

ANNUAL REPORT 2013
FAMILY PLANNING ASSOCIATION OF INDIA

Transforming
lives



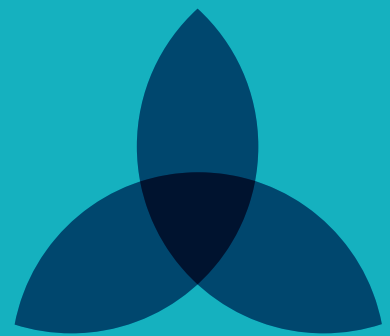


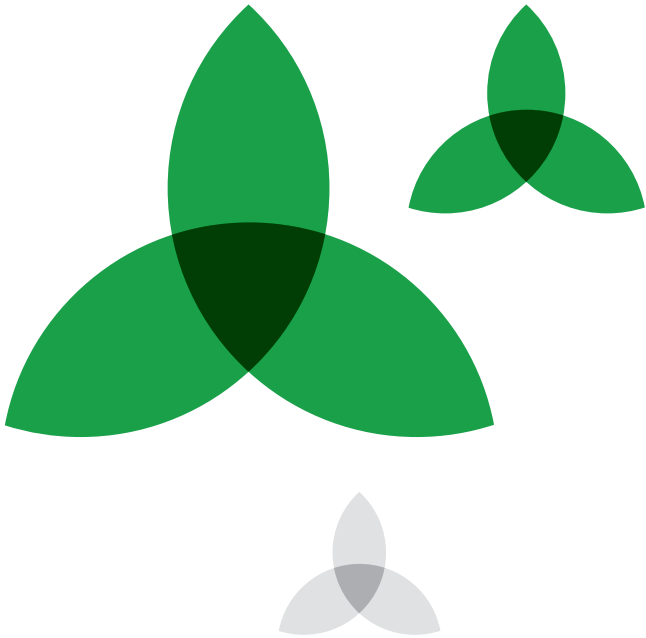
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MESSAGE FROM THE PRESIDENT



We are now committed to move forward to undertake strategies that help the association to tackle greater challenges and achieve greater heights.

The year 2013 has been a very special year where we achieved an important milestone. This year we received the IPPF's best Member Association award from among 172 countries, an achievement which goes to the credit of all volunteers and staff who worked to meet the SRH needs of the people through quality services.

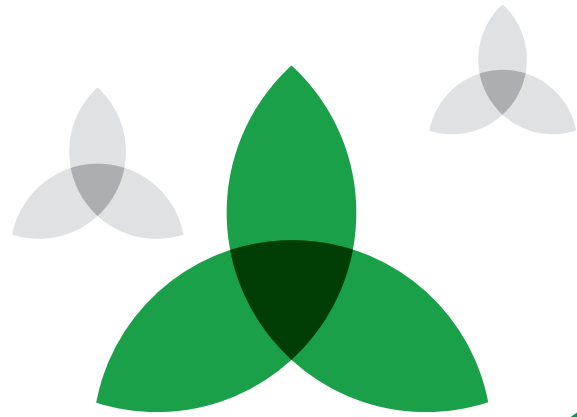
While we received global recognition, the brave and angry advocacy efforts were pursued at the district, state and national levels to promote wider contraceptive choice, abortion as a woman's right, and gender equality. All these efforts made through partnerships with NGOs/CBOs, other agencies and the government.

As a part of a long term commitment to strengthen volunteer commitment, and to foster the complex process of engaging people in volunteer work, structured steps at all branches were undertaken. Workshops were held involving 79 governance volunteers to inculcate the organization's culture and their roles and responsibilities as volunteers. These strategies have already started showing very positive outcome. On the one hand, volunteer base is getting diversified; young people are beginning to get more involved in governance and giving their valuable time for FPAI's activities while HIV positive persons are welcomed at the policy making level of the branch executive committee. In 2013 all Branches coopted PLHIV on the Branch Executive Committee.

Governance and management are the support systems of the Association ensuring that we maintain high levels of policy making with appropriate processes and systems. The year saw the Organization Development (OD) exercise completed. A 360 degree feedback methodology was used by the consulting agency to put forth their recommendations. We are now committed to move forward to undertake strategies that help the association to tackle greater challenges and achieve greater heights.

MRS. SUJATHA NATARAJAN
President

MESSAGE FROM THE SECRETARY GENERAL



Over a period of six decades the Association has moved from strength to strength winning awards and accolades for its work in the field of sexual and reproductive health. This year i.e. 2013 the Association received the coveted best Member Association Award bestowed by the International Planned Parenthood Federation (IPPF) Governing Council for its contribution to the field of sexual and reproductive health and rights. The award was given in a function held in London on 23 November 2013.

In the year 2012 compared to that of 2010 FPA India achieved 42 percent increase in its services and in 2013 maintained it at 38.7 percent. With this we have almost doubled our services compared to that of 2010 as per the call given by IPPF to be achieved by 2015. We continue to provide services to the poor and marginalised people who have limited access to SRH services and who are unable to exercise their sexual and reproductive rights.

With an approach towards continuous improvement, a holistic approach to management was undertaken for systems strengthening be it for M&E or commodity security. The outsourced internal audit has helped to strengthen the finance management. The Organizational Development (OD) exercise was also completed during the year. All this is leading towards a more efficient, modern and professionally managed organisation.

In taking the SRHR agenda forward, the Association's advocacy efforts increased with the national and state governments and participation at most of the major forums, both nationally and internationally. Abortion as a woman's right is being promoted, at the same time strict measures are being implemented to curb sex selective abortions. The branches are being motivated to provide safe abortion services as walk-in services. Comprehensive sexuality education is being provided against all odds. Our effort to eliminate stigma and discrimination towards PLHIV and other key population groups continues. At FPA India we have a "no refusal" policy whereby we are bound to provide services free of costs recovery to those who cannot afford. Our SDPs are stigma free zones providing services to TGs, sex workers as well as to men, women and children, alike.

We are happy that FPA India's role in providing SRH services is recognized by the Government of India and different State Governments. Accordingly in many states local administration has allotted land/plots to construct own premises for the Reproductive Health & Family Planning Centres (RHFPC) of the branches. In this regard out of 44 Branches and Projects, 25 have their premises owned or provided by local administration or trusts/establishments. Out of 41

Reproductive Health & Family Planning Centres (RHFPC) 30 have premises owned or provided by local administration or trusts/establishments.

This move has instilled confidence and commitment among the Branch/Project volunteers and staff. We are committed to provide quality services to all.

The Association has come to this stage by crossing all the hurdles and overcoming the difficulties.

Dr APJ Abdul Kalam former President of India once said,

“Difficulties in your life do not come to destroy you, but to help you realize your hidden potentials and power. Let difficulties know that you too are difficult.”

We have proved the test of living up to this wisdom.

VISHWANATH KOLIWAD
Secretary General



DONORS



ASSOCIATION OF FRIENDS OF GERMANY (BREMEN)

AUM FOUNDATION

AUSTRALIAN AGENCY FOR INTERNATIONAL DEVELOPMENT

AVM CHARITIES

DANIDA

DESHPANDE FOUNDATION PROJECT

EUROPEAN UNION

GLOBAL COMPREHENSIVE ABORTION CARE INITIATIVE PROJECT

GORAN GROSKOPH FAMILY - SWEDEN

GOVERNMENT OF INDIA/RESPECTIVE STATE GOVERNMENTS

JAPAN TRUST FUND

LARSON & TOUBRO PUBLIC CHARITABLE TRUST

MAC ARTHUR FOUNDATION

MAHALAXMI TEMPLE TRUST FUND - MUMBAI

MICROSOFT CORPORATION

MORRIS FAMILY FUND - PUNE

NORAD

POPULATION FOUNDATION OF INDIA

PUBLIC HEALTH FOUNDATION OF INDIA



RAGHAVA CHARITY TRUST

REGIONAL RESOURCE CENTRE

ROTARY CLUB OF KOLKATA

SERVICE EDUCATION TRAINING UNIT

SMILE FOUNDATION - BHOPAL

STATE AIDS CONTROL SOCIETIES

(ANDHRA PRADESH, CHANDIGARH, GUJARAT, HARYANA, JAMMU & KASHMIR, KARNATAKA, KERALA, MADHYA PRADESH, MAHARASHTRA, PUNJAB, RAJASTHAN, TAMIL NADU)

STATE BANK OF INDIA

TATA IRON & STEEL CO-GROWTH SHOP

TATA STEEL LIMITED

TATA STEEL RURAL DEVELOPMENT SOCIETY - JAMSHEDPUR

TEA BOARD - NILGIRIS

THE DAVID & LUCILE PACKARD FOUNDATION

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

WEST WIND FOUNDATION

CHANDIGARH STATE AIDS CONTROL SOCIETY, UT, CHANDIGARH

DISTRICT HEALTH OFFICE

DR. ALKA GOGATE

DR. K. SHESHAGIRI RAO

DURGAWATI MARDI

HUP PROJECT

INTEGRATED HEALTH AND FAMILY WELFARE SOCIETY FOR PMC

KANNIKA SAGAR

KAUSHALYA KOHILI

MR. BADAL SUTRADHAR

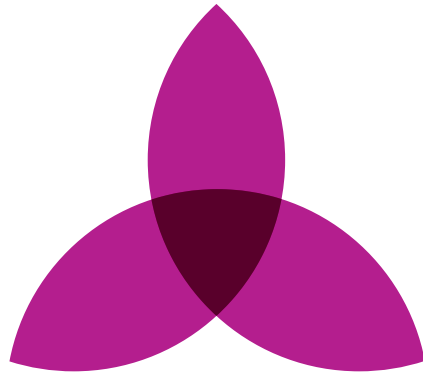
NATIONAL RURAL HEALTH MISSION

NATIONAL RURAL HEALTH MISSION - CITIZEN HELP DESK

PUNJAB STATE AIDS CONTROL SOCIETY, CHANDIGARH - TI PROJECT

SOUTH INDIA MARKETING DIVISION KOLKATA

SRI VENKAT



INTRODUCTION

Like each year, the year 2013 also brought significant achievements, new initiatives, and fresh perspectives for FPA India. In 2013, FPA India received the coveted best Member Association Award, bestowed upon it by the IPPF Governing Council at London, for its contribution to the field of sexual and reproductive health and rights. FPA India achieved this through a relentless effort in designing and developing strategies to reach people most in need of SRH services, be it vulnerable groups of people or those who have no access to services such as safe abortions. Many women in India are deprived of this critical service due to stringent rules imposed by state governments in regulating abortions in a bid to eliminate sex selective abortions.

2013 marked the mid-year of the Strategic Plan period 2011-2015. During the year, a mid-term review of the Strategic Plan was carried out through a workshop with senior staff of FPA India. The Strategic Plan was reviewed against the backdrop of the changes within the system as well as in the social development environment. The overall performance of the Association over the last two-and-a-half years was presented as per the PBF indicators, and the declining and rising trends of various indicators were discussed.

With an approach towards continuous improvement, a holistic approach to management was undertaken with continuous strengthening of systems for M&E, accounts and commodity security. The recording and reporting system at all levels was fully equipped with formats/registers. Further to this, the exercise of organisation development was completed during the year.

During the year, FPA India covered a total population of over 30 million, provided nearly 8 million services (Figure 1), a three-fold increase over the previous year, to over 2.8 million clients (Table 1). This figure included children (1,24,289) and adolescents (25,163) between 10-19 years of age and young people (3,67,122) between 20-24 years of age. In total, men and boys constituted 43 per cent of all FPA India clients. Most (85 per cent) of the clients were poor, marginalised, socially excluded or underserved (PMSEU). Through IEC programmes, FPA India reached out to around 15 lakh people, while nearly 80,000 young people completed the comprehensive sexuality education programme of the FPA India.

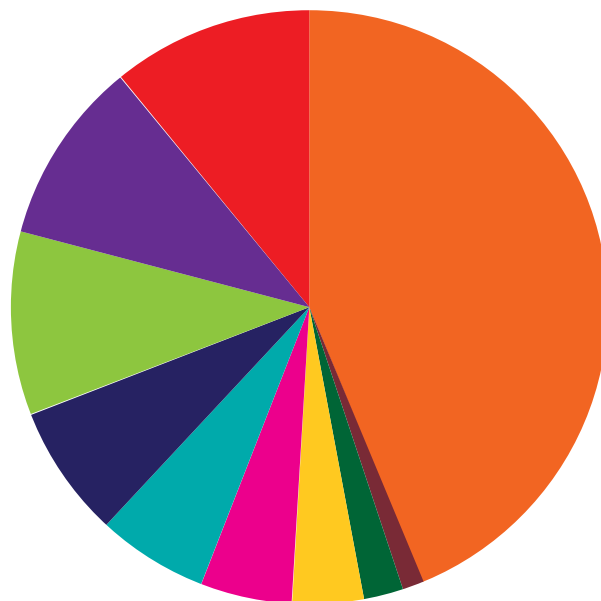
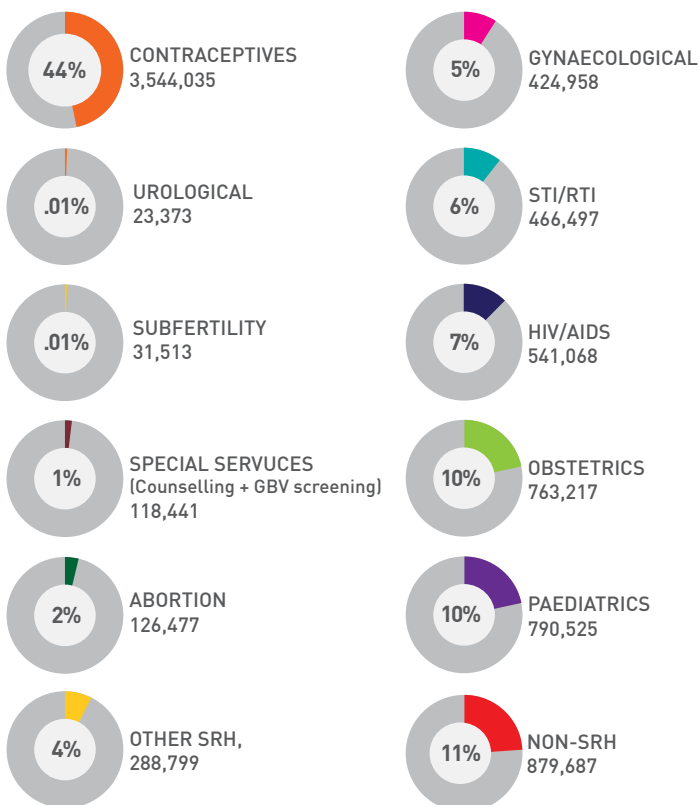


