



#World We Want
ANNUAL REPORT 2013

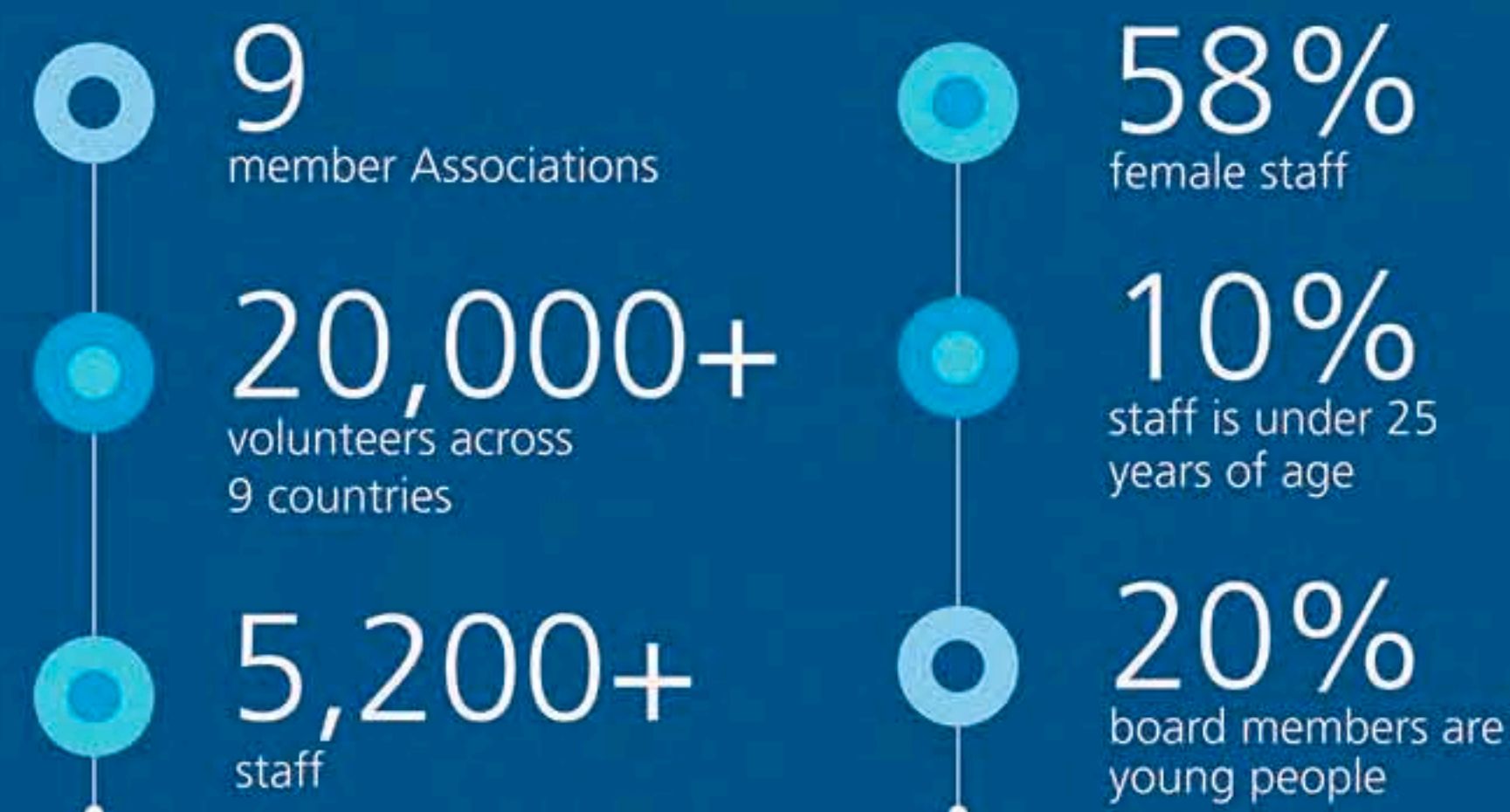
Regional Overview in Numbers

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. IPPF is committed to safeguarding sexual and reproductive health and rights for current and future generations. We are committed to a world where all people, regardless of gender and sexuality are free to exercise their rights.

In South Asia Region, IPPF works with nine member associations – Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan and Sri Lanka. Each association is rooted in the culture of its country, providing locally relevant services in a highly challenging context of extreme poverty, gender inequity, restrictive laws, socio-religious barriers, and vulnerability to natural calamities.



Our People



Our Clients



Total service delivery points



Our Services

By providing the contraceptive, safe abortion and the post abortion care and safe maternal delivery services we have averted:

0.8 million unwanted pregnancies

0.34 million abortions

0.3 million unsafe abortions

0.22 million Disability-adjusted life year expressed as the number of years lost due to ill-health, disability or early death.

1340 maternal deaths

22.8 m
Total SRH services delivered

46.5%
of total SRH services delivered to young people

10.8 m
Total Contraceptive services delivered

41.3%
of total contraceptive services delivered to young people

- Condoms distributed – **41.8 million**
- Oral Contraceptive Pills – **6.8 million**
- Couple Years of protection – **2.8 million**

11.9 m
Non contraceptive services are provided

51.6%
of total non contraceptive services provided to young people

0.16 m
young people completed comprehensive sexuality education

Abortion services – 0.38 million
(1%+ young people received abortion services)

HIV and AIDS related services – 1.64 million
(6% young people received HIV and AIDS related services)

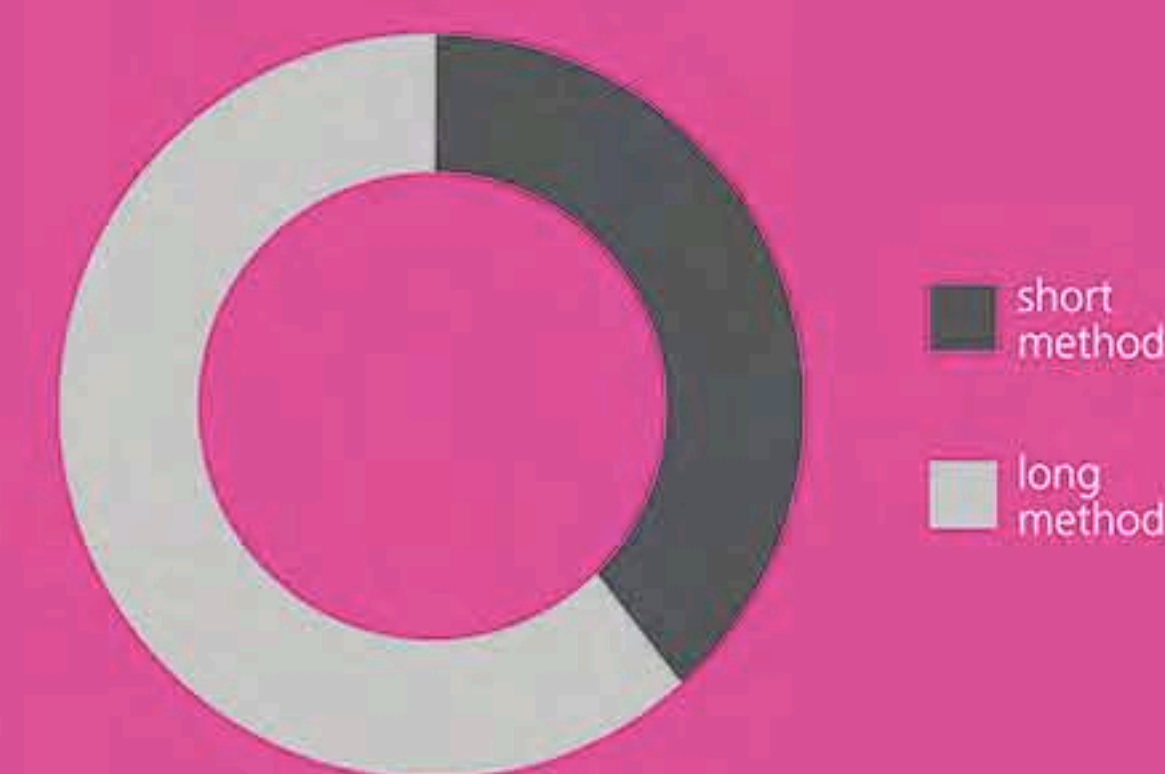
Gynaecological services – 1.84 million

Obstetric services – 2.5 million

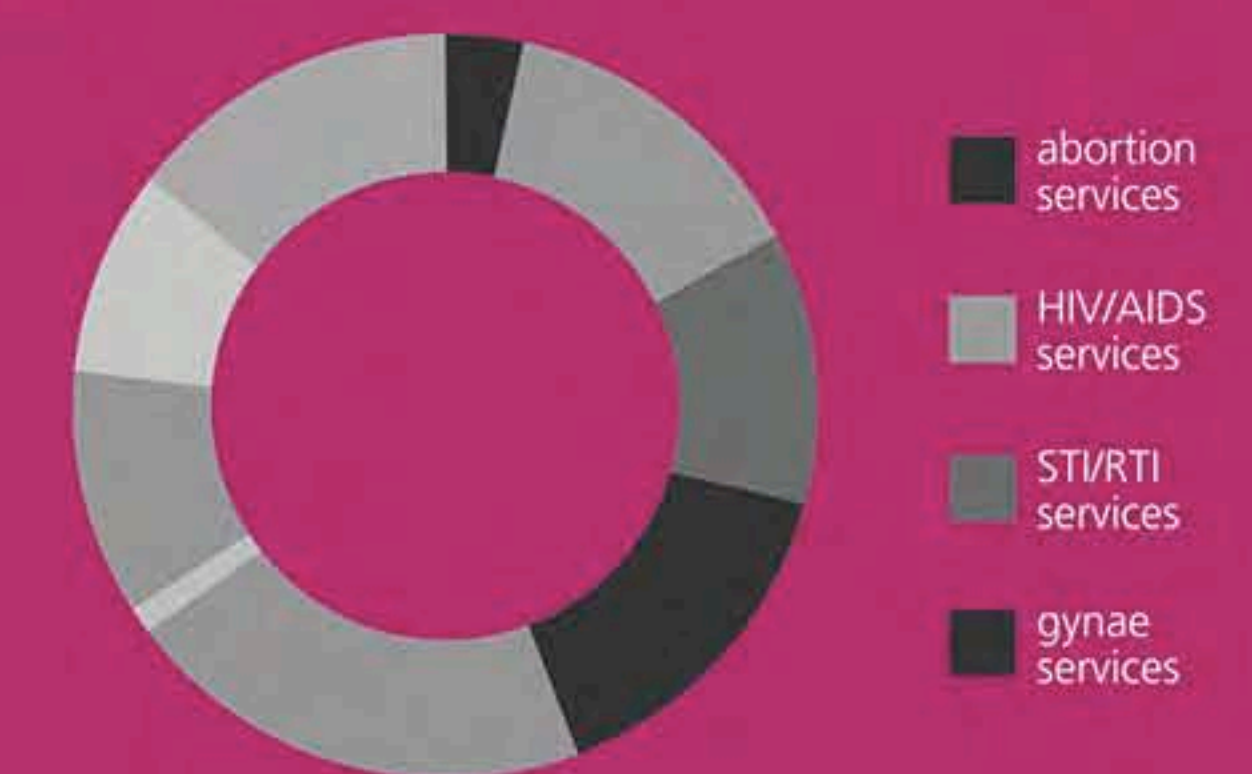
Paediatric services – 1.73 million

Infertility services – 0.1 million

CYP by method in SAR 2013



Non contraceptive SRH services in SAR, 2012



Abortion Services	3%	Obstetrics Services	21%
HIV/AIDS Services	13%	Sub fertility Services	1%
STI/RTI Services	12%	Specialized SRH Services	11%
Gynaecological Services	15%	Other SRH	8%
		Paediatrics Services	14%

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Message from the Regional Leadership



International Planned Parenthood Federation (IPPF) strives for a world in which all women, men and young people have access to the sexual and reproductive (SRH) information and services they need; a world in which sexuality is recognised both as a natural and precious aspect of life and as a fundamental right; a world in which choices are fully respected and where stigma and discrimination have no place. This is the kind of world we envisage for our current and future generations.

For more than 60 years, IPPF has proactively worked towards promoting and defending sexual and reproductive health and rights (SRHR). Now as the world stands at a crucial juncture to determine its development priorities beyond the Millennium Development Goals and the post International Conference on Population and Development agenda, IPPF is working with policymakers, civil society and key stakeholders to inform, influence and negotiate the post 2015 development framework to ensure that SRHR is a political priority. It is only when sexual rights and reproductive rights are realised and women and girls have control over their futures and bodies that development will be truly sustainable and meaningful.

It is crucial that governments continue to strengthen their efforts to ensure that all women and men, girls and boys, are empowered to make informed decisions about sex, relationships and reproduction. To make this happen, we have to prioritise the access of youth and adolescents to sexual and reproductive health services and comprehensive sexuality education. We have to ensure access to contraception information, services and supplies along with safe and legal abortion services. These have to be secured by strengthening women's empowerment and eliminating all forms of discrimination and violence based on gender identity or sexual orientation. IPPF has prioritised SRHR through a ten point call to action, Vision 2020, to governments, partners and supporters in the development community so that we can ensure that sexual and reproductive rights are at the core of the rapidly-changing development agenda. Through Vision 2020, we call on governments to commit them to reach ten targets, each of which highlights priority actions and policy recommendations.

We also believe that young people are the key players in building a sustainable future and they need to be equipped with right information at the right time so that they can make informed choices. Their choices will build the world that is inclusive and just. That is why; IPPF's Vision 2020 has two calls to action specifically for young people. Investing in young is the best investment to improve the lives of future generations. With this hope for the future, we present to you the Annual Report of IPPF in South Asia Region. We place on record our appreciation for all our volunteers, partners, donors, Member Associations and our clients who continue to trust and depend on us to provide life changing SRH care and services. With their support we can aspire to build an equitable and inclusive world where sexual and reproductive rights are secured for all, especially young people, girls and women.

Sujatha Natarajan
Chairperson, Regional Council

Safieh Shahriari Afshar
Chairperson, Regional Executive Committee

Anjali Sen
Regional Director

A Fairer World: Vision 2020

Two decades ago, the global approach to development and poverty underwent a paradigm shift. The visionary Programme of Action, in 1994, of the International Conference on Population and Development adopted a holistic approach to development. For the first time, people were put at the centre of development and all dimensions of life which could affect human conditions were addressed. It was aimed at reaching the highest level of human well-being and development through empowering people, especially by giving them means to determine the number, spacing and timing of their children; securing equal opportunities; building accountable and transparent government systems.

In 2000, by adopting the Millennium Development Goals, the world agreed to work towards a new world without poverty, where everyone realised their potential and where basic human rights such as health and education are guaranteed.

In the meantime, the world has made rapid advances towards meeting some of these goals. We have seen reduction in poverty, gains in education, legislation setting minimum age of marriage and decrease in maternal mortality. Many more women have entered the labour market fuelling economic growth.

However, despite the progress there are still challenges that remain. Many people still face, stigma, violence, inequities to their well-being because of their sexual orientation, gender identity or HIV status. Gender equality is a distant goal. Every year millions of early, forced and child marriages take place in defiance of laws. Sexual and gender based violence continues to be widespread threatening the survival and well-being of women in many countries. Globally, 222 million women still lack access to the contraceptives they want and need to lead fulfilled lives.

IPPF believes in a world where all women, men and young people have access to the sexual and reproductive health information and services they need; a world in which sexuality is recognised both as a natural and precious aspect of life and as a fundamental right; a world in which choices are fully respected and where stigma and discrimination have no place.

We believe that, when everyone has access to sexual and reproductive health and well-being, the right to bodily integrity, and control over all matters related to their sexuality, sustainable development and gender equality will be realised.

That is why it is critical for sexual and reproductive health and rights (SRHR) to be at centre of all approaches to development. In the next couple of years, many international commitments will come to an end and it is imperative to ensure that SRHR is not only included but becomes a priority.

IPPF has prioritised SRHR through a ten point call to action, Vision 2020, to governments, partners and supporters in the development community. The Vision Statement provides an outline for the world we want.

While wishing for an equitable world for all, we are aware that the needs of young people, similar yet different to that of adults, needs special focus and considerations. They are the key to building a sustainable future because the choices they make now will determine the future and break intergenerational cycles of poverty and discrimination. They have the potential and power to build a world that is inclusive and just. That is why; IPPF's Vision 2020 has two calls to action specifically for young people. Investing in young is the best investment to improve the lives of future generations.



