



FPA India
Fulfilling People's Aspirations

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- ANNUAL REPORT 2016 -





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Annual Report 2016

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Message from the President

I truly believe that Rights can only be realized if communities themselves are a part of this fundamental change - from oppression to realization of rights. I wish that we all work together as staff and volunteers, to strengthen our institution at all levels.

The year 2016 was full of major changes around the world. Many policy level decisions globally have resulted in declining funds towards Sexual and Reproductive Health and Rights. This has impacted the funding environment in India around Voluntary Organizations. The landscape is constantly shifting and equations are changing. The biggest challenge that remains for any Voluntary Organization, particularly working with the most poor and vulnerable communities, is of self-reliance and sustainability.

Advocacy with Members of Parliament on family planning and sexual and reproductive rights was strengthened. A meeting involving six Parliamentarians was organized in Parliament House Annexe, another first for the Association. Further, a submission was made to the

Education Minister in Gujarat to include Adolescent Education Programme Plus (AEP+) in Gujarat Schools. The AEP+ is a comprehensive curriculum developed by FPA India, by adding a few more topics to the Government curriculum of Adolescent Education Programme.

During the Year, FPA India consolidated its strategy of Resource Mobilization, with a three-pronged approach. Focus on Corporate Partnerships for developmental work on ground, Fundraising Events for generating through donations and strengthening institutional proposal submission abilities.

FPA India took small steps in 2016 towards self-reliance by initiating activities to ensure its participation in the Standard Chartered Mumbai Marathon in 2017 and by organizing Musical Evenings. I hope to contribute to that effort and learn from ongoing cutting edge work of IPPF like Social Enterprise and ensure that these are taken up at the national and regional levels.

I truly believe that Rights can only be realized if communities themselves are a part of this fundamental change - from oppression to realization of rights. I wish that we all work together as staff and volunteers to strengthen our Institutions at all levels.

Let us join hands in working strongly, in our respective roles, helped by our Constitution and other Policies as well as rules and regulations to ensure we continue to deliver on our commitments to the most poor communities in our operational areas.

Mr. Umesh Aradhya



Message from the **Secretary General**

As the Association embarks on yet another journey of a new Strategic Plan in 2016, it readies itself to new challenges that it must face, in order to remain a competitive and postmodern organization working in a landscape where grassroots realities haven't changed but everything else is changing rapidly. India as a country, has made gains in many spheres – from Rocket Science to every day Science!

Particularly in 2016, significant gains were made in Public Policy and programme field. Three new Contraceptive methods have been added to the basket of choice. The benefit of maternity leave is now expanded to six months; new vaccines – Japanese Encephalitis and Rotavirus have been added to the programme.

However, with all this, the situation on the ground has not changed drastically. Poverty, ill health, and lack of access to health care still remain the cause for mortality and morbidities among women and girls.

Population stabilisation is still a priority area of work. Women and young people continue to remain at the bottom of the pyramid with the lack of opportunities and access to health care. Emerging statistics clearly indicate that it is women who experience more poverty than their male counterparts particularly in urban areas. Reproductive and Sexual Health and Rights continue to be violated, access denied and opportunities lost.

FPA India continued to work with the most marginalised, and underserved people and communities in 2016 reaching over 2.8 million people and providing them with over 10 million services. Around 89% of these were poor and marginalised. Over 90,000 young people were provided Comprehensive Sexuality Education and the Association continued its capacity building programmes aimed at skill building and income generation, for the community members. And we continued to advocate for policy-level reforms for the sexual and reproductive rights of young people.

With the changing times, the Association is facing a challenge of changing international aid scenario. As India moves from being a developing country to a middle-income country, many donors have shifted their funding priorities and this affects the programme support on the ground. However, the Association is committed to its work, and is mobilising funding from new avenues – ranging from Indian Corporates to Individual donors. We are also geared up to strengthen our functioning for constantly efficient outcomes through systems strengthening and robust quality assessment processes.

The Association will continue to fight for protecting individual rights and to contribute towards growth and development of the country.

Dr. Kalpana Apte





DONORS



- AUSTRALIAN AGENCY FOR INTERNATIONAL DEVELOPMENT
- BHARATHI CEMENT CORPORATION PVT LIMITED
- BILL AND MELINDA GATES FOUNDATION
- ENGINEERS INDIA LIMITED
- EUROPEAN UNION
- GORAN GROSSKOPF FAMILY-SWEDEN
- GOVERNMENT OF INDIA / RESPECTIVE STATE GOVERNMENTS
- IMPACT INDIA FOUNDATION
- INDIA HIV/AIDS ALLIANCE
- ISGEC HEAVY ENGINEERING LIMITED
- LARSEN & TOUBRO LIMITED
- MAHALAXMI TEMPLE TRUST FUND - MUMBAI
- MAHINDRA & MAHINDRA FINANCIAL SERVICES LIMITED
- MAHINDRA INSURANCE BROKERS LIMITED
- MICROSOFT CORPORATION THROUGH NATIONAL ASSOCIATION OF SOFTWARE AND SERVICES COMPANIES (NASSCOM)
- MORRIS FAMILY FUND - PUNE
- NOVARTIS INDIA LIMITED
- POPULATION FOUNDATION OF INDIA
- PUBLIC HEALTH FOUNDATION OF INDIA
- RECKITT BENCKISER
- SOCIETY FOR NUTRITION, EDUCATION AND HEALTH ACTION (SNEHA)
- STATE AIDS CONTROL SOCIETIES (ANDHRA PRADESH, CHANDIGARH, GUJARAT, JAMMU & KASHMIR, JHARKHAND, KARNATAKA, KERALA, MADHYA PRADESH, MAHARASHTRA, NCR (NEW DELHI), NAGALAND, ODISHA, PUNJAB, RAJASTHAN, TAMIL NADU, UTTAR PRADESH, UTTERKANNADA, WEST BENGAL)
- TATA STEEL RURAL DEVELOPMENT SOCIETY - JAMSHEDPUR
- TATA TRUSTS
- THE DAVID & LUCILE PACKARD FOUNDATION
- UNITED NATIONS POPULATION FUND
- WELSPUN INDIA LIMITED
- YARDI VASTI VIKAS PRAKALP





ਮੇਰੀ ਕੁੜੀ ਕੌਣ ਦੀ ਮੈਂ
ਕਿਉਂ ਟਾਂਡੀ ਕਰਦੀ ਹੋਵਾਂ

ਕਿਸ ਕੋਲੋਂ ਇਹ ਧਰਤੀ
ਕਿਸੀ ਦੇ ਹਿੱਸੇ ਨਹੀਂ ਹੈ

ਕਿਸੇ ਨੂੰ ਇਹ ਧਰਤੀ
ਕਿਸੀ ਦੇ ਹਿੱਸੇ ਨਹੀਂ ਹੈ

GIRL CHILD DAY
ASSOCIATION OF INDIA
BRANCH
for Girls, Sector 42,
Gurgaon



INTRODUCTION

2016 is the first year of FPA India's new Strategic Plan (2016-22). The new Strategic Plan brings in a more holistic approach, to sexual and reproductive health and rights with the inclusion of technology and cost driven models of programming marking a shift from 5 'A' focus of the previous strategic plan (2005-2015).

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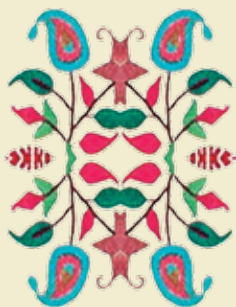
The Strategic Plan 2016-2022 was developed through a multi stakeholder engagement backed by a strong foundation of secondary studies and community insights.

The new Strategic Plan reflects the country context, is aligned with the IPPF Strategic Framework, responds to the changing environment in the country and clearly articulates FPA India's values, approach and commitments at the country level. These will be achieved through expected results and measures for the strategy.

The past year saw FPA India make efforts towards building a common understanding and perspectives on the new strategic plans among its staff (Headquarters and Branches). Workshops were held in this regard to align programmes and institutional processes as per the new strategic plan especially the four outcomes-

- Advocacy
- Gender, Empowerment and Young People
- Services
- Organisational Effectiveness





2016 Highlights



FPA India created and convened advocacy meetings which included interface with Civil Society Organization, Ministry's, Elected Representatives (such as on Comprehensive Sexuality Education and Adolescent Education Program+). Parliamentarians appreciated and endorsed FPA India efforts.

FPA India senior representatives also made significant contributions as civil society voice in the National Summit on Family Planning organised by the Government. It continued advocacy on expanding the basket of contraceptive choices and increase budget allocation for family planning (through Advocating Reproductive Choices and Indian Council of Medical Research) and undertaking public campaigns.

Under services FPA India branches provided total of 96,52,848 services to 28,55,785 clients through clinics and outreach programmes. A total of 582,938 CYP was generated. 40% clients reached were less than 24 years of age and of the total clients 88% belonged to the poor and vulnerable groups.

Continued emphasis was provided in clinic based strengthening of quality of care, increasing outreach through established partnerships (RMPs, AYUSH practitioners, NGOs) and new (innovative CSR approaches).

Significant gains were made in scaling up cervical cancer screening programmes, comprehensive abortion care programmes and SRH outreach.

Towards realising the outcome of gender empowerment and young people, FPA India during the past year implemented comprehensive sexuality education approach under its AEP+ programme.

Engagement with women self-help groups also helped in providing skills building support to women along with SRH awareness and services. Continued focus was on giving space and opportunities for youth voices at national and global level on SRHR issues.

As part of organisational effectiveness focus was on fund raising in order to create a stable organisation, implementation of DHIS2 for stronger evidence building within the organisations system and training for human resource development. FPA India continued to benefit from its volunteers.

Their active engagement and support helped in forging partnerships with various organisations, reaching out to diverse populations at the grassroots level and in influencing global and national advocacy.





ADVOCACY

Advocate for realising the right to health and SRH&R is prioritised in the national development agenda

A range of activities were organised to influence decision makers to support for sexual and reproductive health and rights. This year FPA India took forward its advocacy agenda in the context of the new Strategic Plan.

Over the course of the year FPA India advocated for including of SRHR as priorities in the national development agenda and increasing budget allocation for family planning.

Secondly at the global level FPA India ensured that voices of youth were heard in global advocacy forums through its youth CEC members, contributing in SRHR advocacy issues in various conferences and meetings.

At the grassroots level FPA India branches across the country organized sensitization meetings with stakeholders like MPs and MLA's, Panchayati Raj Institutions, religious, and state and district government officials and media, principals, teachers and parents.

The branches have been members of district level quality assurance committee and Pre-Conceived and Pre-Natal Diagnostic Techniques Act. For example, Bangalore is member of PCPNDT Act and Belgaum is member of Quality Assurance Committee.

FPA India branches have interacted with 41743 stakeholders including Members of Parliament, Panchayati Raj Members and MLA's, Religious Leaders, Health Care Provides and Academicians. 13,885 government officials at state and district level and 724,422 media personnel.

It has built partnerships with Civil Society Organizations and networks for referral services and organising events to promote SRH and rights. FPA India has developed formal and informal partnerships. Interacting with corporates has helped in receiving time bound projects. Refer to the section on resource mobilization for more details.

Contributing to the National Development Agenda

Consultation on Population, Development and Reproductive Rights

A Consultation on Population, Development and Reproductive Rights was organized by FPA India and International Planned Parenthood Federation – South Asia Region (IPPF-SAR) on May 11, 2016 at the Parliament House Annexe, New Delhi. The purpose was to engage with Members of Parliament and initiate a dialogue on population, development and reproductive health and rights.

Mr Umesh Aradhya, President of FPA India welcomed the Members of Parliament (MPs) and distinguished guests. Dr Kalpana Apte, Senior Assistant Secretary General-Programme Implementation, was the Master of Ceremonies for the event. She also spoke on “Population and Family Planning”. Ms Bindiya Nimla, Director-Advocacy and Training, FPA India set the context for the Consultation.

Other speakers were Dr. Aparajita Gogoi, Executive Director, Center for Catalyzing Change, Ms. Anjali Sen, Regional Director, IPPF-SAR. MPs spoke on various SRH issues supporting human rights, population stabilization, family planning, comprehensive sexuality education, HIV, surrogacy, gender, women’s empowerment and micro finance.

Excerpts from the Parliamentarians speeches/talks:

“There are many issues or problems related to the country. One of it is population growth... In our country population is a challenge. And in order to address this challenge the governments are working on it. Earlier it used to be called family planning department and now it is called family welfare department...I would say it is a blessing in disguise. It is a ‘youth country’. And youth are our asset. “

“... My views are that sex and sex education are two different things. Sex education should be included in school curriculum... This is not going to increase sexual activity but will help children to know better about sex education and it will bring in discipline...There is a difference between porn and sex education India is a multicultural and different religions. If we provide sex education then we can give them correct information and direction. And this is very important. Being a Parliamentarian I feel we need to promote sex education. People will come to know what is a safe period and safe sex...”

*- Dr Kirit Premjibhai Solanki,
Member of Parliament (MP),
Lok Sabha, Gujarat*

“

There is a need for pre-marital counselling... No talks ... How to plan a family?... There is need for counselling when the couple is getting married even in villages...What are the things to be kept in mind when planning a family? ... Whether it is a son or daughter the parents want to get them married so that they are free from their responsibilities. Counselling is the need of the hour...?

“Can women decide when they want a baby or do not want a child? Is she given that right? What about her health, economy? How can there be women empowerment if we do not provide her this right? We say that male and female have equal rights. But does women have that right, does she have dignity... we need to also talk about dignity of the women” (Women’s rights and women’s empowerment)

“... When we visit villages and small places it is strongly felt that they need guidance. Healthy guidance. There is a need for spacing between two children... They cannot understand that if there is spacing between two children then the baby will be healthy, we can give them time and attention...initiate

a dialogue with the households especially women and provide guidance.”

“There are many goals in SDGs. What has been done about it? We talk of economic empowerment. We talk of political empowerment. Where are the basics ...We need to do something about it. There is a change in behavior and thoughts of villages and cities. There is need to focus on holistic aspects and not one. And NGOs like you are creating awareness and involving us which we are thankful.”

- Ms. Viplove Thakur,
MP, Rajya Sabha,
Himachal Pradesh



“

“... NGOs and we do the same work but sometimes the viewpoint differs ... we understand about reproductive rights... women do not have any rights ... women are not empowered. They do not have reproductive rights. One of the reasons is our cultural and social practices. There is need to advocate for women’s rights and women’s empowerment.”

“... Today a sixth grade child knows more. This is because of internet the child has got education and knowledge. The concept of family has changed ... Today there are nuclear families. If the father is earning then the mother too thinks of better standard of living and starts supporting by working. They do not know what the child is doing at home. What is the child seeing on the internet? ... Whatever the child wants they give it to the child. That is why counselling and education is necessary and is required today.”

- Dr. Vijaylaxmi Sadho,
MP, Rajya Sabha,
Madhya Pradesh



“

... it is a real challenge - gender parity and disparity. Enable urban and rural women to stand on their own. This is visible where a sort of economic improvement, financial independence is being attend ... and even after the visibility of rightful place of women in the society especially rural society. Besides in the name of equality of age and gender is much visible... The ‘crucks’ of the Indian agriculture depends on the role of women. But still there is male domination which is gradually in transition ... Gender disparities remain in economic and political realms...”

“Women’s status is raised both in their families and in their communities, when they manage loans and savings. The self-help group and microfinance success stories are giving us hope. Unit by unit and case by case we assess and understand the economic ... is giving safety and security net. Equality must be embedded across legal systems, upheld in both laws and legal practices, including proactive measures.”

