“BECAUSE EVERY PERSON HAS A RIGHT TO HAPPINESS”
CONTENTS

04 MESSAGE FROM THE PRESIDENT
05 MESSAGE FROM THE SENIOR MANAGEMENT TEAM
06 DONORS
08 INTRODUCTION
12 ADVOCACY
22 ACCESS
28 ABORTION
32 ADOLESCENTS/YOUNG PEOPLE
38 HIV AND AIDS
42 KNOWLEDGE MANAGEMENT
48 CAPACITY BUILDING
53 HONOURS & RECOGNITION
57 SERVICES PROVIDED
58 ACRONYMS
62 ALL INDIA COUNCIL 2012-2014
62 MEDICAL ADVISORY PANEL
63 EXECUTIVES
64 BRANCHES
69 PROJECTS
As my tenure as President of FPA India comes to end this year, I am proud to be associated with this organization with high values and far reaching goals of bringing a smile to everyone.

The year 2014 was a critical year for the Association. It was closure time for special time bound and donor specific projects. However, the Association made progress in providing information and educated people on the need for taking care of one’s own sexual and reproductive health, while showing respect for another person’s sexual identity and their life style.

The basic percept being that all men and women are equal and that young people have their own sexual and reproductive health care needs. Thus, comprehensive sexuality education continued to be provided in school as well as in out of school settings.

While providing services - clinical as well as non clinical, FPA India introduced a minimum package of services at all static clinics. Services were also provided in the outreach with easy accessibility to as many as 89 percent of clients who were poor and vulnerable people.

This would not have been possible without the volunteer support of nearly 3000 volunteers of FPA India spread around the country in 18 states. We also had a good representation of 199 youth volunteers and 30 Branches had a PLHIV representative at the Branch Executive Committee.

This strong body provided leadership and steered the organization towards good governance, management and intensive efforts were put in for resource mobilization. The Organization Development process also was completed during the year.

In addition to the policy level volunteers, there were over 130,000 people who volunteered their support to FPA India through their membership at various local voluntary groups. They actively participated in various local level activities of the Association and promoted the cause of SRHR. Partnerships at various levels also helped in recognizing the need for promoting SRHR at their levels of leadership.

As my tenure as President of FPA India comes to end this year, I am proud to be associated with this organization with high values and far reaching goals of bringing a smile to everyone.

I would like to thank all volunteers and staff who have made this possible, especially during my term. I shall continue and be happy to volunteer my services to the Association in the future as well.

Sujatha Natarajan
The year 2014 was a significant year for FPA India on multiple counts. The focus was on performance and strengthening systems and processes. The Association received its renewal of Accreditation to IPPF, after completing the due compliance to the recommendations.

Association took far-reaching and strengthening policy decisions by amending its constitution, leading to better accountability and staff volunteer partnerships at the Management and governance level.

Management processes were strengthened through updating the Finance Manual, development of Resource Mobilization Strategy was initiated and including IT policy within it strengthened the Knowledge Management Policy.

On the Programme front, the Association invested in deepening its grassroots interventions through innovative Projects that focused on task shifting and capacity building.

The interventions across Branches and Projects reached out to 30 million people, over 85% of these being poor, marginalized and underserved. Data audits and data utilization workshops helped in ensuring accuracy of recording and reporting at all levels, resulting in improved data management and enhancing performance outcomes.

The focus on providing integrated high quality sexual and reproductive health services through Service Delivery Points and Outreach units ensured that over 8.8 million services were provided to 2.7 million clients, including children and adolescents, of whom 40.2% were in 10-24 age group, and 46% were men.

Various strategies were adopted to reach out to most poor and vulnerable. ‘No refusal Policy’ at all Service delivery points and outreach units ensured that no one was refused services.

Advocacy focus during the year was on ensuring sexual and reproductive rights remain an integral part of the Post 2015 agenda.

The Association also provided inputs at the MoHFW, GOI on Quality of sterilization services, along with partners, in the aftermath of tragic Bilaspur incidence after mass sterilizations and led monitoring of quality of sterilization services in public health facilities in Uttar Pradesh.
DONORS

- AUSTRALIAN AGENCY FOR INTERNATIONAL DEVELOPMENT
- AVM CHARITIES
- DESHPANDE FOUNDATION
- DISTRICT HEALTH OFFICE
- EUROPEAN UNION
- GERMAN BACKUP INITIATIVE (GIZ)
- GLOBAL COMPREHENSIVE ABORTION CARE INITIATIVE PROJECT
- GORAN GROSKOPH FAMILY - SWEDEN
- GOVERNMENT OF INDIA/RESPECTIVE STATE GOVERNMENTS
- INDIA HIV/AIDS ALLIANCE
- INTEGRATED HEALTH AND FAMILY WELFARE SOCIETY FOR PMC
- JAPAN TRUST FUND FOR HIV AND REPRODUCTIVE HEALTH
- LARSON & TOUBRO PUBLIC CHARITABLE TRUST
- MAHALAXMI TEMPLE TRUST FUND - MUMBAI
- MICROSOFT CORPORATION
- MORRIS FAMILY FUND - PUNE
- NATIONAL RURAL HEALTH MISSION (DHARWAD, KALCHINI, SHIMOGA)
- NORAD
- PLAN INTERNATIONAL (INDIA CHAPTER)
- POPULATION FOUNDATION OF INDIA
- PUBLIC HEALTH FOUNDATION OF INDIA
- STATE AIDS CONTROL SOCIETIES (ANDHRA PRADESH, CHANDIGARH, GUJARAT, HARYANA, JAMMU & KASHMIR, KARNATAKA, KERALA, MADHYA PRADESH, MAHARASHTRA, NCR (NEW DELHI), NAGALAND, ODISHA, PUNJAB, RAJASTHAN, TAMIL NADU, UTTAR PRADESH, WEST BENGAL)
- STATE BANK OF INDIA
- TATA STEEL RURAL DEVELOPMENT SOCIETY - JAMSHEDPUR
- TATA TRUSTS
- THE DAVID & LUCILE PACKARD FOUNDATION
- UNITED NATIONS POPULATION FUND
- YARDI SOFTWARE INDIA PVT. LTD.
2014 was a year of consolidation, particularly related to special, time-bound and donor specific projects. Exit plans and sustainability issues were among the concerns addressed during the year.

Sexual and reproductive health (SRH) services were provided through 44 Branches/projects, FPA India-managed 41 static clinics, 21 Urban Welfare Centres (funded by the Government of India), and over 4,000 service delivery points, which include community level service providers.

Nearly 3,000 policy level volunteers and over 1,500 FPA India staff were supported by over 1,30,000 community members of local volunteer groups including Self Help Groups (SHGs).

In 2014, FPA India covered nearly 30 million people, provided over 88 lakh services to 27 lakh clients, including children and adolescents, of whom 48.3% were in 0-24 age group, and 44% were men.

In 2014, FPA India covered nearly 30 million people, provided over 88 lakh services to 27 lakh clients, including children and adolescents, of whom 48.3% were in 0-24 age group, and 44% were men.
This was achieved through holistic approach in implementation - from capacity building (including honing technical skills and management), developing strong partnerships with governmental and non-governmental organisations, and provision of quality services at all service delivery points - easily made accessible to needy sections, including PLHIV, people who use drugs, MSM and sex workers; 89.4% of those served were poor and vulnerable; 76% were from rural/peri-urban areas.

Mostly free, or affordable, services were provided, with the static clinics also offering voluntary HIV counselling and testing. In 39 clinics, testing kits were provided by the National AIDS Control Organisation (NACO) through partnerships with State Control Societies; 19 clinics offered screening for gender based violence (GBV); and all clinics offered special counselling for GBV, domestic violence, adolescents and others.

Men and adolescents also received customised services at FPA India clinics at convenient timings. Safe abortion services were provided at 41 static clinics in accordance with the MTP Act 1971, of which seven clinics are recognised by the government as training centres for conducting safe abortion and laparoscopic sterilisation procedures.

At the outreach, community mobilisation approaches were used. In addition to Peer Educators, Private Medical Practitioners, community based depot holders, and Accredited Social Health Activists (ASHAs) were identified and trained to provide referrals to FPA India for abortion and other higher services.

FPA India’s fully equipped vehicles provided SRH services including VCT services, and 29 satellite clinics in remote areas with negligible healthcare facilities, reaching out to the poor, underprivileged and marginalised people. Networking with non-governmental organisations (NGOs), and advocating with Panchayat Raj members (village councils) and other influential groups, provided the support to community members to access SRH information and services.

FPA India advocated for realising the health rights of the poor and vulnerable; and also for the inclusion of Sexual and Reproductive Health and Rights (SRHR) in the post 2015 Sustainable Development Goals (SDGs) and other developmental agenda at the international and national levels.
ADVOCACY

Advocacy is a process of creating support, building consensus and fostering a favourable and supportive environment through a set of well-planned actions undertaken by individuals or organisations working for a cause or issue.

FPA India has been participating in state, regional and national level meetings to discuss and review SDGs and post 2015 development agenda.

7th Asia Pacific Conference on Reproductive and Sexual health and Rights (7th APCRSHR), Manila, Philippines

The Conference coincided with the 20th anniversary of the International Conference on Population and Development (ICPD) and took place a year before the deadline for Millennium Development Goals (MDGs).

With the theme "Examining achievements, good practices and challenges: Towards a strategic positioning of Sexual and Reproductive Health and Rights (SRHR) for all," delegates tracked the progress of Asia and Pacific countries since the ICPD.

The Conference highlighted the inequality of SRHR services in the region and the inconsistencies in examining them. This resonated in the Manila Challenge, read onstage by delegates, whose two-page declaration challenged the government, media, scholars and researchers, development partners, NGOs and youth to all contribute towards ensuring that SRHR services reach the needy. It was attended by FPA India representatives who also made presentations.

FPA India hosted a satellite session on "Reproductive rights, family planning, and population stabilisation in India."
The 47th Session of the Commission on Population and Development was held in New York. FPA India was represented at the Session. The focus was to assess the implementation of the Programme of Action (PoA) of ICPD. It has been 20 years since the PoA called for gender equality, equal access to education, universal family planning, SRH services, and other ways to address population growth while supporting human rights and sustainable development. The Session ended with urging governments to promote gender equality and SRH as key priorities for sustainable development, and world leaders to integrate these rights into the post-2015 development framework that will replace the MDGs up to 2015.

Many governments expressed support for advancing sexual rights, with 59 of them calling for an end to discrimination and violence based on sexual orientation and gender identity – including the Philippines, South Africa, Nepal, Mongolia, Suriname, Australia, Norway and most Latin American countries. These calls were built on similar agreements made during regional ICPD in Latin America, the Caribbean, Asia and the Pacific in 2013. Bangladesh, India, Pakistan and Maldives did not support the language of SRHR but supported the terms ‘human rights’, the ICPD-POA and services for youth. Side events focused on how youth can be engaged in fulfilling the Cairo agenda and on safe abortions. Despite strong support for SRHR, a small but vocal group of countries blocked the language on sexual rights from the final agreement – a move that elicited strong rebukes from several government delegations during the closing plenary.

The event was hosted by IPPF East, South East Asia and Oceania Region (ESEAOR) and International Planned Parenthood Federation (IPPF)-South Asia Regional Office (SARO) to regionally advocate SRHR and respond to possible questions from delegations of the 47th Session of the Commission on Population Development in New York. It was attended by regional SRHR-focussed civil society organizations (CSOs) including FPA India. Experiences and national plans were shared, and work and café conversations organised to work on the ‘asks’ from the region:

• Comprehensive sexuality education for in- and out-of-school youth
• Safe and legal abortion
• Universal youth-friendly SRH services, and
• SRHR as human rights.

The event was hosted by IPPF East, South East Asia and Oceania Region (ESEAOR) and International Planned Parenthood Federation (IPPF)-South Asia Regional Office (SARO) to regionally advocate SRHR and respond to possible questions from delegations of the 47th Session of the Commission on Population Development in New York. It was attended by regional SRHR-focussed civil society organizations (CSOs) including FPA India. Experiences and national plans were shared, and work and café conversations organised to work on the ‘asks’ from the region:

• Comprehensive sexuality education for in- and out-of-school youth
• Safe and legal abortion
• Universal youth-friendly SRH services, and
• SRHR as human rights.

A two-day meeting of CSOs discussed the contributions to the debate on sustainability. While it is important for developing countries to raise issues of justice, equity and resources in the global debate, it is also compelling to address sustainability nationally; a transformation in the paradigm is urgent for India and the world. The SDGs will exert moral force on the nations; however, it might not influence the policy required for transformation at the national level.

To discuss this, a Consultation meeting was organised in New Delhi by FPA India, Third World Network (TWN), PAIRVI, Beyond Copenhagen, Cecoedecon, IPPF, CSO Partnership for Development Effectiveness (CPDE), South Asian Dialogues on Ecological Democracy (SADED), IBON International and LANDESA. FPA India stressed on SDGs and health, and there were plans to organise regional level consultations especially in the West and North region. At the western regional consultation, FPA India focussed on climate change and its effect on females and SRHR. The local FPA India representative attended the northern regional consultation, held in Patna.

To achieve SDG goals, it was felt necessary to address the health issue of girls and women, and to interlink goals and targets. It is time for media, CSOs, central and state governments, and other stakeholders to advocate together for gender equality and SRHR to be central to the post-2015 development framework.

Later on Ms. Maitri Porecha also published an article titled As Narendra Modi readies to address UN, India falls short of fulfilling millennium development goals on September 27, 2014 related to MDGs in the Daily News and Analysis (DNA).
The IPPF announced May 13 as Global Day of Action on SRHR, with the objective of advocating for SRHR as a fundamental right. This is part of a seven-year campaign plan that reflects IPPF’s demands to governments as stated in the Vision 2020 manifesto.

“I Decide”, a signature campaign promoting SRHR for all, was organised in schools and colleges, marketplaces, railway and bus stations, and heritage sites; more than 11,000 signatures were received, also online. Advocates, teachers, parents, police personnel, MLAs, media, community members, CSOs and networks, and the youth supported the campaign.

SRHR concern people’s lives and livelihoods, opportunities and aspirations. On May 13, a new global campaign was launched by the IPPF and its MAs worldwide – to support basic sexual and reproductive rights – so people can decide what happens to their bodies, who they live with and for women, whether or not to become pregnant. The aim is to bring citizens and parliamentarians together to call on world leaders to prioritise SRHR, since governments help create new development goals in 2015.
Observing the Day, FPA India conducted programmes for different audiences, especially youth, who organised flash mobs, rallies, signature campaigns, street plays and exhibitions. The key message was: SRH remains a development agenda. Sensitisation meetings were also held for government health officials and other agencies.

“I Decide”, a signature campaign promoting SRHR for all, was organised in schools and colleges, marketplaces, railway and bus stations, and heritage sites; more than 11,000 signatures were received, also online. Advocates, teachers, parents, police personnel, MLAs, media, community members, CSOs and networks, and the youth supported the campaign.

FPA India-Delhi organised an event at the India Habitat Centre, with many national and international agencies attending it. Youth volunteers from Delhi advocated for SRH and the benefits of sexuality education and rights through street plays. A panel discussion involving youth volunteers from Mumbai, Panchkula, Agra and Delhi highlighted the benefits of comprehensive sexuality education.

The outcome of a media meet organised in Thane by FPA India’s Mumbai Branch led to the development of an Android application to provide information on SRH services available at the Thane reproductive and family planning health centre. Some local newspapers wrote on issues related to SRH. A flash mob was organised at the Gateway of India and Chatrapati Shivaji Terminus railway station, garnering publicity.