IPPF Awards

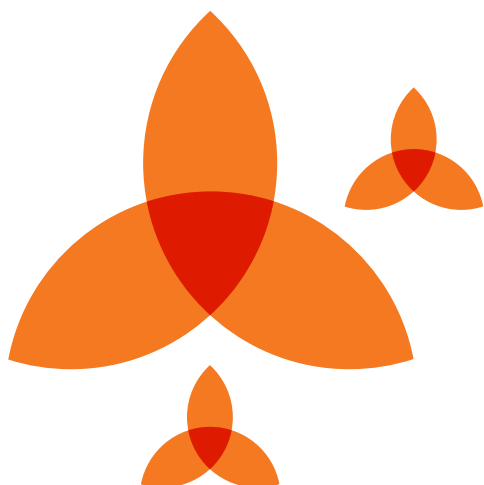
IPPF Awards FPA India for its contribution to SRHR

From Left to Right – Mr. Tewodros Melesse, Director General – IPPF, Mrs. Sujatha Natarajan, President – FPA India, Mr. Vishwanath Koliwad, Secretary General – FPA India and Dr. Naomi Seboni, President - IPPF

Proportion of services provided in 2013



A total number of 5485 service outlets provided SRH information and services directly through FPA India managed 41 static clinics (RHFPCs), 24 Urban Welfare Centres, 82 mobile clinic units managed by 44 Branches/Projects with 3,052 policy level volunteers and 1,649 staff at Branch/Project level and 56 at HQ level. Additionally, supported by 4697 CBDs and 505 private practitioners and 136 other agencies at the community level were identified and trained by FPA India. Community mobilisation efforts resulted in establishing or working with already established 6831 local voluntary groups, including SHGs with a total membership of 1,06,985 persons, 4163 Peer Educators, 4544 ASHAs/USHAs, 5334 anganwadi workers, 3389 Panchayat members, and 510 NGOs (183 signed MoUs) supported FPA India programmes. More specifically, 2555 Peer Educators and 2051 teachers were trained to provide comprehensive sexuality education to young people.



ADVOCACY

“Advocacy is speaking up, drawing a community’s attention to an important issue, and directing decision makers toward a solution. Advocacy is working with other people and organisations to make a difference.”

Advocacy is one of the 5 A’s programme areas – Advocacy, Access, Adolescents, AIDS and Abortion – that form the framework of the activities and goals of the FPA India. Through advocacy, FPA India has been able to mobilise support and resources for sexual and reproductive health and rights in India. Advocacy has helped the Association to build partnerships and increase the number of volunteers and ‘friends’ working with them through Branches and Projects.

Often, issues of sexual and reproductive health and rights are not adequately addressed by the government because of political interests. Controversial issues fall out of the agenda altogether. Civil society organisations like FPA India and other individual entities encourage the government to act in public interest by adopting and implementing positive policies, programmes and budgets with respect to SRH.

This year, the Association represented itself at both national and international conferences. Oral presentations and poster presentations were made by volunteers and staff at the Congress of Obstetrics and Gynaecology held in Tehran, and Family Planning Conference 2013, at Addis Ababa, Ethiopia.

Formal partnerships and networks have been gradually increasing. The Association has continued to promote SRHR for all with different ‘actors’. Sensitisation meetings helped in building partnerships and network with other agencies. In total, 664 formal partnerships with other NGOs and networks were formed (510 NGOs, 96 Government bodies and 58 Corporates). Informal partnerships were made with 327 NGOs and networks, 55 Government bodies and 3 Corporates.

Meetings were held to advocate with community members, religious and opinion leaders/LVGs/CBOs on prevention and stigma/discrimination related to HIV/AIDS, CSE, safe abortion, mother and child health and contraception. Through the project Building Momentum for SRH–HIV Integration in India, FPA India printed an issue brief on SRH–HIV Integration which includes Indian case studies. The capacity building programmes on advocating for integration and gender mainstreaming helped CSOs in strengthening their intervention and advocating with district health officials.

A position paper on “SRHR and Poverty Alleviation linkages” was developed as part of the project Positioning SRHR as critical to Poverty Alleviation: Creating National Champions.



Advocating Reproductive Choices

Advocating Reproductive Choices (ARC) is one of the largest coalitions of organisations and individuals primarily working in the field of sexual and reproductive health in India. The aim of the coalition is to expand contraceptive choices for the Indian population by widely promoting and making available safe, effective and quality contraceptives in the public and private health service delivery system at affordable costs.

The FPA India holds the Secretariat of ARC since 2008, with funding support from the David and Lucile Packard Foundation for a period of 24 months, beginning from January 2011 to December 2012 and continued through 2013 at no additional cost.

Today, the coalition includes 36 organisations at the national level and 137 organisations at the state level in five focus states - Bihar, Jharkhand, Uttar Pradesh, Madhya Pradesh and Rajasthan.



Recognising the need for focused advocacy action, ARC has constituted national level Task Forces on Quality of Care in Family Planning and on Expanding Contraceptive Choices. The Task Force on Expanding Contraceptive Choices took up the issue of expanding access to new and underutilised contraceptives and prioritised advocacy for injectable contraceptives, implants and progestogen-only pills.





The central government requested the ARC to visit few districts for conducting quality assurance on family planning. A tool was developed for this purpose and shared with government officials.

An issue brief on Progestogen-only pills and a scientific brief on injection Cyclofem was developed, with an objective to build evidence for expanding access to new and underutilised contraceptives in India. This was done with technical support from FOGSI and additional funding from USAID through the PROGRESS Project implemented by FHI 360. The briefs were disseminated at the state level in Bihar and UP through the respective state chapters of ARC. An Expert Committee was formed to review the safety and efficacy of Cyclofem after approval from the Drug Controller General of India.

The Task Force on Quality of Care in Family Planning sent a proposal to the Government of India to conduct a situational assessment of the delivery of various FP services both at camp settings and at various levels of public health facilities in selected districts. The UP state Directorate of Family Welfare has allotted ten districts of UP to ARC to begin the assessment by early 2014. This is a significant step forward in public-private partnership towards monitoring quality assurance in public health facilities.

A series of discussions were held among funding partners of ARC, members of the ARC National Steering Committee and representatives of the ARC Secretariat, on the issue of rotation of the ARC National Secretariat as well as rotation of the respective State lead Agencies of ARC in each of the five ARC State Chapters of Bihar, Jharkhand, MP, UP and Rajasthan. However, since none of the members volunteered to lead, the decision to rotate the Secretariat was deferred, with the understanding that FPA India would continue to hold the Secretariat until a suitable organisation could be identified to take over.

The process of rotating ARC State Lead Agencies was also initiated. Population Foundation of India (PFI) was selected to take over as the State Lead Agency for the Bihar State Chapter of ARC, from Janani, the current state lead agency.



Building Momentum for SRH-HIV Integration in India

The objective of the project 'Building Momentum for SRH-HIV Integration in India' is to increase coverage of sexual and reproductive health services in areas of unmet need through area-specific approaches and strategic partnerships and to advocate for SRH-HIV integration within the Government health system and private sectors in India.

Funded by the European Commission through the IPPF, the specific objectives of the project also include increasing people's access to a range of information and services that can reduce unsafe sexual behaviours, sexually transmitted infections, including HIV, maternal and new born mortality and morbidity, and mother to child transmission of HIV by reducing unintended pregnancies. The project covers rural, urban and peri-urban areas in Andhra Pradesh, Madhya Pradesh, Odisha, Uttar Pradesh, Bihar, West Bengal, Delhi and Tamil Nadu.

The expected results are: (a) increased commitment of CCM to SRH-HIV integration, (b) Capacity of CSOs in integration, proposal writing, gender, budgeting and financial management for Global Fund enhanced and integrated SRH-HIV proposal submitted to the CCM, (c) Increased funding from the Global Fund for SRH-HIV integration; increased uptake of SRH and HIV services by young people; and (d) Integrated SRH-HIV proposals submitted to the CCM in India.

Four capacity building training programmes for CSOs in the states covered by the project were organised. Six small grant facilities were allotted to CSOs for approved proposals for undertaking advocacy initiatives on SRH-HIV Integration at the service delivery level for promoting SRH-HIV integration in their area. Regional youth coalition meetings to strengthen the capacity and voice of youth leaders and CSOs working with youth population on advocacy for youth-friendly SRH-HIV integration at the service delivery level were conducted as also country team meetings were held to focus on the issue briefs and planning for the new activities.





A number of positive learnings and outcomes emerged from this experience:

- CSOs gained confidence and are now able to promote SRH-HIV integration at the service delivery level
- Most of the CSOs have implemented SRH-HIV integration services like HIV testing for pregnant women and her partner, cervical cancer screening and family planning counselling services for HIV positive women in ICTC clinic
- Started providing SRH services to spouses of married MSM in MTH (men having sex with men, transgender and Hijra) clinic, promotion for safe sex by female sex workers, delaying child marriage, development of life skills module on SRHR-HIV for adolescents in the formal and non-formal education system
- Helped in bringing visibility and media coverage to the CSOs
- The follow-up meetings helped the participants to share their learnings, roadblocks, and challenges and solutions
- Some of the press clippings and work done by the CSOs and the project were shared on the Integra website





Positioning SRHR as Critical to Poverty Alleviation: Creating National Champions

IPPF received a grant from the David and Lucile Packard Foundation to harness the political priority and evidence to ensure that SRHR is represented in the final inter-governmental negotiations on the post 2015 development framework. In India, the project was implemented by FPA India over a two-year period, later extended for another six months. The objective of this initiative was to engage stakeholders from the sectors of Poverty Alleviation and SRHR, to work with the partner CSOs in order to build evidence around the inter-linkages between SRHR and poverty alleviation to get SRHR prioritised in the national as well as local level policy, budgets, regulatory documents or legislation.

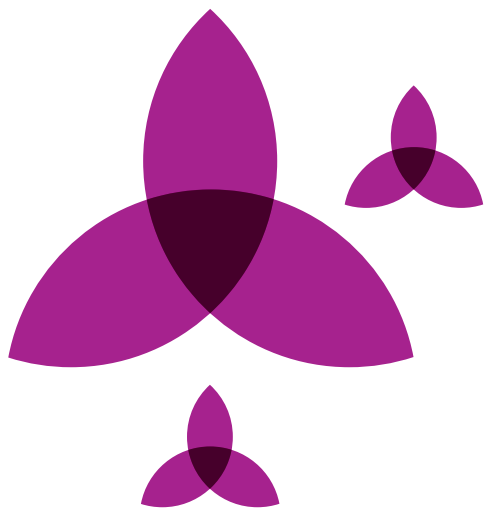
A review of literature was conducted to identify the critical elements of poverty alleviation. The process also recognised the scope of positioning SRHR messaging within poverty alleviation policies and programmes. Following the desk review, structured interviews were conducted with the senior representatives of Ministries of Women and Child Development, Rural Development, Health and Family Welfare, Planning Commission, Indian Association of Parliamentarians for Population and Development (IAFPPD) to understand policy views on linkages between SRHR and poverty alleviation.

An equal emphasis was placed on engaging with the grassroots level organisations currently implementing poverty alleviation programmes. Three community-based CSOs focusing on livelihood were identified for conducting a qualitative study to further the advocacy strategy for positioning SRHR as critical to poverty alleviation. Another qualitative study was carried out by FPA India to discern the perceptions of the community on SRHR and poverty linkages.

All the stakeholders interviewed recognised the advantage of correlating livelihood programmes with sexual and reproductive health including family planning, and expressed their willingness to explain the linkages to the community using the same resources that they hitherto used to talk about poverty alleviation only.

Such an intervention could then be scaled up to a larger area, thus bringing about overall improvement in quality of life.





ACCESS

Access is a means of approaching or entering a place, communicating with, or making use of. For FPA India, access is a two way process – of identifying, reaching out and communicating with difficult to reach communities; and for these communities, to avail of information, services and material necessary for ensuring their SRH.



For successful implementation of reproductive health in India, Access, through its outreach services and static clinics, has been an invaluable mediator. The programme strategy Access is instrumental in disseminating information and providing services related to contraception, maternal and child health care and other reproductive health care such as infertility and gynaecological problems. In 2013, FPA India continued using a rights-based approach to providing SRH-related information through its 44 Branches/Projects.

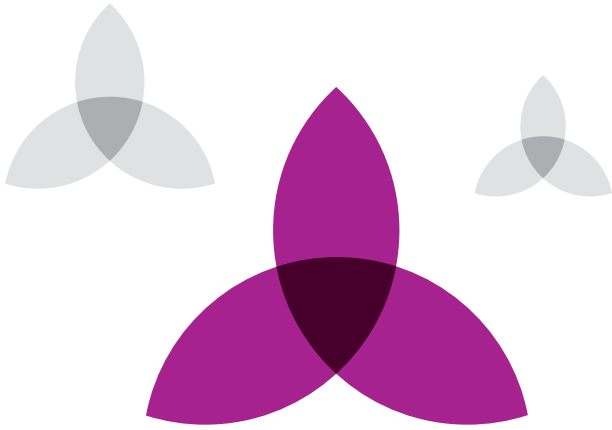


Satellite clinics

FPA India redesigned the clinics situated in the outreach and gave it a form while also expanding into other areas with limited access to SRH services. These clinics provide all SRH-related services which do not require an OT - contraceptive methods such as injectables, IUD insertions, oral pills and condoms, emergency contraception, basic lab testing, syndromic management of STIs, management of gynaecological problems and referrals.

FPA India runs such satellite clinics, which has helped in providing the much needed SRH services to the poor and marginalised populations.





The SETU Project

Community participation and mobilisation models are accepted to be the most effective tools for bringing about changes in geographically or socially isolated communities. If deployed in conjunction with strong capacity building and dependable and efficient health care infrastructure, the outcomes improve manifold. Support for the outreach programme includes creating facilities for provision of health care at community level and ensuring uninterrupted supply of commodities, both external and internal.

