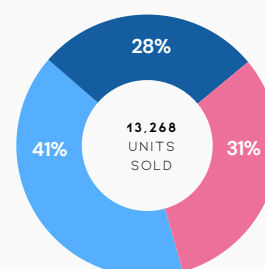
● Bahawalpur
● Kamber Shahdadkot
● Jacobabad

SANITARY NAPKINS



● Bahawalpur
● Kamber Shahdadkot
● Jacobabad

CALCIUM-D BOTTLES



● Bahawalpur
● Kamber Shahdadkot
● Jacobabad

HAIR REMOVING CREAMS

Insights and Lessons Learned

- Shifting from a purely development-focused approach to commercialisation has supported sustainability to an extent while retaining community trust in the CRP model.
- Despite the government distributing free BEP sachets in Kambar Shahdadkot, women continued to purchase Wellma due to convenience and trust in CRP visits.
- Effective community engagement requires the involvement of husbands and mothers-in-law, not just women buyers.
- Careful selection of CRPs with an entrepreneurial mindset is key to the success of the distribution model.
- District-level warehouses and the online IMS are critical for timely stock delivery and transparent inventory management.
- A phone-based monitoring system has allowed real-time data-driven adjustments, improving responsiveness and learning across the project.

Way Forward

The project will continue to:

- Expand the commercialisation pilot in Jacobabad, with ongoing assessment of scale-up potential.
- Strengthen the Last Mile Distribution Model to support CRPs in growing their business and improving health product access.
- Build on inventory management and supply chain learning to further improve efficiency.



A look inside a CRP's home-based shop stocked with health, hygiene, and household essentials. This helps meet local demand while supporting her family's income.

- Deepen community engagement strategies, particularly focusing on household influencers and male involvement.

The BEP Rural Market Test remains focused on learning whether a market-based approach can sustainably improve maternal nutrition outcomes while supporting women entrepreneurs across underserved rural areas of Pakistan.



COMMUNITY MOBILISATION, FACILITATION, DEMAND CREATION, AND SUPPORTING THE PROVINCIAL TB CONTROL PROGRAMME

Our donor



Consortium partners



Implementing partner



Timeline

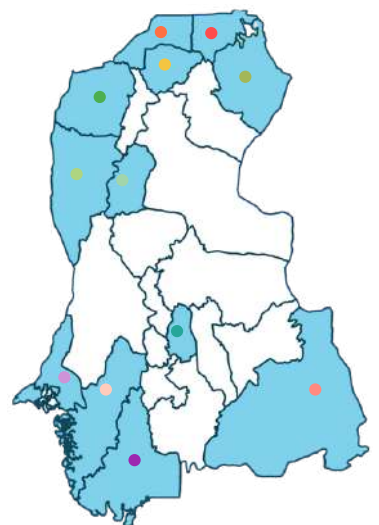
August 2023 – June 2025

Total budget

415 million PKR

Districts in Sindh

- Kashmore
- Jacobabad
- Shikarpur
- Ghotki
- K Shahdadkot
- Dadu
- Naushahro Feroz
- T.A Yar
- Tharparkar
- Thatta
- Sujawal
- Malir
- Keamari
- West Karachi



OVERVIEW

Tuberculosis (TB) remains one of Pakistan's major public health challenges, with low case detection and treatment adherence contributing to ongoing transmission. Many affected communities face barriers to early diagnosis, access to treatment, and stigma that discourages timely care-seeking.

The Community Mobilisation for TB Prevention and Treatment Project, implemented by RSPN in collaboration with JSI-supported IHSS-SD TB Control Project and the Provincial TB Program Sindh (PTP), focuses on improving case detection and treatment success for both drug-sensitive (DS-TB) and drug-resistant TB (DR-TB) cases.

The project engages communities directly through social mobilisation, awareness-raising, contact tracing, and referral facilitation, ensuring that vulnerable groups are identified early and connected to care.

Our Approach

The project applies a structured community engagement strategy to support TB detection, referral, and treatment adherence across 15 districts of Sindh.

The project deployed 40 social mobilisation teams, each comprising one male and one female member. These teams are tasked with visiting at least two index patient households daily, carrying out door-to-door contact tracing, screening, and referrals. This approach supports early identification of TB cases and ensures that household contacts of TB-positive patients are screened at the nearest Basic Management Units (BMUs) and Programmatic Management of Drug-Resistant TB (PMDT) sites.

The project also facilitates pre-TB mobile van outreach to high-risk areas, improving early case detection outside of index households.

Community involvement is strengthened through the engagement of Key Community Influencers (KCIs) and Community Institution Representatives (CIRs), who are trained to raise awareness, reduce stigma, and promote timely referrals for suspected TB cases.

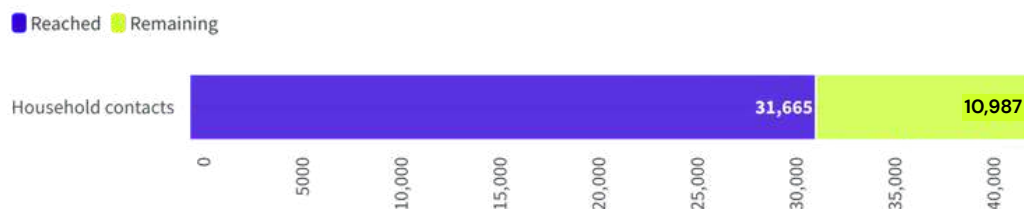
Coordination is maintained through District Project Committee meetings, chaired by District Health Officers, and monthly micro-planning meetings to align outreach plans and ensure effective field-level implementation.