Branches/projects organised signature campaigns (Srinagar, Agra, Bangalore, Belgaum, Bellary, Bhopal, Bhubaneswar, Bidar, Bijapur, Chennai, Dharwad, Gomia, Gwalior, Kalchini, Hyderabad, Indore, Jabalpur, Jajpur, Jaipur, Jabalpur, Mohali, Panchkula, Madurai, Mumbai, Mysore, Nagaland, Nilgiris, North Kanara, Pune, Patna, Ahmedabad, Raichur, Rajkot, Shimoga, Singhbhum, Yamunanagar, PC Barwani, Murhu, Sagar, Regional Technical Centre (RTC)-Bhopal, and Kolkata).

Over 30,000 signatures supported the “I Decide” campaign. Ms Priya Kath, Elected Youth Representative of FPA India and Member of the South Asia Regional Youth Network (SARYN), also initiated an online signature petition.

The key message was: Secure sexual and reproductive health as a development goal
In November, the tragic death of 16 young women and the critical condition of several others following tubectomy at a sterilisation camp in Bilaspur district, Chhattisgarh, highlighted the disregard for dignity of women and the dismal quality of care in India’s family planning programme. Violations of standard operating procedures and guidelines prescribed by the Ministry of Health and Family Welfare (MoHFW) are not limited to Chhattisgarh, but a concern across the country.

A multi-organisational fact finding team (including a representative from FPA India) visited Bilaspur to assess the situation and recommend corrective actions. A report, with suggestions and recommendations, was sent to the Prime Minister; Union Minister, Health and Family Welfare; senior officials of MoHFW; State Mission Directors, National Health Mission; senior officials of the Chhattisgarh Government; donor agencies; and organisations and networks working on family planning and reproductive health issues.

Further to this, FPA India shared these recommendations at a Public Hearing on Informed Choice and Quality of Care in Contraceptive Services in India. It was organised by the National Coalition against Two-Child Norm and Coercive Population Policies (NCTCN), National Alliance for Maternal Health as a Human Right (NAMHHR), the Human Rights Law Network (HRLN), Population Foundation of India (PFI) and FPA India. The panel at the hearing was chaired by Justice C Joseph, Member, National Human Rights Commission.

The findings of the Bilaspur Report were shared at the Commonwealth Women Parliamentarians India Region Seminar on the theme ‘Women are Central to India’s Development’, hosted by Ms Sumitra Mahajan, Honourable Speaker of the Lok Sabha. Press conference and media engagement: Release and disseminate key findings and recommendations emerging from the fact-finding report at the Indian Women’s Press Corps, New Delhi.

The findings and recommendations were quoted in newspapers like The Hindu, The Hindustan Times, The Times of India, The Tribune, Daily Mail, Dainik Bhaskar and Naidunia. The report was also covered by television channels like Zee News, CNN-IBN, NDTV, ETV and Sahara TV in the news and special programme slots. FPA India’s representative is a spokesperson for family planning.

Inputs to Public Health Journals: FPA India and PFI provided inputs for articles in technical journals on family planning issues emerging from the Bilaspur incident. The report has been extensively quoted in articles published by Reproductive Health Matters and the Lancet.

The advocacy efforts of FPA India and CSOs led to the MoHFW instructing states to ensure that all operations are conducted only inside health facilities with working operation theatres. Post-surgery care, which involves monitoring vitals for at least four hours after the procedure and instructions for follow-up, has also been stressed upon, as has auditing sterilisation-related deaths.

---

12th Asia Pacific Alliance Conference: Promoting Accountability and Addressing Inequalities: SRHR & Sustainable Development in Asia and the Pacific, Hanoi, Vietnam

The Asia Pacific Alliance Conference, aimed to promote accountability for the outcomes of the regional and global processes of ICPD Beyond 2014 Review, and ensure linkages with the Post 2015 agenda. It focussed on inequalities, SRHR, financing, and networking and collaboration. NGOs, youth organisations, governments and donor agencies in Asia Pacific came together, focussing on advocacy to hold governments accountable for commitments to the Ministerial Declaration, and identifying strategies for including SRHR in the Post 2015 SDGs. A CSO statement was prepared, with suggestions from FPA India incorporated in it: Meaningful civil society participation is crucial to the development, implementation, monitoring and evaluation of programmes.
11th International Inter-Ministerial Conference on Population and Development


Also present were Mr Wang Pei'an, Vice Minister, National Health and Family Planning Commission, China; Mr Ridha Gataa, President Director General, National Board of Family and Population, Tunisia; Dr Josephine Kibaru Mbae, Secretary and Director General, National Council for Population and Development, Kenya; Ms Kate Gilmore, UNFPA; Mr Joe Thomas, Executive Director, PPD; Mr Lov Verma, Secretary (H&FW) and senior officials from MoHFW.

The objective of the Conference was to provide a platform to share evidence with policymakers from 26 developing countries, development partners and other stakeholders for decision-making on key strategic, urgent investments for initiating a youth and second demographic dividends.

Ms Sujatha Natarajan, President, FPA India, made a presentation as Chairperson of the IPPF-SARO Regional Executive Committee on “Population Health Policies - Opportunities for South-South Partnerships and Investments for Demographic Dividends”. FPA India representatives Ms Geeta Sethi, Secretary General, and Mr Sreedharan Nair, Director, External Relations also attended the Conference.

The objective of the Conference was to provide a platform to share evidence with policymakers from 26 developing countries, development partners and other stakeholders for decision-making on key strategic, urgent investments for initiating a youth and second demographic dividends.

State Level Consultations on Family Planning - Gujarat and Madhya Pradesh

It is important that family planning information and services be made available by integrating them into general health. While this ensures universal access to reproductive healthcare, and HIV prevention, treatment, care and support, family planning services can also provide additional benefits.

With this percep, FPA India-Ahmedabad and RTC-Bhopal organised state level consultations on Family Planning and Unmet Needs of Young People. In Madhya Pradesh, the event was conducted in support of National Rural Health Mission (MP) and UNFPA-MP. A strong recommendation from MP is to intensify the reproductive and family planning services in public health system.

The Gujarat consultation was organised in collaboration with Ahmedabad Municipal Corporation; Ahmedabad AIDS Control Society; Indian Institute of Public Health, Gandhinagar; and Gender Resource Center, ISPE. Dr N B Dholakia, Additional Director, Department of Family Welfare & Health, Government of Gujarat, spoke on the current programmes and policies related to family planning.

Shri Bhupendrasinh Chudasama, Honourable Education Minister, Gujarat was the Chief Guest. He mentioned that the recommendations must be shared and that he would support them. The Government of Gujarat has shown an interest in expanding the basket of choices, especially injectables.

It is important that family planning information and services be made available by integrating them into general health. While this ensures universal access to reproductive healthcare, and HIV prevention, treatment, care and support, family planning services can also provide additional benefits.
Reproductive Health Supplies Coalition

FPA India is a member of the Reproductive Health Supplies Coalition, a global partnership of public, private and NGOs working to ensure that everyone can choose, access and use affordable, high-quality reproductive health products.

“Every Woman Every Child”

Since the launch of the United Nations Secretary General Ban Ki-moon’s Global Strategy for Women’s and Children’s Health and “Every Woman Every Child” – a movement and multi-stakeholder partnership that has generated attention and investment – maternal and child deaths have decreased significantly. However, many newborns continue to die each year of preventable causes, prompting the advancement of the Every Newborn Action Plan (ENAP), a roadmap and joint action platform to reduce preventable newborn mortality and stillbirths.

The World Health Organization’s commitments to support every newborn can be found here: http://www.who.int/pmnch/about/governance/partnersforum/enap_committments.pdf.

Under the section on CSOs, FPA India’s commitment is also printed (page 12):

FPA India commits to promote and advocate for universal access to sexual and reproductive health services by continuing to serve the poor, marginalised, socially excluded, and the under-served (PMSEU). FPA India will also advocate for sexual rights as human rights. In 2012, FPA India covered nearly 30 million populations through Reproductive Health and Family Planning Centers, Urban Family Welfare Centers, Outreach Services and other special projects. More than eighty percent of PMSEU access services. The Association commits to provide education, training, and technical support in health system strengthening through its Branches and projects until 2015. It will help in building the capacity of healthcare providers on different topics including counselling, safe motherhood, contraception, quality of care, and adolescents and young people.

Advocating Reproductive Choices (ARC)

ARC is one of the largest coalitions of organisations and individuals working in sexual and reproductive health in India since 2005. Its aim is to expand contraceptive choices by widely promoting and making available safe, effective, affordable and quality contraceptives in the public and private health service delivery systems.

In 2014, meetings at the national level initiated the transitioning of the ARC National Secretariat from FPA India to PFI. Special meetings of the State Chapters of MP, Rajasthan and Jharkhand were convened to reconnect with the State Chapter members deliberate upon chalking a way forward. Post Bilaspur sterilisation deaths, ARC issued a statement emphasising an urgent need to constitute mechanisms ensuring quality standards in family planning services across all levels, highlighting resource-heavy and high-impact services like female sterilisation. ARC is mandated to look into quality issues in family planning services in both public and private sectors through onsite visits – to identify gaps and deviations from standards and enforce corrective measures.

Further to a mandate received from the UP State NHM, quality assessment of family planning services (particularly female sterilisation) provided through 24 public health facilities in Lucknow, Sultanpur and Barabanki was conducted through the UP State Chapter of ARC. This well-planned initiative was executed under the guidance of the ARC National Task Force for Quality of Family Planning.

ARC is mandated to look into quality issues in family planning services in both public and private sectors through onsite visits – to identify gaps and deviations from standards and enforce corrective measures.

Further to a mandate received from the UP State NHM, quality assessment of family planning services (particularly female sterilisation) provided through 24 public health facilities in Lucknow, Sultanpur and Barabanki was conducted through the UP State Chapter of ARC. This well-planned initiative was executed under the guidance of the ARC National Task Force for Quality of Family Planning.

Dr V V Puri Award conferred to the 'Sexpert' of the 21st Century

Instituted by FPA India in the memory of Dr Ved Vias Puri from a kind donation from his wife, Late Mrs Krishna Puri, the Dr V V Puri Award is bestowed upon leading personalities who contribute to SRH. Dr Mahinder C Watsa received this Award in recognition of his contributions made to sexual health in India. Dr Watsa, a Consultant for Sexual Medicine and Gynaecology, is a past President of FPA India (2004-05).
Positioning SRHR as critical to Poverty Alleviation: Creating National Champions

The David and Lucile Packard Foundation through the IPPF funded a project to ensure the political priority and evidence to ensure that SRHR is represented in the final intergovernmental negotiations on the post 2015 development framework.

The objectives were to get SRHR prioritised in local and national level policy, budgets, regulatory documents or legislation; to assess linkages between SRHR and Poverty Alleviation (PA) in policies and programmes implemented at the national/state level; to develop strategic alliances to raise awareness about linkages between SRHR and PA among stakeholders at the national level; and to develop evidence-based messages which resonate with stakeholders from civil society and relevant government departments.

Project activities were designed to collate evidence at the policy level as well as from the community perspective to work towards these objectives.

Policy and programme documents and papers developed by the Ministries of Women and Child Development, Health and Family Welfare, Rural Development, Urban Development and Poverty Alleviation, Statistics and Programme Implementation and the Planning Commission were scanned. Interviews were conducted with government officials from some of these ministries. This review revealed that SRHR and PA measures were not adequately linked in the government programmes and policies.

Three non-sexual and reproductive health CSOs were partnered with and oriented on the relevance of SRHR-PA linkage. These CSOs also conducted community-based activities to emphasise this link. To influence programme and policy changes with regard to integration of SRHR and PA, a workshop for NGO staff was conducted in Barwani to oriented them on SRHR issues and also on the advocacy strategy to position SRHR as critical to PA through integrated community based interventions linking the two. The CSOs were supported by a second sub-grant to conduct SRHR related activities along with their PA and development work.

A qualitative study conducted in the operational areas of these NGOs highlighted vital nuances on the community perspective of SRHR-PA integration. The document served to position SRHR as crucial to PA and paved the way to create an advocacy strategy for such integration.

Another outcome was the generation of an advocacy brief that would be presented to possible partners and collaborators to convince them of SRHR-PA’s relevance to overall development. A documentary film was also developed to complement the brief, and both were unveiled at the project’s national dissemination in New Delhi. The documentary, widely circulated through social media, can be seen here: http://www.youtube.com/watch?v=PaKhLeRSBfo

This project has demonstrated an approach to SRH-PA integration that has never been documented so far – hence it could become a learning model for NGOs working in the SRHR space.

Project: Building Momentum for SRH-HIV Integration in India

This project funded by the European Union (EU) through IPPF-SAR, focuses on advocacy. It is being implemented in eight countries including India. A country meeting was organised in Delhi for sharing the experience of participating CSOs, who expressed a desire to be associated with FPA India, as it has helped them understand the integration and its benefits. A strategic planning meeting was suggested to enhance the momentum already built up for the project.

FPA India submitted a concept note under Global Fund Round 14 on the theme Health System Strengthening. Some of the CSOs whose capacity was built during the project period were involved in this.

Another meeting was organised in Mumbai for representatives from 15 CSOs participating in the project – from West Bengal, Bihar, Jharkhand, Uttar Pradesh, Andhra Pradesh, Rajasthan, Madhya Pradesh and Maharashtra. The objective was to provide a platform to share experiences in carrying out SRH-HIV integration interventions and document “promising practices”. These have become case studies as part of the project process documentation. There are many agencies like Narayan Seva Sansthan (Bihar), Sewa Mandir (Rajasthan) and Aarju Foundation (Maharashtra) which, without receiving any financial support, have integrated the learnings in their ongoing programmes.

A few CSOs have also organised dissemination meetings in their respective areas. The Integrated Rural Development Services and Mahila Abhivrodhi Sangam from Andhra Pradesh had shared the findings of SRH needs of female sex workers using HIV prevention services. There were discussions on how integration can take place at the service delivery level and its benefits. In Kolkata, Child In Need Institute (CINI) organised an event as part of their campaign on quality assured SRH-HIV integrated services.

CINI has done the assessment study of the accessibility and acceptability of these services in South 24 Parganas district. Among those present were many CSOs, network members and district level health officials, who were ready to take it ahead - especially changing the attitude of service providers and maintaining privacy of clients when interacting with doctors and counsellors.

As part of the project, IPPF-SARO also organised a South Asia Meeting on Documentation and Best Practices in Nepal.
Evidence to Advocate for SRHR in Post 2015 Development Agenda

The Post 2015 Development Agenda aims to define the future global development framework that will succeed the MDGs, which end in 2015. The MDGs – ranging from halving extreme poverty to “reducing” the spread of HIV and AIDS, and providing universal primary education – are a milestone in developmental efforts, acting as a guide for global and national priorities. However, the progress has been uneven, even within countries. The outcome of the “Rio+20 Conference on Sustainable Development” initiated an inclusive intergovernmental process [Open Working Group (OWG)] to prepare a set of SDGs.

The OWG has come up with 17 SDGs through its 13 sessions. The post 2015 framework presents an opportunity to build on the MDGs, while addressing the dimensions that lag behind. It is time to act now – to increase the political will and the resources – to achieve full and lasting gender equality, and women’s empowerment and rights.

FPA India will advocate on the goals with the government and others including CSOs on the inclusion of SRHR. It plans to build evidence and support for the cause, and also for gender equality, adolescents and youth needs and rights, and non-discrimination – which are the key elements of post 2015 development agenda. The “findings” or recommendations will be used to influence government decisions on post 2015 development framework, especially on health and gender goals. The documentation is focussed on collecting voices from the community and stakeholders about how SDGs affect people. Information was collected from Lucknow, Jaipur, Bhopal, Patna and Murhu. Based on the findings, national and state level reports were prepared with recommendations for parliamentarians, the government, CSOs, community and media.