“The types of crime that are going across there are new types of violence. Urban India is different, spacing timing and impersonal relations are going. There are dangerous complications to women – working and professional practicing. It is a challenge”

- Mr. Ananda Bhaskar Rapolu,
MP, Rajya Sabha,
Telangana

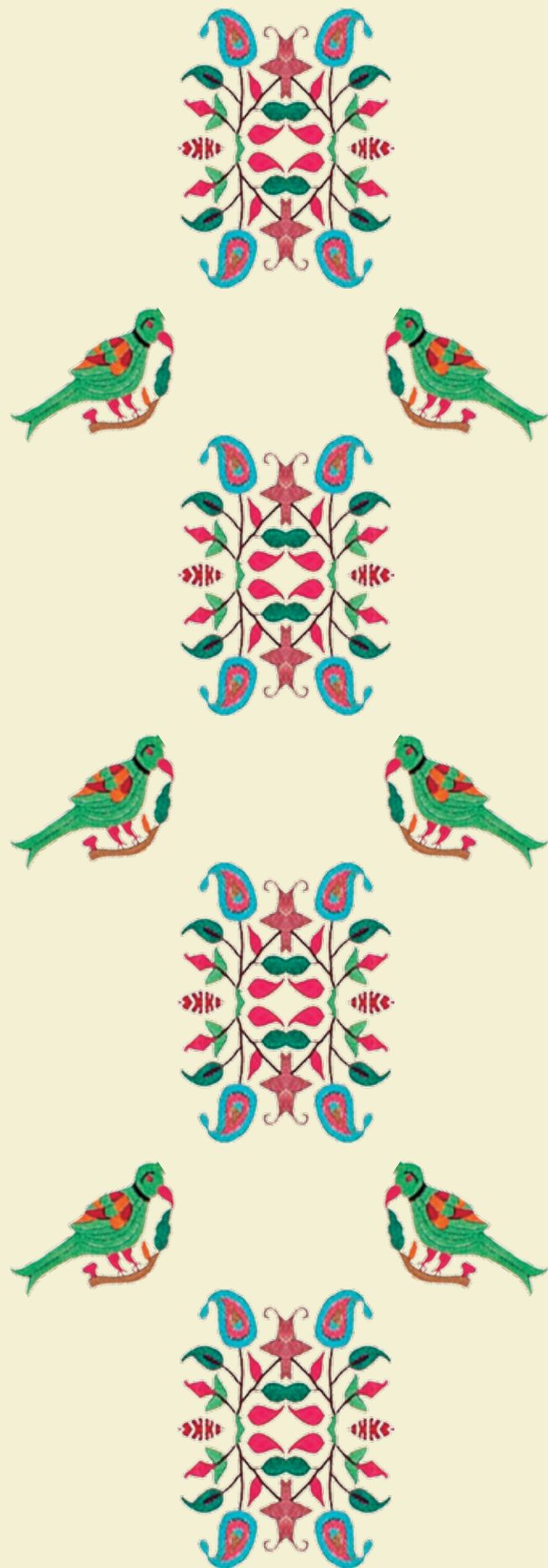


“

Now also in remote and rural area there is problem whether you are talking about population or family planning...there is change in big cities but not in rural settings. If we do such awareness in remote settings. And the type of work you do no one can do. Being volunteers. Even today mother and sisters are not given equal rights. In the constitution and law there is equal rights. But the behavior is not equal. This change is possible only when we sit together and think similarly....”

“When you are talking about population. Even today in rural setting there is discrimination of boy and girl. Even today there is son preference. Even after so many daughters they still aspire for a boy. This is because of lack of education... Until we focus on it change is not possible although NGOs like you are doing good work. Although government is making efforts like Beti Padao Beti Bachao Andolan and other schemes but we too need to make efforts in the remote areas. Even we go to the meeting we talk about sensitization and awareness”

- Mr. Jugal Kishore Sharma,
MP, Rajya Sabha,
Jammu and Kashmir





From left to right (standing): Dr. G. G. Hegde, FPA India North Kanara and Central Executive Committee Member, Mr. Umesh Aradhya, President, FPA India, Shri Ananth Kumar Dattatreya Hegde, MP, Lok Sabha; Dr Kirit Premjibhai Solanki, Member of Parliament (MP), Lok Sabha. Sitting in the front row: Dr. Vijaylaxmi Sadho, MP, Rajya Sabha and Ms. Viplove Thakur, MP, Rajya Sabha

12th Conference of Central Council of Health and Family Welfare

Family Planning Association of India is a member of the Central Council of Health and Family Welfare. The 12th Conference was held on February 26, 2016. The meeting was chaired by Shri Jagat Prasad Nadda, Union Health Minister; and Mr Bhanu Pratap Sharma, Secretary, Department of Health and Family Welfare.

Family Planning Association of India is a member of the Central Council of Health and Family Welfare. The 12th Conference was held on February 26, 2016. The meeting was chaired by Shri Jagat Prasad Nadda, Union Health Minister; and Mr Bhanu Pratap Sharma, Secretary, Department of Health and Family Welfare. The focus was on new National Health Policy. FPA India had given their comments and suggestions online on the policy last year.

The meeting was attended by Ms. Lakshmi Pandalai, President, FPA India - New Delhi. She emphasized the need for ensuring quality of services, strict penalty action for quacks and for the need to strengthen vasectomies instead of female sterilizations. She also emphasised on steady availability of contraceptive commodities.

There were representatives of from Goa, Bihar, Mizoram, Assam, Chhattisgarh, Gujarat, Haryana, Jammu and Kashmir, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Mizoram, Punjab, Sikkim, Tamil Nadu, Telangana, Uttar Pradesh, Tripura, West Bengal, Andaman And Nicobar, Daman and Diu. There were government officials from Department of Health and Family Welfare and other ministries.

Family Planning Summit – New Choices New Horizons

The National Summit on Family Planning was held in New Delhi from April 5 -6, 2016 organized by Ministry of Health and Family Welfare. At the Summit Union Health Minister Shri J. P. Nadda launched the new revamped logo for the family planning media awareness campaign, which if properly implemented, can be a key strategy to reduce maternal and child mortality and morbidities. Dr. Kalpana Apte, Sr. Asst. Secretary General (Programme Implementation) spoke on Improving Reproductive Health through BCC / Awareness and Service Provision.

The Summit was attended by over 450 people. All major donors, MD NHMs and their teams from several states as well as national level NGOs like FPA India, other CSO partners attended the summit. It was an important opportunity for networking and exploring new partnerships. Significant announcements were made on several new and exciting additions to the programme.

Three new contraceptive methods are added to the government programme after 2 decades. These are Depot medroxyprogesterone acetate (DMPA) three monthly Injectables, Centchroman oral pills and Progesterone Only Pills (PoPs). FPA India has already an experience of providing DMPA in almost all its Service Delivery Points (SDPs) and outreach units. The Association has also added PoPs in select Branches. It can be expanded in times to come.

As part of the exhibition, both IPPF-SAR and FPA India had booth showing different publications and resources. The booth was visited by many dignitaries including the Health Minister, Government of India. FPA India also made a presentation on Improving Reproductive Health through BCC / Awareness and Service Provision.

India's Family Planning Programme is one of the oldest in the world. However, we are yet to achieve success. There are many reasons for lack of success and continued high unmet need for contraceptive services. Most significant reasons are undue focus on sterilization, limited options for spacing method, poor visibility and image of the products as well as weak strategies.

Although, there can be no doubt that the FP programme is a priority of the national and state level government, the effectiveness of the programme has been somewhat limited in recent times.



From left to right: FPA India Team members Dr Kalpana Apte, Senior Assistant Secretary General (Programme Implementation); Ms. Usha Sharma, Program Officer, Delhi and Mr. Surender Chauhan, Branch Manager, Delhi with Shri J P Nadda, Union Health Minister, Ministry of Health and Family Welfare, Government of India



From left to right: Mr. Purshottambhai Patel, President, Ahmedabad Branch, Dr. Kalpana Apte, Secretary General, FPA India, Shri. Bhupendrasinh Chudasma, Honorable Education Minister of Gujarat, Mr. Umesh Aradhya, President, FPA India, Mr. Subhashbhai Brahmhatt, Principal, Shri H K Arts College and Mr. Suresh Maratha, Branch Manager, Ahmedabad Branch

Advocating Reproductive Choices (ARC):

FPA India has remained the core member of the steering committee of ARC - the Secretariat of which is currently being hosted in Population Foundation of India. ARC discussions focused on

- (a) State Level Advocacy Plans (Madhya Pradesh, Jharkhand, Bihar, Rajasthan and Uttar Pradesh);
- (b) expansion of core group and operational guidelines. It was decided to establish a task force for looking into the National FP budget and advocating for increase or reallocation of funds.

Advocating for AEP+:

FPA India organized an Advocacy Meeting “Advancing Commitment- Adolescent Education Program+” with 700 participants in Ahmedabad, Gujarat. CEC Members, school/college students, professors, NGOs representatives, teachers, principals and other stakeholders attended the meeting. At the meeting, Shri Bhupendra Singh Chudasma, Education Minister of Gujarat expressed his willingness to support AEP+. He appreciated the work of FPA India and its activities for young people. The module Growing Up is Fun was also handed over to him during the meeting.



Meeting with Senior Deputy Director General of Indian Council of Medical Research (ICMR)



FPA India met senior representatives of ICMR regarding their *Implant* Study. FPA India expressed the need for the study to be published and made available in the public domain for preparing factsheets and other briefing materials. ICMR will be organizing a dissemination meeting for which FPA India will be providing logistical support. ICMR has also completed the clinical trials on *Cyclofem*, a monthly injectable contraceptive and has submitted the report to the Drugs Controller General of India (DCGI). FPA India advocated for sharing the study findings in the proposed conference on pregnancy and contraception.

Review of the Safe Abortion Services in India - A Report Card:

FPA India prepared a Report Card on Safe Abortion Services in the country. Some salient points that emerged:

- Expand women's access to safe legal abortion, with special attention to meeting the needs of the most marginalized women and respecting women's privacy, dignity and rights.
- Update national abortion guidelines and drug approvals to conform to World Health Organization recommendations for safe abortion care and to amend the Medical Termination of Pregnancy Act (MTP) Act to expand the base of abortion providers - a step recommended in 2009 by an expert committee charged by the government to review the law.
- Ensure that the proposed amendment to the MTP Act is passed.
- Avoid conflation between the Preconceived Pre-Natal Diagnostic Techniques (PCPNDT) Act and the MTP Act.
- Promote the Comprehensive Abortion Care (CAC) model of abortion service delivery coupled with strong community awareness programmes to increase access to abortion services for women.

Evidence Based Advocacy to Expand Basket of Choices in Madhya Pradesh

FPA India received a one year grant support from Population Foundation of India on family planning with focus on Bhopal branch. The broad activities of the project include review of family planning, operation research to roll out injectables and meeting with key opinion leaders - MPs/MLAs, Government officials, CSOs and media.

Branch level efforts:

Apart from the above the branches and projects Bhubaneswar, Bangalore, Bidar, Kalchini, Lucknow, Panchkula, Gwalior, Agra, Delhi, Regional Technical Center - Bhopal, Dindigul, Jaipur, Indore, Kolkata, Nagaland, Raichur, Mysore, Solapur, Yamunanagar, Rajkot organized sensitization meeting, with stakeholders like MPs and MLA's, Panchayati Raj Institutions, religious, and state and district government officials and media, principals, teachers and parents.

The branches have been members of district level quality assurance committee and Pre-Conceived and Pre-Natal Diagnostic Techniques Act. For example, Bangalore is member of PCPNDT Act and Belgaum is member of Quality Assurance Committee.

Advocacy Planning and Public Speaking:


The meeting was organized by FPA India in Ahmedabad. Fourteen branches and project representatives were invited for the meeting along with CEC members and branch volunteers. The session included the model of advocacy planning, qualities of an advocate and tips on advocacy practices. An expert was called to speak with the volunteers and staff on public speaking. Mr. Subhash Brahmhatt provided tips on being a good orator, understanding body language and use of voice modulation.

FPA India had organized an online campaign “Say NO to Sexual and Gender Based Violence”. Approximately 573 individuals participated in the campaign.

SAY NO TO SEXUAL AND GENDER BASED VIOLENCE
Online Support
<https://goo.gl/forms/n7FDWB8JWxFlgyj2>

Sexual and gender-based violence (SGBV) refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It includes physical, emotional or psychological and sexual violence, and denial of resources or access to services. Violence includes threats of violence and coercion. SGBV inflicts harm on women, girls, men and boys and is a severe violation of several human rights. (Source: <https://emergency.unhcr.org/> accessed as on November 24, 2016)

SGBV is a violation of human rights including Sexual and Reproductive Health (SRH) rights. FPA India is launching "SAY NO TO SGBV" initiative to seek (online) support from individual and agencies. Request them to click on the link: <https://goo.gl/forms/n7FDWB8JWxFlgyj2> and support the cause.



SAY NO to Sexual & Gender Based Violence (SGBV)

Family Planning Association of India (FPA India) is a national level non-governmental organization working with communities for improving their sexual and reproductive lives since 1949. With its headquarters based in Mumbai, it works through its 44 branches and projects functioning in 18 states of India. FPA India is a service provider and advocates on sexual & reproductive health and rights.

Thank you for taking part in the survey "SAY NO TO SEXUAL AND GENDER BASED VIOLENCE (SGBV)". Today we will be getting your thoughts and opinions in order to serve the community better on SGBV issues. The survey should not take more than 5 - 7 minutes.

<https://goo.gl/forms/n7FDWB8JWxFlgyj2>

About Family Planning Association of India (FPA India)
Founded in 1949, the Family Planning Association of India (FPA India), is an ISO 9001:2008 certified civil society organization that provides comprehensive sexual and reproductive health information and services to over 30 million people, making sexual and reproductive health (SRH) care easily accessible to those who are in need, viz. socio-economically vulnerable men and women, young people, People Living with HIV (PLHIV), people who use drugs, MSM (men who have sex with men), transgender, and sex workers. Headquartered in Mumbai.

FPA India has a presence in 18 states, including Kashmir, Nagaland, Jharkhand, Uttar Pradesh, and Bihar, where key developmental indicators are relatively poor, and gender disparities are high, and New Delhi. It covers approximate population of 28.4 million. SRH services are provided through 44 Branches/Projects, with 41 static clinics, and outreach programmes. FPA India is the founder member of International Planned Parenthood Federation (IPPF).

FPA India has facilitated three generations and millions of people in meeting their sexual and reproductive health needs in keeping with national policies and guidelines.



National Consultation on Investment in Maternal, New born and Child Health-care (MNCH): Addressing the Gaps in Budgetary Priorities and Processes to Improve Quality of Care

FPA India was invited to attend the above-mentioned meeting which was organized by White Ribbon Alliance and Centre for Budget and Governance Accountability on August 31, 2016 in Delhi. The objectives of the consultation were:

- Initiate a discussion among key stakeholders on the new fiscal developments and their impact on MNCH interventions both at the Union level and at the level of States;
- Discuss the important issues (in terms of constraints and challenges) pertaining to public resources for MNCH interventions, focusing on budgets for quality of care in those;
- Facilitate sharing of perspectives and experiences on national and State level policies and practices relating to fund allocation and utilization for MNCH interventions;
- Develop an understanding of the bottlenecks in fund utilization in MNCH interventions based on evidence from select States in the context of the changed scenario of Union-State sharing of resources; and
- Identify advocacy opportunities and challenges and develop key policy asks for enhancing quality of care.

There were representatives from Institute of Economic Growth, SAATHI, Sahayog, Jan Swasthya Abhiyan, Council for Social Development, Center for Catalyzing Change, World Health Organization – India and government officials from Madhya Pradesh who participated in the consultation.

Many aspects of MNCH issues like policies, programs, interventions, budget allocation and utilization were discussed and presented. This consultation was attended by Dr Manisha Bhise, Assistant Director – Access and Dr Nilesh Patil, Technical Program Manager, Services Education Training Unit (SETU)

Strengthening Millennium Development Goal (MDG) 5A and 5B in South Asia: Creating Champions and Momentum for Progress in Sexual and Reproductive Health and Rights

This project is funded by European Union through IPPF-SAR. FPA India South Asia Regional Youth Network (SARYN) members' submitted a proposal on Young People Advocating for CSE and SRH&R under the small grant last year.

In the first quarter of this year the branches namely Mumbai, Dharwad, Ahmedabad, Solapur, and Jabalpur have organized comprehensive sexuality education sessions in schools. The branches have organized signature campaigns, street plays, meetings with principals and parents to advocate for CSE and SRHR.



