

# THE JOURNEY IS THE REWARD

- STEVE JOBS

ANNUAL REPORT 2015

**FPA India**  
*Fulfilling People's Aspirations*  
ISO 9001 : 2008 CERTIFIED



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## MESSAGE FROM THE PRESIDENT

As I look back on 2015, taking stock of what we were able to achieve, several important points emerge and guide us for 2016.

It was the first year of the current Central Executive Committee and we focused on building strategic partnerships with institutions and organisations that can further the cause of SRHR; worked towards deepening our interventions in service delivery to the poor and vulnerable and in strengthening the 'post MDG-SDG agenda' at policy level by involving members of Parliament and other policy makers. Significantly, very eminent elected representatives like Prof. P. J. Kurien, Hon'ble Deputy Chairperson, Rajya Sabha, Hon MP from Kendrapada, Odisha Shri Baijayant Panda and Hon Speaker of Haryana Vidhan Sabha Shri Kanwar Pal Gujjar and other elected representatives from various State Legislative Assemblies and participated in these meetings as Chief Guest and Guest of Honour.

The year also signified the end of 5A's framework and we ensured a wide stakeholders engagement for bringing in the new Strategic Plan. The Vision and Mission Statements are powerful and inspire us to achieve the 'Outcomes' that we have set out for ourselves.

As the International donor engagement and funds for India reduces steadily, the Association has a responsibility to look for other streams of funding support. Therefore, the priority remains strengthening Resources Mobilisation and self-sustainability to ensure that our commitments to SRHR is sustainable. During the year, we were able to initiate our CSR engagement strategy and very promising and positive partnerships have merged.

Even as we face challenges ahead due to many changes, internal and external, I would like to quote Dr. A P J Abdul Kalam who famously has said "When we tackle obstacles, we find hidden reserves of courage and resilience we did not know we had, and it is only when we are faced with failure do we realise that these resources were always there within us. We only need to find them and move on with our lives."

2015 was a landmark year as we have taken significant steps to be a contemporary, result oriented and effective organization that will stand the challenges of the time we live in, and we are sure that FPA India will continue to fulfil its commitments to the community and to all the stakeholders, staff and volunteers working together as a strong and united team!

I am personally thankful to all our donors, NGO partners as well as the central and state governments, who have made it possible for us to take forward our agenda of providing health care services to the poor and vulnerable people. The corporate sector is also advancing their support to our cause and I anticipate that this support will increase in times to come. All the achievement of the year has happened also due to the diligence of our staff and to our volunteers in providing good governance.

“When we tackle obstacles, we find hidden reserves of courage and resilience we did not know we had, and it is only when we are faced with failure do we realise that these resources were always there within us. We only need to find them and move on with our lives.”

- Dr. Abdul Kalam



**MR. UMESH ARADHYA**  
President

# MESSAGE FROM THE SENIOR MANAGEMENT TEAM

2015 continued to be a year of consolidation, being the last year of the Strategic Plan 2011 – 2015, strengthening the various models of service delivery and reaching the last mile for the poor and vulnerable.

This was supported by a multi-pronged approach to deliver quality SRH services particularly in the difficult to reach and high need areas by establishing and strengthening partnerships, extending support to outreach based SDPs, creating a cadre of empowered grassroots functionaries and organizing special service sessions.

Continuing its commitment to reaching young people, the Association continued providing 'Comprehensive Sexuality Education' backed up by 'Youth Friendly Services' to young people. FPA India reached significant number of young people with comprehensive sexuality education, backed up by 'Youth Friendly Services' and skill development opportunity aimed at economic empowerment.

A gender transformative approach to sexual and reproductive health (SRH) and HIV services was adopted for which we received appreciation and recognition from various stakeholders.

Advocacy efforts during 2015 focused on shaping and influencing the post 2015 agenda through engagement with parliamentarians and civil society groups in the South Asia region. The focus was on media sensitization and working with Policy makers like elected representatives and members of Parliament to initiate discussions on Sustainable Development Goals so that the gains made for SRHR are not lost.

During the year, the association also geared up to change its focus from a 5A led programme on the ground to a more outcome driven strategic thinking. A new strategic plan 2016-22 is now developed and would be rolled out in 2016.

This is keeping with the IPPF global framework. The Association continued focusing on resource mobilization and developing partnerships as well as reaching out to various state governments and donors for proposals. Efforts to strengthen governance and management roles were undertaken.

In summary, 2015 was an important year that saw a shift in priorities at all levels with increased commitment to organizational effectiveness.

Advocacy efforts during 2015 focused on shaping and influencing the post 2015 agenda through engagement with parliamentarians and civil society groups in the South Asia region.



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Director, Monitoring &  
Evaluation



**MS. MANJULA VARMA**  
Director, Governance &  
Branch Management

# DONORS

INDIA HIV/AIDS ALLIANCE	LARSEN & TOUBRO LIMITED
AUSTRALIAN AGENCY FOR INTERNATIONAL DEVELOPMENT	MAHALAXMI TEMPLE TRUST FUND - MUMBAI
AVM CHARITIES	MICROSOFT CORPORATION THROUGH NATIONAL ASSOCIATION OF SOFTWARE AND SERVICES COMPANIES (NASSCOM)
GERMAN BACKUP INITIATIVE (GIZ)	MORRIS FAMILY FUND - PUNE
EUROPEAN UNION	NATIONAL ALUMINIUM COMPANY LIMITED
FORD FOUNDATION	THE NORWEGIAN AGENCY FOR DEVELOPMENT COOPERATION (NORAD)
GORAN GROSSKOPF FAMILY - SWEDEN	PLAN INTERNATIONAL (INDIA CHAPTER)
GOVERNMENT OF INDIA / RESPECTIVE STATE GOVERNMENTS	
JAPAN TRUST FUND FOR HIV AND REPRODUCTIVE HEALTH	

POPULATION FOUNDATION  
OF INDIA

PUBLIC HEALTH  
FOUNDATION OF INDIA

STATE AIDS CONTROL  
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GUJARAT, HARYANA,  
JAMMU & KASHMIR,  
KARNATAKA, KERALA,  
MADHYA PRADESH,  
MAHARASHTRA, NCR  
(NEW DELHI), NAGALAND,  
ODISHA, PUNJAB,  
RAJASTHAN, TAMIL NADU,  
UTTAR PRADESH,  
WEST BENGAL)

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SOCIETY - JAMSHEDPUR

TATA TRUSTS

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PACKARD FOUNDATION  
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# INTRODUCTION



## REACHING THE LAST MILE

**In 2015, FPA India covered nearly 30 million people, provided over 7 million services to over 2 million clients, including children and adolescents, of whom 49.6% were in 0-24 age group, and 39.6 % were men. Out of all people that the Association reached, 86% were poor and vulnerable.**

2015 continued to be a year of consolidation which began the previous year, strengthening the various models of service delivery and reaching the last mile for the poor and vulnerable.

Sexual and Reproductive Health (SRH) services were provided through 44 Branches / Projects, FPA India managed 41 static clinics, 21 Urban Family Welfare Centres (funded by the Government of India), and 1,364 service delivery points, which include community level service providers.

Over 2,600 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 2015 FPA India provided over 72 lakh services to nearly 24 lakh clients, including children and adolescents, of whom 49.6% were in 0-24 age group, and 39.6 % were men.

This was achieved through an integrated, 'one-window', 'one-stop' approach offering affordable services by FPA India. Clinic-based care was provided through RHFPCs optimizing family planning and other SRH service delivery. Expanding basket of contraceptives, Elloira LNG-IUS was introduced as a pilot intervention in four Branches.

Community mobilization for creating a demand for rights based SRH services continued to drive the outreach programme. FPA India received support from AusAID through the SETU project and the Catalytic Fund through IPPF to expand access to SRH services in the outreach and through task-shifting.

Innovative programmes to support task sharing and shifting by expanding the scope of services provided by Community Based Providers (CBPs) and Auxiliary Nurse Midwives (ANMs) and Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) doctors were also explored during the year 2015.

IEC material on engaging men in SRHR was developed with a focus on the role of men in preventing Gender Based Violence and to enable men and boys to seek SRH services.



Specialized services such as management of sexual dysfunctions, adolescent friendly service sessions, separate service sessions for men, paediatric clinics and SRH services to key populations in a stigma free environment. Diverse local partnerships were established by various branches to strengthen service delivery and reach the most marginalized.

Efforts through these projects created and sustained a cost-effective cadre of grassroots health functionaries. CBPs delivering not just contraceptive products and facilitating referrals but also providing method specific counselling to support continuing users, or enabling users to switch methods and providing adjuvant services such as pregnancy testing and distribution of feminine hygiene products.

### 2015 saw a significant increase in provision of safe abortion services particularly in second trimester abortions.

Key activities included engaging stakeholders such as sensitization meetings with Government leaders and frontline workers to spread awareness about legalities of abortion; interpersonal communication efforts with men and women in the community and collaborations with media and policy makers at branch level to bring about awareness within the larger community about the dangers of unsafe abortion.

Strengthening partnership and Referral System resulted into increased inbound referrals of clients for abortion, management of incomplete abortion or other SRHR services. The involvement of other NGOs, CBOs, SHGs and local government health officials to address the issue of unsafe and illegal abortion was proven to be fruitful.

In 2015, 38% of all services of FPA India were accessed by young people between the ages 10-24 years. Using the 'Growing Up is Fun' curriculum, resource persons trained by branches along with branch volunteers conducted CSE sessions in schools and in out of



school settings. Skill development courses also proved to be an important and much needed entry point for CSE sessions. SRH service sessions in the community were organized at places and times convenient for the young people either in clinics or in youth centres.

Peer Educators Training Manual was developed and shared with branches based on which branches trained young people as Peer Educators.

FPAI India participated in a collaborative research through IPPF-SARO with UNFPA and Coram International on 'Influence of Law on Young People's access to Sexual and Reproductive Health in India'. The research findings showed that significant barriers prevent young people from seeking and accessing SRH services in India, some of which relate to the law.

Under HIV and AIDS portfolio, out of 44 Branches and Projects of FPA India 41 Branches/Projects provide voluntary counselling and testing services of which 33 are recognised as ICTC.

17 projects focusing on different key population and high risk groups such as sex workers, people using drugs (PUD), men having sex with men (MSM), transgender people (TG), single migrants, truck drivers/cleaners. More than 100,000 key population and high risk groups were contacted and provided HIV continuum of care services. FPA India's 'Shadows and Lights' project was recognized in the GIZ Gender Prize 2016 competition for its gender transformative

approach to sexual and reproductive health (SRH) and HIV services for all, including women and girls, men and boys, and anyone perceived to be outside of the norms that constitute what are 'feminine' and 'masculine'. FPA India built the capacity of 60 women representatives of National Coalition of PLHIV in India (NCPI+) – a network of people living with HIV.

As part of advocacy efforts FPA India and Indian Association of Parliamentarians for Population and Development (IAPPD) organized consultative meetings with Parliamentarians and other key stakeholders to discuss and strengthen MDG 5A and 5B in South Asia and in articulating the Post-2015 development agenda with special focus on sexual and reproductive health and rights (SRHR).

### FPAI India worked with the MPs and key influencers to establish a mechanism for initiating action on the Sustainable Development Goals (SDGs) at country level, ensuring greater ownership and accountability.

Eight advocacy factsheets were developed on various SRH issues. FPA India in collaboration with Citizen News Service (CNS) organised meetings with media representatives in India.





# ADVOCACY



During a Confluence at Anjad, Ms. Fredrika Meizer, Country Representative, UNFPA, Ms. Geeta Sethi, Secretary General, FPA India, Mr. Faiz Ahmed Kidwai, MD, NHM MP along with CMHO, SPC, UNFPA and stakeholders inaugurating the exhibition on IEC materials applied under AAF Project, Barwani

## IMPROVEMENTS OF LIFE

By 2020, in India alone there will be more than 45 million women of reproductive age with an unmet need for contraception - more than all the women of this age in the UK, France and Germany combined. Lack of access to modern methods of contraceptives has a direct impact on women's health and wellbeing. Here's an example of how family planning intervention led to huge improvements in the life of one woman and her family.

### Interface with Parliamentarians

An interface meeting was organized with Parliamentarians and representatives of Indian Association of Parliamentarians for Population and Development (IAPPD) and FPA India to discuss and strengthen MDG 5A and 5B in South Asia.

The objective of the meeting was to create champions among the elected representatives and garner support for sexual and reproductive health and rights. The event was organized on February 26, 2015 in New Delhi. The meeting highlighted the need to advocate for availability and accessibility of services especially for sexual and reproductive health services and accountability in it.