Addressing Sexual and Gender Based Violence (SGBV) through Information and Services

This one-year project, funded by the Ford Foundation, has components of advocacy and service delivery. The objectives are: (i) To promote the message of – and ‘document’ community voices for – sexual rights for all and eliminate discrimination against women and girls, and (ii) Create awareness on SGBV and access to services. This is being implemented through FPA India Branches at Mumbai, Panchkula, Delhi, Patna, and Jaipur. Induction training was organised to understand the concept of SGBV and planning for advocacy. The Branches conducted sensitisation programmes in the community along with police personnel and other CSOs, and have also shared case studies.

Strengthening MDGs 5A and 5B in South Asia: Creating Champions and Garnering Momentum for Progress in SRHR

The project objective is to increase political support for SRHR and advancement of MDGs 5A and 5B in India, Afghanistan, Pakistan, Bangladesh, Sri Lanka, Bhutan and Nepal; and strengthen the capacity of a regional civil society network to influence political change. As part of this three-year project, initiated in 2014, FPA India observed International Women’s Day and received support for SRHR.

The theme was “Inspiring Change”. Many eminent personalities supported FPA India, including Ms Indira Jaising, advocate; Ms Anuradha Gupta, then Additional Secretary and Mission Director, National Rural Health Mission; Ms Ashwini Nachappa, sportsperson and superstar; Dr Syeda Saiyidian Hameed, Member, Planning Commission, Government of India; Smt B Jayshree, Member of Parliament, Rajya Sabha; Ms Shashi Deshpande, Eminent Writer; Ms Anandi Yuvraj, Member, International Community of Women Living with HIV/AIDS (ICW) – Global; Smt Malati Baxla, District President, Trinamool Mahila Congress, Jalpaiguri District; and Prof Vandana Chakrabarti, PRO Vice Chancellor, SNDT Women’s University.
Family Planning Association of India
GWALIOR-BRANCH
Poverty is a reality in India. Whichever methodology is used for estimation, the proportion of people living in poverty hovers around 20%-30%. With poverty comes the issue of access to development and modernity; and with this large population lacking access, there are bound to be various unmet needs including that of information and services to SRH.

Apart from the poor, there are vulnerable sections – women who lack an identity of their own and in least decision-making positions, including for their own healthcare; migrants; tribals; and those living in rural and urban slums. In India, 20% population have to travel over 5km to access out patient treatment; the figure is 32% for rural people and 21% for the poor.

FPA India reached out and provided accessible and affordable quality SRH services to all. The No Refusal Policy helped those who could ill afford services. During the year, 89.4% of the Association’s clients were poor and vulnerable from rural, urban and peri-urban areas. FPA India, with collaborative ventures, promoted awareness on SRHR, enabling a better understanding of their SRH needs and actualising their right to healthcare services.

Generating Awareness

Awareness generation is a key component in providing services. All Branches/projects cover topics on SRH to sensitise communities, generate awareness for seeking healthcare services and conduct themselves such that it does not affect themselves or those around them. Around 20 lakh people were reached through personal contacts and other sizable populations through mass events and group discussions.

Sexual and reproductive rights

During the year, more than 20,000 group discussions, 4,000 general meetings and 1,000 mass media activities were conducted across Branches/projects on sexual and reproductive rights for nearly 4 lakh people and for another 4.6 lakh people through personal contacts.

SRH

Nearly 80,000 mass events and group discussions were held reaching out to over 20 lakh people, while another 16 lakh people were reached through personal contacts. The topics ranged from family planning and contraception, abortion, HIV and AIDS, to GBV.
Many Branches and projects organised theme-based events to observe \textit{International Women’s Day} (March 8), \textit{International Human Rights Day} (December 10), \textit{National Pulse Polio Day} (different days across states), \textit{World Environment Day} (June 5), \textit{National Girl Child Day} (January 24), \textit{World Population Day} (July 11), \textit{World Health Day} (April 7), \textit{Safe Motherhood Day} (April 11), \textit{World Breastfeeding Week} (1-7 August), and \textit{FPA India Foundation Day} (July 23).

Ahmedabad, Belgaum, Lucknow, Nilgiris, Rajkot and Singhbhum Branches and Sagar project observed the National Youth Day around the theme of “Youth and Mental Health”. The same theme was used by Ahmedabad Branch to organise a programme for NCC cadets.

The National Girl Child Day was observed at the Belgaum and Hyderabad Branches, while the National Pulse Polio Day was observed by Chennai and Belgaum Branches where the Branch staff volunteered in administering polio doses to children at the pulse polio centres. The International Women’s Day theme of “Inspiring Change” was observed by 21 Branches through activities like quiz competitions, exhibitions, rallies, awareness programmes and signature campaigns. Every year, July 23 is observed as Volunteer’s Day by FPA India with Branches/projects hosting various activities highlighting the role of volunteers in the family planning movement. The Governing Board decided to dedicate the Foundation Day in 2014 to Lady Dhanwanti Rama Rau, one of the founder members of FPA India.

While Branches in Agra, Ahmedabad, Bangalore, Bhubaneswar, Dharwad, Dindigul, Jabalpur, Jaipur, Kolkata, Madurai, Mohali, Murhu, South Kanara, Shimoga, Trivandrum, Yamunanagar, Sagar and RTC-Bhopal organised media meets, Kalchini Branch conducted competitions for adolescents and organised a motorcycle rally in the city creating awareness about FPA India’s facilities and services.

Belgaum, Bhopal, Bijapur, Chennai, Gomia, Mumbai, New Delhi, Nilgiris, Pune, Raichur, Rajkot Branches had short events like panel discussions, seminars for adolescent volunteers and students of social work.
The Ahmedabad Branch organised a seminar for adolescent girls on family planning and population on World Population Day. The Bangalore Branch conducted a programme titled “Investing in young people” for college students, while Chennai Branch organised a programme for SHG members. Shimoga and Singhbhum Branches organised awareness programmes, debates and quiz competitions. The Mumbai Branch, in coordination with Mahanagar Telephone Nigam Ltd, sent the message “Family planning Saves Lives” to one lakh people in the city.
SRH services were provided through 29 satellite clinics, 21 UFWCs, 74 functional mobile outreach teams and 3656 CBPs. Additionally, 14 Associate clinics, 318 PMPs and 69 NGOs contributed to provide services for people in inaccessible areas.

In Panchkula, Bhubaneswar, Solapur, Mysore, Nagaland and Gwalior, Link Workers collaborated with ASHAs and ANMs to facilitate referrals to FPA India static clinics and community based distribution of contraceptives, besides mobilising the community for special service sessions and IEC activities.

SRH services were provided through 29 satellite clinics, 21 UFWCs, 74 functional mobile outreach teams and 3656 CBPs. Additionally, 14 Associate clinics, 318 PMPs and 69 NGOs contributed to provide services for people in inaccessible areas.

In Panchkula, Bhubaneswar, Solapur, Mysore, Nagaland and Gwalior, Link Workers collaborated with ASHAs and ANMs to facilitate referrals to FPA India static clinics and community based distribution of contraceptives, besides mobilising the community for special service sessions and IEC activities.

Special SRH Service Sessions

These sessions were for the poor living in difficult-to-reach areas where no healthcare facilities exist, and where girls are married at an early age with no information or family planning services. Almost three-fourth of the girls are anaemic. Cervical cancer screening through VIA and pap smear were conducted for older women. FPA India conducted similar sessions in Srinagar, Bhubaneswar, Dindigul, Mysore, Bellary, North Kanara, Bangalore, Yamunanagar and Singhbhum Branches.

Focus on Cervical Cancer

Cervical cancer is the most frequent cancer in women in India, which has approximately 365.71 million women above 15 years of age at risk of developing it. Current estimates indicate about 1,32,000 new cases diagnosed and 74,000 deaths annually in India. Women in India face a 2.5% cumulative lifetime risk and 1.4% cumulative death risk from cervical cancer.

At any given time, about 6.6% of women in the general population are estimated to harbour cervical HPV infection. HPV serotypes 16 and 18 account for nearly 76.7% of cervical cancer in India. Recognising this, the year’s focus was on early detection and referral services for management of cervical cancer.

Dharwad, Hyderabad and Mumbai Branches were supported to initiate cervical cancer screening and be master trainers and resource centres for VIA, colposcopy and LEEP therapy.

Colposcopes and machinery for LEEP therapy were provided. A workshop on “Detection and Management of Cervical Cancer” was organised for the medical and paramedical staff from selected Branches for better screening tests in an outreach setting.

Following this, staff from Belgaum, Bangalore, North Kanara, Bijapur, Mysore, Chennai, Bhubaneswar, Dindigul, Raichur Branches were trained in VIA, Colposcopy and LEEP therapy at Dharwad and Hyderabad.
Special Focus on SRH of Men

“While continuing to ensure women have access to SRH and their needs are met, if men are not equal partners, clients of SRH services, and agents of change, the result is limited in terms of successful and gender equal SRH that can benefit both men and women”

FPA India has long recognised the importance of working with men and boys as clients, partners and agents of change in efforts to promote gender sensitive and rights based SRH services. Dedicated clinic based special SRH sessions were continued at Agra, Yamunagar, and Panchkula Branches. Medical specialists were engaged to maintain a special male clinic within the static clinics.

Special service sessions for men were offered in the outreach setting by specialised service providers. These sessions fulfilled a long felt need for men to access SRH services confidentially and at convenient timings. Continuous outreach work for demand generation and awareness activities progressively increased footfalls to male clinics.
The Yardi Slum Welfare Project

Slums are integral to urban areas, with 17% of urban population living there. A significant contribution is made through their labour market to the economy.

Most families in slums live without basic amenities with compromised health and hygiene. Despite the proximity to health facilities their access to them is restricted, mainly due to ineffective outreach and referrals. Intensified awareness on SRH rights including family planning is required.

Over 27.3% of Maharashtra’s population lives in slums (19.4% of Pune’s population are slum dwellers). The Pune Branch, supported by Yardi Software Ltd, initiated an outreach project in 2014, aimed at extending SRHR in four slums of Pune covering 1,20,000 people.

In the first phase, a project office was set up, staff was recruited and a mapping of the area vis-à-vis its SRH needs, demographics and existing health and educational institutions was undertaken.

The Service, Education, and Training Unit (SETU) Project

Funded by the IPPF Core+, the SETU project started in 2011 in 15 outreach locations and by 2014 expanded to three more locations. It contributed in increasing delivery and access to contraceptive and other SRH services.

Since the closure of the project was approaching, a workshop was held to prepare an exit plan and discuss strategies for sustainability, with 42 participants from 15 Branches identifying various strategies.

These included branding FPA India clinics, social marketing of commodities by CBDs, elevating CBDs as community based providers, linking CBPs with government schemes related to livelihood and welfare, developing partnerships with NGOs and government health sector, forming SHGs for CBDs, raising local funding, and introducing user fees and membership cards to avail services at FPA India clinics.

As building partnerships was one of the strategies of the project, guidelines were developed for Branches to initiate such partnerships with different organisations.

Overall, the project helped FPA India to reach out to more poor and vulnerable people. It created a critical mass of basic service providers at the community level whose confidence and self-esteem was elevated through their partnership with the Association. As with time bound projects, sustainability is the biggest challenge; local funding can continue to sustain the project.

Transforming Access through Task Sharing and Shifting

An 18-month project, aimed at expanding SRH services delivery in the outreach setting through strategic task shifting and sharing, was implemented with the Catalytic Fund received through the IPPF. It was initiated through the Branches at Nilgiris, Murhu, Patna and Raichur. ASHA workers and community based providers (62) were mentored and trained, referral networks established and special sessions organised to deliver SRH services - to enhance child spacing, MCH, safe abortion services, SGBV and STI/RTI management.

Each Branch covered 1,00,000 people. CBPs gave counselling, along with distribution of contraceptives (ECPs, OCPs, condoms) and hygiene products (sanitary napkins), and urine pregnancy testing. ASHA meetings were initiated to provide supportive supervision and ensure referrals by them. IEC material - pamphlets, posters, screening checklists for medical eligibility of women before contraceptive use – were developed and used.

Through this project, ASHA workers are being rejuvenated through monthly meetings, capacity building and joint visits to project sites. FPA India staff provides supportive supervision to ASHAs in the planning, implementation and monitoring of activities in their areas. As many as 96 ASHAs, now oriented on the Integrated Package of Essential Services, refer men and women to FPA India SDPs.

The CBPs, whose training included effective communication and counselling, shared that being associated with this project has elevated their status among peers, and also with their ability to professionally guide the community on their sexual and reproductive rights and behaviours.
ABORTION

In 2014, FPA India provided 1,39,450 abortion related services; 24,152 women were aborted mostly by using MVA or medical abortion; and 911 women were treated for incomplete abortions at 40 static clinics. An overwhelming majority of the women (91%) accepted a contraceptive method after undergoing abortion.

Abortion remains the most controversial reproductive healthcare issue in India. The early implementation of the MTP Act-1971 in 1972 has had little impact on women seeking safe and legal abortions. Abortion has become safer and more effective and, with the recent introduction of medical abortion, has almost placed it in the hands of the user.

In 2014, the MoHFW proposed an amendment to the Act to allow abortion until the 24th week of pregnancy. And yet, over half the abortions in India are illegally performed. The highly incentivised NHM programme of the GoI focuses on safe deliveries, not safe abortions, although 8% of maternal deaths are due to abortions. Evidently, comments on the Internet indicate that the issue is wrapped in promoting social and legal controls, and is stigmatised. Clearly, the abortion issue is a far cry from becoming a woman’s right that is often linked to the PCPNDT Act, which is related to discrimination.

Abortion is an important reproductive right of women, and FPA India offers it to them under safe conditions – medical, psychological and legal. Several activities were undertaken in 2014 to address abortion issues, including attitude reconstruction among the providers, and community advocacy.

The challenge of reaching out to women for seeking early and safe abortion was undertaken by the Association during the year. Information on the need for the same was provided through a range of promotional activities. Pre and post abortion counselling, as well as post abortion contraception, were provided as a package to all women undergoing the procedure.

Treatment for incomplete abortions was given to those who sought the same outside but failed to abort completely. In 2014, FPA India provided 1,39,450 abortion related services; 24,152 women were aborted mostly by using MVA or medical abortion; and 911 women were treated for incomplete abortions at 40 static clinics. An overwhelming majority of the women (91%) accepted a contraceptive method after undergoing abortion.

Information given on abortion through interpersonal contacts (4yr trends)
Second Trimester Abortion

It is assumed that women delay abortion because they have undergone sex determination. But observation, experience and evidential studies indicate that women seek abortion late due to multiple reasons; chief among them – not knowing that they are pregnant and no access to services. FPA India is committed to provide safe abortions to such vulnerable women. After Ahmedabad, Bangalore, Bidar and Bijapur Branches initiated second trimester services in 2014 through NORAD funding; Dharwad, Dindigul, Gwalior, Kolkata, and Pune Branches continued to provide second trimester abortion services. At nine clinics, 260 women received abortion services in the second trimester.

Capacity Building

To understand the reasons for women seeking abortions and to address problems faced by Branches in providing abortion services, a meeting was organised with 11 representatives from Mumbai, Belgaum, Gwalior, New Delhi, Madurai, Dindigul, Chennai, Lucknow, Pune, Indore and Kolkata. Strategies for strengthening safe abortion services and FPA India’s comparative advantage were discussed. A plan of action was prepared to increase the number of safe abortions in the clinics.