By 2020, we want all Governments to...



Establish by 2015 a new international development framework that includes sexual and reproductive health and rights as essential priorities



Increase access to sexual and reproductive health and rights in order to close the poverty gap between rich and poor by 50% by the year 2020



Eliminate all forms of discrimination against women and girls to achieve de facto equality of opportunity for both women and men by the year 2020



Recognise sexual rights and reproductive rights as human rights by the year 2020



Engage young people in all policy decisions affecting their lives



Provide comprehensive and integrated sexual and reproductive health services within public, private and not-for-profit health systems by the year 2020



Reduce the current unmet need for family planning by at least 50% by the year 2020



Make comprehensive sexuality education available to all by 2020



Reduce maternal mortality due to unsafe abortion by 75% by the year 2020



Allocate sufficient resources to make all nine targets achievable by 2020

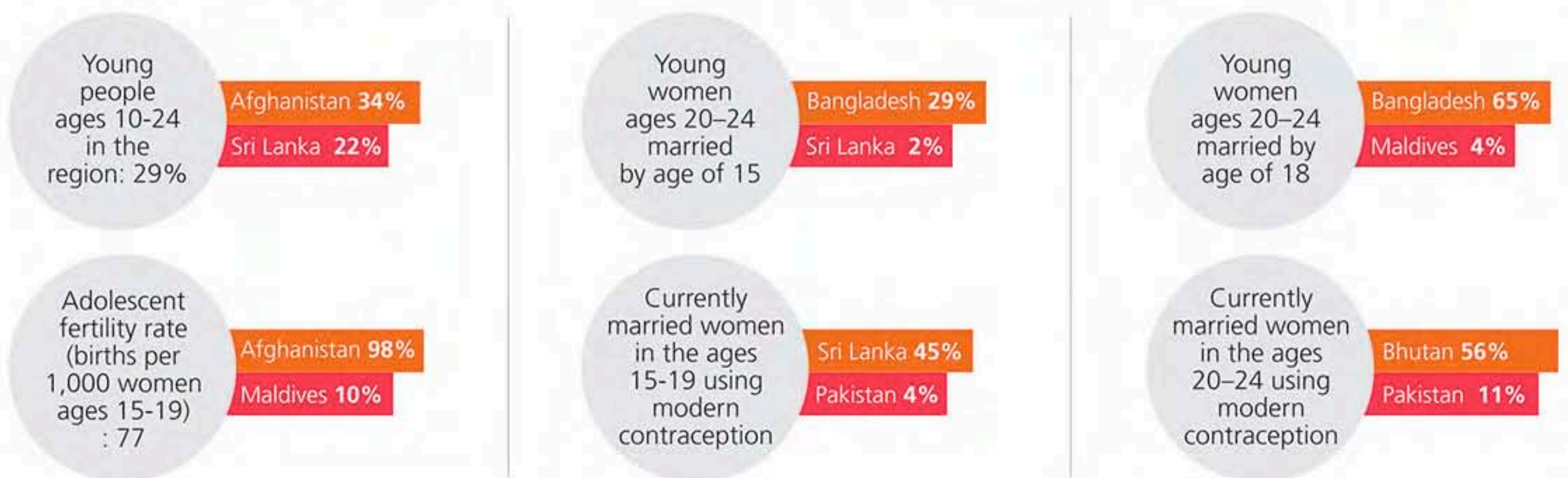
The World Youth and Adolescents Want

There are 1.8 billion people between the age of 10-24 in the world, making this one quarter of the world's population. Out of which 28% live in South Asia. This is world's largest generation of young people aged between 15 to 24 in history. Almost 90% of these young women and men live in developing countries most often poor with lack of access to adequate food, health, education, and influence over decisions that affect one's life.

Young People in South Asia

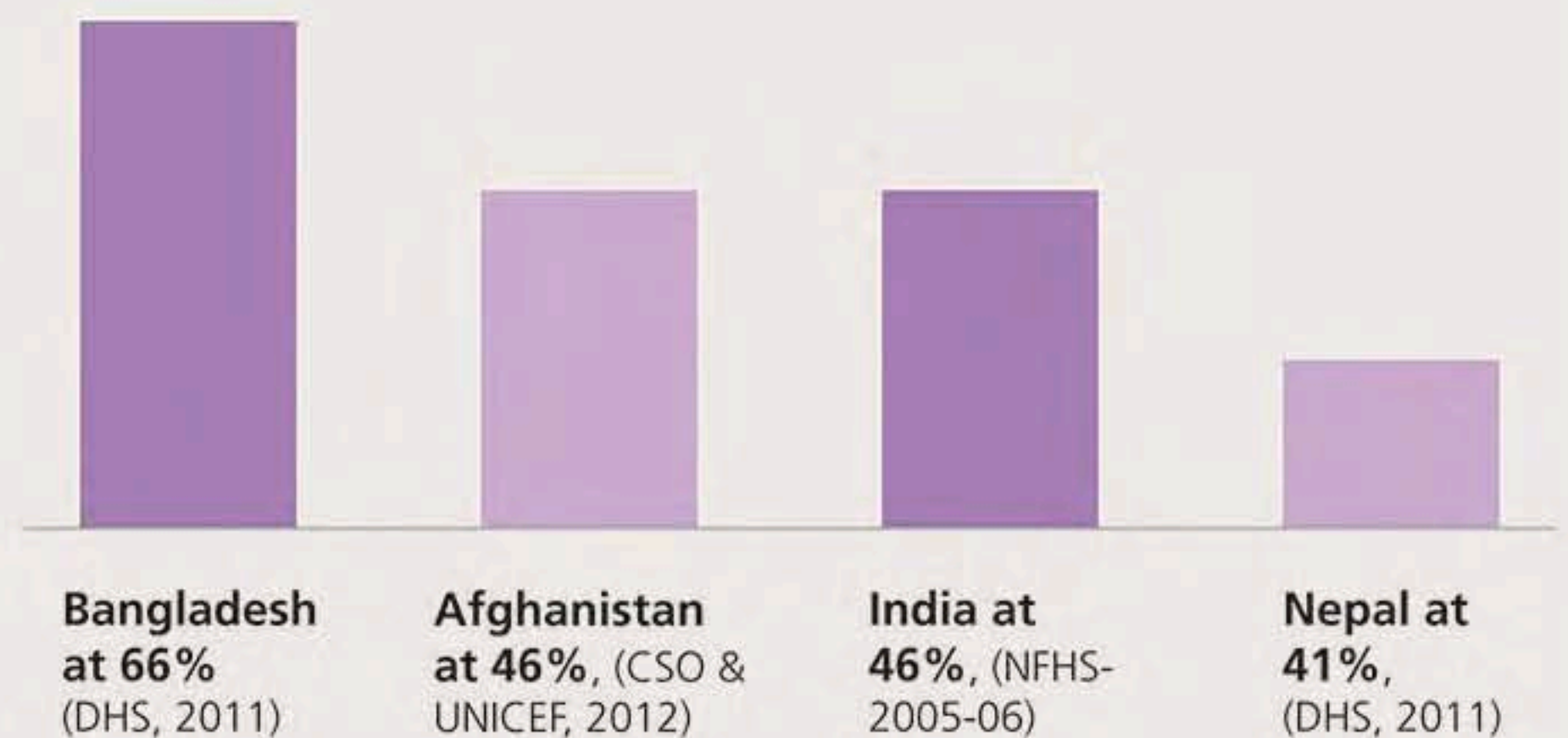


■ Highest ■ Lowest



South Asia accounts for almost half of all child marriages that occur globally.

In South Asia, 46% of women between ages 20-24 report being married before age 18 in 2010, this translated to 24.4 million women in the region. Estimates project that 130 million more girls in South Asia will be married as children between 2010 to 2030 (UNFPA, 2012) Bangladesh has the highest prevalence of child marriage in the region



Literacy rate in South Asia - 2010 (ages 15-24)



Total Youth - 79.5 %



Female Youth - 73.4 %



Male Youth - 85.9 %

Labour force participation in South Asia

Labour force participation rates for 15+ years of age are very uneven among the South Asian countries because of large differences in the female participation rate.



In 2008, male labour force participation ranged from 76% in Nepal to 85% in Pakistan.



For South Asia as a whole it was 82%, much higher than the 77% for the world.



The female labour force participation rate is very low at:

21% in Pakistan	59% in Bangladesh
33% in India	63% in Nepal

Young people, especially young girls, face daunting challenges such as poor schooling and drop-out from school, early marriage, early child bearing, vulnerability to sexually transmitted infections and HIV, gender based violence, lack of access to sexual and reproductive health services including contraceptive services. These are particularly prevalent among adolescent girls from marginalised groups, such as girls from poor households, and from rural and hard-to-reach areas, amongst others.

The health and well being of young people is essential for the future economic growth and social progress. With this realisation, there has been a growing demand to invest additional resources in young people's development by paying attention to their rights, needs and aspirations. Concurrently, there has been a growing recognition and support for making young people active participants and partners in their own development and in determining policies that affect them.

IPPF's believes the best approach is to empower young people by equipping them with information, making sexual and reproductive health services accessible for them and involving them in decision making processes.



Right Information at the Right Time

A young person can receive conflicting and confusing information about sex and sexuality. According to studies, the top three sources of information are one's family, peers and internet. With family and friends there is a greater likelihood of being influenced by their mindsets and attitudes towards sex and sexuality. Through internet, the accuracy of information leaves much to be desired. That is why, IPPF promotes and advocates for comprehensive sexuality education (CSE) which is age appropriate and is taught in schools and in out of school settings. CSE covers a broad range of issues relating to both the physical and biological aspects of sexuality, and the emotional and social aspects. It recognises and accepts all people as sexual beings and is concerned with more than just the prevention of disease or pregnancy. It views 'sexuality' holistically and within the context of emotional and social development. It recognises that information alone is not enough.

Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values. IPPF promotes CSE that considers the various inter-related power dynamics that influence sexual choices and the resulting emotional, mental, physical and social impacts on each person's development. It includes an emphasis on sexual expression, sexual fulfilment and pleasure. In 2013, the Member Associations (MAs) continued to work within the challenging and traditional settings of the region where the national policies either do not address the issue of sexuality education or pay lip-service. The MAs have been delivering programmes to reach out to young people with information and education on sex and sexuality. They have devised innovative approaches to attract young people in their efforts. Multipronged strategies to reach young people, such as establishing information centres in schools, colleges, madrasas-Islamic seminaries, have been very effective in meeting the SRHR needs of young people and creating an enabling environment for SRHR education.

In Pakistan, our MA, Rahnuma - Family Planning Association of Pakistan (FPAP), has been continuously engaged in advocating for the inclusion of CSE in the higher school curriculum. CSE is a new concept in Pakistan even though the education system in Pakistan includes population, family planning and reproductive biology modules; there is no formal curriculum for CSE which remains a taboo subject. The need for CSE in Pakistan remains high as the instances of early marriage followed by early and repeated pregnancies remain high.

Leading the way to a healthier future

Ramita Prajapati is a 24 year old young girl from Bhaktapur in Nepal. She grew up in a family of three girls. In her family the need to have a male child was keenly felt. In course of time, her mother gave birth to their brother. But the feeling of being less valued than a male child always stayed within her. When she completed her schooling, she decided to prove herself. She joined the Youth Information Centre run by Family Planning Association of Nepal at Bhaktapur and became a peer educator for conducting Friday classes in schools of Bhaktapur. The Friday Classes are classes for comprehensive sexuality education which are age appropriate and culturally relevant. Today with her contributions to the society her parents are very proud of their daughter.



Youth Friendly Sexual and Reproductive Health Services



Young people often face social, cultural, economic and political barriers that impede their access to SRH care and services. Barriers that reduce young people's access to care such as their concern about privacy or confidentiality, lack of ability to pay for care, and lack of mobility to reach a clinic.

In addition, young people may have never received information, or may have received incorrect information, about sexual health and, therefore, do not know about the preventive care they need. Sometimes they are not able to gauge when to seek help on a reproductive health issue. In many areas, young people have misconceptions about reproductive health care, such as the belief that it is only available to married women or the fear that clinic staff will discriminate against or stigmatise them if they are unmarried and sexually active.

Youth Friendly SRH service provisions have been an integral part of IPPF's adolescent and youth programme. Our MAs have been the champions in their countries when it comes to provision of youth friendly services (YFS).

YFS includes a wide range of services from referral to specialised service provision and are provided through a variety of settings and means like schools, youth centres. The YFS are provided by a cadre of trained staff including ranging from the doctors to youth counsellors equipped with modern methods of tools and techniques ranging from audio/ video media, documentaries and published material on issues related to youth and adolescent.

These centres are accessed by young people to obtain SRH information and services as well as address other needs such as life skills and recreational activities. Existing facilities such as hospitals, clinics etc offer special timings for adolescents when they can come in to receive non-judgemental and non-discriminatory services. In some MAs, the facilities have separate lobby, exit and entry points.

IPPF has long recognised that young people are disproportionately affected by a number of SRH concerns, and that marginalised young people in particular are significantly more vulnerable than those with access to good quality



information and services. Our programmatic and service delivery models for young people embody a community-based, youth driven philosophy that promotes integration of CSE with service delivery mechanisms. IPPF has worked to increase access to YFS through static service delivery points (SDPs), mobile and outreach clinics, associated clinics and community-based distributors (CBDs).

Our MAs have increased availability, accessibility, acceptability and quality of contraceptive services to young people in 2013. Intensive efforts have been undertaken to integrate gender and rights at all levels. We have worked to ensure quality of care through capacity building, quality assurance mechanisms and commodity security. The frontline health workers, trained on YFS have emerged as the key change agents in increasing access to SRH services. There are more than 3000 outreach workers providing SRH services across the nine MAs.

IPPF's MAs, Rahnuma-FPAP and Family Planning Association of India (FPAI) have done path breaking work to reach out to adolescents in the age group of 10- 14 years with SRH services. Rahnuma-FPAP have been recognised as a youth friendly service provider in Pakistan. They have developed standardised guidelines for YFS in collaboration with government of Pakistan including Ministries of Education, Health, Population Welfare

and Youth Affairs, along with local and international development agencies. The YFS have been expanded through the implementation of **Integrated Package of Essential Services** (IPES) supported by Quality of Care to ensure that SRH services are of high quality, are integrated and rights-based. In 2013, all the MAs provided IPES services which include sexuality counselling, contraceptives services including emergency contraception, safe abortion care, reproductive tract infections/sexually transmitted infections (RTIs/STIs), HIV, gynaecology, prenatal and postnatal care and sexual and gender-based violence.

The provision of need based services, availability of free good quality medicines for all key populations vulnerable to HIV, comprehensive SRH and HIV integrated services, and strengthened partnerships with key population groups and community based organisations has contributed to an increasing number of people accessing the MA's HIV related services including STI management. In the MAs, most of the projects working for key population groups have peer educators from the community. This has helped in allaying apprehensions of the community members and motivated young people to access the MA's services. The provision of Integrated SRH-HIV services has made it easy for many to access both services under one roof. Building on the research

conducted on provision of stigma-free HIV services in 2012, Family Planning Association of India has been successful in meaningfully involving the communities, treating clients with dignity and respect, and ensuring a friendly, non-judgemental and non-discriminatory attitude of service providers. IPPF has worked tirelessly to reduce stigma and discrimination around accessing the safe abortion services especially where it is legal. The research project on abortion related stigma on seeking abortion by young people conducted in two locations in India by the Family Planning Association of India revealed that:

- There is lack of information about abortion among all stakeholders – young people, service providers, enforcement agencies,
- Unmarried young people face huge stigma and discrimination, shame and embarrassment in accessing abortion related services
- There is limited availability and accessibility to safe abortion service facilities
- The service provider's attitude is insensitive, unfriendly and judgmental
- The quality of abortion services is poor and the continuum of care is lacking
- Legal impediments affect young people and service providers

The study concluded that the training and capacity building of NGO staff on safe abortion services is crucial. There needs to be more visible social campaigns against stigma and discrimination associated with abortion which should reach out to religious leaders and key influencers such as pharmacists as many young people access over-the-counter abortion drugs. There is also a dire need to strengthen policy advocacy around laws and acts such as Medical Termination of Pregnancy Act, Pre Conception, Pre Natal Prevention of Diagnostic Techniques Act, Age of Consent. Continuing with our efforts to increase access of young people to abortion related services, the **Youth and Abortion Guidelines** which are a compilation of the latest technical as well as policy resource surrounding the issue of young people and abortion, were released in 2013.