FPA India along with Indian Association of Parliamentarians for Population and Development (IAPPD) organized consultative meetings with Parliamentarians and other key stakeholders in New Delhi, Bhubaneswar and Chandigarh.

The objective was to initiate a dialogue with Parliamentarians and other key stakeholders in articulating the Post-2015 development agenda with special focus on sexual and reproductive health and rights (SRHR), and work with the MPs and key influencers to establish a mechanism for initiating action on the Sustainable Development Goals (SDGs) at country level, ensuring greater ownership and accountability. All the MPs and MLAs present during the consultations agreed that making Parliamentarians aware of the post 2015 global development agenda is very important. MPs/MLAs are a link between people and the government and hence an important component in setting national goals/ policies and achieving them.

### Participation in CSO Consultations

February 25, 2015 the RMNCH+A Coalition India organized a one-day consultation in Delhi with civil society organizations to seek their input into the update of the Global Strategy for Women's and Child Health. FPA India as a coalition member contributed towards identifying priorities for the Global Strategy. And another group work was on civil society perspectives on improving accountability for



women's, children's and adolescents' health. Ms Priya Kath, member of South Asia Regional Youth Network (SARYN) also contributed in the meeting.

**Family Planning (FP) 2020** organized “Meeting with Civil Society” on April 22, 2015 in New Delhi. This meeting provided an opportunity for civil society organizations to engage with Reference Group members, to share their experiences on implementation of work in family planning at the global, regional and national levels. Also to give feedback on how CSOs can further support the initiative.

Consultation on SDGs: FPA India participated in the India advocacy group to discuss goal 5 – gender equality and indicators in August 2015. FPA India representative spoke on including an indicator to address stigma and need to define and include the indicators on unmet need for contraception for adolescents and single women, comprehensive sexuality education for young people in schools and out of school and access to SRH services.

FPA India is also a member of Action 2015, a growing citizen's movement across the world to demand truly ambitious agreements on poverty, inequality and climate change in 2015. FPA India has also given their opinions and views on SDGs. The Asia Pacific Regional CSOs Engagement Mechanism's (APRCM) main guiding force is a call for development justice, which demands five transformative shifts; redistributive justice, economic justice, social and gender justice, environmental justice and accountability to the people. FPA India is a member of APRCM.

**‘Nothing about Us without Us’: A national meeting was organized by White Ribbon Alliance – India in partnership with FPA India, IPPF-SARO, Center for Catalyzing Change, Plan India, Save the Children, and World Vision India. The purpose was to gain countrywide attention on the issue of safe motherhood and the importance of citizens' participation to achieve that and appeal to citizens and government and NGOs to actively engage and work out an action plan to address the health of women and children in India. At the meeting, FPA India was represented by Mr. Sreedharan Nair, Director External Relations, Mr. Subhash Khake, Coordinator, Regional Resource Center and Ms. Bindiya Nimla, Director Advocacy and Training. Recommendations on how citizens and government can engage on women's and children's health were developed.**



CSO symposium: The eight-country project “Building Momentum for SRH – HIV Integration” ended in June 2015. IPPF-SARO had organized a CSO symposium to acknowledge and share the success and lessons learned. FPA India participated in the meeting where FPA India's work was appreciated by all.

During the year, the FPA India President and the SG had a meeting with different key influencers – Federation of Indian Chamber of Commerce and Industry (FICCI), UNFPA, UNAIDS, Project Concern International and others to explore platforms to work together.

The President also attended the BRICS Summit in Brazil in 2015 to contribute towards the development of the outcome document on population matters.

### Joining Voices FP2020

Joining Voices is an advocacy project initiated by IPPF that aims to safeguard and strengthen financial commitments to reproductive health and family planning, and reinforce political leadership on universal access.



New Building Inauguration, Dharwad Branch – PDG. Rtn. Dr. Manoj Desai, Director, Rotary International and Dr. Rajan Deshpande, President, Dharwad Branch along with FPA India President, Patron and others

By 2020, in India alone there will be more than 45 million women of reproductive age with an unmet need for contraception – more than all the women of this age in the UK, France and Germany combined. Lack of access to modern methods of contraceptives has a direct impact on women’s health and wellbeing. Here’s an example of how family planning intervention led to huge improvements in the life of one woman and her family.

Thalri Buchamma, 36, visited the Outreach Health Camp in Jinnaram District Medak. Thalri has three girls and had one abortion. After a check-up the doctor found that her frequent pregnancies had made her anaemic.

Thalri’s family has a meagre income, surviving on less than two dollars per day. Her husband works as a coolie in a nearby shop. They could not afford nutritious food, and did not know where to get family planning services. A medical officer and the ANM (Auxillary Nurse Midwife) counselled Thalri about family planning methods and told her that the services were available at the PHC Jinnaram and at Mata Shishu Centre, run by FPA India.

They advised her to eat green leafy vegetables which are locally available and gave her a prescription for Iron Folic Acid tablets. During the treatment for anaemia the doctor advised

the couple on family planning methods and demonstrated how to use a condom.

The ANM regularly followed up with Thalri. Her haemoglobin levels improved and she and her husband decided they didn’t want any more children, so the medical officer counselled the couple for permanent method of FP.

Thalri started a small shop opposite the Primary School which has boosted her income. Her husband has also got employment in a shop and now has a regular income and their children are all going to school. Thalri regularly visits the FPA India Health centre and helps the staff with their awareness programmes. She is also referring her customers to the centre for family planning counselling and services.

Thalri said: “FPA India has helped me to improve my health. They came to my help when I and my family had lost confidence. The sister made frequent visits to my house to find out about my health. Now I am a health volunteer and help other women get the services they need at FPA India. With the support of FPA India, I am now able to earn my own living and send my children to school”.

In 2012, at the London Family Planning Summit, the India Govern-

ment made pledges to enable 120 million more women and girls across the world to use contraceptives by 2020. The government promised to scale up Universal Health Coverage through its largest public health programme (National Rural Health Mission) and to introduce a choice of methods in the new strategy. The Government of India also promised to increase investment for National Rural Health Mission.

Crucially, for women like Mrs. Thalri, the government promised to distribute contraceptives through community health workers and rural health sub-centers and exceed the family planning budget to US \$2 billion from by 2020. FPA India has been instrumental in monitoring the budget for the programme.

The organization has been instrumental in building strong relationships with the Parliamentarians and getting their support in signing pledges.



Meeting with Partners in South Asia was organized by IPPF in Colombo on August 27 – 28, 2015. This was attended by FPA India and Member Associations (MA) from Pakistan, Bangladesh and Nepal. The objectives of the meeting were: (a) Cross learning and sharing of advocacy actions for FP2020 commitments, among the IPPF SAR MAs and national CSO partners and (b) Review the progress made under Joining Voices project, and identify opportunities for high-impact regional and international coordination

### Factsheets

FPA India has developed eight factsheets – (i) Family Planning, (ii) SRH – HIV integration; (iii) Sexual and Gender based Violence, (iv) HIV in India, (v) Comprehensive Sexuality Education; (vi) Climate Change and SRH; (vii) Universal Access to Sexual and Reproductive Health; and (viii) Safe Abortion.



### Political Mapping

Only with governments' steady political and financial commitment can one achieve both universal access to reproductive health and respect and protection for the sexual and reproductive health rights of all individuals so that they may exercise these rights. Keeping the above in mind, a political mapping was done at country level (literature review). This information will help in identifying the gaps in political and legal instruments and plan advocacy strategies.

### Advocacy Project Meetings

International Planned Parenthood Federation (IPPF) – South Asia Region (SAR) organized a three-day regional event in Bangkok from June 27 – 29, 2015. This was to discuss the activities



Media Meet with Dr. Kalpana Apte, Lucknow

of the project – Strengthening MDG 5 a and b in South Asia – Creating Champions and Garnering Momentum for SRHR. In order to prepare a work plan the group was suggested to go through the political mapping findings, prioritize the issues and prepare advocacy messages; and indicators for success. IPPF-SARO prepared a documentary (eight countries) of approx. 10 minutes as part of the project which included FPA India's work.

### Policy advocacy

"Civil Society and Beyond: Securing and Accelerating Progress on the ICPD Program of Action", funded by the Government of Netherlands, was to support national advocacy to influence the national implementation of the Sustainable Development Goals (SDGs). The specific objectives were to ensure that the SDGs were communicated to all relevant stakeholders at the national and sub national level. As part of the project, a consultative meeting with Government and key stakeholders to initiate a National Sexual and Reproductive Health Plan for India was held. State level consultations were also held by FPA India.

### Engagement with Journalists

FPA India in collaboration with Citizen News Service (CNS) which specializes in health reporting and syndicating in-depth news articles on health issues to a range of media globally and IPPF-SARO organized meetings with media in end 2015. The meetings were held in Kolkata, Ranchi, Hyderabad, Bangalore, Ahmedabad,

Chennai, and Lucknow. During the meeting apart from the media, state level government officials also participated. 133 journalists from 7 cities took part in these media meetings generating 62 news articles and TV/ radio broadcasts so far with focus on state level issues.

### Networking and Partnership Development

The year 2015 was full of activities for the External Relations Unit with meetings, building up relations, networking, tapping resources, development of partnership with other NGOs, UN Bodies. Corporate, and CSO Platforms. During the year, the External Relations Unit had successful interactions with 55 CSOs/Business Associates/Body Corporate/platforms of CSOs, with a view to getting visibility/networking/building up and strengthening relations with and exploring possibilities for financial support under CSR.





*Mr. Umesh Aradhya, FPA India President (second from left) at the BRICS 2015 Summit*



## CONSULTATION ON POST 2015 AGENDA WITH PARLIAMENTARIANS AND KEY STAKEHOLDERS



Prof. P. J. Kurien, Dy. Chairman, Rajya Sabha, (Upper House of Parliament), Dy. Chairman IAPPD and Vice Chairman, Asian Forum of Parliamentarians on Population and Development (AFPPD) giving the inaugural address. Looking on Ms Anjali Sen, Regional Director, IPPF-SARO and Ms Geeta Sethi, Secretary General, FPA India.

The inaugural address of the Consultation was delivered by Prof. P. J. Kurien, Hon'ble Deputy Chairperson, Rajya Sabha and Chairman, IAPPD. Prof. Kurien began his address by congratulating FPA India and IAPPD for organizing such an important Consultation.

He said that this consultation is very relevant, apt and timely. He especially thanked Hon'ble MPs for coming in such a large number despite the fact that it is an inter-session time when most of them remain out of Delhi in their respective constituencies.

He emphasized that the Consultation is very important as it is organized during the transition and transformation period from the MDGs to the SDGs. SDGs are more comprehensive and inclusive than MDGs. But at the same time, it is also important for us to study and examine the implementation and working of the MDGs.

All developing countries who have adopted these goals in 2000, have prioritized and reoriented their development goals in tune with achieving MDGs. He said that it is important for us to introspect and find out how far we have been able to achieve the MDGs and if we have not achieved the goals what are the reasons thereof?

He cited the case of India where considerable progress has been

achieved in many of these goals, whether it be poverty reduction, or achievement in education and health outcomes. Many of the states, particularly Kerala and Tamil Nadu have achieved at par with the developed countries. But, at the same time, he said, we must assess and explore the reasons for why we have not been able to achieve the MDGs in totality.

According to him the biggest reason is exponential growth of population. Whatever development efforts are being made by the government, they are being nullified by the exponential growth of population.

Therefore, he stressed the need to address population growth in order to achieve the SDGs. However, he was against any coercive approach in checking the population. He rather emphasized on extending the family planning measures and increasing awareness of spacing contraceptive measures. He also advocated for including sexuality education in the school curriculum.

He further stressed that if we really want to achieve these goals, family planning and population stabilization must find a prominent place in the SDGs otherwise we will fail again in attaining these goals in 2030.

Finally, he emphasized the crucial role of parliamentarians and legisla-

tors in getting any programme successful as they are the policy makers of the country. They are the link between the government and the people. Therefore, for any policy correction they get feedback of the people which they transmit to the government and make the government do better.

They can educate the people and guide them in better implementation of the government programmes. The parliamentarians are also guided by the people and by their aspirations. Therefore, it is very important to make parliamentarians aware of the new programmes and policies of the government. And in this regard this Consultation is very important. He suggested for organizing some more such consultations when the parliament session will be in progress as more number of parliamentarians can attend during that point of time.





## QUALITY ASSURANCE

This involved self-assessment at the SDP level, development of SDP action plans, regular client exit interviews and tracking of progress and compliance. Guidelines on management of sexual dysfunctions, menopausal symptoms and bleeding per vaginum have been developed for reference of clinic teams based in all RHFPCs.

