



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 in South Asia – 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

Member Associations

20200+ Volunteers across 9 countries

Female staff

staff is under 25 years of age

8% 21%

board members are young people

Our clients

Staff

of the clients we served are poor, marginalized, socially excluded and/or of services were provided to young people who are under the age of 25

(11.3 million services)

Total service delivery points

Peri Urban



Our services

25.8 m



Total SRH services delivered

38.4%

of total contraceptive services delivered to young people

44%



of total SRH services delivered to young people

Condoms distributed



41.5 million

10.1 m

services delivered

Total Contraceptive

Oral Contraceptive Pills



6.4 million

Couple Years of protection



2.9 million

47.4%



of total non contraceptive services provided to young people

15.7 m



Non contraceptive services are provided

0.21 m



young people completed comprehensive sexuality education

Abortion services -0.47 million (35% of total abortion services provided to young people)

HIV and AIDS related services – 2. I million (38.4% of total HIV/ AIDS services provided to young people)

STI/ RTI services $-2.0\,$ million

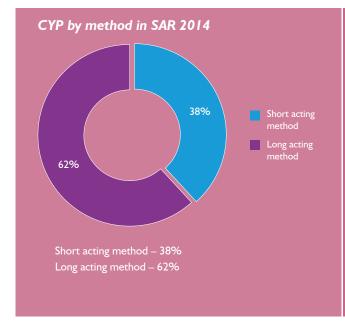
Gynecological services – 2.9 million

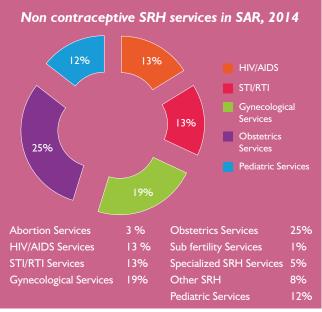
Obstetric services – 3.9 million

Pediatric services – 1.9 million

Specialized SRH services – 0.8 million

Infertility services – 0.2 million





0.5 Million unwanted pregnancies averted

0.1 Million unsafe abortions averted

564 maternal deaths averted

0.5 Maternal Disability adjusted Life years expressed as the number of years lost due to ill health, disability or early death





Contents

Vision 2020	4
Foreword	5
CHAPTER 1: The Unfinished Agenda	6
CHAPTER 2: IPPF Promoting SRHR for All in International Platforms	9
CHAPTER 3: Regional Advocacy Initiatives to Promote SRHR	15
CHAPTER 4: National Advocacy Efforts	30
Financial Highlights	34
SARO Team	43



For over 60 years, IPPF has been at the forefront of delivering comprehensive voluntary family planning services and is the leading global service provider for sexual and reproductive health (SRH). We are a global organisation, firmly rooted in and guided by the diverse local communities we serve. Our work centres on assessing and responding to the needs of the communities that we serve. Our uniqueness is firmly underpinned by the fact that providing contraceptive services continues to be the mainstay of the work of many of our Member Associations, especially those in South Asia. Last year, in South Asia Region, we delivered a total of 25.8 million SRH services delivered and 44% of these services were delivered to young people. We deliver these services in an extremely cost effective manner. Our benefitcost assessment has been carried out by the Copenhagen Consensus Centre.

Our ability to work at national, regional and local levels places us in a unique position to leverage innovation and best practices from local level to global level. At the same time, highlight and showcase issues and concerns in effectively delivering SRH services at these three levels. In next few years, IPPF plans to expand service delivery channels to take services to underserved communities; offer expanded range of integrated services and increase focus on young people. This holds true for South Asia especially, as 28% of world's population of young people is found in this region.

While IPPF is moving ahead in realising its aim of Sexual and Reproductive Health and Right a reality for all, the world is realigning its developmental priorities. The Millennium Development Goals (MDGs) are ending and

Sustainable Developmental Goals (SDGs) are taking shape. In 2014, IPPF advocated for the inclusion of Sexual and Reproductive Health and Rights in the SDGs at global, regional and national levels. We vigorously drove the SRHR debate to make sure that SRHR do not fade away from the global vision. IPPF in South Asia played a leading role in convening Civil Society Organisations to understand global processes and to advocate for SRHR in SDGs through those processes. Through alliances and networks, we positioned SRHR as a goal necessary for leading a life of quality and make linkages with other important issues such as land rights and climate change.

At regional level, we have advocated for integrated services for HIV and SRH. We have established through initiatives across eight countries in South Asia how the integration of services could take place. We have begun the work of creating SRHR champions across the region. We are striving to make men and boys allies in the process of realising SRHR for all. We have demonstrated in five countries how locally customised solutions to delivering and expanding access to services are more beneficial than one size fits all approach.

We would like to take this opportunity to thank all volunteers, partners, donors, MAs, their CEOs, senior management, staff of branch clinics, outreach and field workers whose commitment and perseverance impacts millions of lives especially those of our clients who continue to trust and depend on us to provide life changing SRH care and services. This Annual Report highlights our endeavours of advocating for SRHR at global, regional and national levels.



Sujatha Natarajan Chairperson, Regional Council



Dr. Safieh Shahriari Afshar Chairperson, Regional Executive Committee



Anjali Sen Regional Director

Chapter 1

The Unfinished Agenda

The Millennium Development Goals (MDGs) are the world's time-bound and quantified targets for addressing extreme poverty in its many dimensions – income poverty, hunger, disease, lack of adequate shelter, and exclusion-while promoting gender equality, education, and environmental sustainability. The MDGs were proposed by the United Nations in conjunction with civil society groups around the world, and adopted by the Member States in the year 2000.

The MDGs improved billions of lives from concerted global and national actions supported by focused aid for the social sector. While it is accepted that MDGs played a big role in moving the development agenda forward, yet many gaps still remain.

The biggest challenge that remains is that the MDGs failed to focus attention on the poorest and most marginalised people and communities. They also did not account for variations between countries and regions. The progress has been uneven and some of the goals remain off-track. The MDGs were also unsuccessful in integrating social, economic and environmental determinants of development and poverty alleviation.

The world post MDGs

The MDGs are coming to an end in 2015 while an unfinished agenda remains; it provides an opportunity to find new ways to improve the lives of people everywhere by ending poverty, promoting prosperity and well-being for all, protecting the environment and addressing climate change. These decisions and actions taken in 2015 hopefully will result in new

development framework that builds on the eight Millennium Development Goals. This set of seventeen goals is being called, the Sustainable Development Goals (SDGs).

In 2015, countries have the opportunity to adopt a new sustainable development agenda and reach a global agreement on climate change. The SDGs are being hailed as a universal framework which is equally applicable to the developed countries as well as the developing countries. They are based on three principles:

- Integration of three pillars of development:
 Social, economic and environment
- Common but differentiated responsibilities (CBDR): Drawn from Rio+20 Agreement on environment,



this principle recognises the common responsibilities of the countries yet recognises the differences in their means and capacities to address the goals

Universality with Differentiation: This
principle lays emphasis on the fact SDGs
should be universal, the serious constraints
and special development needs and
challenges faced by Least Developed
Countries (LDCs) should be taken into
consideration

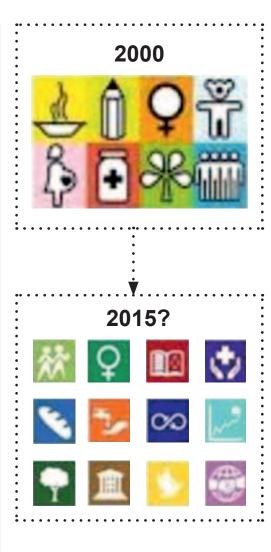
The UN has been working with governments, civil society and other partners to build on the momentum generated by the MDGs. Through an Open Working Group of the General Assembly, a set of SDGs were proposed.

These had been shaped by Member States – led broad participation from Major Groups and civil society stakeholders. The OWG recognised all the three principles, though they have been the topic of many a discussions.

The preamble by the OWG made direct references to the Programme of Action (POA) emerging from the International Conference on Population and Development, (ICPD) Cairo 1994. The importance of the Universal Declaration of Human Rights and other international human rights instruments was also acknowledged.

Sustainable Development Goals (SDGs) Quick Facts: There are 17 goals and 160 targets:

- End poverty in all its forms
- End hunger, achieve food security and improved nutrition and promote sustainable agriculture.
- Ensure healthy lives and promote well-being for all ages
- Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.
- Achieve gender equality and empower all women and girls.
- Ensure availability and sustainable management of water and sanitation for all.
- Ensure access to affordable, reliable, sustainable and modern energy for all
- Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.
- Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation.
- · Reduce inequality within and among countries.
- Make cities and human settlements inclusive, safe, resilient and sustainable
- Ensure sustainable consumption and production patterns.
- Take urgent action to combat climate change and its impact
- Conserve and sustainably use the oceans, seas and marine resources for sustainable development.
- Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forest, combat desertification and halt and reverse land degradation and halt bio-diversity loss.
- Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.
- Strengthen the means of implementation and revitalise the global partnership for sustainable development.



Sexual and Reproductive Health and Rights in the SDGs

The ICPD Programme of Action recognizes that realizing the right to reproductive health is a critical element of guaranteeing reproductive rights. Para 7.3 of ICPD Programme of Action describes "reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health". Even after 20 years of ICPD, sexual and reproductive health and rights remains a dream to be realized and not included in the Sustainable Development Goals. However the Governments agreed upon the importance of these rights during the Rio+ 20 processes and the ICPD review.