Help lines for providing access to SRH information



Rahnuma-FPAP with the collaboration of John Hopkins University initiated the first ever Helpline for young people in Pakistan to address the SRH needs of young people. Trained counsellors are available to provide counselling services to young and adolescent.

In Sri Lanka, our MA, Family Planning Association of Sri Lanka (FPASL) runs a hotline, called Happy Life, to increase SRH knowledge and awareness among the youth confidentially and with anonymity. FPASL has created a tri-lingual platform for the dissemination of SRH information, dialogue and counselling services.

The helpline is run through multiple platforms; phone calls, short message services, interactive voice calls, online chat/email to increase the reach. The information/counselling services are

provided by qualified doctors/counsellors. The anonymity of the individual seeking advice and confidentiality of the communication is assured. Afghan Family Health Association, (AFGA) also runs a similar helpline for young people filling a critical gap in the national public health system. Young people, both boys and girls, depend on the AFGA hotline to provide them with the right information.

In a country torn apart by political strife, an uncertain future weighs heavily on young persons' mind leading to anxiety attacks, depression and even post traumatic stress disorder. The need for specialised services for the young people is desperately needed. AFGA has been playing the role of an advocate with the government to introduce its model of YFS in the national public health system. AFGA also undertakes training of government service providers to provide specialised youth friendly services to the young people.

Growing up is normal

Abdul is a fifteen year old boy living in a village on outskirts of Kabul city. His village is a brown, arid and rugged landscape dotted with khaki coloured houses protected by high boundary walls as if to keep the fierce conflict from intruding into the private spaces of the house dwellers. Every family in the village has lost someone or the other and Abdul is no exception to the rule. In the past years, he has seen his friends move away from the village either to the city or to the neighbouring country of Pakistan and some even to India and Middle East.

An introvert with a shy smile, Abdul does not have any close friends neither in school nor in his neighbourhood to share about the joys and pains of growing up such as his growing interest in the girls of the neighbourhood or the nightfall or nocturnal emission which is causing him acute embarrassment. As a young teenager, Abdul was devastated by the occurrences of nightfall which he mistakenly believed to be a sin. A misconception that could have been easily cleared if Abdul felt comfortable enough to share what was happening with him. Restricted by cultural norms and a sense of personal shame, he was hesitant to speak to his father or his teacher in his high school. His sense of guilt intensified over time making him prone to anxiety attacks. Finally one day when he could not bear it any more, he confided to a classmate who gave him a telephone number. The call to this number turned his life around. It was the number of the helpline run by the Afghan Family Health Association (AFGA).

The AFGA helpline managed by a trained counsellor, patiently heard the concerns of this young troubled boy and reassured Abdul that he was no different from other teenage boys on the planet. Abdul learned that day about night fall being a common phenomenon and that he need not feel guilty about it. The counsellor directed him to the Family Welfare Centre where the male doctor provided him with critical information about the changes in the male body on the onset of puberty. The doctor guided Abdul about managing these changes and for in-depth information, gave Abdul a puberty guide produced by AFGA in local language.

Subsequently, Abdul underwent further counselling for the anxiety attacks. Today, Abdul feels more confident and happier after learning that the changes in his body are natural and normal part of growing up. The unnecessary guilt and anxiety that he was suffering from could have been done away had he received education on family health which includes reproductive health.



Youth Participation

You can teach me everything in the world, but until you teach me that my body is mine, and you teach me how I can control it, protect it, and cherish it, I am powerless. In 2013, 384,000 teenage pregnancies were recorded in Sri Lanka. Comprehensive Sexuality Education (CSE) in schools could have empowered these young people to choose when they wanted to have a child, and given them the option of staying in school or pursuing higher education. The existing Sri Lankan government school curriculum actually speaks about sexuality. However, almost all the time, teachers are unwilling to teach the lessons. And the approach adopted is not comprehensive in our eyes. To be comprehensive, the curriculum needs to start from the primary school and be adopted according to students' evolving capacities. It needs to be a continuous programme. And it needs to give options and empower us to choose from these options rather than imposing on us values of its makers.

Uda Deshpriya, Member South Asia Regional Youth Network, Sri Lanka

Excerpts from her blog at <http://sarynippf.wordpress.com>

Youth participation is one of the governing principles for IPPF's Adolescents programme. All MAs in the region have proactively created opportunities for active and meaningful involvement of young people in various aspects of programme development and implementation. To establish SRHR, our MAs have been considerably trying to involve young people in all stages of organisational function ensuring greater involvement of young people in programmes, governance and more importantly in decision making processes.

All MAs have a youth committee and its members are selected every three years. For example, youth volunteers of FHA Iran have played an active role both in decision making, planning and implementation of some programs. In addition, Family Health Association of Iran has two famous youth goodwill ambassadors in the field of sports who introduce the MA and its

activities to the public and the media. All the MAs have invested huge amount of resources in youth collectivisation processes leading up to formation of sustainable country level youth networks. These networks have proved to be very effective in providing platforms to young people to exchange ideas, innovations, and develop strategies to uphold the SRHR of young people including access to quality YFS and CSE.

Rahnuma-FPAP have fostered their youth network empowering them to take up advocacy initiatives on CSE in Pakistan with parliamentarians, policy makers, media, civil society, CSE alliance and develop advocacy tools including documentary films capturing CSE experience of young people. Further, the youth network also mandated itself to work against child marriage through social media campaign, awareness raising, and lobbying for legislative change.



South Asia Regional Youth Network (SARYN)

In 2013, SARYN moved a step forward in establishing itself as a viable platform to promote dialogue among a broad spectrum of stakeholders and decision makers; create a supportive environment; and help negotiate policy and regulatory norms on SRHR, highlighting the sexual and reproductive needs of young people.

The year has witnessed SARYN members advocating in different international forums – International Congress on AIDS in Asia and Pacific, Beyond International Conference on Population and Development, Asian and Pacific Population Conference, civil society consultations, among others. SARYN has continued the momentum of the youth movement in the region by developing the advocacy skills of young people as well as providing them opportunities to constructively express their

concerns and opinions. The young people of SARYN reach to other young people in the region through a dedicated blog for the young people by young people on issues related to SRHR. SARYN has leveraged the power of social media to inform, inspire and involve young people so that they may become advocates of SRHR for all and advocate for the young people's SRHR in South Asia at regional and international levels.

Network's dedicated facebook page provides a regional platform for young people to discuss issues that concern them and to contribute to the global dialogue on sexual and reproductive health rights from the perspective of young people. The page also showcases the advocacy done by young people in the South Asia Region.

Regional Advocacy initiatives with Youth

IPPF has worked ceaselessly in the region to build and promote Youth Champions for SRHR from diverse sectors. In addition to the continuous engagement with SARYN, IPPF identified enthusiastic young - professionals, sportsperson, media representatives and activists to widespread the voices and demand for "SRHR for All".

Following rigorous nominations and selection process between IPPF SAR and the MAs, a group of 30 young people were identified as Youth Champions from the region. The efforts of the identified individuals are now being integrated with the MAs work. This initiative will ensure that our agenda is visible and widely supported across all the sectors. The partnership with youth champions will be sustained and further strengthened through a provision of small grant to support the efforts of Youth Champions.

Rich or poor, educated or uneducated, whatever we are, or wherever we come from our basic needs are the same. We all should be able to enjoy basic human rights, and that's what brought us together. We had a session where we all had to share one experience related to SRHR which was so emotional! All of us had been through many different situations. **One of the most important things I have learned through this consultation was that deep down all people are alike – despite coming from different countries, different societies and very, very different families.** The consultation program brought about so much change for all of the participants. They were able to understand and express themselves, and were willing to contribute to the discussion. **Besides, it is also very important for us to know what young people outside of our networks think since we work for the larger group!** We will only be able to bring about change if we are able to change the way each and every young person thinks about their bodies and their rights.

Shambhavi Poudel, Member South Asia Regional Youth Network, Nepal

Excerpts from her blog at <http://sarynipf.wordpress.com/>

Youth Representation in Governance

In IPPF the participation of young people is built around the concept of equal partnership of young people and adults.

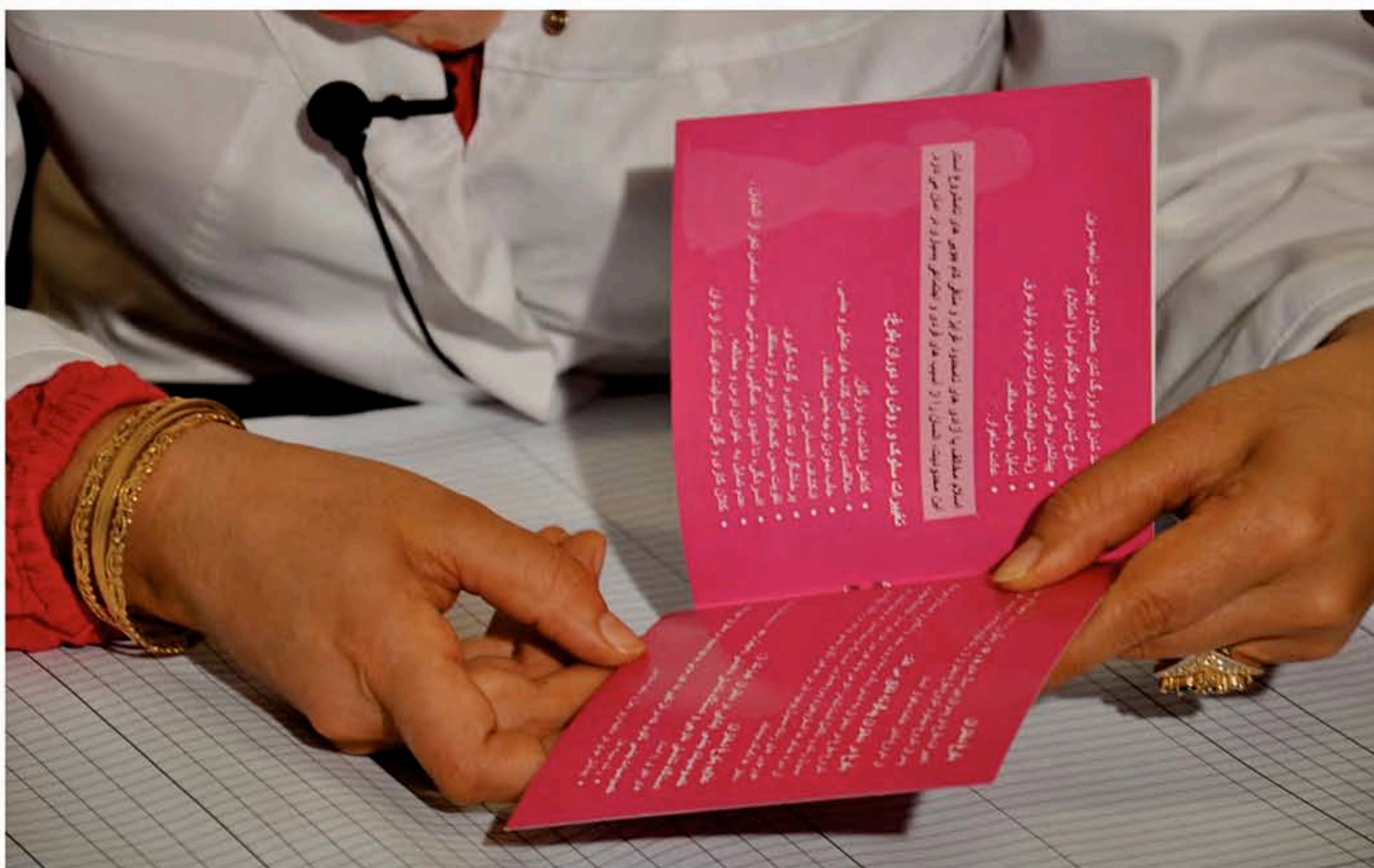
The Federation encourages Member Associations to support young people and ensure they receive practical skills and knowledge so that they can participate to the best of their ability in society. Member Associations are strongly urged to attain at least twenty percent young people on their decision-making bodies in line with IPPF's policies.

In 2013 SARO engaged with both MA youth and South Asia Regional Youth Network (SARYN) to ensure that they have a forum to interface with each other and integrate with the national and regional level governance. As a result most Member Associations from the region have established National Youth Networks. The youth network consists of young people from varied backgrounds and geographical representations. Gradually young people in MAs are becoming the member of the general assembly and actively participate to policy formulation and programme for youth.

The Regional Executive Committee of the region has one youth out of the seven members in the committee. The Regional Council has 21 members from nine countries out of which four are youth. The youth members to the Regional Council are elected among the South Asian Regional Youth Network members represented by nine Member Associations. Youth in elected bodies is defined as persons who is under the age of 25 at the time of election.



Empowering Young People through Raising Resources for Youth- Centric Projects



IPPF has been committed to deepening its work on SRHR for adolescents and youth across all countries in the region. We recognise that given the 'youth bulge' in the region in general, sustained investments in adolescent and youth related SRHR requires Federation-wide commitment, including all MAs in the region. In the year 2013, IPPF and MAs in the region have raised resources from institutional donors – government, bilateral, multilateral and Foundations for diverse range of issues and services. Some illustrative examples are given below.

In 2013, IPPF secured a regional project from European Commission (EC) - 'Strengthening MDG 5a and 5b in South Asia: Creating Champions and Momentum for Progress in Sexual and Reproductive Health and Rights (SRHR)'. The objective of the project is to create an enabling environment for SRHR in South Asia through building support group of champions from important stakeholders group such as Parliamentarians, Media, Religious Groups, women and youth networks. Youth is at the core of the project design and it aims to support the youth led efforts to not only strengthen but also meaningfully engage young people in influencing policies for

young people. In partnership with Dutch Government, provision of youth friendly services, awareness raising and advocacy under a grant titled 'Access, Services and Knowledge (ASK)' has been secured for three years in Pakistan. The project will be implemented with consortium partners. The project is operational in four provinces of Pakistan – Punjab, Sindh, Khyber Pakhtunkhwa and Baluchistan as well as Gilgit-Baltistan region with a focus to improve SRH of young people (10-24 years) by increasing young people's uptake of SRH services. Alongside these regional efforts, our MAs in the region have been equally instrumental in raising local resources. They have demonstrated the importance of working with national partners, participating in consortiums and/or alliances to further their commitment to SRHR for all.

Our MA, Rahnuma FPAP, have also been able to garner resources from DFID-UK under the Global Poverty Action Fund (GPAF) titled 'Integrating Education, Health & Income Generation Services for 14000 school students, their mothers and families in Pakistan'. This three year project focuses on SRH education, services and improving livelihoods. It provides CSE



for adolescents and youth in schools and establishes linkage with SRH service provision for the students and their families for improved health outcomes. Moreover, it provides skill development and micro-credit facility to women and young girls of the target groups to enhance their income generating opportunities and facilitate their economic empowerment.

In its bid to secure resources for deepening its work on adolescents and youth, Rahnuma has also been able to establish partnership with several other national and international agencies like CARE International, PLAN, OXFAM-NOVIB and be part of consortiums like Asia Foundation-GEP.

Family Planning Association of Bangladesh (FPAB) – has secured resources from the European Commission for a project of strategic importance to support community actions for child protection and violence against children. This three year project will be implemented in Dhaka, Khulna and Chittagong City Corporation. The uniqueness of the project is its focus on use of Communication for Development (C4D) based on community situation analysis, enabling duty bearers to understand various aspects of violence against children, establishing community watch group, use of frontline workers for family violence risk assessment, curriculum development for teachers training on the subject, and working closely with government

departments. FPAB is also committed to improving the quality of National Curriculum and Textbook Board textbooks and teachers' training curriculum, improving the capacity of teachers on sexuality communication and wider community mobilisation for youth friendly SRHR education. To support this work, FPAB has secured funds from IPPF's Swedish MA for three years.

This project will be implemented from 2014-16. Family Planning Association of India implements a project addressing issues of adolescent fertility. This project, focusing on 15–19 years old married and unmarried adolescents in Barwani, Madhya Pradesh in Central India, is supported by UNFPA, India. The highlight of this focused intervention with married and unmarried adolescents is to delay marriage, first child and spacing between two children. It also seeks to build the capacity of front line workers like Accredited Social Health Activist (ASHA) to function effectively.