Implemented in 2011 with funding from AusAID through IPPF, the Service Education and Training Unit (SETU) Project is aimed at providing these crucial support components. There are two aspects to the project – strengthening male involvement in 10 selected static clinics and strengthening access to underserved communities in 17 locations across seven states as well as New Delhi.

At each location, the project in the outreach covers one block. There are approximately 150-200 CBDs in each block providing condoms and oral pills, besides doing basic pregnancy tests to confirm pregnancy and providing ORS. For a higher level of service provision the clients are referred to the nearby satellite clinic established through this project. The concept of establishing a strategically located satellite clinic was further strengthened through this project.

A Training of Trainers workshop was organised for Quality Assurance Strengthening, during which 22 Doctors and 5 Branch Managers were trained. These trained cadre of people will in turn train the Branch staff in QAS, SDP self assessment. They will also undertake internal self assessment at FPA India Branches.

The Newer Practices in SRHR and Quality Assurance Strengthening workshop was organised. This workshop was followed by another 2-day workshop for Medical Officers and Branch Managers of FPA India clinics to orient them about the IPPF standards of quality of care and to train them in quality assurance strengthening at service delivery point.

During the year, CBDs provided 9,79,495 (64%) services, satellite clinics provided 6,34,425 (42%) services and associated clinics/private medical practitioners provided 13,872 services.

The SETU Project contributed significantly (46%) to the overall Branch performance.

In 2013, 60% of CBDs opened bank accounts

All of these CBDs are women who never had a bank account. Honorariums were directly transferred to their bank account. This practice gave an additional dimension of women's empowerment to the project.

The SETU project model proved to be cost effective for provision of contraceptive services. A rough estimate of the cost per contraceptive service by CBD and Satellite clinic was found to be 0.48 and 0.47 USD, respectively. Thus, a multi-level service delivery system was proven to be an efficient and cost effective method of providing family planning and contraceptive information and services.









Case Study

Twenty six year old Suman* was married to truck driver Suresh*; they had a five-year-old son. Suresh's work kept him away for long periods. One day, much to their shock, he was diagnosed as being HIV positive. Suresh succumbed to the disease two and half years later. Later, they discovered that Suman had contracted HIV from her late husband.

Due to her HIV positive status, she and her son were turned out of her in-laws' house. She moved into her parent's house and worked in fields as a daily wage labourer to sustain herself and her son. After a few months, she was compelled to leave her parental village as well, since villagers refused to work along with her and denied her work because of stigma. She moved to the nearby town of Aurad Taluka, and she managed to get a job as an Ayabai (peon) in a school for a few months.

One of her friends told her about SETU Project activities and accompanied her to meet the Project Coordinator. Suman was a matriculate and had obtained basic knowledge of HIV/AIDS while she was undergoing antiretroviral treatment. Thanks to her knowledge about HIV/AIDS and interest in working in the community, she was offered the job of Link Worker in the Project.

Since 2012, Suman has been an active and enthusiastic worker, participating in project activities- disseminating basic information and knowledge about FP, HIV, SRH, MCH and other related issues. Besides, she also motivates and inspires people living with HIV to remain optimistic. Suman's own life has taken a positive turn. She has gained confidence and an aspiration - to ensure a good education for her son. Suman says she thanks the FPA India for providing her an invaluable opportunity to live her life with dignity, honour and self esteem.



*both names changed





Male involvement

Historically, clinical services have been centred around women due to high the unmet need, maternal mortality and morbidities and other aspects of critical indicators related to women's health. This has, however, resulted in isolating men to an extent where they feel uncomfortable in accessing sexual and reproductive health services for themselves, especially at clinics focused on providing family planning services. The FPA India is cognisant of this and is making attempts to address the unintended skew.

In three Branches (Agra, New Delhi and Yamunanagar) that have male clinics, the FPA India conducted awareness programmes on issues related to responsible parenthood, sexuality, gender, HIV/AIDS, RTI and STIs. The Agra Branch held special OPD services for male clients. Regular meetings were conducted in the field areas to spread awareness regarding services provided at the clinic, and to clarify the misconceptions among clients regarding accessing these services. In New Delhi OPD services for men were provided on selected days. The Yamunanagar Branch held meetings in field, bringing in awareness on these issues.

There was a significant increase in the number of men availing reproductive health services other than contraceptive and HIV/AIDS, and the number of new male contraceptive acceptors increased.



Screening for cervical cancer

All the Branches initiated visual inspection with acetic acid at outreach centres and clinics, giving clients a possibility of screening for cervical cancer free of cost. This technique was appreciated by providers at Branches as a good technique for cancer detection. **Mumbai, Pune, Ahmedabad, Nagaland, and Solapur Branches** have started screening clients regularly at the RHFPC. A total of 480 women were screened for cancer of the cervix through this procedure. This is a major step towards improving services at RHFPC as well as in the outreach.

Male SRH services were strengthened by setting up clinical counselling and service sessions addressing male sexual disorders, male infertility, contraceptive options for men and male responsibility in maternal and child health care.



DAYS OF SIGNIFICANCE

Throughout the year, there are special days that are celebrated or observed, either globally or nationally, to highlight various issues and events. Some of these days are of particular relevance to FPA India's mission, and are used by the Association for discussing and broadcasting the objectives, issue-based key messages and values of the organisation. Using these occasions for reaching out to society also serves to bring together on one platform the community, the organisation, members of government and various other stakeholders.



International Women's Day

March 8

The International Women's Day 2013 was celebrated throughout the FPA India Branches. The United Nations theme for this year was "A promise is a promise: Time for action to end violence against women", while the International Women's Day declared the years' theme as "The Gender Agenda: Gaining Momentum".

In keeping with this theme, various seminars, quiz competitions, exhibitions, signature campaigns and rallies were organised at different Branches (Agra, Ahmedabad, Bellary, Bijapur, Bangalore, Dharwad, Hyderabad, South Kanara, Madurai, RTC Bhopal, Jabalpur, Bhubaneswar, Bhopal, Belgaum, Bidar, Chennai, Dindigul, Gomia, Gwalior, Indore, Jaipur, Kolkatta, Lucknow, Mohali, Mumbai, Mysore, Madurai, Nilgiris, North Kanara, Nagaland, New Delhi, Pune, Panchkula, Rajkot, Raichur, Singbhum, Solapur, Srinagar, Trivandrum Branches and Barwani Project). The Yamunanagar Branch conducted cultural activities conveying messages on female foeticide and gender based violence

World Health Day

April 7

On this day, FPA India highlighted the need to control high blood pressure. The slogan for the campaign was "Healthy Heart Beat, Healthy Blood Pressure". The Bangalore Branch organised a health check up camp on STI/RTI detection for young women. The Ahmedabad Branch, in collaboration with Jivantirth Organisation, held a seminar, a cricket tournament, and a health awareness programme for management of blood pressure. The Bhubaneswar Branch conducted a BP check up camp through NRHM, under the Urban Slum Health Project (USHP). The Bangalore Branch, in coordination with the Indian Red Cross Society and Bangalore Medical Services trust, organised a health check up camp on STI/RTI detection for young women.

Safe Motherhood Day

April 11

The National Safe Motherhood day was observed across India to create awareness on proper healthcare and maternity facilities to pregnant and lactating women. It was an occasion to bring together the government, donor agencies, UN agencies, health service providers, civil societies, individuals and others to urge for action on birth preparedness and complication readiness. The Bhubaneswar Branch held a lecture cum discussion on this subject for SHG members, ASHAs, AWWs, and adolescent girls. The Ahmedabad and Chennai Branches organised a training programme for Medical Officers, Counsellors, Programme Officers and other healthcare providers, while the New Delhi Branch attended the National Safe Motherhood Day organised by CEDPA and the Ministry of Health and Family Welfare.

Anti Tobacco Day

May 31

The world "No Tobacco Day" was observed by three Branches. The Delhi Branch, in partnership with Brahamakumaris, adopted the theme "Making Delhi smoke and addiction free". The Srinagar Branch organised an awareness programme in which a large number of students were given information on the ill effects of tobacco and related products.





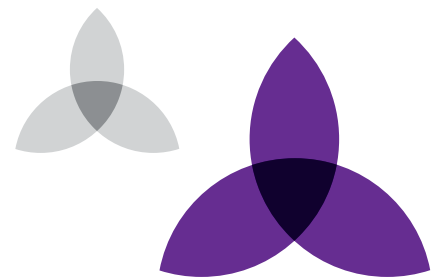
World Population Day

July 11

This year, the theme for this day was "Adolescent Pregnancy". The Ahmedabad Branch organised a seminar for adolescent girls and youth, in addition to three awareness programmes for adolescent girls, youth and women. The role of teenage girls in positively impacting future generations, as well as the dangers and complications of unplanned teenage pregnancies were discussed.

The Bangalore Branch organised a function in coordination with the Indian Red Cross Society, Karnataka Cancer Society and the Chittari Foundation. Doctors and other luminaries addressed the gathering on various issues like the need for a programme for empowering the girl child, the causes of teenage pregnancy and to disseminate information on SRH.

The Belgaum Branch conducted an essay competition for college students, and also organised an advocacy programme called "Media Meet" for district media people. Thirty media people took active part in the discussions and the event was widely reported.



The Jabalpur Branch held a panel discussion on "Sexual and Reproductive Health and Rights" and "Teenage Pregnancy" for government officials, NGOs, college students and youth forum members. Sound bytes from FPA India officials were broadcast over local FM channels throughout the day.

Talks, rallies, mass awareness tableaux, in keeping with this theme were held in the Kolkatta, Rajkot and Solapur Branches.





FPA India Foundation Day

July 23

The 64th Foundation Day of the FPA India was celebrated by 10 Branches. Ahmedabad, Bangalore and Trivandrum Branches reached out to the media by organising media meets to sensitise media persons regarding issues related to SHRH. The Chennai Branch organised a formal function at the CMRL labour camp of Gammon at Nandampakkam to spread awareness about FPA India and its activities. The Hyderabad Branch felicitated senior volunteers of the FPA India.

World Breast Feeding Week

August 1-7

The World Breastfeeding Week (WBW) is celebrated every year to commemorate the Innocenti Declaration. Seven FPA India Branches [Belgaum, Bhubaneswar, Hyderabad, Raichur, Shimoga, Singhbhum and Yamunanagar] had a series of activities conducted at their level to bring in awareness on the importance of breastfeeding in their respected areas.

World Contraception Day

September 26

On this occasion, the Bangalore Branch conducted an awareness programme in coordination with the Corporation Maternity Hospital with the objective to generate awareness on contraceptive methods available for both men and women.

World AIDS Day

December 1

“Getting to Zero-HIV and Adolescents” was the theme for World AIDS Day. The Dharwad Branch conducted an awareness drive on HIV and AIDS and cervical cancer in Tegur village, where women were screened for these diseases. A district level programme was organised in association with SAMARA society for the LGBT and PLHIV groups.

Rallies were organised by Bijapur, Gwalior, Trivandrum, Ahmedabad, Bhopal, and Raichur. Mumbai Branch conducted a series of activities for high risk group and PLHIV, which included special services sessions for HIV testing, STI management, Hepatitis B vaccination and Pap smear tests.

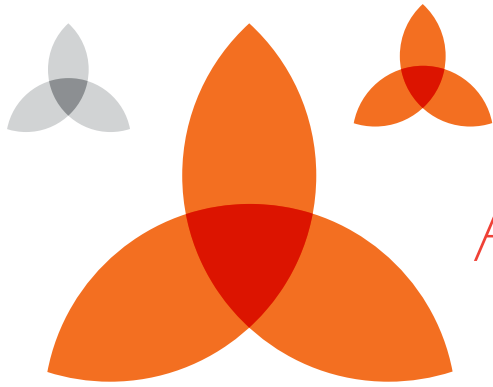
National Youth Day

January 12

On this occasion, the Ahmedabad Branch organised a slogan writing and interior decoration competition for 120 local youth. The slogans pertained to the themes of Family Planning, Save the Girl Child, HIV/AIDS, Water, Sanitation and Environment.







ABORTION

"Abortion is legal in India and the services are much safer than in many other developing countries. But for some reason, women choosing to abort are not taking advantage of this liberal law. They are also getting abortions done in unsafe clinics. That is why a good measure of abortions in India is unsafe."

- Dr Gilda Sedgh, Guttmacher Institute, lead author of paper 'Induced abortion: Incidence and trends worldwide from 1995 to 2008' (published in the Lancet, February 18th, 2012, Vol. 379, Issue 9816), in an interview to a leading Indian daily. In the same interview, she stressed that there was a tremendous need for the country's family planning programme to spread awareness for safe abortions and also push for increased use of contraception and safe abortion services.

In India, induced abortion remains a culturally and politically sensitive subject. Although the MTP Act of 1971 (later amended in 2003) enables women to undergo abortion legally under certain conditions, the proportion of unsafe abortions in India remains appallingly high – a situation that has prompted much introspection among policy makers.

It is difficult to obtain reliable and up-to-date statistics on abortions, and it is accepted that actual numbers may be much higher than the reported numbers, given the prevalence of clandestine, out of clinic, unreported cases. However, ballpark estimates are available. According to the global abortion figures released by the World Health Organization along with Guttmacher Institute, New York, in a paper published in The Lancet in 2012, India recorded 6.5 million abortions in 2008, of which 66%, or two-thirds, were deemed unsafe. According to their study, India also accounted for a major chunk of all abortions recorded in south and central Asia.

Unsafe abortions are a leading cause of maternal mortality; many who survive unsafe abortion suffer from complications or sustain long-term damage or disease (incomplete abortion, infection (sepsis), haemorrhage, and injury to the internal organs, such as puncturing or tearing of the uterus). The leading cause of induced abortions, both safe and unsafe, is unintended pregnancy. The only way to address the problem is, then, to enact liberal abortion laws, de-stigmatise abortion, and reduce the incidence of unintended pregnancy and unsafe abortion through investments in awareness creation programme, family planning services and safe abortion care.

FPA India is seeking to do this by disseminating abortion-related information to people from different age groups in diverse sections of society, both rural and urban. It is strongly committed to providing safe abortion services, and is advocating for abortion as a woman's right by recommending significant amendments in the MTP Act. FPA India provides safe abortion services to abortion seekers through 41 clinics across the country.