Despite not having specific reference to SRHR, the SDG draft made references in two places to the sexual and reproductive health with active lobbying from feminist and SRHR activists. These groups were demanding that SRHR be included as targets under both the goal on health (SDG 3) and the gender goal (SDG 5).

- Under SDG 3, Health and wellbeing, governments agreed, by 2030, to "ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes" (target 3.7)
- Under SDG 5, to Gender Equality and Women's Empowerment, governments also agreed to "ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences" (target 5.6)

Further the Governments also agreed to "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations" (target 5.3). Other important targets included to eliminate all forms of violence against all women and girls (target 5.2), reduce the global maternal mortality ratio to less than 70 per 100,000 live births (3.1), end the epidemics of AIDS, tuberculosis, and malaria (3.3) and achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines (3.8).

Compared to the MDGs, the proposed SDGs represent significant progress, addressing critical areas for action that, if implemented, will transform the lives of women and girls globally. They also put the lie to claims that "we could never get today the agreements we obtained in the 1990s." We have in fact gone beyond them.

The Next Steps

The final negotiations on the post 2015 development agenda begin in early 2015 and finally will be adopted at the UN General Assembly in September 2015 Governments from the global South have clearly indicated that they expect the outcome of the OWG to be the basis for negotiation. That is good news for Sexual Reproductive Health and Reproductive Rights (SRH and RR) because what emerged on SRH and RR from the OWG certainly represents global consensus, despite objections from a handful of opponents.

Post the adoption of the SDG framework, the onus lies on the national governments to take the agenda forward. Parliamentarians will also have a critical role in implementing the new framework. They would have to be catalysts in building new partnerships and working in collaborations across the country. They will also have the task of ensuring national accountability and oversight in the implementation of the post 2015 development agenda.

IPPF Promoting SRHR for All in International Platforms

BRICS Inaugural Seminar of Officials and Experts on Population Matters, March 1-3, 2014

BRICS is the acronym for an association of five major emerging national economies: Brazil, Russia, India, China and South Africa. The BRICS members are all developing or newly industrialised countries, but they are distinguished by their large, fast-growing economies and significant influence on regional and global affairs. As of 2014, the five BRICS countries represent almost 3 billion people or approximately 40% of the world population; as all five members are in the top 25 of the world by population, and four are in the top 10.

The Inaugural seminar was a landmark meeting as the BRICS delegates discussed population related issues of mutual concern. IPPF along with other civil society allies influenced the strategic directions emerging from the inaugural seminar. The statement from the BRICS representatives said that, "We recognise the vital importance of the demographic dividend that many of us possess to advance our sustainable development as well as the need to integrate population factors into national development plans, and to promote a long-term balanced population development... We confirm our strong commitment to address social issues in general and in particular gender inequality, women's rights and issues facing young people. We reaffirm our determination to ensure sexual and reproductive health and reproductive rights for all."

Specific objectives of the BRICS cooperation on population issues would be:

3.1 To collaborate through dialogue, cooperation, sharing of experiences and capacity building on population related issues of mutual concern to Member States such as population and development; sexual and reproductive health and reproductive rights; and improving quality of life, gender equity and equality; the empowerment of women; youth development and adolescent sexual and reproductive health; and the demographic transition and post-transition challenges; population migration, promoting healthy ageing throughout the course of life.



Asia Pacific CSO Forum to Inform Commission on Population Development (CPD)

IPPF's regional offices in Asia Pacific (South Asia and East, South East Asia and Oceania Regions) jointly organised a preparatory forum of civil society organisations working in the field of SRHR. The forum held in Kuala Lumpur, Malaysia in April 2014 aimed to create and capture a regionally united voice prior to the 47th session of the Commission on Population Development held from 7th to 11th April. Building on sharing past experiences and national plans, highlights of regional ICPD conferences and reports, as well as brainstorming and presentation, representatives reached an outline of coordination on the ground, as well as a probable list of asks for the 47th session of CPD in New York.

The key priorities and asks that emerged from the CSO forum included sexual rights, comprehensive sexuality education, safe abortion, social protection and SRHR for migrants, aging, universal healthcare and gender equality among other issues.

IPPF MAs from the South Asia Region shared their plans to influence their respective country delegations. Family Planning Association of Nepal shared that they had developed strategic partnerships and lobbied with the government to include three CSOs to be a part of the government delegation.

Family Planning Association of India reported that issues related to Sexual Orientation and Gender Identity (SOGI) is of grave concern especially in the light of the criminalising of homosexuality in India.

Family Health Association of Iran shared that the Public Health services budget had increased from 5 percent to 12 percent under the new government. This was a big change which could be presented in New York.

Family Association of Sri Lanka shared that they were able to meet with the Ministry of External Affairs and propose names of progressive delegates for the 47th CPD. There was a possibility that a representative from Family Planning Association of Sri Lanka could be nominated.

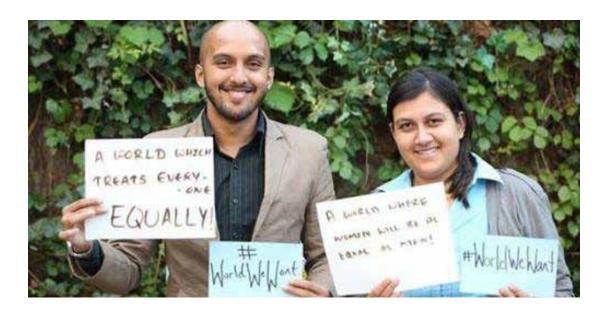


47th Session of the Commission on Population and Development, New York

The Commission on Population and Development is one of the ten Functional Commissions of the United Nations Economic and Social Council. The goal of the Commission on Population and Development is to follow-up on the implementation of the Programme of Action of the International Conference on Population and Development. The Commission monitors, reviews and assesses the implementation of the Programme of Action at the regional, national and international levels and advises the Economic and Social Council on issues such as populations issues and trends, integrating population and development strategies, and on population and related development policies and programmes. It would also provide advice and assistance to the United Nations System, governments and other organizations on population and development related efforts.

The 47th session of the ICPD centred around the review of decisions taken at the ICPD. During the session representatives and experts from UN Member States, various UN entities and civil society gathered to consider the theme, "Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development." The outcome of the discussion at the Commission helped to guide the elaboration of the post-2015 development agenda.

Representatives from three Member Associations of IPPF in South Asia Region were a part of the governed delegations. Mahtab Rashdi, from Pakistan is a Parliamentarian from the province of Sindh and also the President of Family Planning Association of Pakistan. Mahtab Rashdi along with Syed Kamal Shah, CEO of Rahnuma – Family Planning Association of Pakistan, were members of the Pakistani delegation to CPD. Madusha Dissenayake, Director Advocacy, of the Family Planning Association of Sri Lanka was a part of the Sri Lankan delegation. Shiyanath Hashim, CEO, Society for Health and Education, Maldives was also a part of the Maldivian delegation to CPD. In



the government delegation from Bangladesh, IPPF was represented by Dr. A.F.M. Matiur Rahman, CEO, Family Planning Association of Bangladesh. IPPF SARO worked closely with all the Member Associations in orienting them on the overall functioning of the CPD and on negotiations with their respective national delegations. Other than the MAs who found a place in their respective national delegations, IPPF | SARO ensured that all MAs from the region were able to participate in the 47th CPD and influence their respective country missions and delegations.

The #47CPD resolution served two purposes; it was a milestone in reviewing the implementation of the ICPD. It was also part of a larger process, which included: the global survey for the operationalisation of the ICPD, the related report and Secretary General's report, the regional population and development conferences and their outcome



documents. The purpose of these reviews, reports and negotiations was to identify the progress made, gaps and emerging issues for the future implementation of the ICPD.

Areas where we made progress in the agenda beyond the parameters of the ICPD PoA included SRHR.

- Sexual and reproductive health and reproductive rights unqualified
- "...sexual and reproductive health and reproductive rights are central to the realisation of social justice and to the achievement of global, regional, and national commitments for sustainable development" (CPD PP 16)
- "Give particular attention to promotion, respect, protection and fulfilment of all human rights, especially the human rights of women and girls, including sexual and reproductive health and reproductive rights," including language on EC (OP 11)

Areas where we lost ground on the ICPD PoA included abortion and SOGI.

- does not call for the decriminalisation of abortion for women and service providers, or the repeal of punitive laws or for the release of women and providers currently imprisoned for accessing services. The language in the outcome document portrays abortion in a negative light, can perpetuate stigma and are also not based on facts or evidence.
- Violence and discrimination based on sexual orientation, gender identity and gender expressions- there is no explicit mention of SOGI, it is mostly stated as other disadvantaged and marginalised groups or 'elimination of violence and discrimination without distinction of any kind.'

Asia Pacific Forum on Sustainable Development hosted by United Nations Economic and Social Commission on Asia Pacific, May 2014:

In Asia Pacific region, UNESCAP convened two meetings – a) Asia Pacific Civil Society forum on Sustainable Development ensuring inclusion and participation of civil societies in the process and b) Asia Pacific Forum on Sustainable Development to advance progress on sustainable development at the national, sub-regional and regional levels. This became possible due to the replacement of Commission on Sustainable Development with High Level Political Forum on Sustainable Development (HLPF), the regional commissions of UN have been mandated to coordinate regional meetings to support the global HLPF meetings.