Family Planning Association of Nepal (FPAN) – has been at the forefront in delivering these services for young people. Issues around HIV and AIDS, safe motherhood and family planning to enhance adolescent SRH, particularly to reduce adolescent fertility remain an area of concern for young people in Nepal. FPAN has mobilised resources from Japan Trust Fund and UNFPA

to address HIV related issues for young clients. FPAN has also qualified to receive all future grants from UNFPA. Besides raising financial support, FPAN has also secured human resources through its partnership with Australian Youth Ambassador for Development (AYAD)/ Australian Volunteer for International Development (AVID) support under an Australian government scheme. Family Planning Association of Sri Lanka – won a World Bank grant on 'Youth Link' focuses on youth led SRH services for young people nationally and is a step forward in Federation's commitment to youth work.

Afghan Family Guidance Association (AFGA) secured funds from UNFPA, Afghanistan for an important project titled 'SRHR services, information and education for youths (boys and girls)'. Under this project out of school young boys and girls from Kabul, Mazar-i-Sharif, Herat and Nangarhar cities are linked up with the project to increase their access to SRHR information, education and services through youth peer education program and through youth helpline.

In Bhutan, our MA, RENEW, especially reached out to out of school youth especially adolescent girls 'at risk' who are out of school through Daisan Youth Network to young people

between the age of 13-25 years. This project is supported by UNICEF, Bhutan. Society for Health and Education (SHE), our MA in the Maldives, has raised resources from private sector to support its adolescent and youth work in Male. Dhivehi Raajjeyge Gulhun (DHIRAAGU), a private sector company supported SHE's "Project Hero", a programme on youth volunteerism. Through a series of local events and effective use of social media, SHE has endeavoured to create a new set of committed young volunteers in the island nation which is the building block for all interventions on SRHR among adolescents and youth.

IPPF in 2013 has worked with unceasing commitment and perseverance to provide CSE to all along with comprehensive and integrated sexual and reproductive health services. We have instituted systems and processes to engage young people in all policy decisions affecting their lives.

We actively pursued avenues to raise resources for targeted interventions to equip young people to live their lives with greater choice and exercise increased control over their bodies and hence their future.



Advocating for the World We Want



The delegates to the International Conference on Population and Development (ICPD), in Cairo shaped the world by agreeing to make every person count. They reached a consensus that the equality and empowerment of women is a global priority. A woman's ability to access reproductive health and rights is the cornerstone of her empowerment. It is also the key to sustainable development. A total of 179 governments signed up to the ICPD Programme of Action to be implemented by 2015. With the approach of 2015, a global review of achievements versus gaps was initiated. The first phase of ICPD review process started in 2011- 12 with several global and regional consultations followed by global survey in the second phase. The global survey report supports the vision of the ICPD consensus that investing in individual human rights, capabilities and dignity – across multiple sectors and throughout the life-course – is the foundation of sustainable development. The report revealed that the progress and achievements have been unequal, uneven and fragmented and new challenges and opportunities have emerged.

In the third phase of the review process, the UN regional council conducted meetings delivering outcome documents where member states decided on population issues. In 2013, for the Asia Pacific region, prior to the Asia Pacific Population Conference, IPPF played a major role in coordinating the Steering Committee for Civil Society Organisations (CSOs) and organising the CSO forum. 120 CSOs from Asia Pacific region participated in the forum and discussed the population issues based on thematic areas of policy directions, gender equality and women's empowerment, young people and education, migration and urbanisation, poverty eradication and employment, SRHR and health, ageing, population and sustainable development.

The combined statement of the CSO forum delivered at the regional conference highlighted SRHR as a basic human right, implementation of comprehensive sexuality education, promotion of policies that enable persons to exercise their sexual rights without any discrimination including their sexual orientation and gender identity and expressions, safe and legal abortion and strengthening of accountability mechanism of member states. Being part of the country delegation, IPPF member associations of Bangladesh, Bhutan, Maldives and Pakistan facilitated positively in the negotiation process.

Engaging with parliamentarians to promote SRHR for All

ICPD and other global processes have given the world an opportunity to influence the future of global population and development policy at national, regional and global levels. There is recognition of the urgent need for governments to be accountable towards the international commitments regarding population and development. This makes the role of parliamentarians extremely crucial in ensuring SRHR for all. IPPF in collaboration with the Asian Forum of Parliamentarians on Population and Development (AFPPD) and Member Associations identified influential parliamentarians from across the region.

Parliamentarians from six of the eight South Asian countries met at the South Asia Consultation of Parliamentarians in August 2013 to prioritise SRHR for All. They supported the demand for comprehensive sexuality education, progressive and effective implementation of policies for women, greater ownership and accountability by governments and promote SRHR as a national agenda; promote women's and young peoples' participation in decision making at all levels. A statement of commitment to support SRHR was signed by the invited parliamentarians. The identified Parliamentary Support Group will be fostered to promote champions to bring SRHR at the core of respective governments' policies.

Following the meeting by IPPF, a Parliamentary Standing Committee was formed at the Khyber Phaktun Khan Province of Pakistan. Efforts are ongoing to replicate this success in other parts of the region. This support from Parliamentary Support Group is expected to positively impact MAs representation in the government delegations for high level meetings at the global, regional and national level.



Influencing the global discourse on Post 2015 framework

Release of the High Level Panel Report

High Level Panel was tasked by the Secretary General, United Nations to draft recommendations on the form and content of the post-2015 framework, building on the Millennium Development Goals (MDG). Following a thorough process, the High Level Panel of Eminent Persons released their final report on the post-2015 framework in May, 2013. The report proposed a structure for the post-2015 development framework that is similar to the MDGs. It proposed goals and targets, with 12 illustrative goals with 52 targets.

There was a specific target on SRHR under the Goal - "Ensure Healthy Lives". With the launch of the High Level Panel's report, the process towards developing the post-2015 development framework has moved to the Open Working Group (OWG). OWG is a grouping of countries at the UN that have been given a strong role in preparing a proposal on the Sustainable Development Goals (SDGs) that came out of the Rio process last year. There are 30 seats for the OWG, but a majority is shared between countries, so the UN missions from around 70 countries are actively involved in the work of the OWG. Over 2013 and 2014, the OWG will host a series of meetings to discuss key issues. IPPF SARO is playing an active role in influencing the South Asian Missions who are a part of the OWG.

Universal Periodic Review Submission

The Universal Periodic Review (UPR) is a unique process which involves a review of the human rights records of all UN Member States. The ultimate aim of this mechanism is to improve the human rights situation in all countries and address human rights violations wherever they occur. Action Canada for Population and Development, with support from the Sexual Rights Initiative (a coalition of organisations advocating for the advancement of human rights at the Human Rights Council), partnered with IPPF SARO and Afghan Family Guidance Association and helped in preparing a submission for Afghanistan around people using drugs. The review was done for policies and practices pertaining to people using drugs who are internally displaced and/or refugees in Afghanistan.



Key Regional Partnerships



Partnership with Partners in Population and Development (PPD)

IPPF played an integral role in formalising the partnership between IPPF and PPD. The formal MoU was signed by Mr Tewodros Melesse, Director General, IPPF. It is envisaged that this partnership will play a vital role in strengthening the South- learning, co-operation and representation at global forums. It is noteworthy to mention that PPD, an Inter-governmental Alliance of 25 countries is a Permanent Observer at the United Nations and has a Diplomatic Status in Bangladesh.

IPPF at South Asian Association for Regional Cooperation (SAARC)

The South Asian Association for Regional Cooperation (SAARC) is an economic and geopolitical union of eight member nations that are primarily located in South Asia. SAARC also has permanent diplomatic relations with the EU, the UN (as an observer), and other multilateral entities. Despite being informed that SRHR is not a regional issue and needs to be addressed through national level efforts respectively, advocacy efforts were sustained. The Regional Director along with Advocacy Team Representatives, met with H.E. Ahmed Saleem, Secretary General, SAARC in 2013. The team re-submitted the request for prioritisation of SRHR within the political and policy circuits of South Asia Region. It was the result of the persistent attempts that a common MoU to promote SRHR was agreed by SAARC as well as IPPF, SAR. This MoU would have to be passed by the Standing Committee in 2014.

Partnership with Asian Forum of Parliamentarians on Population and Development (AFPPD)

AFPPD is a renowned regional non-governmental organisations to generate support and cooperation among Asian Parliamentarians in the areas of population and development. In 2013, IPPF and AFPPD consolidated their partnership through a MoU. It is a major achievement in the area of engagement of Parliamentarians with CSOs. This partnership will ensure an unanimous and stronger voice to Parliamentarians to support the agenda of Population and Development.

National Level Advocacy Initiatives



Pakistan passed the Reproductive Healthcare and Rights Act 2013

The National Assembly of Pakistan unanimously passed the Reproductive Healthcare and Rights Act 2013 in March 2013. The bill seeks to promote reproductive healthcare and rights in accordance with the Constitution and to fulfil International commitments made by the Government of Pakistan under the Convention on Elimination of Discrimination Against Women (CEDAW). This Act will provide comprehensive reproductive healthcare services particularly to women in remote areas and marginalised groups.

It aims to curb maternal mortality and morbidity by providing services to pregnant women such as quality antenatal and postnatal care and professionalised obstetric care. It will provide reproductive healthcare information and raise awareness on the mental and physical health and well-being of individuals and families. It also encourages parental responsibility recognising parents as educators while taking into consideration the religious norms and cultural environment.

It will also protect individuals from discrimination against their reproductive lives particularly women who are being discriminated in social, domestic or employment spheres by reasons of pregnancies and motherhood. Rahnuma - FPAP played an active role in getting this act passed in Pakistan.

Youth Policy in Sri Lanka

Sri Lanka adopted its Youth Policy in 2013. FPASL conducted intensive advocacy campaigns including signature campaign to support and demand for youth inclusive and specific planning process. FPASL contributed to the drafting process by securing seats in the Steering Committee Chaired by the Minister of Youth of the National youth policy and the Working Group of the National Youth Policy.

World with Increased Access to Sexual and Reproductive Health Services

IPPF upholds a vision within which all women, men and young people have access to the sexual and reproductive health information and services they need to improve the quality of their life. They can exercise their right to determine when and how many children to have so that they can best take care of them. That is why universal access to sexual and reproductive health (SRH) care is a critical part of securing sexual and reproductive health and rights (SRHR) for all.

IPPF in South Asia Region emphasises the need to reach the poor, marginalised, stigmatised and socially excluded individuals who are often overlooked by the existing facilities and government services. They include ethnic minorities, displaced people, refugees, sex workers, young people, people living with HIV and survivors of violence. In response to these challenges, IPPF continues to invest in increasing outreach services.

Expanding Service Delivery

Throughout 2013, we adopted a variety of innovative approaches to reach the unreached such as community clinics in Nepal, satellite clinics in India, Special Work Units and **Madrasah** Health Posts in Bangladesh, partner led Service Delivery Points (SDPs) in remote islands in the Maldives and outreach services in post conflict areas in Sri Lanka. We also invested in expanding the service delivery network through static service delivery points. The SDPs run by our Member Associations (MA) provide an Integrated Package of Essential Services (IPES), while specifically striving to reach the poor, marginalised, under-served and young population. We also made concerted efforts to reach remote and under-served areas through a mobile team of doctors, nurses and paramedics. The mobile service delivery was provided through fixed day SRH service sessions, special family planning sessions and services through mobile vehicles.

These initiatives were supported by strengthening service delivery, building capacities of service providers on newer services and advanced techniques, strengthened counselling, and investment in frontline workers to provide higher level of services. These strategies were combined with initiatives for education, awareness, leveraging the government system, building community ownership, developing key partnerships, upgrading infrastructure and strengthening the existing commodities security and management system. Partnership with a wide range of relevant stakeholders for strengthening and scaling up of services through utilisation of Government run facilities, securing contraceptive supplies, coordinating efforts at community level with frontline health workers and strengthening referral systems have ensured that rights based, client-centred services are offered to individuals. In the region, IPPF strengthened MA service delivery with special focus on sexually transmitted infections (STI), sexual and gender based violence (SGBV) and abortion services; MA systems and policies particularly contraceptive security. As a continuing commitment to Child Protection, IPPF provided support to the MAs in implementing the Child Protection Policies.

In 2013, IPPF in South Asia Region collaborated with TARSHI, an Indian NGO pioneering in sexual health to develop a manual on Integrated Counselling. It was designed with a view to explore sexuality, sexual health, reproductive health and rights as interconnected issues, and link them to integrated counselling and service delivery. A pool of trainers has been developed through regional and in-country trainings in South Asia. Integrated Counselling combines counselling on different issues during one counselling session and offers an opportunity to provide multiple services under one roof to the same clients, and link to continuum of care.

Innovative approaches to strengthen service delivery

Community Clinics Nepal: Shifting tasks to increase access to SRH services



In many countries, the limited number and availability of doctors poses a serious barrier to the provision of SRH services, including safe abortion. Shifting certain tasks from doctors to mid-level health providers is a promising strategy for improving access and cost-effectiveness within health systems. Community clinics provide SRH services which are in line with IPPF 6/8 integrated package. Family Planning, Contraception, Counselling, Reproductive Tract Infections/STIs, Prenatal and post natal care, Sexual and Gender Based Violence (SGBV), Gynaecology or abortion. In Nepal, a large proportion of the population live in rural and hard-to-reach areas. To reach these communities, the Family Planning Association of Nepal (FPAN) operates community clinics in rural areas where there are no government health centres. They are staffed by a nurse, a counsellor and a clinic helper. FPAN has 102 community clinics across the country. These clinics are staffed by a nurse/ANM (Auxilliary Nurse Midwife), a helper and a community health worker. The Government of Nepal approved task shifting policy in 2011. Since then, FPAN has been advocating with the Government to allow its nurses to provide abortion through the community clinics. This approval will result in increasing access safe abortion services to poor marginalised rural women in the country at affordable price.

Satellite Clinics, India: Taking Health Closer to Communities

The Family Planning Association of India (FPAI), has been running satellite clinics since 2010. These 27 clinics are linked to a FPAI run Reproductive Health and Family Planning Centre (RHFPIC) for referrals and advanced care acting as the “satellite centres” of these RHFPIC. The satellite clinics were established to



provide SRH services to the poor, marginalised, socially excluded and underserved populations. Many of these sites were established near to or in premises of Government run programmes, some on primary health and nutrition centres such as next to government run day care centres; where the mothers of children under five visit, or in the premises of a private medical trust centre. By 2013, FPAI invested in an additional 18 clinics to provide a wide range of comprehensive SRH services. These clinics were established in under-served districts through the public and private health systems. The services provided by Auxiliary Nurse Midwife (ANM) at Satellite Clinics are ante and post natal care services including tetanus injections, iron tablets and SRH services which includes counselling on family planning methods, medication for white discharge, contraceptive supplies such as oral contraceptive pills, condoms, emergency contraceptives, and referrals to RHFPIC for abortion, sterilisation and other services. In addition, they also carry out home visits to give information on availability of services at FPA India clinics. The establishment of satellite centres have provided the much needed and valuable health services to the communities.

Outreach camps, Bangladesh: Expanding access to FP services

Rashida, a young 23 year old woman, hails from a remote village in Barisal, Bangladesh. Barisal and its neighbouring areas are near the sea where one has to live with the constantly changing shoreline and increasing water levels. The search for high ground drives the villagers further inland increasing their remoteness and isolation.

Every year Rashida's village is cut-off for months during the monsoons, making it even more difficult for her to access healthcare and other services. As a mother to two young children, she doesn't want another pregnancy. "Between my household chores and taking care of these two feisty children, I have very little time left for anything else", says Rashida. While she needs to use contraceptives, she isn't always able to take time out for a long trek to the nearest health centre. During the monsoon season in 2011, Rashida ran out of contraceptive supply at home and was eventually pregnant for the third time. Despite pressure from her family, Rashida, through the support of the Family Planning Association of Bangladesh

(FPAB) community health outreach worker (the Reproductive Health Promoter – RHP), accessed Menstrual Regulation services and medically terminated her pregnancy within the first trimester of the pregnancy. Using this as a learning for the organisation and recognising the needs of women of reproductive age like Rashida, FPAB now conducts outreach camps in remote and hard to reach areas where sexual and reproductive healthcare services such as ante natal checkups, contraceptive provision and other related services are offered. Such camps most often than not mean the difference between planned pregnancies as opposed to the unintended ones.