Access to rights based and gender sensitive quality SRH services through 41 static clinics Reproductive Health and Family Planning Centres (RHFPCs) located across 15 states in India reflected a balanced mix of services for hard-to reach communities in diverse geo-political and socio-cultural contexts. This ranged from introduction of newer contraceptives, screening women for cancers of the reproductive tract and offering a customized package of SRH services to the elderly population in the age group 50 to 60 years. FPAI clinics continued to offer all categories of services within the Integrated Package of Essential Services and a few RHFPCs went beyond the package to offer second trimester abortions, cryotherapy services to manage cervical intraepithelial neoplasia and an expanded schedule of immunization to children.

### **Integrated, 'one-window', 'one-stop' approach offering affordable, distinctive and integrated services**

- Clinic-based care provided through RHFPCs optimizing family planning and other SRH service delivery.
- Clients walking in for a conventional service such as family planning or MCH also sensitized about preventive health seeking and offered counselling, screening and diagnostic services for gender based violence, HIV/AIDS and cancers of the reproductive tract and breast.
- Specialized services such as management of sexual dysfunctions, adolescent friendly service sessions, separate service sessions for men, paediatric clinics and SRH services to key populations in a stigma free environment
- Expanding basket of contraceptives Elloira LNG-IUS was introduced as a pilot intervention in four Branches.



Inauguration of Dharwad Branch by Sri H K Patil, Hon'ble Minister for Rural development & Panchayat Raj, Sri Jagdish Shettar Hon'ble former chief minister and Leader of the opposition, Government of Karnataka

- Total of 42039 new FP acceptors recruited through RHFPs in 2015 including 2807 new users of injectable DMPA.
- Total number of services provided through RHFPs was 21,76,481.
- 51% of total services provided were through outreach based SDPs which included 17 Satellite clinics, 68 mobile outreach teams, 943 community based providers and 13 associated clinics.
- Proportion of services through mobile outreach teams increased to 29.4 % of the total services.
- Total number of NSVs is 1,383 i.e. 31% increase in NSVs in 2015 compared to 2014 (6,035 NSVs in India, Source: Annual Report – Year Book 2015 – 2016, Department of Health & Family Welfare).
- With support from respective State Governments, 20 UFWCs continued to operate in 12 FPAI branches contributing to 18% of the total services in 2015.

### Community mobilization

For creating a demand for rights based SRH services continued to drive the outreach programme. This strategy was supported by a multi-pronged approach to deliver quality SRH services particularly in the difficult to reach and high need areas by establishing and strengthening partnerships, extending support to outreach based SDPs, supportive supervision of the grassroots government functionaries (ASHAs) and organizing special service sessions.

Innovative programmes to support task sharing and shifting by expanding the scope of services provided by CBPs and ANMs and AYUSH doctors were also explored during the year 2015.

Special Projects based in the Outreach initiated by Branches through locally generated funds, either as CSR initiatives or as small grants made a significant contribution to the outreach services provided across FPA India. Campaigns for Bus drivers & Conductors at Bangalore Metropolitan Transport Corporation (BMTC), Garment units & in the community were organized through Bangalore branch.

### Engaging Men in SRHR

IEC material on engaging men in SRHR was developed with a focus on the role of men in preventing Gender Based Violence and to enable men and boys to seek SRH services. Nine FPA India branches conducted a special campaign to improve the uptake of NSV.

The branches paid a compensation for wage loss of Rs 700/- to the acceptors and Rs 150/- to the persons accompanying towards travel re-imbursement besides the cash re-imbursements paid through the government scheme.

### Publication

Three issues of the in-house newsletter 'Medpulse' were published with lead articles on Gender based violence, SRH needs of 50+ population and Assisted Reproductive Techniques.

### Special Service Sessions on STI/RTI Management

In 2015 seven FPA India branches (Madurai, Shimoga, Singhbhum, Nilgiris, Bijapur, Jaipur, Bhopal), received special support to strengthen STI/RTI service delivery. The entire team of service providers in the seven clinics received a day-long didactic training, followed by a three day hands on training for the Medical Officer and the lab Technician at the local tertiary/teaching hospital in syndromic and etiological diagnosis and management of STI/RTI.

The respective branches were also provided with technical guidelines on management of STI/RTIs, IEC material with key messages for dissemination in the community to generate a demand for these services and funds to conduct special service sessions in the community focussed on detection and management of STI/RTIs. This was followed by special service sessions reaching out to rag pickers, tribals, daily wage earners, farmers in rural and urban areas.

### Strengthening Partnerships

Diverse local partnerships were established by various branches to strengthen service delivery and reach the most marginalized. Kalchini Branch renewed MoUs with the privately owned

clinics of 10 Tea Estates to form 10 Associate Clinics in those Tea Gardens in 2015. Through this MoU, service providers from the Associate clinics received training on SRH and non-SRH services to be rendered and the recording and reporting systems. A total of 18,264 clients received 58,743 SRH services through these Associated Clinics functional in Kalchini Branch. To keep the clinic teams engaged and enthused, the branch gave away awards for the best performing Associate Clinic. Chuapara Tea Estate Associate Clinic won this award in 2015.

Dharwad Branch signed MoU with corporate sectors under their CSR activity. Tata Motors Limited Dharwad in collaboration FPA India Dharwad branch, implemented "Comprehensive Health Care for Pregnant Mothers, Children & Adolescents in four villages of Dharwad Taluk. Awareness sessions for ANCs and PNCs were conducted to change health seeking behaviour.

### Transforming Access to SRH Services through Task Shifting and Sharing in India

FPA India received support for the Catalytic Fund through IPPF to expand access to SRH services in the outreach and through task-shifting. Efforts through this project led to 20.58% increase in the number of services in CBP project branches in the year 2015 over the previous year. The biggest influence for this success in service delivery was the Community Based Provider (CBP). The project created and sustained a cost-effective cadre of grassroots health functionaries i.e. the CBPs.

The CBPs delivered not just contraceptive products and facilitated referrals but also provided method specific counselling to support continuing users, or enabling users to switch methods and providing adjuvant services such as pregnancy testing and distribution of feminine hygiene products.

CBPs were supported by 'link workers' to ensure continuity of supplies and diligent recording and reporting. ASHAs engaged through the National Health Mission were mentored, trained and inducted as CBPs in some operational areas of the project. They were oriented on all compo-



The Chennai Metro Rail Project health services sessions twice a month in 10 labour camps for migrant workers of Chennai Metro Rail Ltd. In addition, HIV and SRH sessions were conducted for migrant workers at regular intervals. Group meetings were conducted by the counsellors of the project.

Video Shows were conducted during the reporting period and 1920 workers attended the shows. A total of 200 health sessions were conducted. 7558 workers availed medical services including treatment for RTI, STI, UTI and Acute Respiratory Infection. In addition, ORS packets were distributed.

nents of IPES and refer men and women to FPAI SDPs. CBPs learned simple clinical skills such as checking body temperature using a thermometer, checking blood pressure in addition to distribution of contraceptives and feminine hygiene products.

The CBPs were also provided with a kit bag and a photo identity card, which they could display while on duty. This gave them a reassurance and served as a token of appreciation and recognition for their contribution to the project. Products such as sanitary pads, condoms, urine pregnancy kits and ORS packets were sold through social marketing approach.

The projects helped the branches reach to the unreached by providing extended services in the community.

Besides family planning, service delivery also focussed on other components of SRHR such as recognizing and addressing GBV in the community through counselling and referrals, generating awareness on and mobilizing clients to get screened for cervical and breast cancer in the rural outreach. The basket of contraceptive choice offered to clients was expanded by adding progestin-only pills.

CBPs have shared that being associated with this project has elevated their status among

their peers through their ability to professionally guide the community on their sexual and reproductive rights and behaviours.

As a result of this project CBPs also opened bank accounts in their name. Thus they feel empowered to effectively identify cases of fever, hypertension, not only among pregnant women and children, whom they routinely interact with but also among other members of the family (elders, men), thus improving their rapport with the families and earning respect and recognition.



# THE SETU PROJECT

FPA India through IPPF Central Office and with support from AusAID implemented the comprehensive family planning and sexual and reproductive health services programme to reach the most vulnerable and marginalized groups in India. Over a five-year period (2011 to 2015) FPA India implemented the project in 15 districts of India through clinics based and outreach interventions and systems strengthening.

**The basic concept of 'SETU' (Services, Education and Training Unit) was to utilize, energize and revitalize the existing service delivery channels.**

SETU established a model of service delivery which included combining service delivery strength of FPA India and establishing new linkages. The model was a multisite and multi layered of service delivery in a youth friendly manner. The uniqueness of the model was that it was tailored to the state and region where it was implemented based on the need of the area.

The first layer was the Reproductive Health and Family Planning Centre (RHFPCC) at branch level which provided comprehensive Sexual and Reproductive Health and Family planning services that included newer methods of contraception, counselling services, infertility care, HIV, safe abortion services.

The second layer of services was through establishment of satellite clinics serving the surrounding rural and slum area where the need and demand of FP and SRH services

The third and community level layer was the outreach interventions through an Outreach team, which comprised of Community Based Depot holders (CBD), Link worker (LW), Community Organizer (CO), and Project Coordinators (PC).

This team provided basic FP and SRH services to the clients and the rest of the team is for supportive supervision and carrying out various

## TARGET POPULATION: WOMEN OF REPRODUCTIVE AGE (15-45)

- Unmarried adolescent and young girls of (10-25)
- Women living in rural and geographically isolated areas
- Women and young girls from scheduled castes/ scheduled tribes/minorities
- Recently married women
- Post-partum women
- Young married women

## MEN AND YOUNG BOYS

- Migrant workers
- Tribal young men
- Unmarried adolescent and young boys (10-25 age)

## KEY POPULATION

- MSM
- TG
- FSW

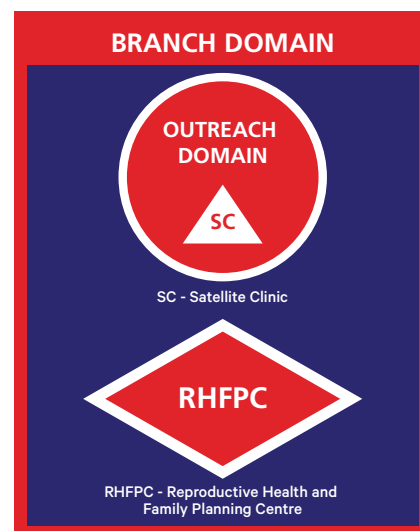
- Provided RTI and STI services to poor, marginalised, socially excluded, underserved such as MSM, TGs, and FSWs.
- Provided STI, RTI and VCT for HIV testing services through special service sessions for high groups like TGs, MSMs, FSWs
- An extra hour (i.e. evening or so) OPD timings were extended by 10 clinics to cater to SRH needs of boys and men; 2-3 evenings a week.
- GBV screening protocol adopted across FPA India clinics.
- Special service sessions were organized in the high need areas where no other services were provided. on Female sterilizations and NSVs
- FPA's Commodity Security Guideline was developed.
- Social marketing of contraceptive and other commodities has been started in 8 branches.
- Linkages developed with government health workers. More than 800 ASHAs were brought in FPA India network through the project and trained by FPA India.
- 600 PMPs were connected through SETU for IUD insertion and provision of DMPA injectable.
- Partnerships established with unions of factory workers, auto rickshaw drivers, barber's associations to conduct special service sessions in their premises or with their members.

programme activities in the community like Information Education and Communication (IEC), community mobilization, and meeting with different stakeholders etc.

**Total 12,15,864 services were provided through SETU project in year 2015**

### Programmatic Highlights

- Quality of SRH services strengthened in 10 RHFPCCs across the country.
- 16 new satellite clinics established in hard to reach and underserved areas through which FP and SRH services were provided.
- Sixteen Mobile Service Delivery Units established which provided various clinical services like ANC, PNC, Contraceptive, immunization, child health care services.
- More than 2500 CBDs were formed over the period of time.





Mr. Brijesh, Pradhan (village head) of Shahpur Village in Kakori block of UP belongs to Middle class family and is educated till 10th standard. Pradhan and his wife Manju Devi are very supportive of SETU project.

At the beginning of project, he was reluctant to help. After continuous meetings by Community Organizer and Link worker he was convinced about the project and started to help. He offers space in the front yard of his house for meetings, IEC programs and outreach camps. He informs the community about upcoming events. He is helping CBD in his village to motivate people to access services provided under SETU project.