Attitudes of service providers have far reaching ramifications. This painful reality was addressed by FPA India with all the volunteers and staff of 40 Branches and two projects, when a postal survey was conducted to assess the knowledge and attitudes of service providers and volunteers on gender and rights.

Responses were received from honorary doctors (33.6%), Medical Sub Committee members (17%), Medical Officers (14.4%) and nursing staff (23.4%); and the findings indicated a need for attitude reconstruction. This was followed by two orientation workshops on gender and rights, covering topics like difference between sex, sexuality and gender, and stressing on GBV.

Expert Group to develop the guidance on addressing the confusion between MTP and PCPNDT Acts:
The GoI had constituted an Expert Group to review both perspectives, identify potential areas of conflation, and map the target audience; and, between the two acts, to develop guidance for “Ensuring Access to Safe Abortion and Addressing Gender Biased Sex Selection”. As part of this Expert Group, FPA India provided inputs for implementation of both acts.

Community Advocacy - Improving Access to Safe Abortion Services

The Community Advocacy for Safe Abortion project is being implemented at 10 Branches (Lucknow, Agra, Jaipur, Bhopal, Solapur, Kolkata, Kalchini, Gomia, Nagaland and Bhubaneswar) to give correct information on and legal status of abortions. Advocacy training was provided to field workers and staff nurses from Branches, which then took this forward in their local communities.

All Branches have attempted to involve stakeholders in abortions, so that clients have quality services available to them at all times. The Branches conducted sensitisation meetings with government leaders and frontline workers to spread awareness about legalities of abortion. They also collaborated with media and policymakers to spread awareness about the dangers of unsafe abortions.

Second Trimester Abortion

It is assumed that women delay abortion because they have undergone sex determination. But observation, experience and evidential studies indicate that women seek abortion late due to multiple reasons; chief among them – not knowing that they are pregnant and no access to services. FPA India is committed to provide safe abortions to such vulnerable women. After Ahmedabad, Bangalore, Bidar and Bijapur Branches initiated second trimester services in 2014 through NORAD funding; Dharwad, Dindigul, Gwalior, Kolkata, and Pune Branches continued to provide second trimester abortion services. At nine clinics, 260 women received abortion services in the second trimester.
Global Comprehensive Abortion Care Initiative (GCACI)

This is being initiated at FPA India clinics since 2008 and its third phase started on 1st January 2013 with the inclusion of Mumbai-PSK and Agra clinic. In 13 FPA India Branches, 17 clinics across seven states provided abortion services through a special grant from the IPPF. GCACI’s objective is to increase access to comprehensive abortion care and contraceptive services as integral to SRH.

In 2014, 18,416 women were provided with comprehensive abortion care services under GCACI. Second trimester abortion services were also provided to 220 clients and treatment of incomplete abortion services were provided to 497 clients. Almost all (99.6%) women accepted a method of contraception after undergoing abortion.

Many strategies were used to generate awareness about legal and safe abortions, and to encourage women to use these services early in the gestation age to avoid complications from seeking second trimester abortions.

Strengthening Partnerships and the Referral System

Orientation and sensitisation meetings were conducted on legal and safe abortion services with health service providers like ASHA, USHA, ANM, AWW, CHV, MO, private medical practitioners, chemists, formal and informal abortion providers and non-certified doctors. This resulted in nearly 50% women being referred for abortion, management of incomplete abortion or other SRHR services.

The involvement of other NGOs, CBOs, SHGs and local government health officials to address unsafe and illegal abortions was fruitful. Some GCACI clinics signed MoUs with other government and private hospitals for referral of FPA India clients in emergencies. The Murhu Branch signed an MoU with five chemists for in-bound referrals and the civil surgeon’s office for out-bound referrals.

The Dindigul Branch signed MoUs with three likeminded NGOs. The Kalchini Branch advocated with healthcare providers at different tea gardens to refer clients. The Nagaland Branch provided an Access Card to vegetable vendors in their area to avail free services.

A special women’s car rally was organised to mark International Women’s Day (8th March) on the theme “Inspiring Change”.

In Mumbai, partnership was extended with NIMA and other NGOs working with the poor and marginalised groups like observation homes, street children, MSM/TGs and their partners. Sex workers increased their usage of SRH services, including abortions.

Demand Generation

Branches adopted various modes of imparting information on the availability of abortion and SRH services at these clinics - through advertisements on TV, local cable channels, FM radio, auto rickshaw signages, wall paintings, sign boards, hoardings, billboards etc. Radio advertisements were aired on FM channels in Mumbai, Pune, Kolkata and Gwalior, while the Gomia Branch participated in a 10-day long exhibition during Saraswati Puja where the information was disseminated.

A list of FPA India clinics with contact details was displayed on auto rickshaws in Pune and Mumbai. The Nagaland Branch, along with Kohima Chamber of Commerce and Industry (KCCI), set up booths at strategic locations to distribute leaflets and other IEC material during State Inauguration Day of the popular “Hornbill Festival”. As a result, needy women started seek appointments on telephone for availing abortion and other SRH services.

Capacity Building

Medical Officers and Branch Managers were updated on the management of incomplete abortions and the referral protocol to be followed during the Review Meeting held in 2014. A Technical Update Workshop was also conducted at the local level to refresh the knowledge and skills of clinical and key Branch staff on abortion services.

GCACI played a pivotal role in providing comprehensive abortion care and contraceptive services. Of particular importance were partnerships established with different stakeholders and the various innovative modes to disseminate information on safe abortions, which catalysed women to seek the quality services provided at these clinics.
India has the highest number of young people (10-24 years old) – 356 million or 28% of its population – in the world. Most of them are presumed to be healthy and the country can cash in on the demographic dividend. However, an estimated 2.6 million young people die every year globally and a greater number suffer from illnesses – ‘behaviours’ – which hinder them to develop to their full potential.

Many suffer chronic ill health and disability, and are vulnerable to GBV. Also, many serious diseases in adulthood have their roots in adolescence – early sexual debut and higher risk of STI/HIV, tobacco use, poor eating and exercise habits – leading to illness or premature death later in life. Young people need appropriate SRH information and services to make informed choices and to realise their SRH and rights. Access to sexuality education in India remains to be addressed.

FPA India is promoting SRHR to young people through its Sexuality Education, Counselling, Research and Training programme, and by addressing their SRH information and service needs.

The Association believes in reproductive and sexual rights of young people and provides gender-sensitive, age-appropriate Comprehensive Sexuality Education (CSE) and life skills to help them make informed choices about their sexuality and lives.

During 2014, FPA India provided CSE to 73,382 youth (in-school – 49,179; out-of-school – 24,203), 31 lakh SRH services to nearly 7 lakh youth and 3.6 lakh non-SRH services to 1.2 lakh youth.
Comprehensive Sexuality Education (CSE)

FPA India has designed “Growing Up is Fun”, a curriculum based on the IPPF’s “It’s All in One Curriculum”, which is being used by all Branches for imparting CSE known as “Adolescent Education Programme +” (AEP+) in-school and out-of-school. Extensive efforts are made to reach out to the 10-14 age group.

In 2014, FPA India covered 52,179 young people in formal school and college settings and 25,203 young people in out-of-school settings with all seven topics of CSE. In Bijapur, 2,348 students got knowledge on sexual and reproductive health and the Branch also trained 53 teachers on CSE, while informing them on their role in providing sexuality education to young people.

In Belgaum, 42 schools were covered with 5,071 students in AEP+ and sensitisation meeting was conducted with 12 parents and nine teachers. In Mohali, 936 students attended all seven components of CSE. In Kalchini, 10 tea garden areas were identified for introducing the programme for out-of-school youth.

FPA India worked with out-of-school young people from diverse groups – children of sex workers, street children, beggars, orphans, juveniles and adolescents living with HIV.

Services

FPA India’s programmes are focusing more on providing youth-friendly services. Various strategies are adopted to reach young people and provide services in the outreach. Partnerships are being forged with stakeholders and “influencers” for adolescents, to empower them with knowledge and skills, and generate demand for health services.

Also, the Association’s clinics are providing essential SRH services to the youth in a friendly environment. FPA India has made concerted efforts to reach out to unmarried adolescents in schools and communities, focusing on the very young (10-14 age group).

2014 has been significant in the uptake of services by young people – they accessed 39% of all SRH services provided by FPA India. Youth accessed around half the services provided in the outreach (49.1%) and in the clinics (56.4%).

Outreach sessions increased accessibility to SRH services for young people, but schools were initially sceptical particularly in giving out medicines.

Repeated sensitisation meetings and the quality of services have now improved the uptake. Further to committed engagement with young people, 169,602 services were provided to the 10-14 age group; 729,490 services were provided for 15-19 age group; and 2,564,268 services were provided for 20-24 age group.

Partners and Influencers

A crucial role is played by FPA India in advocating for adolescent SRHR with key influencers. The UP Government launched a campaign under the NRHM and invited the Lucknow Branch to put up a stall on adolescent health. Counselling was provided on contraceptive methods and IEC material was showcased at the stall. A poster designed by FPA India on “Menstrual Hygiene” was selected under NRHM, and is now being displayed in the Adolescent Friendly Clinics run by NRHM in 18 districts. The Branch is included in the Technical Advisory Group (TAG) team of NRHM under RKSK scheme for translation of the module from English to Hindi with other partner NGOs.
Youth Centres

In 2014, FPA India established 302 youth-friendly centres in the outreach. Branding of youth centres and deciding youth-oriented names developed a sense of ownership among young people. Bidar, Hyderabad, Pune, Dharwad and Lucknow Branches are training Peer Educators as Peer Counsellors who actively support the Branch programmes, counsel their peers as well as refer them to the clinic for further counselling. At Dharwad, the Youth Branch Executive Committee Member is supporting the Youth-Friendly Centre with equipment and recreational material.

Youth Participation

IFPA India strongly encourages youth participation at all levels. Youth forums are established at the Branches involving young people from the operational area, from which two (a male and a female) are elected as youth members of the Branch Executive Committee. These members together have formed the National Youth Forum. Two members from the National Youth Forum are elected as youth members at the Central Executive Committee (CEC), who represent the Association at the South Asia Regional Youth Network (SARYN). Forum members are actively involved in planning, implementing and monitoring the youth programmes.

Expanding Access to Comprehensive Sexuality Education and Youth Friendly Services among Young People (CHOICES)

Since 2011, FPA India has been implementing this “CHOICES” Project in Agra, Ahmedabad and Bangalore. The objectives are to improve availability and quality of health services for youth by increasing awareness among healthcare professionals about the health needs of adolescents; to educate young people about their SRH and the availability of youth-friendly services; and to advocate for supportive policies to ensure a safe, comfortable, and responsive environment for adolescents to access health services.

In 2014, young people continued to access health services in the three project areas. While young people were encouraged to access services from the static clinics, service sessions were also conducted in schools and community settings.

The three Branches made efforts to reach out to the poorest and most marginalised adolescents. The Agra Branch is working with adolescents from the “untouchable” community, and the Bangalore Branch is working with adolescents living in shelter homes, children of sex workers and orphans.
Youth Centres have emerged as a pivot around which young people, particularly from out-of-school settings, can access SRH information and services, and have opportunities to participate in income generation activities. The Branches involved young people through competitions and discussions to come up with brand names for their Youth Centres to give them a distinctive identity.

The significant features of these Centres encompass provision of SRH services, nutritional counselling, sexuality education and life skills education. It is a “one-stop-shop” approach, with the different needs of adolescents being met under one roof, by professionals who understand their needs and are trained to address them. These Centres are located in the same premises as the static clinic (Agra, Bangalore) or in the slum/village (Ahmedabad, Bangalore).

During 2014, Branches continued their multifarious activities for in-school and out-of-school adolescents. Sessions were conducted to ensure that the information is age-appropriate through activities and discussions. Various methods were used to deliver AEP+ sessions. After sensitisation meetings, there was a change in the attitudes and behaviour of parents and other stakeholders towards adolescent SRHR.

Peer Educators are playing important roles in promoting CSE and in referrals for clinics. The Ahmedabad Branch created an innovative puppet show activity on relationships, diversity, and communication, which appealed to the adolescents. In Bangalore, AEP+ sessions are not just helping to increase the youth’s knowledge but are also enhancing parent-child communication.

Using role-plays and other infotainment activities was very effective in generating interest and engagement. The Branches have used AEP+ sessions to reach out to 6,740 young people, through 31 schools and 81 youth groups (out-of-school).

More counselling services are being provided through special service sessions in school and at Youth Centres for out-of-school adolescents. Linkages were made with schools, youth clubs and other institutions.

Counselling continued as an important service for young people on a wide range of issues – like clarification of myths and misconceptions, contraception including emergency contraception, relationship issues and sexual abuse. Young people accessed 2,38,040 SRH services, with over 64% (15,3950) being accessed through outreach sessions in schools and Youth Centres.

It is still not easy for those in the 10-17 age group to come to the static clinics for services; they prefer the safety of the Youth Centres. In the 10-14 age segment – for girls, SRH services are more on menstrual cramps and menstrual hygiene; for boys, the services are largely on penile hygiene and clarification of myths on masturbation.

All three Branches have made immense efforts to advocate for adolescent SRH. The Ahmedabad Branch has formed a coalition of state NGOs for the inclusion of CSE in the school curriculum. Branches are establishing partnerships and networking with other likeminded organisations to further strengthen the CSE intervention.
In 2014, FPA India received support from the David and Lucille Packard Foundation to initiate “Stigma: The unseen barrier to young people’s access to SRH services” – to address abortion stigma in young people. The Packard project seeks to address the two overlapping and compounded areas of stigma relating to sexuality and abortion. Through this project, working with communities, youth and health professionals will begin to break down the unseen barrier that prevents young women from seeking abortion services they need and have the right to access.

The project was based on the findings of a qualitative study conducted with the support of the South Asia Regional Office, IPPF – with the key finding that people in the area were still looking down on women who undergo abortion. Based on major findings, a two-year intervention was designed to directly address abortion stigma – as experienced by young women – at individual, community and organisation levels.

The project is being implemented in 80 selected villages in Murhu block covering nearly 72,000 people of Khunti district in Jharkhand. The villages are geographically located within 20-25km radius of FPA India’s static clinic in Khunti. Two training workshops were conducted to orient Peer Educators and Link Workers about organisation, focusing on the objectives and their implementation. As per the set objectives, a baseline survey using SABAS tool was done to understand the level of stigma, and attitudes and beliefs of the people towards abortion.

The findings, which showed that a high level of stigma exists especially amongst the adolescents, help in developing IEC material to address each form of discrimination. Peer Educators and Link Workers are carrying out sensitisation meetings with school authorities, parents, teachers on CSE and SRHR, along with educational sessions with married couples, unmarried youths, mothers-in-law, Sahiyas/Anganwadi Workers, Mahila Mandal and Panchayat Raj institute members.

Since 2010, UNFPA has funded the Project to address the reproductive health concerns of adolescents facing high risk in their developmental age, in seven blocks of Barwani District, Madhya Pradesh. The objective was to increase the mean age at first conception among married girls in the 15–19 year age group by promoting spacing methods of family planning.

The project also promoted care-seeking behaviour for reproductive health among boys and girls. The expected output is to increase the mean age at first conception by 1 to 2 years from baseline levels, and to enhance the percentage of married couples using spacing methods.

The study revealed that Barwani is gripped in poor health conditions and that early marriages and adolescent fertility were high, with low contraceptive practices. Government health functionaries are involved in the project, with ASHAs as the catalysts of change.