IPPF SARO participated in both the forums with the aim to position SRHR as a smart investment for sustainable development. IPPF was a member of the Asia Pacific CSO Engagement Mechanism which comprises of 75 civil society organisations representing a diverse range of issues such as health, education, livelihood to migration, trade, disability, human trafficking and climate. With so many issues jostling for recognition, it was a challenge to position SRHR.

In order to advance the SRHR agenda, IPPF strategically networked with other regional organisations and formed a SRHR caucus. During the Asia Pacific Ministerial meeting, IPPF established the importance of SRHR in humanitarian situation and also for migrant population emphasizing that access to SRH services have several long term benefits.

Beijing Platform of Action (BPFA) +20 Review:

The Beijing Platform of Action came into being as a result of the Fourth World Conference on Women in September 1995. Representatives of 189 governments and 30,000 activists came together, to talk about gender equality and women's empowerment in this landmark conference. They produced the Beijing Declaration and Platform for Action, the most progressive blueprint ever for advancing women's rights. As a defining framework for change, the Platform for Action made comprehensive commitments under 12 critical areas of concern such as to live free from violence, to go to school, to participate in decisions and to earn equal pay for equal work.. Even 20 years later, it remains a powerful source of guidance and inspiration. Almost 20 years later, the agenda of BPFA has advanced a lot yet huge challenges and gap remain. The BPFA, still forward-looking

at 20 offers important focus in rallying people around gender equality and women's empowerment.

The Beijing Platform of Action +20 review process engaged civil society organisations to provide inputs and insights into the review processes. IPPF SAR participated in each of the meetings ensuring that SRHR remains one of the major issues in women's human rights agenda. In the CSO forum prior to the BPFA review, IPPF SAR along with three more Asia Pacific Regional organisations organised a side event on SRHR and women's empowerment.

Four Member Associations of IPPF from South Asia Region, India, Pakistan, Nepal and Sri Lanka participated in the meetings highlighting their work with the community and how it is linked to regional and global advocacy. In the ministerial meeting of BPFA, IPPF Member Associations from Sri Lanka was a part of the national delegation. This helped in advancing the agenda of SRH, comprehensive sexuality education during negotiations. Even though civil societies from the region advocated strongly on SRHR including sexual orientation and gender identity, however the country representatives only agreed on SRH and Reproductive Rights and evidence based education on human sexuality.

IPPF and Family Planning Association of India representatives met the Honourable Minister of Women and Child Health, Government of India. They impressed upon the Honourable Minister the need to address sexual and reproductive health for all which can reduce maternal mortality and morbidity along with meeting the SRH needs of young people.



Chapter 3

Regional Advocacy Initiatives to Promote SRHR

IPPF in South Asia Region has undertaken broad based advocacy initiatives at regional level to promote SRHR for all.

Improving Access to Comprehensive Sexual and Reproductive Health Services in South Asia

IPPF has been committed to improving universal access to sexual and reproductive health and rights. IPPF through its

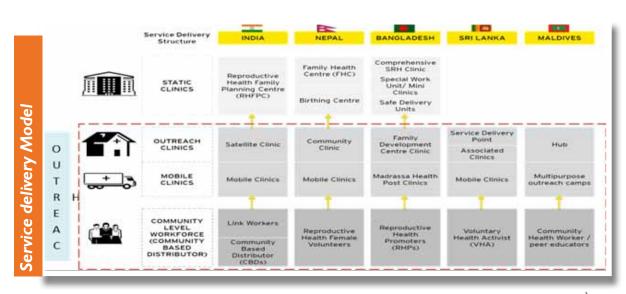
Member Associations has been providing comprehensive sexual and reproductive health care and services. IPPF and in partnership with Australian Aid put into place a strategic partnership designed to:

- Increase access to sexual and reproductive health services through static service delivery points
- Strengthen and improve SRH service delivery to under-served communities through outreach activities
- Strengthen the existing systems related to service delivery and improve commodities security and management system.

The Core+ initiative was implemented in five countries in South Asia Region; Bangladesh, India, Nepal, Maldives and Sri Lanka. One of the important aspects of Core+ has been its uniqueness of design and implementation. This flexibility in design and implementation provided for integration with IPPF's core programmes, responding to the country contexts and the needs of Member Associations (MA) to design customised programmes according to their own priorities, opportunity to reach out to a diverse group of marginalised population, adoption of innovative approaches and scaling up of existing approaches.

The key focus areas under Core+initiatives include

- service delivery
- systems strengthening
- reaching out to poor and marginalised section of the society





Through Core + initiative, strides were made towards expansion of the service delivery network through static service delivery points, strengthening outreach service delivery, building provider capacity and skills, strengthening the existing commodities security and management system. The provision of Integrated Package of Essential Services (IPES) was introduced at the service delivery points in line with local need and guidelines, while specifically striving to reach the poor, marginalised, under-served and youth among the population.

Expanding services

The Core+ has contributed immensely to strengthening existing static clinics in the form of infrastructure development, procurement of equipment and recruitment and training of manpower. The project delivered more services by strengthening various aspects of static service delivery points. The outreach was expanded and scaled up through community clinics and mobile camps. The mobile service delivery was provided through fixed day SRH service sessions, special family planning sessions and services through mobile vehicles.

TABLE: MA wise infrastructure investment under Core+ since 2011

Member Association	Name of outreach SDP	Nature of improvement under Core+
FPAI	Satellite clinics (SCs)	16 New SCs established
FPAN	Community clinics (CCs)	20 new CCs established and 94 upgraded
FPAB	Madrasah health posts (MHPs) and Family development centres (FDCs)	II MHPs established and 42 FDCs equipped and furnished
FPASL	Associated clinics (ACs)	5 ACs established
SHE Maldives	Hubs	2 hubs established

Populations reached -

Women in reproductive age (15-45), Men and young boys, Men having sex with Men, Trans genders, Female Sex Workers, People Using Drugs, ethnic minorities, displaced people refugees,

Innovative practices to strengthen service delivery

The MAs have taken innovative steps to strengthen and improve SRH service delivery to under-served areas through outreach activities by employing a variety of efforts such as mobile health services, fixed day FP/SRH sessions in the community or village, doorstep services through frontline health workers and leveraging partnerships with governmental and non-governmental organizations.

Some examples of innovative approaches

- Satellite clinics in India linked to Reproductive Health and Family Planning Centre (RHFPC) which is the branch static clinic of the Family Planning Association of India (FPAI)
- FP/SRH awareness generation targeting microcredit women's groups and collectives in Bangladesh. Allied to small loan and SHG projects the focus has been on raising awareness on FP, SRH and gender based violence
- Use of community radio in Nepal to generate mass awareness and generate demand
- Reaching plantation workers (mobile vans), migrant workers (fixed day sessions), and outreach services in post conflict zones in Eastern Province in Sri Lanka
- NGO led and local council led SDPs in remote islands and atolls in the Maldives

Key partnerships and collaboration have been the foundation for MAs to function in the respective countries. In all the five countries implementing the Core+ Project, strong collaboration with the government department has been instrumental in effective functioning of the programme. In addition, strengthening the existing systems within the MAs related to service delivery such as; improved commodities security, financial management systems and overall policies frame work resulted in better efficiency in providing quality service to the clients.

Regional Initiatives that have been undertaken under the Core+ initiative

Throughout the period of the Core+ Initiative, IPPF SARO has conducted various regional efforts to support the MAs in implementing the programme effectively. It has played the role of a catalyst by supporting MAs to lead the initiative in their respective countries. IPPF SARO has guided the member associations in establishing and strengthening their processes and systems, facilitated implementation of various policies and guidelines and conducted workshops and conferences, among others.

- Roll out of Integrated Package of Essential Services (IPES)
- Integrated Counselling
- Quality of care assessment through a comprehensive branch Monitoring Tool (BMT)
- Contraceptive Security includes developing guidelines, revised logistic data recording and reporting system, improvement in



storage facility, capacity of staff particularly those who work with supplies.

 Development and implementation of Child Protection Policy: As a commitment to Child Protection SARO provided support to the MAs in implementing the Child Protection Polices in respective MAs

Impact

IPPF has developed a detailed framework to measure the quantitative outcomes or results of its interventions under the Core+ Project, based on 3 key indicators –Couple Year Protection (CYP),. MCH services, and. Family Planning (FP) and other SRH services.

IMPACT OF THE PROJECT

37 % increase in CYP

33% Increase in MCH services

29% increase in FP/ SRH services

Over | million CYP provided

3.1 million MCH services provided

5.3 million FP and other SRH services provided

Over 300,000 unintended pregnancies averted

Year wise Growth

Indicator	Overall projections*	2014	% achievement
CYP	1,060,332	896,774	105 ↑
MCH	3,170,951	2,640,771	69 ♠
Total SRH/FP Services	5,367,713	11,467,760	424 ↑
Unsafe abortions averted	67,830	56,333	125 🕈
Unintended Pregnancies averted	>300,000	258,271	109 🕈
Maternal DALYS averted	83,075	55,983	74 ↑





SRH, Men and Masculinities: Why is it necessary to MENstream?