At these camps, the RHP of FPAB, provides information and counselling on contraception and birth spacing. The RHP is supported by a paramedic and a medical officer for service delivery. It was in one such camp that Rashida has now opted for an injectable contraceptive. "I finally have the freedom and means to choose if I want another child or not", says Rashida with a big smile.



Innovative approaches to strengthen service delivery

Multipurpose Health Camps & Migrant Fairs, Maldives: Reaching remote Islands and Atolls



Since the country is geographically dispersed over a vast area, the services are more or less concentrated in the central region of the country. As a result, the rest of the communities are isolated and the need for more mobile means of service delivery was identified. Multi-purpose health camps to various islands have been organised to offer services and disseminate information regarding public health. Based on the Society for Health Education (SHE), our MA's experience with these Multi-purpose health camps, a means used to extend selected services to the periphery. The medical team comprises of medical doctors, nurses, counsellors and health educators. Along with medical services awareness raising activities are also organised to sensitise people.

SHE through the migrant fair addresses the SRH needs of migrant population which is pre dominantly male. In addition to the various information provided, the migrant workers are also offered Voluntary Testing and Counselling services for HIV & AIDS and blood pressure testing.

Sri Lanka: SRH Services to Female Migrant Workers in Maradana, Colombo

In Sri Lanka, Family Planning Association of Sri Lanka (FPASL) has partnered with the Foreign Employment Bureau (FEB) in extending SRH services to the female migrant workers; one of the under-served populations in the country.

In 2013, in partnership with FEB, FPASL conducted special service sessions in the FEB premises for the migrant workers, for many of whom it was the first time that they were provided with any SRH information or counselling and services on the same. FPASL also developed and printed a leaflet on sexual and reproductive health and rights for the female workers for them to take along while they work abroad. In addition to these special service sessions with FEB, FPASL also conducted awareness generation and service sessions in urban pockets of Colombo from where high number of females migrate for work.



Addressing issues of gender equity and equality



Engaging boys and men

IPPF recognises the importance of fostering healthy sexual health attitudes and behaviours among boys and young men. The Federation reaches boys and young men, together with girls and young women, through comprehensive sexual and reproductive health information and services, to address the specific vulnerabilities and sexual and reproductive health needs of this group. **Madrasah** Students Initiative for Adolescent Health in Bangladesh is one such noteworthy initiative: The **Madrasah** system is centred on Islamic studies and offers education to poor and marginalised young people in Bangladesh. Issues of adolescent sexuality are extremely sensitive and can only be addressed in the context of Quranic and Islamic teachings.

Unique in Bangladesh, this project has now been scaled up to 52 **Madrasahs** in 21 districts of Bangladesh and is advancing the SRHR by empowering young people. In 2013, there was 46% increase in the number of male clients who have availed health services through our service delivery outlets in nine MAs in the region. The proportion of male clients served increased in 2013 was 26%. Along with providing services, our MAs adopted multi-pronged strategies to reach boys and men. For instance, in India evening clinics for men and outreach clinical sessions on men's sexual health were introduced. In Bhutan, men were included in the women's empowerment and GBV programme. In Afghanistan, male community health workers were introduced in the programme while in Nepal educational sessions were conducted and street plays performed with boys and men on gender-based violence and SRHR. In Maldives, health services were provided to male clients as part of multi-purpose health trip. Meanwhile, FPASL started men's sexual health clinic, introduced lubricant and thicker condom, established partnership with lesbian, gay, bisexual and transgender and MSM groups, worked with disabled soldiers to address their sexual health.

To build on institutional knowledge, IPPF, in 2013, published a study titled **Gender, Masculinities & Sexual Health in South Asia**. It provides a comprehensive understanding of attitudes towards, gender equity and SRH among men and boys in Bangladesh, India, Nepal and Pakistan. The findings confirm that men in the study locations, who display more gender equitable norms, are significantly more likely to self-report a range of positive behaviours and attitudes.

Addressing Sexual and Gender based Violence

Health care settings are critical points of contact for those affected by violence. The right to be protected from and to have recourse against, all forms of violence and harm underpins sexual rights. We have developed SGBV service package, training manuals, BCC materials and guidelines for effective implementation of SGBV programme. The SGBV service package includes provision of five services i.e. screening of clients, psycho-social support / counselling, medical services to GBV survivors, front-line support by trained community health workers, referral for security purposes: such as police, legal assistance and referral to women's groups for income generation activities. Most of the staff within the health facility (including non-health professionals) are sensitised and trained to deal with survivors of SGBV and provide service which is compassionate, non-judgmental and respects the confidentiality of the client.



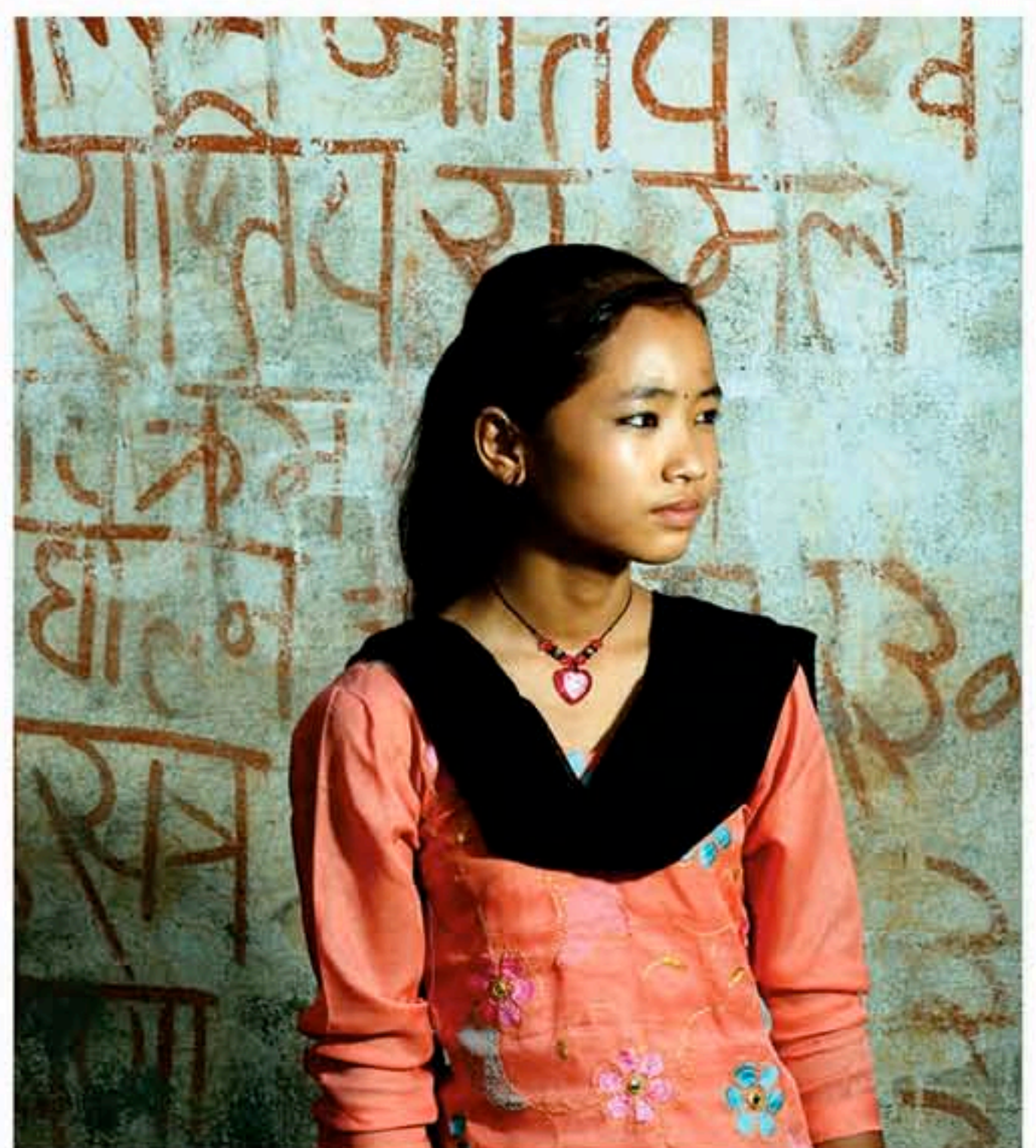
Working with Islamic Religious Leaders

IPPF has always been aware of the impact of religion on Gender Equity and SRHR especially where religion plays a dominant role. In some instances, religion is used to justify denial of access and limitation of choices for women all over the world. Over the last couple of years, a number of interventions and strategies have been implemented in a select number of MAs in South Asia i.e. Afghanistan, Bangladesh, Pakistan and Iran. These interventions have provided possible pathways or strategies to address sexual and reproductive health of women, men and young people.

Equitable Access through empowering women

Social and cultural norms often deny girls and women access to comprehensive information about SRH. They can prevent girls and women from accessing healthcare. Therefore to ensure access to SRH care, they need to be empowered to make critical choices about their future. In Pakistan where women are given as compensation for crimes committed by male family members, our MA Rahnuma - Family Planning Association of Pakistan is working to change the community perception and helping women access SRH services. In Nepal, FPAN is working with women and girls who have been trafficked. The women were not only provided with information but also linked them up with micro-credit groups. The programme has simultaneously empowered these women/girls by reducing stigma and discrimination and has increased access to comprehensive SRH services.

It has also ensured access to safe abortion services and sexuality education for women and girls. It has also linked them to economic opportunities through the micro-finance programme. In Bangladesh, initiatives such as Family Development Centres in Bangladesh, have engaged spouses and men in discussions on gender and SRH issues leading to increased uptake of SRH services, reduced violence and improved relationships. The women have acquired voice and agency to demand and claim their rights.



System Strengthening

Over the past few years we have been working on a comprehensive strategy on an overall system strengthening. This starts with working on building policies, procedures and responsibility structures within the Member Associations and follows this up with introducing the best of breed, locally sustainable information technology solutions. The overall philosophy of our efforts is looking at the MAs in a 'holistic manner' and addressing all their systems needs in order to make them stronger, more accountable and transparent organizations, both in the areas of service delivery and support functions. Keeping the above in mind, the following are being done:

- **Clinic Based Service Delivery Systems:** Ensuring seamless client centred service delivery – focusing on convenience to clients, addressing the needs of the service provider, ensuring availability of adequate data for decision making and availability of adequate commodities.
- **Supply Chain Management Systems (including Contraceptive Security):** Ensuring adequately strong procurement, storage and distributions systems are in place to ensure close monitoring of commodities and contraceptives making the right products available at the right time in the right place.
- **Outreach Based Service Delivery:** Building data capturing systems that could appropriately monitor service delivery and also enhance the quality of services using mobile technologies/automated response systems.
- **Quality Assurance System (QAS):** Building a good QoC system in order to be able to address the needs of the Providers, to enable them to provide high-quality services.
- **Human Resource Management:** The Federation constantly endeavours to become an employer of choice, which needs constant investment in the processes put in place in each of the MAs. A revised contemporary HR manual framework was developed for the region, which was shared with MAs in Pakistan and Nepal.
- **Financial Management Systems:** In order to remain responsive, accountable and transparent the federation constantly endeavours to put in place systems that would ensure accurate and timely budgeting, flow of funds, accounting and reporting. A revised contemporary Finance manual framework was developed in 2013.

Using this, the detailed draft manuals for FPAN and FPAB has already been developed.

- **Data Audit:** With an aim to ensure high quality programme data by validating the accuracy of data, data audit has been conducted in FPAN in 2013. This audit has helped examine the effectiveness of the current data management systems in the MAs and identify areas in which data quality needs to be strengthened further.

As part of strengthening systems across the MAs, the following support has been provided with respect to automation of processes and systems:

- Strengthened the phone '**Help Line**' functions at AFGA
- Facilitated the process to ensure adoption of genuine Operating System and Office licenses in FPAN
- **Asset Tracking System:** A new asset tracking system has been developed and piloted at SARO, wherein all fixed assets are now being recorded and monitored using mobile technology
- Developed the '**Information Security Policy Manual**' for FPAN
- Rahnuma – FPAP is implementing the centralized, integrated management solution, that has comprehensive coverage of entire set of processes with an objective to establish 'Single Source of Truth' – i.e. all reports/information would be based on common, validated and authenticated data. This **Comprehensive Management System** includes Budget Management, Financial Accounting, Asset management, Human Capital Management and Logistics/Inventory management

Sexual Rights in Action

IPPF recognises that the realization of sexual rights is crucial to “the highest attainable standard of mental and physical health. IPPF affirms that sexual rights are human rights.

During the year, number of initiatives were undertaken to further the integration of sexual rights into IPPF strategy, systems and programmes such as training of staff and volunteers; meetings with key partners and stakeholders; development and implementation of guidance note for governance, management & programmes and online sexual rights module. A terminology guide on SRHR was produced to use rights-based inclusive language.

SRH during Emergencies

IPPF, through its project SPRINT, works to ensure that the Minimum Initial Service Package (MISP) for Reproductive Health in Crises is incorporated into emergency responses to meet the SRH needs of affected communities.

MISP is a global package of lifesaving measures and sexual and reproductive health services for communities especially women and girls affected by humanitarian crises. In South Asia, SPRINT operates in three countries; Afghanistan, Pakistan and Bangladesh.

In 2013, SPRINT provided emergency support to meet the reproductive health needs of 50,000 crisis-affected individuals displaced by the Baluchistan earthquake in Pakistan.

SPRINT ensured that services related to SGBV such as post exposure prophylaxis and psychosocial support were provided to various adolescent girls and young women. During the emergency response, SPRINT also conducted sensitisation meetings with the young population of the community, both males and females, as well as the youth leaders on various issues related to SRH, which included discussions on issues related to HIV/STI and safe sex.

Through Country Coordination Teams (CCTs), IPPF works to advocate and gain technical assistance to facilitate the integration of MISP into national disaster risk reduction/preparedness and response policies of the countries such as Ministry of Disaster Management, Department of Public Health and other international and civil society organisations.





World with Access to Safe and legal Abortion Services

IPPF supports a woman's right to choose and to access safe abortion services. We want a world where abortion is permitted, legal and safe, as early as possible, as late as necessary. Where abortion laws are restricted, the rich can still access safe services, while the poor resort to dangerous methods.

The high costs for treating complications from unsafe abortions force women and their families into even greater poverty. Unsafe abortions continue to be a leading cause of maternal mortality. IPPF works to promote safe and legal abortion services. In 2013, IPPF in South Asia Region faced manifold challenges to continue to provide safe and comprehensive abortion care services wherever it is legal and pre and post abortion care wherever permitted by law. The growing wave of conservatism and extremism affected our work leading to decrease in outreach services of some Member Associations (MA). However, with continued perseverance the services picked up towards the end of the year.

Increasing Access to Comprehensive Abortion Services

The MAs in South Asia Region adopted innovative strategies to expand abortion service provision and to provide abortion related services that are permissible under the respective country's framework. Free service days in selected clinics led to increase in abortion clients. Mobilisation of community grassroots workers, peer educators and youth volunteers has proved to be an effective mechanism to increase client flow in the clinics. 'No Refusal Policy' adopted at MA clinics brought a change in the provision of comprehensive abortion care services to all clients especially the poor and marginalised.



In Pakistan, an increased strengthening of community mobilisation and outreach activities led to an increase in the number of clients provided with treatment for incomplete abortion services from the previous semester. In addition, Rahnuma-Family Planning Association of Pakistan (FPAP)

mobilised community referral agents to identify clients needing incomplete abortion treatment and refer them to the FPAP clinics. In addition, some key strategies adopted by the Member Associations to promote the uptake of services at the clinics included providing community workers with targets and incentives for referring clients to the clinics for services and expanding partnerships with gatekeepers to potential clients such as pharmacists, private health practitioners and local NGOs to drive referrals to the clinics.

In Afghanistan, Afghan Family Guidance Association continued to demonstrate high growth in the pre and post abortion counselling services in partnership with the government hospitals in Kabul. AFGA was also named as a partner for training in abortion related services to the Government of Afghanistan under the Annual Plans for National Health in 2013 and 2014. The growth of Abortion counseling services in AFGA is a good example of growth in spite of restrictive settings.

Family Planning Association of India (FPAI) continued its advocacy to delink the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, an Act the Parliament of India enacted to stop female feticides from the Medical Termination of Pregnancy (MTP) Act which makes abortion the right of every woman in India. These messages were communicated through various videos and other initiatives which culminated in the granting of a new project to reduce barriers to second trimester abortion as well as one to reduce abortion related stigma – especially in young people.