In 2014, two training programmes were conducted for the staff: Refresher training and Social Diffusion Approach. Eight ASHA training sessions and five Stakeholders Confluences were conducted. A supporting environment was created by holding 717 elder meetings in the community for young couples to access contraception. 138 review meetings were conducted at the block and district levels and with UNFPA to review the progress. Finally, seven ANM training programmes and 143 ASHA and user training programmes were conducted.

At the Block Stakeholders Confluence, 140 ASHAs were awarded prizes for best performance. The criteria of selection included: Percentage of family planning users employing any contraceptive method for over 12 months; percentage of couples attending ASHA’s target group meetings; percentage of family planning users; and ASHA’s participation in cluster meetings.
HIV AND AIDS

The UNAIDS Gap Report 2014 brought out startling facts on the HIV situation in India. Although the prevalence of AIDS in 2013 was 0.27%, it is estimated that 2.1 million live with HIV (2013) and it is the third highest population of HIV-infected people.

But HIV treatment coverage is only 36%, and the proportion with no access to antiretroviral therapy treatment is 64%. By the end of 2013, over 7,00,000 people were on antiretroviral therapy.

Following the general trend, HIV among female sex workers decreased to 2.7% but it increased in Assam, Bihar and Madhya Pradesh (estimated population: 8,68,000). HIV prevalence among women who inject drugs was nearly twice that or more than their male counterparts. Evidence shows that MSM and IDUs with an estimated 0.4 million are vulnerable groups to HIV infection with an increasing prevalence in many states.

In 2014, the HIV/AIDS (Prevention and Control) Bill was passed in the Rajya Sabha. It seeks to end stigma and discrimination against HIV positive people in the workplace, hospitals and society, while also ensuring their privacy.

FPA India has been addressing these issues with key population groups and people living with HIV, creating space for them to bring their partners for consultation as well. It is in the forefront in integrating HIV related services all other SRH services.

Further, one member in all the Branch Executive Committees is a sero positive person lending his or her perspective in governance and programme implementation. All HIV related work is being carried out through niche and focussed projects as well as through regular Branch activities.
EDUCATIONAL PROGRAMME ON PSYCHOSOCIAL SUPPORT FOR PLHIV
The Chennai Metro Rail Project

The Project, from October 2012 to December 2014 was implemented with the objective to address the HIV and SRH needs of—and increase access to information and services for—the migrant workers of Chennai Metro Rail Limited (CMRL).

Supported by the Japan Trust Fund for Reproductive Health and HIV, it led to 13,919 workers seeking healthcare through 3,048 sessions conducted in 10 labour camps. 124 Peer Educators, who were identified and trained to provide SRH-HIV information, contacted 7,920 workers one-to-one and conducted 560 group sessions, distributed 28,060 condoms, and facilitated the project staff to conduct health sessions in labour camps. Over 8,000 workers were treated for minor ailments, 1,485 were screened for hepatitis B, 1,366 were treated for RTI/STI and 1,485 availed voluntary counselling and testing services. The staff conducted 143 multimedia campaigns and 175 group sessions.

At the final dissemination of the findings at Chennai, all stakeholders were present—including 30 FPA India representatives; personnel from the Japanese Consulate-Chennai; Health Secretary, Health and Family Welfare Department of Tamil Nadu; Tamil Nadu State AIDS Control Society; and CMRL dignitaries. In his inaugural address, Mr. Masanori Nakano, Consul-General, Consulate of Japan, appreciated FPA India’s efforts in improving the health of the labourers and their families.

Other prominent speakers also expressed their appreciation. The end-line survey of the project was shared. Prior to the dissemination of the project, a two-day capacity building training programme on new HIV updates was conducted for 33 staff members from 26 Branches.

Shadows and Light Project

Supported by GIZ, this project has been implemented in Bangalore, Chennai, Mumbai and Hyderabad since January 2013. It focuses on issues related to transgender groups and MSM. During this period, 6,240 KPs were contacted, including 2,044 new KPs. 427 health sessions were conducted and 24,656 services were provided to transgender groups; 22,543 services to MSM; and 2,401 services to other KPs like sex workers. 17 consultants from eight local partners were identified and trained on SRH-HIV linkage for key populations. They conducted 15 training programmes for 249 KPs of 29 organisations.

Voluntary Counselling and Testing Centres

Out of 38 Centres, 28 are recognised as ICTC. This year, Rajkot, Jaipur and Gomia were to start Voluntary and Testing services.

Observation of World AIDS Day/Week

All Branches and projects observed World AIDS Day. Health sessions, especially for people living with HIV and key population groups, rallies and street plays were conducted at all locations. A session on HIV workplace policy was conducted to orient the new staff and volunteers. It may be noted that all Branches/projects have a member in their Branch executive committee who is living openly with HIV.

A Matter of Pride

It is an initiative to provide a safe and supportive working environment for all members of IPPF living with HIV, at all levels. It also fosters a culture of respect that welcomes support and meaningfully involves staff and volunteers living with HIV. FPA India has a strong tradition of working with people living with HIV and vulnerable populations, and including PLHIV in the governance and management of their work. This has led to a vibrant network of PLHIV working in the Association’s Branches across India. It is a matter of pride that one of the staff members has become a Global IPPF+ Coordinator. During the pre-conference of the 20th International AIDS Conference at Melbourne, he made a presentation on IPPF+ to nearly 30 members of IPPF Central Office, Regional Office and Member Associations and shared his experience in a networking zone session.
Project to Prevent Maternal Deaths and Promote Child Survival by Supporting Elimination of Mother-to-Child Transmission of HIV

Supported by the Japan Trust Fund for Reproductive Health and HIV, this project started in May 2013 in South Kanara, Bijapur, Bangalore, Belgaum, Solapur and Hyderabad. Its goal is to eliminate HIV transmission in children; reduce maternal deaths by strengthening prevention of mother-to-child transmission; increase access to information and services on HIV prevention; eliminate mother-to-child transmission (eMTCT) in the reproductive age; and to increase community support for women living with HIV and their children. In 2014, 111 out of 188 pregnant women living with HIV had safe deliveries, and 18 children who completed 18 months were tested and found HIV negative. The project focuses on PPTCT prongs one, two and four in the community and provides prong three service through referrals. The Pune Branch attempts to reduce stigma and discrimination through a special project for PLHIV and key populations, funded by the Morries Foundation-Swasthya Jagruti Project. In 2014, several programmes were conducted for PLHIV to reduce stigma and discrimination.

A mobile van reached prominent spots frequented by key population groups (railway and bus stations), and provided SRH-HIV stigma free services to all the KPs. Impressed by the work, many partner NGOs/CBOs motivated their members to access services from the clinic. 137 PLHIV received nutritional and travel support, and income generation skills. The staff has successfully advocated for family acceptance of PLHIV and even succeeded in getting three families to accept their member living with HIV.

The Targeted Intervention (TI) project for Injection Drug Users (IDU) in Srinagar is being funded by the J&K State AIDS Control Society. It continues to provide HIV related services to 650 IDUs; also referred the recovering IDUs for Oral Substitution Therapy (OST) to government hospitals. The Branch also provided SRH services to family members of drug users.

Two MSM TI projects, funded by Chandigarh and Haryana State AIDS Control Society, are being implemented by the Panchkula Branch – reaching out to 1,500 MSM. During the year, 12 support group meetings were conducted at the DIC for 332 key population group members. The members are involved in candle making, and creating wall hangings and other decorative items, with Branch volunteers helping to market them.

The Mohali Branch, through three TI projects in Chandigarh UT and Mohali, reached out to over 1,600 female sex workers and MSM, and 400 IDUs. Efforts were made to reduce stigma and discrimination by using positive speakers from PLHIV networks to advocate for the same. Supported by the MP State AIDS Control Society, the Gwalior Branch continues to implement a TI project reaching out to 15,000 truckers.

The Singbhum Branch is implementing a pre-TI project for MSM/TG and MSM, supported by Pehchan, since December 2012 – reaching out to 900 KPs so far.

The Trivandrum Branch continued to implement the IDU project ‘Suraksha’ to meet the needs of IDU and provide OST; besides treating for abscess, STI and general ailments. Nutritional support was also given to the needy who are on ART. Sessions were conducted on HIV/AIDS and continuum care for PLHIV. The Project facilitated the reduction stigma and discrimination among over 200 Anganwadi teachers. A positive gathering was conducted for 32 males/females using drugs and a personality development session was organised for 30 persons living with HIV.

The Mumbai Branch is working with 40,000 sex workers through three projects, also focussing on migrant population. One mobile VCT and four single migrant projects cover 40,000 people. All projects are funded by PHFI, while one sex worker project is funded by MDAACs. The goal of this project is to halt and reverse the HIV/AIDS epidemic among migrants by saturating their coverage and providing quality services for their sexual health needs.

The Madurai Branch is implementing Vihaan, a community centre project supported by India AIDS Alliance. Its aim is to ensure ART adherence of 10,000 PLHIV and follow-up of dropouts.
Knowledge management is not complete without sharing. Research papers received from scholars and others from India and abroad are published regularly by FPA India through The Journal of Family Welfare. The Journal is listed in “nic” (National Information Centre) and the international web EBSCO on the Internet.

As organisations develop and mature, managing knowledge becomes more complex in terms of acquiring, creating, synthesising, applying and sharing information to produce an open body of knowledge.

From maintaining a library, conducting research, need assessments, baselines, end lines and evaluation studies, collecting and collating internal data and service statistics, to producing publications, FPA India has evolved in knowledge management – with all its components being carried out through a sustainable strategy.

In continuous pursuit of realising the three change goals – Unite, Deliver and Perform – the promise made to donors by the IPPF of doubling services by 2015, and performance based funding, the importance of recording and reporting indicators related to service statistics is becoming critical. Multiple donors with their own focus on reporting indicators is also to be reckoned with.

Knowledge management is not complete without sharing. Research papers received from scholars and others from India and abroad are published regularly by FPA India through the Journal of Family Welfare. The Journal is listed in “nic” (National Information Centre) and the international web EBSCO on the Internet. Aspire, FPA India’s quarterly newsletter, was published highlighting newsworthy events and activities, which were also posted on the official Facebook page.

Three issues of Aspire were brought out. The Annual Report 2013 of the Association was printed for distribution to external agencies and other stakeholders. The Journal’s December 2013 issue was published during the reporting period. In addition, Medpulse on Endometriosis, Male infertility and GBV was published and circulated to all the Branches.
The Recording and Reporting System

Over the last five years, FPA India’s recording and reporting system underwent significant improvement. While the electronic system continued with CMIS (Clinic Management Information System) at 20 clinics, the manual system was standardised at every level of service delivery.

In this reporting period, the system to track every adolescent/young person who has completed seven topics of CSE was developed both for in-school and out-of-school programmes. Recording formats for special projects were developed to align with the larger recording and reporting system of FPA India.

During the year, the work carried out by all the Association’s Branches/projects has reflected through service statistics collected and collated every quarter. This outcome indicator is critical not only for FPA India but also for external donors and prospective donors, nationally and internationally.

Both qualitative and quantitative indicators were tracked for programmatic progression, governance and management. These developments require maintaining data quality with accuracy and consistency through constant checks. The Organisation Learning and Evaluation (OLE) Workshop conducted by IPPF-SARO led to a further improvement of data quality.

Apart from collecting service statistics, other data is also gathered for estimating the number and proportion of clients who are poor, marginalised, under-served and socially excluded. Client exit interviews are conducted routinely at static clinics with the objective of improving service delivery that is more acceptable to members. Monitoring visits are made to review progress of special projects as well as the functioning of a Branch as a unit. All static clinics were also rated on IPES parameters.

Data Audit

To advance the maintenance of data quality, data audits are carried out; for which a tool was developed and pre-tested at the Mumbai Branch. Data audits were conducted at Ahmedabad, Bangalore, Lucknow, North and South Kanara, Belgaum and Kalchini Branches. An overview of the monitoring system at the Branch level helped in taking corrective measures in cases of gross deviation from the organisation’s system. This was also useful to the staff directly involved in recording data as their doubts, terms and definitions were clarified.
Making the Transition: Evidence Based Decision-making

Decisions may be taken consciously or unconsciously at every level, but the approach to decision making matters. Applying scientifically generated evidence to individual experience and judgement as well as institutional memory results in appropriate result-oriented programme planning and implementation. Based on this understanding, efforts have been underway to infuse a culture of evidence-based decision making since 2011.

Data Utilisation: An Appreciation Workshop was designed for the Branch staff to gain an understanding of data collection and principles of data capture; review data collection sources; and strengthen skills in data capture, analysis, interpretation and utilisation of data.

Easy-to-use statistical tests were introduced. The workshop included all the staff that is directly related to recording and reporting of service statistics. Through their own data sets and examples, staff are trained to review data using percentages, trends, averages and per service costs. The participants are urged to review data on a monthly or quarterly basis and monitor their own programmatic progression. The commitment of the Branch Executive Committees is also taken.

GCACI emphasises the use of data for decision-making to improve service provision at clinics funded by them. Hence, a Data Utilisation workshop was conducted at Lucknow with key staff of the Branch. Apart from clarifying definitions and terms and use of statistical tests, data quality improved through these exercises.

Every month, the clinic staff and key staff from the Branch had a discussion on the data and programmatic decisions were made. This also resulted in improved reporting of services and greater coordination among the staff.

Capacity building through scientific methods of collecting and using qualitative data was also carried out. Through the IPPF Core+ special grant, a training programme was carried out in two parts: For Link Workers from Mumbai, Lucknow, Agra, Jaipur and Indore at their respective geographical areas of SETU Project; and data analysis and interpretation for HQ staff. 56 Link Workers, 10 Community Organisers, six HQ staff and nine Branch core staff were trained. The purpose was to train selected personnel to capture community voices and then get some qualitative insights or “stories” to be reported.

In the first part, the participants were trained on the basic concepts of qualitative methodologies – to select an issue for data collection for building evidence; how to conduct in-depth interviews and focus group discussions; and writing their findings briefly with a conclusion.

The participants presented their stories to the group, and were encouraged to continue practicing the skills on their own. The trained staff was requested to send their stories to HQ within 10 days of the training programme. Six HQ staff attended as observers. At the end of the programme, a detailed ready reckoner was developed for future use of participants.

The second part of the training was to build the capacity of the selected HQ staff in qualitative data analysis and interpretation. This exercise proved very useful to the participants, for whom the focus was more on content analysis and working with live data. Using three qualitative studies sent by the Branches, the participants learnt the process of data analysis and interpretation.

Further to this, the participants carried out a GBV Review – which will provide insights into the existing systemic gaps and community attitudes towards the help-seeking behaviour of victims. Recommendations of the review will be used to develop strategies to address GBV.

For Branches/projects to have better control and understanding of their work through service statistics, an analysis was done through graphs – so that they could review their own work unit-wise as well as CBDS’ performance. Steps and discussion points were given for them hold meetings with their staff to discuss the data, which also provided an insight on data utilisation.

A half-yearly service statistics report was generated and analysed for programme improvement. The Performance Report 2013 was brought out with all the relevant data and analysis of strategies that were effective or otherwise.
Postpartum Contraceptive Acceptance: An Operations Research Study

Initiation of contraception during the postpartum period (within six weeks of delivery) is important to prevent unintended pregnancy and short birth intervals, which can lead to health issues for both mother and infant. However, there is a huge gap in contraceptive acceptance during this period. An Operations Research (OR) study was undertaken through a special grant from IPPF Core+ with the objective of developing an effective and sustainable model, using existing community functionaries and by adding more methods that are not in the basket of government healthcare services.

The study assessed contraceptive acceptance among women who had institutional and non-institutional delivery; acceptability of contraceptive mix immediate and six week postpartum; capacity building of service providers to promote postpartum contraceptive use; and handholding support required with grass root workers to ensure that they enhance postpartum contraception. Cost analysis was a part of the study, which was implemented at the Bermo block in Gomia, Jharkhand and Pati block in Barwani, MP (these locations are also implementing the SETU Project).