INDEX CASES

The first identified TB case in a household or setting, around which contact screening is conducted (not always the source of infection).

74%

TARGET OF INDEX PATIENTS
REACHED



92%

TARGET OF INDEX PATIENTS
REACHED



435

TB-POSITIVE CASES
REGISTERED

854

KCIs & CIRs TRAINED AS
REFERRAL LEADS

1,635

COMMUNITY AWARENESS
SESSIONS CONDUCTED

25,136

COMMUNITY MEMBERS
ATTENDED AWARENESS
SESSIONS

Despite challenges such as migration of index cases, resource constraints, and diagnostic limitations, the project has maintained strong referral systems and community engagement, ensuring early detection and improving treatment adherence.

Project teams participated in World TB Day (WTD) events, using these platforms to promote TB prevention, raise awareness, and combat stigma within local communities. Two official USAID mission visits (January and March 2024) highlighted the project's progress and community-level impact.

Insights and Lessons Learned

- Contact tracing through door-to-door visits significantly improves screening coverage and case detection, especially in households of known TB patients.
- Training of KCIs and CIRs enhances community ownership and strengthens referral pathways.
- Sustained awareness-raising helps reduce stigma associated with TB, encouraging early care-seeking behavior.
- Coordination through District Project Committees and micro-planning meetings supports alignment with local health systems and improves implementation efficiency.

- Ongoing logistical challenges, such as migration of index patients and access to diagnostics, require adaptive planning and flexible community engagement strategies.

Way Forward

The project will continue to:

- Intensify door-to-door case finding and household contact screening.
- Expand the role of KCIs and CIRs in awareness and referral activities.
- Strengthen partnerships with government TB programs for smoother referrals and treatment follow-up.
- Scale up TB Preventive Treatment (TPT) for vulnerable groups.
- Maintain active participation in TB awareness events and advocacy platforms to promote community action against TB.

Through these efforts, the project remains committed to supporting Sindh's fight against TB, improving detection rates, and helping more people complete treatment successfully.

Timely TB Interventions Save Dilber's Life

In Meho Khan Chandio village, Naushahro Feroze, 28-year-old Dilber was bedridden and barely able to speak after losing his mother and brother to tuberculosis.

During a household visit originally intended for his late brother, the outreach team noticed Dilber's condition and immediately arranged TB screening for him and his family at the District Headquarters Hospital.

Dilber tested positive and began treatment the same day. He showed significant recovery within two months and now visits the hospital independently to collect his medication. The intervention likely saved his life, and his father shared, "I can't believe my second son survived after losing my wife and one son to this disease."

This case highlights the critical importance of door-to-door outreach, early screening, and swift treatment in tackling TB in high-risk communities.





WOMEN'S SOCIO-ECONOMIC RESILIENCE IN PAKISTAN (WSERP) PROJECT

Our donor



Districts in Balochistan

- Nasirabad
- Sohbatpur
- Lasbela



Implementing partner



Districts in Sindh

- Sukkur
- Khairpur
- Dadu



Timeline

April 2023 – January 2024

Districts in KP

- Swat
- Charsadda
- D I Khan



OVERVIEW

The devastating floods of 2022 deepened socio-economic challenges for women and girls in Pakistan, exacerbating gender inequalities and limiting women's access to resources, livelihood opportunities, and protection from gender-based violence (GBV). Many women lost land, livestock, and economic assets, increasing their dependence and vulnerability to abuse and discrimination.

In response, the WSERP Project, funded by the People of Japan and implemented by UN Women with RSPN and its partners, worked to promote women's empowerment and leadership in recovery efforts across nine flood-affected districts. The project focused on creating safe spaces, enhancing income generation opportunities, raising awareness on GBV and gender equality, and strengthening women's participation in local planning and decision-making.

Project Approach

The project provided essential services, skills training, and psychosocial support to women and girls in flood-affected communities, helping them rebuild their lives and strengthen their socio-economic resilience.

At the heart of the intervention was the establishment of 90 Women's Community Centres (WCCs), including six sanitary pad production units, to offer safe spaces for women to access services, receive training, and engage in community life. These centers provided skill-building activities, psychosocial support, GBV awareness and counseling, and vocational and entrepreneurship training.

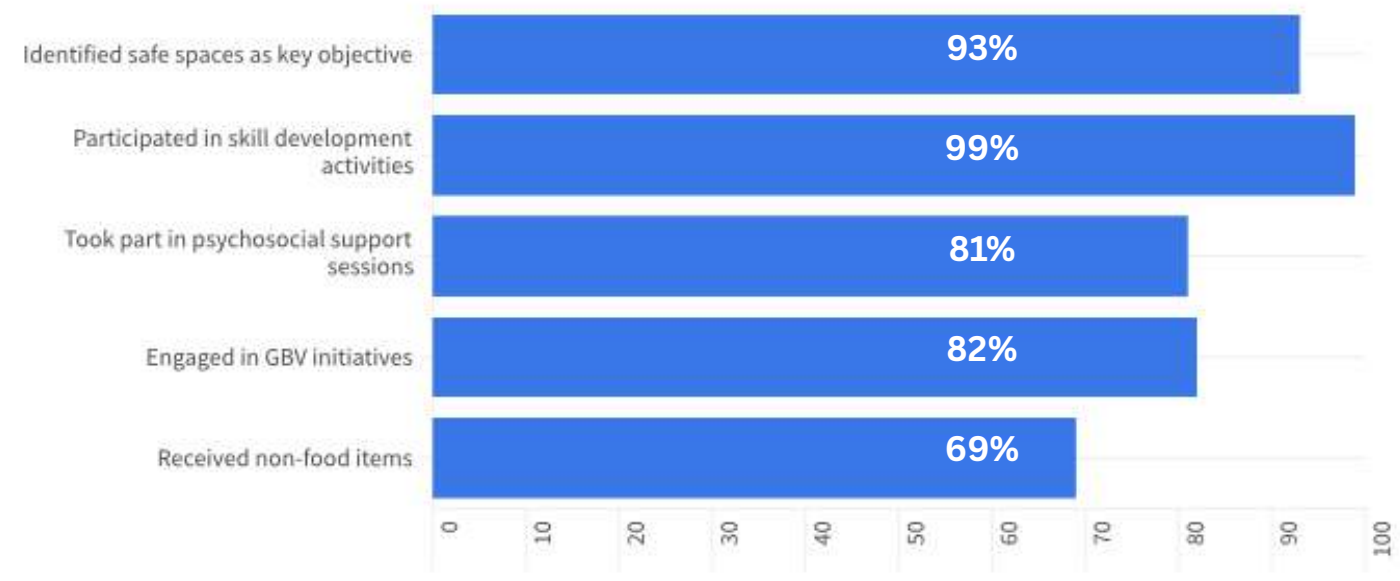
The project promoted community leadership by training women leaders and strengthening their role in local planning and civic engagement. Women were supported in helping access essential services such as ID cards and birth certificates.