During this year, over 28,000 women were provided with over 1.2 lakh abortion related services.





Global Comprehensive Abortion Care Initiative (GCACI)

This project was started in 2008 across 15 Branches with the aim to increase accessibility of comprehensive safe abortion related services. GCACI has significantly contributed to strengthen the quality of abortion care services at 17 clinics through capacity building of staff, strong partnership with various stakeholders and referral linkages, effective demand generation activities and community mobilisation.

Dharwad and Madurai Branches initiated second trimester services from June, 2013. Madurai Branch was supported additionally with funds for being an 'Ideal Clinic'. Dharwad Branch was selected as resource centre for MTP and Laparoscopy Tubal Ligation Centre for doctors to be trained in services.

Jabalpur and Gwalior Branches, in collaboration with Marie Stopes International, conducted MTP and IUCD insertion training for government doctors and private practitioners.

The third phase of GCACI began in January 2013 at 17 FPA India clinics across 13 Branches (Agra, Dindigul, Gomia, Gwalior, Jabalpur, Kalchini, Kolkata, Lucknow, Mumbai, Murhu, Nagaland, Pune and Solapur).

The specific objectives of GCACI (2013-15) are to:

- o Increase access to comprehensive abortion care services
- o Increase uptake of post-abortion contraceptive services
- o Increase access to family planning services





During the year under GCACI, 16,613 clients were provided with comprehensive abortion care services, 90,140 clients with family planning services and 305 clients received treatment for incomplete abortion services. Post-abortion contraception uptake was 99%.

Creating awareness in community and among service providers

Health education and awareness programmes were organised at all clinics in collaboration with various stakeholders to sensitise the community about importance of abortion and contraception. All Branches adopted different strategies to reach out to a large section of the population through flex boards, wall paintings, sign boards, hand bills, pamphlets, posters, street plays, FM Radio and public transport systems (buses and railways).

The services available at FPA India were advertised through FM radio at Gwalior, Jabalpur, Murhu, Dindigul, Lucknow and Pune clinics. Mumbai clinics involved satisfied clients in conducting IEC sessions.

Along with this strategy, sensitisation meetings with different groups such as auto rickshaw unions, Mahila Mandals, and AWWs were conducted. Nukkad-Natak and other traditional arts helped to reach out to the larger section of population at Pune, Solapur and Gomia clinics.

Building strong partnerships

The establishment of strong referral linkages with other NGOs, CBOs, youth forums, government health workers, certified or non-certified PMPs, chemist and druggists resulted in a high number of referrals to FPA India clinics.

Innovations and outcomes

All clinic staff were oriented to analyse the data and make appropriate decisions at the clinic level to improve the services. As a result, there was improved reporting of services and a greater coordination among the staff, and appropriate additions to/alterations in practices.

The intervention to address abortion stigma was introduced in 5 clinics (Pune, Mumbai, Bijapur, Indore and Bangalore). Stigma attached to abortion was through inclusion of rights-based messages during counselling sessions. Client feedback suggests that more than 85% of the clients felt they were not judged by the clinical staff, felt supported while receiving abortion services and were able to make a decision about continuation of their pregnancy.

Improving access to safe abortion services

FPA India worked to improve accessibility of comprehensive safe abortion-related services and provided second trimester abortions to 265 women. Adolescents availing abortion services increased sizably due to intensive IEC activities in the community on reducing stigma around abortion and due to the fact that trained counselors were available for service delivery. 9208 young people (below 25 years of age) availed of services. More than 90% of the CAC clients went for post-abortion contraceptive services.

Post-abortion follow-up increased due to stringent counselling and follow-up services provided by the clinic. EC pills, OC pills, injectable and MMA kits were supplied to Branches as per their requirement, while medicines were procured locally by all Branches. Total number of all SRH clients availing of services was 23,10,243. Increased access to family planning services resulted in 1,54,984 new users, of which 4047 opted for injectable contraceptives.





Sensitising decision makers and opinion leaders about abortion

All Branches, together, conducted over 22,000 IEC events on abortion reaching nearly 4,00,000 people.

FPA India representatives conducted sensitisation meetings with Government leaders and frontline workers to spread awareness about the legalities of abortion.

Branches also collaborated with media and policy makers to bring about awareness within the larger community about the health risk of unsafe abortion.

Case Study from Murhu clinic, Jharkhand

Pinky* is a 15 year old, tenth grade student from a middle class family living with her parents and three siblings in Khunti district of Jharkhand. Two years ago, Pinky met a businessman Raju* through a common friend, who was 21 years old then. They became close and a few months later Raju convinced Pinky to have sexual intercourse without protection. When Pinky missed her period, she informed Raju. They used a Pregnancy testing kit and found out that she was pregnant.

Raju asked her to go ahead with the pregnancy, saying they would take care of the child. This shocked Pinky, as she was unmarried. Her friend took her to the nearby pharmacy and they bought MA pills. Pinky took only one pill from the combi-pack (Mifepristone/ Misoprostol) and started bleeding very heavily. Upon a friend's advice, a scared Pinky approached the FPA India Murhu clinic. After she was pacified and made comfortable, she disclosed her story to the doctor. She said she had never thought that just one intercourse would make her pregnant. She was worried that she had brought shame to her whole family and would be branded in school as 'a characterless girl'.

She decided to terminate her pregnancy which was completed successfully at the Murhu clinic. She was counselled and given information about contraceptive methods. She expressed her gratitude to the clinic staff for providing the services and maintaining confidentiality. Later, she referred two such cases to the clinic.





ADOLESCENTS/ YOUNG PEOPLE

India's median age, according to the Census 2011, is 24 years. Half of India's population is below 25 years; around 32 percent are in the 10-24 age group. India's young population is growing at an accelerating rate. This group is more literate than the earlier generation and is aspirational, and has more access to information.

Nevertheless, there is a high unmet need for information and services related to SRH for this group, because of the high incidence of early marriage, poor communication on sexual and reproduction issues, and inadequate access to reproductive health services.

Official policies are drafted mainly for married people within this age group, and often do not take into account the changing needs and practices of the young, whether married or unmarried. FPA India tries to bridge this knowledge and service gap with approaches that are most suitable for young people. Within the 10-24 years age group, there are sub-groups – the very young adolescents (10-14 years), late adolescents (15-19 years) and those between 20-24 years of age. Within these sub-groups, there is vast diversity regarding crucial parameters like health, education, marital status and economic status – hence the tools and models to improve SRH for each group need to be customised for maximum effectiveness after assessing the extent and type of intervention required.

For the younger sub-group, correct information is a priority, while for the older group, services assume an equally vital need. In conceptualising, planning and implementing programmes for this demographic, FPA India believes in seeking active involvement of the youth themselves, as this leads to the most positive outcomes.

In 2013, there was an overall increase in the number of key services accessed by young people.





In the reporting year, 38.9 % of all services provided by the Association were accessed by young people between 10-24 years of age. While 58.4% of services accessed in the RHFCs were by young, mostly married people, 1.3% of all SRH services were accessed by 10-14 year olds – mostly due to improved efforts to reach out to this age group.

In this year, the Child Protection Policy was rolled out by the FPA India and all Branch volunteers and staff were oriented to the policy. Partnerships worked well, and helped spread the reach of FPA India to different groups and networks to provide information and services to out-of-school young people. Bangalore Branch has a partnership with an organisation working with street children, while Agra Branch is working closely with young boys engaged in small factories manufacturing leather goods. Ahmedabad Branch is also working with young sex workers.

Working with out-of-school young people has different challenges of no time, lack of continuity and group and space. Branches have innovated strategies to work with these groups, including organising entertainment programmes, competitions, and working at timings convenient to the young people.

In partnership with UNFPA and Art of Living initiative, Youth for a Better India, Youth Summits were organised for college students across four cities: Ahmedabad, Chandigarh, Delhi and Lucknow.

In partnership with Samhita (Nadathur Trust), Johnson and Johnson and Mumbai Branch, a multi-level pilot programme was designed for and accessed by 151 adolescent girls in a Mumbai slum. The package comprised of sessions on AEP +, two medical service sessions over three months including counselling by trained healthcare providers, health-kits containing iron-folic acid, calcium tablets, sanitary napkins and IEC material.



Sexuality education in government/ municipal schools and colleges

The FPA India has developed a cascade model to create trainers for conducting AEP+ sessions in schools and colleges. Working with this model, a regional training programme for master trainers from 11 FPA India Branches was organised. Subsequently, this was taken ahead for Programme Officers from nine northern Branches. This trained staff is now expected to train Branch level trainers, and thus a cadre of trainers will soon be in place.

FPA India also developed the 'Growing Up is Fun' curriculum specially to help Branches conduct sessions for the very young adolescents in the 10-14 year age group. To enable standardisation of content, power point slides were also developed.

Some Branches translated this content into their local language and shared it with resource persons.

With the help of these aids, 207 resource persons, which included doctors, educators and psychologists, became active in conducting sessions both for in-school and out-of-school young people.



To help garner support in conducting sessions, 11 high school teachers were also trained by Belgaum Branch.

Adolescent Education Programmes (AEP +)

To ensure better acceptability, it was decided that the CSE sessions for the school going age group would be referred to as Adolescent Education Programme Plus.

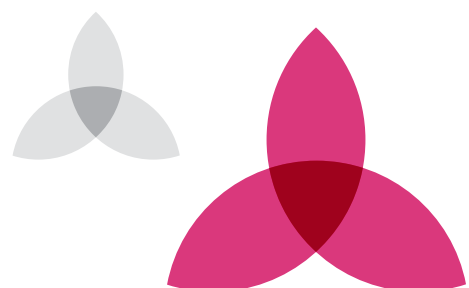
Adolescent Education Programmes were conducted with the "Growing up is fun" curriculum in 679 government/ municipal schools, benefitting 54,789 young people. During the year nearly 55,000 students completed the CSE course through their school/college.

Providing sexuality education to people at community level

Communicating SRH information through peer groups makes the target audience more receptive and the programme more effective. Towards this purpose, FPA India Branches have formed 881 youth groups in their communities involving young people. Groups consist of 15-20 members each, who may be outside the formal educational system.

Group members met in the local Youth Centres to discuss issues, attended educational and service sessions or participated in income generating skill development classes. The group members planned and implemented activities, cultural events, and service sessions for their members.

Nearly 2500 Peer Educators were identified from these youth groups, who were then trained on sharing information with friends and peers. All these efforts resulted in nearly 25,000 young people who completed the CSE course.





Through youth groups, Branches conducted AEP+ CSE sessions in the community for young people. Apart from the CSE module, sessions were also customised as per their need to include topics like nutrition, breast feeding, safe motherhood, child care, gender, social problems, coping with stress, safe abortion, and family planning. In all, 24,677 out-of-school young people were provided AEP+ sessions at the community level.

Youth Centres have been instrumental in building rapport with out-of-school young people. The centres are emerging as safe spaces where the youth meet, read books, watch videos on health, nutrition, discuss problems with each other and avail of counselling and other health services.

On specific days, the medical team visits these centres to carry out health check-up of the members. These centres also offer the youths opportunities for learning new income generating skills.

Branches conducted training programmes and topics related to CSE were thoroughly discussed. Two Peer Counsellors per Branch were trained at five locations - Mumbai, Bidar, Dharwad, Jabalpur, Lucknow. In Gwalior, 17 young teachers and other youth participated in this training. In Kalchini Branch, 35 Peer Educators were provided training and they are now helping the Branch in its community sessions. These Peer Educators are a strong force in clarifying misconceptions for their friends and also for referring them to access services at the static and outreach sessions.



STUDY FINDINGS



In 2013, a qualitative study was undertaken with 244 marginalised, out-of-school boys from 14 towns/cities across the country to understand their needs and hopes. This understanding was aimed at enabling FPA India design programmes that can be focused and relevant. Twenty eight FGDs were conducted around five thematic areas: gender, empowerment, sexual and reproductive health, work/livelihood, and recreation and sports. The study revealed that the respondents would

like more information on masturbation, penis size, sexual relations and female sexuality; many said that unintended pregnancies were 'managed' with the help of friends, since they had no information on options. These findings were shared with UNFPA, and they are expected to help the Government of India develop realistic and beneficial programmes for adolescent boys under the SAKSHAM scheme. These findings will also help guide programmes for out-of-school boys.



Strengthening referral linkages and partnerships

Partnerships are important to expand and reach out to young people in diverse settings and also to improve both inward and outward referral services. Such partnerships help in ensuring that the needs of young people which go beyond SRH are also met. With this in mind, referral linkages were established with other organisations working with young people to increase referrals for SRH services.



Branches renewed MOUs with CBOs and partner organisations for both inward and outward referrals. These include partnerships by the Ahmedabad Branch with Sakhijyot Sangathan, Dinbandhu Youth Welfare Trust and Ahmedabad NP+.

The Bangalore Branch developed partnerships with the Education Department, CBOs, NGOs working with young people and registered medical practitioners for referrals for abortion and other SRH services. These organisations work for non-formal group and adolescents like street children, child labourers, and rag pickers.

For inward referral, Branches conducted awareness sessions for population groups of the partner NGO. The Indore Branch strengthened partnership and collaboration with Integrated Child Development Scheme (ICDS), which helped in reaching out to young adolescents in Balwadis.

The Lucknow Branch collaborated with the District Urban Development authority officials/members to expand the area and increased the number of beneficiaries. The Yamunanagar Branch, in coordination with Nav Chetna Group, arranged SRH camps and an awareness campaign on the eve of Women's Day. This NGO refers young people to the RHFP.

Providing quality SRH services to young people in schools, colleges and in the community

Parents and school authorities have become receptive to the idea of providing SRH services to adolescents, particularly the 10-14 year olds. While parents and school authorities now firmly support comprehensive sexuality education, the idea of providing services for this age group remains a sensitive issue.

However, with dogged effort, FPA India has made considerable progress in this area. In the reporting year, 38.9 % of all services provided by the Association have been accessed by young people between 10-24 years of age. There has been an overall increase in the number of key services accessed by young people.

Strategising for improved access

Branches developed strategies to increase access to services for young people. As an entry point, general health check-up was conducted among adolescent girls along with history taking for SRH related complaints, estimating anaemia level, and to identify their blood group. Service sessions were routinely preceded by an educational session, while counselling helped in clarifying information on sexuality, relationships and also on personal health care and hygiene practices among young people.