Supporting Member Associations

IPPF continued to provide technical assistance to MAs, supported MA staff's representation at regional and global conferences (Global FP Conference) and SAR regional meetings (IPPF South Asia Regional Access Abortion Meeting) and worked with IPPF Central Office to develop a roll out plan for the new version of Central Management Information Services (CMIS). A training on (CMIS), client cards and e-CMIS was conducted which led to effective implementation of CMIS and continued focus on regular review of data for decision making at clinic level. As part of promoting and institutionalising comprehensive Quality of Care (QoC) assessment, IPPF had developed a comprehensive Branch Monitoring Tool (BMT) in 2012. During 2013, the automation of the tool began and was field tested with MAs.

In Nepal, a QoC assessment was done for four branches of Family Planning Association of Nepal (FPAN). The focus was on mobile outreach services and recommendations were made for further improvement in QoC. IPPF provided technical assistance to AFGA in developing proposals for doubling SRH services (including abortion) with particular focus on strengthening its contraceptive logistics system and abortion services.



Abortion Job Aids

The job aids on medical abortion and treatment of incomplete abortion for use by service provider was finalised and shared with all MAs in the region. The job aids are being translated into local languages.

Regional Access & Abortion Meeting

IPPF organised a joint Access and Abortion Meeting in November 2013 in Bangkok, Thailand. The meeting was attended by the Access and Abortion Focal points and project coordinators of all MAs, Program Directors, CEOs, and other staff from the Mas. The meeting raised a good mix of issues related to sexual rights, SGBV, QoC, increasing service provision by strengthening outreach and referrals, outreach, abortion rights, value clarifications working with young people, supply chain management, policy implementation issues, restricted project management, data analysis and use of Service Statistics data for better programming as well as for making projections.

Films on Abortion

IPPF and two MAs from the region were part of development of two films on abortion. IPPF South Asia Regional Office (SARO) in collaboration with London Office and FPAI facilitated a film

shoot in Pune, India capturing first person story of a young woman and her experience with abortion. The short film covers the woman's journey in accessing an abortion, including the nature of her decision, the circumstances under which she sought an abortion and her experiences whether negative or positive in her own voice.

Further, FPAN developed video footage of a young client who has accessed abortion services for The Global Post Abortion Care (PAC) Consortium's Youth-Friendly Task Force short film. The film focused on young people themselves speaking about their experiences or perceptions around PAC in their lives and community, and the importance of having PAC services for young people.

MA to MA Cross Learning

SARO facilitated MA to MA cross learning visit with the Kyrgyzstan MA (Reproductive Health Alliance of Kyrgyzstan – RHAK) visiting FPAI. During the visit four member RHAK team learnt about FPAI's overall SRH service delivery mechanism (clinic and outreach), CAC services, provision of counselling, selection of clients, and terms of the termination of pregnancy and technology and procedures for provision of abortion.



Observing International Day for action for access to safe abortion on September 28th

IPPF SARO, posted a blog written by a representative of South Asia Regional Youth Network on safe abortion and the importance of universal access to safe abortions. Family Planning Association of Bangladesh (FPAB) organised a big event on this day with the help of government and launched two new projects on safe abortion.

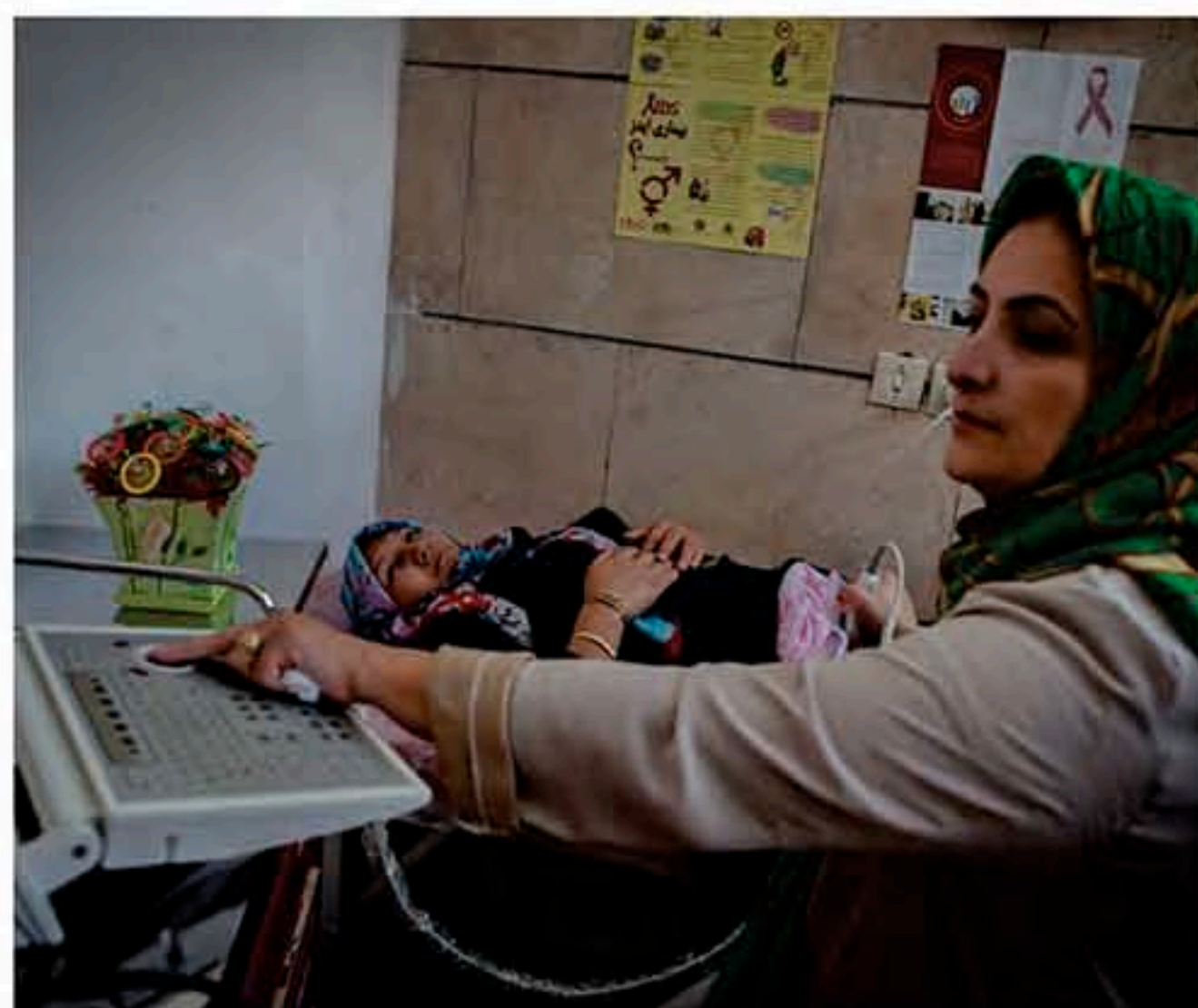
Advocating for safe, legal abortion

The Society of Health Education (SHE) in Maldives with support from SARO successfully advocated for permissibility of abortion with the Ministry of Islamic Affairs. As a result a 'fatwa' was released by the Ministry of Islamic Affairs in Maldives stating the permissibility of abortion under five circumstances. This is inclusive of abortion performed for pregnancies which resulted from rape or incest. Under the initiative of advocating for the legalisation of abortion in rape and incest cases. SHE has conducted a number of activities with the aim of strengthening awareness among the general public, policy makers and key professional groups on the public health and social justice on unsafe abortion.

These efforts included baseline survey on situation of unsafe abortion in the country, workshops, formation of a Steering Committee to sensitise religious leaders and relevant stakeholders on unsafe abortion and its consequences; as well as to determine a way forward in advocacy. As part of this, an operation to map key stakeholders was also conducted which resulted in the strengthening of networks with the Ministry of Islamic Affairs and the Family Protection Agency.

Bhutan is a small country with a comparatively large young population, where early marriages are common and yet the age of sexual consent as mandated by law is 18 and abortion is illegal. In addition, there is very low contraceptive prevalence in the country and there are legal barriers to seek abortion services. Our MA in Bhutan, Respect Educate Nurture and Empower Women (RENEW) commissioned a study on unplanned pregnancy in a major rural hospital in the country. Family Health Association of Iran, was a member of the organizing committee for an international conference on abortion issues held by the Society of Obstetrics and Gynaecologists in Iran.

In 2013, a Values Clarification Workshop was organised jointly for IPPF, SARO and the East and South East Asia Region by Catholics for Choice. It was attended by representatives of five



MAAs from India, Nepal, Bangladesh, Sri Lanka and Pakistan. The workshop was positioned to clarify personal values and perspectives around abortion especially those who have conflicting values around abortion. Sessions included discussion on what does 'value' really mean and can values be relative. The participants were then given scenarios.

In each scenario, multiple girl/woman needed to undergo an abortion but only one of them could be granted the service, since the law of the land did not permit abortions. Each group then had to come up with who would they support/recommend for the abortion. Finally participants had to recommend critical points which ought to go into formulating an ideal Abortion Law.

FIGO, the International Federation of Gynaecology and Obstetrics

The regional workshop and meeting of the FIGO initiative for prevention of unsafe abortion was held in Melaka, Malaysia; IPPF South Asia Region was represented by a large delegation including members from all four MAAs providing abortion services. The representatives also participated in Women Deliver and the Global Forum for Cervical cancer 2013 which was held in Kuala Lumpur in May 2013.

World With Zero New HIV Infections, Zero AIDS-Related Deaths and Zero Discrimination



Even though the pace of the HIV epidemic is slowing globally, there were still 2.3 million new infections and 1.6 million deaths in 2012, and stigma remains a major obstacle. IPPF's mission on HIV is to strive to eliminate sexually transmitted infections (STIs) and reduce the spread and impact of HIV. IPPF South Asia Region works on four key HIV strategic areas : HIV prevention, expanding treatment, care and support for people living with HIV, strengthening SRH-HIV linkages and addressing stigma and discrimination. Through a rights-based and inclusive approach, the focus is on the poor and the marginalised, with a specific focus on key populations such as sex workers, men who have sex with men, transgender people, migrants, prisoners and people who use drugs.

HIV Prevention

HIV prevention is a key element of a comprehensive response to the epidemic and is integral to furthering treatment goals. However, as information alone is not sufficient, prevention information and messages must be linked to appropriate services. Key populations and vulnerable groups often have limited access to sexual and reproductive health (SRH) services and information. Through focused interventions, IPPF South Asia Region ensures comprehensive SRH information and services that are available and accessible to these populations. Greater attention is now paid to the nature of HIV and the specific population groups most affected by HIV. In India our Member Association, Family Planning Association of India (FPAI) is working with vulnerable groups like truckers and single male migrants through a 'peer approach' to reduce sexual and non-sexual risk behaviour. The local government has indicated its intention to potentially scale-up the initiative and support replication in other sites.

Family Planning Association of Sri Lanka (FPASL) is currently implementing a Global Fund HIV prevention project targeted at men who have sex with men, female sex workers, drug users, beach boys and people living with HIV. Key elements of this project include a behaviour change communication strategy using the peer-education model, condom promotion, increased awareness on STI/HIV prevention and increased access to health care and community care services.

Expanding Treatment, Care and Support

A comprehensive sexual and reproductive health (SRH) response to HIV necessitates the natural integration of HIV treatment, care and support services. HIV treatment is an important step in enabling individuals, and their families and communities to lead normal healthy lives. Besides, HIV treatment reduces an individual's ability to transmit HIV and so is also an important prevention strategy.

IPPF's Member Associations (MA) in South Asia Region contributes to the national efforts on prevention of Mother to Child Transmission (PMTCT) of HIV. FPAI's work encompasses all four prongs of a comprehensive PMTCT strategy: provides primary prevention information and services to all women in the reproductive age group, encourages partner involvement, prevents unintended pregnancies among women living with

HIV by providing contraceptive choices and safe abortion services if required; links the pregnant women living with HIV with ante-retroviral prophylaxis services to reduce mother to child transmission of HIV; ensures follow up of women living with HIV and their infants. Till date, 188 pregnant women living with HIV have been regularly followed up by the project peer mothers and 111 have undergone safe delivery. IPPF supports activities that address the specific vulnerability and marginalisation of PLHIV and ensures access to necessary services. FPAI's Madurai branch works with 10,000 PLHIV through its Community Support Centre. The project works towards increasing access to care and support services for People Living with HIV and ensure that they access various services in an environment without stigma, discrimination and denial.



Rahnuma-Family Planning Association of Pakistan (FPAP) started a two year project to improve the maternal, neonatal and child health in the communities around nine Family Health Clinics of Gilgit-Baluchistan. The project strengthens the facility based service delivery, outreach, and community involvement. In Afghanistan, Afghan Family Guidance Association works with inmates of male and female jails and offers services to people who use drugs in the community for harm reduction, provide services for Opioid Substitution Therapy, social support and facilitates access to vocational training activities. FPASL joined hands with three PLHIV networks – the Positive Women's Network, Lanka Plus and the Positive Hopes Alliance – to provide nutritional support, SRH & non-SRH medical treatment, psychosocial support for people living with HIV (PLHIV).

Strengthening SRH-HIV Integration



Sexual and reproductive ill-health and HIV share common root-causes, including poverty, gender inequality and social marginalisation of the most vulnerable populations. In addition, the majority of HIV infections are sexually transmitted or are associated with pregnancy, childbirth and breastfeeding. Equally, poor SRH increases an individual's vulnerability to HIV. Linking HIV with our SRH policies and programmes enables us to meet the challenge of HIV and address poor SRH. The bi-directional linkages between the two areas mean that action in one area leads to benefits in the other. Family Planning Association of Nepal (FPAN) is increasing access to and utilisation of Integrated SRH, Maternal Newborn and Child Health and HIV Services by vulnerable women, including female sex workers, trafficked returnees and wives of migrants, in four districts of the country.

Afghanistan has one of the most unequal societies for women and gender based violence (GBV) is a major challenge and a risk factor for poor SRH and HIV. In this context, AFGA implemented an integrated project to reduce the incidence of sexually transmitted infections, including HIV and GBV among women and survivors of GBV. Transgender populations often experience greater vulnerability to poor SRH, have special needs and experience additional barriers to accessing services.

Recognising these complexities, FPAI addresses the SRH-HIV needs of transgender people by providing integrated services at four locations: Mumbai, Chennai, Hyderabad and Bangalore. The project has so far reached out to more than 2000 persons and provided special gender feminine services like hormonal therapy, laser treatment, Hepatitis B screening and vaccination, besides routine SRH and HIV services. IPPF also advocates with governments, policymakers, civil society and other key stakeholders to promote integrated services for SRH-HIV. The advocacy initiative of IPPF on sexual reproductive health and HIV integration in eight countries focuses on enhancing knowledge and commitment of policy makers and service providers. Building capacity of the civil society organisations have resulted in several innovations at different levels like generating awareness through SMS campaign, radio talk shows, inclusion of SRH services like cervical cancer screening and STI management in HIV clinics. Different strategies have been adopted while working with policy makers based on the rapid assessment studies in respective countries which reveal the status of integration at policy, system and service delivery level. Demonstrating integration model, demand generation for integrated services, sharing of best practices, study on quality of care in integrated services are some of the approaches in influencing policy and system level.

Reducing Stigma and Discrimination

Stigma has profound implications for HIV prevention, treatment, care and support, and influences the course of HIV epidemics.

HIV-related stigma and discrimination may reduce an individual's willingness to be tested for HIV, to disclose their HIV status, to practice safer sex, to access health care and to take antiretroviral drugs. Stigma also impedes proactive efforts to reach people most in need of prevention, treatment and care.

To reduce stigma and discrimination, Family Planning Association of Bangladesh organised advocacy meetings in different districts with various stakeholders, including teachers, religious and community leaders, city corporation representatives, NGO and CBO groups, etc. Provision of comprehensive SRH-HIV services and harm reduction services by Family Health Association of Iran in a stigma-free environment has contributed to the success of its Mikhak drop-in centre and outreach activities targeted at female sex workers and people who use drugs.

Building on the research conducted on provision of stigma-free services in 2012, FPAI has been successful in meaningfully

involving the communities, treating clients with dignity and respect, and ensuring a friendly, non-judgmental and non-discriminatory attitude of service providers.