The image of an ideal man is that of a macho, aggressive, strong man who is confident, tough, and independent. He protects his flock and provides for them. He does not express any emotions except through his fists. This image of an ideal man projected through media and society puts shapes the mindset of young boys and makes it very difficult for them to break out of these stereotypes in later life. It has wide reaching consequences on their sexual and reproductive life and health.

Engaging men in the movement for gender equality and justice is equally important as empowering women. Men along with women are under tremendous pressure to confirm to social norms. While these social conventions do not permit women to exercise their agency or participate meaningfully in the community, men also are burdened under the dominant notions of masculinity compelling them to display macho behaviour characterized by aggression, violence and coarseness.

Any deviation from these socially accepted behaviour patterns is not taken kindly, leading to discrimination even violence.

This makes a strong case for focusing on men and boys in the context of sexual and reproductive health. During 2014, IPPF SARO played a critical role in consolidating thinking around engaging men by organising a Global Skills Building and Lesson Sharing Workshop

MENstreaming: Addressing the SRHR of Men and Boys. The workshop was held in November 2014, on the eve of 2nd MenEngage Global Symposium 2014 – Men and Boys for Gender Justice.

The workshop covered IPPF's existing programmes engaging young boys and men, the structural and contextual factors that create social norms on masculinities, the challenges and barriers to implementation and the paradigm shift where boys and men are not only clients but also agents of change. The local, regional and global perspectives shared during the week long activities hopefully will lead to having informed advocates influencing global actions to end SGBV.

IPPF SARO was a member of the steering committee of the MenEngage Global Symposium. As participants and partners, IPPF and its Member Associations made poster presentations – exploring programmatic areas of their work that constructively engage with young boys and men on sexual and reproductive rights and justice. IPPF-SARO conducted a satellite session on during the Symposium titled 'Visions and Actions to eliminate Sexual and Gender Based Violence'.

Panellists from IPPF SARO, Rutgers WPF, ICRW and independent consultants shared examples of best practice in relation to sexual and gender based violence (SGBV). Specifically, the session examined the role of boys and men in preventing and stopping gender based violence from the human rights and public health perspectives.

Addressing Abortion Stigma

IPPF is a global sexual and reproductive health and rights organisation striving for a world in which stigma and discrimination have no place. For many years now, IPPF, together with partner organisations, has implemented programmes to specifically address HIV stigma, such as the "Criminalize Hate, Not HIV" campaign, the People Living with HIV Stigma Index and investigating the role of the media in combating HIV stigma. In the past five years there has been increased global attention on abortion stigma. IPPF has thus expanded its work to address the impact that negative beliefs and attitudes about abortion has on access to, and scale-up of, safe abortion services. Abortion stigma manifests at many levels, from individuals and service providers to communities, institutions, laws and policies, and wider public discourse including the media. Since 2011 the David & Lucile Packard Foundation supported IPPF to implement a range of initiatives to investigate and address abortion stigma.

Small grants were provided to Family Planning Association of India (FPAI) and Rahnuma- FPAP to implement national, community and clinic level interventions such as research on knowledge and attitudes to abortion, community level awareness campaigns to normalise abortion, and sensitising policy makers. Small grants to support small-scale clinic interventions in these Member Association clinics was provided to implement changes to reduce stigma, such as introducing rights-based messaging and improving clinic entry points including physical layout.

The findings of these studies highlighted the compounded stigma that young people face, and the need for tailored interventions to support them in accessing safe abortion services. Abortion stigma was apparent at many levels: women stigmatised themselves for having an abortion and kept their abortions secret, while healthcare workers feared being stigmatised by others for being associated with abortion services. Barriers to accessing abortion services included lack of knowledge and misconceptions about abortion, fear of stigmatisation, and fear of lack of confidentiality of service providers. For young people, barriers included concerns about fees and not being able to attend during clinic hours.

Successful strategies to address abortion stigma and its manifestations include engaging with young people, build public opinion to oppose restrictive abortion laws and liaise with health services to strengthen service referral mechanisms using values clarification training with service providers and religious leaders, and ensuring client confidentiality to mitigate the impact of stigma on clients seeking abortion related services.

Young people from SAR participated in the IPPF youth advisory group for abortion programming and contributed to the finalisation of the "Youth and Abortion guidelines" for IPPF's MAs to scale up their work on young people's access to abortion-related information and services.

The David & Lucile Packard Foundation has awarded IPPF a two year grant beginning from July 2014 to specifically focus on abortion stigma as it relates to young people's access to abortion services. This builds on previous initiatives and includes FPAI and FPAP to support in implementing individual, community and clinic based interventions in India and Pakistan-where abortion stigma research was conducted under the previous grant.



Promoting Bi-directional Linkages for Improving Access to SRH-HIV services

An important component of IPPF's work at the global, regional and national levels is to persuade governments and decision makers to promote Sexual and Reproductive Health and Rights (SRHR), to change policy and to fund programmes and service delivery. In addition, it also seeks to place the delivery of sexual and reproductive health (SRH) services for those who need them the most; poor, under-served, marginalised and the underserved people.

IPPF South Asia Region implemented a project supported by European Union to advocate for the integration of SRH and HIV in Afghanistan, Bangladesh, Iran, India, Maldives, Nepal, Pakistan and Sri Lanka at policy, system and service delivery level through its Member Associations. Though the specific objective of this project was to advocate for SRH and HIV integration in the operations of the Country Coordinating Mechanisms (CCMs) of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) but later due to the postponing of Global Fund Round II, the objective "To advocate for SRH HIV integration within the government health system and private sectors in the countries of Afghanistan, Bangladesh, India, Iran, Maldives, Nepal, Pakistan and Sri Lanka" was also added. This amendment included government stakeholders as a target audience to advocate on integrated service approach within the government health system.

The programme adopted a multi-stakeholder, multilayered approach to promote the concept of SRH-HIV linkages and integration at various levels. It used three pillars of advocacy actions

- a) Strategic Partnerships,
- b) Knowledge Products and
- c) Capacity Enhancement



Through these core strategies, the project reached out to diverse stakeholders such as special emphasis on key populations, potential partners and the international community to advocate for integration of SRH- HIV services. The project comprised of four components which aimed at increasing the CCMs' commitment to SRH-HIV integration and thereby increasing the number of SRH-HIV integration proposals submitted to and funded by the Global Fund in the eight project countries. It also aimed to increase the commitment of government and other stakeholders' to provide integrated services. The four programmatic components were:

- Formation of country teams: A multisectoral team established to raise awareness and advocate for SRH-HIV integration at the national level (especially within Global Fund processes).
- Small grants to local civil society: to support advocacy with the stakeholders for SRH- HIV integration in Global Fund proposals, positioning Civil Society Organisations (CSOs) as Principle Recipients or Sub Recipients, advocacy and/or information work with media representatives to create greater coverage of issues.
- Technical Assistance Hub: A Technical Assistance (TA) Hub was established to support CSOs in making strong SRH HIV integration proposals to the CCMs.
- National Advocacy: to build support for SRH HIV Integration. Advocacy activities

Key Approaches:

- Involving leaders
- Building partnerships
- Mobilizing the community groups
- Capacity building
- Working with mass media

were focused on CCM members, relevant government representatives, and stakeholders who were able to influence the CCMs.

Strategic Partnerships

IPPF SARO believes that effective advocacy is possible through a regional advocacy partnership which is based on evidence and rooted in grassroots empowerment. Working towards this, IPPF SARO and its MAs formed varied partnerships to involve and engage a wider group of stakeholders to promote the SRH-HIV integration agenda.

The formation of multi-sectoral Country Teams (CTs), working with the national government, and with large networks were strategies that aimed to build momentum to advocate for SRH HIV integration. Engaging with media was another important strategy of this project. .

Knowledge Products

Under this project, several knowledge products were developed. The objective of these publications was primarily to ensure a uniform understanding of issues related to SRH-HIV integration and its application at the policy, practice and operation level. Knowledge products helped in enhancing the skills of CSOs as well as other stakeholders such as the media, and CCM members, to link SRH and HIV, which otherwise would have acted as a key barrier to efficiently moving the agenda forward. The training modules developed by IPPF SARO included:

- SRH HIV integration,
- Gender Equality and Mainstreaming
- Global Fund Mechanisms including Financial Management
- Rapid Assessment of country situation on SRH HIV Integration in eight countries
- Global Fund proposals development and financial management

Engaging with the media in Sri Lanka

The Project had the unique opportunity to engage with Sinhala, Tamil and Muslim media personnel working in the print and electronic media at the district level in two provinces – Southern and Uva. This was achieved through the awarding of two small grants to Prathiba Media Network (PMN), a young dynamic group of media enthusiasts in the Matara District of the Southern Province.

Southern Province PMN was already engaged in the publication of a Newsletter – "Wiparama" (*Inquiry*) and reaching out to young people through the radio programs in the Southern Province Radio Service – "RuhunuSevaya" of the State Broadcasting Corporation of Sri Lanka. This enabled the Project to maximize their existing capacities while using their ongoing operational strategies.

PEER study on Community and Youth perspectives on integrated SRH and HIV services in Sri Lanka

Capacity Enhancement

The Technical Assistance Hub and IPPF SARO worked together with the MAs to build the capacities of the Country Team, Country Coordinating Mechanism of Global Fund,, CSOs and other key stakeholders to provide technical advice, exchange of experiences, research, and policy advice. More than 150 CSOs were reached out through capacity enhancement programs as also through small grant facilities.