Regional Advocacy Meeting:

The main objective of the project is to create champions and build CSO momentum for favorable SRHR policies, services and information for all. The project is in Year 3 of its implementation and was due for review of the progress and deliberation on a plan of action for the remaining period of the project.

In addition, with the onset of the new SDG framework and IPPF's new strategic framework, there is a need to fine tune and realign the ongoing advocacy efforts. Taking the above context into consideration, IPPF-SAR organized a regional advocacy meeting on May 3 and 4 in Bangkok.

The meeting was attended by Ms. Bindiya Nimla, Director Advocacy and Training and Ms. Armin Jamshedji Neogi, Director Monitoring and Evaluation. Each country shared the progress and learnings and also submitted a detailed activity plan. The project will be ending on February 2017.



From left to right: Ms. Amita Dhanu, Director, Adolescent, Dr. Kalpana Apte, Secretary General, Dr. Nisha Gupta, Public Health Consultant, Mr. Umesh Aradhya, President, Mr. Sreedharan Nair, Director, External Relations

Joining Voices - Project Joining Voices - Financial Support for FP2020 Advocacy

Joining Voices is an advocacy project that aims to safeguard and strengthen financial commitments to reproductive health and family planning, and reinforce political leadership on universal access. Joining Voices is facilitated on behalf of civil society by IPPF and Countdown 2015 Europe.

The project is led by IPPF European Network and funded by the Bill & Melinda Gates Foundation. (source: <http://www.ippf.org/our-approach/programmes/Joining-Voices>. Accessed as on October 5, 2016).

FPA India in partnership with Population Foundation of India (PFI) submitted a small grant under Joining Voices. This grant was accepted for the period February – September 2016. The overall objective of the project was to - Build Evidence and Facts to demonstrate the need to increase financial allocation for Family Planning Programmes.

The main activities were:

- (i) Desk review - FP budgets in India (public sectors)
- (ii) Drafting advocacy tool infographics based on the review study and
- (iii) Dissemination meeting

Few highlights of the review:

- (a) The Family Welfare budget, which includes allocations for components of family planning constituted only 4% of the Health and Family Welfare budget (2014-15)
- (b) The Family Planning (FP) budget head was around 2% of the total National Health Mission (NHM) expenditure (2013-14)
- (c) Over 2013-14 and 2015-16, 47% increase in the NHM allocation for FP (under the RCH Flexi-pool route of NHM)
- (d) Just 1.45% of the total family planning expenditure under NHM is on spacing methods, reflecting a lack of much needed attention

The way forward includes:

- (a) Focus on youth
- (b) Tackle the population momentum
- (c) Shift focus from permanent methods and promote spacing methods
- (d) Promote Male involvement in family planning
- (e) Research in newer methods
- (f) Encourage the involvement of private players
- (g) Budget for training service providers and task shifting and
- (h) Digitization of supply chain management

Ms Priya Kath, CEC member is a Champion of Joining Voices. During the Women Deliver Conference 2016 Ms. Kath moderated a panel discussion focusing on the need of CSE to all young people.

The panelists included the State Secretary for development policy, Danish ministry of foreign affairs, Young peer educator from IPPF Member Association, Guyana, Director General of IPPF; and Senior Program Specialist: Sexuality Education, SRH and Gender at UNESSCO.

One of the recommendation was need for access to family planning services for young people. She also has reviewed the toolkits on ending child marriage developed by Girls Not Brides, a global partnership of over more than 600 civil society organizations committed to ending child marriage and enabling girls to fulfill their potential.

A dissemination meeting “Family Planning and Young People” was held in Delhi on September 23, 2016. Both the organizations not only spoke about the project - Joining Voices but also shared the successful models of working with new users. From FPA India the Young People and FP - successful models shared were:

- (a) Lessons: Addressing Adolescent Fertility among Married Couples (Barwani project) presented by Mr. Omendra Chauhan, Chief Coordinator, Regional Technical Centre, Bhopal;
- (b) Choices and Opportunities: working with adolescents presented by Ms. Amita Dhanu, Director Adolescents; and
- (c) Family Planning choices for Women living with HIV: an experience from three states (Maharashtra, Andhra Pradesh, and Karnataka) (Japan Trust Fund project) presented by Ms. Rekha G, Branch Manager, FPA India - Bangalore. The meeting was attended by representatives from Jhpeigo, Engender Health, World Health Partners, USAID, Global Health Strategies, BOSCO - United Nations High Commissioner for Refugees (UNHCR), Center for Catalyzing Change, Aim Trust, Ajay Kumar Garg College, DKT - Janani, Indian Council of Medical Research (ICMR), IPPF-SAR, International Center for Research on Women and others.



Contributing to Global Development Agenda



Global Day of Action - May 18, 2016 - Know It, Own It!:

IPPF has designated May 18th as the IPPF Global Day of Action, on the theme 'Know it, Own it'. Through the Global Day of Action, IPPF is focusing on "Comprehensive Sexuality Education and Youth rights". All branches of FPA India undertook the campaign with the tag line "Your Sexual Rights Matter or Your Sexual Health Matters".

European Parliamentary Forum Visit India:

The European Parliamentary Forum on Population and Development (EPF) is based in Brussels and is a network of members of parliaments from all across Europe. The Forum is committed to protecting the SRH of the most vulnerable people around the world.

Members of the EPF conducted a study tour of India to examine issues related to – and offer both interim and long term solutions for – Reproductive, Maternal, New-born, Child, and Adolescent Health (RMNCAH). The EPF team included Member of Parliament (MP) from Denmark, Finland, France, Italy and senior officials from EPF.

The delegation toured different centres around the country and witnessed the programs conducted. The delegates visited the Parliament House at New Delhi.

The team also met Prof P J Kurien, Deputy Chairman of the Rajya Sabha (the Upper House).

The meeting covered topics like early child marriage, Section 377, education and foreign trade. They met the Speaker of the Karnataka Assembly in Bangalore to discuss related issues.

The parliamentarians witnessed a community awareness program on safe abortion at Jagdishpura, Agra. The program included a Nukkad Natak (street play), role-play, interactive sessions and speeches.

Over 310 participants took part, absorbing the knowledge and busting the myths about Sexual and Reproductive Health and Rights, Comprehensive Sexuality Education, safe abortion and HIV.



From Left to right: Ms. Neha Chauhan, IPPF-SAR, Ms. Manuela Smolinski, European Parliamentary Forum on Population & Development (EPF), Mr. Manmohan Sharma, IAPPD, Ms. Marina Davidashvili, EPF, Ms. Hanna Sarkkinen, Member of Parliament (MP) from Finland, Mr. Shadi Lal Batra, MP- India, Mr. Ignazio Corrao, MP from Italy, Ms. Karina Adsbol, MP from Denmark, Prof P J Kuiren, Deputy Chairman of the Rajya Sabha (the upper house of the Parliament of India), Mr. Jean Marie Tetart, MP from France, Mr. Umesh Aradhya, President FPA India, Mr. Shumsher K. Sheriff, Secretary General, Rajya Sabha, Ms. Bindiya Nimla, FPA India, Ms. Amita Dhanu, FPA India, Dr Nilesh Patil, FPA India.

Universal Periodic Review:

CHETNA had organized the round table meeting to finalize the submissions to be made to Universal Periodic Review (UPR) in New Delhi. In partnership with CHETNA, FPA India submitted the stakeholders report on Young and Adolescent (focusing on sexual and reproductive health and rights). A draft key stakeholder report on “quality of care in family planning” was also developed.

Endorsement:

FPA India endorsed the call on Prime Minister of Japan to include universal health coverage, and sexual, reproductive, maternal, new-born, child and adolescent health (SRMNCAH) in the upcoming G7 agenda along with IPPF.





From left to right: Moanungla Kevichusa, Hon. Secretary, James Liezietsu, President, Helena Yepthomi, Vice President BEC Nagaland Branch, Ms. Anjali Sen, Regional Director, IPPF-South Asia Region, Governor of Nagaland P.B.Acharya, Mr. Umesh Aradhya, President, FPA India, Mr. Vincent Belho, Branch Manager, Nagaland Branch and Ms. Amita Dhanu, Director, Adolescent Programs at Raj Bhavan

Tracking the progress on Sustainable Development Goals:

An agency Citizen News Service was hired for undertaking the assignment. Few recommendations for goal 3 - Health for All which emerged from the exercise were the following.

- Strict monitoring of quality of Sexual and Reproductive Health (SRH) services must be done and accountability ascertained for lapses.
- Strengthening public health system is a top priority for increasing health coverage of the most in need. Privatization must be checked and strictly regulated.
- There is an urgent need to address the unmet need of adolescent boys and girls, which is more often than overlooked.
- Reproductive health programs must place emphasis on improving access to quality reproductive health services by gender sensitive providers.
- The focus needs to be on eliminating delays in decision- making to seek services, ensuring timely transportation to proper facilities and enabling prompt treatment on arrival at facilities.
- The importance of Family Planning: The number of unwanted and closely spaced births can be drastically reduced by providing access to quality contraceptive services. It is vital that services are available to women and men from lower income quintiles, especially in rural areas, which are currently under serviced.

GENDER, EMPOWERMENT AND YOUNG PEOPLE

Empowered individuals
(549,730 by 2019),
particularly young people
uphold sexual and
reproductive rights in a
gender-just environment

FPA India, has since three decades been reaching out to young people with vital information and health services and has also been advocating for young people to benefit from regular classes on sexuality education as a part of the school curriculum.

Probably, the demand of civil society organizations such as FPA India who advocate the importance of sexuality education is likely to be fulfilled soon. The draft of the National Education Policy 2016 made public on June on www.mygov.in website clearly mentions the significance of "sex education in schools for adolescent for safety measures".

Increasing access to comprehensive sexuality education for enabling young people to exercise their sexual and reproductive rights:

Towards increasing access to Comprehensive Sexuality Education (AEP+) a total of 90,356 young people were provided with FPA India's AEP+ package. Selected young people from these clubs were trained as Peer Educators. Using the life skills approach, AEP+ helped young people to deal with real life situations and have a healthy life. Issues of Menstruation hygiene and children and parent's relationship were also raised on radio.



AEP+ session being conducted by Bellary Branch



AEP+ session conducted by Nagaland Branch for students of 12-17 years age

AEP+ intends to integrate Adolescence Education issues to the young people through life skill approach to deal with real life situations of adolescents.

AEP+ focusses on process of growing up, understanding adolescence, positive and responsible relationships and issues related to gender discrimination, HIV and AIDS, substance and drug abuse.

Radio people also expected to have talk on issues like family planning and gender empowerment in next radio program. Led by SARYN trained youth champions with other Youth Forum members used innovative strategies for advocating AEP+ and SRHR.

Under the 'Abortion Stigma' project Addressing stigma at the individual, community and institutional levels, comprehensive sexuality education was provided to young people aged 10-24 years for empowering them to make informed decisions.



Honoring MLC Shri Basavaraj Horatti, Former Minister for Primary Education, during the AEP+ sessions for teachers

Transform gender norms and power dynamics to promote gender equality and address gender based violence:

FPA India has taken initiatives to empower people including vulnerable groups to transform gender norms and power dynamics to promote gender equality, reduce gender based violence and improve economic status of women and other vulnerable groups.

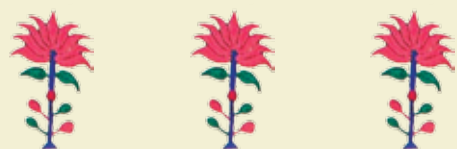
- Capacity building on issues related to SRH, skilling, Gender and Gender Based Violence
- Educational sessions on Gender inequalities, GBV, discrimination
- The branches strengthened the existing 26 Drop in Centers.
- Branches identified 116 NGOs who are working on GBV, conduct meeting with them and develop partnerships.

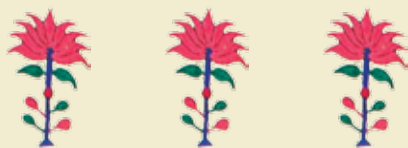


Address poverty and vulnerability to empower individuals and communities:

Branches conducted 356 courses on different types of income generation skill such as tailoring, computer, painting, handicraft, beauty culture, soft toy making, music, dance and karate for 6813 persons.

Under Welspun CSR initiative, FPA India Headquarters implemented a one-year project to build the capacity of Self-Help Groups in Health Promotion in Pardi district of Gujarat.





ADOLESCENTS/ YOUNG PEOPLE



FPA India works with young people through its 41 Branches/Projects. The programme is designed to cater to young people between the ages of 10-24 years, both in the formal settings of schools/colleges and those who are out-of-school, especially the vulnerable and marginalized living in rural/remote areas and slums, young people with a low socio-economic status, unmarried young people, newly married young people, young people living with HIV and very young people (10-14 years).

Strategic pathways

- Youth participation at all levels
- Youth forums involving young people from the operational area
- Young people in active governance roles
- Innovation and strategic use of digital opportunities to reach out to young people and CSE scale up
- Involve key influencers (school and out of school) – parents, teachers, principals, NGOs.
- Youth in active policy decision role
- Outreach to youth in educational institutions and at community level
- Increasing access to Comprehensive Sexuality Education (AEP+)
- Partnership with NGOs and CBOs



AEP+ session for adolescent girls in school, Shimoga Branch



Celebration of International Youth Day, Mohali Branch by Arshpreet Kaur, Youth Volunteer, CEC Member

Adolescent Education Programme Plus (AEP+)



Rangoli competition through Mother & Child Project Nallalingayyapalle, Hyderabad Branch

- Towards increasing access to Comprehensive Sexuality Education (AEP+) a total of 90,356 young people were provided with FPA India's AEP+ package. Branches identified and trained resource persons and specific sessions were allocated to them who then provided life skills oriented SRHR information to students in schools and colleges. Separate sessions were held with girls and boys.
- Youth groups/youth clubs were formed in the community involving out of school young people. Selected young people from these clubs were trained as Peer Educators who worked for the Association in reaching out with SRH information in the community.



World Contraceptive Day programme organised at GNM Training Centre of Bundelkhand Medical College, Sagar



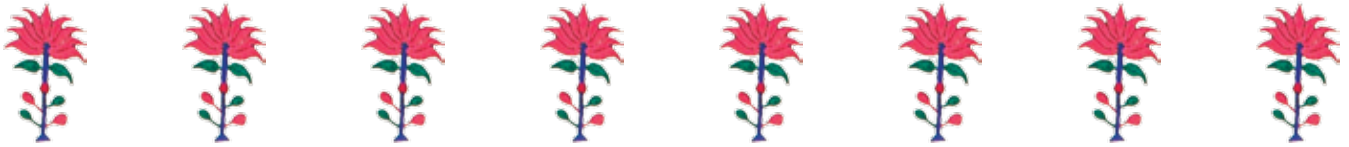
International Women's day - Meeting with Social Health Worker as AWW, CBDs and ASHA, Agra Branch

- Using the life skills approach, AEP+ helped young people to deal with real life situations and have a healthy life. AEP+ focused on the process of growing up, understanding adolescence, positive and responsible relationships and issues related to gender discrimination, HIV and AIDS, substance abuse and contraception.

- Branches also developed partnerships with various NGOs, CBOs and shelter homes for street children and orphanages to ensure that information and services reach these vulnerable groups.



Ahmedabad Branch - Adolescent Reproductive Health camp in School



- On the occasion of World Menstrual Day Gwalior Branch organized an educational programme for 4 Anganwadi Centers for 120 adolescent girls to update them Reproductive Sexual Health System & Menstrual hygiene. Kolkata branch, organized a media program about Menstrual Hygiene Day related awareness in Doordarshan Kendra Kolkata. The objective of the program was to break the myths and misconceptions about menstrual process, based on the campaign of “Happy to Bleed” concept to generate the awareness against menstrual taboos.
- Radio Active approached Bangalore branch to give talk on Sexuality Education and Branch advocated on AEP+ modules in Radio Active programme. Issues of Menstruation hygiene and children and

parent’s relationship were also raised on radio. Radio people also expected to have talk on issues like family planning and gender empowerment in next radio program.