For comparison, a control area was selected to carry out the end line survey to assess the impact of the OR intervention. All frontline workers were trained on postpartum contraception and appropriate tools were developed as facilitator guide, flip chart and takeaways for clients. Recording formats were also developed for CBDS/ASHAs. Client cards were designed for tracking clients. An end-line survey was undertaken with the experimental-control design in the study blocks to assess the impact of the intervention.

Findings indicate that women in the intervention areas had more knowledge on LAM, injectables and progesterone oral contraceptive pill than women in control areas; had received/seen IEC material; and had six more contacts from providers and hence more women had accepted a method of contraception postpartum.

Abortion stigma study

To address the manifestations of stigma at the individual, community and organisation levels that prevent young women from accessing abortion services, the Packard Foundation funded a small project through the IPPF. A baseline assessment of stigma related to abortions was conducted in the Murhu block of Jharkhand, at the community level as well as providers at the FPA India clinic.

The results indicated that the stigma is prevalent at the community level with negative stereotyping such as

"Women who have an abortion are committing a sin" and stereotyped discrimination such as "I would tease a woman who has had an abortion so that she will be ashamed of her decision". No stigma was found at the provider level.

Information Technology

Information technology is a supportive function at FPA India. It maintains hardware systems at the HQ and provides support in developing software programmes to improve its efficiency.

In 2014, the Association supported over 25 videoconferences with Branches through the GMEET software – to ensure regular monitoring and supporting programmes at the Branches. This reduced the requirement of on-site visits and yet ensured that regular updates were received at the HQ.
CAPACITY BUILDING

At FPA India, capacity building is a continuous process at every level. Appropriate skills and knowledge updates are provided, both internally and to external partners in development.

Capacity building is an essential component of any organisation for its growth and sustainability, and to remain contemporary in a changing world. It is not just about the capacity of today, it is also about capacity in the future.

When capacity building is successful, it strengthens organisational ability to fulfil its mission over time, and enhances capabilities to have a positive impact on lives and communities.

At FPA India, capacity building is a continuous process at every level. Appropriate skills and knowledge updates are provided, both internally and to external partners in development.

At the community level, front line people such as Link Workers, ASHAs, CBDs/CBPs, PMPs and CBO/NGO representatives are trained in generating awareness and in providing basic services.

Capacity building programmes are organised internally for volunteers and staff who are also deputed for building their capacities through externally organised courses/programmes or to participate in seminars/conferences.
Effective Governance

A training programme on effective governance was organised in Kolkata for the Branch/project Managers from Kolkata, Murhu, Singhbhum, Gomia, Kalchini, Nagaland, Bhubaneswar and Patna.

The objectives were to facilitate a group learning process to understand and practice the Code of Good Governance; to create a platform for accessing emerging trends and good practices in governance; and to facilitate the understanding of:

(a) the Code of Good Governance
(b) the roles and responsibilities as a Governing Board member
(c) the importance of a working relationship with the Board and the Management,
(d) organisational performance, and
(e) the ways of building trust among key stakeholders.

The sessions included Code of Good Governance, Effective Governance Meetings, Branch Constitution, Constitutional Amendments, and Financial Internal Control. Active discussions helped in clarifying a number of doubts and the participants appreciated the sessions.

Management Update Workshop

This workshop was organised for the newly appointed Managers from 19 Branches. Their roles and responsibilities as Branch Managers were addressed and they were oriented on processes and procedures related to finance, management, governance and programmes.

Workshop on GBV and Family Planning – Including a Trauma Lens

In partnership with the US-based NGO Direct Action for Women Now (DAWN) Worldwide, this workshop was organised for Medical Officers and Counsellors from Ahmedabad, Barwani, New Delhi, Dhawad, Jaipur, Kalchini, Mumbai, Panchkula and Pune. DAWN helps GBV survivors by providing specialised counselling services and expands the health human resource database through training workshops in various countries. DAWN extended technical support to FPA India for training its staff on understanding GBV for service provision.

Learning Visit to Barwani

Thanks to the successful implementation and rapid achievement of its objectives, the “Addressing Adolescent Fertility Project” at Barwani is iconic. Various lessons can be learnt from it – especially by the Programme Managers of FPA India. It demonstrated that capacity building and supportive supervision of frontline government functionaries by the Association could increase CPR among married adolescents of Barwani. The SETU project, operational in a block in the same district, has also leveraged the strong workforce of ASHAs to complement the efforts of CBDS in improving footfalls at the satellite clinic and enhancing the uptake of other SRH services including family planning. Key interventions from both projects have the potential for replication and scaling up to reach out to underserved populations in diverse geo-political settings across FPA India Branches.

Branch Managers from Gomia, Kalchini, Kolkata, Panchkula and Mohali visited Barwani to study the model. They explored the feasibility of adapting specific interventions such as capacity building of ASHAs (knowledge and skill-based), their supportive supervision, use of simple and appropriate supervision tools, clarity of roles and accountability framework.

Training on eIMS

A refresher training programme was conducted for 25 HQ staff on eIMS of the IPPF. The Project Information within the eIMS is organised using a log frame approach. Financial and programmatic results are synthesised up to programme level and are used for the development of the next Annual Programme and Budget.

Programmes by RTCs at Bhopal and Hyderabad

RTC-Bhopal organised programmes for Peer Educators and orientations on HIV and other sexuality issues. The World Population Day was observed in collaboration with UNFPA-MP. The Centre has translated into Hindi the basic counselling skills, family planning for CSOs (produced by the HQ) and material on gender equality and mainstreaming (adapted from IPPF-SARO).

RTC-Hyderabad continued its training sessions on SRH, and Peer Educators training for nursing and academic institutions. In 2014, the Centre trained 320 nursing students, while continuing to provide technical support to other CSOs.
**Regional Resource Centre**

In 1997, the Government of India introduced the Reproductive and Child Health (RCH) programme to address the needs of the un/under-served communities through Mother NGOs (MNGOs), Field NGOs (FNGOs) and Service NGOs (SNGOs).

FPA India was selected by the Ministry of Health and Family Planning, Gol, as one of the Regional Resource Centres (RRC) to provide technical and managerial support to Mother/Service NGOs in Maharashtra, Madhya Pradesh and Goa, covering 84 districts, for promoting maternal and child healthcare.

Technical support continued to be provided to Service NGOs of Pune, Kolhapur, Sangli, Ratnagiri, Osmanabad, Jalgaon, Chandrapur, Yavatmal, Amravati, Aurangabad and Beed districts in Maharashtra. The state governments of MP and Goa discontinued the Mother NGOs scheme since 2009 and 2010, respectively.

Capacity building workshops were conducted during the year. Through a workshop for five SNGOs in Amravati, Beed, Chandrapur and Yavatmal districts, 10 trainers were oriented in conducting a baseline survey using BLS software for SNGO Phase III.

At another workshop, eight participants from SNGOs in the same four districts and two government health officials were trained to develop project proposals. At a third workshop, nine participants of an SNGO in Thane district were trained to carry out an end line survey. After the training, all SNGOs carried out their respective activities successfully.

The end line survey showed that through this intervention, full ANC coverage increased from 40.83% to 80%, enhanced institutional deliveries from 28.13% to 50%, reduced the unmet need for spacing methods from 62.34% to 30%, shifted limiting methods from 15.14% to 7% and improved complete immunisation coverage from 19.91% to 40% in the project area.

To provide updated information on RCH issues, a newsletter titled “Goong” was published for MNGOs and SNGOs of Maharashtra – highlighting facts, case studies, policies and research articles. Through this project, FPA India built a strong partnership and network with MoHFW, Gol/State/District officials of Maharashtra, MP and Goa.

---

**Project: Human Resource Development for SRH Services**

Tata Social Welfare Trust funds this three-year project, initiated in 2013. The focus is to organise training for external agencies, especially from the development sector. 381 trainees were covered through 25 courses. In 2014, four new modules were adapted and courses organised: Advocacy Planning, Sex and Sexuality Counseling, CSE and Use of Social media. CSOs from Goa, Madhya Pradesh, Kerala, Andhra Pradesh, Gujarat, Rajasthan, West Bengal, Orissa, Maharashtra and Tamil Nadu attended, apart from Government officials from the TB Department. An advisory meeting was held in April to share the current work and future plans for the year.

The participants appreciated the training content, participatory methodology and logistical arrangements. They also requested FPA India to conduct courses on counselling for children and fund raising. Some participants attended multiple courses.

Mr Yogiraj Jadhav, Director, Shree Digambar Foundation, Nandurbar said: “Training is necessary as it sharpens the skills of people to work effectively and achieve their goals. I have attended programs at different institutes, but at FPA India it was a unique experience and I learned a lot.”

Dr Ajay Tiwari, Secretary, Dewanchal Welfare Society, Jabalpur said: “This is my second training course at FPA India, and both the courses were very well organized. We were given enough time for discussion, and our doubts and questions were cleared to our satisfaction. Interactive skills of the resource persons was very appreciable.”

Ms Dinu Mathew, Freelance Trainer, who was the resource persons associated with FPA India, commented: “There was supplementary reading material and the modules developed by FPA India helped me in doing good sessions.”

Ms Rohini Gorey, Project Manager, Saksham-GFATM Programme, TISS, stated: “The training team and participants gave us feedback after the sessions which helped me in further improvement.”

---

**Network with MoHFW, GoI/State/District officials of Maharashtra, Andhra Pradesh, Gujarat, Rajasthan, West Bengal, Orissa, Tamil Nadu, and Karnataka, participated in an interactive training programme with the Ministry of Health and Family Welfare India, organized by the Ministry of Women and Child Development Government of India and was attended by the Board of Karnataka State Pulse Polio Immunization Programme was inaugurated by Smt. Menaka Gandhi Hon. Minister for women and Children Development for Early Childhood Care and Education Development held at Pune on 13th January 2014. The award was handed by Dr M C Watsa (President, CSEPI) and Dr Kevin Mwansa, Zambia. The award was handed by the Catholic Church Bhalki in Bidar District, on 23rd November, 2014. The award was handed by the To provide updated information on RCH issues, a newsletter titled “Goong” was published for MNGOs and SNGOs of Maharashtra – highlighting facts, case studies, policies and research articles. Through this project, FPA India built a strong partnership and network with MoHFW, Gol/State/District officials of Maharashtra, MP and Goa.
2014.

Wylie (President, World Association for Sexual Health - hood International (CSEPI) during the National Confer-

Award for his contribution to the cause of Sexual Health Mumbai Branch, was awarded the Outstanding Services education.

workers at 17 construction sites along with support for provides day care services to 1100 children of migrant

Project supported by UNICEF.

•   National Council for Teacher Education Delhi (NCTE)

Mrs. Freny Z. Tarapore, Vice President FPAI, has been received Best NSS Officer Award from the Government

Dr. (Ms) K. Jeyakodi, Hon. Secretary Madurai Branch, has further SRHR.

Bhopal, has been selected under the staff category, by Mr. Omendra Singh Chauhan, Chief Coordinator RTC

received the prestigious "VISHESHA SEVA PRASHASTI"

Prof. (Mrs) Poornima George, Vice President FPAI, has Mr. Vijay Gosai, Vice President FPAI and President FPAI

2014.

awarded for the Best Paper Presentations in the 10th Ms. Malini Abhyankar, Member Mysore Branch, was

conducted by High Court of Karnataka Bangalore.

Rights, Sexual Abuse and JJ Act in Karnataka

Act 2009, organized by Sarva Shikshana Abhiyana Rights of Children to Free and compulsory Education

to monitor RTE and POCOSO Act at State and

on inclusive Education for "Children with Special

•   Invited as a Resource Person at the National Conven

(UNCRC) in JJ Act.

•   Moderator at South India Regional Consultation


•  He is nominated as Moderator on the panel of Parlia


Family Planning Association of India. We are proud to be associated with

Emeritus, Council of Sex Education and Parenthood

conferred on DR. MAHINDER C. WATSA, President

Dr. V. V. Puri Memorial Award for the year 2014, was

Annual Conference of MOGs on 4th January 2014.  Dr.

Pandit & Mrs. Shaileja N Pandit Award for the work

Dr. Usha Krishna, Former President FPAI and Chairper-

of Madras North in association with Dr. MGR Janaki

Kalam Best Teacher Award 2014 from Inner Wheel Club

Member of CEC has received Prestigious Dr. A.P.J. Abdul

Task Force Committee by His Excellency Governor of

Board of Karnataka State Pulse Polio Immunization

•  Mr. Aradhya is selected as Member on the Advisory

and a proud moment for the Region and to FPA India.

Subba Rao has also been elected to the National Coun-

Association (IAEA), New Delhi in February 2014.  Mr.

Committee Member to the Indian Adult Education

Development held at Pune in January 2014.  He was

recognized as Research Scholar by NIRRH Mumbai, for

Dr. Chinmoy K. Bose, President FPAI Kolkata Branch, was

Delhi with effect from 20th June, 2014 onwards.

Quality Assurance Committee of the Govt. of NCT of

and Chhattisgarh of National Research and Develop-

Branch, is inducted as a member from Madhya Pradesh

Award was presented by the Dhanvantari Medical Foun-

supreme emblem of recognition for the contributions

Mrs. Natarajan has also been re-elected as Global IPPF

Award was presented on 17th June for the outstanding contributions in the field of Sexual

and Consultant for Sexual Medicine and Gynaecology,

Emeritus, Council of Sex Education and Parenthood

Dr. MAHINDER C. WATSA, President

Dr. V. V. Puri Memorial Award for the year 2014, was


Mrs. K. Jeyakodi, Hon. Secretary Madurai Branch, has

further SRHR.

Bhopal, has been selected under the staff category, by Mr. Omendra Singh Chauhan, Chief Coordinator RTC

received the prestigious "VISHESHA SEVA PRASHASTI"

Prof. (Mrs) Poornima George, Vice President FPAI, has Mr. Vijay Gosai, Vice President FPAI and President FPAI

2014.

awarded for the Best Paper Presentations in the 10th Ms. Malini Abhyankar, Member Mysore Branch, was

conducted by High Court of Karnataka Bangalore.

Rights, Sexual Abuse and JJ Act in Karnataka

Act 2009, organized by Sarva Shikshana Abhiyana Rights of Children to Free and compulsory Education

to monitor RTE and POCOSO Act at State and

on inclusive Education for "Children with Special

•   Invited as a Resource Person at the National Conven

(UNCRC) in JJ Act.

•   Moderator at South India Regional Consultation


•  He is nominated as Moderator on the panel of Parlia


Family Planning Association of India. We are proud to be associated with

Emeritus, Council of Sex Education and Parenthood

conferred on DR. MAHINDER C. WATSA, President

Dr. V. V. Puri Memorial Award for the year 2014, was

Annual Conference of MOGs on 4th January 2014.  Dr.

Pandit & Mrs. Shaileja N Pandit Award for the work

Dr. Usha Krishna, Former President FPAI and Chairper-

of Madras North in association with Dr. MGR Janaki

Kalam Best Teacher Award 2014 from Inner Wheel Club

Member of CEC has received Prestigious Dr. A.P.J. Abdul

Task Force Committee by His Excellency Governor of

Board of Karnataka State Pulse Polio Immunization

•  Mr. Aradhya is selected as Member on the Advisory

and a proud moment for the Region and to FPA India.

Subba Rao has also been elected to the National Coun-

Association (IAEA), New Delhi in February 2014.  Mr.