The project contributed to improved quality of care and access to key HIV and SRH services. It ensured better access for people living with HIV to SRH services tailored to their needs and vice-versa. It contributed to reduction in HIV related stigma and discrimination. It enhanced programme effectiveness and efficiency and led to better utilisation of human resources for health.

Creating SRHR Champions

Under the MDGs, SRHR has not been either a goal or a priority. Only with the inclusion 5b, an indicator related to family planning was introduced. The unmet need in the region is very high therefore it is critical to invest in promoting greater access to sexual and reproductive health. Lack of resources both personnel and financial coupled with lack of political will has contributed to the dilution of importance of SRHR in South Asia Region. In this context, the IPPF SAR initiative to Create Champions and Momentum for Progress in SRHR is an important step towards establishing SRHR for all as a leading priority in the region.

This three year initiative beginning from 2014 is supported by the European Union and will play a significant role in translating global commitments and negotiations to the national level through integration in the health and development policies in all the nine countries of the South Asia Region. The focus of this initiative is to mobilise political support and strengthen civil society networks to influence favourable political changes with respect to sexual and reproductive health rights in the nine countries of South Asia. Largely, through this project IPPF aims to build a momentum for the needed political and financial prioritization of SRHR.

This is to be accomplished by forming a pool of *SRHR champions* from diverse fields such as Parliamentarians, Youth Groups, Women Groups, Media and Religious groups. The SRHR champions will advocate and influence the policymakers, government and other key stakeholders in favour of pro-SRHR policies. The identification and engagement of the champions will be done on the basis of a political mapping which will examine laws and policies in the countries which needs to be repealed or identify gaps where laws need to be introduced.



South Asia Region Media Workshop

With the imminent ending of MDGs and the development of SDGs and the negotiations on the goals and indicators, it is important to build public consensus and opinion. Media plays an important role of a gatekeeper and influences public opinion. It has a role to provide accurate information to the public, to report on success stories, provide a human face to often abstract issues, and to ensure that all stakeholders (and especially governments) deliver on their commitments.

Understanding these realities, IPPF SAR organised a media workshop with about 20 journalists from six countries for consistent and coherent stories around SRHR. The media persons' perspective was broadened by engaging organisations such as UNFPA, Third World Network, Beyond Beijing Committee, Centre for Reproductive Rights and Landesa. Under the Post 2015 agenda, SRHR was linked to land rights and climate change to highlight the interdependence of these issues for the media-persons.



The Minimum Initial Service Package (MISP) is a set of activities that must be implemented in a coordinated manner by appropriately trained staff to prevent and manage the consequences of sexual violence; reduce HIV transmission; prevent maternal and newborn death and illness; plan for comprehensive sexual and reproductive health care, integrated into primary health care.

Advocating for inclusion of SRH in Humanitarian Response

IPPF's Sexual and reproductive health (SRH)
PRogramme IN crisis and post-crisis situations

(SPRINT) initiative ensures access to essential life saving SRH services for women, men and children in times of crises, a time when services are most needed yet are not prioritised or recognised by key humanitarian responders. The SPRINT Initiative is supported by the the Department of Foreign Affairs and Trade (DFAT) of the Australian Government.

SPRINT not only responds to emergencies but also advocates for the inclusion of SRHR into existing Disaster Management policies and programmes of the national governments, with specific focus on inclusion of SRH and Minimum Initial Service Package (MISP) into the National policies and programmes. SPRINT also provides trainings on MISP.

During 2014, with consistent advocacy and lobbying in Pakistan with the national and local level governments, has led to the adoption of MISP and SRH into the Risk Reduction Action Plans and

Standard Operating Procedures (SOPs) in seven provincial districts by the National Disaster Management Authority and Provincial Disaster Management Authority. In addition, Pakistan has included MISP into the curriculum of Doctors and Nurses in Health Service Academy (HSA), while the effort to include it in the country's premier institute, the Pakistan Institute of Medical Sciences (PIMS) is in progress.

SPRINT has also been able to forge strong partnerships in Asia and Pacific region. It has developed partnership with SPHERE India, Women's Refugee Commission (WRC), UNFPA Asia Pacific Regional Office, Tata Company, Red Crescent Society, International Medical Corps and various other country level institutions. SPRINT has also advocated for the integration of MISP and SRHR at various international and regional platforms like Asia Pacific Conference on Reproductive and Sexual Health, Manila, Philippines, 2014.

I was suffering from irregular menstrual cycle. After the earthquake there was no doctor to go to. I shared my problem with the lady doctor at the mobile camp. She prescribed medicines and counselled me about the benefits of adopting a contraceptive, Doctor's medicines were very effective. I soon felt better."-

Fareeda (name changed), recounting her experience from one of the Medical Camps after the earthquake in Pakistan, 2014.





"I Decide" Campaign in South Asia Region

In 2014, IPPF launched a global campaign to ensure that the right of people to make decisions over their own bodies becomes a reality. The campaign called "I Decide" focuses on sexual and reproductive health and rights (SRHR) especially for women and girls. The campaign sought to win the support of leaders for including women's and men's sexual and reproductive health and rights in discussions about what should follow the millennium development goals, which expire in 2015.

The "I Decide" campaign was launched in South Asia Region in May 2014 at the Vision 2020- Global Day of Action. The campaign has been promoted by IPPF's Member Associations through a multipronged approach. The campaign in SAR has been equally successful in promoting the cause of Sexual and Reproductive Health and Rights for All.

Key Highlights from the region:

- More than 65,000people signed the petition across the region after signature drives
- Reached Parliamentarians and other well- known people to get them to further our cause: Minister of Health and Population, the Health Secretary (Nepal), Minister of Population Welfare and Parliamentarians (Pakistan)
- Key influencers such as film stars, sportsperson, musicians (Maldives), senior media-persons supported the campaign.
- Gained visibility among general public through national events, conferences and photo exhibitions
- Reclaiming of the SRHR space with the campaign messaging
- Generating a verifiable and validated database of supporters

National Events:

The national events organised on the occasion of the Global Day of Action afforded an opportunity to rope in key policymakers and stakeholders to support IPPF's call for SRHR for all.

Nepal:

National Event on the Global Day of Action in the presence of Minister of Health and Population, the Health Secretary and volunteers from all the branches.

Pakistan:

Stakeholders' dialogue on Vision 2020 with representation from the Minister of Population Welfare, Parliamentarians, Civil Society representatives, religious scholars and media persons

India:

Global day of Action launched with an event in New Delhi highlighting the need for comprehensive sexuality education among young people, sexual violence and other issues through a street play.

Call to Action: I Decide My **Future**

Can you decide what to do with your own body: whether to get pregnant; when and how many children to have, to determine the size of your family. Or have the freedom to decide who to live or share your life with? Choose your life partner or significant other; decide when to get married; freely express your different sexual orientation and identity.

For many; such as women, girls, men, young people, trans-genders, around the world, the right to make these basic decisions about their sexual and reproductive health are denied by tradition and government.

It is time that these rights; Sexual and Reproductive Health and Rights are made a reality for all. In order to achieve these, we need your support:

- To affirm that people need to make decisions about their body, relationships and futures
- To call upon your Government to support Sexual and Reproductive Health and Rights as a global developmental priority

Supporting Sexual and Reproductive Health and Rights makes a compelling economic case as well. Securing these rights will accelerate our fight against poverty







I decide

Niruma, a famous movie actress from Maldives



Ali Ashafq, first sports ambassador of Maldives



Mooshan Mubarak, famous musician from Maldives

Photo Opportunities with influencers

The Member Associations took every opportunity to use the IPPF 'I Decide' photo frame and get people to support their campaign.

Society for Health and Education (SHE) Maldives, Family Planning Association of Sri Lanka (FPASL) and Family Planning Association of Nepal (FPAN) have been able to garner the support from Government representatives, Parliamentarians, policymakers and opinion leaders.

In Nepal, FPAN was able to get the support from Rt. Honourable President of Nepal Dr. Ram Baran Yadav; Deputy Prime Minister Rt. Honourable Prakashman Singh; Health & Population Minister Rt. Honourable Khaga Raj Adhikari; Deputy Speaker of Constituent Assembly Hon Onsari Gharti Magar and other esteemed members of the Constituent Assembly of Nepal.

FPASL enlisted the support of Dr. Sepali Kottegoda, Executive Director Women and Media Collective and Dr. Nalika Gunawardane, Chair of the Women's Health Committee, Sri Lanka Medical Association among other dignitaries.

SHE Maldives recruited the support of Niruma, a famous movie actress from Maldives, Ali Ashafq, first sports ambassador of Maldives' Mooshan Mubarak, famous musician from Maldives; Dr.. Aishath Rameela, Minister of State for Health & Gender, Aishath Shihan, Minister of Education, Aisha Shujune Muhammed, Civil Court Judge, Attorney General Mohammud Anil, Members of Parliament-Hamadhoon Hameed and Ahmed Mahloof among others.

The South Asia Regional Youth Network (SARYN) at their Annual meeting participated in a photo-shoot for the 'I Decide' campaign. Most SARYN members used these photos as their profile picture to popularise the campaign.

Exhibitions and Booths

The 'I Decide campaign' was also widely promoted at various conferences and workshops.