- In Agra, 95 girls benefited through skill development centre as a beautician, tailoring, mehandi and literacy short term courses at Prerana Yuva Kendra in premises of RHFPC, Agra.
- Bidar branch have extended Adolescents programmes to rural area of the Bidar taluka and successfully conducted many programmes to the adolescents and young people of community and provided knowledge about health, hygiene, SRH issues, in spite of many myths, and misconception about sexual health.





Develop partnerships with NGOs/CBOs for expanding reach to youth groups for CSE, Agra Branch

Partnerships with NGOs/CBOs for expanding reach to youth groups for AEP+

Various branches (Agra, Bellary, Bidar, Dharwad, Singhbhum) developed MOU with NGOs for

- referral services
- linkages with skill development issues
- mutually co-coordinating & conducting programmes at community level
- forming adolescents' girl's groups in the community
- IEC programs
- "Child Counseling with FPA India Clinic" including specially screening facilities related to violence





Rally on the occasion of World Population Day Programme by Solapur Laksabha MLA Adv. Sharad Bansode, FPA India President Mr. H. R. Umesh Aradhya also present are Vice President Prof. Dr. Shrikant Yelegaonkar, Lions Club of Solapur Central President Adv. Shrinivas Katkur, President Dr. Nabha Kakade, Civil Hospital Civil Surgeon Dr. Mallikarjune Patan-shetti, Health Officer Dr. Shitalkumar Jadhav, Social College and Principal Dr. M. A. Dalal

Sensitization meetings for Parents/Teachers on AEP+

To create an enabling environment for the implementation of AEP+ meetings were organized with School Principals and sensitization sessions were held with teachers and parents by the Branches. 228 meetings for parents and 180 for teachers had been initiated by branches. Through this meetings branches were able sensitized 3922 parents & 1721 teachers respectively.

The sensitization meetings help the teachers and parents to upgrade the knowledge, attitude, values, to discuss about their Sexual Reproductive Health and access SRH services. School donation drive programme was undertaken successfully which helped to establish good network with education department and their cooperation.



Sensitization meeting for non-formal teachers on CSE, Bhubaneswar Branch



Action plan developed by school teachers to conduct CSE sessions in other schools, Kalchini Branch

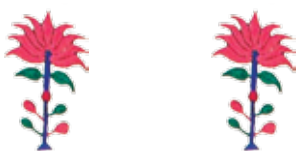


Training of Resource Persons

Branches continued expanding their efforts to have a cadre of trainers who can help in conducting AEP+ Sessions and engage the learners in sessions on topics as per their interest and specialization.

Together branches have trained 1071 teachers & 1141 Peer Educators on AEP+. Branches used the curriculum Growing Up is Fun for these trainings. Now teachers and professors are voluntarily handling AEP in their value education period.

Additionally, some branches have also trained NGO resource persons, social work students, counsellors and nurses.



SARYN PROJECT



The FPA India, representatives in the South Asia Region Youth Network (SARYN) developed a project proposal which was submitted and approved by IPPF-SAR. The project aimed to equip youth forum members from five branches (Mumbai, Dharwad, Jabalpur, Ahmedabad and Solapur) with skills to advocate on young people's rights and on AEP+ as an important right. Project focused on the five selected FPA India branches:

The main objectives of the project were to influence policy makers, parents and educators at local and state level to support the inclusion of AEP+ in schools and Initiation of AEP+ in 15 schools.

- Two Youth forum members from five Branches were trained to advocate on young people's SRH and rights and identify three schools to initiate AEP+ sessions. The training was led by three National Youth Forum members and representative from SARYN.
- The trained youth champions with other Youth Forum members used innovative strategies and organized different activities for advocating AEP+ and SRHR for various stakeholders (signature campaigns, street plays, media meet, observing National Youth Day).
- Branches sensitized 50 teachers, 103 parents and 36 school authorities including Principals. Press meet was also organized for 19 media representatives at Ahmadabad & Dharwad branches.





Street plays to adress the Abortion related stigma in the community - Murhu (Abortion Stigma Project)

Stigma: The unseen barrier to young people’s access to SRH services

Murhu block in Khunti District of Jharkhand state is the location where the ‘Abortion Stigma Project’ was implemented with support from the David and Lucile Packard Foundation. Addressing stigma at the individual, community and institutional levels, comprehensive sexuality education was provided to young people aged 10-24 years for empowering them to make informed decisions.

Through this 20-month intervention, a total of 1,184 young people was covered who received at least one session of AEP+ both in (704) and out of (480) school settings. Due to intensive engagement with the education department by the branch, the District Education Officer agreed and issued letters to the government schools to permit the FPA India project team to initiate sessions.

Young people were involved in different ways:

- Identified and helped in setting up of the second Youth Centre in Gamhariya village.
- Participated in End-line survey using SABAS tool for conducting survey of nearly 130 households.
- Participated in Study to Assess the Knowledge of young people on AEP+ for conducting survey of 200 in school and out of school young people.
- Organize Health camps, street plays and awareness sessions at villages.



Sexual and Reproductive Health Services in the outreach areas – Murhu (Abortion Stigma Project)



Street plays to address the Abortion related stigma in the community - Murhu (Abortion Stigma Project)

Highlights of Activities

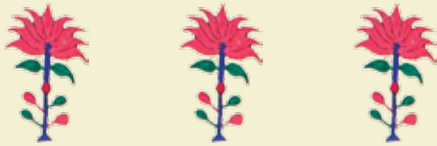
- Since Murhu is largely a tribal area with low literacy levels the use of Mid Media was very useful. Communication was active and engagement - oriented reaching out to groups of people through street theatre, folk drama and folk performance.
- Sixteen messages addressing abortion stigma were prepared in local dialect and were used by field team. The field teams were trained to use these as a basis for their awareness sessions.

- Over 500 educational sessions were arranged in small groups as well as one-to-one sessions for married young couples, unmarried young people, mother-in-law and men.

The sessions reached a total of 5786 people with average group of 10-12 people. The educational sessions helped to change the perception of the different stakeholders towards SRH and stigma around abortion issue and over the period of time there has been shift in their way of thinking and they are accepting young people accessing SRH and abortion service which earlier was seen as social taboo.



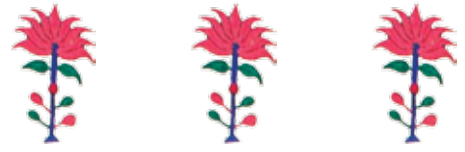
Health Camps in the schools - Murhu (Abortion Stigma Project)



- Orientation meeting with Chemists / Pharmacists: Meeting organized for 9 local pharmacists to sensitize them to issues around abortion, young people accessing over-the-counter abortion pills with no counseling and to increase referrals to FPA India clinic for those wanting information or services.
- Referral slip books were distributed for referring client for abortion services. Pharmacists have shown interest to support the project through referrals for which referral slips have been given. 5 new MoUs were signed with Chemists /pharmacists.
- 189 small meetings were arranged with different Health Care Providers including, the government Auxiliary Nurse Midwives (ANMs), and frontline workers- Accredited Social Health Activists (ASHAs/ Sahiyas) and trained birth attendants (Dai's) and mass meetings with 2200 participants from the project area.

- Ninety orientation meetings were arranged for 1076 Religious Leaders, community key influencers / political leaders'/ PRI members. With the experience of the community level sessions, these meetings were also arranged with smaller groups in the villages.
- Strengthening RHFPC as a Youth - Friendly clinic: The RHFPC has been furnished to make it more friendly for young people. A TV set plays informative films. A few magazines have also been subscribed.





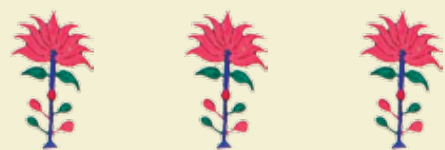
State-level advocacy meeting to clarify PCPNDT Act and MTP Act

Impact

At the end of the project it was encouraging to see that stigma related to exclusion and discrimination faced by young people with an experience of abortion has reduced, although marginally (from 45% to 43%).

An assessment of knowledge and attitudes of young people was done which showed improved knowledge and a positive attitude on issues related to SRHR.

- Knowledge levels and attitude towards most scales are positively high (56% - 92%) across all categories of responses.
- Young people were clearly aware of their rights with respect to their education, knowledge about sex and sexuality, choice of partner etc.
- Majority of young people knew the time frame till when an abortion is safe.
- Young people also expressed need for more information on the issue





GENDER & EMPOWERMENT



The level of stigma and discrimination faced by women and other vulnerable groups varies at different levels at different situations. Gender based violence is another challenge, in spite of various legal measures and support services; it is still not addressed adequately.

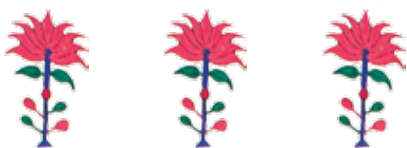
All over the world Gender Inequality is an issue of concern and that which promotes discrimination and gender imbalance in the society. Men are always considered as a powerful sex compared to female. Women and other key population groups such as female sex workers, transgender people always face stigma and discrimination (disempowerment) on the grounds of age, marital status, class, gender, caste, religion, sexuality etc. Stigma related to women's decision to access safe abortion services still remains an important area of intervention.



Lack of knowledge, education and finance also has adverse effect on SRHR accessibility. There is a huge gap in skilling and awareness on SRH issues including Gender and GBV.

If these gaps are identified and addressed appropriately, women and other vulnerable groups would access clinical services, earn livelihood and take decisions regarding their sexual and reproductive rights resulting in improved social, economic and conditions.

Keeping the above situation, FPA India has taken initiatives to empower people including vulnerable groups to transform gender norms and power dynamics to promote gender equality, reduce gender based violence and improve economic status of women and other vulnerable groups through various interventions such as Information Education and Communication, Educational sessions on Gender inequalities, GBV, discrimination etc., capacity building on issues related to SRH, skilling, Gender and Gender Based Violence.





Nagaland Branch Team with the participants on SRH day awareness program at Kezo Basa Village

Capacity Building

A five-day training program was organized in collaboration with DAWN Worldwide (Direct Action for Women Now) in Mumbai in the month of July, 2016. DAWN trained the staff to address the gender related issues effectively in the clinic setting as well as in the community. Those trained then trained other staff members and peer educators in the community. The capacity building training program resulted in increase in GBV screening.

- GBV screening has increased three-fold compared to 2015
- Counseling for support groups for survivors has increased almost two-fold including specialized counseling services on sexual abuse, physical abuse and emotion abuse.

Five days training program on GBV and its impact on SRH issues were conducted for branch key staff and they were trained to address these issues in the clinic as well as in the outreach.



Resource persons from DAWN Worldwide – and Dr. Vidisha Patel, Dr. Shamita Das Dasgupta and Dr. Sujatha Warrior





Mr. R. Harimohan, Hon Treasurer, spoke on women empowerment and marketing strategy of the self-help group, Nilgiris Branch

Developing and strengthening partnerships with Self Help Groups and Community Based Organisations (CBOs)

During the year branches, have identified 1031 Mahila Mandals including 166 new and 5822 Self Help Groups including 501 new SHGs to address the barriers and empower them to make decision about their reproductive rights. Ahmedabad branch worked closely with SHGs and conducted for SHGs on Gender and Empowerment.

To build the capacities of SHGs, Local Voluntary Groups, Mahila Mandals and CBOs to provide accurate information to others in the community, 201 training programs were conducted on issues related to Safe Abortion & AIDS, Adolescent issues, Family Planning and Mother and Childcare. These sessions helped the members to understand the issues better and enabled them to address them in the community.



Trivandrum SHG sensitization meeting on SRH



Ahmedabad Branch and Welspun Group Vapi, Pardi, Gujarat organized training on Strengthening the Capacity of Self Help Groups in Health Promotion





*Empowerment activity
for third gender,
Singhbhum Branch*

Establishing / strengthening Community Centres or Drop in centres:

The branches strengthened the existing 26 Drop in Centres and conducted 35 meetings. Total 3891 persons attended the meetings. These meetings were conducted to promote gender equality and to reduce stigma and discrimination against Key Population groups and PLHIV. During the year, 3 553 PLHIV and 16,036 Sex Workers, People Using Drugs (PUD), MSM and Transgender were reached out through interventions.



Total 1,02,690 migrants were reached out through various programs. Ahmedabad branch organized 24 awareness programmes for 654 male migrants to promote gender equality and to improve health seeking behaviour. Singhbhum Branch conducted Sarva Dharma Sammelan for inclusion of third gender at Dhatkidih Community Centre in Kadma, Jamshedpur.

In collaboration with Deputy Election Commissioner, the Branch started a campaign and helped transgender groups to get Voter ID cards in their preferred gender and name.



Awareness programme for male involvement

Referral linkages for GBV survivors:

Branches identified 116 NGOs who are working on GBV, and developed partnerships with them. Sensitisation meetings were conducted with law enforcement agencies to deal with GBV survivors sensitively.

The field teams and peer educators supported the Service delivery teams in identifying and referred 1000 GBV survivors to access services at FPA India SDPs and partner service units as required.

To promote male SRHR, the branches developed partnership with 443 formal and 236 informal MoUs with NGOs working on Women issues, local NGOs and CBO working on issues not addressed by FPA India and support men and boys to utilize their services.



Police sensitization meeting at Trivandrum on GBV



Ahmedabad Branch takes initiative to increase SRH Services for male and other special groups like male migrants, construction workers, ANC / PNC, KPS and young people



Mrs. Deepa (Trainer) - Pickle and Masala making. She explained about how to make pickle and masala powder and what are the components to be used, Nilgiris Branch

Skill building in Income Generation:

Branches conducted 356 courses on different types of income generation skills using their own funds such as tailoring, computer, painting, handicraft, beauty culture, soft toy making, music, dance and karate for 6813 persons including 324 persons from vulnerable groups from 15 branches - Chennai, Gwalior, Jabalpur, Kalchini, Lucknow, Madurai, Mumbai, Nagaland, Nilgiris, Solapur, Trivandrum, Bhubaneswar, Raichur, Rajkot and Yamunanagar who were provided financial assistance from the core.



To identify and showcase the skills of transgender, Singhbhum branch organized an exhibition. More than 150 TG participated and displayed their handwork. Their talents were highly appreciated by everyone and widely captured by media. People from different background such as corporate, media persons, advocates, NGOs, who could provide support in enhancing their skills as well as help them to sell their products. Tata community development department ensured them to provide market place and to provide them advanced training.





Ms. Arshpreet Kaur, Youth Volunteer, CEC Member, addressing the youth group on the occasion of World AIDS Day, Mohali Branch

Observation of World Aids Day

World AIDS Day 2016 was observed on the theme - Handsup for #HIV prevention



The Rotary Ivory City Mysore

Under **Welspun CSR initiative**, FPA India Headquarter supported by Ahmedabad and Mumbai Branch implemented a one-year project to build the capacity of Self Help Groups in Health Promotion in Pardi district of Gujarat. The project worked closely with Saahai Foundation and covered five villages. Baseline survey of the five villages were conducted to understand the level of women's participation in work, spending pattern and savings, their participation in decision making in the family and health seeking behaviour and hygienic practices during menses.

The survey findings and recommendations were shared with the staff and the community members and recommendations were shared with the staff and the community volunteers.



Based on the survey findings three capacity building training on SRH and STI / HIV was conducted for nine Saahai foundation staff and 60 community volunteers, seven Medical Health Care Providers were oriented on new trends of Contraceptives and five health sessions were conducted two for men and three for women which includes Cervical / breast cancer screening, haemoglobin camps for women and young girls and HIV / STI detection camps for Welspun male workers.



Health Check-up Camp for Men & Women, Welspun Workers Colony-Vapi



In the three health camps 535 women were screened for cervical and breast cancer. Other services like testing for Anaemia, HIV, VDRL and services for STI, Gynaecology, Infertility, ANC and Urology were provided for men and women workers of Welspun and its nearby villagers.



Health Checkup Camp for Men - Welspun Workers Colony - Vapi



Health session at Vapi



Education and awareness sessions at Vapi



Health Checkup Camp for Men - Welspun Workers Colony - Vapi

Similarly, a male health session was conducted for 1137 and they were provided General Health, HIV testing, VDRL /HIV testing and other urological services. IEC materials on STI/HIV and on GBV were distributed during the health camp.