Economic empowerment was advanced through vocational training, entrepreneurship support, financial literacy, and income-generating initiatives like sanitary pad and soap production units. These activities helped women increase their earnings, reduce economic dependency, and improve household resilience.

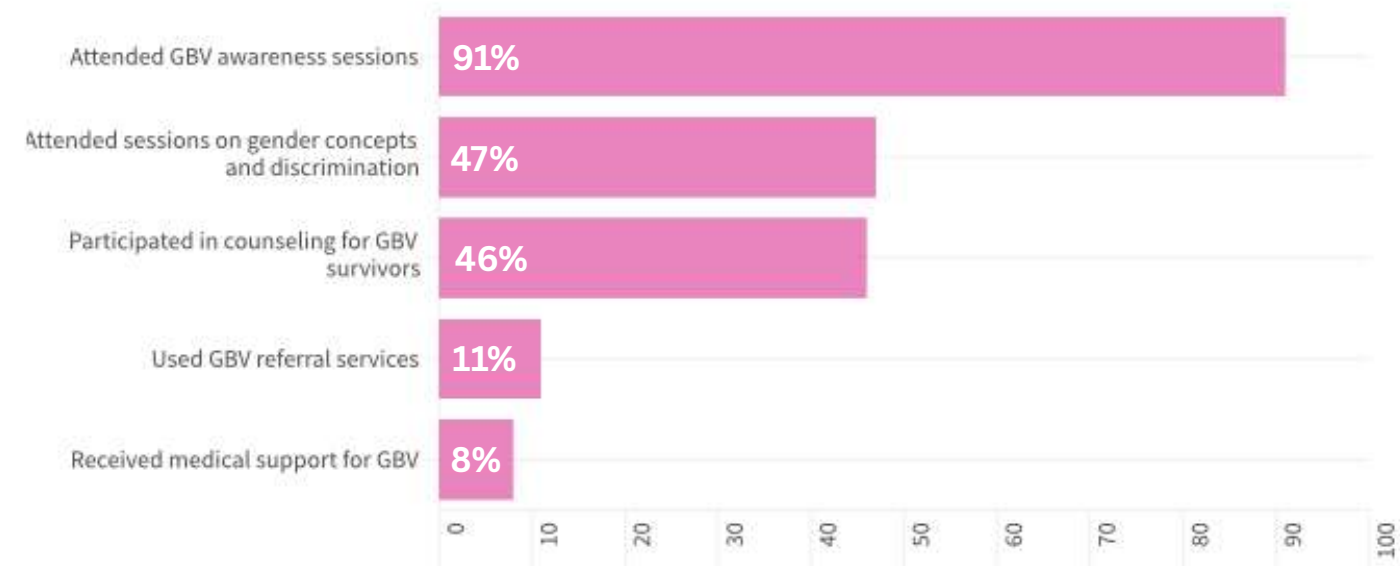
Efforts to engage men and boys in GBV awareness activities supported the project's broader goal of challenging harmful social norms and promoting gender equality. The project also invested in monitoring and community engagement mechanisms to ensure responsive service delivery and to maintain momentum.