Over five thousand adolescents benefited from the SRH service sessions.

Advocating for Adolescent SRH issues with key decision makers

Advocating for young people's right to SRH information and services requires engaging with parents, teachers and school authorities. In states where there is no permission from government policy makers, there is a need to advocate with them. Under the Choices Project, Ahmedabad Branch held several meetings with government functionaries and policy makers. Gujarat State representatives of Women and Child Welfare Department, Gujarat Education and Research Department, Gender Resource Centre Gujarat, Health & Education Department of Ahmedabad Municipal Corporation, and School Board of Gujarat representatives attended the meeting.

Advocacy meetings held by the Bijapur Branch led to a request from SABALA Project, Karnataka Health Promotion Trust to train 23 of their Peer Educators. Teacher Training Programmes resulted in motivating NSS Officers in forming/running three Red Ribbon Clubs for women.



Since AIDS was first diagnosed in India in 1986, the Government of India, faced with an explosion in the number of HIV infected persons that were being recorded each year, launched a concerted multi-pronged response to tackle the potential pandemic-like situation.

HIV/AIDS was understood as a health and a development issue and efforts were made to mainstream it with poverty alleviation and health programmes. The first National AIDS Control Programme (NACP) was implemented over seven years (1992-1999), focused on monitoring HIV infection rates among risk populations in selected urban areas.

The second phase, expanded to the state level, ran between 1999 and 2006, focusing on targeted interventions for high-risk groups and preventive interventions among the general population. The third stage aimed to halt and reverse the epidemic by integrating programmes for prevention, care, support and treatment. In February 2014, a long awaited legislation to end stigma and discrimination against HIV positive persons in workplace, hospitals and society, was introduced in the Rajya Sabha.

According to the National AIDS Control Organisation (NACO) of India, the prevalence of AIDS in India in 2013 was 0.27, which is down from 0.41 in 2002. NACO also testifies that India has demonstrated an overall reduction of 57 percent in estimated annual new HIV infections (among adult population) from 2.74 lakhs in 2000 to 1.16 lakhs in 2011, and the estimated number of people living with HIV was 20.8 lakhs in 2011. India has been praised by the global community for its significant success in tackling the disease and its contribution to AIDS response through manufacture of generic antiretroviral drugs. The trends on AIDS/HIV incidence and control in India give reason to feel optimistic, but not complacent.

To control the spread of HIV/AIDS, to create awareness about prevention, to diagnose and treat affected persons, and to de-stigmatise and allow them to lead a reasonably normal life, the government initiatives have been ably augmented and supported by several NGOs and welfare organisations.

The FPA India took up this issue as a part of its activities and mainstreamed it to make it a part of the educational and awareness sessions conducted by the organisation. Apart from awareness programmes, the FPA India provides testing, counselling and clinical treatment to PLHIV and AIDS affected persons, and makes efforts to enable them to live productive and dignified lives.



Serving the underserved, reaching the unreached

In 2013, clients and services related to RTI/STI and HIV registered a significant rise, primarily due to the expansion of geographical reach, integration of newer services and strengthened partnerships with PLHIV networks and key population (KP) groups.

Reflecting a change in health seeking behaviour and increased knowledge due to awareness programmes about high risk activities among KP, Most At Risk Population (MARP) and People Living with HIV in the community, the Association's HIV clients increased by 21%, while RTI/STI clients increased by 77%.

Of the total clients who accessed HIV related services, 45% availed HIV testing.

This positive outcome was enabled through 34 Branches, which are now providing integrated SRH-HIV services. Eleven FPA India clinics were recognised as Integrated Counselling and Testing Centres (ICTC) by the local state AIDS control societies this year, while 17 clinics continued to provide voluntary counselling and testing services.

All the Branches/Projects made an effort to reach out to key population groups like male and female sex workers, MSM, transgender people, People Using Drugs and Most At Risk Population including construction workers, migrants, truck drivers/cleaners and people living with HIV. Branches also strengthened and developed partnerships with KP organisations and PLHIV networks.

Prevention – Initiatives and partnerships

On the prevention component, 21 targeted intervention projects focused on working exclusively with different KPs and MARP.

In all, 57,448 people living with HIV and 87,697 KPs accessed a total of 3,27,484 SRH-HIV related services, during the year.

In Mumbai, the Female Sex Workers' project has succeeded in advocating with the police with support from the Karnataka Health Promotion Trust.

In Nagaland, Kripa Foundation and Nagaland Users' Network, under the umbrella of HepCon (Hepatitis Coalition of Nagaland), took an initiative to link the Nagaland Branch with ZydusHeptiza, a division of Cadila Healthcare Ltd, to provide free HBV/HCV test facility to the clients at the Branch clinic. Nagaland State Legal Services Authority provided legal support services to community people and the North Police Station. Kohima has officially agreed to provide support.

In Chennai, a project supported by the Japan Trust Fund (JTF) for Reproductive Health and HIV, the Branch, with support from Chennai Metro Rail Ltd, works closely with its construction workers at ten of the residential sites.

RTC Bhopal advocated with the local NGOs about the importance of having an HIV workplace policy. To enable NGOs to adopt it, RTC Bhopal has translated FPA India HIV Workplace Policy into Hindi.

A construction company Welfare Officer said,

“The services provided at the door step to these workers are excellent and I have never seen such dedication from any organisation without expecting anything from the contractors”

He expressed a wish that these services should be continued as workers seem to be healthy and active due to this intervention.

In Hyderabad, the Branch collaborated with the Pehchan project working with MTH groups. The Branch staff attended the State Oversight Committee Meeting at Alliance (AIAP) at Hyderabad. In partnership with Swathi Mahila Sandha, a community based organisation of female sex workers, the Bangalore Branch addressed the sexual and reproductive health needs of sex workers, including PLHIV. Under this partnership, the Branch provided more than 8700 services to nearly 1200 sex workers during the year.

Treatment, care and support

The treatment, care and support programme provides comprehensive management to PLHIV, which includes treatment literacy, referrals for antiretroviral therapy (ART), psychosocial support, and prevention and treatment of opportunistic infections including tuberculosis. It also facilitates home-based care.

Out of 38 Voluntary Counselling and Testing Centres (VCTC), 26 centres are now recognised as ICTC. Twelve Branches (Bangalore, South Kanara, North Kanara, Bidar, Raichur in Karnataka, Solapur, Pune and Mumbai-AWHC in Maharashtra, Panchkula in Haryana, Nilgiris and Dindigul in Tamil Nadu and Mohali in Punjab) got the ICTC recognition this year.

The Branches promoted the message “know your HIV status”, which resulted in **73,599 persons accessing HIV testing**. **4115 sexual partners of these clients were provided counselling** and **13,306 persons were screened for Hepatitis B**.

The 25 -bedded Community Care Centre at Madurai Branch was closed in March 2013. However care and support services are being provided through ‘Vihaan project’ - a Community Support Centre project supported by India AIDS Alliance. The main aim of this project is to ensure ART adherence of 10,000 PLHIV and follow up of drop outs.

During the year, 767 women were referred for ARV. Education and awareness programmes on RTI/STI resulted in 1,45,498 persons accessing 4,66,497 services.

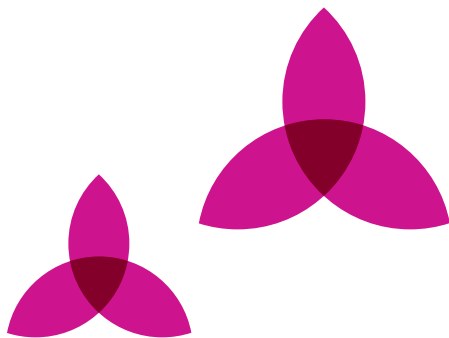
The special project focusing on ‘Elimination of Mother to Child HIV Transmission’ started in May 2013. Supported by JTF, the project works closely with PLHIV networks and local SACS. The project staff were trained on components of Prevention of Parent to Child HIV Transmission by Karnataka State AIDS Prevention Society. The project provided 4,736 SRH services and 287 safe abortion-related services to women living with HIV, during the period. Twelve pregnant women living with HIV delivered healthy babies till December end.

Thirty three pregnant women living with HIV were referred to PPTCT and 80 ANC and PNC mothers were provided nutritional support under this project.



“Like others, I also desire to experience Motherhood. My husband and I are both HIV positive. Health care providers gave accurate information, supported me to make a decision. Now I am not afraid. I am convinced that my child will be HIV negative”

- one of the clients from Bangalore.



Removing Stigma and Discrimination

FPA India conducted 557 sensitisation meetings through all the Branches to advocate for the Human/Sexual Rights of People Living with HIV and Key Population groups. In Chennai, all the TG organizations jointly organised a cultural programme and invited Chennai Branch to participate in the event. The organisers of the programme honoured the Branch for initiating TG friendly services to the transgender groups. The Mumbai Branch participated in the HIV Bill rally in August along with other NGOs and CBOs.

IPPF+ (IPPF plus) is an initiative to provide a safe and supportive working environment for all members of IPPF living with HIV, at all levels of the Federation. A meeting of selected BEC members living with HIV was called to share the findings of the qualitative assessment of 'Integrated Services as a model for stigma reduction for people living with HIV, young people and key populations', at Bangalore. Some of the suggestions included meaningful involvement of PLHIV at all levels in the Branch and sensitisation of service providers to reduce stigma and discrimination.

PLHIV in Governance

Meaningful involvement of PLHIV in Branch Executive Committee and its advantages were documented. The document "Institutionalising Participation of People Living with HIV in Governance across FPA India" highlighted the process of PLHIV engagement in FPA India.

Partnerships were established with 220 organizations working with HIV and 2188 NGOs working with key population groups. These partnerships include organisations providing legal services, care and support, prevention and treatment etc. Mumbai, Hyderabad, Chennai and Bangalore Branches developed partnerships with India AIDS Alliance to work with MSM, Transgender and Hijra (MTH) under the Shadows and Light Project.

Case studies

Identification of home based sex workers

The Sneh – FSW TI Project of Mumbai Branch is working with home-based sex workers. Identifying the target population in the initial phase of the project was very challenging, as this is a hidden population in society.

Keeping in view the importance of the 'Community Led Outreach' project, the team met few stakeholders, especially auto drivers, and briefed them about the intervention and vulnerability of the women who are not aware about STI/HIV. The project staff were making little headway, but they continued interacting with the auto drivers through awareness sessions. One day, one of them agreed to introduce one lady who knew few KPs in the project area to one of the staff members.

Upon meeting her, the project team oriented her about the FPA India initiative in the field of SRHR, including HIV, and briefed her about the intervention. In the beginning, she was reluctant to share any information. During the interaction, she came to know that FPA India provides safe abortion services through its clinics. One day, she contacted one of the project staff members with a request to accompany one woman for safe abortion services to the Branch clinic. This incident helped the project team build rapport with her. Later, she volunteered to become a Peer Educator with the project and introduced the team to other KP living in the project area.

Homecoming...

Madesh* belongs to a very poor family. As he became older, he realised that he liked to play and dress up like a girl. His family thoroughly disapproved of his feminine behaviour. Things reached a point where his struggle for gender identity led him away from his village to the city for begging and sex work.

Although he did not like this, he had no other means of earning a living. Madesh soon realised the risks associated with his profession. At the same time, he came in contact with "Samara," an organisation working for TGs and creating awareness on STI and HIV. Madesh started involving himself in awareness generating activities, addressing stigma and discrimination. He also changed his gender and underwent Sex Reassignment Surgery. He fought for Government facilities for TGs. Madesh's family eventually came to know that Madesh was engaged in social work, and now his family and friends have accepted him the way he is.

Madesh is now Lakshmi- living with dignity and respect.

Family Acceptance...

Somnath* enjoyed dancing, and applying make-up like women since the age of 16. He always wanted to perform on stage, but his parents did not like his inclinations and discouraged him. One day, he did perform on stage. Upon learning this, his family was furious and he was beaten up. He decided to leave the house. He even made an attempt, but the next day his father found him and took him back home.

During this time, he met one of the Outreach Workers of FPA India - Panchkula Branch TI Project and shared his problem. The Project Manager and the Counsellor went to his house to meet his parents. His mother convinced his reluctant father to meet them. During discussion, the staff convinced the father that dancing was not something to be ashamed of, and that it was a rare talent. Since then, Somnath has noticed a change in his family's attitude and treatment. He is now enjoying his life and working as a Peer Educator promoting safe sex, and encouraging others like him to fight against HIV.

*names changed to protect identity



KNOWLEDGE MANAGEMENT

Conducting research, needs assessments, baselines, endlines and evaluation studies, collecting and collating internal data and service statistics, producing publications and maintaining a library, are all integral to FPA India's knowledge management system.

Recording and reporting indicators related to service statistics is becoming increasingly critical in pursuance of FPA India's goals, and its target of doubling services by 2015.

The emphasis on performance-based funding has made outcome indicators a crucial input not only internally to the organisation, but also externally to current and prospective donors. In view of the importance of good documentation and archiving, FPA India strives to streamline the complex process of acquiring, creating, synthesising and applying information to produce a body of knowledge on SRH and associated issues.

Knowledge sharing is as important as its management. Research papers received from research scholars and others, from within as well as outside the country, are published regularly by the Association through The Journal of Family Welfare. The Journal is listed in the National Information Centre (NIC) and on the international website EBSCO.

During the reporting period, the work carried out by all the FPA India Branches has been reflected through service statistics collected and collated every quarter. Qualitative and quantitative indicators are tracked for programmatic progression, governance and management.

Apart from monitoring through service statistics and other data received at HQ, programme units were supported through monitoring visits made to a number of Branches/Projects for improving their performance. Monitoring visits were also made specific to the SETU Project as well as GCACI.





Mid-term review of Strategic Plan 2011-15 and APB PBF Interface meeting

A HQ level meeting was held to review the current status in terms of the Strategic Plan 2011-15. Each of the 5 A's and supporting strategies were reviewed. In addition, the Vision and Mission of the Strategic Plan was revisited for its current relevance and it was unanimously decided to retain the same.