Committee Member to the Indian Adult Education

Development held at Pune in January 2014.  He was

recognized as Research Scholar by NIRRH Mumbai, for

Dr. Chinmoy K. Bose, President FPAI Kolkata Branch, was

Delhi with effect from 20th June, 2014 onwards.

Quality Assurance Committee of the Govt. of NCT of

and Chhattisgarh of National Research and Develop-

Branch, is inducted as a member from Madhya Pradesh

Award was presented by the Dhanvantari Medical Foun-

supreme emblem of recognition for the contributions

Mrs. Natarajan has also been re-elected as Global IPPF

Award was presented on 17th June for the outstanding contributions in the field of Sexual

and Consultant for Sexual Medicine and Gynaecology,

Emeritus, Council of Sex Education and Parenthood

Dr. MAHINDER C. WATSA, President

Dr. V. V. Puri Memorial Award for the year 2014, was

Annual Conference of MOGs on 4th January 2014.  Dr.

Pandit & Mrs. Shaileja N Pandit Award for the work

Dr. Usha Krishna, Former President FPAI and Chairper-
Sub-Committee of Dasara Kavli Goshti on October 1, FPAI Mysore Branch, was elected as a Member of the Wylie (President, World Association for Sexual Health - handed by Dr M C Watsa (President, CSEPI) and Dr Kevin

• Wylie (President, World Association for Sexual Health - handed by Dr M C Watsa (President, CSEPI) and Dr Kevin

• Award for his contribution to the cause of Sexual Health

• Provides day care services to 1100 children of migrant

• Mrs. Tarapore has also been elected for the second term

• Teachers.

• Development of Norms, Regulations and Curriculum

• Mrs. Freny Z. Tarapore, Vice President FPAI, has been

• Received a letter of Appreciation for his contributions to

• Home for Girls in India - Shyamalakshmi, Bhopal, has been selected under the staff category, by Catholic Church Bhalki in Bidar District, on 28, 2014.

• Mr. Aradhya is selected as Member on the Advisory

• Programme was inaugurated by Smt. Menaka

• • Invited as a Resource Person at the National Conven

• • Nominated as Organizing Secretary of State work

• • Principle Secretary of Education of all states includ-

• • 2014 - 2017. This is truly an outstanding achievement

• • Mrs. Kalam Best Teacher Award 2014 from Inner Wheel Club

• • Mr. Rakesh Rathore, Joint Secretary, FPAI Jabalpur

• • Mrs. Natarajan has also been re-elected as Global IPPF

• • 2014, in Mumbai. Dr. Watsa has been associated with

• • Mrs. Indu Kapoor, Hony. Secretary, FPAI Yamunanagar

• • Mr. M. K. Krishna, Executive Committee Member, FPAI

• • Mr. Sreedharan Nair, Director External Relations, FPAI

• • Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch, was

• • Ms. Deepa Cholan; I.A.S. in recognition for the services

• • Firoz Sait and Chief Executive Officer Zilla Panchayat,

• • Branch, was felicitated on the occasion of 'World Popu-

• • Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch, was

• • FPAI Madurai Branch has been ranked No. 1 among

• • Honorary Minister of Education, Gujarat, Mr. Bhupendrasinh Chudasama
HONOURS & RECOGNITION

Mrs. Sujatha Natarajan, National President FPAI, was re-elected as Chairperson of the Regional Council (RC) of IPPF - South Asia Region (SAR), on August 8, 2014 for a three year term.

Mrs. Natarajan has also been re-elected as Global IPPF Treasurer, for a second three year term of the GC from 2014 - 2017. This is truly an outstanding achievement and a proud moment for the Region and to FPA India.

Dr. Usha Krishna, Former President FPAI and Chairperson, Medical Advisory Panel (MAP), received Mr. N A Pandit & Mrs. Shaileja N Pandit Award for the work done towards ”Women Empowerment” at the 42nd Annual Conference of MOGs on 4th January 2014. Dr. Krishna has also been selected on the Scientific Advisory Board of Indian Council of Medical Research (ICMR) from 26th August 2014.

Dr. V.V. Puri Memorial Award for the year 2014, was conferred on DR. MAHINDER C. WATSA, President Emeritus, Council of Sex Education and Parenthood International (CSEPI), Director Medikon Sexual Sciences and Consultant for Sexual Medicine and Gynaecology, for the outstanding contributions in the field of Sexual Health in India. The Award was presented on 17th June 2014, in Mumbai. Dr. Watsa has been associated with the Family Planning Association of India since the early 70s and is well-known as the “Sexpert” of the Mumbai Mirror.

Dr. Rustom P. Soonawala, Patron FPA India and pioneer of modern Obstetrics & Gynaecology, was conferred the Dhanvantari Award on 16th November 2014, a supreme emblem of recognition for the contributions made to the development of medical science. The Award was presented by the Dhanvantari Medical Foundation for the year 2014.

Mr. Rakesh Rathore, Joint Secretary, FPAI Jabalpur Branch, is inducted as a member from Madhya Pradesh and Chhattisgarh of National Research and Development Committee for a period of one year.

Mrs. Indu Kapoor, Hon. Secretary, FPAI Yamunanagar Branch, was honored by the Deputy Commissioner, Yamunanagar on 26th January 2014 in recognition of meritorious services to the community. Mrs. Kapoor has also been nominated as a member of the PNDT Act Committee of Yamunanagar District, on 23rd February 2014.

Smt. Hema Appaji, Vice-President Shimoga Branch, has been elected as a Trustee of Spandana Health Foundation on 9th January 2014.

Ms. Mano Bakthavatsalam, Volunteer FPAI Chennai Branch, has received the “Best Social Worker Award” on 13th January 2014.

Ms. Priya Kath, Youth Volunteer FPAI, has been elected as an alternate Youth Volunteer at the Governing Council of IPPF, London (2014-2017), Regional Council Member of IPPF, South Asia Region (2014-17) and General Secretary, South Asia Regional Youth Network (SARYN), IPPF (2014-17).
Dr. Kamalie Sripal, Vice President, Chennai Branch received the Tamil Nadu Governor’s Award for Working for Special Children, on 31st May 2014.

Mr. Sreedharan Nair, Director External Relations, FPAI New Delhi, was nominated as a member in the District Quality Assurance Committee of the Govt. of NCT of Delhi with effect from 20th June, 2014 onwards.

Dr. Chinmoy K. Bose, President FPAI Kolkata Branch, was recognized as Research Scholar by NIRRH Mumbai, for his work for the year 2013-2014.

Mr. K S Anantha Subba Rao, Immediate Past President, Bangalore Branch, was adjudged as best delegate of the conference by National Conference on Training & Development held at Pune in January 2014. He was elected as Council Member and National Executive Committee Member to the Indian Adult Education Association (IAEA), New Delhi in February 2014. Mr. Subba Rao has also been elected to the National Council of the Indian Society for Training & Development (ISTD) New Delhi, on June 2014.

Mrs. Madhura Ashok Kumar, President FPAI Bangalore Branch, was elected as Consultant Member on 24th May 2014 for internal problems under Sexual Harassment Workplace Committee in Tata Elaxi Company, Bangalore. Mrs. Kumar has also received the following Awards:
- “Vivekananda Vishwa Rathna” Award on the occasion of 150th Vivekananda Vishwa Prashathi Yoga Pratistana
- “Nammura Sose” Award at Shiralakopppa, Shimoga
- “Jeevana Jyothi” Awarded by Vishnuvardhan fans Association
- Elected as “Secretary” Sri Vatsalya Mahila Trust ( R )
- Unanimously elected as “President” Vatsalya Ladies Club ( R )

Mr. M. K. Krishna, Executive Committee Member, FPAI Bangalore Branch, was honored on the occasion of the 6th National Continuous Medical Education (CME) on Eye banking, at Hyderabad held from September 26 – 28, 2014.

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch, has received the “Karnataka Bhushana” Award from Vishwa Veerashaiva Samsthe Prathishtana and Rajakya Shiskshana Tharabethi and Shamsbdana Kendra.

Dr. (Mrs.) Soubhagya K. Bhat, President FPAI Belgaum Branch, was felicitated on the occasion of ‘World Population Day’, 11th July, 2014, by Belgaum M.L.A. Shri. Firoz Sait and Chief Executive Officer Zilla Panchayat, Ms. Deepa Cholan; I.A.S. in recognition for the services rendered to the community of Belgaum in respect of Family Planning Operations, Counseling, M.C.H. programmes etc.

The FPAI Madurai Branch has been ranked No. 1 among the Voluntary Organizations in Tamil Nadu State for its performance in Sterilization for the year 2011-12. The Honorable Minister of Co-operatives Mr. Sellur. K. Raju and District Collector Madurai, Dr. L. Subramanian, I.A.S., presented the Award to the Branch at a function organized by District Family Welfare Bureau held on 19th July 2014.

The FPAI Bhubaneswar Branch has been selected as Member of the Governing Body of City Health Society of Bhubaneswar Municipal Corporation, under National Urban Health Mission, Govt. of India.
Mrs. Freny Z. Tarapore, Vice President FPAI, has been appointed as a member on the following Committees:

- National Council for Teacher Education Delhi (NCTE) Development of Norms, Regulations and Curriculum Development for Early Childhood Care and Education Teachers.
- Centre for Early Childhood Education and Development, Ambedkar University, Delhi. Developing Early Childhood Learning and Development Standards.

Project supported by UNICEF.

Mrs. Tarapore has also been elected for the second term as President of the Tara Mobile Crèches Pune, which provides day care services to 1100 children of migrant workers at 17 construction sites along with support for education.

Dr. Shirish Malde, CEC Member and Vice President Mumbai Branch, was awarded the Outstanding Services Award for his contribution to the cause of Sexual Health in India by Council for Sexuality Education & Parenthood International (CSEPI) during the National Conference of Sexology on 23rd August 2014. The award was handed by Dr M C Watsa (President, CSEPI) and Dr Kevin Wylie (President, World Association for Sexual Health - WAS).

Prof. Dr. U. Natarajan, CEC Member has been promoted as the Vice Principal. G.T.N. Arts College, Dindigul.

Dr. Jayalakshmi Sitapura, Executive Committee Member, FPAI Mysore Branch, was elected as a Member of the Sub-Committee of Dasara Kavil Goshti on October 1, 2014.

Smt. Pushpa Shetty, Secretary Shimoga Branch has been awarded with SevaShree Puraskar from Shimoga Mahanagara Palika for best social work on October 3rd 2014.

Ms. Malini Abhyankar, Member Mysore Branch, was awarded for the Best Paper Presentations in the 10th Akhila Bharatha Kannada Sammelana on 16th October 2014.

Mr. Vijay Gosai, Vice President FPAI and President FPAI Rajkot Branch, was awarded the “Best Gnaati Ratna Award” from Shri Darshnam Goswami Jagruti Mandal on 23rd November, 2014. The award was handed by the Hon. Agriculture Minister (Govt. of Gujarat), Mr. Govindbhai Patel.

Prof. (Mrs) Poornima George, Vice President FPAI, has received the prestigious “VISHESHA SEVA PRASHASTI” Award from Catholic Church Bhalki in Bidar District, on 8th November 2014, in recognition of her commendable Social work in the field of Education & Health Services.

Mr. Omendra Singh Chauhan, Chief Coordinator RTC Bhopal, has been selected under the staff category, by the Regional Executive Council (REC) and he has received a letter of Appreciation for his contributions to further SRHR.

Dr. (Ms) K. Jeyakodi, Hon. Secretary Madurai Branch, has received Best NSS Officer Award from the Government of Tamilnadu, on November 27, 2014 at Chennai.
Mr. H R Umesh Aradhya, Vice President FPAI has achieved the following:

- Moderator at South India Regional Consultation Meet held at Chennai on implementation of The United Nations Convention on the Rights of the Child (UNCRC) in JJ Act.
- Invited as a Resource Person at the National Convention on inclusive Education for “Children with Special Needs” held at Vigyan Bhavan, New Delhi. The Programme was inaugurated by Smt. Menaka Gandhi Hon. Minister for women and Children Development Government of India and was attended by Principle Secretary of Education of all states including UT.
- Nominated as Member of Task Force Committee to monitor RTE and POCOSO Act at State and National Level.
- Nominated as Organizing Secretary of State work shop to train facilitators (Training of Trainers) on The Rights of Children to Free and compulsory Education Act 2009, organized by Sarva Shikshana Abhiyana (SSA) Government of India.
- Mr. Aradhya has served on the Board of Panel of Judges as Jury of Public Hearing on Violation of Child Rights, Sexual Abuse and JJ Act in Karnataka conducted by High Court of Karnataka Bangalore.

- He is nominated as Moderator on the panel of Parliamentary affairs Committee headed by Ministry of HRD and WCD on the issue of Implications on children about The Juvenile Justice Bill, 2014. Now the JJ Bill is before the honorable members of Lok Sabha and Rajaya Sabha to be approved for imple mentation of safe Children Protection Policy.

- Mr. Aradhya is selected as Member on the Advisory Board of Karnataka State Pulse Polio Immunization Task Force Committee by His Excellency Governor of Karnataka.

Prof. Dr. U. Natarajan, BEC Member, FPAI-Dindigul & Member of CEC has received Prestigious Dr. A.P.J. Abdul Kalam Best Teacher Award 2014 from Inner Wheel Club of Madras North in association with Dr. MGR Janaki College for Women, in recognition of his commendable work in the field of Education.

We are happy to share the good news that the IPPF Governing Council at its meeting held on 23rd November 2014, has decided to reaccredit the Family Planning Association of India. We are proud to be associated with the Federation and will strive to maintain the values and standards of IPPF.
SERVICES PROVIDED

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

<table>
<thead>
<tr>
<th>SERVICE CATEGORY</th>
<th>NO. OF CLIENTS</th>
<th>NO. OF SERVICES</th>
<th>NO. OF REFERRALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTRACEPTIVES</td>
<td>12,66,508</td>
<td>35,38,224</td>
<td>7,784</td>
</tr>
<tr>
<td>ABORTION</td>
<td>31,364</td>
<td>1,39,450</td>
<td>2,745</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>1,86,405</td>
<td>8,04,313</td>
<td>27,684</td>
</tr>
<tr>
<td>STI/RTI</td>
<td>1,83,635</td>
<td>6,44,408</td>
<td>11,113</td>
</tr>
<tr>
<td>GYNAECOLOGICAL</td>
<td>1,31,659</td>
<td>6,36,007</td>
<td>10,516</td>
</tr>
<tr>
<td>UROLOGICAL</td>
<td>14,676</td>
<td>43,522</td>
<td>551</td>
</tr>
<tr>
<td>INFERTILITY</td>
<td>12,608</td>
<td>32,864</td>
<td>1,700</td>
</tr>
<tr>
<td>OTHER SRH</td>
<td>1,30,812</td>
<td>5,64,115</td>
<td>1,218</td>
</tr>
<tr>
<td>NON-SRH</td>
<td>2,27,623</td>
<td>7,09,238</td>
<td>1,846</td>
</tr>
<tr>
<td>OBSTETRICS</td>
<td>1,44,690</td>
<td>7,39,177</td>
<td>28,670</td>
</tr>
<tr>
<td>SPECIALISED SERVICES</td>
<td>1,00,735</td>
<td>1,71,606</td>
<td>217</td>
</tr>
<tr>
<td>PAEDIATRICS</td>
<td>2,58,921</td>
<td>7,96,506</td>
<td>11,540</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>26,89,636</strong></td>
<td><strong>88,19,430</strong></td>
<td><strong>1,05,584</strong></td>
</tr>
</tbody>
</table>

**MSM**: Male to Male Sex
**STI/RTI**: Sexually Transmitted Infection/Reproductive Tract Infection
ACRONYMS

ANMs  Auxiliary Nurse/Midwives

AWW  Anganwadi Workers

ART  Anti-Retroviral Therapy

ASHAs  Accredited Social Health Activists

CBDs  Community Based Distributors

CBPs  Community Based Providers

CHV  Community Health Volunteer

CMRL  Chennai Metro Rail Limited

CPR  Couple Protection Rate

CSO  Civil Society Organization

ECPs  Emergency Contraceptive Pills
FPAI Mysore Branch, was elected as a Member of the WAS).