Santosh (name changed) grew up and lived in a village of Bassi block near Jaipur. She went to school until 3rd class, and had an arranged marriage at the age of 15, and had her first child at 16 years. She is now married for 11 years. Her husband Kamlesh is a seasonal labourer by profession. She and her husband never discussed family planning. After giving birth to her 3rd child, she had 2 abortions within 4 months time.

This was when she came in contact with FPA India's Jaipur branch CBD. Santosh was brought to the satellite clinic and counselled after which Santosh agreed and took her first DMPA.

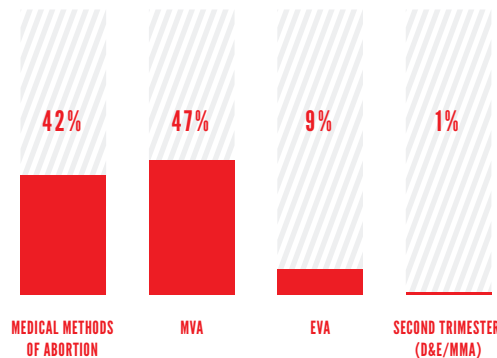


# ABORTION



Although abortion services in India were liberalized more than three decades ago, the vast majority of women continue to seek and receive abortion services from unqualified providers. FPA India offers comprehensive safe abortion related services through Reproductive Health and Family Planning Centres (Static Clinic based service delivery points) which are duly certified and well-equipped to provide these services within the framework of the Indian MTP Act.

## ABORTION PROCEDURES



- Total of 145,522 abortion services provided in 2015
- 4.4% increase in total abortion services provided in 2015 from 2014
- 44% increase in number of surgical second trimester abortions in 2015 as compared to 2014
- 11% increase in medication abortions in 2015 as compared to 2014
- Increased uptake of post-abortion contraceptive services, resulting in 97% CAC clients adopting a contraceptive method





Mumbai Branch tied up with ZEE 24 Taas Marathi news channel to scroll the advertisement for fifteen days in the promotion of safe abortion and family planning. In addition, wall paintings, banners and exhibition stalls were put up in strategic locations in the operational area of the Mumbai Branch. Regular meetings were held with chemists, ASHA workers, Anganwadi workers and non-certified providers. This led to an increase in referrals for safe abortion services from PMPs, community health volunteers, pharmacists and ICDS workers.

Kalchini branch in West Bengal received 285 responses in the Facebook page operated by the staff and volunteers on the issue of “Breaking the stigma and removing the silence surrounding abortion”.

2015 saw significant increase in provision of safe abortion services particularly in second trimester abortions. Key activities included engaging stakeholders such as sensitization meetings with Government leaders and frontline workers to spread awareness about legalities of abortion; interpersonal communication efforts with men and women in the community and collaborations with media and policy makers at branch level to bring about awareness within the larger community about the dangers of unsafe abortion. Decentralized procurement of MMA and MVA kits as well as necessary medicines prevented stock outs. Special funds under the NORAD project to strengthen comprehensive abortion services including second trimester abortion benefitted Ahmedabad, Bangalore, Bidar and Bijapur branches.

FPAI SDPs provided quality treatment of incomplete abortion by providing services to 1363 clients. Under referral 1409 clients needed to be referred to other agencies in 2015. Post-abortion follow-up has increased due to improved quality of counselling and follow-up services provided by the clinics.





### Strengthening partnership and Referral System

Resulted into increased inbound referrals of clients for abortion, management of incomplete abortion or other SRHR services.

The involvement of other NGOs, CBOs, SHGs and local government health officials to address the issue of unsafe and illegal abortion was proven to be fruitful. Kalchini clinic extended their service provision to tea garden labourers through collaboration with tea garden health care providers. Mumbai clinic formalized partnership with 'Child Line' to reach out to homeless adolescent girls.

Jabalpur clinic has created platforms such as women's clubs (Pariwar Pragati Mandals) that organize educational/cultural events on regular basis and popularize clinics services. Pune clinic's partnership with an adoption agency helped clients beyond 20 weeks to get proper adoption services. Solapur clinic has developed partnerships with bidi factories through which awareness sessions are conducted

IPPF central office in UK recommended partnership with government at local levels to advocate for abortion at larger level and to revise the service delivery model to make it more self-sustainable.

22,000 plus clients were provided with CAC services of which 35 % clients sought medical abortion. Over 700 clients were given treatment of incomplete abortion. The acceptance of post-abortion contraceptive was over 99%.



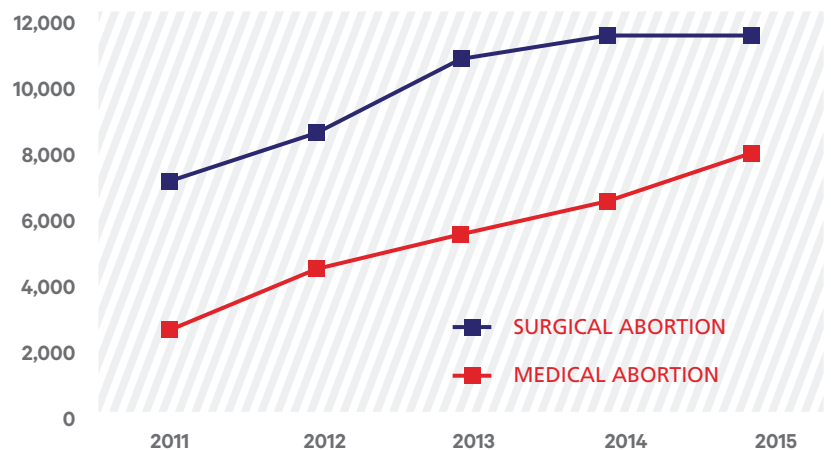
- High quality first trimester abortion care including post abortion contraception and family planning services at the clinics by 17 clinics across the country.
- Provision of second trimester abortion services by Kolkata, Gwalior, Dindigul and Pune clinics to clients with more than 12 weeks gestational age.
- MMA through satellite clinics in the outreach areas of Lucknow, Gwalior and Kolkata.
- 'No refusal policy' at all the clinics to build reliance in community about the availability and affordability of health care offered at FPA India clinics.
- Free or subsidized services to poor and vulnerable clients at all clinics including free OT day once a week, free MTP service in a select month in the year by Murhu clinic in Jharkhand.

### Global Comprehensive Abortion Care Initiative (GCACI)

In December 2015, GCACI successfully completed eight years of implementation of client centric abortion service delivery project including both medical and surgical abortions and post abortion contraception. Since the launch in 2008, GCACI has made incessant efforts to break barriers to access safe abortion services in hard to reach geographical extents as well as for women who cannot access abortion services due to societal stigma.

The four key strategic drivers were of GCACI are expanding safe abortion provider base across branches and equipping clinics with additional staff along with an establishment support; intensive demand generation through special service sessions in the community and strengthening referral networks along with capacity building of staff; proactive engagement to address abortion stigma at community level and clinic level both and medical abortion service delivery to the community through satellite clinics. External evaluation of GCACI by

NO. OF ABORTIONS BY PROCEDURE





## INNOVATIVE DEMAND GENERATION

- IEC sessions by paraprofessional students in Mumbai local trains with help of posters.
- Small talks on contraception and safe abortion cultural event like Saraswati Puja and Mangalagauri in Gomia and Pune.
- Display of mobile numbers of link workers under Solapur branch so that needy clients can immediately contact them for services.
- Collaboration with auto rickshaw union to display abortion message stickers on their rickshaws in Dindigul and Pune. At Dindigul, rickshaw drivers offered to provide free transport to poor clients.
- Nagaland clinic used 'Access Cards' for giving free services to poor and underserved clients.

### 'Bust the Myths, Fight Abortion Stigma & Discrimination' Commemorating Global Abortion Day - 28th September

On 28 September 2015 many FPA India clinics offered free abortion services including free OT sessions on this day. This resulted in increasing MTP clients at the clinic. Clinics focused mainly on youth population and burst balloons on which myths were written to give a good visual impact. This received a good response to the programs. Other efforts on that day included street plays, meetings with ASHA workers.



### National Health conference "Moving to the next level - Advancing Reproductive health and rights"

The conference was organized in collaboration with Mumbai Obstetrics and gynaecological society and AMOGS on 22nd March 2015. Medical officers from 17 branches like Kalchini, Pune, Bijapur, Bidar, Nagaland, Jabalpur, Murhu, Gomia, Hyderabad and Mumbai and members of the National Integrated Medical Association (NIMA) attended this conference. Dr. R. P. Soonawala was felicitated in the conference by the President of FPA India Mr. Umesh Aradhya and President of MOGS Dr. Ameet Patki for his commendable work in OBGY.

Contributing to Development of Guidelines addressing MTP Act and PCPNDT Act  
Lack of clear understanding and misinterpretation of the PCPNDT and MTP Act among medical practitioners and law enforcers has created an ongoing confusion bordering on panic around provision of second trimester abortions. To ease this confusion, the Ministry of Health and Family Welfare (MoHFW), Government of India brought out guidelines on the confluence between the two Acts. FPA India was represented in the panel of experts who contributed to the development of this important guideline.

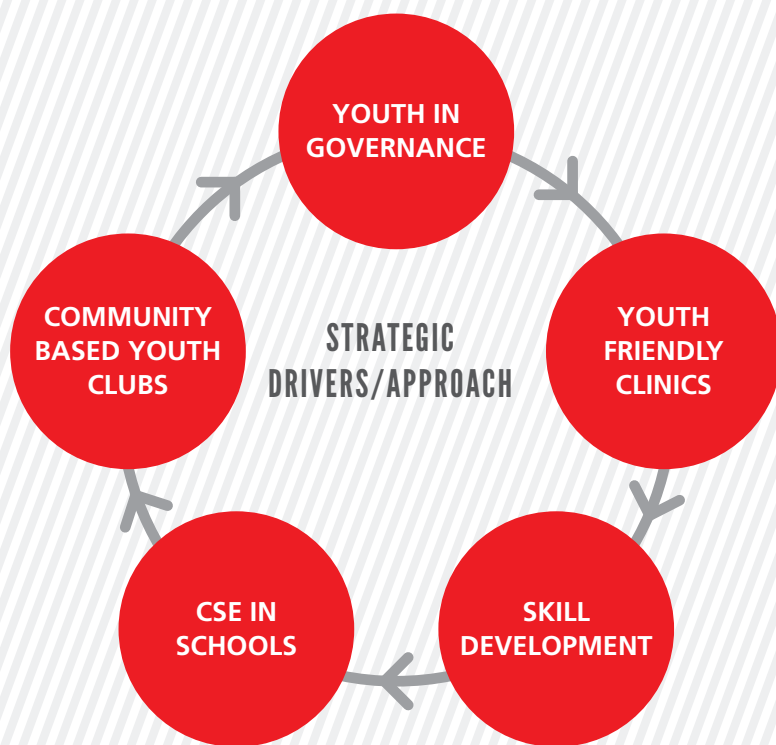
# ADOLESCENTS/YOUNG PEOPLE



## Highlights in 2015

- 38% of all services of FPA India were accessed by young people between the ages 10-24 years
- Total 27,47,816 SRH services provided to young people in the ages 10-24 years.
- 145,522 abortion services were accessed by women between ages 15-24 years.
- Reached 54,598 students in Schools/Colleges and 27,130 out of school young people from the communities with complete AEP+ package of information.

- 358 million young people in India between the ages 10-24 years
- Advantage of demographic dividend will depend on how much the country invests in its young
- Young people need access to SRH services
- Services are not accessible, acceptable and equitable for adolescents
- Comprehensive sexuality education or Adolescent Education Plus (AEP+), that is age-appropriate, gender-sensitive and life skills-based, provides young people with the knowledge and skills to make informed choices about their sexuality and lives.



### Capacity Building

- Peer Educators Training Manual was developed and shared with branches based on which branches trained young people as Peer Educators (PE).
- A training programme was organized by a team from IPPF CO and SARO for Youth Volunteers to build capacity on addressing issues around stigma associated with abortion, particularly by young people.
- A three-day training workshop on “Use of Social Media for advocating for Sexual and Reproductive Health and Rights was conducted for 20 youth volunteers from 15 branches focusing on strengthening skills of youth volunteers to use the social media.
- Service providers at all clinics are oriented to adolescent health issues particularly SRH issues of the very young adolescents.