As a follow up of this meeting, another meeting was held to develop PBF (Performance Based Funding) indicators for Branches, to review and revise the APB formats for Branches to ensure that the APB serves as a dynamic document

Status Of Women - A Case For Controlling Gender Based Violence In India

FPA India, on the request of the IPPF, conducted a research study to ascertain the extent to which girls, young and adult women have access to: a) quality comprehensive sexual and reproductive health and rights in their communities, b) find out if women across the life-span are subjected to gender disparities and gender violence, c) find out if women across the life-span had access to education, and the levels of education attained, d) identify the roles girls and women play regarding their health and that of their families, e) examine the extent to which women are involved in decision making at individual, family and community levels, and determine their vision for the future. The study was conducted at two SETU Project sites at Mumbai and New Delhi. The findings were to be published in The Lancet as a part of a larger study by IPPF.

Increasing Postpartum Contraceptive Acceptance: An Operations Research

As a part of the SETU Project, an Operations Research (OR) is being carried out to: a) Assess contraceptive acceptance among women who had institutional and non-institutional delivery, b) Acceptability of contraceptive mix immediate and six weeks postpartum, c) Capacity of service providers by type to promote postpartum contraceptive use, d) Type of hand holding required with grassroots level workers to ensure that they enhance postpartum contraception and e) Estimate the cost of intervention. This OR study is being carried out at Gomia and Barwani project sites. This study began in September with an orientation programme held at Indore for selected project staff at both the sites.

Research study on understanding abortion-related stigma

FPA India conducted a research study to understand stigma faced by young people for accessing abortion services, with the intent to add to the existing research on factors that cause and reinforce abortion stigma. The study was carried out in Patna in Bihar and Khunti in Jharkhand.

The study clearly confirmed that abortion was associated with stigma, and hence it had become a covert activity. It also reported a widespread lack of information among the people about abortion, or post abortion care. The study recommended a strong outreach programme for safe abortions as well as comprehensive sex education for young people, both in and out of school.

Publications

The Annual Report 2012 of the Association was brought out for distribution to external agencies and other stakeholders. The Journal of Family Welfare December 2012 issue was published during the reporting period. Three issues of the newsletter ASPIRE were brought out regularly. The Performance Report of 2012 with all the relevant data and analysis was published for internal use.

One special issue of the bi-lingual newsletter "GOONJ" was released in Hindi and English for Mother and Service NGOs of Maharashtra, Madhya Pradesh and Goa on Child Malnutrition, which provided thought provoking articles, views and news.





Revised service statistics

This year, the IPPF Central Office revised the service statistics which were being reported on eIMS. A workshop was conducted by IPPF at Colombo to orient Member Associations in the South Asia Region on the revised service statistics module with focus on data quality.

Subsequently, workshops were conducted at Mumbai and New Delhi for M&E/Statistical Officers of all 44 Branches/Projects to orient them on the IPPF Revised Service Statistics, introduce the new definitions of terms used in service statistics and review existing definitions, and to understand data quality issues and data audit. The workshop also focused on reporting of special projects including GCACI and SETU (Services, Education, Training Unit) Project. The Quarterly Statistical Report on services was thoroughly discussed, definitions of terms were clarified and the importance of maintaining data quality was re-emphasised.

The recording and reporting system of the Association was also strengthened at all levels during this period. Uniformity in recording was brought in by designing recording formats at every level of service delivery.

Continuous improvement and the future

Improvement in the recording and reporting system is a continuous process. IPPF-SARO has selected FPA India for introducing the digital pen for recording client information. This is a special pen which can store data and can transmit data to a remote server either through mobile or net connectivity. Data is recorded on a dot printed paper. This innovation was pilot tested at two contrasting sites - Mumbai and Barwani. This is under process of being improved. At another level IPPF-SARO is supporting FPA India for compiling and collating service statistics data. Negotiations and discussions are in progress with an agency - DHIS for providing this solution. Both these innovations will lead to less paper, quick, easy and accurate data entry and retrieval.

FPA India is participating in the pilot study of the IPPF of a tool to help monitor efficiency levels of Branches known as the Branch Performance Tool. This is under further development and refinement.



IT for increased efficiency

Information technology has revolutionised how organisations work in the 21st century, bringing speed and efficiency into each process. FPA India has been proactive in using information technology as a tool and medium to streamline and upgrade every aspect of its functioning, from planning, reporting, and communicating to archiving.



System support and strengthening

At FPA India, IT not only supports the day to day functioning of all 44 Branches/ Projects at HQ, but also supports innovations and improvement for system strengthening.

In 2013, technical support was continued being provided to clinics using CMIS (clinic management information system) through remote access. Twenty Branches upgraded their systems and went online.

Furthermore, the Accounting Masters in Tally accounting software system was finalised to suit the specific needs of the organisation.

Improved communications

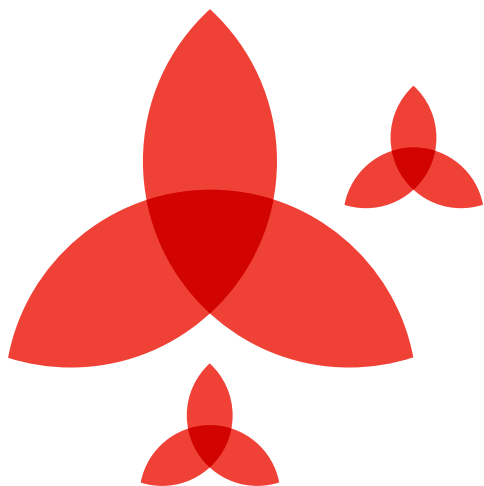
The Video Conferencing software (GMEET) was added to the IT infrastructure, thus connecting individuals in real time through audio and video communication over broadband networks. This enabled visual meetings and collaboration on digital documents and shared presentations. Three virtual meetings were conducted via video conferencing, in which 12 Branches participated.

Payment gateway

Donating to the organisation became quicker and more convenient through the activation of the payment gateway facility. It is now possible to receive donations online through Net Banking, in which the donor makes payment by debit card or credit card.

Thinking green

FPA India joined the Green Initiative by contributing 250Kg E-waste for recycling through M/s ATTERO Recycling Pvt Ltd. ATTERO is the first e-waste recycler to be registered with the Central Pollution Control Board (CPCB), Ministry of Environment & Forests, Government of India.



CAPACITY BUILDING

Any organisation, public or private, depends on the knowledge, skills, expertise and motivation of its human resources. At a wider level, the goal of capacity building is to create safe and productive communities where people can work, live, develop their potential, and where the strategies for intervention can be approached from several perspectives.

Not-for-profit organisations provide the basis and infrastructure for forming social networks that support strong communities. It requires more than linking individuals to institutions; it requires building capacities and relationships among people.

FPA India addresses the development needs of employees by- (a) providing training opportunities to staff for achieving maximum effectiveness; (b) ensuring that the staff develops enough capabilities to be able to operate flexibly and respond quickly; (c) ensure that the best use is made of the natural abilities and individual skills of all staff members.

Development and training for volunteers and staff members are continuous and systematic processes at FPA India, and are accorded as much priority as activities in the advocacy, services and outreach programmes. The aim of the capacity building programmes conducted by the organisation is to keep the knowledge base of the staff updated, and to inculcate in every volunteer and employee the values of professionalism, excellence, motivation, empathy and regard for customer satisfaction.

During this reporting year, FPA India undertook several programmes to enhance its human resources.

A total of 1545 training/refresher training programmes were held internally and 592 through external agencies for FPA India volunteers and staff, while 2096 programmes were held for outsiders such as political leaders, health officials and providers and NGOs.

- 604 training programmes on different aspects of management, administration, planning and monitoring, sexual and reproductive health issues and counselling were organised for volunteers and staff. These training programmes were organised by external agencies. A total of 1409 volunteers and support staff members and Officers and Branch Managers (2169) attended training sessions.
- A total of 1560 training sessions were conducted for volunteers and staff internally. 4500 (2076 men and 2424 women) volunteers and staff from headquarters and Branches (including Project Managers and Program, Medical, Accounts and Statistical Officers, Paramedics, in addition to Counsellors, Field Workers and support staff) received training.



Improving managerial and programmatic skills of volunteers and staff

Governance is about ensuring that an association runs effectively and follows good practices. The seven key principles of good governance require that the governing body (i) ensures integrity and collective responsibility; (ii) determines the organisation's strategic direction and policies; (iii) appoints and supports the Secretary General or Executive Director; (iv) monitors and reviews the organisation's performance; (v) provides effective oversight of the organisation's financial health; and (vi) is open, responsive and accountable.

This year, three workshops on effective governance were held. The workshops were held in Dharwad, New Delhi and Ahmedabad for 79 FPA India participants from 31 Branches and Projects (Agra, Ahmedabad, Bangalore, Belgaum, Bellary, Bidar, Chennai, Dharwad, Dindigul, Gwalior, Hyderabad, Indore, Jabalpur, Jaipur, Lucknow, Madurai, Mohali, Mumbai, Mysore, New Delhi, Nilgiris, North Kanara, Panchkula, Pune, Raichur, Rajkot, Shimoga, Solapur, South Kanara, and Sagar and Srinagar Projects).

A separate session on conflict of interest was also conducted, partly to ensure that prospective new volunteers consider the question of possible conflicts of interest before they are appointed. The other sessions covered were Constitution, Tenure of Board Members, Financial Management and Internal Controls.

“This workshop was very useful and informative as we came across a lot of new information regarding Code of Good Governance, Conflict of Interest and Governance & Management Interface. The presentation - “Ants’ Philosophy” was very motivating.”

- One of the participating Branch Managers

The State Training Resource Centre

organised capacity building programmes for Programme Managers, Peer Educators, Accountants and Outreach Workers on targeted intervention. The State Resource Centres (Mumbai, Thane, Daman and Diu), organised 27 training programmes for targeted intervention project staff of different CSOs. In total, 521 (278 male and 243 female) persons underwent training on HIV and AIDS and related issues.

Regional Training Centre (RTC) Hyderabad

organised training sessions for students of nursing institutes, community members and CSOs on integration of HIV and sexual and reproductive health. In total, 515 students received the training through RTC – Hyderabad.

Bidar Branch was designated to train all government medical staff associated with the National Rural and Urban Health Mission from 2013 on providing minilaparotomy services. They will now be the internal resource centre for training FPA India doctors.

Human Resource Development for SRH Care Services (HRDSRHCS)

This three-year project was launched in January 2013 with financial support from Tata Social Welfare Trust. It aims at building the capacities of health care service providers in providing quality services in sexual and reproductive health. The set objectives included capacity building of health care professionals; conducting clinical and operational research on care and management issues; developing effective, successful, replicable and adaptable approaches of service delivery and management; disseminating information related to sexual and reproductive health care and rights to professionals across the country.

Training courses were planned for the year on six different aspects. Training calendars and course brochures were designed to publicise the courses. A training module on family planning was developed and modules on other subjects were adapted. Training schedules were announced through emails on e-groups and NGO contacts.

During the year, FPA India organised a series of training courses on:

- Family Planning for Civil Society Organisations;
- Basic Counselling Skills;
- Meeting sexual and reproductive health needs and rights of survivors of gender based violence;
- Counselling in trauma, guilt and self esteem;
- Involvement of men in sexual and reproductive health;
- Leadership and management



Training modules were adapted for all the above courses and a module was developed on the course 'Family Planning for Civil Society Organisation'. Participatory methodologies were used in all training modules, with ample opportunities for practicing the skills, through role plays and case discussions.

Tailor-made training programmes on 'Basic Counselling Skills', were conducted for staff of Apnalaya (an NGO), FPA India Mumbai Branch and the project Global Comprehensive Abortion Care Initiative (GCACI). Also, a separate training programme was organised for the staff of Mumbai Branch. They were trained on counselling skills with special focus on HIV and STI counselling, while the training for GCACI Medical Officers, Project Coordinators and Counsellors the focus was on comprehensive abortion care and contraceptive counselling.

Specialised courses like 'Meeting SRH Needs of Survivors of GBV', 'Counselling course on Trauma, Guilt and Self Esteem' and 'Family Planning for Civil Society Organisations' did not receive the desired response. However, the training programmes on Basic Counselling Skills were in great demand, and nine batches of this training were scheduled. The primary beneficiaries of these training courses were medical practitioners, paramedical practitioners and development sector professionals.

"This specialised training on Counselling for Trauma, Guilt and Self Esteem was a good introduction to the issue. Now we will have to read more on the topic to be skilled. If there are any advanced training on counselling therapies, I would be interested to partake",

stated a relationship Counsellor, who attended the training programme

"I now realise that the roles I perform are more managerial and I shall hereafter focus on leading behaviours",

- Programme Manager, working in an NGO, after attending the course on "Leadership and Management Programme"

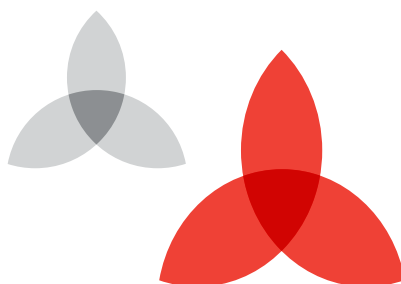
Training and support activities for MNGOs and SNGOs through Regional Resource Centre (RRC)

The RRC of FPA India has been providing technical support for Mother NGOs (MNGOs) and Service NGOs (SNGOs) on capacity enhancement, documentation of best practices, induction and in-service training, liaison with the state government, updating data base on RCH issues, development of MIS and developing linkages between State Government/ MNGO /FNGO at the State and District level. The Government of India has selected 11 Regional Resource Centres across India, and FPA India has been selected as one of the Regional Resource Centres for Maharashtra, Madhya Pradesh and Goa.

As per their mandate, the RRCs conducted the following activities in their constituencies:

- A capacity building workshop on Maternal Health Intervention for Ratnadeep Medical Research Foundation, Ahmednagar.
- A training session for service NGO staff of Ashray Mahila Samudaya Vikas Sanstha, Akola, on reporting and documentation.
- Workshop on family planning counselling, recording, reporting and documentation skill was held for staff and Mother NGOs Indian Institute of Youth Welfare and FNGOs.

Site visits were made to provide technical support and guidance to Service NGOs and Mother NGOs in Maharashtra State. During the monitoring visits, gaps in programme implementation were identified, and suggestions and support were given, which have been incorporated by the Mother NGOs and Service NGOs, resulting in a more focused approach in implementing the programmes.