Most of the clients were found having RTI / STI symptoms and are vulnerable to STI / HIV infection due to their migratory status.

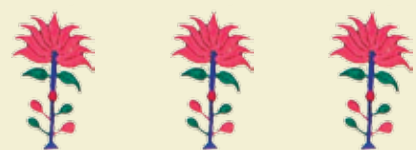




Sanitary napkin making refresher training, Vapi, Gujarat

To improve the financial status of women, training program was organized on manufacturing Sanitary Napkins. Eight women from Vatar village were trained on this. These women were oriented on how to prepare and sell it in the community.

Now these women are selling a pack of eight napkins in an attractive pack named “SURE FREE” for MRP 40/- The feedback for these napkins is very good from the villagers.





SERVICES

Comprehensive quality sexual reproductive health care, including safe abortion and HIV & AIDS services (43.73 million services by 2019) delivered

FPA India reaches out to people who are poor and vulnerable for whom access to healthcare especially sexual and reproductive health care is a remote possibility. Through its 40 RHFPCs, 17 satellite clinics, 62 outreach units, 432 community based providers, 40 Associated clinics, 32 other agencies and a network of 115 private medical practitioners FPA India continued to provide services to wide and varied populations during the year 2016.

Highlights

Total of **96,52,848** services were provided to **28,55,785** clients

The total CYP generated was **584,008**

40% clients were under 24 years of age

88% belonged to the poor and vulnerable groups



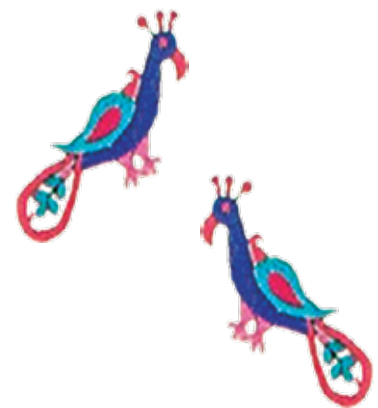


Discussion on importance of breastfeeding, Nagaland Branch

Strategic thrust areas under services that saw significant gains in 2016 were the following:

Strengthening access to quality services through existing and new static clinics:

Over the past one year, FPA India focused on ensuring quality SRH services across all the service delivery points. Within this, special mention needs to be made on the efforts made to scale up cervical cancer screenings and treatment. The VIA technique has proved to be a very economical screening tool for early detection of cervical cancer. Efforts were made towards task shifting and sharing for Cervical Cancer screening in resource limited settings with training of ANMs.



FPA India engaged with men and boys as agents of change to promote gender equality, promote sexual health and prevent sexual and gender based violence. After eight years of successful implementation of GCACI, FPA India entered phase IV in February 2016 to continue the efforts to increase access to safe, high quality and rights based abortion care services to all women with a special focus on the most vulnerable.



Sexual and reproductive health session conducted in school by Hyderabad Branch

Increasing access to quality outreach based services for poor and vulnerable groups:

FPA India branches and projects conducted fixed day and special SRH service sessions, improving Access to SRH information and Services in urban slums, tribal, hilly, and difficult-to-reach rural areas and continued ongoing activities, of providing clinical health care information and services to the poor and marginalized groups within the operational areas.

Cross cutting focus on quality of care remained one of the key cornerstones for FPA India. In the past year, FPA India Headquarters conducted quality monitoring visits to branches, implemented the quality assurance tool and used its recommendations for actions and also showcased its innovative approaches.



Awareness programme and health checkup organised for PLHIV and FSW in collaboration with SPAD organisation, Dharwad Branch

Strengthening Access to Quality Services

Cervical Cancer screening by the VIA technique has proved to be a very economical screening tool for early detection of cervical cancer and was offered by 28 Branches during 2016 and nine Branches also conducted colposcopy procedures.



Nilgiris Branch conducted breast and cervical cancer awareness programme for SHG Members at Mount Plasant

Cervical cancer scale-up fund:

Supported through a restricted grant by IPPF, this project was implemented in five FPA India branches i.e. Kalchini, New Delhi, Madurai and Bhubaneswar. These branches were supported with Colposcopes and LEEP therapy equipment for screening, diagnosis and early intervention for cervical cancer. Medical Officers from all these branches received hands-on training in the diagnosis and management of cervical intra-epithelial neoplasia.

This effort is towards task shifting and sharing for Cervical Cancer screening in resource limited settings of high need which is possible with cost-effective technology like VIA and VILI. Through this project, Registered Medical Practitioners (RMP) of the AYUSH stream as well as mid-level providers such as nurses were trained to screen women for cervical cancer and identify and refer clients requiring further intervention, thus reducing the cost of the programme as well as dependency on highly skilled specialists.

This initiative also gives an opportunity to educate the community about the link between cervical cancer and high risk sexual behaviour or early sexual debut. Identification and syndromic management of STI/RTIs is possible in walk-in clients who may not otherwise present with complaints. “Aceto-whitening” noted in the VIA can thus be used as a tool to identify high risk clients who can also be counselled and tested for HIV.

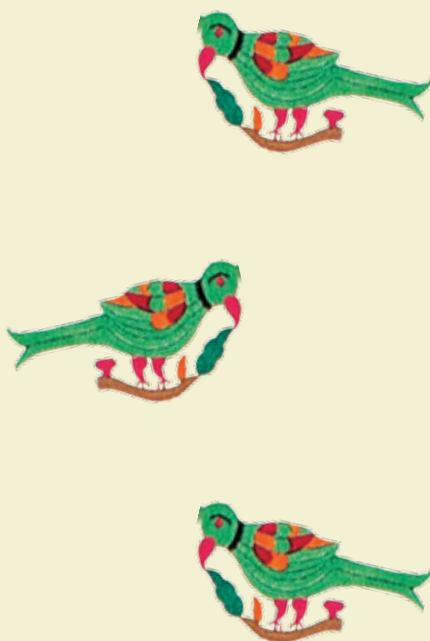
Laboratory services were continued to be supported and strengthened in Gomia, Dindigul, Agra, Bhubaneswar, Murhu, North Kanara, and Raichur. Agra and Yamunanagar Branches were supported to continue dedicated SRH services for men and boys.

High Quality Clinic based Family Planning and other SRH Services supported by Mahindra and Mahindra Financial Services Limited (MMFSL).

FPA India Kolkata, Murhu, Raichur, Yamunanagar, Lucknow, Jaipur, Bhubaneswar, and Panchkula branches have been supported through MMFSL with various equipment like Digital Video Colposcope, laparoscope, hydraulic table, USG, pulse Oxymeter, Shadowless lamp, semi-autoanalyzer etc. to strengthen surgical and diagnostic services in FPA India SDPs.

Representative from MMFSL visited FPA India Yamunanagar branch to assess impact on service delivery after upgradation of the facility with all the equipments provided under this grant. Footfalls in the clinic have increased in the second quarter of this year after installation of the equipment in the clinic premises. Through a separate grant from Mahindra Insurance Brokers Ltd (MIBL), FPA India Jaipur, Agra, Indore, Shimoga and Kolkata Branches also received clinical and diagnostic equipment.

Screening for GBV: Clients walking into FPA India RHFPCs are routinely screened for evidence of GBV and offered counselling and referrals for further management and support. In 2016, more than 100,000 women were screened for GBV.





Medical Camp at Lapchaka Village, Kalchini Branch

Engaging, Empowering and Enabling Men and Boys (E3MB) for SRHR

FPA India has designed an innovative project to meet clients' needs. FPA India is planning to implement the Innovation Programme project supported by IPPF named *Engaging, Empowering and Enabling Men and Boys (E3MB) for SRHR*. CORT Baroda is the research partner for this Project.

IPPF's Innovation Programme is supporting FPA India to trial the impact evaluation method to increase the understanding of men's roles and responsibilities in providing care and support to women for maternal and child health care, and involving men and boys' to prevent sexual and gender-based violence.

The project goal is a gender just and free environment, for men and women to realize their sexual and reproductive health rights. Strategies adopted are:

- Engaging men and boys as agents of change to promote gender equality, promote sexual health and prevent sexual and gender based violence
- Empowering men to be better partners by trained service provider
- Enabling uptake of Male SRH services

The project will be implemented in two large slums of Hyderabad (Telangana state), covering the urban area. The project will focus on working with men and boys between 10-49 years of age. The focus for young boys (10-14 ages) will be on comprehensive sexuality education and changing gender stereotypes. For older boys and men additionally it will be on strengthening their participation as partners and parents.

A comprehensive SRH service package would be provided to men and boy as per their need. Various approaches will be adopted to reach boys and men - key messages through mass media events, peer education, health care providers and special services for men. Health care facilities and the work place will be the target settings, apart from the outreach. The project has completed its inception stage. Highlights of work done so far -

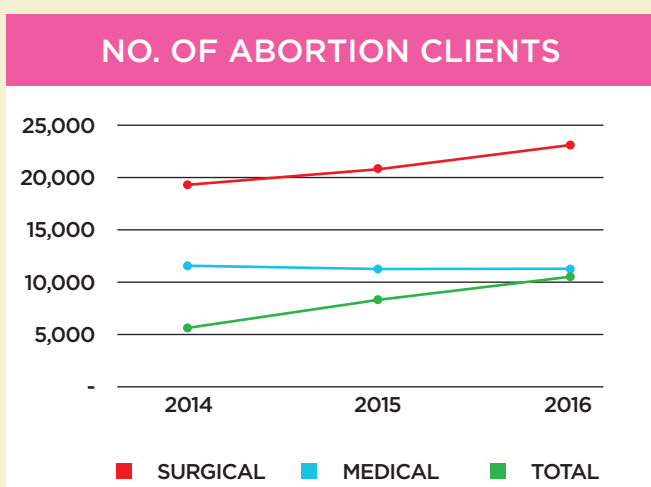
- Hyderabad branch has commenced the start-up activities for the project.
- Initial orientation of staff and volunteers at branch has been done.
- Screening for recruiting the peer educator and other project staff has been started.

Global Comprehensive Abortion Care Initiative (GCACI)

After eight years of successful implementation of GCACI, FPA India entered phase IV in February 2016 to continue the efforts to increase access to safe, high quality and rights based abortion care services to all women with a special focus on the most vulnerable.

Currently, Phase IV is being implemented in 18 clinics located in 15 branches spread across 9 states of India. For the first time, branches from Haryana and Gujarat have been included in the project. Thus following Branches are implementing GCACI in Phase IV - Agra, Ahmedabad, Dindigul, Jabalpur, Gwalior, Gomia, Kalchini, Kolkata, Mumbai, Lucknow, Murhu, Nagaland, Panchkula, Pune and Solapur.

Under the current phase, 18 clinics are providing first trimester abortion care while 5 of these are providing second trimester services. Additionally, 5 clinics are providing medical abortion services through their five satellite outlets in the far-flung areas.

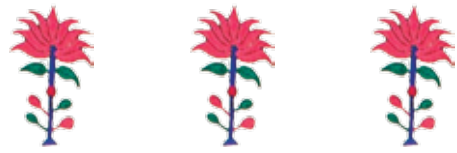


Highlights

- 9.9% increase in abortion clients in the year 2016, as compared to the previous year.
- Out of the total abortion clients served during year 2016, more than one third clients below 25 years of age.
- 6.3% increase in total contraceptive users as compared to 2015.
- There was an increase in the number of total contraceptive users by 6.3% in 2016 as compared to year 2015.
- 99.6 % of the clients who had an abortion or incomplete abortion treatment accepted a post-abortion contraceptive method.
- Among those who availed CAC, post-abortion contraception acceptance for Long term methods (sterilization, IUD) was 34%.



Contributing Strategies and activities



Demand Generation Activities:

Link workers continued to play a major role in demand generation activities in all clinics. All clinics organized regular meetings with government grass root workers (ASHA, USHA, and Anganwadi workers, ANMs) to orient them about abortion related services.

These grassroots workers who work very closely to women and girls referred highest number of clients and at times accompanied them to clinics to ensure that all the SRH needs are fulfilled.

Some innovative ideas implemented by branches were visiting cards of FPA India clinic with a list of services offered (Nagaland), felicitating the staff, young peer educators and clients who are referring clients (Mumbai AWHC), extended working hours of clinics (Pune, Kalchini and Dindigul) so that working women can avail safe abortion services.

Additionally, wall paintings, mid media activities like puppet show, pictorial messages, and innovative calendars with messages on safe abortion were undertaken by branches.

Regular Meetings with private medical practitioners, pharmacists were conducted to sensitize about legalities of Abortion as well as possible ways to help needy clients.



Health Care Providers taking pledge of creating a stigma free zone in their community by spreading the safe abortion message, Ahmedabad Branch

Global Day of Abortion:

Various innovative events were organized across Branches to celebrate September 28, as the Global day of abortion. The theme this year was 'Let's challenge abortion stigma & gender stereotypes!' - # Step into Our Shoes". Notably, Kalchini Branch conducted a rally involving 450 SHG members who raised slogans against abortion stigma. Street plays on the same theme were organized in 4 locations.

Two local newspapers and a local TV channel (Uttar Banga Sanbad [Bengali Daily News]; Jana Jagaran [Daily Nepali Patrika], and CCN TV) published and highlighted the message regarding campaign on Global Abortion Day.



Self-Help Group members in the rally, Kalchini Branch





Awareness session conducted by Panchkula Branch for doctors and chemists



Awareness session on safe abortion with ASHAs, Solapur Branch

The media sensitized the mass regarding the negative impact of myths surrounding abortion on individuals' sexual and reproductive rights and highlighted various services available at FPA India clinic at Kalchini.

Similar events were organized in Lucknow for youth volunteers, government officials and State Health Partners. An innovative programme to burst the myths around abortion was organized in Murhu. The programme involved bursting of balloons symbolizing busting of myths and stigmas around abortion and sharing the correct facts with community women.



Staff nurse from Nagaland Branch conducts a session during Global Safe Abortion Day



Medical Officer, Nagaland Branch conducting training programme on family planning during world contraception day

Meeting The Unmet Need:

FPA India received a small assistance of USD 75310 from IPPF through the GC Fund to give impetus to the service delivery activities in the last quarter of 2016.

This support enabled 19 FPA India branches to conduct fixed day and special SRH service sessions in the month of November and December 2016 through the RHFPC and outreach based SDPs. A total of 188 sessions were conducted for 11,868 clients, who received 75,851 SRH services, including 253 female and 40 male sterilization procedures.

These include the following:

- Special service sessions on spacing methods of family planning (pills, condoms, IUDs, injectable) - screening, referrals and service provisions to young and underserved
- Cervical cancer screening session in outreach
- SRH sessions for adolescent girls / boys (separate sessions for in-school and out of school adolescents)
- SHR needs of men and boys / key population groups
- Fixed day sessions for female / male sterilization





Programme Officer, Bijapur Branch having an interactive session on SRH in Kumatagi village



Outreach services

Strategies to strengthen enabled services across all the FPA India Branches / Projects were deliberated during in-house meetings and also discussed with Branch Managers during a workshop convened to discuss implementation of the Strategic Plan 2016-2022 held in Mumbai in the month of September 2016.





SMARANA Project:

Dr. Somashekhar and Malati Munavalli Health and Wellness Foundation sponsored health education project- SMARANA Project is being implemented in FPA India Bijapur branch. Awareness programmes on various issues of SRHR are conducted in the 5 villages of Karnataka through this project.



Yardi Slum Welfare Project:

Since mid-2014, FPA India, Pune Branch is implementing the Yardi Slum Welfare Project for Improving Access to SRH information and Services in three urban slums of Pune City by covering a population of 125,000 in 61 slum pockets.

The objective is to increase the level of awareness and create a demand for services related to sexual and reproductive health and rights, including maternal and child health and family planning services. Through this project a total of 23, 456 services including 1719 contraceptive, 4485 gynaecological, 1585 HIV and STI/RTI related, 898 sub fertility and urology related, 615 safe abortion, 582 other SRH, 7157 MCH and 6415 general health services were provided.