KEY RESULTS

SAFE SPACES AND WOMEN'S COMMUNITY CENTRES



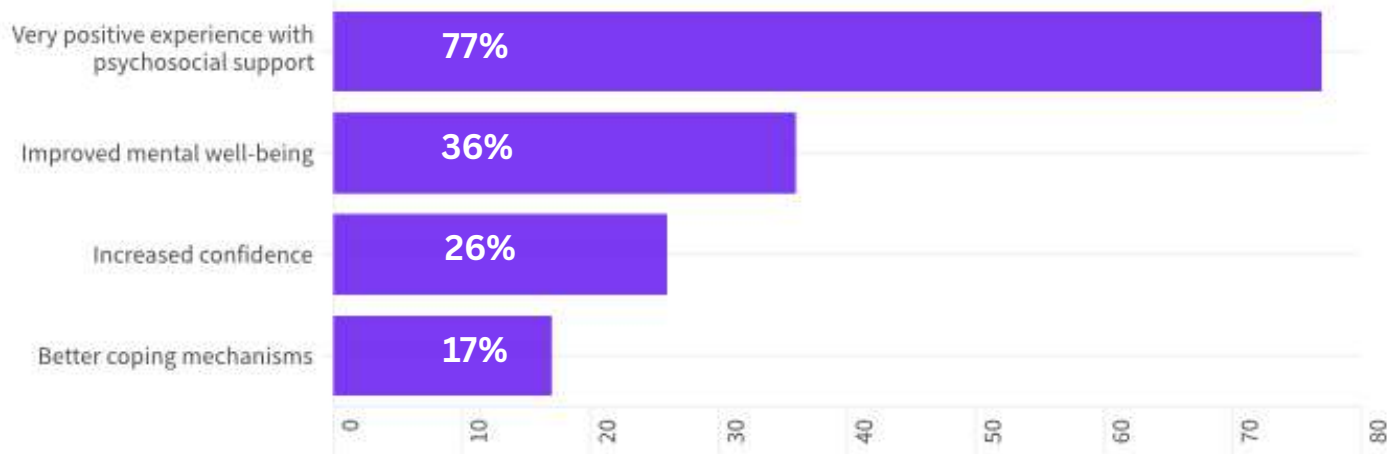
GBV AWARENESS AND SERVICES



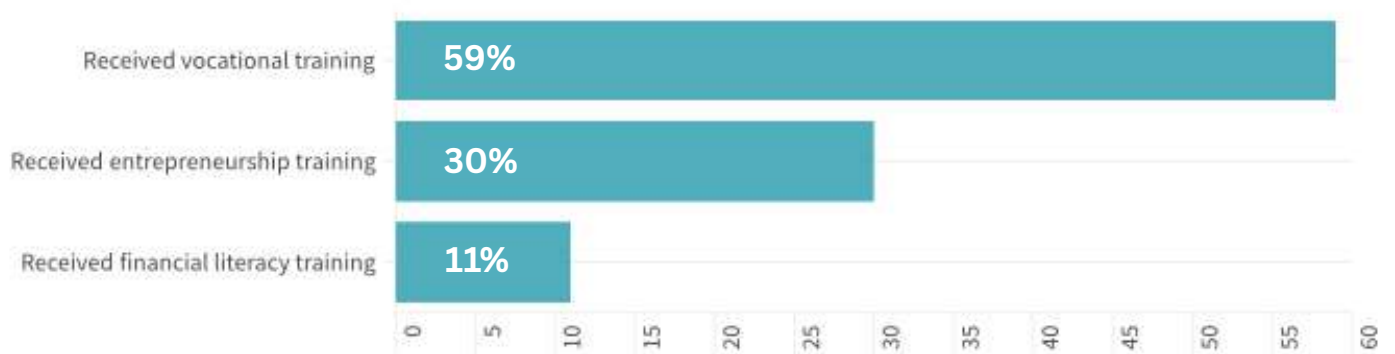
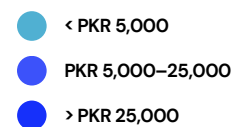
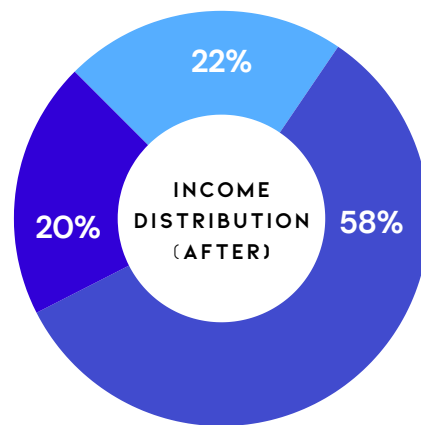
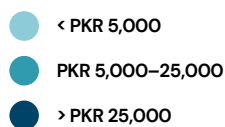
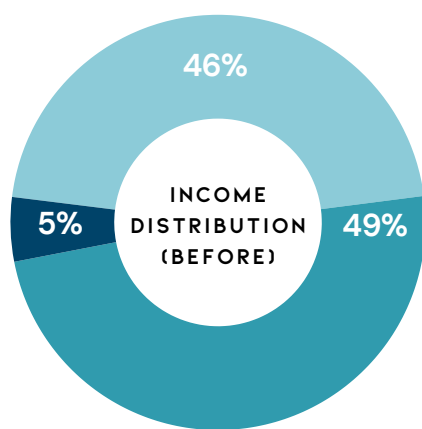
WOMEN LEADERS' ROLE IN LOCAL PLANNING



PSYCHOSOCIAL SUPPORT OUTCOMES



INCOME GENERATION & ECONOMIC EMPOWERMENT



SUSTAINABILITY



Insights and Lessons Learned

The project had some key learnings, including:

- Women's Community Centres provided trusted and effective platforms for recovery, skill-building, and leadership development.
- Awareness sessions on GBV and gender equality were critical in improving mental well-being and confidence among women and girls.
- Engaging men and boys helped foster community-wide support for addressing GBV and promoting social change.
- Vocational training and entrepreneurship initiatives significantly contributed to income growth and economic empowerment.
- Leadership training strengthened women's participation in local planning and increased their access to essential services.
- Continued monitoring and partnerships with local actors supported the sustainability of project activities.

Way Forward

The project demonstrated that empowering women and promoting gender equality are essential components of disaster recovery and resilience building. Moving forward, key recommendations include:

- Expanding access to vocational training and entrepreneurship support to sustain income generation.
- Strengthening referral pathways and support services for GBV survivors.
- Continuing to engage men and boys in GBV prevention and gender awareness initiatives.
- Building on leadership training to deepen women's involvement in local decision-making and governance.

The project's success in creating safe spaces and supporting women's leadership offers a foundation for long-term recovery and community resilience across flood-affected regions.