At the World Conference on Youth in Sri Lanka in May 2014, photo opportunities with more than 250 young people resulted in their supporting the 'I Decide campaign'.

FPAN organised a photo exhibition on 'Girls Decide' at the First National Population Conference in June 2014. They also launched the signature drive for 'I Decide' petition at this event. They were able to mobilize 300+ people at the conference.

At the 2nd Men Engage Global Symposium in November 2014 at the IPPF booth through photo opportunity and signups for the petition we were able to garner support from more than 300 people.

Social Media Push:

The campaign garnered a lot of traction on social media.

RENEW (Bhutan), Members of South Asia Regional Youth Network (SARYN) members, SHE, FPASL and SARO staff changed their profile pictures to ones supporting I Decide campaign with or without the I Decide photo frame.

Youth volunteers at FPA India launched an online petition to reach their networks. They got about 105 supporters to sign up for them.

Society for Health Education and Family Planning Association of Sri Lanka promoted the "I Decide" campaign through their social media channels primarily Facebook and Twitter.

Twitter Reach through Tweets and Retweets: More than 50,000 people

Top Influencers:*

Organisations:

Healthy Teen Network= 7034 followers

SHE Maldives = 310 followers

FPASL: 194 followers

Individuals

Aishath Velezinee, Maldives= 18,600 followers

Asiyath M. Saeed, Maldives = 7008 followers

Hassan Ziyau, Maldives = 5735 followers

Senel Wanniarachchi, Sri Lanka= 2400 followers



^{*}Number of followers when the I Decide tweets were retweeted

Chapter 4

National Advocacy Efforts Bringing Change in Youth Policy in Sri Lanka

Family Planning Association of Sri Lanka (FPA SL) has been a key player in the establishment of the youth policy in Sri Lanka, by way of providing both technical, planning and implementation support. In 2007, the first draft of the National Youth Policy (NYP), titled "A dignified youth community for the 21st century"; came out for public review. However the draft failed to capture the needs and aspirations of the 23.2% of young people in the country. Since then FPASL has been working to form public opinion, building alliances and proactively advocating with key stakeholders. Due to political environment, the interest in youth policy waned.

From 2012 onwards, Government of Sri Lanka took a number of initiatives focussing on young people. These included hosting Commonwealth Games in 2012, Commonwealth Youth Forum 2013 and World Conference on Youth in 2014 to increase Sri Lanka's visibility, strengthen and increase social and economic viability of the country. This provided organisations such as FPASL to strategically plan advocacy efforts and focus on

policies which had a strong focus on "youth in development".

FPASL with its network and Ministry of Youth Affairs hosted several sensitisation programmes targeting members of the Sri Lanka Youth Parliament, Youth Corps and Sri Lanka Federation of Youth Clubs; on the importance of the policy for the country and its significance in the international arena. Youth consultations were held in several districts of the country. Engagement with the young politicians and celebrities in the campaign ensured support for the policy at the political level but further increased interest and awareness on the youth policy among the general public.

Public Awareness Campaigns

The 100,000 Signature Campaign was an island wide public awareness campaign conducted in partnership with all stakeholders to create awareness about the need and importance of a Youth Policy in Sri Lanka. A Facebook page was created for the signature campaign and social media coverage of the campaign ensured that information about the policy reached young people who had access to social media. Further, FPASL, used the Youthlink (World Bank funded project, which FPA Sri Lanka was also one of the grant recipients) online and offline platforms to disseminate information, mobilize youth and a tool for advocacy through digital media on the Youth Policy. FPASL actively used media to educate



and inform general pblic about the youth policy.

The final draft of the Policy was made available for public comments by November 2013 and the Policy was launched on 4th February in 2014.

Advocating for the Unique Needs of Transgender Community

All of us are born with a body which is makes us biologically male or female. Sometimes, these distinctions may not so well-defined biologically in some people, making them intersexed. On the other hand, some people don't identify their gender as the sex they were assigned at birth. Some people, for example, may have been born with a penis, and designated male at birth as a result, but later realise that they identify as women. Transgender women and men grapple with realities of prejudice, stigma and discrimination in personal and professional spaces, placing them under enormous stress. This affects them physically and emotionally putting them at risk of various ailments and infections including, HIV and sexually transmitted infections (STI).

Family Planning Association of India's (FPAI) Shadows and Light project supported by GIZ addresses the gender transition related gaps of Transgender community. Given the fact that there is not much awareness about the unique needs of transgender people who want to transition to the other gender, the transgender people face enormous challenges in getting health care services especially sexual and reproductive health. The transgender people face tremendous difficulties in getting accurate information about undergoing the gender transition procedures.

FPAI has addressed these and other issues affecting trans-genders in Mumbai, Chennai, Hyderabad and Bangalore. FPAI has trained staff and volunteers to educate and counsel trans-genders on gender transition related issues, screening for STIs including HIV, vaccination of Hepatitis B, provision of laboratory tests required for hormone therapy, STI and psycho-social care support for trans-genders living with HIV, referrals for Sex Reassignment and laser therapy. The capacities of Peer Educators on SRH-HIV linkages have also been built.

Up till 2014, the project has reached out to 3110 trans-genders out of whom, 36% tested for HIV, 33% for venereal disease research

laboratory test (VDRL) for Syphilis and treated for STIs. Around 20% of transgender clients were enrolled and continuing Hormonal Therapy, while around 8% were receiving Laser Therapy at the FPAI Clinics. Only 33% transgender clients agreed to take Hepatitis B test (1.38% were found positive) .Hepatitis B Vaccination was given free but data reveals that only 34% agreed for screening for Hepatitis B, and 54% completed the third dose. Through the project, FPAI also advocated for the decriminalisation of samesex acts in India.

Living through Gender Transition

Tharika Banu, 19 years of age hails from a remote village of Tamil Nadu. An only son of his parents, he was raised with much love and care at home. At the tender age of fourteen, he began to realise that he was different. "When I was studying Class VIIIth, I began to like dressing as a woman. I started wearing my mother's clothes. This is when I realised that, I am actually a woman in a men's body," says Tharika. His school mates also observed the changes in him and bullied him. Complaining to teachers and parents was also not much help. Feeling insecure and unprotected he ran away from the village and went to Chennai. In the city, Tharika met a transgender peer educator who took her not to a drop-incentre run by FPAI. There she met other members of the community. Through the FPAI branch in Chennai where she received hormonal therapy free of cost to begin her gender transition. She has undergone laser therapy, breast implantation, and speech therapy at an institution where she was referred to by FPAI. Her physical appearance has completely changed. Her dream of becoming a woman has become a reality. "FPAI helped me to realise my dream to become a woman. They gave me confidence to face the world and helped me to reconcile with my family," says Tharika.

Advocating for reaching hard-to-reach populations vulnerable to HIV in Iran

IPPF- and its Member Association, Family Health Association of Iran's (FHAI) advocacy with the Government for paying attention to the needs of hard-to-reach and under-served populations has been quite successful. It has led to the inclusion of customised strategy to work with sex workers in Iran's National Strategic Plan for HIV and AIDS of the Ministry of Health & Medical Education of Iran. The strategy for working with sex workers also has financial resources allocated to it. FHAI is a member of country coordinating mechanism for Global Fund and played an active role in the formulation of HIV and AIDS strategies in the country. FHAI also consistently advocates for specific needs of sex workers with key stakeholders.

FHAI also works with people using drugs (PUDs) especially women. In early 2009, FHA Iran initiated a small-scale yet innovative project which aimed to address the reproductive health needs of vulnerable women, especially sex workers in East Tehran. It was observed that this community had very little access to reproductive health services and information due to the high rate of stigma and discrimination associated with being a drug user or/and a sex worker. The project aimed to provide free-of-charge diagnosis and treatment of sexually transmitted infections (STIs) while voluntary testing for STIs





including HIV/AIDS together with pre and post-test counselling were welcomed by a large number of women who appreciated the stigma-free environment. Unlike other Drop in Centres that mainly provide harm-reduction services, the project benefited from the active participation of beneficiaries in planning, implementation, and evaluation. The DIC sees over 200 clients every month. The DIC is a good example of SRH-HIV integration in that all services ranging from gynaecological, Obstetric care, treatment of STI, HIV prevention services and testing for HIV are provided under one roof.

YES centre (Youth Education and Support) are run by FHAI to address the reproductive health needs of vulnerable young people. The centre provides needles syringe distribution, condoms, counselling as well as a range of SRH services. The centres provide needles syringe distribution, condoms, counselling as well as a range of SRH services

Advocating for Increased Budget Allocation for Family Planning

In Pakistan, the three provincial Governments of Punjab, Sindh and Khyber Pakthunkwa has seen an increase in budget allocation for family planning. The three provincial governments account for more than 90% of the total Population of Pakistan.

Due to persistent advocacy by Rahnuma-Family Planning Association of Pakistan (FPAP) has also pressured the provincial government to own the commitment, pledge and to allocate more budgetary resources for population welfare programmes in their vision document up till 2020. In addition, family planning has also been included in the National Policy 2025 that was launched in 2014.

In another major victory for FPAP's advocacy efforts towards Child Rights, a resolution against child marriage and Legislation for Child Marriage was passed in the Punjab Provincial Assembly. The resolution which was tabled in the Assembly also includes increasing the legal age of marriage for girls from 16 years to 18 years. In addition, the Punjab Province government has allocated funds for procurement of contraceptives in its annual budget 2014-2015.