Training programmes for quality assurance and new techniques in SRH

A workshop was organised on "Training of trainers for Quality Assurance Strengthening" for selected staff members, who can later be deputed as facilitators for the Internal Assessment Process at the FPA India. An initiative under the SETU project, the goal of the programme was to improve the programmatic and technical capacity of SDPs to provide and demonstrate good quality reproductive health.

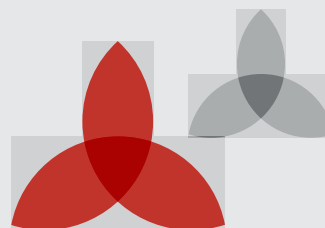
Another programme was also conducted under the SETU aegis, titled "Newer Practices in SRHR and Quality Assurance Strengthening", for Branch Managers, Medical Officers and Nurses covering 33 Branches. The objectives of the training programmes were to update knowledge about newer contraceptive methods, and to introduce the VIA technique at the grassroots level. Mumbai, Pune Dharwad, Ahmedabad, Belgaum Branches disseminated the training to their Branch staff.

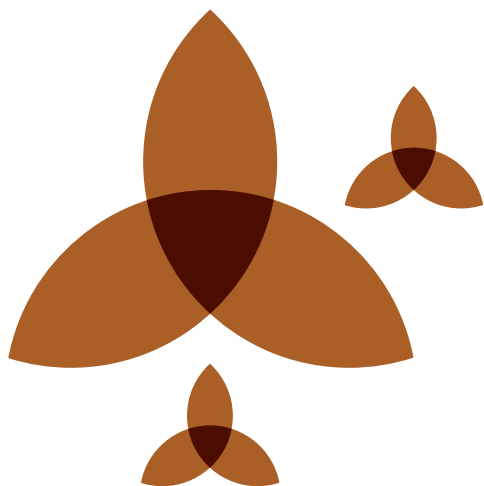


Capacity building through outside agencies

FPA India staff members participated in several capacity building programmes organised by external agencies. The major programmes attended were:

- Workshop on Legal and Tax Regime for Charities in India, organised by Centre for Advancement of Philanthropy
- Workshop on Community Radio Awareness, organised by Commonwealth Educational Media Centre for Asia (CEMCA) in collaboration with Ministry of Information and Broadcasting, Government of India
- Training for Health of the Urban Poor (HUP) Programmes, organised by Plan India (Pune region)
- Development Dialogue 2013, organised by Deshpande Foundation at Dharwad.
- Regional Workshop on Service Statistics, organised by IPPF-SARO in Colombo, Sri Lanka.
- Regional Workshop on Experiential Learning on Gender Equality and Mainstreaming, organised by IPPF-SARO, Colombo, Sri Lanka
- Workshop on the utilisation of Branch Management Tool, organised by IPPF Central Office at Bangkok, Thailand.
- Conference 2013 India of Tomorrow: Imperative of Growth, Security and Governance, organised by CII.
- Workshop on Conceptualising and Executing Projects for functionaries of voluntary organisations, organised by National Institute of Public Cooperation and Child Development (NIPCCD) in Delhi.
- Regional Training of Trainers on Integrated Counselling, organised by IPPF-SARO, Bangkok, Thailand.
- Orientation Programme on Child Rights and Protection for the functionaries of voluntary organisations, organised by NIPCCD in Delhi.
- International Conference on Family Planning, Addis Abba, Ethiopia.
- Conference on Social Marketing and Social Franchising, Kochi, Kerala, India organised by Hindustan Lever Family Planning Promotion Trust (HLFPPT) along with Ministry of Health and Family Welfare.





HONOURS AND RECOGNITION

The Family Planning Association of India received the IPPF Member Association Award for collective contribution to Sexual and Reproductive Health and Rights.

Love Matters, a Radio Netherlands Worldwide (RNW) Project received a prestigious Award for 'Excellence & Innovation in Sexuality Education'.

FPAI Kolkata Branch received a Letter of Appreciation from Govt. of West Bengal, District Family Welfare Bureau, Kolkata, for the work being done by the Branch from April 2012 to March 2013 for sterilization, IUD, oral pill, condom & safe abortion services.

FPAI Madurai Branch was appreciated by the Department of Family Welfare for performing the highest number of vasectomy for the year 2012-2013.

FPAI Panchkula Branch received a Letter of Appreciation from the Lok Sabha Constituency and from the Chairman of Jindal Steel and Power Ltd for participating in two Health Camps organized by Citizens' Alliance.

Dr. Anjali B. Halgekar, Vice-President, Belgaum Branch, has been elected as the President of IMA, Belgaum.

Dr. C. Vijayendra, Medical Officer, Yamunanagar Branch was honoured as the best NSV Surgeon by the Civil Surgeon, Yamunanagar.

Mr. K. S. Anantha Subba Rao, Immediate Past President, Bangalore Branch, has been elected as Executive Committee Member of the Indian Society for Training and Development (ISTD) Bangalore Chapter and National Council member of ISTD. He has also been nominated as the Chairman of the Programme Committee of Bangalore Chapter.

Dr. Kamalie Sripal, Vice President Chennai Branch, was bestowed the Life Time Achievement Award by "Purivu" an NGO.

Dr. Kumudini Mohan Ram, President, Hyderabad Branch, was conferred the "Vidyasree Award" by Megacity Navakala Vedika and Mother Foundation.

Mr. M. K. Krishna, BEC Member, Bangalore Branch, was awarded the Best Senior Citizen Award by Indian Medical Association, Bangalore Chapter.

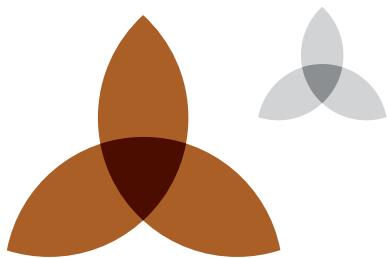
Mrs. Madhura Ashok Kumar, President, Bangalore Branch, was elected as the Vice-Chairperson of Indian Red Cross Society Karnataka State Branches. She was also awarded "Sri Prashsti" on the occasion of International Women's Day and has also received other awards during the year - "Sri Chunchanasri Award", "Kannada Nada Seva Sindhura Award", "Pranava Mandara Award", "Karunada Hrudayavantha Award", "Valmiki Award" and "Vachanashri Award".

Prof. Poornima George, National Vice President FPAI, was honoured as Women Achiever in Social Work on the occasion of International Womens' Day, a State level Award of Karnataka.

Mr. Prakash J. Andrade, President South Kanara Branch was nominated as Vice President of School Development and Management Committee of Govt. Girls High School Udupi and a member of SDMC of Dr. G. Shankar Govt. Women's First Grade College Udupi. He was also nominated as the Committee member of HIV/AIDS Committee and is a Life member of Indian Red Cross Society Udupi District Branch.

Dr. S. Venkatasubramanian, Honorary Secretary Chennai Branch was honoured for having obtained Brahmagnanam and Yoga Teacher certificate from Vedathri Maharishi Institute, Aliyar.





Dr. S. N. Hegde, Past President Mysore Branch, was felicitated by North Canara District Sathiya Sammelana Mundagud.

Dr. S.S. Malini, EC Member Mysore Branch, was honoured in the 12th Mysore District Kannada Sahithya Sammelana for his contribution to the Kannada Science literature.

Ms. Sujatha Natarajan, National President FPAI, was honoured by Altrusa International, Chennai with the "Women Achievers Award". She has been nominated by the Management of HC Kothari Group, Chennai, as an NGO member for Internal Complaints Committee (ICC) constituted under provisions of Sexual Harassment of Women at workplace. Ms. Natarajan is also nominated as a member on the Central Council of Health & Family Welfare, New Delhi.

Ms. Sarah Nuh, President of Nagaland Branch and CEC member was among the members of the Naga Mothers' Association to receive the Times of India (TOI) Social Impact Award, from Shri Pranab Mukherjee, President of India. This was a Lifetime Contribution Award recognizing their years of fighting drug and alcohol abuse and human rights violations in Nagaland.

Dr. S.M. Kantikar, former Vice President, Shimoga Branch, was appointed as a Member in Honorable National Consumer Disputes Redressal Commission (NCDRC), New Delhi.

Dr. Shanta, Founder Member and Dr. Ananth Sathe, Founder Secretary of Pune Branch, were awarded "Agarkar Puraskar" in recognition of their life time work in the field of sexuality education and women's empowerment.

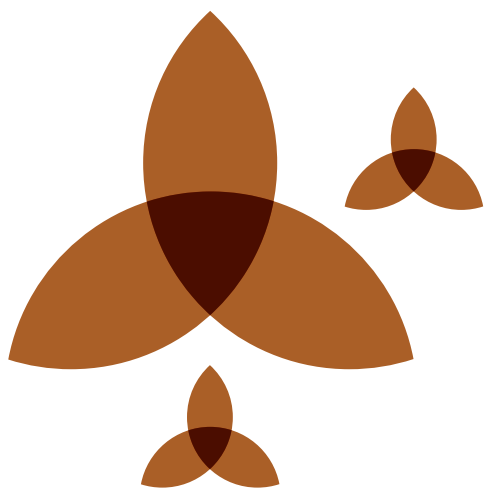
Ms. Shobha S. Kulkarni, Member, Belgaum Branch, was nominated as President of Pre-University English Lecturers and Principals Association Belgaum District.

Dr. Soubhagya K. Bhat, President, Belgaum Branch has been selected as Bulletin Editor IMA, Belgaum and as a trainer to conduct training programmes for Doctors on Contraception in Clinical Practice. The programme is a joint venture of FOGSI, UNFPA and PHFI.

Mr. Sreedharan Nair, Director External Relations, FPAI New Delhi, has been appointed as a Consultant by the Delhi Commission for Protection of Child Rights, for a period of three years.

Dr. Usha Krishna, Past President FPA India, was given the Life time Achievement Award by the Mumbai Obstetrics and Gynaecological Society (MOGS) for caring dedicated teacher and researcher by Indian Society for the Study of Reproduction and Fertility (ISSRF) and Indian Council of Medical Research (ICMR).

Mr. Vijay Gosai, Vice President, was honoured as the Best Secretary Award by the Lions Club of Rajkot.

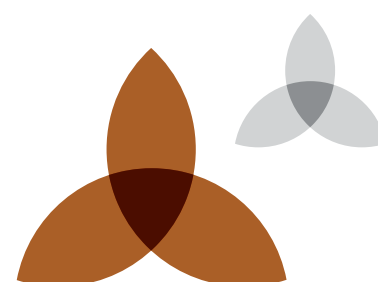


SERVICES PROVIDED

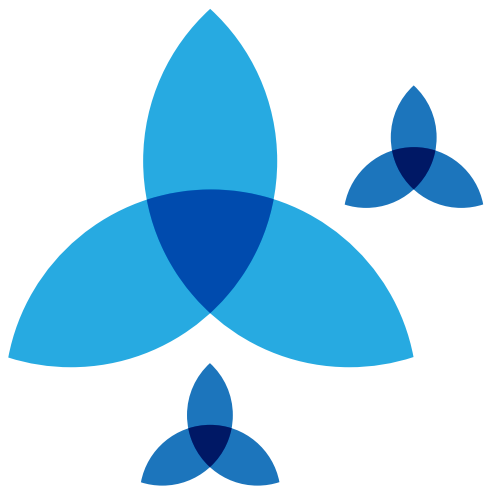
Number of clients, services and referrals provided directly through FPA India clinics and outreach units

Table 1

SERVICE CATEGORY	NO. OF CLIENTS	NO. OF SERVICES	NO. OF REFERRALS
CONTRACEPTIVES	15,26,601	35,44,035	7,643
ABORTION	28,673	1,26,477	3,220
HIV/AIDS	1,62,573	5,41,068	20,310
STI/RTI	1,45,498	4,66,497	13,298
GYNAECOLOGICAL	1,04,322	4,24,958	12,070
UROLOGICAL	7,440	23,373	858
INFERTILITY	11,180	31,513	2,245
OTHER SRH	93,574	2,88,799	1,279
NON-SRH	3,08,481	8,79,687	6,592
OBSTETRICS	1,52,502	7,63,217	33,954
SPECIALISED SERVICES	73,112	1,18,441	356
PAEDIATRICS	2,18,722	7,90,525	23,868
TOTAL	28,32,678	79,98,590	1,25,693

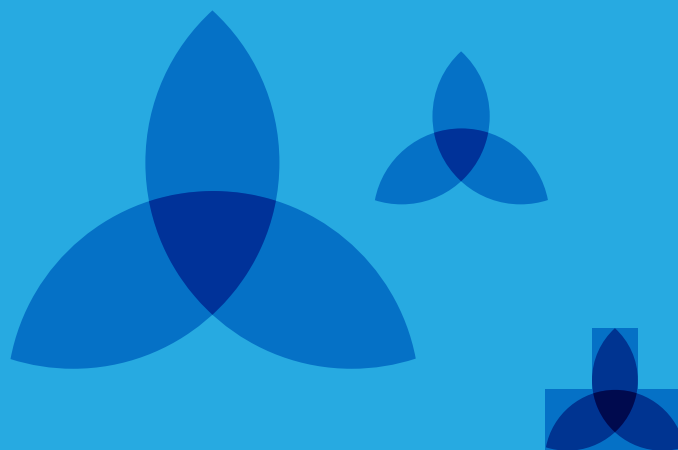






ACRONYMS

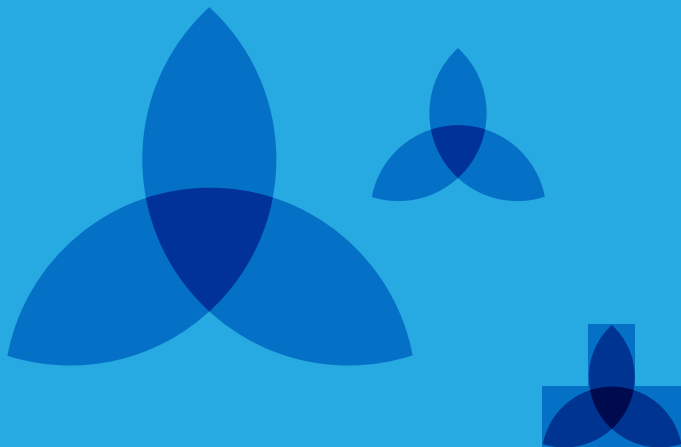
AEP +	Adolescent Education Programmes
AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante Natal Care
ANM	Auxiliary Nurse/Midwives
APB	Annual Programme Budget
ARC	Advocating Reproductive Choices
ART	Anti-Retroviral Therapy
ARV	Anti-RetroViral
ASHAs	Accredited Social Health Activists
AusAID	Australian Agency for International Development
AWWs	Anganwadi Workers
BEC	Branch Executive Committee
CAC	Comprehensive Abortion Care
CBDs	Community Based Distributors
CBOs	Community Based Organizations
CCM	Country Coordinating Mechanism
CEDPA	Centre for Development and Population Activities
CEMCA	Commonwealth Educational Media Center for Asia
CII	Confederation of Indian Industry