WOMEN FINANCIAL INCLUSION THROUGH EASYPAlSA

Our donor



Districts in Punjab

- Bahawalpur



Implementing partner



Districts in Sindh

- Shikarpur



Total budget 11 million PKR

Timeline Feb 2024 – July 2024

OVERVIEW

Limited access to formal financial services continues to restrict women's economic independence in Pakistan, particularly in rural areas where mobility, documentation gaps, and digital illiteracy remain significant barriers. Without access to banking tools, women often depend on others for financial transactions, reducing their control over personal and household finances.

To address these barriers, the Women Financial Inclusion Through Easypaisa Project, implemented by RSPN in partnership with NRSP and SRSO, focused on enhancing digital financial literacy and mobile wallet access for women in Bahawalpur and Shikarpur districts. This six-month pilot, funded by Easypaisa, aimed to empower women with the knowledge and skills needed to conduct transactions independently, promoting greater financial autonomy and economic stability.

Project Approach

The project aimed to reach 500 women in the two target districts, providing them with the tools and understanding needed to open and actively use Easypaisa mobile wallets.

RSPN and its partner organisations followed a structured approach based on their three-tiered social mobilisation approach. Women were identified for participation through CRPs and mobilisers, with a focus on selecting:

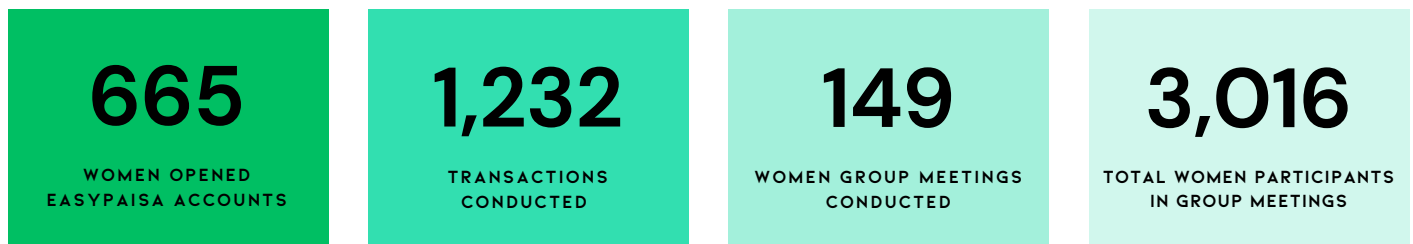
- Potential female entrepreneurs and women engaged in economic activity
- Women-headed households

A lean management structure was established, including a Project Focal Person at RSPN's head office and four Capacity Building Officers (two per district). A consultant was engaged to develop a digital financial literacy manual used for training field workers.

Field Workers were recruited through a careful selection process with the following criteria:

- Residents of the local community
- Possession of a smartphone
- Minimum education up to matriculation
- Aged between 18–50 years (preferably married)
- Family approval for mobility within the assigned area
- Willingness to conduct house-to-house visits for outreach

The methodology focused on small group meetings and one-on-one support to enhance women's digital literacy, reduce dependency on others for financial transactions, and increase confidence in using mobile banking services.



Promoting Financial Confidence and Independence

The project emphasized direct engagement with women to ensure that they could manage transactions independently. Creating their own digital accounts reduced the need for male intermediaries and gave women greater control over their finances.

The initiative also positioned participating women to extend financial services to others in their communities, offering the potential to grow as informal agents and improve their household incomes.

The experience highlighted the need for comprehensive financial literacy programs and broader awareness campaigns, particularly for rural and underserved women, to support the safe and effective use of mobile banking.

Insights and Lessons Learned

- Hands-on, community-based engagement is essential for digital financial inclusion. Women need both account access and continuous support to develop the confidence to use these tools.
- Selection of local Field Workers with the right skills and mobility approval ensured effective outreach and follow-up.
- The training manual on digital financial literacy played a critical role in standardizing content and supporting field worker effectiveness.
- Creating individual digital accounts helped reduce dependency and promoted financial agency among women, aligning with broader goals of women's empowerment.
- The pilot confirmed the value of targeting female entrepreneurs and women-headed households for financial inclusion initiatives.

Way Forward

- Building on the success of this pilot, the project recommends:
- Scaling up financial literacy and digital inclusion programs to reach more rural women.
- Strengthening linkages with Easypaisa agents and local financial service providers for smoother account activation and usage support.
- Continuing the focus on women entrepreneurs and women-headed households to maximize the economic impact of financial inclusion efforts.
- Exploring integration with broader livelihood and enterprise development initiatives to further enhance women's income-generating opportunities.

The project demonstrates that with the right approach, digital financial tools can meaningfully contribute to economic resilience and empowerment for women in rural Pakistan.



RSPN RESOURCE GROUP

MEETINGS 2023–24

RSPN has thematic Resource Groups with RSP focal points. These Groups meet twice a year for an exchange of learning between RSPs. Other Resource Groups are in the areas of Social Sectors, Audit and Finance, Communications, and M&E, please add Climate Change.

The RSP Gender Resource Group (GRG) was established by RSPN over twenty years ago. Its objective is for RSP Gender Focal Persons and other key staff to meet regularly to discuss programme and organisational priorities and issues related to gender in the RSPs. GRG meetings also serve as a platform for capacity building on gender and development, safeguarding, GBV, social inclusion, and other related topics. These meetings contribute to increased staff sensitisation, capacity building, and the development and updating of organisational policies, with a keen eye on implementation of policies, i.e., Gender policies, Beneficiary Safeguarding Policies, etc.