### ‘Influence of Law on Young People’s Access to Sexual and Reproductive Health in India’

FPAI India participated in a collaborative research through IPPF-SARO with UNFPA and Coram International on ‘Influence of Law on Young People’s access to Sexual and Reproductive Health in India’. This research study was commissioned to investigate and to learn more about the influence of law and legal norms on young people’s sexual and reproductive rights. Study sites were FPA India Ahmedabad and Bangalore branches.

The study employed a mixed-methods approach to data collection in order to answer these research questions; including a desk-based analysis of law and policy as well as qualitative and quantitative methods of primary data collection and analysis.

FGDs, Individual Interviews and Survey conducted with diverse groups of young people and service providers essentially providing services to young people. Total 16 FGDs and 8 interviews were conducted at Ahmedabad and Bangalore.



### ‘Growing Up is Fun’: Adolescent Education Programme Plus (AEP+)

Using the ‘Growing Up is Fun’ curriculum resource persons trained by branches along with branch volunteers conducted CSE sessions in schools and in out of school settings.

Branches also trained school teachers who may not always conduct sessions formally but help students by clarifying myths and misconceptions. Refresher trainings were also conducted for peer educators who continued conducting sessions particularly for out of school young people. Sensitization meetings with parents and teachers on AEP+ were conducted.

Committees were formed at the branch level comprising of Youth Forum members, parents and teachers to oversee the implementation of the AEP+ plans.

### Skill development

Skill development courses were introduced by branches such as instrument play (Parai), training on Street Theatre, Kaliland Oyil Dance, Short Film Making, Embroidery, Jewellery Making, Drawing, Embroidery (Jari & Jardosi), Woollen work and Bag Making. Other learning activities included basic computer, typing and English speaking courses.

In Mysore, the branch partnered with Magic Bus foundation to identify young people in communities and provide them with vocational training courses. These activities were motivational and helped in building rapport with the community, offering opportunities for young girls particularly to come out of their homes. For out of school young boys and girls these courses were invaluable in building skills to improve livelihood possibilities. Skill development courses also proved to be entry point for CSE sessions since the group already present after a skill development session.

### SRH service sessions in the community

SRH service sessions in the community were organized at places and times convenient for the young people either in clinics or in youth centers.

Before organizing SRH sessions outreach workers and other staff consulted the young people to fix the date and timings of the SRH sessions. Branches used general health services as entry point and then pegged SRH counselling and services, particularly for young adolescents. Strong linkages were established for referral services such as HIV, psychological issues, substance abuse.



### Research findings

- Significant barriers prevent young people from seeking and accessing SRH services in India, some of which relate to the law.
- Several direct legal barriers, including provisions in the Penal Code and other legislation restricts children under the age of 18 from accessing medical services without parental consent, and legislation which imposes significant restrictions on access to abortion services.
- Restrictive socio-cultural norms regarding extramarital sexual activity, legal provisions which establish the age of sexual consent and minimum age(s) of marriage, serve as indirect barriers to young people's seeking of services.
- Lack of facilitative legal provisions that clearly establish when young people are entitled to access services independently and confidentially, or guarantee them access to general services, such as sexual and reproductive health education.

### Choices and Opportunities for Adolescents

With support from the Netherlands government through IPPF, FPA India has been implementing the Choices programme since 2011.

#### Three components of the project

- Improved the availability and quality of health services for young people by increasing health care professionals' awareness about the health needs of adolescents.
- Educated young people about their sexual and reproductive health and about the availability of youth-friendly services
- Advocated for supportive policies to ensure a safe, comfortable, and responsive environment for adolescents to access health services.

### Achievements

- Over a period of five years, the six implementing branches provided a total of 1,110,551 SRH services to young people, which is a 112% increase from the base year 2011.
- Toolkit developed for young people to advocate for CSE with parents, teachers, young people themselves and policy makers.
- Child protection committee established in 4 schools in Ahmedabad and Bangalore. These schools have now got their own Child Protection Policies with teachers and staff trained.

*21 yr old Chinnu (Peer Educator from rural background) got married at the age of 16. She is a victim of domestic violence by her In-Laws. The reason is she had not attained menarche yet. Her parents feared social ostracization and concealed the fact and married her off. Her in-Laws sent her back to her parents place. Chinnu's parents took her to quacks for treatment as a result of which she developed side-effects. She was on the verge of committing suicide. When Panchkula branch organized a service session in the community for adolescents, Chinnu's friend informed her about the services. Chinnu attended the camp and got treatment. She also attended the CSE sessions and understood that some girls do have delayed menarche which most times can be treated. Chinnu at 20 yrs attained menarche. Today she is an active peer educator of the branch.*

#### Geetha (Peer Educator)

*When I enrolled as a peer educator in FPA India I was not aware about SRH issues and I was so hesitant to communicate with others. After the training not only am I confident in communicating but I also talk and advise my peers on contraception. I am a respected member in my area. I am very happy to be a part of FPA India.*

#### Ramaswamy (School Teacher)

*Every Thursday FPA India staff conducts CSE sessions and provide counselling to our school children. This counselling has helped our hostel and school children to share their problems and helped our children to build good rapport with their friends and teachers. I heartily thank FPA India and its staff.*

# ADDRESSING ADOLESCENT FERTILITY PROJECT BARWANI DISTRICT, MADHYA PRADESH SUPPORTED BY UNFPA

## BACKGROUND & INTRODUCTION

**“Right to reproductive health” is a key component of women’s and men’s Reproductive and Sexual Rights.**

More importance is being given to reproductive health of adolescents and youth as they form a large number of our population. According to UNFPA, adolescents are now defined between the age categories of 10-19 years (Early adolescent’s age 10-14 years, late adolescent’s age 15-19 years).

The reproductive health issues especially of those girls of very young adolescents and married adolescents need special attention as most of them are unprepared as they immediately enters into reproductive age from their childhood.



Barwani, a tribal district in Southwest of Madhya Pradesh, is situated on mountain ranges of Satpuda and Vindhyanchal. In Madhya Pradesh, Barwani District ranks second in tribal population with Scheduled Tribe (ST) strength of 67 percent. Low literacy is evident here with 60.6 percent as against State literacy level of 76.9 percent. Similarly, State has average of adolescent girl marriages of about 10 percent, while Barwani has double the ratio, almost 20 percent of adolescent girl marriages.

Low awareness level on contraceptives and its use and tradition of child bearing immediately upon marriage leads to a worrisome trend of adolescent fertility. 70 percent adolescent girls were already mothers or pregnant at the time Annual Health Survey in 2010-11, whereas Madhya Pradesh State average was just above 46 percent. Fertility rate of 4.2 in Barwani was very high when compared with 3.1 in MP

### Project rationale

United Nations Population Funds (UNFPA) in collaboration with Family Planning Association of India (FPAI) launched a pilot, Addressing Adolescent Fertility Project (AFP), in 2010 at Barwani District mainly because of low literacy, high rate of adolescent marriages and high fertility rate.

The project aimed to increase the age at first conception by 1 or 2 years from baseline levels among married women in 15-19 years & to increase the percentage of married couples using spacing methods up to 30%. And to promote care seeking behaviour for RH among Boys & Girls in target group.

To achieve these objectives, the project targeted Married couples in 15-19 years age group who are not using any contraceptive and who have given birth to one child, not using any contraceptive and Unmarried girls/boys (school going and out of school) in 15-19 years age group and their parents.

According to baseline survey by Centre for Operations Research and Training, the mean age at first conception among adolescent couples was found 16.4 years, median birth interval between first and second birth was 22 months.

The study also revealed that only 1.2 percent of the adolescent married couples in 15-19 years age group were using any spacing method of contraception and 63 percent couples in same age group had unmet need for spacing methods of contraception.





## APPROACH

The key strategy of AFP has been to reach out to adolescent couples through Accredited Social Health Activists (ASHAs). The project involved ASHAs as depot holders, counsellors and facilitators in their respective villages.

ASHAs were expected to form village level groups of adolescents, facilitate their meetings and provide counselling to adolescent couples for non-clinical spacing methods of contraception. AFP took initiatives of ASHAs capacity building by making them understand the methods and their importance while also giving courage to talk on this tabooed subject in the community they belong.

The project implemented this project in seven blocks and each blocks, total 900 ASHAs regularly interacted and provided services to around 21,000 adolescent couples and 94,000 unmarried adolescent boys' and girls' in 714 villages of the district.

ASHAs regularly visited married adolescent couple's homes and conducted separate meetings with adolescent boys and girls to provide information and counselling related with reproductive health and FP.

Robust monitoring and reporting system was put in place and it consolidated ASHA Monthly Activity Report (AMAR) from village to cluster to block to district level in form of District Monthly Progress report. FPA India/UNFPA official's regularly made monitoring visits and conducted quarterly review meetings.

To ensure larger publicity and raise awareness on adolescent fertility and related issues amongst target population & stakeholders, appropriate communication material (IEC) has been developed & used by the project.

## SUCCESSSES

ASHAs' struggles played key role in achieving impressive results. More so, because they belong to same community that traditionally believes in adolescent marriages and fertility.

ASHAs remained in the project despite various hurdles. Their endurance facilitated a change in them, some of them are; responding communities' ire with humility helped in anger management, acquiring tact of interaction and gaining factual knowledge helped talk with confidence.

The knowledge and confidence acquired during AFP has boosted leadership quality in them. They now consider self as an important entity of the village. Communities recognize ASHAs' elated personality and the useful change they brought in village.

ASHAs have imbibed more egalitarian beliefs. Increase in their knowledge, improvement in behavior, better working style, more outreach in population and established reputation in village did not go unnoticed in domestic front as well.

Ways family treated ASHAs have changed; for example, elders expecting them to give priorities to domestic chorus now ask them to first focus on work assignments.

**To ensure larger publicity and raise awareness on adolescent fertility and related issues amongst target population & stakeholders, appropriate communication material (IEC) has been developed & used by the project.**







## KEY CHALLENGES

ASHAs encountered difficult, inaccessible and interior villages; ignorance on adolescence related health issues, aversion and misconceptions on FP, spacing methods, lack of knowledge among ASHAs about contraceptives as they hail from same population where the subject is treated as taboo and considered obscene to talk about it.

Couple, once married, has pressure to have children soon, or else wife faces taunts of being infertile. Couples and elders long for early children and then opt for female sterilization.

When AFP introduced non-clinical contraceptives, misconceptions emerged for each of them. Naming contraceptives like condom and intra uterine device (IUD) invited communities' ire as they termed it all as obscene. The project encouraged ASHAs to counter the reluctance and aversion with endurance and humility till community recognizes its importance.

Dynamics of ASHAs being female has sometimes worked adversely while addressing males. Several adolescent boys and husbands were shy, hesitant and uncomfortable on this. In line with community, even ASHAs considered it obscene to talk on contraceptives and child spacing methods. ASHAs took up the challenge against all odds to successfully carry the message to community.

During the course, ASHAs were empowered in term of additional knowledge, diverse skills and boosted confidence. This empowerment of ASHA's is an unintended outcome of the project.



## WAY FORWARD

- Introduce child spacing methods in region lacking its awareness and usage, more in villages as it would help in increasing acceptance; reaching out to population not addressed.
- Advocate with panchayat and take up the issues in gram Sabha's
- Address several socio-cultural hurdles that may be in future lead to more acceptability.
- Start recruiting males in the project to address men's issues as it makes it easier for ASHAs facing reluctance.
- Address misconceptions on contraceptives that impart scare for their usage would help increasing outreach.



# HIV & AIDS



The National AIDS Control Programme (NACP) Phase-IV (2012-17) of Government of India was launched to reduce new infections and to provide comprehensive care and support to all PLHIV and treatment services for all those who require it.

The National AIDS Control Programme (NACP) Phase-IV (2012-17) of Government of India was launched to reduce new infections and to provide comprehensive care and support to all PLHIV and treatment services for all those who require it.

The programme succeeded in reducing the estimated number of annual new HIV infections in adults by 57% during the last decade through scaled up prevention activities. Wider access to ART has resulted in a decline of the estimated number of people dying due to AIDS related causes. Although decline in HIV prevalence was seen among sex workers, injection drug users (IDU) and transgender people (TG) continue to be at high risk.

FPA India's decades of dedication and commitment contributed to the reduction of HIV prevalence in the country.

Demonstrating through special project interventions, FPA India went on from value clarification for eliminating stigma and discrimination against PLHIV among volunteers and staff to integrating services, co-opting a sero-positive person at the Branch Executive Committee and expanding its stigma free SRH services to key population groups such as MSM, TG, Sex Workers, People Using Drugs to high risk groups like single migrants, truck drivers/cleaners and People Living with HIV.