These services were provided through special service sessions in the community, fixed day service sessions through a mobile clinic van and two satellite clinics.





A camp focussing on Sexual and Reproductive Health, voluntary counselling and testing for HIV and Hepatitis was conducted in Kezo Town, Nagaland Branch - seen in the picture are - Ms. Amita Dhanu, Director, Adolescent, Mr. Umesh Aradhya, President, FPA India and Ms. Anjali Sen, Regional Director, IPPF-SAR

Special Service Sessions in Rawra, Jodhpur District

FPA India conducted three special health service sessions in three locations in and around Rawra Village in the Jodhpur District of Rajasthan, in collaboration with Mahindra Susten.

The objective was to bring about greater awareness among the community members about reproductive health and family planning services and provide good quality counselling and health services to men, women, adolescents and children. The health sessions were preceded by an awareness campaign to help the community identify their health needs and seek services.





Special Grant Support from ISGEC: Improving Access to SRH and FP services across clinic and outreach based FPA India service delivery points

FPA India received an outlay of Rs. 11 lakhs, from ISGEC to support its ongoing activities, of providing clinical health care information and services to the poor and marginalized groups in rural area and urban slums of its operational areas, during October-December 2016.

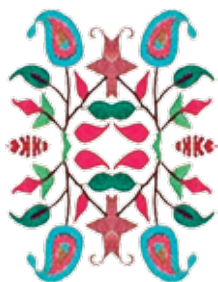
This support was used to provide additional Sexual and reproductive health care services in 20 FPA India Branches. The user profile included women and men from rural areas and urban slums; tribal populations and young people (age group 10- 24) that included school going and school dropout young people. The life cycle approach was used on a 'right based' framework to ensure that the most poor and marginalized groups from these areas were provided clinical services.



Highlights of Activities



1. Laboratory services in 11 Branch Clinics
2. Counseling services in Rajkot, South Kanara Branches for adolescents in and out of school and pre-and post HIV testing.
3. Demand generation in the community through link workers in Bhubaneswar Branch.
4. Consultancy fees to visiting surgeons and anesthetists in 11 Clinics of 8 Branches to conduct female sterilization and MTP services.
5. Procurement of contraceptive products and Medical Abortion kits
6. Procurement of STI/RTI treatment kits
7. Special SRH service sessions for Men and boys



Partnerships

Partnerships to enable SRH services:

Partnerships were established with associated clinics, other like-minded NGO's and CBO's to enable SRH services. MoU formats were shared with few branches like Raichur, Bijapur to form formal partnerships with other like-minded organization and service delivery facilities. Contraceptives were delivered through private medical practitioners in Mumbai under FPA India-NIMA partnership initiative facilitated by the Mumbai Branch.

Partnerships and collaborations:

Pune, Mumbai branches established partnerships with NGOs working with sex workers and adolescents. Pune and Dindigul have partnerships with transport agencies to provide free transport to the clients. Solapur clinic has estab-

lished partnership with unorganized small scale industries where all workers are women. Nagaland clinic has partnerships with private gynaecologists. All these partnerships increased inbound referrals for safe abortion services.

Cross learning visit to PPA Ghana:

IPPF facilitated a cross-learning and exchange within the GCACI programme between Member Associations FPA India and PPA Ghana during September 23-27, 2016. Specific learning was held on the roll-out and implementation of the electronic CMIS and the use of client data to develop clinic specific work plans and inform programming.

A team of three, from FPA India participated in the exchange programme on behalf of FPA India. Some of the good

practices observed in PPAG such as auto generation of client ID in the CMIS, extensive use of the inventory module in CMIS and wider use of social media for e-counselling /hotline have been shared with the in-house team to explore for adaption within FPA India.

Reaching the undeserved through the Life Line Express: Innovative collaboration between FPA India Bhopal and Impact India Foundation

Innovative collaboration between FPA India Bhopal and Impact India Foundation

Impact India's Lifeline Express is the world's first hospital on a train launched with an 'express' purpose to reach out to the disabled, poor and needy communities from rural and semi-urban India.

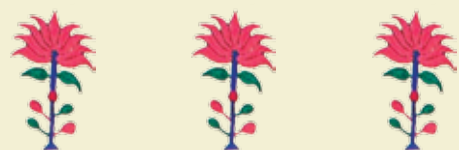
Major surgeries have been conducted on the Life Line Express to restore movement, hearing, sight and correction of clefts with the help of donated skills and services of health care providers.

FPA India Bhopal Branch participated in this innovative outreach intervention in partnership with Impact India Founda-

tion by sending a team from Bhopal Branch to support Family Planning promotion and service delivery on the Life Line Express, stationed in Satna, Madhya Pradesh.

A two-member team from Bhopal was deputed to be stationed on the Lifeline Express for six days to provide information, education and counselling services on Family Planning and other SRH services. They oriented 30 local volunteers from Satna associated with this initiative on providing information to clients and managing client flow for the service sessions.

It was a fresh experience for the team to work in a completely different setup. They adjusted with the system quickly and contributed significantly by IEC to 233 men and 605 women along with FP and SRH counselling services to 135 men and 297 women. This included 23 couples counselled for infertility related issues and referrals for 2 men and 17 women to undergo sterilization at the district hospital.



SETU Project:

The GC funded SETU project was implemented at 8 locations from Jan-Sept in 2016 across 8 branches. The approach in 2016 was on extensive service delivery. FPA India adopted new strategies of low cost service delivery in short time. FPA India CBPs were also engaged with ASHA's to sustain the impact of the initiative.

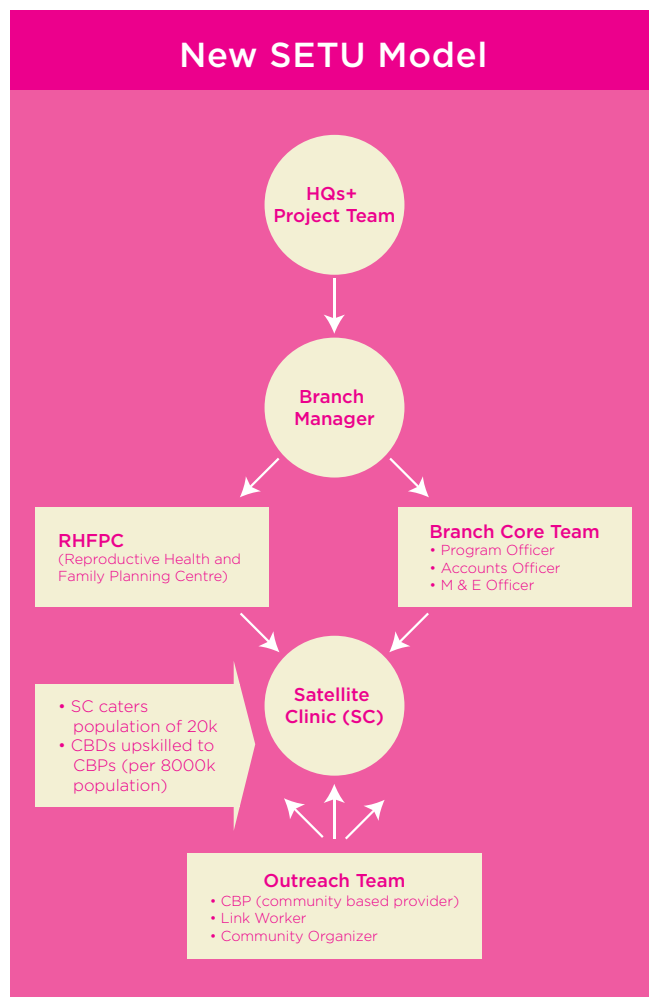
2016 highlights

- CBPs provided specific information and services including basic consultation, counselling and referrals for FP - contraceptives, and SRH & MCH services as per the defined CBP package.
- CBPs in 8 branches (Agra, Bidar, Gwalior, Mumbai, Pune, Kalchini, North Kanara, and Jaipur) started cost based distribution of contraceptive and other commodities.
- FPA India Commodity Security Guideline was developed along with the guidelines supply chain M&E formats were also printed for all branches.
- "Quality of care guideline" for outreach based services was developed. A meeting was organized to give structure to the same. The guidelines will soon be circulated across branches.

Key achievements (Jan-June 2016):

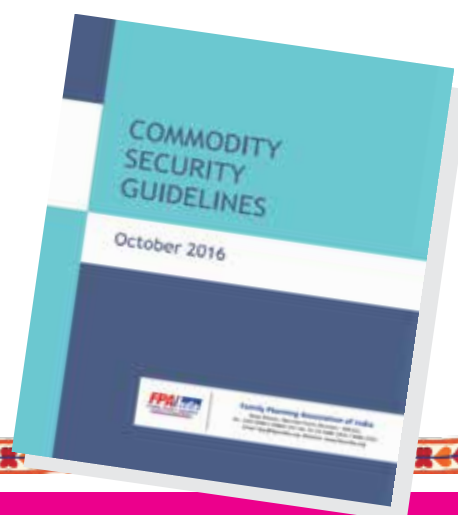
Total 4, 86,510 services were provided and 21,080 CYP achieved through SETU project in the period Jan-June 2016. Following is the service wise breakup of achievements.

CONTRACEPTIVE SERVICES	2,21,891
ABORTION SERVICES	1,294
HIV/AIDS SERVICES	14,666
STI/RTI SERVICES	21,599
GYNECOLOGICAL SERVICES	38,618
OBSTETRICS SERVICES	35,409
SPECIALIZED SRH SERVICES	7,633
PEDIATRICS SERVICES	51,765



Lessons Learned

- Services through 'Mobile Medical Van' are a key approach to reach large number of people in a short time and with fewer resources. It also helps in increasing the accessibility and acceptability of services by the community.
- Social marketing of contraceptives and commodities is the need of the hour to maintain continuity of outreach work with very minimum resource investments. There is scope for further strengthening of the social marketing approach of FPA India.





ABC Fire Protector and Nilgiris Branch conducted Basic Fire Drill Training at RHFPC

Quality of Care

Monitoring Visits:

Visits towards assessment of Quality of Care were organized in Bangalore and Shimoga Branches and two RHFPCs of Mumbai Branch. Branches have been guided to implement recommendations made during visits. This was an integrated QA visit jointly conducted by the IPPF-SAR team along with the FPA India head-quarter team. A senior Programme Staff member from FPA Nepal, who was on an exchange visit to FPA India, was also part of the visiting team.

Self-assessment and client exit interviews:

Forty-one RHFPCs conducted SDP self-assessment and client-exit interviews and submitted an SDP Action Plan. All the Action Plans have been collated to develop a consolidated SDP action plan. These action plans also include SDP wise requirements for support to procure or repair essential clinical equipment, based on which additional funding support from other donors was sourced.

Quality Assurance in service delivery:

Sharing best practices and experiences meeting was conducted in Mumbai. Medical Officers from New Delhi, Bidar, Solapur, Murhu and Mumbai participated in the meeting and shared experiences and best practices from their SDPs. This activity was carried out through a special budget sanctioned by IPPF-SAR.

Provision of Quality of Care:

Clinics continued to work with 'No Refusal Policy' and within the IPPF framework of Clients' rights and Providers' needs. To strengthen the quality of care for the services offered, Technical refreshers for staff and link workers were conducted regularly. Job aid on safe abortion was developed for MMA. Robust MIS, regular contraceptive stock checks and supportive supervision improved project functioning significantly.

Monitoring visits to the clinics by HQ teams to assess the project management using clinic audit tool have helped in undertaking clinic-specific corrective actions. Client exit interviews were also conducted. A total of 729 clients were interviewed in year 2016 at 18 clinics. Analysis shows that overall 96% of the respondents were satisfied with the CAC services received from FPA India.

Clinical Skills Training Programmes:

The RHFPCs of FPA India Pune, Dharwad, Mumbai and Gwalior Branches are recognized as specialized skills training centres to offer clinical skills training in laparoscopic tubal ligation and minilap tubectomy as well as MVA for first trimester abortion.

During the year 2016, a total of 76 doctors completed this training in laparoscopic tubal ligation through these centres. Dharwad and Bidar

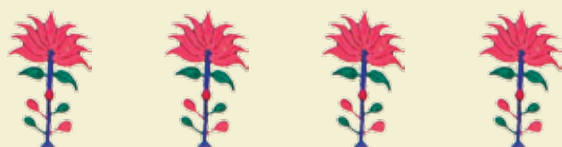
branch also trained 23 doctors in Mini Lap Sterilization. Of these, 12 doctors, who were Medical Officers working in the public health facilities of Bihar also underwent a training of trainers in the minilap tubectomy procedure at FPA India Dharwad. This training was organized in collaboration with Engender health. 16 doctors received MTP training through Mumbai and Gwalior branch. 2 doctors also completed NSV training through Mumbai branch.

Mentoring:

Under the guidance of Dr Usha Krishna, Chairperson MAP, a meeting was organized in the month of December 2016 to explore the concept of “mentoring” of FPA India service delivery teams by medical experts to strengthen the quality of clinical services.

Volunteers of FPA India who were also medical experts and who could make a significant contribution to oversee the quality of clinical services, particularly those involving specialized clinical skills, such as abortion and sterilization services participated in this meeting.

They were oriented on concept of mentoring and familiarized with the Quality Assurance Systems and Tools so that they could be involved with supportive supervision, particularly related to ‘practice’ quality, such as clinical skills of surgeons, infection prevention protocols etc.



IPPF-SAR provided a special grant to develop a two-day workshop which was conducted in the month of August 2016 in Mumbai where few FPA India Medical Officers and Branch Managers were invited and a framework of these guidelines was finalized.

The guidelines include a minimum essential package of services developed for various outreach based SDPs.

Guidelines and Tools

Guidelines:

As an addition to the Essential Services Standards (update 2014), Guidelines on other sexual and reproductive health and gynaecological services which include management of sexual health related issues, menopause and bleeding per vaginum have been shared with all the branches to improve service delivery.

Guidelines on quality of care in Outreach based service delivery points (SDPs):

IPPF-SAR provided a special grant to develop a two-day workshop which was conducted in the month of August 2016 in Mumbai where few FPA India Medical Officers and Branch Managers were invited and a framework of these guidelines was finalized. The guidelines include a minimum essential package of services developed for various outreach based SDPs.

MEDPULSE NEWSLETTER

A combined issue of the Medical Newsletter MedPulse was developed for the period January to September 2016. This edition covers topics such as anaesthesia, contraceptive-Centchroman and screening of cervical cancer. This article will be now printed and distributed among all the branches.





ORGANISATIONAL EFFECTIVENESS

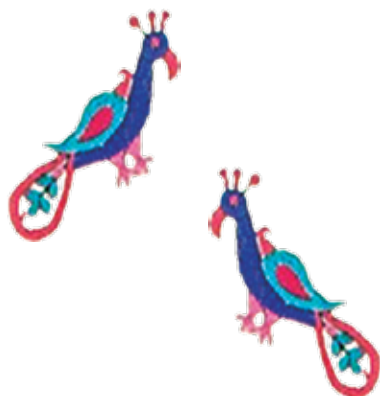
High performing,
accountable and
efficient organization
driven by a culture
of excellence

Ensure evidence based
decision making for
supporting SRHR and
Sustainable Development
agenda:

FPA India realigned its current portfolio's as per its new strategic plan. Workshops were held for staff and branches to help understand the new strategic priorities including its objectives and results of FPA India. As a part of systems strengthening, the District Health Information System was introduced in 2015. From 2016, monthly reporting of service statistics was done online/offline in DHIS2.

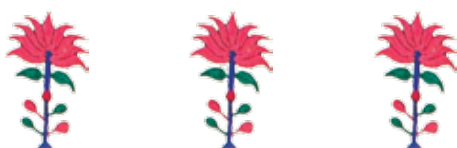
Building a well-resourced
and financially stable
organisation:

A workshop was organized to strengthen understanding of branches on resource mobilization, particularly the opportunities that can be leveraged from the new CSR mandate. FPA India explored new non-conventional fundraising approaches. A workshop was organized for 12 branches to understand the concept of 'Fundraising'. FPA India submitted various project proposals for raising funds many of which have been selected by the donor organisations.