GENDER RESOURCE GROUP

In September 2023, RSPN and SRSP convened a Gender Resource Group meeting in Peshawar, where discussions centred on new gender-related amendments and laws – including policies on working women, maternity and paternity leave, and children's daycare provisions. A key highlight was the gender analysis conducted under the 'Gender-Based Violence in Emergencies' project, funded by UNFPA and utilising the Women Empowerment Framework.

In June 2024, RSPN and SRSO held another GRG meeting in Sukkur, focusing on gender-inclusive approaches in post-flood rehabilitation under the theme 'Building Back Better.'

As part of this initiative, GRG members visited sites of two major projects: Women Socio-Economic Resilience in Pakistan (WSERP) – A UN Women-funded project empowering 1,300+ women by establishing livelihood centres for producing reusable sanitary pads and soap, while fostering safe spaces for discussions on gender-based violence (GBV) and women's empowerment.

Through field visits to projects like the Women Socio-Economic Resilience in Pakistan (WSERP) project and the Sindh Flood Emergency Housing Reconstruction Project

(SPHF), the GRG highlighted the importance of women's socio-economic empowerment, menstrual hygiene management, PSEA compliance, and gender-sensitive housing reconstruction. The GRG shared recommendations on taking safeguarding measures and GBV case management. These recommendations are helping shape the RSP's future programming for gender equity, enhancing the capacities of women community members, and ensuring that gender and safeguarding standards are systematically integrated into post-emergency and development projects.

GRG INPUT ON SINDH PEOPLE'S HOUSING FOR FLOOD AFFECTEES (SPHF)

A housing reconstruction project where GRG members assessed women's land ownership issues, infrastructure accessibility for people with disabilities, and the establishment of women's help desks. These were shared with implementing partners for course correction.

MONITORING & EVALUATION RESOURCE GROUP

The Monitoring and Evaluation Resource Group (MERG) meeting held on 22nd May 2024 underscored RSPN's commitment to enhancing monitoring, evaluation, and research capacities across its partners. The meeting was held in Islamabad and served as a strategic platform for sharing lessons learned, experiences and cross learning opportunities among RSPs. The meeting agenda focused on strengthening the connection between core group, information sharing, formation of a Community of Practices and to follow agreed way forward.

RSPN and the RSP representatives presented their innovative and flagship programmes/initiatives under different sectors aiming to share programme updates, notable achievements, challenges faced and key lessons to foster a culture of knowledge management and sharing. Key discussions included the sharing of lessons learned/best practices from programme implementation, particularly those related to social mobilisation strategies, engagement with community institutions, disaster preparedness and climate change adaptation and mitigation.

The forum also discussed and deliberated 'what didn't work' and 'what could have been done differently or better.' These discussions further enriched the knowledge as well as provided valuable lessons for future programming / designing interventions.

This event not only facilitated the sharing of valuable insights among RSPs but also set the stage for future collaborative efforts aimed at improving the effectiveness and sustainability of their programming.

FINANCIALS

RURAL SUPPORT PROGRAMMES NETWORK

(A Company licensed under Section 42 of the Companies Act, 2017)

STATEMENT OF FINANCIAL POSITION

AS AT JUNE 30, 2024

	Note	2024 Rupees	2023 Rupees
ASSETS			
NON-CURRENT ASSETS			
Property and equipment	6	25,826,262	28,046,490
Right-of-use asset	7	45,096,284	10,845,798
Long-term deposits	8	3,068,744	3,671,067
		73,991,290	42,563,355
CURRENT ASSETS			
Project receivables	9	534,736,986	426,878,284
Advances to related parties	10	190,146,315	158,507,132
Advances, prepayments and other receivables	11	31,780,041	25,421,866
Accrued mark-up		34,188,307	30,878,713
Income tax refundable	12	32,227,600	74,654,918
Short-term investments	13	550,000,000	550,000,000
Cash and bank balances	14	520,509,204	460,662,307
		1,893,588,453	1,727,003,220
Asset classified as held for sale	15	-	4,412,869
TOTAL ASSETS		1,967,579,743	1,773,979,444
FUNDS AND LIABILITIES			
FUNDS			
Reserve fund	16	99,000,000	99,000,000
Investment fund	4.4.2	-	4,412,869
Accumulated fund		1,040,157,958	878,398,593
		1,139,157,958	981,811,462
NON-CURRENT LIABILITIES			
Deferred capital grants	17	17,526,712	15,365,867
Restricted grants	18	393,683,650	414,744,529
Lease liabilities	19	29,587,167	-
		440,797,529	430,110,396
CURRENT LIABILITIES			
Payable to related parties	20	314,123,940	283,360,762
Project and other liabilities	21	61,116,605	70,598,693
Current portion of lease liabilities	19	12,383,711	8,098,131
		387,624,256	362,057,586
TOTAL FUNDS AND LIABILITIES		1,967,579,743	1,773,979,444

CONTINGENCIES AND COMMITMENTS

22

The annexed notes from 1 to 36 form an integral part of these financial statements.