Rahnuma –FPAP has also been instrumental in engaging with the government and policy makers. They have signed a Memorandum of Understanding (MoU) with the National and Provincial governments, ministries, departments and line agencies to strengthen their contribution for sexual and reproductive health, reproductive rights, family planning and youths. The partnership through this MoU is a significant step towards bringing about policy changes at various levels.

Building Capacities of Young Advocates to Blog for SRHR in Sri Lanka

In 2014, the Youth Technical Advisory Committee of Sri Lanka and IPPF SARO jointly organised a blogging workshop for youth volunteers to build their capacities in using a blog as a medium for expression as well as influencing people and winning them for SRHR. At the end of the workshop participants launched their own blog.

Financial Highlights

Global Funding Analysis

Some of the major donors who contributed to IPPF and from where the Region also received funding are provided below

(Figures in US\$ '000)

	18 / /			
Type of Grant Government	Unrestricted	Restricted	Total	
Government				
Australia	0	4,395	4,395	
Canada	0	1,668	1,668	
People's Republic of China	202	0	202	
Denmark	7,409	1,814	9,223	
Finland	2,356	926	3,282	
Germany	7,839	949	8,788	
Japan	8,814	784	9,598	
South Korea	87	0	87	
Malaysia	15	0	15	
New Zealand	2,137	0	2,137	
Norway	7,004	1,128	8,132	
Sweden	17,518	0	17,518	
Switzerland	2,202	0	2,202	
Thailand	2	0	2	
The Netherland	0	6,584	6,584	
United Kingdom	14235	1,632	15,867	
United States of America	0	875	875	
Total from Governments		20,755	90,575	

(Figures in US\$ '000)

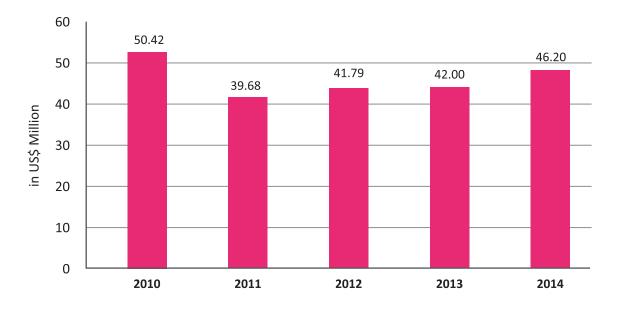
Type of Grant		,	
	Unrestricted	Restricted	Total
Donors			
Multilateral, Foundation and Other			
sources (major donors)			
Anonymous (on the request of the donor)	3	12,560	12,563
Bill & Melinda Gates Foundation		1,950	1,950
David & Lucile Packard Foundation		725	725
European Commission (EC)		1,369	1,369
Ford Foundation		510	510
Gesellschaft für Internationale		393	393
Zusammenarbeit (GIZ)			
Gynuity Health Project		83	83
RFSU (The Swedish Association for		919	919
Sexuality Education)			
Rutgers WFP		24	24
UNAIDS		2,111	2,111
UNFPA		1,335	1,335
William & Flora Hewlett Foundation	1,000	946	1,946

The overall funding (including Core and Restricted Projects) released from IPPF to the Member Association in the six regions in US\$ in the year 2014 is provided in the table below.

(Figures in US\$ '000)

Region	Core	Restricted	Total
Africa	20,005	10,021	30,026
Arab World	3,140	1,387	4,527
ESEAOR	4,900	2,058	6,958
EN	1,431	1,512	2,943
SARO	6,859	7,996	14,855
WHR	9,262	5,972	15,234
Total	45,597	28,946	74,543

The overall allocation of Core funding to the Member Associations from 2010 to 2014 is depicted in the graph below.



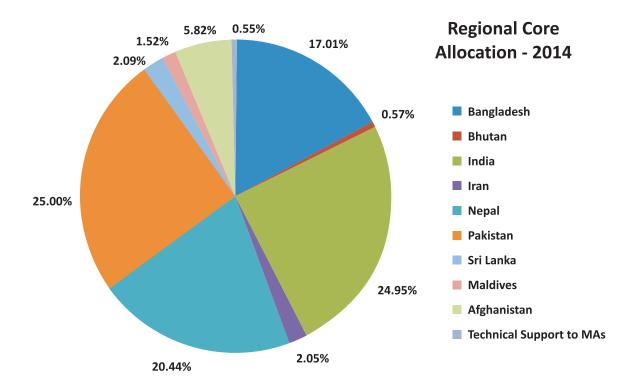
Region's Funding Analysis

The trend of core funding released to MAs during the period 2011-14 is presented below

(Figures in US\$)

MAs/ Support	2011	2012	2013	2014
Bangladesh	956,515	696,730	748,883	956,518
India	1,549,989	1,366,024	1,481,099	1,652,742
Iran	100,328	89,953	140,000	151,382
Nepal	1,274,133	1,179,543	1,233,871	1,337,897
Pakistan	1,598,815	1,530,614	1,670,763	1,786,145
Sri Lanka	128,464	89,864	138,700	149,186
Maldives	89,487	89,578	99,694	111,345
Afghanistan	330,009	271,563	263,852	353,407
Bhutan	38,422	30,867	34,554	37,115
TA Support for MAs	39,256	74,098	155,236	40,935
Total	6,066,162	5,344,736	5,966,652	5,966,652

The IPF allocation for MAs in the South Asia Region for 2014 was US\$ 7,392,000, as compared to US\$ 6,720,000 in 2013, an increase of US\$ 672,000. The funds were distributed among nine IPPF Members Associations and utilized for technical support by the Regional Office presented in percentage terms in the graph below.



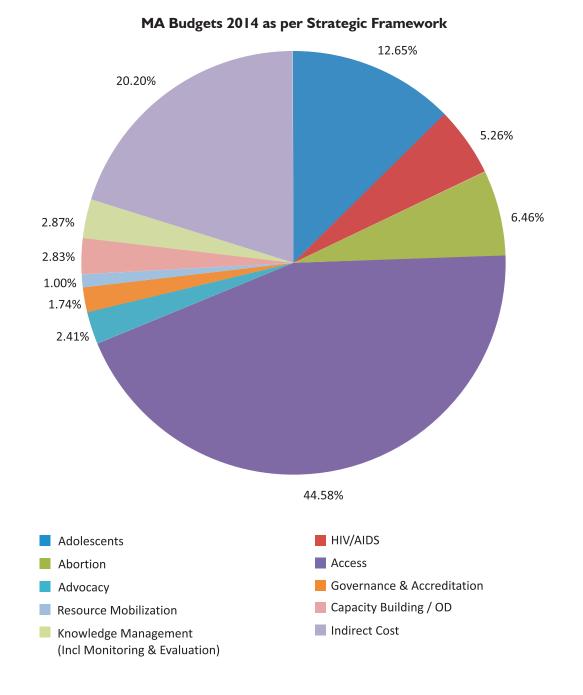
MA's Annual Programme Budget Allocation

In year 2014 MAs planned and utilised their programme budget using the strategic framework comprising of the five A's and four supporting strategies. The overall budget as presented in the Annual Programme Budgets of the MAs was US\$ 19,449,524. This comprised of Unrestricted Core from IPPF, Restricted Projects implemented by the MAs (other than what was routed through IPPF) and local income proposed to be utilized during the year as provided in the table below.

(Figures in US\$)

Countries	Unrestricted Core (IPPF)	Unrestricted Core (Local Income)	Restricted Others	Total
Bangladesh	953,410	359,553	1,157,455	2,470,418
India	1,844,179	2,378,136	788,377	5,010,692
Pakistan	1,848,000	1,555,317	567,129	3,970,446
Nepal	1,511,103	525,986	27,662	2,064,751
Maldives	112,037	454,888	0	566,925
Sri Lanka	154,205	3,893,789	0	4,047,994
Afghanistan	371,096	0	329,073	700,169
Iran	151,382	8,500	227,980	387,862
Bhutan	42,450	30,000	157,817	230,267
Total	6,987,862	9,206,169	3,255,493	19,449,524

The above consolidated amount was allocated by the strategic framework as presented below.



MA's Restricted Project (through IPPF)

Over and above the funding as presented in the table above, further restricted funding was allocated through IPPF, which has seen a significant increase in the number and funding from across the Region between 2010 to 2014. The number of projects increased from 52 in 2010 to 69 in 2014, whereas the funding from these increased from \$ 5.24 million to 10.75 million, an increase of over 100% as presented in the chart below.

69 69 12 12 10 coillim \$\$\text{SO ui} \\ 4

Budget & No. of Restricted Projects in SAR (%age increase 205%)

Allocation of Restricted projects and unrestricted earmarked to various Member Associations is provided in the table below.