These factors combined with provision of need based services, availability of free good quality medicines, provision of comprehensive SRH and HIV integrated services, and strengthened partnerships with key population groups has contributed to an increasing number of key populations accessing the MA's services. In fact many want to get associated with FPAI and to work as Volunteers. HIV workplace policies are to support them should aim to eliminate stigma and discrimination in the workplace on the basis of real or perceived HIV status, or vulnerability to HIV infection.

IPPF South Asia Regional Office and a majority of its MAs have adopted an HIV Workplace policy that is reviewed and updated on a regular basis. In addition, FPASL has worked towards the establishment of the National HIV Policy by joining with Lanka Business Coalition on HIV to provide organisations and businesses the awareness on HIV and the importance of establishing a workplace policy on HIV.



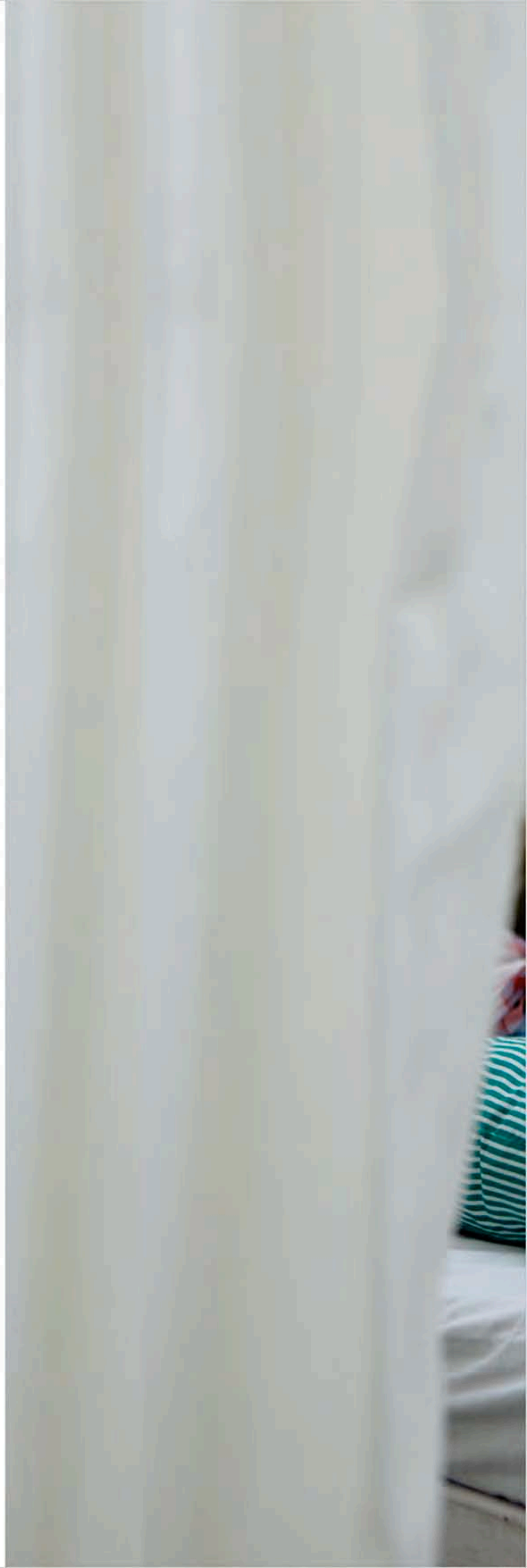
A new lease of life

Sheela's story represents the plight of thousands of women in India. Uneducated, poverty stricken and married at an early age, Sheela and her children lived hand to mouth on her husband's meager salary.

Lacking any employment skills, Sheela decided to enter into flesh trade to alleviate her family's sufferings. As a sex worker, she was not always able to insist on safe sex, consequently she contracted HIV infection. Meanwhile Family Planning Association of India's (FPAI) was expanding its outreach to include sex workers and provide them access to free condoms and to health care services to get treated for sexually transmitted infections (STI) and other opportunistic infections.

In due course of time, she attended many training workshops which equipped with the right knowledge to protect herself and her clients. She also learned about managing the HIV infection by taking nutritious food and leading a healthy life.

Sheela with her newly acquired information has become a beacon of hope for other sex workers. "The training I got from FPAI has enabled me to negotiate condom use easily with my clients and as a result I am free from STI now. The contact with FPAI has changed my life completely." says Sheela.





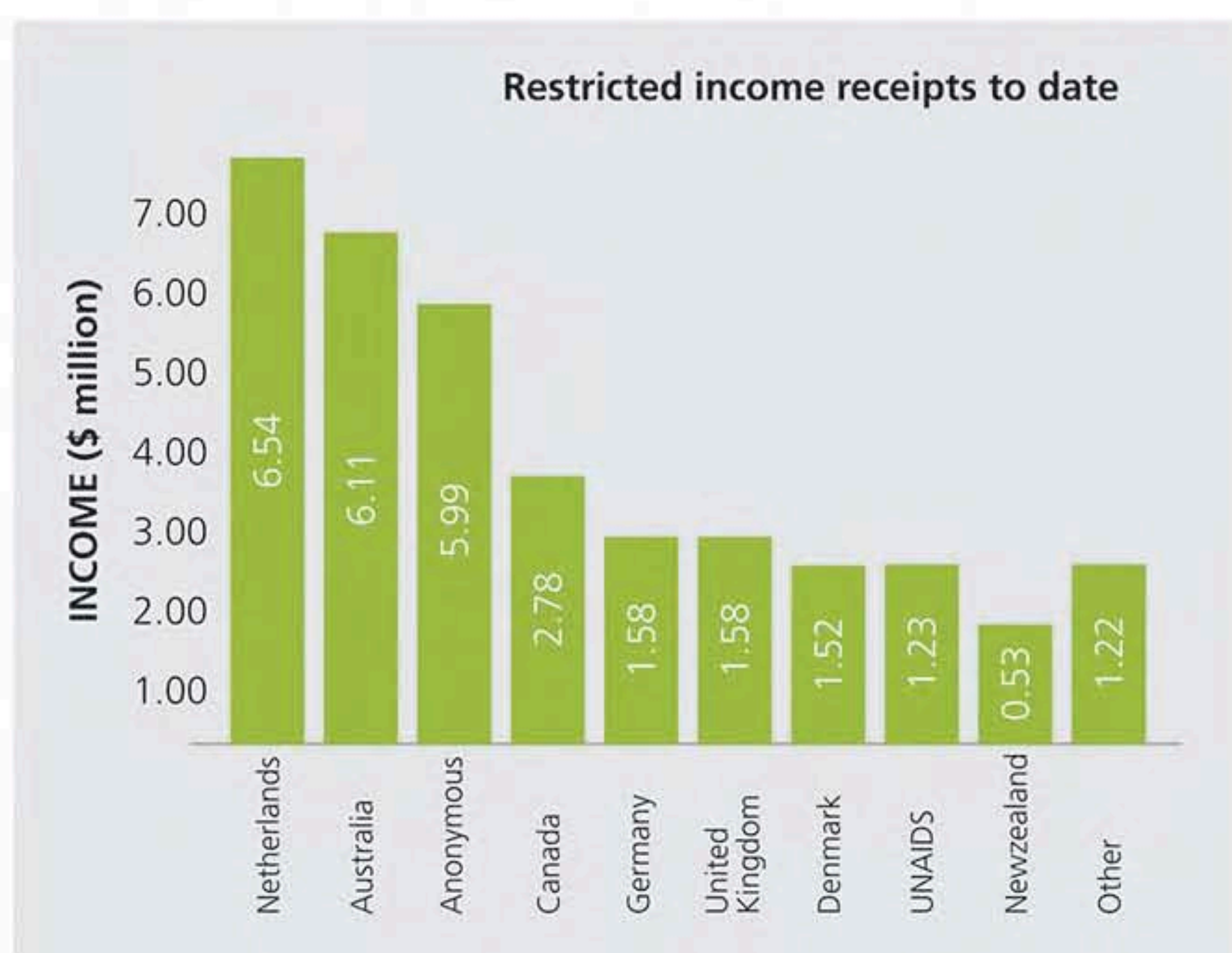
Financial Highlights

Global Income Analysis

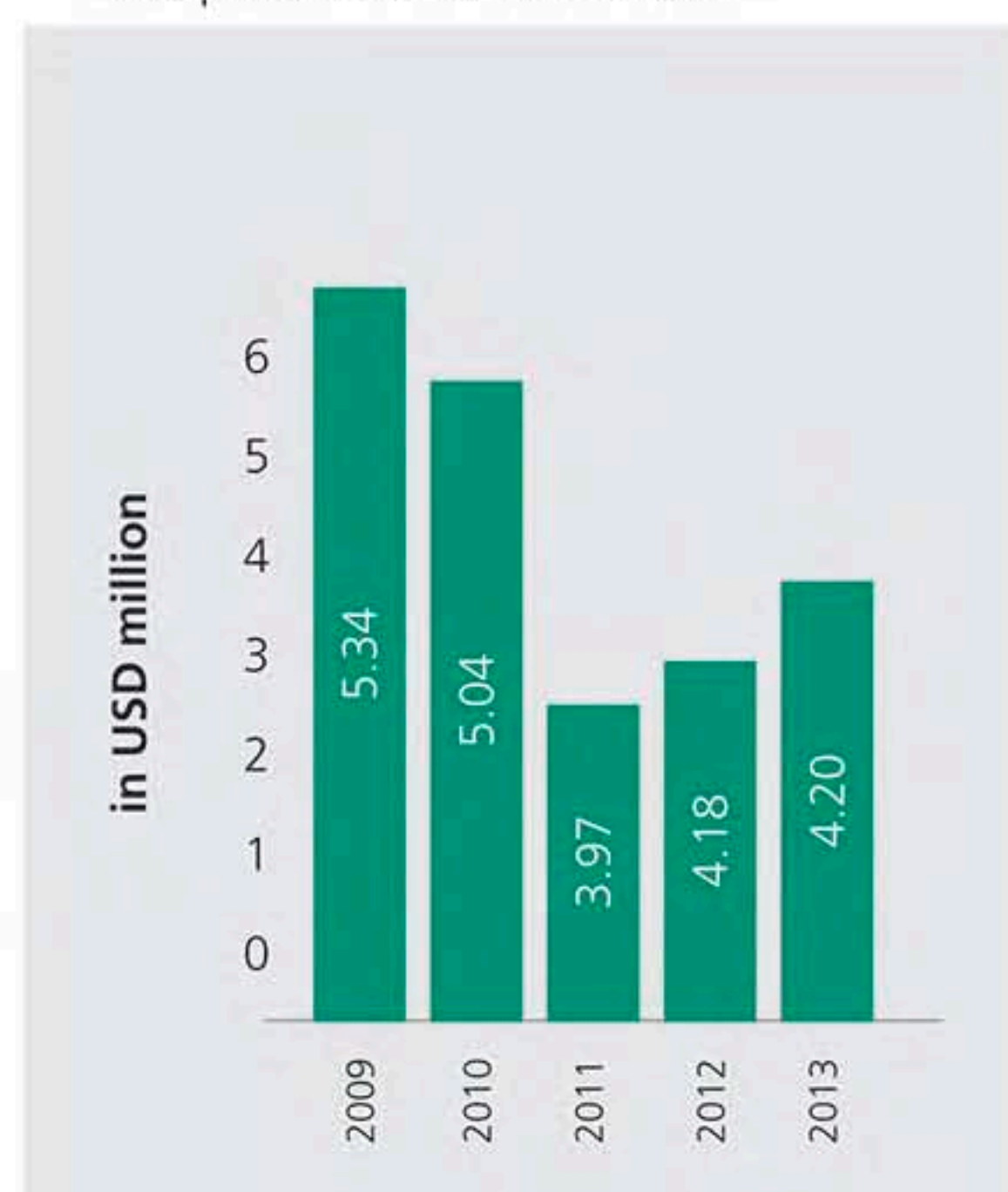
In 2013, bids were submitted for many new projects including bids for DFID (Government of UK) Reproductive Health Services Framework country programmes in Africa and South Asia, and the bid for USAID funding.

The total income through the secretariat has grown by 13% since 2011. However, the rise in income can be almost fully attributed to 32% increase in restricted funding as compared to a nominal increase of 1% in the unrestricted income.

The most significant contributors in the recent past to the restricted income of IPPF are shown below:

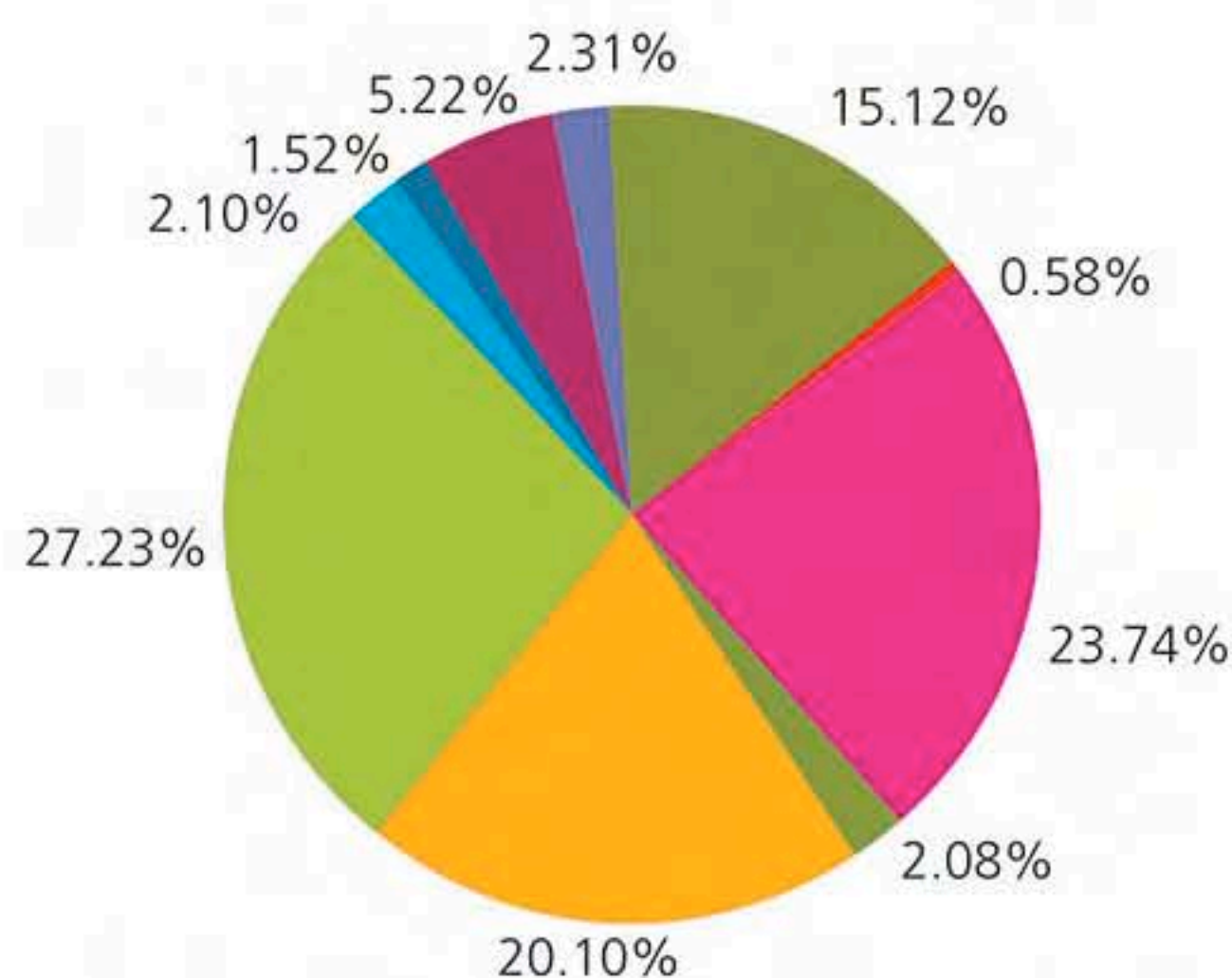


The trends of amounts available for the Member Associations from 2009 to 2013 is depicted in the chart below:



Unrestricted Core Allocation - 2013

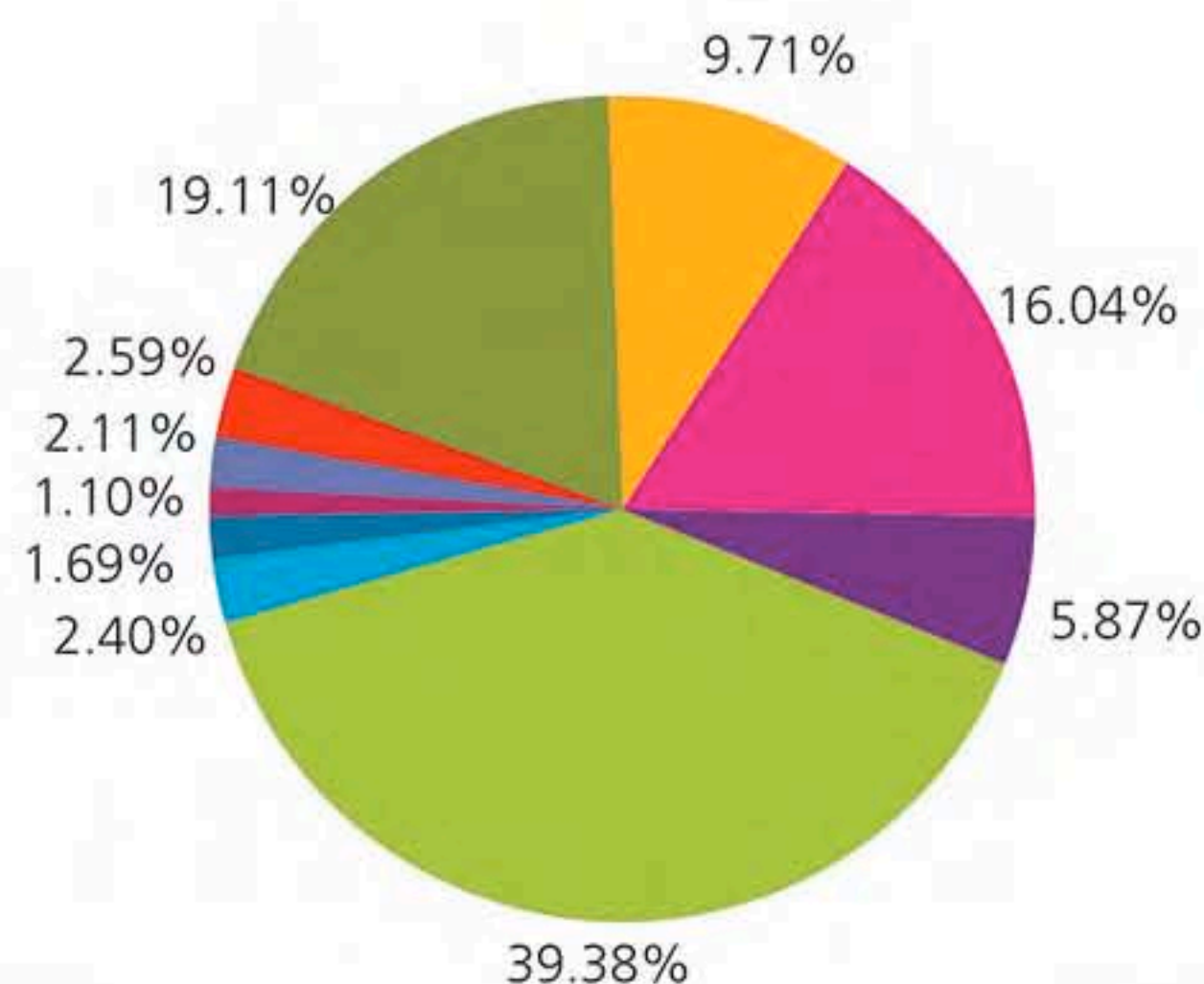
Unrestricted Core Funding in the Region: The IPPF allocation for the year 2013 for South Asia Region is US\$ 6.72 million as compared to USD 6.68 million there is marginal increase of USD 34,200 from the revised indicative planning figures of the year 2012. The funds were distributed among nine IPPF Members Associations as in Figure on the right.



● Bangladesh
 ● Pakistan
 ● Iran
 ● India
 ● Afghanistan
 ● Bhutan
 ● Sri Lanka
 ● Nepal
 ● Maldives
 ● Unallocated

MA Budgets - 2013 as per Strategic Framework

An amount of USD 0.01 million as un-allocated resources for funding various activities based on the needs assessed during the year. In year 2013 MAs planned and utilised their programme budget using the strategic framework based on the five A's and four supporting strategies. The overall budget breakup of USD 1.85 million for the year 2013 by the strategic framework at the MA Level is provided in Figure on the right.

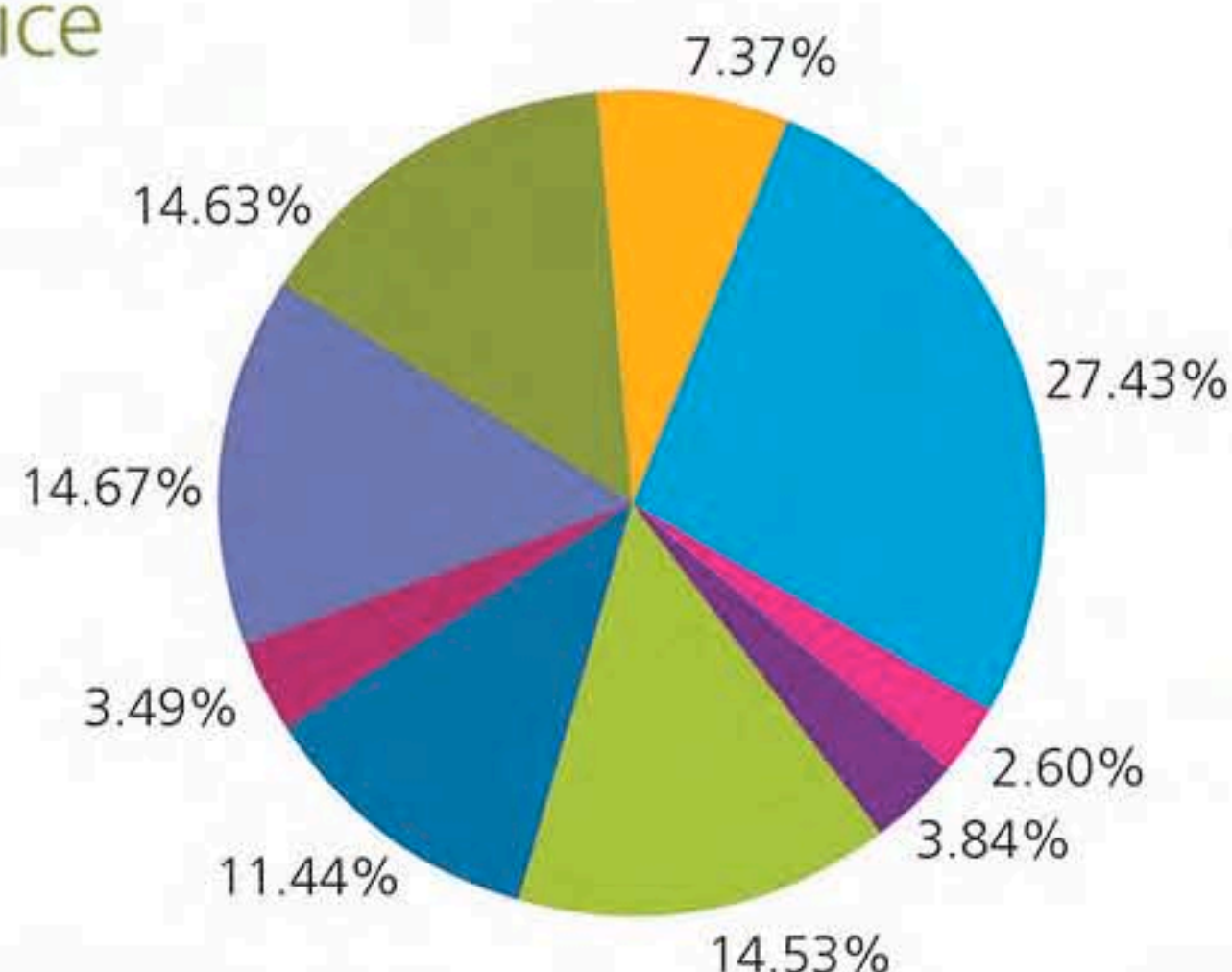


● Adolescents \$1802864 ● HIV/AIDS \$2977515 ● Abortion \$1089977 ● Access \$7307505 ● Advocacy \$445020
● Gov & Accred \$314557 ● Res Mob \$203638 ● Cap Build \$391034 ● M & E \$480396 ● Indirect Cost \$3545595

Funding to South Asia Regional Office

Actual Expenditure – Thematic Area wise

The total allocation for SARO for the year 2013 was USD 0.37 million. In keeping with the overall Strategic Framework in the region, this amount was allocated to on-going maintenance of the office and providing technical support to the MAs. In the year 2013, US\$ 2,680,410 was incurred as expenditure by the regional office. The details of actual expenditure – Thematic area wise and Category type are depicted below:



● Adolescents \$197677, 7.37% ● HIV/AIDS \$69800, 2.6% ● Abortion \$102918, 3.84%
● Access \$389372, 14.53% ● Advocacy \$735280, 27.43% ● Gov & Accred \$306514, 11.44%
● Res Mob \$93600, 3.49% ● Cap Build \$393214, 14.67% ● Indirect Cost \$392035, 14.63%

Performance Improvement Fund

Out of the performance improvement fund created in 2010 amounting to US\$ 320,000, the Regional office has been able to undertake multiple initiatives in the area of systems strengthening across the Region to improve performance of the Member Associations (MA) enabling them to be more effective and efficient and thus delivering higher number of services with the similar amount of resources. These funds, were primarily allocated to **Afghanistan, Bangladesh, India, Nepal and Pakistan**. These funds were invested in system strengthening, organisational development, developing and integrating IT systems and processes, policies and manuals for HR and financial management, better governance and advocacy purposes.

Resource Mobilisation Fund

Support from Central Office Allocation has been provided as additional resource for the region, to increase resources for MAs and SARO. A total amount of US\$ 150,000 had been earmarked for the South Asia Region, of which a total US\$ 132,455 has already been spent in 2013. This fund was utilised to develop resource mobilisation strategy, proposal development and strategic action for improved resource mobilisation such as consultation with MA CEOs, focal points and key volunteers and strategic country mission visits.

Our Partners

Multilaterals and Foundations

Abundance Foundation
Bill & Melinda Gates Foundation
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Catapult
Comic Relief
David & Lucile Packard Foundation
Deutsche Gesellschaft für Internationale Zusammenarbeit
Erik E & Edith H Bergstrom Foundation
EuroNGOs
European Commission
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Ford Foundation
Forthcoming Fund
Futures Group International, LLC
Gynuity Health Project
John D & Catherine T MacArthur Foundation
Joint United Nations Programme on HIV/AIDS (UNAIDS)
Libra Foundation
Liz Claiborne & Art Ortenberg Foundation
Management Sciences for Health (MSH)
Nirvana Mañana Institute Foundation
Overbrook Foundation
Palatin Foundation
Plumeria Family Foundation
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RFSU (Swedish Association for Sexuality Education)
Sex OG Samfund (Danish Family Planning Association)
Smith Family Legacy Foundation
Summit Foundation
United Nations Population Fund (UNFPA)
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Waterloo Foundation
Westwind Foundation
Wild Flowers Foundation
William & Flora Hewlett Foundation
William J & Sally Siegel Foundation
World Health Organization (WHO)

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Consultant, Accounts: **Shambhu Kumar Singh**

Assistant, Office Support: **Laxman Singh**

Assistant, Office Support: **Vijay Kumar**

Assistant, Driver: **Mukesh Kumar**

Assistant, Driver: **Sriniwas Mehrolia**

Unite - Deliver - Perform

In 2005, IPPF developed a strategic plan based on the need to focus on young people, unmet need for SRH services, abortion, HIV and AIDS, together with a dynamic advocacy strategy to support these strategic directions. The Framework focussed on five priority areas known as the Five 'A's: adolescents/young people; HIV and AIDS; abortion; access; and advocacy. There are also four supporting strategies: governance and accreditation; resource mobilisation; capacity building; and monitoring and evaluation, including knowledge management.

In 2012, IPPF conducted a mid-term review of its Strategic Framework 2005-2015. The review took into cognisance emerging needs and priorities to realise SRHR for all. Out of the review, emerged the Change Goals which helped to focus and prioritise our work in order to maximise impact for those people who have the greatest unmet need of sexual and reproductive health care and services.

Change Goal 1

Unite



A global movement fighting for sexual rights and reproductive rights for all

IPPF is determined to promote and defend the Sexual and Reproductive Health and Rights (SRHR). This includes building public, private and financial support for SRHR through intensified efforts for advocacy and communications. It is imperative that these rights remain central to global health and development as new development frameworks emerge post Millennium Development Goals (MDGs) and International Conference on Population Development (ICPD). We work with multiple stakeholders to keep watch on implementation of national conventions on SRHR by governments.

Change Goal 2

Deliver



Access for all to reduce unmet need by doubling IPPF's services

IPPF has committed to double the number of SRH services provided between 2010 and 2015. This will be achieved by being an enabler of services, increasing scale of services by establishing technical hubs, social franchisees and social marketing network to meet the needs of the most disadvantaged and socially excluded groups.

Change Goal 3

Perform



A relevant and accountable Federation

IPPF has invested in strengthening its systems and processes to maximise efficiency and effectiveness. Our evidence based approach supports better programme design, maximises performance, facilitates learning and enables us to remain accountable to our clients, donors and partners.

Volunteers in Governance: Regional Executive Committee

Chairperson Regional Executive Committee (REC), Family Planning Association of Iran:

Regional Treasurer, Society for Health Education, Maldives:

Chairperson, Regional Council (RC), Family Planning Association of India:

Member, Afghan Family Planning Association:

Member, Family Planning Association of Sri Lanka:

Member, Rahnuma - Family Planning Association of Pakistan:

Youth Member, Family Planning Association of Bangladesh:

Dr. Safieh Shahriari Afshar

Dr Aishath Shiham

Ms. Sujatha Natarajan

Dr. Nasrin Oryakhil

Ms. Padma Cumaratunge

Ms. Surayya Jabeen

Ms Syefa Ahmed



Afghan Family
Guidance Association
(AFGA)



Family Planning
Association of
Bangladesh (FPAB)



Respect, Educate,
Nurture and
Empower Women
(RENEW), Bhutan



Family Planning
Association of
India (FPAI)



Family Health
Association of
Iran (FHA Iran)



Society for
Health Education
(SHE), Maldives



Family Planning
Association of
Nepal (FPAN)



Family Planning
Association of
Pakistan - Rahnuma



Family Planning
Association of
Sri Lanka (FPASL)

We would like to acknowledge the contributions of the following people in the making of this Annual Report:

- **Anjali Sen**, Regional Director, South Asia Region, International Planned Parenthood Federation (IPPF) for providing inspiration and leadership, A special thanks to **Dr. Safieh Shahriari Afshar**, Chairperson, Regional Executive Committee and **Sujatha Natarajan**, Chairperson, Regional Council for their continuing support.
- All Member Associations, the volunteers, the CEOs and staff whose commitment and perseverance impacts millions of lives.
- Colleagues in South Asia Regional secretariat who contributed to the Annual Report:
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Editorial Advisory Board: Anjali Sen, Anindit Roy Chowdhury, Varun Anand, Susmita Das and Dr. Ataur Rahman

Editorial Committee: Manish Mitra, Ryan Joseph Figueiredo, Raju Tamang, Ruchi Rastogi and Amelia Andrews

Writer and Editorial Coordinator: Amelia Andrews

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Vision

IPPF strives for a world in which all women, men and young people have access to the sexual and reproductive health information and services they need; a world in which sexuality is recognized both as a natural and precious aspect of life and as a fundamental right; a world in which choices are fully respected and where stigma and discrimination have no place.

Mission

IPPF aims to improve the quality of life of individuals by providing and campaigning for sexual and reproductive health and rights (SRHR) through advocacy and services, especially for poor and vulnerable people. The Federation defends the right of all people to enjoy sexual lives free from ill health, unwanted pregnancy, violence and discrimination.

IPPF works to ensure that women are not put at unnecessary risk of injury, illness and death as a result of pregnancy and childbirth, and it supports a woman's right to choose to terminate her pregnancy legally and safely. IPPF strives to eliminate sexually transmitted infections (STIs) and to reduce the spread and impact of HIV and AIDS.



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