CHIEF EXECUTIVE OFFICER

DIRECTOR

RURAL SUPPORT PROGRAMMES NETWORK

(A Company licensed under Section 42 of the Companies Act, 2017)

**STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED JUNE 30, 2024**

	Note	2024 Rupees	2023 Rupees
INCOME			
Grant income	23	2,220,821,521	2,156,000,410
Revenue from contracts with customers	24	10,168,887	-
Management fees	25	112,332,229	114,774,134
Other income	26	185,989,402	168,151,256
		2,529,312,039	2,438,925,800
EXPENDITURE			
Programme costs	27	2,214,676,039	2,157,757,478
Operating costs	28	159,720,898	133,467,164
Other expenditure	24	5,606,279	-
		2,380,003,216	2,291,224,642
SURPLUS FOR THE YEAR		149,308,823	147,701,158

The annexed notes from 1 to 36 form an integral part of these financial statements.
CHIEF EXECUTIVE OFFICER
DIRECTOR

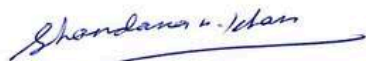
RURAL SUPPORT PROGRAMMES NETWORK

(A Company licensed under Section 42 of the Companies Act, 2017)

**STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED JUNE 30, 2024**

	Note	2024 Rupees	2023 Rupees
SURPLUS FOR THE YEAR		149,308,823	147,701,158
OTHER COMPREHENSIVE GAIN / (LOSS) FOR THE YEAR			
Other comprehensive gain / (loss) not to be reclassified to statement of income and expenditure in subsequent periods:			
Re-measurement gain / (loss) on employees' defined benefit plan	11.3	8,720,255	(2,619,874)
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		158,029,078	145,081,284

The annexed notes from 1 to 36 form an integral part of these financial statements.



CHIEF EXECUTIVE OFFICER



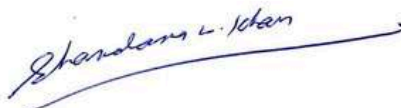
DIRECTOR

RURAL SUPPORT PROGRAMMES NETWORK

(A Company licensed under Section 42 of the Companies Act, 2017)

**STATEMENT OF CHANGES IN FUNDS
FOR THE YEAR ENDED JUNE 30, 2024**

	Note	UNRESTRICTED FUNDS			
		Reserve fund	Investment fund	Accumulated fund	TOTAL
		Rupees	Rupees	Rupees	Rupees
Balance as at June 30, 2022		99,000,000	6,653,718	733,317,309	838,971,027
Total comprehensive income for the year					
Surplus for the year		-	-	147,701,158	147,701,158
Other comprehensive loss		-	-	(2,619,874)	(2,619,874)
		-	-	145,081,284	145,081,284
Share of loss from SSS		-	(2,240,849)	-	(2,240,849)
Balance as at June 30, 2023		99,000,000	4,412,869	878,398,593	981,811,462
Balance as at July 1, 2023		99,000,000	4,412,869	878,398,593	981,811,462
Total comprehensive income for the year					
Surplus for the year		-	-	149,308,823	149,308,823
Other comprehensive gain		-	-	8,720,255	8,720,255
		-	-	158,029,078	158,029,078
Share of loss from SSS	26	-	(682,582)	-	(682,582)
Transfer due to liquidation	15	-	(3,730,287)	3,730,287	-
		-	(4,412,869)	3,730,287	(682,582)
Balance as at June 30, 2024		99,000,000	-	1,040,157,958	1,139,157,958

The annexed notes from 1 to 36 form an integral part of these financial statements.**CHIEF EXECUTIVE OFFICER****DIRECTOR**

RURAL SUPPORT PROGRAMMES NETWORK

(A Company licensed under Section 42 of the Companies Act, 2017)

STATEMENT OF CASH FLOWS**FOR THE YEAR ENDED JUNE 30, 2024**

	Note	2024 Rupees	2023 Rupees
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating deficit before working capital changes	29	(2,166,871,300)	(2,053,849,450)
Working capital changes:			
Decrease / (increase) in current assets			
Advances to related parties		(31,639,183)	(88,568,139)
Advances, prepayments and other receivables		(6,449,367)	1,379,347
(Decrease) / increase in current liabilities			
Payable to related parties - unsecured		30,763,178	208,871,188
Project and other liabilities		(17,968,525)	(13,719,735)
		(25,293,897)	107,962,661
Decrease / (increase) in long-term deposits		602,323	1,086,000
(Decrease) / increase in long-term liability		-	(180,000)
Grants received during the year (including interest income and foreign exchange gain)		2,109,531,610	1,361,990,222
Income taxes refund / (paid)		42,427,318	(2,588,548)
Payments made to employees' provident fund		(11,047,534)	(12,181,393)
Staff retirement benefits paid - gratuity	11.3.3	(10,915,578)	(16,606,568)
Net cash used in operating activities		(61,567,058)	(614,367,076)
CASH FLOWS FROM INVESTING ACTIVITIES			
Capital expenditure		(22,009,458)	(3,800,923)
Proceeds from sale of fixed assets		1,556,000	-
Proceed from disposal of investment in associate		3,730,287	
Short-term investment matured during the year		550,000,000	550,000,000
Short-term investments made during the year		(550,000,000)	(550,000,000)
Profit received on short-term investments and bank deposits		154,538,508	102,745,666
Net cash generated from investing activities		137,815,337	98,944,743
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of lease liability	19	(16,823,042)	(11,077,988)
Net cash used in financing activities		(16,823,042)	(11,077,988)
Net increase / (decrease) in cash and cash equivalents		59,425,237	(526,500,321)
Cash and cash equivalents at beginning of the year		460,662,307	995,065,166
Effect of exchange rate changes on cash and cash equivalents		421,660	(7,902,538)
CASH AND CASH EQUIVALENTS AT END OF THE YEAR	14	520,509,204	460,662,307

The annexed notes from 1 to 36 form an integral part of these financial statements.