13.06

2012

11.19

2013

→ No of Project

(Figures in US\$)

10.75

2014

Entity	Restricted	Unrestricted Earmarked	Total
Family Planning Association of Bangladesh	1,819,332	0	1,819,332
Family Planning Association of India	1,768,702	10,000	1,778,702
Rahnuma - FPA Pakistan	1,250,505	28,335	1,278,840
Family Planning Association of Nepal	1,137,934	59,595	1,197,529
Society for Health Education Maldives	136,349	0	136,349
Family Planning Association of Sri Lanka	526,056	13,950	540,006
Afghan Family Guidance Association	337,145	19,465	356,610
Family Health Association of Iran	(25,631)	0	(25,631)
Total	6,950,392	131,345	7,081,737

For the year 2014, the major donors in the Region included:

- Anonymous Donor

80

70

60

50

40

30

20

10

5.14

2010

7.08

2011

Budget (USD)

- Department of Foreign Affairs and Trade, Government of Australia (DFAT) (earlier referred to as AusAID)
- Department of Foreign Affairs, Trade and Development, Government of Canada (earlier referred to as CIDA)

- Japan Trust Fund
- Gesellschaft für Internationale Zusammenarbeit (GIZ)
- European Commission
- Ford Foundation
- Govt of Netherland (Choices Funds, ICPD and ASK)
- Gynuity Health Projects
- Norad
- Packard Foundation

South Asia Regional Office Funding

The total funds available in the year 2014 at the South Asia Regional Office (SARO) for technical support to the MAs, systems strengthening, resource mobilization, regional advocacy and maintenance of the office amounted to US\$ 4,567,322. This was allocated out of:

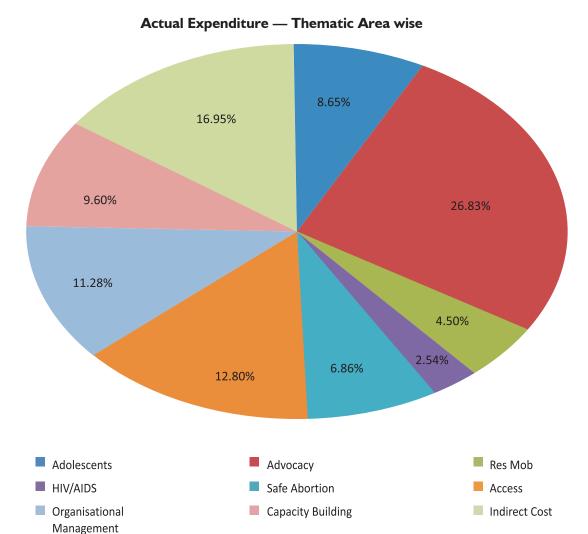
Unrestricted Core funding
 Restricted funding
 IPPF reserves (including the DRF)
 Governance funding
 US\$ 1,409,017
 US\$ 2,420,108
 US\$ 665,840
 US\$ 72,358

In line with the overall Strategic Framework this amount was allocated and utilized as provided in the table below.

(Figures in US\$)

Thematic Area	Budget Appropriated	Actual Expenditure	Budget Balance
Adolescents	388,979	234,821	154,158
Advocacy	1,712,384	728,714	983,669
Res Mob	229,970	122,337	107,633
HIV/AIDS	71,416	69,088	2,329
Safe Abortion	338,958	186,400	152,558
Access	558,709	347,524	211,184
Organizational Management	357,797	306,386	51,411
Capacity Building	390,384	261,500	128,885
Indirect Cost	518,726	459,838	58,888
	4,567,323	2,716,609	1,850,714

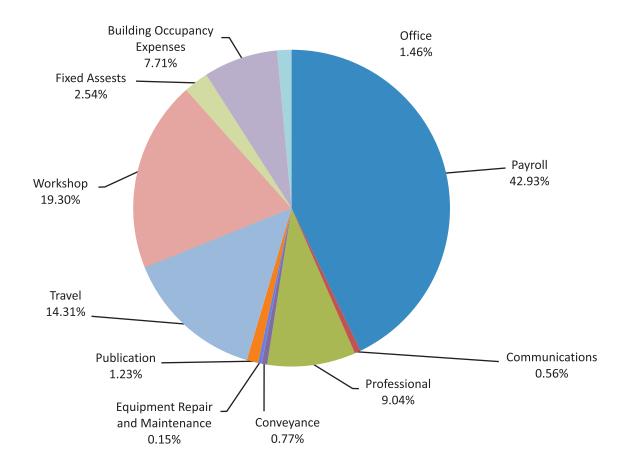
The percentage utilization of allocated funds by thematic area is depicted in the graph below



The overall break of the expenditure at the Regional office level, by General ledger heads in US\$ and % terms is presented in the table and graph below, respectively.

(Figures in US\$)

Expense category	Amount
Payroll	1,166,295
Workshop	524,315
Travel	388,661
Professional	245,527
Building Occupancy Expenses	209,451
Fixed Assets	68,968
Other Office Expenses	39,757
Publication	33,354
Conveyance	20,986
Communications	15,215
Equipment Repair and Maintenance	4,080
Grand Total	2,716,609



The above amount was utilized out of the funding sources as provided in the table below

Funding Type	Expenditure (US\$)	Percentage
(%)		
Core	1,061,199	39.06
Restricted	1,078,267	39.69
Unrestricted Earmarked-DRF	308,516	11.36
Unrestricted Earmarked-CO	192,384	7.08
funding		
Governance	76,243	2.81
Total	2,716,609	100

The majority of under-spending was under Restricted Projects, wherein certain activities needed to be carried forward to the next year. Other reasons for savings included/ carry forward of funding included slow uptake of some initiatives, exchange gains at the Regional level due to strengthening of the US\$, restricted projects funding that were utilized to undertake pre-planned core activities which were in line with these projects, etc.

SARO Team

SARO Management Group

Regional Director: Anjali Sen

Director, Governance, Accreditation and Organisational Learning and Evaluation:

Dr. Ataur Rahman

Director, Advocacy, Resource Mobilisation and Communications: **Anindit Roy Chowdhury**Director, Operations and Finance: **Varun Anand**Acting Director, Programmes: **Dr. Jameel Zamir**

RD's Office

Senior Technical Specialist, Family Planning:

Dr. Meeta Mahar

Programme Specialist, Human Resources and Administration: **Pooja Mathur Pande**

Executive, Regional Director's Secretariat and

Governance: G.D. Kapoor

Advocacy, Resource Mobilisation and Communications

Programme Specialist, Advocacy: **Neha Chauhan**Programme Specialist, Resource Mobilization:

Pankaj Anand

Programme Specialist, Communications and

Campaigns: Amelia Andrews

Project Specialist, Advocacy: **Susmita Choudhury**Project Specialist, SPRINT: **Nimisha Goswami**

Project Assistant: Subalaxmi Mohanth

Programmes

Programme Specialist, Medical and Abortion:

Dr. Abhijeet Pathak

Programme Specialist, Adolescents and Young

People: Manish Mitra

Programme Specialist, HIV and AIDS: Aditya Singh

Project Specialist, SRH: Deepesh Gupta

Project Coordinator: Malavika Thirukode

Governance, Accreditation and Organisational Learning and Evaluation

Programme Specialist, Governance and Accreditation:

S. Praveen

Programme Specialist, Organisational Learning and

Evlauation: Ryan Joseph Figueiredo

Project Specialist, Organisational Learning and

Evaluation: Raju Tamang

Operations and Finance

South Asia Regional Consultant: Rajeev Ragta

Consultant, Finance: Badri Kumar Guragain

Executive, Accounts: Sanjeev Juneja

Executive, Accounts: Amit Malik

Executive, Travel, Logistics and Office Services:

Sangeeta Mathur

Executive, Front Office, Resource Centre and Office

Services: Anju Mathur

Accountant: Dileep Kumar Audichya

Accountant: Vikram Singh

Consultant: Anurag Ojha

Assistant, Driver: Mukesh Kumar

Assistant, Driver: Sriniwas Mehrolia

Assistant, Office Support: Laxman Singh

Assistant, Office Support: Vijay Kumar Singh

SPRINT

Emergency Response Manager, SPRINT: Aditi Ghosh

Manager, Communications: Debanjana Choudhuri

Manager, Monitoring and Evaluation:

Dr. Rajrattan Lokhande

Manager, Finance: Keerti Gupta

Project Assistant: Sinu Chacko



Volunteers in Governance: Regional Executive Committee

- Dr. Safieh Shahriari Afshar, Chairperson REC
- Ms. Sujatha Natarajan, Chairperson, Regional Council (RC)
- Adv. Mohammad Muzibur Rahman, Regional Treasurer
- Mr. Ismeth Issadeen, Member
- Mr. Asim Mohamed, Member
- Dr. Nasrin Oryakhil, Member
- Ms. Shambhavi Poudel, Youth Member



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)



Rahnuma – Family Planning Association of Pakistan



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:

Dr.Abhijeet Pathak; Manish Mitra; Aditya Singh; Neha Chauhan; Susmita Choudhury; Subhalaxmi Mohanty; Nimisha Goswami; Pankaj Anand; S.Praveen; Ryan Joseph Figueiredo; Raju Tamang and Badri Guragain

Editorial Advisory Board: Anjali Sen, Anindit Roy Chowdhury, Varun Anand; Dr. Jameel Zamir and Dr. Ataur Rahman

Editorial Committee: Neha Chauhan; Susmita Choudhury, Subhalaxmi Mohanty, Raju Tamang, Badri Guragain and Amelia Andrews

Writer and Editorial Coordinator: Amelia Andrews

Designed by: AB Impression Pvt. Ltd.

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.



INTERNATIONAL PLANNED PARENTHOOD FEDERATION

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