Strengthening systems and processes including accountability mechanisms for effective management:

As part of human resource development, 1546 individuals have been trained on 'Basic Counselling Skills', 'Counselling in Trauma, Guilt & Self Esteem', 'Family Planning for Civil Society Organisations', 'Leadership & Management' and Sex & Sexuality Counselling, 'Comprehensive Sexuality Education', 'Counselling for Children' through six training sites and 64 courses from development sector. Participants and facilitators have appreciated courses. Many individuals have attended multiple courses.



Evidence Based Decision Making

Strategic Plan Implementation Workshop

To take forward the developed FPA India Strategic Plan 2016-22, a workshop was organised for all Branch/Project Managers. The focus of the workshop was to present strategies for each of the 12 objectives under 4 Outcomes and 15 expected results.

Realignment of Organization Structure with Strategic Plan -Workshop

There is a paradigm shift in the new the Strategic Plan 2016-22. The focus of the new Strategic Plan is on Advocacy; Service Delivery; Gender, Empowerment and Young People; and on Organisational Effectiveness and Accountability.

Therefore, it was felt that there was a need to align departments at FPA India headquarters to the strategic plan for more meaningful and effective functioning to achieve the expected results; prepare departmental profiles based on the realigned departments and new requirements; and to reorganise job requirements at branch level aligned to HQ requirements.

Selected staff from HQ and Branches participated at the workshop and brought out a revised organogram both at HQ and Branch levels; modified existing department profiles and new department profiles were drafted. Job requirements and positions were also identified based on the requirements both at the branch and HQ levels.

Routine Data Quality Assessment (RDQA)

In one of its efforts in improving data quality and bring in uniformity of recording and reporting, IPPF selected FPA India to train key staff in RDQA (Routine Data Quality Assessment) tool. This tool has been developed by the IPPF/Central Office along with the U.S. Agency for International Development (USAID)'s MEASURE Evaluation PRH project.

The objectives of the IPPF RDQA tool are to:

- *verify rapidly* the quality of reported data for selected indicators at selected sites and the ability of data management system to collect, manage and report data quality
- *develop an action plan* to implement corrective measures for strengthening the data management and reporting system and improving data quality and
- *monitor capacity* improvements and performance of the data management and reporting system to produce data quality over time

Some potential uses of the tool are listed below, though it is most effective when used routinely:

- *Routine data quality checks as part of ongoing supervision*
- *Initial and follow-up assessments of data management and reporting systems*
- *Strengthening programme staff's capacity in data management and reporting*
- *Preparing for formal data quality audit*
- *Assessments by Headquarters of the quality of data*



The tool is always implemented at the service delivery level, where source data capture is available. There are two major parts of the tool - Data Verification and Systems Assessment.

For the training programme two RHFPCs in Mumbai were selected. Participants undergoing training included Mumbai Branch Manager, M&E Officer-Mumbai Branch, M&E Managers and Director M&E from Headquarter.

The training team also included was the Senior Adviser, Organizational Learning and Evaluation from Central Office and Project Specialist-Organizational Learning and Evaluation from SAR. The facilitator was Senior Evaluation Officer, Organisational Learning and Evaluation from the IPPF Central Office.

The process of training in RDQA was carried out by HQ staff at Indore where the M&E Officer from RTC-Bhopal and the Counsellor from Bhopal Branch were the participants along with the Branch Manager and M&E Officer from Indore Branch.

DHIS2

As a part of systems strengthening, the District Health Information System was introduced in 2015, a process which began in 2013. The system is designed to capture service statistics on a weekly basis which is based on the quarterly statistical reports in excel. It has a number of user-friendly apps and one of the features is of graphs which can be used for programmatic decision making.

With technical and financial support from IPPF-SAR, two persons (one M&E point's person) from all branches/projects were selected and trained in the use of the system alongside clarifications on the service statistics definitions in 2015, which was considered as a pilot phase. In 2016, monthly reporting of service statistics was done online/offline in DHIS2.



Four issues (December 2015, March 2016, June 2016 and September 2016) of Aspire

Service Statistics - DHIS2 Training of Trainers Workshop

This workshop was conceived as an outcome of the lessons learnt through the earlier experience and it was felt that Branch Managers should be trained and that they should be able to take this forward at their own branch as well as in other branches.

With this main aim, Branch Managers and other key persons from 12 branches and 1 project were selected as well as unit heads at Headquarter mainly responsible for service delivery. There were a total of 14 participants with 7 Branch Managers and one unit head from Headquarter.

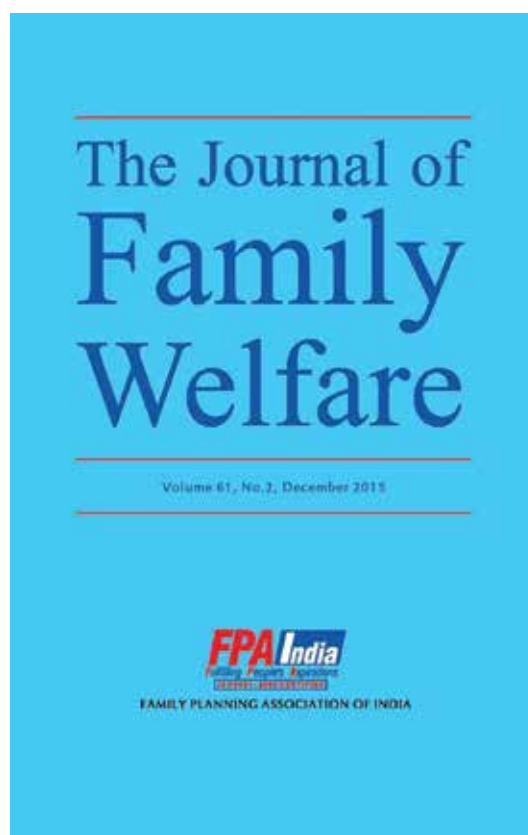
The workshop was organised through technical and financial support from IPPF-SAR. Through an interactive and hands-on training process, clarifications were made on the definitions of services and data analysis using the graphs app in the DHIS2 system various inconsistencies in the report was highlighted.

Piloting client satisfaction

One of the expected results of the Strategic Plan is 85% of FPA India's clients would recommend our services. A methodology is being developed by IPPF to capture data for assessing this learning from various methodologies in use elsewhere. FPA India and Uganda has been selected to pilot test the revised methodology this year.

Publications

December 2015 issue of the Journal of Family Welfare and four issues (December 2015, March 2016, June 2016 and September 2016) of Aspire were published.





RESOURCE MOBILIZATION

In the reporting year, Branches and Headquarters submitted twenty - eight proposals to various donors including IPPF, international donors and corporate houses. Eight of these have been approved while outcome of some of the others is awaited. With increased competition for limited grant resources in SRH, FPA India explored new non-conventional fundraising approaches such as the Fund Raising Programme through School students and the Mumbai Marathon

Building a diversified and sustained donor base for increase in resources

In the reporting year, Branches and Headquarters submitted twenty-eight proposals to various donors including IPPF, international donors and corporate houses. Eight of these have been approved while outcome of some of the others is awaited. With increased competition for limited grant resources in SRH, FPA India explored new non-conventional fundraising approaches such as the Fund Raising Programme through School students and the Mumbai Marathon.

Workshop on Fund Raising

A workshop was organized for 12 branches (Agra, Bidar, Bhopal, Dharwad, Gwalior, Jaipur, Kalchini, Kolkata, Mumbai, New Delhi, Nilgiris and Pune) for participants to understand the concept of 'Fundraising'. During the workshop concept of Fund Raising Programme through School students was discussed. The concept involves approaching schools and requesting them to support our cause through their students mobilizing donations. Participants discussed the likely causes which a school may want to support through their students as follows:

- Violence against girls and women (GBV)
- Education of girls (SYDS)
- Malnutrition among children

Subsequently, Branches were sent detailed Guidelines, Donation cards, PowerPoint presentation to help them take ahead this activity.

Workshop on Capacity building of selected volunteers and staff of Branches on CSR:

A Workshop was organized in Shimoga to strengthen understanding on resource mobilization, particularly the opportunities that can be leveraged from the new CSR mandate, with the following specific objectives:

1. To strengthen capacities of branches on resource mobilization
2. To bring affirmative approach towards Corporate groups for fund raising
3. Introduction to the new FPA India Strategic Plan 2016-2022
4. Branch-HQ interface



Participants included Branch Managers and one volunteer each from 18 Branches from the South north and west zones.

Participants were explained the meaning of CSR and its implications for NGOs, what constitutes CSR, different ways of fund raising including online crowd funding, donation boxes, payroll giving etc. Groups worked on mock presentations to pitch for FPA India to corporates for funding. Feedback was given to refine presentations and also participants were informed of what corporates look for in such a presentation.

Partnership with Reckitt & Benckiser:

A partnership was done with Reckitt & Benckiser to support FPA India with supply of condoms. A total of 2,34,941 were donated by R&B at a cost worth – Rs.10,57,954. These condoms were distributed free of cost through 8 Branch teams of Community based Providers, peer educators, frontline workers, through our clinics and Youth centres.

Participation in Exhibitions and Meetings:

FPA India HQ and Mumbai Branch participated in NGO Expo organized in Mumbai by Newsweek. The objective of the Expo was to bring together, NGOs and corporates to understand each other's work and potential opportunities for partnerships.

FPA India also put up a stall to showcase our work, which was visited by over 40 visitors. A presentation was also made on "Population Stabilization" which helped corporates understand the work being done by us. Instead of text can show photo of stall

In a second, such meet "India CSR Summit" in Mumbai, FPA India was invited to talk about our work and also on the theme of 'Using technology to provide health-care'.

FPA India also participated in the Family Planning Summit organized by Government of India. The Summit was organized to introduce a method mix of contraceptives - injectables, centchroman and POPs into the public health system under the National Family Planning program. FPA India also was requested to make a presentation on 'IEC and its role in improving access to contraceptive services'.



CAPACITY BUILDING

The project Human Resource Development for Sexual & Reproductive Health Care Services is being implemented from January 2013 with support from Tata Trusts. In 2016 after mutual discussion with representatives of Tata Trusts, five outstation training locations were identified for organising training courses apart from Mumbai location (Avabai Wadia Health Centre).

Human Resource Development for Sexual & Reproductive Health Care Services

The project Human Resource Development for Sexual & Reproductive Health Care Services is being implemented from January 2013 with support from Tata Trusts. In 2016 after mutual discussion with representatives of Tata Trusts, five outstation training locations were identified for organising training courses apart from Mumbai location (Avabai Wadia Health Centre).

These new training sites include Lucknow, Bhopal, Ranchi, Raipur & Patna. Consultant Master Trainer were hired at each of these new sites to organise and conduct training courses. The course subjects included 'Basic Counselling Skills', 'Counselling in Trauma, Guilt & Self Esteem', 'Family Planning for Civil Society Organisations', 'Leadership & Management' and Sex & Sexuality Counselling, Comprehensive Sexuality Education', Counselling for Children'.

1,546 individuals have been trained on above mentioned subjects through six training sites and 64 courses from development sector. Handouts for each of the courses have been updated and shared with new and old participants through emails. The project was completed in December 2016.

Training courses were announced a month before their schedule through emails, e groups, and word of publicity. Civil Society Organisations were contacted through telephonic communication. The courses were also announced using paid advertising on Devnet web portal.



Training on HIV Counseling for Doctors and Lab Technicians at Breach Candy Hospital

The courses in Ranchi, Lucknow, Bhopal and Raipur are being conducted in Hindi language while in Mumbai it's conducted in Hindi & English as per the requirement by group. Customised training courses were planned for different groups. A course on "Sex & Sexuality Counselling" was conducted for programme staff of Committed Communities Development Trust (CCDT). Participants and facilitators have appreciated courses. Many individuals have attended multiple courses and few of them wants to attend all the subjects.

"The training would not only help them professionally but also personally. Had lived always with guilt of past incidences, had low self-esteem but going from here with a different self, someone better."- Ms. Prashanti Tiwari. (Participant of course on Trauma, Guilt & Self Esteem from Ranchi)

"The training course has been a great opportunity for me to learn how to handle client in a rightful manner during a counselling. I have learnt a lot like how to communicate to a client and how to handle him/her especially when he/she has been stressed." (Participant from Basic Counselling Skills course from Lucknow)

"I had heard about FPA India training programmes in Mumbai earlier but feeling so good to be part of them in Lucknow. I really enjoyed my time and tried my best to give best possible from my end. I would be pleased to come back for further courses as facilitator" Dr. Ashutosh Shrivastava (Facilitator for training on Leadership & Management at Lucknow).

An Advisory Committee Meeting was conducted in March. 10 members including the project staff attended the meeting. Project updates were shared with the members.

Review of project activities was taken in the meeting. It was discussed and decided in the meeting that registration fees needed to be reduced to make courses affordable for grass route level workers such as counsellors, nurses and outreach workers. In December, a training course for National Integrated Medical Association (NIMA) was conducted on 'Updates on Family Planning'

Apart from the above Two training courses were conducted for health care providers of Breach Candy Hospital and nearby hospitals on HIV Counselling.

A customized training program was organised for SRL diagnostics, a leading Diagnostic centre and Pathology lab in India with a focus on providing quality preventive healthcare services at affordable price. The SRL diagnostics - Mumbai Branch had approached the Association for conducting a one day program on Advanced HIV Counselling.



Training course on Sex & Sexuality Counselling- Role play

A proposal on “Mentorship Programme for Registered Medical Practitioners in Maharashtra” has been submitted to Arogya Parivar, a social business initiative of Novartis India Limited (a pharmaceutical company).

In total twenty health education session (including SRH, STI syndromic management, cancer screening...) will be conducted in ten sites -

- (i) Ahmednagar
- (ii) Ichalkaranji
- (iii) Wai
- (iv) Kudal
- (v) Nagpur
- (vi) Yavatmal
- (vii) Dhule
- (viii) Kolhapur
- (ix) Baramati and
- (x) Pandarpur

After due diligence the project has been approved.

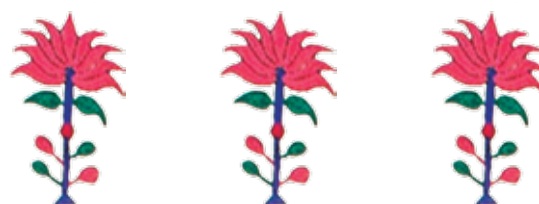
Regional Technical Centre (RTC) - Bhopal has conducted programmes for different target audience - self-help groups, anganwadi workers, nursing and paramedic students on issues related to sexual and reproductive health - sex, sexuality and gender diversity, adolescence, sexual abuse, Sexually Transmitted Infections and HIV, family planning, rights and responsibilities.

RTC Bhopal is also the Secretariat for the Madhya Pradesh State Level Chapter - Advocating Reproductive Choices (ARC). Under ARC programs have been organised at regular intervals - on “Advance. Family Planning SMART workshop”, strategic planning, family planning and quality of care.

This year RTC - Bhopal has received a capacity building project on peer educators training for district of Shadol through the state government under the Rashtriya Kishore Swasthya Karyakram (RKSK). 12 Peer educators or Sathiya have been trained on the six areas -

- (a) Nutrition
- (b) Sexual reproductive health
- (c) Non- communicable diseases
- (d) Substance misuse
- (e) Injuries and Violence (including gender based violence) and
- (f) Mental Health

Regional Training Centre Hyderabad (RTCH) - The centre continues to conduct orientation sessions for nursing students and MSW students from different colleges. More than 259 students have attended the sessions on reproductive and child health, adolescent health issues, IEC interventions under National Health Mission, family planning methods and HIV and AIDS. These sessions are conducted by the Branch Manager and Program Officer.





HONOURS & RECOGNITION



During the year FPA India Staff and Volunteers continued to receive numerous recognitions and awards at the local, state, national and international levels. A few of these. Particularly at the State and National levels are as follows:

Ms. Priya Kath, Member on the CEC and General Secretary of South Asia Regional Youth Network (SARYN) IPPF, received the IPPF Award for individual Youth contribution to SRHR in recognition of her hard work and achievements.