CMIS	Common Management Information Service	HLFPPT	Hindustan Lever Family Planning Promotion Trust
CMRL	Chennai Metro Rail Limited	HQ	Headquarter
CPCB	Central Pollution Control Board	HUP	Health of the Urban Poor
CSE	Comprehensive Sexuality Education	IAFPPD	Indian Association of Parliamentarians for Population and Development
CSOs	Civil Society Organizations	ICDS	Integrated Child Development Scheme
DHIS	District Health Information System	ICTC	Integrated Counselling and Testing Centres
EC	Emergency contraceptive	IEC	Information, Education, and Communication
eIMS	Electronic Information Management System	IPPF-SARO	International Planned Parenthood Federation - South Asia Regional Office
FGDs	Focus Group Discussion	IT	Information Technology
FNGOs	Facilitating Non-Governmental Organizations	IUCD	Intrauterine Contraceptive Device
FOGSI	Federation of Obstetric and Gynaecological Societies of India	JTF	Japan Trust Fund
FP	Family Planning	KP	Key Population
FSWs	Foundation for Social Welfare Services	LGBT	Lesbian, Gay, Bisexual, Transgender
GBV	Gender Based Violence	LVGs	Local Voluntary Groups
GCACI	Global Comprehensive Abortion Care Initiative	M&E	Monitoring & Evaluation
HBV	Hepatitis B Virus	MARP	Most At Risk Population
HCV	Hepatitis C Virus	MCH	Maternal and Child Health
HepCon	Hepatitis Coalition of Nagaland	MMA	Medical Methods of Abortion
HIV	Human Immunodeficiency Virus	MNGOs	Mother NGOs



MoUs	Memorandum of Understanding
MP	Madhya Pradesh
MSM	Men who have Sex with Men
MTH	MSM, Transgender and Hijjida
MTP	Medical Termination of Pregnancy
NACO	National AIDS Control Organisation of India
NACP	National AIDS Control Programme
NGOs	Non-governmental Organizations
NIC	National Information Centre
NIPCCD	National Institute of Public Cooperation and Child Development
NP+	Network of People Living with HIV/AIDS
NRHM	National Rural Health Mission
OC	Oral Contraceptive
OPD	Outpatient Department
OR	Operations Research
OT	Operation Theater
PBF	Performance Based Funding
PFI	Population Foundation of India
PLHIV	People Living with HIV



PMSEU	Poor, marginalised, socially excluded and underserved	UN	United Nation
PNC	Pre-Natal Care	UNFPA	United Nations Population Fund
PPTCT	Prevention of Parent to Child Transmission	UP	Uttar Pradesh
QAS	Quality Assessment System	USAID	United States Agency for International Development
RCH	Reproductive and Child Health	USD	US Dollar
RH	Reproductive Health	USHAs	Urban Social Health Activities
RHFPC	Reproductive Health Family Planning Centres	USHP	Urban Slum Health Project
RRC	Regional Resource Centres	VCTC	Voluntary Counselling and Testing Centres
RTC	Regional Training Centre	VIA	Visual Inspection with Acetic Acid
RTI/STI	Reproductive Tract Infection / Sexually Transmitted Infection	WBW	World Breastfeeding Week
SDP	Service Delivery Platform		
SETU	Service Education and Training Unit		
SHG	Self Help Group		
SNGOs	Service Non-governmental Organizations		
SRH	Sexual and Reproductive Health		
SRHR	Sexual and Reproductive Health and Rights		
STI	Sexually Transmitted Infection		
TG	Transgender		
TI	Targeted Intervention		



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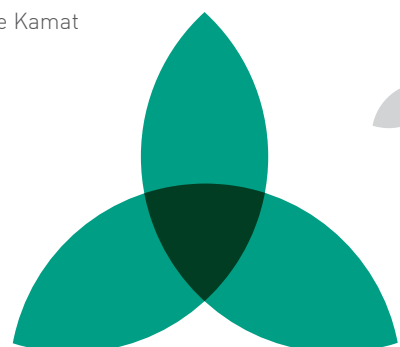
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Dr. Sohrab Sidhwa

Dr. Avinash Phadke

Co-ordinator

Dr. Monique Kamat



EXECUTIVES

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Secretary General

Dr. Kalpana Apte,

Asst. Secretary General
(Programme Implementation)

Mr. Lalit Parashar,

Asst. Secretary General
(Administrative & General Services)

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Ms. Armin Jamshedji-Neogi,

Director - Monitoring & Evaluation

Ms. Manjula Varma,

Director - Branch Management

Ms. Bindiya Nimla,

Director - Advocacy & Training

Mr. Tushar Deshmukh,

Director - Resource Mobilisation

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Director - Adolescent

Mr. Ravi Padhye, Asst.

Director - Finance & Provident Fund

Ms. Nisha Jagdish,

Director - HIV/AIDS

Mr. Mukesh Surve,

Director - Information Technology

Dr. Monique Kamat,

Director - Medical

Mr. Narayan Kokate,

Manager - Monitoring & Evaluation

Ms. Milan Godse,

Manager - Human Resource

Dr. Kranti Rayamane,

Project Director - GCACI

Ms. Usha Radhakrishnan,

Manager - M&E, GCACI

Dr. Ashwin Patil,

Technical Programme Manager - GCACI

Dr. Sony Thomas,

Training Coordinator - HRDSHCS Project

Dr. Nilesh Patil,

Technical Programme Manager - SETU Project

Mr. Paresh Bagwe,

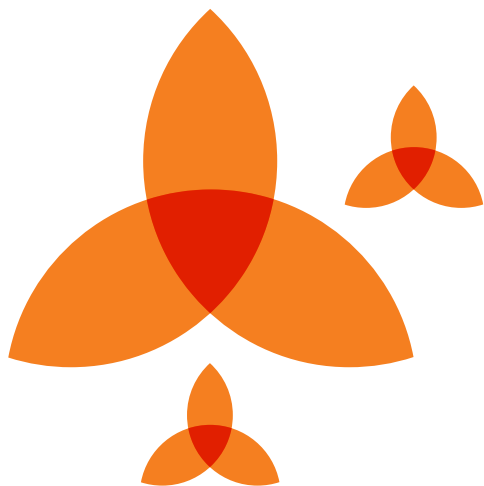
Manager - Accounts, SETU Project

Dr. Manisha Bhise,

Technical Programme Manager - Advocacy Project

Mr. Subhash Khake,

Coordinator - RRC



BRANCHES

Agra Branch

2 HIG Friends Colony

Shahganj

AGRA – 282 010

UTTAR PRADESH

Tel: (0562) 4033039

Email: agra@fpaindia.org

Ahmedabad Branch

Nashabandhi Compound

Opp. Apna Bazaar

Lal Darwaja

AHMEDABAD – 380 001.

GUJARAT

Tel: (079) 25507230 / 25507233

Email: ahmedabad@fpaindia.org

Bangalore Branch

City Corporation Maternity Home Complex

1st Floor, Palace Guttahalli

BANGALORE - 560 003.

KARNATAKA

Tel: (080) 23360205

Email: bangalore@fpaindia.org

Belgaum Branch

768/1 Corporation Building

Vadgaon Road

Hindwadi

BELGAUM – 590 011.

KARNATAKA

Tel: (0831) 2480688

Email: belgaum@fpaindia.org

Bellary Branch

Tank Bund Road, Nalla Cheru

Behind Joladarasi Doddangouda Rang Mandir

Nr. New Bus Stand

BELLARY – 583 101.

KARNATAKA

Tel: (08392) 276180

Email: bellary@fpaindia.org

Bhopal Branch

E-7/75, Arera Colony

12 No. Stop, Near Sai Board

BHOPAL – 462 016.

MADHYA PRADESH

Tel: 0755 - 4251966

Email: bhopal@fpaindia.org

Bhubaneswar Branch

Plot No. 392 (Ground Floor)

BJB Nagar

Behind SAMSUNG Show Room

Lewis Road

BHUBANESWAR – 751 014.

ORISSA

Tel: (0674) 2436427

Email: bhubaneswar@fpaindia.org

Bidar Branch

Near Heeralal- Pannalal College

Janwada Road

BIDAR – 585 401.

KARNATAKA

Tel: (08482) 226470

Email: bidar@fpaindia.org



Jabalpur Branch

Behind of Singh Dharm Kanta
Prem Nagar (Madanmahal)
Nagpur Road
JABALPUR – 482 002.
MADHYA PRADESH
Tel: (0761) 4036429/4086250
Email: jabalpur@fpaindia.org

Jaipur Branch

4 BHA – 6 B Infront of Forest Colony
Near Urmila Udhyan
Jawahar Nagar
JAIPUR – 302 004.
RAJASTHAN
Tel: (0141) 2652012
Email: jaipur@fpaindia.org

Kalchini Branch

Hamiltonganj Main Road
P O Hamiltonganj
JALPAIGURI – 735 214.
WEST BENGAL
Tel: (03566) 240337
Email: kalchini@fpaindia.org

Kolkata Branch

Neelamber (4B & 4C)
28B Shakespeare Sarani
KOLKATA – 700 017.
WEST BENGAL
Tel: (033) 22873524/22873647/ 22891337
Email: kolkata@fpaindia.org

Lucknow Branch

27 Dr. B. N. Verma Road
LUCKNOW – 226 018.
UTTAR PRADESH
Tel: (0522) 4045842
Email: lucknow@fpaindia.org

Madurai Branch

FPAI Bhavan, FPAI Road
TNHB Colony
Ellis Nagar
MADURAI – 625 016.
TAMILNADU
Tel: (0452) 2601905/2604373
Email: madurai@fpaindia.org

Mohali Branch

Sehat Bhawan
Site Nos.3, Phase 3-A
Sector 53, S.A.S.Nagar
MOHALI – 160 059.
PUNJAB
Tel: (0172) 2273791
Email: mohali@fpaindia.org

Mumbai Branch

1st Floor, Radhika Residency
Mahatma Phule Nagar
Near Tilak Nagar Railway
Station (Harbour Line)
Tilak Nagar (W)
MUMBAI - 400 089.
MAHARASHTRA
Tel: 9167903501 / 2/9870260684
Email: mumbai@fpaindia.org



Raichur Branch

12-10-148/1
Goshala Road
Opp MRF Tyre Showroom
RAICHUR – 584 102.
KARNATAKA
Tel: (08532) 231939
Email: raichur@fpaindia.org

Rajkot Branch

Sangeeta, Ground Floor
Dhebarbhai Road
Near Gurukul
RAJKOT – 360 002.
GUJARAT
Tel: (0281) 2361694
Email: rajkot@fpaindia.org

Shimoga Branch

Main Road
Malleshwaranagar, 1 stage
SHIMOGA – 577 202.
KARNATAKA
Tel: (08182) 223242
Email: shimoga@fpaindia.org

Singhbhum Branch

Road No. 03, Qt.No. 109
B.H. Area
Kadma, P.O. Kadma
Jamshedpur
JHARKHAND - 831 005.
Tel: (0657) 2300559
Email: singhbhum@fpaindia.org

Solapur Branch

Parmeshwar Koli Samaj Mandir
TP Scheme No. 2
Final Plot No. 103
Bhavani Peth
D A V College Road
SOLAPUR - 413 002.
MAHARASHTRA
Tel: (0217) 2325413
Email: solapur@fpaindia.org

South Kanara Branch

Opp. Diana Theatre
Kukkikatte
UDUPI – 576 101.
KARNATAKA
Tel: (0820) 2536918
Email: skanara@fpaindia.org

Trivandrum Branch

Kallattumukku
Manacaud P O
TRIVANDRUM - 695 009.
KERALA
Tel: (0471) 2459051
Email: trivandrum@fpaindia.org

Yamunanagar Branch

515, Near Bye Pass Pull
Chandpur
YAMUNANAGAR – 135 001.
HARYANA
Tel: (01732) 227703
Email: yamunanagar@fpaindia.org

PROJECTS

Addressing Adolescent Fertility Project in Barwani District - MP supported by UNFPA

Above State Bank of India
Sainath Colony
Anjad Naka
BARWANI - 451 551
MADHYA PRADESH
Tel: (07290) 222177
Email: pcbarwani@fpaindia.org

Reproductive Child Health Project

C/O DUAA Doctors Clinic
14 Khan Complex Madina Chowk
Gawkadal
SRINAGAR - 190 001.
JAMMU & KASHMIR
Tel: (0194) 2472283
E-mail: srinagar@fpaindia.org

Murhu Project

(Reproductive Health Rights & Gender Justice)

Dak Bangla Road,
Lobin Bagan
P.O. Khunti - 835 210
Dist. Khunti
Ranchi (Jharkhand)
JHARKHAND
Tel: (06528) 221265
E-mail: murhu@fpaindia.org

Sagar Project

Pdt. Ramkrishna Rao Shrikhande

Memorial Charitable Hospital
Bithal Mandir
Chakraghat
SAGAR - 470 001.
MADHYA PRADESH
Tel: (07582) 221963
Email: fpaisagarm@gmail.com

TRAINING CENTRE

Regional Technical Centre, Bhopal

E-2/180, Arera Colony
BHOPAL - 462016.
MADHYA PRADESH
Tel: (0755) 4266873/2420367
Email: rtcbhopal@fpaindia.org





Headquarters

Bajaj Bhawan, Nariman Point, Mumbai - 400 021

Tel: +91 22 02202 9080/4086 3101

Fax: +91 22 4086 3201/3202

Email: fpai@fpaindia.org

Web: www.fpaindia.org