## Prevention

### Voluntary Counselling and Testing Services

Out of 44 Branches and Projects of FPA India 41 Branches/Projects provide voluntary counselling and testing services of which 33 are recognised as ICTC. Total 88,466 persons were tested for HIV and received counselling and other care, support services in 2015.

### Targeted Intervention Projects

17 projects focusing on different key population and high risk groups such as sex workers, people using drugs (PUD), men having sex with men (MSM), transgender people (TG), single migrants, truck drivers/cleaners. More than 100,000 key population and high risk groups were contacted and provided HIV continuum of care services.

### Prevention of transmission of HIV from Mother to Child

6 branches implemented a two year project reaching out to 6,388 pregnant women including women and girls in the reproductive age group. Project end evaluation findings highlighted that the efforts led to enhanced relationships with stakeholders (both government and networks of PLHIV) and client satisfaction due to FPA India services at heavily subsidized rates in a non-judgmental and non-discriminatory fashion.

### Cervical/Breast cancer screening among women living with HIV and sex workers

Awareness programs and early detection and screening camps for women were conducted through CBOs and networks in their respective areas.

## Treatment & Care

**Suraksha project** in Trivandrum branch supported by Kerala State AIDS Control Society (KSACS). They provided STI/HIV services to over 800 Injection Drug Users. During the year, 200 IDUs were registered for Oral Substitution Therapy (OST) and fifty IDUs continued the service.

**Care and Support services** in Madurai branch registered 1446 clients to provide 4675 counselling services by the counsellors & peer counsellors. 945 clients who had discontinued ART for various reasons were contacted and reverted back to ART. 1392 members were linked to and benefited from various social welfare schemes.

**Nitya Jeevana project** in Bellary branch coordinated with HIV Positive People Network and Karnataka Labour Welfare Board(KLWB) and conducted health sessions for the network members and construction workers. Bellary is one of the fully supported Integrated Counselling and Testing Centre supported by Karnataka State AIDS Prevention Society(KSAPS). The Dried Blood Spot (DBS) testing for early detection of HIV infection among infants born to HIV-infected mothers as early as six weeks of age is also done at this centre.

## Stigma & Discrimination:

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## Stigma & Discrimination

### 'Shadows and Light' project

Supported by German Backup Initiatives (GIZ) through IPPF the project focused to reduce stigma and discrimination towards key population groups and to improve the linked sexual and reproductive health and HIV needs of these key populations.

Over a three-year project FPA India reached out to transgender people in Bangalore, Chennai, Mumbai and Hyderabad. This project was recognized in the GIZ Gender Prize 2016 competition for its gender transformative approach to sexual and reproductive health (SRH) and HIV services for all, including women and girls, men and boys, and anyone perceived to be outside of the norms that constitute what are 'feminine' and 'masculine', including lesbian, gay, bisexual, transgender and intersex people.

### Linkages

FPA India built the capacity of 60 women representatives of National Coalition of PLHIV in India (NCPH+) – a network of people living with HIV. FPA India staff members participated in a number of advocacy programs to highlight the issues faced by Transgender people. In Trivandrum, the staff and the peers participated in a rally with Public Speaking organized by the "Cure Pride Kerala" with slogans like withdraw IPC 377, "My body my right" and "My sexuality my right".

NACO has invited FPA India along with IPPF-SAR as Technical partners to share their HIV work with special reference to the work carried out in Nagaland addressing the SRH needs around harm reduction and how they reached to female drug users and partners/spouse of people who inject drugs. South to South Learning: A 6-member team from IPPF Central Office, African Regional Office, two Africa MA's – DRC and Malawi and IPPF – SAR visited Hyderabad and Mumbai Branches in October 2015 as part of Africa and South Asia South to South learning on eMTCT.

## Observation of World AIDS Day/Week

World AIDS Day was observed by all the branches and projects focusing on youth. Health sessions specially for people living with HIV and key population groups, Rallies, street plays were conducted at all the locations. All the branches/projects conducted a session on HIV workplace policy also to orient the new staff and volunteers. All the branches/projects have a member living openly with HIV in their branch executive committee.



## Born Free of HIV

*Janaki (name changed) is a 22-year-old HIV-positive woman from Hyderabad. She came to the FPAI SRH camp with light bleeding and Lower Abdominal Pain (LAP), when she was pregnant with her first child. After the interaction with the counsellor, Janaki and her husband were asked to do the HIV test and both of them were found to be HIV-positive. Janaki was worried that the baby will also be positive. After regular counseling for the couple, Janaki decided to continue with her pregnancy. She was registered for ART treatment. The eMTCT Project Peer Educators regularly provided the follow-up support for Janaki. The nutrition support also helped to increase her Hb count due to which she and the baby both gained weight.*

*Janaki delivered a male child at the government hospital. The child is now seven months old and completed its first HIV test, with a negative result. Janaki says "I was completely broken when I saw my HIV test result. I was a little scared when I took my child for HIV testing. But now I am happy that my child is negative".*



## Community-Led Follow-up Intervention

*Savitha (name changed) is a 27-year old HIV-positive woman from Solapur. Savitha was tested when she got pregnant, at the age of 23. Both Savitha and her husband tested positive. Her child is negative. Savitha is on ART treatment for the last three years. Savitha was introduced to the FPAI program by the ART counsellor when FPAI was looking for outreach workers for the eMTCT project. She was recruited as a Mother-to-Mother Peer Educator.*

*After becoming a part of the eMTCT project, Savitha took up a challenge and decided to assist all other positive mothers and their children. Savitha proudly says that she has aided 54 ANC cases in the last 2 years, and all of them had healthy babies. Savitha decided to provide assistance to all the ANC cases of the project voluntarily even after the end of the project period.*

*Savitha recommends that FPAI should continue the eMTCT project, and add an intervention for children who are infected and affected by HIV. These children need nutrition and education support, as most of their parents are ill. Some of these children are living with their aged grandparents.*

*Savitha says “This project has given me lot of courage and encouragement, and I want to be a role model for all the mothers who have got HIV infection from their husbands. This project was very successful as this was Community Led Follow-up Intervention,” she adds.*







# CAPACITY BUILDING



Total of 23 training courses were conducted in 2015. 394 individuals were trained on various topics - basic counselling skills, family planning, advocacy, sex & sexuality counselling, comprehensive sexuality education, leadership & management, male involvement in SRH, meeting needs and rights of survivors of gender based violence, counselling in trauma, guilt & self-esteem and use of social media.

The course on "Counselling for Children" was introduced for the first time in the project which received good response. Participants were from various NGOs across states in India.

Trained participants were tracked to see the effectiveness of training three months after each course. They were contacted through telephone, social media and emails. The post training tracking revealed that participants are utilizing the skills and knowledge acquired in courses. Several trainees returned to FPA India to twice or thrice for attending different courses. From 2016 onwards training will be offered at the state level such as in Lucknow, Bhopal, Ranchi, Mumbai, Raipur and Patna.

## HUMAN RESOURCE DEVELOPMENT FOR SEXUAL & REPRODUCTIVE HEALTH CARE SERVICES

FPA India headquarter has been implementing a project 'Human Resource Development for Sexual & Reproductive Health Care Services' supported by Tata Trusts. It aims at building capacities of civil society organisations providing sexual & reproductive health services.





*“Counselling role plays made me to find gaps in counselling and practice skills”*

*Ms. Eshita Gala, Counsellor CCDT, Mumbai*

*“I was hesitant in knowing about sexuality and counselling but now after attending the course I am more confident and open to listening to the sexual issues of clients”*

*Sr. Jeya Kodi, Asha Sadan Social Centre, Vasco*

*“The course on Counselling for Children was unique”*

*Dr. Atul Dhage, Psychiatrist, Regional Mental Hospital, Ratnagiri*

*“FPA India focuses more on skills in their training courses. I have been part of courses and conducted sessions on counselling subjects. The training team provide adequate reading material to participants which helps them to understand skill and knowledge component together. Thanks to FPA India for giving opportunity to serve people”*

*Dr. Dinu Mathew, Director, Parivartan Charitable Trust.*



*Dr. Kalpana Apte, Mr. Abhijeet Pathak, Programme Specialist, Abortion, Mr. Manish Mitra, Programme Specialist, Adolescent, IPPF-SARO and Ms. Amita Dhanu with Peer Educators*



### Exchange Visits

Rajsamand district in Rajasthan has an ongoing innovative program of introducing an injectable, called Khushi Depo, to expand the basket of contraceptive choices in the public health system from 2013. In January 2015 Dr. Manisha Bhise, Assistant Director – Access, FPA India and Mr. Anandpal Singh, Branch Manager – Jaipur branch visited the district to understand the program approach, strategies, scale, challenges and users’ perspective. In August 2015, Hyderabad branch visited Agra Branch to understand the activities of the branch especially of young people and the static clinic.

### Reference Module on Sexual and Gender Based Violence for FPA India Health Care Providers

The purpose of the module is to equip the health care provider: (a) with an overview of SGBV through core concepts and theories, information on relevant human rights and related provisions, and legal protections available in Indian context; and (b) with a set of guidelines to address issues of SGBV in their day-to-day work.

### Training on Advanced HIV Counselling Skills

FPA India – Headquarters had organized a ‘custom made’ two-day programme on Advanced HIV Counselling Skills for Reliance Hospital (earlier Harkishandas hospital). In total 22 health care providers attended the two training program in November 2015.

### Capacity Building by Regional Technical/Training Centres (RTC)

Regional Technical Centre (RTC) -Bhopal has continued to conduct orientation sessions on HIV and linkages with other issues for key populations groups such as sex workers and MSM. In 2015 workshops were conducted for peer educators and anganwadi / community workers separately on SRH and management.

The RTC has translated two modules (i) Comprehensive Sexuality Education and (ii) Global fund for finance and budget management in local language – Hindi. The RTC is the lead agency for Advocating Reproductive Choices (ARC) Madhya Pradesh State Chapter.

Regional Training Centre (RTC) – Hyderabad conducted orientation sessions for colleges and nursing institutions including local NGOs. In 2015, 300 students have undergone sessions on different issues – functioning of National Health Mission, Reproductive and Child Health, Family Planning and HIV.





# KNOWLEDGE MANAGEMENT



ACQUIRING  
CREATING  
APPLYING  
PRESERVING  
SHARING  
MOVING TOWARDS  
IT ENABLE SYSTEM

In order to move towards an IT enabled integrated management system under IPPF, FPAI participated in the IPPF SARO led IMS Consultation workshop in Bangkok in 2015. The focus was on managing and using the three main existing computerised programmes effectively – at the clinic level (eCMIS) electronic clinic management information system, reporting system (District Health Information System), and Branch Performance Tool and Information Management Systems Initiatives.

IPPF-SARO has taken the initiative in developing an IT enabled reporting system – DHIS 2, for the entire region. The system was pilot tested at FPA India at 6 branch locations – Agra, Ahmedabad, Mumbai, New Delhi, Pune and Solapur. Two representatives from each of these selected branches were trained in the use of DHIS. Through this system data will be entered at the Unit-wise SDP level. This system will improve data quality and increase efficiency in data utilisation.

## Research

### **Understanding the sexual and reproductive health needs of young persons with disabilities**

FPA India initiated a study through a grant from IPPF-SARO, to understand the sexual and reproductive health needs of young PWDs in India. The study was focussed on persons with sensory disability (sight and hearing disabled). The specific objectives taken of the study were to: a) identify the SRH information and service needs of young PWDs; b) identify barriers to accessing SRH care and information, and c) map sources of SRH information and provision of services specific to their needs

This exploratory study was conducted in Mumbai among young PWDs between 18-24 years of age who have seeing and hearing difficulties of varying intensity. Seven institutions for sight and hearing disabled were selected to part of the study. From the selected institutions, the respondents were selected by purposive sampling. A sample of 106 young sight and hearing disabled were taken for this study. Both quantitative as well as qualitative methods of data collection were used.

## Key Findings

- Sexual and reproductive health needs of PWDs are similar to those of all young people.
- Specific and comprehensive knowledge on SRH issues was lacking - about pregnancy, abortion, contraception and emergency contraceptive pills.
- The main source of information is from friends and relatives, mainly parents. While boys mainly received information from friends, girls received from parents. Educational institutions played little role in providing SRH information. They wanted to know more about virginity, pregnancy, etc. They preferred to have a doctor or expert to provide them with knowledge.
- There was apathy shown by the representatives of the institutions in providing scientific information on SRH.
- Majority of the hearing disabled felt that disabled persons face more abuse than able persons.
- PWDs faced economic barriers to complete the desired level of education and in accessing health care.
- Majority of the disabled used private health care facilities.
- Parents of sight and hearing disabled persons felt that it is more important for their children to get well paid jobs rather than any other SRH information or their disabled children's marriage.