The award was presented to Mrs. Madhura Ashok Kumar, President FPAI Bangalore Branch, in recognition of her commendable work in the field of Women & Child Development.

Mrs. Madhura Ashok Kumar has also been nominated as a member in the District Family Planning Operations, Counseling, M.C.H., and HIV/AIDS Committee Member to the Indian Adult Education Association (SSA) Government of India.

Dr. Usha Krishna, Former President FPAI and Chairperson, Medical Advisory Panel (MAP), received Mr. N A Krishna has also been selected as an alternate Youth Volunteer at the Governing Council of IPPF, South Asia Region (2014-2017), Regional Council as an alternate Youth Volunteer at the Governing Council at its meeting held on 23rd November 2014.

Mr. Rakesh Rathore, Joint Secretary, FPAI Jabalpur Branch, was honored by the Deputy Commissioner, Honorable Minister of Co-operatives Mr. Sellur. K. Raju, for Special Children, on 31st May 2014.

Mr. M. K. Krishna, Executive Committee Member, FPAI of Madras North in association with Dr. MGR Janaki Smt. Hema Appaji, Vice-President Shimoga Branch, has been nominated as a member of the PNDT Act Committee Member to the Indian Adult Education Association (SSA) Government of India.

Fr. Dr. Deepa Cholan; I.A.S. in recognition for the services provided day care services to 1100 children of migrant workers at 17 construction sites along with support for education.

FPAI Bhubaneswar Branch has been elected as a Trustee of Spandana Health Foundation.

FPAI office bearers of the Women & Child Development Department have been elected as a Member of the Governing Council of IPPF, London (2014-2017), Regional Council of IPPF, South Asia Region (2014-17) and consultant for Sexual Medicine and Gynaecology, Emeritus, Council of Sex Education and Parenthood.

Dr. V. V. Puri Memorial Award for the year 2014, was conferred upon Ms. Mano Bakthavatsalam, Volunteer FPAI Chennai, for her work in the field of Population and Development.

Dr. V. V. Puri Memorial Award for the year 2014, was conferred upon Mrs. Madhura Ashok Kumar, President FPAI Bangalore Branch, in recognition of her commendable work in the field of Women & Child Development.

Dr. V. V. Puri Memorial Award for the year 2014, was conferred upon Mrs. Madhura Ashok Kumar, President FPAI Bangalore Branch, in recognition of her commendable work in the field of Women & Child Development.

Dr. V. V. Puri Memorial Award for the year 2014, was conferred upon Mrs. Madhura Ashok Kumar, President FPAI Bangalore Branch, in recognition of her commendable work in the field of Women & Child Development.
Sub-Committee of Dasara Kavli Goshti on October 1, FPAI Mysore Branch, was elected as a Member of the
ence of Sexology on 23rd August 2014. The award was
Mumbai Branch, was awarded the Outstanding Services
Dr. Shirish Malde, CEC Member and Vice President
provides day care services to 1100 children of migrant
Mrs. Tarapore has also been elected for the second term
Project supported by UNICEF.
Ambedkar University, Delhi. Developing Early  Child-
•
Mr. H R Umesh Aradhya, Vice President FPAI has

Mrs. Freny Z. Tarapore, Vice President FPAI, has been
Prof. (Mrs) Poornima George, Vice President FPAI, has
Rajkot Branch, was awarded the “Best Gnaati Ratna
Mr. Vijay Gosai, Vice President FPAI and President FPAI

Ms. Malini Abhyankar, Member Mysore Branch, was
the Regional Executive Council (REC) and he has
Mr. Aradhya has served on the Board of Panel of

Dr. (Ms) K. Jeyakodi, Hon. Secretary Madurai Branch, has

Dr. Rustom P. Soonawala, Patron FPA India and pioneer
Health in India. The Award was presented on 17th June

Dr. MAHINDER C. WATSA, President (ICMR) from 26th August 2014.

Dr. Usha Krishna, Former President FPAI and Chairper-

Treasurer, for a second three year term of the GC from
re-elected as Chairperson of the Regional Council (RC)

Mr. M. K. Krishna, Executive Committee Member, FPAI

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,
Eye banking, at Hyderabad held from September 26 –

Mr. M. K. Krishna, Executive Committee Member, FPAI

Dr. Chinmoy K. Bose, President FPAI Kolkata Branch, was

Dr. Kamalie Sripal, Vice President, Chennai Branch

Mr. Subba Rao has also been elected to the National Coun-
development Government of India and was attended by

The FPAI Bhubaneswar Branch has been selected as

Honorable Minister of Co-operatives Mr. Sellur. K. Raju

Mr. Firoz Sait and Chief Executive Officer Zilla Panchayat,
programmes etc.

Mr. K S Anantha Subba Rao, Immediate Past President,
his work for the year 2013-2014.

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,

Dr. Sharada Nasimath, Hon. Secretary Bangalore Branch,
NRHM  National Rural Health Mission
OCPs  Oral Contraceptive Pills
PAIRVI  Public Advocacy Initiatives for Rights and Values in India
PCPNDT  Pre-Conception and Pre-Natal Diagnostic Techniques
PLHIV  People Living with HIV
PPTCT  Prevention of Parent to Child Transmission
RKSK  Rashtriya Kishor Swasthya Karyakram
RTC  Regional Training Centre
SDGs  Sustainable Development Goals
SDPs  Service Delivery Points
SETU  Service Education and Training Unit
SRH  Sexual and Reproductive Health
SRHR  Sexual and Reproductive Health and Rights
STI/RTI  Sexually Transmitted Infection/Reproductive Tract Infection
UFWCs  Urban Family Welfare Centres
UNAIDS  United Nations Programme on HIV/AIDS
USHA  Urban Social Health Activities
WCD  Women & Child Development
ALL INDIA COUNCIL 2012-2014

President
Ms. Sujatha Natarajan

Vice Presidents
Prof. Poornima George
Ms. Frey Z. Tarapore
Mr. Vijay Gosai
Mr. H.R. Umesh Aradhya

Jt. Hon. Treasurers
Dr. Meera Davar
Dr. K. Seshagiri Rao

Members
Prof. (Dr) U. Natarajan (Dindigul)
Dr. Madhu Gupta (Lucknow)
Dr. Shirish Malde (Mumbai)
Mr. R. K. Soni (Yamunanagar)
Ms. Anne F.C. Thompson (Nilgiris)
Ms. Sarah Nuh (Kohima)

Youth Representative
Mr. Sarfaraz Hussain Kittur (Bangalore)
Ms. Priya Kath (Srinagar)

Co-opted Member
Ms. Shabana Patel (Mumbai)

Past President
Dr. Usha Krishna

Patron
Dr. Nina Puri
Dr. M.N. Tavargeri
Dr. R.P. Soonawala

MEDICAL ADVISORY PANEL

Chairperson
Dr. Usha Krishna

Vice Chairperson
Dr. S.I. Nagral

Core MAP
Dr. R.P. Soonawala
Dr. S.I. Nagral
Dr. Usha R. Krishna
Dr. Kusum Zaveri
Dr. Nozer Sheriar
Dr. Janaki Desai
Dr. Phiroze Soonawalla
Dr. Mandakini Purandare
Dr. Chander Puri
Dr. Alaka Deshpande
Dr. Alka Gogate
Dr. Rajshekar Brahmbhatt

Members
Dr. Sanjay Gupte
Dr. Satish Tibrewala
Dr. H.J. Shroff
Dr. Duru Shah
Dr. Sohrab Sidhwa
Dr. Avinash Phadke

Co-ordinator
Dr. Monique Kamat
EXECUTIVES

Ms. Geeta Sethi,
Secretary General

Dr. Kalpana Apte,
Sr. Asst. Secretary General
(Programme Implementation)

Mr. Lalit Parashar,
Asst. Secretary General
(Administrative & General Services)

Mr. Sudhir Tawde,
Director, Finance & Accounts

Ms. Armin Jamshedji-Neogi,
Director, Monitoring & Evaluation

Ms. Manjula Varma,
Director, Governance & Branch Management

Ms. Bindiya Nimla,
Director, Advocacy & Training

Ms. Amita Dhanu,
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

Dr. Manisha Bhise,
Asst. Director, Access

Mr. Narayan Kokate,
Manager, Monitoring & Evaluation

Ms. Milan Godse,
Manager, Human Resource

Ms. Usha Radhakrishnan,
Manager, M&E, GCACI

Dr. Ashwin Patil,
Technical Programme Manager, GCACI

Mr. Shivrudra Lupane,
Training Coordinator, HRDSHCS Project

Dr. Nilesh Patil,
Technical Programme Manager, SETU Project

Mr. Paresh Bagwe,
Manager, Accounts, SETU Project

Mr. Subhash Khake,
Coordinator, RRC
BRANCHES

Agra
2 HIG Friends Colony
Shahganj
AGRA – 282 010.
UTTAR PRADESH
Tel: (0562) 4033039
Email: agra@fpaindia.org

Ahmedabad
Nashabandhi Compound
Opp. Apna Bazaar
Lal Darwaja
AHMEDABAD – 380 001.
GUJARAT
Tel: (079) 25507230 / 25507233
Email: ahmedabad@fpaindia.org

Bangalore
City Corporation Maternity Home Complex
1st Floor, Palace Guttahalli
BANGALORE - 560 003.
KARNATAKA
Tel: (080) 23360205
Email: bangalore@fpaindia.org

Belgaum
768/1 Corporation Building
Vadgaon Road
Hindwadi
BELGAUM – 590 011.
KARNATAKA
Tel: (0831) 2480688
Email: belgaum@fpaindia.org

Bellary
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
E-7/75, Arera Colony
12 No. Stop, Near Sai Board
MADHYA PRADESH
Tel: 0755 - 4251966
Email: bhopal@fpaindia.org

Bhubaneswar
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
Near Heeralal- Pannalal College
Janwada Road
BIDAR – 585 401.
KARNATAKA
Tel: (08482) 226470
Email: bidar@fpaindia.org
Bijapur  
Plot No.92, BDA site  
Vajra Hanuman Nagar  
Opp. Ibrahimpur Railway Station  
Bagalkot Road  
KARNATAKA  
Tel: (08352) 655564  
Email: bijapur@fpaindia.org

Chennai  
54, Arcot Road, II Floor  
Vadapalani  
CHENNAI – 600 026.  
TAMILNADU  
Tel: (044) 23760463  
Email: chennai@fpaindia.org

Dharwad  
Near 'Baroo Sadhanakerege' Udyanavana  
Police Headquarters Road  
Vikasnagar – 1st Cross  
DHARWAD – 580 008.  
KARNATAKA  
Tel: (0836) 2447896  
Email: dharwad@fpaindia.org

Dindigul  
Plot No. 69-70, FPAI Bhavan  
AKMG Nagar, Karur Road  
(Opp. Beschi College)  
DINDIGUL – 624 001.  
TAMILNADU  
Tel: (0451) 2432412  
Email: dindigul@fpaindia.org

Gomia  
Govt Colony Road  
P.O. I. E. (Gomia)  
Dist. BOKARO – 829 112.  
JHARKHAND  
Tel: (06544) 261304  
Email: gomia@fpaindia.org

Gwalior  
416,Pandit Vihar Colony  
Gola Ka Mandir  
Behind BSNL Office  
GWALIOR – 474 005.  
Tel: (0751) 2376272/2625992/2660278  
Email: gwalior@fpaindia.org

Hyderabad  
6-3-883/F, Adjacent Topaz Building  
Punjagutta Officers Colony Lane  
PUNJAGUTTA  
HYDERABAD – 500 082.  
ANDHRA PRADESH  
Tel: (040) 23402994 / 23409736  
Email: hyderabad@fpaindia.org

Indore  
15, Ganji Compound  
INDORE – 452 007.  
MADHYA PRADESH  
Tel: (0731) 2531649  
Email: indore@fpaindia.org
Jabalpur
Behind of Singh Dharm Kanta
Prem Nagar (Madanmahal)
Nagpur Road
JABALPUR – 482 002.
MADHYA PRADESH
Tel: (0761) 4036429 / 4086250
Email: jabalpur@fpaindia.org

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

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

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

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

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

Mumbai
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

Mysore
C/o ULBA Hospital
# 02, Naguvanahalli Village Road
R. S. Nagar
Kesare 3rd stage
Beside Pushpashram
MYSORE – 570 007.
KARNATAKA
Tel: (0821) 2456734
Email: mysore@fpaindia.org
Nagaland
West Entry – Opp Charity School
East Entry – Main Town
Behind UT Building (PROBO)
KOHIMA – 797 001.
Tel: (0370) 2292078 / 09402012928
Email: nkanara@fpaindia.org

New Delhi
FPAl Bhawan
Sector IV
R. K. Puram
NEW DELHI – 110 022.
Tel: (011) 26176345 / 26182236 / 26172359
Email: newdelhi@fpaindia.org

Nilgiris
Post Box No.49
Glenview
COONOOR – 643 101.
TAMIL NADU
Tel: (0423) 2230053
Email: nilgiris@fpaindia.org

North Kanara
Bhagyodaya Vasant Vilas
National Highway
KUMTA – 581 343.
KARNATAKA
Tel: (08386) 222143
Email: nkanara@fpaindia.org

Panchkula
House No.62-C
(Near Aggarwal Agency)
Haripur, Sector 4
HARYANA
Tel: (0172) 2563885, 2566068
Email: panchkula@fpaindia.org

Patna
Amba Medicals
Ram Sakal Market
Saket Vihar More
Opposite Bank of Baroda
Anisabad
PATNA – 800 002.
Email: mnsinha@yahoo.com
mnsinha@gmail.com, mukeshambap@outlook.com
mukeshambap@gmail.com

Pune
Flat No. 202, Western Court
Behind Shree Seva Petrol Pump
1082/1 Ganeshkhind Road
Shivajinagar
PUNE – 411 016.
MAHARASHTRA
Tel: (020) 65601450 / 51 / 52
Email: pune@fpaindia.org

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

Rajkot
Sangeeta, Ground Floor
Dhebarbhai Road
Near Gurukul
RAJKOT – 360 002.
GUJARAT
Tel: (0281) 2361694
Email: rajkot@fpaindia.org
**Shimoga**
Main Road
Malleshwaranagar, 1stage
KARNATAKA
Tel: (08182) 223242
Email: shimoga@fpaindia.org

**Singhbhum**
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**
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**
Opp. Diana Theatre
Kukkikatte
KARNATAKA
Tel: (0820) 2536918
Email: skanara@fpaindia.org

**Srinagar**
Health Zone Building
Lal Mandi, Near L. D. Hospital,
SRINAGAR – 190 001.
JAMMU & KASHMIR
Telephone No.0194-2310231
Email: srinagar@fpaindia.org

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

**Yamunanagar**
12, Adarsh Nagar
Near Bhai Kanhaiya Sahib Chowk
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

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
Email: murhu@fpaindia.org

Sagar Project
Pdt. Ramkrishna Rao Shrikhande
Memorial Charitable Hospital
Bithal Mandir
Chakraghat
SAGAR – 470 001.
MADHYA PRADESH
Tel: (07582) 221963
Email: fpaisagarmp@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