Dr. Usha Krishna, Patron FPA India and Chairperson Medical Advisory Panel (MAP) received the Lifetime Achievement Award from FCH Federation on 13th January, 2016.

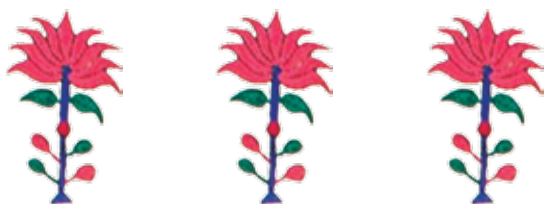
Dr. Roza Olyai, Member on the CEC and President Gwalior Branch received the best gynaecologist Award on the occasion of International Women's Day on 8th March 2016.

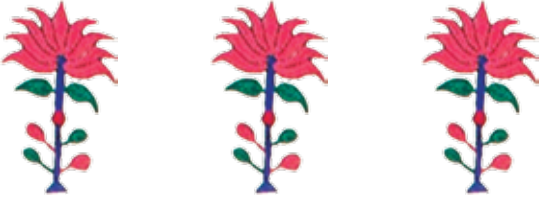
Prof. H. S. Harishankar, BEC Member Mysore Branch was facilitated by the Government of Russia on 23rd December 2015 for his valuable contribution for translating eighteen significant Russian works into Kannada. He has also achieved the prestigious Young Poet Sergei Yesenin Award.

The All India Council of Human Rights, Liberties and Social Justice honoured **Ms. Madhura Ashok Kumar**, CEC Member and President Bangalore Branch, 6th Bharatiya Manav Adhikar Samman 2016 for Peace Harmony protecting and promoting Human Rights on International Human Rights Day, December 10, 2016 at New Delhi.

Ms. Madhura Kumar was honoured the Citizen Extraordinary Award for the Year 2016 by World Biographic Centre, Columbus Avenue, New York, USA.

Mohali Branch is selected as the Best Reporting Targeted Intervention Unit by the State AIDS Control Society, Chandigarh.





Advocate **T. Ajith Kumar**, Hon. Treasurer Trivandrum Branch is appointed as Additional Standing Counsel, Govt. of India.

Kalchini Branch has received a Memento and Certificate of Appreciation from the District Magistrate and Zilla Parishad Sabhadhipati of Alipurduar District, West Bengal, for providing efficient services to the poor and the marginalized.

Jaipur Branch Outreach-staff have been awarded a Certificate from the Centre Board of Workers Education (CBWE), Ministry of Labour and Employment, Govt. of India.

Mr. J. S. Apte, Member of Pune Branch has received an award of Rs. 25,000/- from Lokmat Publication for writing an award-winning Article.

Mr. Ashok Kumar, Hon. Secretary, Shimoga Branch has been selected as member of Karnataka State Child Rights Trust on January 14, 2016.

Prof. (Dr) Shrikant Yelegaonkar, Vice-President FPA India has been nominated for Jeevan Gaurav Puraskar of Vruttapatra Lekhak Manch. He has also been elected as the President of Kavirai & Lokshahir Ram Joshi Pratisthan, Solapur.

Mrs. Hema Appaji, Vice President, Shimoga Branch was elected as Vice President of Indian Human Rights Panel, New Delhi on August 27.

Mrs. Surekha Muralidhar, BEC Member, Shimoga Branch was elected as Secretary of Indian Human Rights Panel, New Delhi on 27th August.

Dr. Mylahalli Revanna, Vice President, Mysore Branch has been nominated as a member of Dr. Babu Jagakeevam Ram Award Selection Committee by the Govt. of Karnataka.

Mr. Kodankoor Devaraja Moorthi, Hon. Secretary North Kanara Branch was honored "Nirupaka Rathnna" by Ko.De.Mo. Abinandhana Samithi Udipi and "Samaja Vibhushana" by Mithravrandha and Abhimani Balaga Udipi and on this occasion a Book "Jeevana Navneetha" written by Mr. Moorthy was released on 26th January, 2016.

Mr. Vinay Vithal Rao Malge, Member Bidar Branch received "Kannada Rajyotsva State Award for 2016" from Karnataka Chief Minister Sri Siddaramayya for his excellent social work rendered in Bidar District.

Mr. George Thiady, permanent Invitee BEC Bhubaneswar Branch, received an Award for Life time contribution to the Bhubaneswar BAR Association.



PERFORMANCE AT A GLANCE

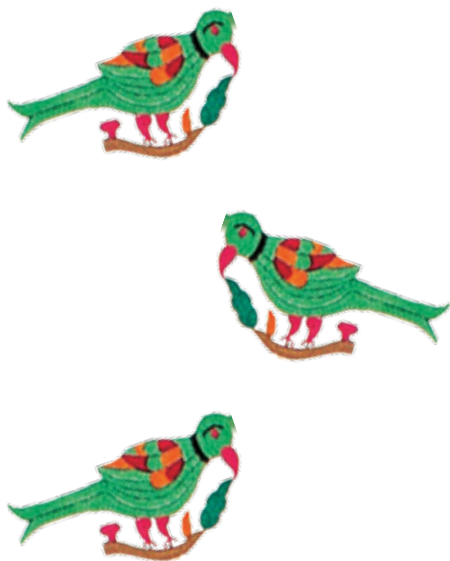
Number of clients, services and referrals provided directly through FPA India clinics and outreach

SERVICE CATEGORY	NO. OF CLIENTS	NO. OF SERVICES	NO. OF REFERRALS
Contraceptives	10,34,011	22,45,431	1,486
Abortion	40,033	1,65,955	2,201
HIV/AIDS	2,45,545	11,48,425	7,968
STI / RTI	1,66,936	7,14,430	3,814
Gynaecological	2,13,175	10,88,350	6,773
Urological	31,341	1,00,401	638
Infertility	15,106	43,012	1,262
Other SRH	1,40,273	7,00,057	815
Non-SRH	2,86,864	10,02,468	122
Obstetrics	2,03,534	11,00,549	27,188
Specialised services	1,82,738	3,27,973	124
Paediatrics	2,96,229	10,15,797	10,526
Total	28,55,785	96,52,848	62,917



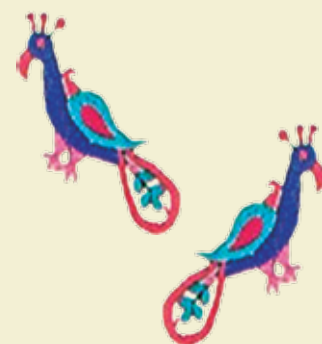
ACRONYMS

AEP+	Adolescent Education Program+
AFP	Addressing Adolescent Fertility Project
ANC	Ante Natal Care
ANM	Auxillary Nurse Midwife
ARC	Advocating Reproductive Choices
ASHAs	Accredited Social Health Activists
AWHC	Avabai Wadia Health Centre
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homeopathy
BCC	Behavioural Change Communication
CAC	Comprehensive Abortion Care



CBOs	Community Based Organisations	DMPA	Depot Medroxy Progesterone Acetate
CBP	Community Based Provider	E3MB	Engaging, Empowering and Enabling Men and Boys
CEC	Central Executive Committee	EPF	European Parliamentary Forum on Population and Development
CBWE	Centre Board of Workers Education	FPA	Family Planning Association
CHETNA	Centre for Health Education, Training and Nutrition Awareness	GBV	Gender Based Violence
CMIS	Clinic Management Information System	GCACI	Global Comprehensive Abortion Care Initiative
CCDT	Committed Communities Development Trust	ICMR	Indian Council of Medical Research
CORT	Centre for Operations Research & Training	IPPF-SAR	International Planned Parenthood Federation – South Asia Region
CSE	Comprehensive Sexuality Education	IUDs	Intrauterine device
CSOs	Civil Society Organisations	M&E	Monitoring & Evaluation
CSR	Corporate Social Responsibility	MCH	Maternal and Child Health
CYP	Couple Year Protection	MDG	Millennium Development Goal
DAWN	Direct Action for Women Now	MIS	Management Information System
DCGI	Drugs Controller General of India	MLAs	Member of Legislative Assembly
DHIS	District Health Information Software	MMFSL	Mahindra and Mahindra Financial Services Limited

MNCH	Maternal, New born and Child Healthcare	RMPs	Registered Medical Practitioners
MP	Member of Parliament	RDQA	Routine Data Quality Assessment
MSM	Men who have Sex with Men	SARYN	South Asia Regional Youth Network
MTP	Medical Termination of Pregnancy	SDPs	Service Delivery Points
MVA	Manual Vacuum Aspiration	SETU	Services, Education and Training Unit
NGOs	Non-governmental Organisations	SHGs	Self Help Groups
NHM	National Health Mission	SMART	Self-Monitoring, Analysis and Reporting Technology
NIMA	National Integrated Medical Association	SARYN	South Asia Regional Youth Network
PCPNDT	Pre-Conception and Pre-Natal Diagnostic Technique	SRH	Sexual Reproductive Health
PLHIV	People Living with HIV / AIDS	STI	Sexually Transmitted Infection
PoPs	Progesterone Only Pills	UNESCO	United Nations Educational, Scientific and Cultural Organization
PUD	People Using Drugs		
RKSK	Rashtriya Kishore Swasthya Karyakram		
RTC	Regional Technical Centre		
RHFPC	Reproductive Health and Family Planning Centre		
RMNCAH	Reproductive, Maternal, New-born, Child, and Adolescent Health		



ALL INDIA COUNCIL 2015-2017

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Dr. Alaka Deshpande

Dr. Alka Gogate

Dr. Rajshekhar Brahmhatt

Dr. Bipin Pandit

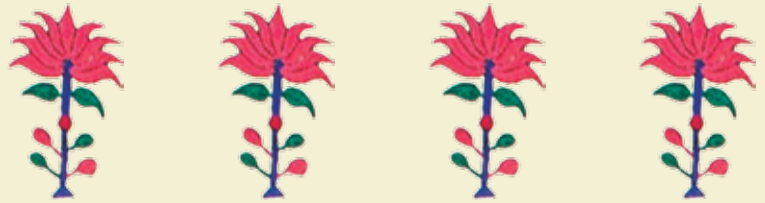
Dr. Vihang Vahia

CO-ORDINATOR

Dr. Manisha Bhise



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Asst. Secretary General
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Manager, Monitoring & Evaluation

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Manager, Human Resource

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Project Director, GCACI

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Manager, M&E, GCACI

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Training Coordinator, HRDSHCS Project

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*Technical Programme Manager, Project
Innovation Fund*

Mr. Paresh Bagwe,
Finance Manager, GCACI

Mr. Amit Khandewale,
*Technical Programme Manager, Packard
Project*

Dr. Kshama Nikam,
Technical Programme Manager, GCACI



BRANCHES

Agra

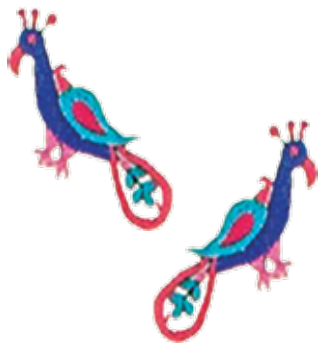
2 HIG Friends Colony
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Email: agra@fpaindia.org

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Email: bangalore@fpaindia.org



Belgaum

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Hindwadi
BELGAUM - 590 011.
KARNATAKA
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Email: belgaum@fpaindia.org

Bellary

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Nalla Cheru
Behind Joladarasi Doddangouda Rang
Mandir
Nr. New Bus Stand
BELLARY - 583 101.
KARNATAKA
Tel: (08392) 276180
Email: bellary@fpaindia.org

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

Bhubaneswar

Plot No.392 (Ground Floor)
BJB Nagar
Behind Samsung Show Room
Lewis Road
BHUBANESWAR - 751 014.
ORISSA
Tel: (0674) 2436427
Email: bhubaneswar@fpaindia.org

Bidar

Near Heeralal- Pannalal College
Janwada Road
BIDAR - 585 401.
KARNATAKA
Tel: (08482) 226470
Email: bidar@fpaindia.org

Bijapur

Plot No.92, BDA site
Vajra Hanuman Nagar
Opp. Ibrahimpur Railway Station
Bagalkot Road
BIJAPUR - 586 109.
KARNATAKA
Tel: (08352) 278719
Email: bijapur@fpaindia.org

Chennai

Srutilaya Apartments
G1, No 14, Venkateswara Nagar
1st Street, Near Cine Actor Meena House
Virugambakkam
CHENNAI - 600 092.
TAMILNADU
Tel: (044)23760463
Email: chennai@fpaindia.org

Dharwad

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

Dindigul

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

Gomia

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

Gwalior

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

Hyderabad

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

Indore

15, Ganji Compound
INDORE - 452 007.
MADHYA PRADESH
Tel: (0731) 2531649
Email: indore@fpaindia.org

Jabalpur

H. No.1823,
Behind of Singh Dharm Kanta
Prem Nagar (Madanmahal)
Nagpur Road
JABALPUR - 482 002.
MADHYA PRADESH
Tel: (0761) 4036429 / 4086250
Email: jabalpur@fpaindia.org

Jaipur

Plot No.25, Street No.06
Bais Godam Kacchi Basti
Hawa Sarak
JAIPUR - 302 006.
RAJASTHAN
Tel: (0141) 2218884
Email: jaipur@fpaindia.org

Kalchini

Main Road Hamiltonganj
P O Hamiltonganj
Dist-Alipurduar
PIN - 735 214.
WEST BENGAL
Tel: (03566) 240337, Fax No-03566240337
Email: kalchini@fpaindia.org

Kolkata

Neelamber (4B & 4C) ,
28B Shakespeare Sarani
KOLKATA - 700 017.
WEST BENGAL.
Tel.: (033) 64500318 / 64500357 /
64500319
Email: kolkata@fpaindia.org

Lucknow

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

Madurai

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

Mohali

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

Mumbai

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

Mysore

C/o ULBA Hospital
02, Naguvanahalli Village Road
R. S. Nagar
Kesare 3rd stage
Beside Pushpashram
MYSORE – 570 007.
KARNATAKA
Tel: (0821) 2456734
Email: mysore@fpaindia.org

Nagaland

West Entry – Opp Charity School
East Entry – Main Town
Behind UT Building (PROBO)
KOHIMA – 797001.
Tel: (0370) 2292078 / 09402012928
Email: nagaland@fpaindia.org

Nilgiris

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

North Kanara

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

Panchkula

House No.62-C
(Near Aggarwal Agency)
Haripur, Sector 4
PANCHKULA – 134 109.
Tel: (0172) 2563885, 2566068
Email: panchkula@fpaindia.org

Patna

5/6, Sakuntala Sadan
North Shri Krishna Puri
PATNA – 800 013.
BIHAR
M: 09334667067 (R) 0612-2520552
Email: dr.purnima.sinha07@gmail.com

Pune

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

Raichur

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

Rajkot

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

Shimoga

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

Singhbhum

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

Solapur

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

South Kanara

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

Srinagar

C/O DUAA Doctors Clinic,
14 Khan Complex Madina Chowk
Gawkadal
SRINAGAR - 190 001.
JAMMU & KASHMIR
Email: srinagar@fpaindia.org

Trivandrum

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

Yamunanagar

12, Adarsh Nagar
Near Bhai Kanhaiya Sahib Chowk
YAMUNANAGAR -135 001.
HARYANA
Tel: (01732) 227703
Email: yamunanagar@fpaindia.org

PROJECTS

TRAINING CENTRE

Murhu

(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

New Delhi

FPAI Bhawan
Sector IV
R. K. Puram
NEW DELHI - 110 022.
Tel.: (011) 26176345/26182236
Email: newdelhi@fpaindia.org

Sagar

Pdt. Ramkrishna Rao Shrikhande Memorial
Charitable Hospital
Bithal Mandir
Chakraghat
SAGAR - 470 001.
MADHYA PRADESH
Tel.: (07582) 221963
Email: sagar@fpaindia.org

Regional Technical Centre, Bhopal

E-2/180, Arera Colony,
BHOPAL - 462 016.
MADHYA PRADESH
Tel.: (0755) 4266873 / 2420367
Email: rtcbhopal@fpaindia.org







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