## The Bhiwandi Empowerment Model

Recognising women's empowerment as the single most influential factor in contraceptive acceptance, a community participation approach was adopted by FPA India directed towards women's development in achieving reproductive health-related objectives. One such approach was in the Women's Development Project implemented in Bhiwandi block of Thane district in Maharashtra, in 1983.

The project covered 70 villages and five slum areas in Bhiwandi city with a population of over 75,000. The main goal of the project was to help the community reach a level of self-sustenance

and self-reliance in women's development and family planning. FPA India conducted a retrospective qualitative study of the project 20 years after its closure to understand the community transformation processes of community participation at Bhiwandi.

The findings reveal that the project went way beyond its scope and led to holistic empowerment among women that positively affected their position in their households as well as in the communities.

The empowerment went beyond just decision-making and choices for women, and included activism, development, and therefore overall improvement in their quality of life. The key to this was the formation and sustenance of strong women's groups (mahila mandals) in each project area. Women moved from a position of powerlessness to powerful positions and actions - registering the mandals, starting income generation and increasing their net worth with bank accounts, establishing their own bank and ration shop and also raising money to establish the FPA India clinic at Bhiwandi and call it the mahila mandal clinic.

This model shows the change which occurs at the individual level moves towards a group level and then at the community level with assets and opportunities flowing in.

## Review of Gender Based Violence and Service provision in Ahmedabad

FPA India conducted a qualitative research study on Gender Based Violence (GBV) to: a) assess the extent of GBV and types of violence, b) understand the mechanisms adopted by survivors in seeking assistance and c) identify health care facilities for management of GBV (including counselling) and ascertain gaps in the service delivery system. The study was conducted in the operational area of FPA India Ahmedabad branch.

The key findings showed that GBV exists in the society at all levels. GBV survivors revealed that they received support from parents and neighbours. Survivors who had influence with the panchayat leader (Sarpanch) could get legal support while for others the support was not extended suggesting them to behave properly in the family. GBV survivors sought treatment for bruises, cuts, etc. from a health facility. Majority of women are not aware of the availability of various support systems (police helpline, shelter home, legal support, etc.).

The study recommended integration GBV specific messages in all the IEC programmes undertaken by FPA India, strengthening referral network, improving tracking system, advocating engaging men in reproductive health care and imparting comprehensive sexuality education for young people both in school and at community level.



### Client feedback

Client exit interviews at the clinics shows that overall 93% of the respondents were satisfied with the services received from FPA India. About two-third of the respondents expressed that the waiting time at the clinic to receive a service was just ok or too short.

During the waiting time, the clients were engaged in talking with other clients and/or saw posters on the wall and/or reading health related leaflet/brochure. The respondents expressed that the reason for choosing FPA India clinic to receive the services is because it provides high quality services at affordable cost.

Almost all the respondents (97%) agreed that they were counselled and advised in privacy. Some aspects liked by the respondents were: friendly environment, adherence of no refusal policy, free service for poor client, non-judgmental counselling, privacy & confidentiality of information shared, availability of experienced Doctor, availability of required information on wall painting, post-operative care, quick service, and emotional support.

As reported by the respondents they chose the clinic because it provides high quality service at affordable cost and/or the clinic is recommended by Govt. health workers / friends / neighbours. They also gave suggestions for improvement such as having ambulance, canteen facility, recreation facilities, and so on.

### Publications in 2015

2014 Annual Report of FPA India  
Journal of Family Welfare December 2014 issue  
Newsletter ASPIRE  
Medpulse





## HONOURS & RECOGNITION



"SILVER ELEPHANT" highest National Award of the Scout Guide Movement in India received from President of India at New Delhi by Sri.K.Thimmaiah, President, Raichur Branch, he is also the Chief Commissioner of Bharath Scouts and Guides Raichur District



Prof Dr. Shrikant Yelegaonkar honorable National Vice-President FPA India being conferred the "Mrutunjay Sahitya Puraskar" for his book entitled "Solapurche Swatantrya Ladhyatil Deepstambh" by GADIMA Pratishtan, Pune & Maharashtra Kamgar Sahitya Parishad



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**Mr. Umesh Aradhya,**

President FPAI, has been nominated by the Appointment Committee of the Cabinet, to the post of Member of the National Commission for Protection of Child Rights, New Delhi for the period of 3 years. The President will be specifically looking into issues related to sexual offences against children and the Right to Education.

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**Shri K. Thimmaiah,**

President FPAI Raichur Branch, received the highest National Award "Silver Elephant" from the President of India on December 8, 2015. He is also the Chief Commissioner of Bharat Scouts & Guides Raichur District.

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**Mrs. Freny Tarapore,**

Vice President FPAI, received 'Woman of the Year Award' from Zonta Club of Bombay III, on 15th March 2015.

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**Prof. Poornima George,**

Hon. Treasurer FPAI, has achieved 100% results in her school at Bidar.

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**Prof. (Dr.) Shrikant Yelegaonkar,**

Vice-President FPA India, was conferred the "Mrutunjay Sahitya Puraskar" for his book entitled "Solapurche Swatantrya Ladhyaatil Deepstambh" by GADIMA Pratishtan, Pune & Maharashtra Kamgar Sahitya Parishad on 7th Oct. Prof. Yelegaonkar has also been unanimously elected as President of Deshastha Rugvedi Brahmin Shikshonottejjak Sanstha, Solapur, for the period of 5 years.

**Prof. (Dr.) U. Natarajan,**

CEC Member, having completed 30 years of service as a Professor in G.T.N. Arts College, Dindigul is appointed as the Vice-Principal for self-supporting courses, on the day of his Superannuation, considering his commitment and dedication.

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**Mrs. Madhura Ashok Kumar,**

President Bangalore Branch and CEC Member, was honoured by Ravikiran Prathishtana the "Kannada Spoorthi" Prashasti on the occasion of Rajyotsava celebrations. She has been nominated as Deputy Director Communication for All India Council of Human Rights, Liberty and Social Justice, New Delhi. She was conferred "Ammma Award" by Women & Child Committee, Bangalore and "Kayaka Yogi Award" by Sathya Sai Trust.

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**Mr. Ashok Kumar Samantaray,**

Branch Manager, Bhubaneswar Branch, has been selected as a Member of Governing Body of Rogi Kalyan Samiti, Capital Hospital, Bhubaneswar, for a period of two years.

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**Prof. Veerendra Simpi,**

Past President Bidar Branch, received the Rajyotsava Prashasti Award on 1st November 2015 at Bangalore by Chief Minister of Karnataka Govt.

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**Prof. G. K. Khadabadi,**

President Belgaum Branch, has been selected as Advisor Committee Member for Belagavi Smart City on 20th November 2015. He has published a book on

"Moodh Nambike Mattu Vaicharik Manobhav" on November 8, 2015 and has been awarded "Sirikannada Rajyotsava Prashasti" at Kumar Gandharv Rang Mandir, Belgaum on 29th Nov 2015.

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**Prof. Anant A. Khanolkar,**

Vice President, Belgaum Branch has been elected Member of the Governing Board Council of SKE Society, RPD & GSS College, Belgaum on August 12, 2015.

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**Shri Chandrakant Rajmane,**

Member, Belgaum Branch, has been elected as President, Rotary Club of Venugram, Belgaum for the year 2015-2016.

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**Shri D. B. Patil, Member,**

Belgaum Branch, has been elected as Secretary of Rotary Club of Venugram for the year 2015-16.

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**Shri S. V. Dixit, Member,**

Belgaum Branch, has been elected as Assistant Dist. Secretary of All India BSNL Pensioners Welfare Association on October 9, 2015.

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**Dr. B. G. Halgekar,**

Governing Board Member, Belgaum Branch, was awarded Indian Medical Association National President's Award for the year 2014-15 for his work towards IMA regarding Bio-Medical Waste and other activities of IMA.

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**Smt. Nagratna S. Ramgouda,**

Co-opted Member, Belgaum Branch, received the Best Social Worker Award by Jain International Trade Organization (JITO) on January 1, 2015. She was honored "Baba Saheb Amte Award" by Giants Group, Belgaum on May 8, 2015.

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**Bellary Branch** was honored by the District Health and Family Welfare Department, for their contribution towards Family Planning programme. On behalf of the Branch, Shri T. G. Vithal, Member on the Adhoc Committee was felicitated in the programme organized by Dist. Health and Family Welfare Dept. on the occasion of World Population Day 2015.

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**Dr. Kamalie Sripal,**

Vice President, Chennai Branch was bestowed the WLA Writing Award by "The Hindu & Maalai Malar" News Paper in March 2015.

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**Dr. Vatsala Narayanaswami,**

Past Vice President, Chennai Branch, was bestowed the Best Educationalist Award for women by Tamil Manila Congress and Humor Club in March 2015.

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**Dr. S. Venkatasubramanian,**

Hon. Secretary, Chennai Branch, was awarded by "Sevabharathi Tamilnadu" Tambaram, for participating in the International Yoga week conducted in June 2015.

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**Dharwad Branch** received the Certificate of Appreciation for leadership in organizing Arogya Prerana during Development Dialogue 2015 by Deshpande Foundation, Hubli.

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**Mr. Lingaraj Niduvani,**

Youth Member, Dharwad Branch, was awarded the prestigious "Salu Marad Timmakka Award 2015" on March 18, 2015, by Salu Marad Timmakka International Foundation for his excellent work in villages on 'Save the Environment'. He has also received the "Awwa Award" for educating children about environment & cleanliness in schools.

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**Mr. Rakesh Rathore,**

BEC Member, Jabalpur Branch, has been elected as Member of the Executive Body of Institution of Engineers (India M.P. State Center from Civil Engineers Division).

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**Dr. Chinmoy K. Bose,**

President, Kolkata Branch, has been selected as a subject Expert in Oncology in the Subject Expert Committee of CDSCO, Dept. of Health and Family Welfare, Government of India, in 2015.

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**Kalchini Branch** has received the letter of Appreciation from Block Medical Officer of Health (BMOH) - Kalchini Block, Madarihath Block and Kumargram Block, Govt. of West Bengal, for outstanding and quality based Tubal Ligation camps and NSV held in July 2015.

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**Madurai Branch** has received the Best Achiever Award in Family Welfare Program for the year 2012-14, from the Government of Tamil Nadu in 2015.

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**Dr. Mylahalli Revanna,**

Vice President, Mysore Branch, was awarded by Karnataka Janapada Academy on 29th December 2014, for "Janapada Gaade Mattu Oगतugalu" Book released in the year 2012.

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**Prof. H S Harishankar,**

Hon. Treasurer, Mysore Branch, was felicitated by Purandara Peetha on 17th January 2015. He was also honored by the Pragathi Para Sahithya Parishath, Davangere District.

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**Mr. Parashuramiah,**

BEC Member, Mysore Branch, was congratulated by the BEC for his efforts to restart the Anna Antyodaya Yojana by State Food Govt. He was also congratulated for approaching the State Government for sanctioning the monthly pension of Rs.700/- to the Children Living with HIV in the state.

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**Female Sex Workers Project Unit 2**

**Kalyan** was adjudged as the best Target Intervention Project for the year 2015-16 among the 46 Target Intervention Projects in Thane by the District AIDS Prevention and Control Unit (DAPCU) of Maharashtra State AIDS Control Society and the Civil Hospital Thane. The Project being implemented by the Thane District Project, FPA India Mumbai Branch was given a Memento and a Certificate on

December 1, 2015 on the occasion of the World AIDS Day.

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**Mrs. Shyamala Desai,**

Honorary Secretary, Pune Branch, received an Award on the occasion of World Environment Day at the hands of Honorable Mrs. Pratibha Patil, Ex-President of India, on 5th June 2015 for doing "Social Work in Environment".

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**Dr. Vivek D. Billampelly,**

Former Vice President, Pune Branch, received Life Time Achievement Award at the hands of Honorable Mrs. Pratibhatai Patil, Ex-President of India for holistic given to patients and medical awareness programmes for the society.

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**Ms. Pushpa Shetty,**

Vice President, Shimoga Branch, was elected as President of Sharavathi Women's Association on August 10, 2015 and as Trustee Shimoga Marikamba Microfinance on 20th September 2015

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**Ms. Jayalakshmi Chandrasaha,**

Treasurer, Shimoga Branch, was elected as President JCI Bhavana, Shimoga, on 21st November 2015.

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**Ms. Surekha Muralidhar,**

EC Member, Shimoga Branch, was elected as Trustee Shimoga Marikamba Micro Finance on 20th September 2015.