CHIEF EXECUTIVE OFFICER


DIRECTOR

OUR TEAM

BOARD OF DIRECTORS AND MEMBERS

Mr. Shoaib Sultan Khan	Director and Member
Dr. Rashid Bajwa	Director and Member
Dr. Shahida Jaffrey	Director and Member
Mr. Masood ul Mulk	Director and Member
Mr. Fazalullah Qureshi	Director and Member
Dr. Tahir Rasheed	Director and Member
Mr. Muhammad Nazar Memon	Director and Member
Mr. Malik Fateh Khan	Director and Member
Dr. Roomi Saeed Hayat	Director and Member
Mr. Ali Hussain Brohi	Director and Member
Mr. Muhammad Dittal Kalhoro	Director and Member
Mr. Naseer Muhammad Nizamani	Director and Member
Dr. Allah Nawaz Samoo	Director and Member
Mr. Sohail Khoja	Director and Member
Mr. Jamil Uddin	Director and Member
Mr. Syed Asif Shah	Director and Member
Ms. Khawar Mumtaz	Director and Member
Dr. Ayesha Khan	Member
Ms. Saba Gul Khattak	Member

RSPN STAFF

NAME	DESIGNATION
Shandana Khan	Chief Executive Officer
Atif Zeeshan Rauf	Chief Operating Officer
Assad Ali Hashmi	Chief Financial Officer / Company Secretary
Jawad Khan	Manager HR & Administration
Abdullah Khan	Manager Internal Audit & Compliance
Sadaf Dar	Programme Officer Gender and Development
Asif Jehanzeb Khan	Programme Officer Operations
Foha Raza	Programme Officer Communications
Syed Sheraz Ahmad	Programme Officer Finance & Accounts
Affan Muhammad Baig	Programme Officer Administration & Procurement
Hassaan Akhtar	Programme Officer IT
Nasir Ahmed Khan	Finance Officer
Umar Daraz Khan	Admin Assistant

PSI-SUPPORTED FAMILY PLANNING PROJECT IN PAKISTAN

Manzoor Hussain	Project Manager
Usman Asif	MIS Officer
Maha Adil	Monitoring & Evaluation Coordinator
Dr. Razia Sadaf	Quality Assurance Officer
Annum Younus	Admin & Logistics Officer
Waqas Munir	Finance Coordinator

BALANCED ENERGY PROTEIN RURAL MARKET TEST

Ayesha Tariq	Project Manager
Bader ul Islam Siddiqui	Monitoring, Learning and Evaluation Officer
Zain Shafiq	MIS Officer
Shayaah Raza	Finance Officer
Nasir Abbas	Supplies & Logistics Officer

COMMUNITY ENGAGEMENT TO PROMOTE REPRODUCTIVE HEALTH RIGHTS IN YOUTH

Nazia Shah	Project Manager
Saima Shaikh	Training Coordinator
Arshia Chand	Monitoring & Evaluation Officer
Muhammad Khalil Baig	Finance Coordinator

RSPN STAFF

COMMUNITY MOBILISATION FOR UPTAKE OF FAMILY PLANNING

Shafia Mirza	Project Manager
Sameer Ahmad Khan	Monitoring & Evaluation Officer
Syed Intesab Haider	MIS & Data Management Officer
Ayesha Khalid	Psychologist
Iqra Kanwal	Psychologist
Nimra Saeed	Psychologist

MULTI-YEAR RESILIENCE PROGRAMME

Nasreen Shaikh	Project Manager
Abdul Ghani	Finance Officer
Khawar Mumtaz	Communications Officer
Imran Masih	Monitoring & Evaluation Coordinator
Qurat ul Ain Hameed	Admin & Procurement Officer

BRINGING CHILDREN BACK TO SCHOOL

Hajee Parveen Roy	Project Manager
Huma Irfan	Monitoring & Evaluation Officer
Farheen Iftikhar	MIS Officer
Marjan Ali	Senior Technical Engineer
Waqar Ahmad	Communications Officer
Manahil Younus	Finance Officer

WOMEN'S SOCIOECONOMIC RESILIENCE PROJECT

Almas Akbar	Project Manager
Ejaz Ali	Monitoring & Evaluation Officer
Muhammad Akram	Finance Officer

COMMUNITY MOBILIZATION, FACILITATION, AND DEMAND CREATION TO SUPPORT THE PROVINCIAL TB CONTROL PROGRAM

Saleem Ahmed	Project Manager
Saleem Ali Shah	Provincial Coordinator
Khalid Hussain	Monitoring & Evaluation Officer
Mohammad Osama	Finance Officer
Bushra Anis	District Project Officer, District West
Salman Arshad	District Project Officer, District Keamari
Shabbir Ahmed	Social Mobilizer, District Malir
Adil Ali	Social Mobilizer, District Malir
Marina	Social Mobilizer, District Malir

RSPN STAFF

Aisha Mangat	Social Mobilizer, District Malir
Ayesha Khan	Social Mobilizer, District West
Pirbhat	Social Mobilizer, District West
Syed Ali Zaman	Social Mobilizer, District West
Bilal Amjad	Social Mobilizer, District West
Sheraz Ahmed	Social Mobilizer, District Keamari
Muhammad Ayaz	Social Mobilizer, District Keamari
Sana Ikram	Social Mobilizer, District Keamari
Mehrunnisa Mehreen	Social Mobilizer, District Keamari
Muhammad Kashif Khan	Admin/MIS Assistant, District Keamari
Azam Razzaq	Admin/MIS Assistant, District West

WOMEN FINANCIAL INCLUSION THROUGH EASYPAlSA

Usman Asif	Project Focal Person
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OUR PARTNERS





www.rspn.org



RSPNPakistan



RSPNPakistan



Rural Support Programmes Network

Every effort has been made to verify the accuracy of the information contained in this report. All information was deemed to be correct as of June 2024. Nevertheless, the Rural Support Programmes Network (RSPN) cannot accept responsibility of the consequences of its use for other purposes or in other contexts.

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