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**Prof. Dr. (Mrs) Rajani Dalavi,**

BEC Member, Solapur Branch, was honoured by National level Veerangana Savitribai Phule Puraskar, Delhi, on 5th September 2015 for her enthusiastic work in Sports.

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**Prof. Dr. Nabha Kakade,**

Hon. Secretary, Solapur Branch, was appointed as the District President of Anhashraddha Nirman Samiti in January 2015. She was also awarded the Best Social Worker Award by Vinatai Surana on 25th December 2014.

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**Dr. Madhukar Lokhande,**

Vice President, Solapur Branch, was elected as the President of Jain Senior Citizen Organization on 16th January 2015.

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**Dr. (Mrs) Madhuri Valvekar,**

Vice President, Solapur Branch, received the Indo-Nepal Shiromani Award from Global Achievers Foundation, Nepal, on 11th April 2015.

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**Dr. Mrs. Rajani Dalvi,**

Executive Member, Solapur Branch, presented a Paper on 'Impact of Globalization on Sport Issues & Challenges' in the Third International Conference organized at Malaysia from January 23 – 26, 2015.

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**Prof. Dr. B N Kamle,**

Executive Member, Solapur Branch, was awarded the Best Program Organizer for Road Safety Campaign by the Maharash-

tra Chief Minister - Mr. Devendra Fadnavis on 1st January 2015.

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**Shri U. Damodar,**

Patron and Former Secretary of South Kanara Branch, was felicitated "Yaksha Chethana Award" on 22nd November 2015 for his meritorious service in the field of Yakshagana.

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**Dr. Saroj Jain,**

Consultant (Doctor), Sagar Project, was awarded Sagar Jain Ratna Award on 30th October 2015.

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**Yamunanagar Branch** was nominated by the Integrated Child Development Services (ICDS) Department as coordinating agency on the campaign "Beti Bachao Beti Padhao" started by Hon'ble Prime Minister Narendra Modi. The President of the Branch was honored by the Additional Deputy Commissioner of the District, on 19th January 2015 for the work done by FPAI, during an awareness programme on "Save Girl Child", organized by the Guru Nanak Girls College.

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**Ms. Reshma Rathod,**

from Headquarters was awarded the Maharashtra State Certificate in Information Technology (MS-CIT) in August 2015 by the MSB of Technical Education, Mumbai. She has also received a certificate for participating in the 4th State Women's Football Championship organized by Krida Vikas Sanstha, Nagpur and a Certificate of Appreciation from Oscar Foundation on 21st September 2015.



# SERVICES PROVIDED

NUMBER OF CLIENTS, SERVICES AND REFERRALS PROVIDED  
DIRECTLY THROUGH FPA INDIA CLINICS AND OUTREACH

SERVICE CATEGORY	NO. OF CLIENTS	NO. OF SERVICES	NO. OF REFERRALS
CONTRACEPTIVES	10,49,352	23,76,539	4,503
ABORTION	35,228	1,45,522	2,749
HIV/AIDS	1,81,586	7,32,447	22,940
STI/RTI	1,55,025	5,72,091	17,914
GYNAECOLOGICAL	1,27,992	5,61,743	6,829
UROLOGICAL	24,015	76,002	238
INFERTILITY	12,262	32,982	1,175
OTHER SRH	1,10,703	4,95,115	1,310
NON-SRH	2,45,756	7,43,835	903
OBSTETRICS	1,40,946	6,41,040	24,481
SPECIALISED SERVICES	94,857	1,62,855	160
PAEDIATRICS	2,09,263	6,88,910	9,525
<b>TOTAL</b>	<b>23,86,985</b>	<b>72,29,081</b>	<b>92,727</b>

# ACRONYMS

<b>ASHAs</b>	Accredited Social Health Activists	<b>CO</b>	Community Organizer
<b>AFP</b>	Addressing Adolescent Fertility Project	<b>CBDs</b>	Community Based Distributors / Services
<b>AEP+</b>	Adolescent Education Plus	<b>CBPs</b>	Community Based Providers
<b>ARC</b>	Advocating Reproductive Choices	<b>CSE</b>	Comprehensive Sexuality Education
<b>AMOGS</b>	Association of Maharashtra Obstetrics and Gynaecological societies	<b>CSO</b>	Civil Society Organisation
<b>ANM</b>	Auxillary Nurse Midwife	<b>CSR</b>	Corporate Social Responsibility
<b>ASHA</b>	Accredited Social Health Activist	<b>DHIS</b>	District Health Information Software
<b>AMAR</b>	ASHA Monthly Activity Report	<b>DMPA</b>	Depot Medroxy Progesterone Acetate
<b>APRCEM</b>	Asia Pacific Regional CSOs Engagement Mechanism's	<b>DBS</b>	Dried Blood Spot
<b>AYUSH</b>	Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy	<b>eCMIS</b>	Electronic Clinic Management Information System
<b>BMTC</b>	Bangalore Metropolitan Transport Corporation	<b>eMTCT</b>	elimination of mother to child transmission
<b>BRICS</b>	Brazil, Russia, India, China and South Africa	<b>FICCI</b>	Federation of Indian Chamber of Commerce and Industry (FICCI)
<b>CAC</b>	Contraceptive Abortion Care	<b>FGDs</b>	focus group discussion
<b>CBPs</b>	Community Based Providers	<b>FPA</b>	Family Planning Association
<b>CNS</b>	Citizen News Service	<b>GBV</b>	Gender Based Violence
		<b>GIZ</b>	German Backup Initiatives
		<b>GCACI</b>	Global Comprehensive Abortion Care Initiative

<b>HIV</b>	Human Immunodeficiency Virus	<b>MLA</b>	Member of Legislative Assembly
<b>IAPPD</b>	Indian Association of Parliamentarians for Population and Development	<b>MOGS</b>	Mumbai Obstetrics & Gynaecological Society
<b>ICPD</b>	International Conference on Population and Development	<b>MoU</b>	Memorandum of Understanding
<b>ICTC</b>	Integrated Counselling and Testing Centre	<b>MP</b>	Member of Parliament
<b>IDUs</b>	Injecting Drug Users	<b>MSM</b>	Men who have Sex with Men
<b>IEC</b>	Information Education and Communication (IEC)	<b>MTP</b>	Medical Termination of Pregnancy
<b>IPPF-SAR</b>	International Planned Parenthood Federation – South Asia Region	<b>MVA</b>	Manual Vacuum Aspiration
<b>IPC</b>	Indian Penal Code	<b>NACP</b>	National AIDS Control Programme
<b>IT</b>	Information Technology	<b>NIMA</b>	National Integrated Medical Association
<b>KLWB</b>	Karnataka Labour Welfare Board	<b>NCPI+</b>	National Coalition of PLHIV in India
<b>KSACS</b>	Kerala State AIDS Control Society	<b>NGOs</b>	Non-governmental Organisations
<b>LW</b>	Link worker	<b>NSVs</b>	No Scalpel Vasectomy
<b>MCH</b>	Maternal and Child Health	<b>OST</b>	Oral Substitution Therapy
<b>MDG</b>	Millennium Development Goals	<b>OT</b>	Operation Theatre
<b>MA</b> s	Member Associations	<b>PCPNDT</b>	Pre-Conception and Pre-Natal Diagnostic Technique
<b>MoHFW</b>	Ministry of Health and Family Welfare	<b>PE</b>	Peer Educator
		<b>PLHIV</b>	People Living with HIV/AIDS

<b>PFI</b>	Population Foundation of India	<b>UFWCs</b>	Urban Family Welfare Centres
<b>PC</b>	Project Coordinators	<b>UN</b>	United Nations
<b>PUD</b>	People Using Drugs	<b>UNAIDS</b>	United Nations Programme on HIV/AIDS
<b>RTC</b>	Regional Technical/Training Centres	<b>UNFPA</b>	United Nations Population Funds
<b>RHFPC</b>	Reproductive Health and Family Planning Centre		
<b>RMNCH+A</b>	Reproductive, Maternal, Newborn, Child and Adolescent Health		
<b>SDGs</b>	Sustainable Development Goals		
<b>SDPs</b>	Service Delivery Points		
<b>SETU</b>	Services, Education and Training Unit		
<b>SG</b>	Secretary General		
<b>SHGs</b>	Self-Help Groups		
<b>SARYN</b>	South Asia Regional Youth Network		
<b>SRH</b>	Sexual Reproductive Health		
<b>SRHR</b>	Sexual and Reproductive Health and Rights		
<b>SDGs</b>	Sustainable Development Goals		
<b>TG</b>	Transgender		





CLINIC

Republic of the Philippines  
Department of Health  
National Planning Commission

REPUBLIC OF PHILIPPINES  
NATIONAL PLANNING COMMISSION  
Department of Health

# ALL INDIA COUNCIL 2015-2017

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DR. BIPIN PANDIT  
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DR. MANISHA BHISE

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SECRETARY GENERAL

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SR. ASST. SECRETARY GENERAL  
(PROGRAMME IMPLEMENTATION)

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**MR. LALIT PARASHAR,**  
ASST. SECRETARY GENERAL  
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SERVICES)

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**MR. SUBHASH KHAKE,**  
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**MR. AMIT KHANDEWALE,**  
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PACKARD PROJECT

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# BRANCHES

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UTTAR PRADESH  
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**Email: agra@fpaindia.org**

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## Ahmedabad

Nashabandhi Compound  
Opp. Apna Bazaar  
Lal Darwaja  
AHMEDABAD – 380 001.  
GUJARAT  
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**Email: ahmedabad@fpaindia.org**

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## Bangalore

City Corporation Maternity Home  
Complex  
1st Floor, Palace Guttahalli  
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KARNATAKA  
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**Email: bangalore@fpaindia.org**

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## Belgaum

768/1 Corporation Building  
Vadgaon Road  
Hindwadi  
BELGAUM – 590 011.  
KARNATAKA  
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**Email: belgaum@fpaindia.org**

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## 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**

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## Bhopal

Near Parul Hospital  
Opposite MIG-2  
Ankur Colony  
Ward No.45, Shivaji Nagar  
BHOPAL – 462 016.  
MADHYA PRADESH  
**Tel: 0755 - 2553338**  
**Email: bhopal@fpaindia.org**

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## Bhubaneswar

Plot No.392 (Ground Floor)  
BJB Nagar  
Behind SAMSUNG Show Room  
Lewis Road  
BHUBANESWAR – 751 014.  
ORISSA  
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**Email: bhubaneswar@fpaindia.org**

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## Bidar

Near Heeralal- Pannalal College  
Janwada Road  
BIDAR – 585 401.  
KARNATAKA  
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## Bijapur

Plot No.92, BDA site  
Vajra Hanuman Nagar  
Opp. Ibrahimpur Railway Station  
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**Email: bijapur@fpaindia.org**

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## Chennai

54, Arcot Road, II Floor  
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**Email: chennai@fpaindia.org**

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## Dharwad

Near 'Baroo Sadhanakerege' Udyanavana  
Police Headquarters Road  
Vikasnagar – 1st Cross  
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## Dindigul

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(Opp. Beschi College)  
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## Gomia

Govt Colony Road  
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## Gwalior

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Gola Ka Mandir  
Behind BSNL Office  
GWALIOR – 474 005.  
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## Hyderabad

6-3-883/F, Adjacent Topaz Building  
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PUNJAGUTTA  
HYDERABAD – 500 082.  
ANDHRA PRADESH  
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### Indore

15, Ganji Compound  
INDORE – 452 007.  
MADHYA PRADESH  
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### Jabalpur

Behind of Singh Dharm Kanta  
Prem Nagar (Madanmahal)  
Nagpur Road  
JABALPUR – 482 002.  
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### Jaipur

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### Kalchini

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### Kolkata

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### Mohali

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### Mumbai

1st Floor, Radhika Residency  
Mahatma Phule Nagar  
Near Tilak Nagar Railway Station  
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### Mysore

C/o ULBA Hospital  
# 02, Naguvanahalli Village Road, R. S.  
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### Nagaland

West Entry – Opp Charity School  
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### Patna

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### Pune

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### Singhbhum

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### Solapur

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### Trivandrum

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KERALA  
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### Yamunanagar

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Near Bhai Kanhaiya Sahib Chowk  
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HARYANA  
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Email: yamunanagar@fpaindia.org

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# 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**  
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---

## **Murhu Project**

(Sexual & Reproductive Health and  
Rights)  
Dak Bangla Road  
Lobin Bagan  
PO: 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**  
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# TRAINING CENTRE

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E-2/180, Arera Colony  
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