




Annual Report

2010





IPPF is a global service provider and a leading advocate of sexual and reproductive health and rights for all. It is a worldwide movement of national organisations working with and for communities and individuals. IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. IPPF will not retreat from doing everything it can to safeguard these important choices and rights for current and future generations.

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Foreword



The IPPF Strategic Framework 2005-2015 had a mid-term review and the recommendations emerging from this, known as the 'Agenda for Change', is being taken forward Federation-wide. The South Asia Regional Office (SARO) stands committed to the IPPF 'Agenda for Change', which also informs IPPF SARO's Strategic Plan for 2010-2015, the driving force of our work. This Agenda for Change is guiding our work on ensuring that poor, marginalised, and underserved women, men and young people receive access to sexual and reproductive health services, their rights are upheld and they contribute to development.


The *Annual Report 2010* is a reflection of our work across the diverse region of South Asia where our Member Associations (MAs) provide sexual and reproductive health (SRH) services and advocate for sexual and reproductive rights. Political instability, conflict and conservative forces, along with socio-cultural hierarchies, present several developmental challenges in the Region. Poverty, social exclusion, gender inequality and related barriers combined with stigma around sexuality mean that the Agenda for Change is even more important.

IPPF SARO has re-structured the way it works and, over 2010, demonstrated the effects of a more efficient manner of working. With a renewed focus on performance and a culture of engagement, IPPF SARO has built capacities, provided technical assistance and embarked on new initiatives with the IPPF MAs in the Region. The year 2010 has been a year of new beginnings with the launch and recognition of the South Asia Regional Youth Network (SARYN), the piloting of Youth Shadow Reports on MDG 5b and the Leadership Development Programme (LDP).

The IPPF SARYN ensures youth participation within the IPPF governance bodies as well as promoting youth-adult partnership and meaningful involvement of young people at all levels of programmes and services in the MAs. We are proud that Milinda Rajapaksha, the SARYN Coordinator, was awarded the IPPF Governing Council Youth Award for his contributions to Sexual and Reproductive Health and Rights (read more on page 41).

The Youth Shadow Reports on MDG 5b or Universal Access to Reproductive Health were just another indicator that young people can deliver excellent results and be

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advocates for their own rights with capacity building and an enabling environment.

The LDP, in collaboration with Management Sciences for Health and USAID, enhanced the capacities of staff and inspired a shared vision while using the Challenge Model.

As we strengthen our services and commit to performance and results, we are also breaking fresh ground through our work in providing SRH services in humanitarian settings, which include our work during the floods in Pakistan and among the re-settled communities in Sri Lanka.

In 2010, our MAs in Sri Lanka and Nepal went through the IPPF accreditation review process to comply with the IPPF Membership Standards and Policies. This process leads to systems strengthening that ensures accountability, transparency, effectiveness and performance in ensuring well-governed, well-resourced and well-managed MAs that are leading SRHR organisations in their respective countries.

We are determined to strengthen our partnership with our MAs and committed to ensuring the realisation of Sexual Rights in the Region, while promoting IPPF's Vision, Mission and Values.

Anjali Sen

Regional Director
IPPF South Asia Region

Padma Cumaranatunge

Chairperson, Regional Executive Committee
IPPF South Asia Region

Farthimath Shafeega

Chairperson, Regional Council
IPPF South Asia Region

Introduction

“ What is heartening, however, is that more people in South Asia are choosing to accept the services offered by our MAs. The service statistics for 2010 are a further indication of a trend that reflects an increase in the demand for and acceptance of most of the services offered by the MAs. ”

IPPF believes that sexual and reproductive rights should be guaranteed for everyone because they are internationally recognised human rights. The region of South Asia, where IPPF works with its MAs in Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan and Sri Lanka, presents a unique opportunity for making a difference to the lives of around a quarter of the world's population in spite of the challenges that come with this ambition.

The Federation has a unique arrangement to achieve this objective. IPPF works closely with its MAs – one in each country – which are leading organisations working on sexual and reproductive health and rights (SRHR) that render services to large numbers of people. The MAs are autonomous organisations who provide a range of sexual and reproductive health services to a large number of people. The MAs' clinics are often among the few that provide comprehensive sexual and reproductive health services in the area.

The MAs in the Federation are guided by a vision and purpose that is common to the Federation. The MAs develop their own strategic plans which are based on the local needs. The framework for these plans is, nevertheless, provided by the Federation's Strategic Framework 2005–2015. In line with the Strategic Framework, the MAs work on all of the five 'A's – Adolescents and youth, HIV and AIDS, Abortion, Access and Advocacy.

It is pertinent to mention that sexual and reproductive health and rights are not sufficiently recognised in many parts of South Asia, which sometimes prevents our MAs from serving communities as freely as they would like to. There are restrictive laws to deal with as well as prevalence of conservative views which ignore the sexual and reproductive health needs of young persons. In Pakistan, two staff members lost their lives while at work – a grim reminder of the opposition to sexual and reproductive health and rights of communities. In some other countries, too, staff members face a threat to their lives in the performance of their duty, which is a matter of tremendous concern.

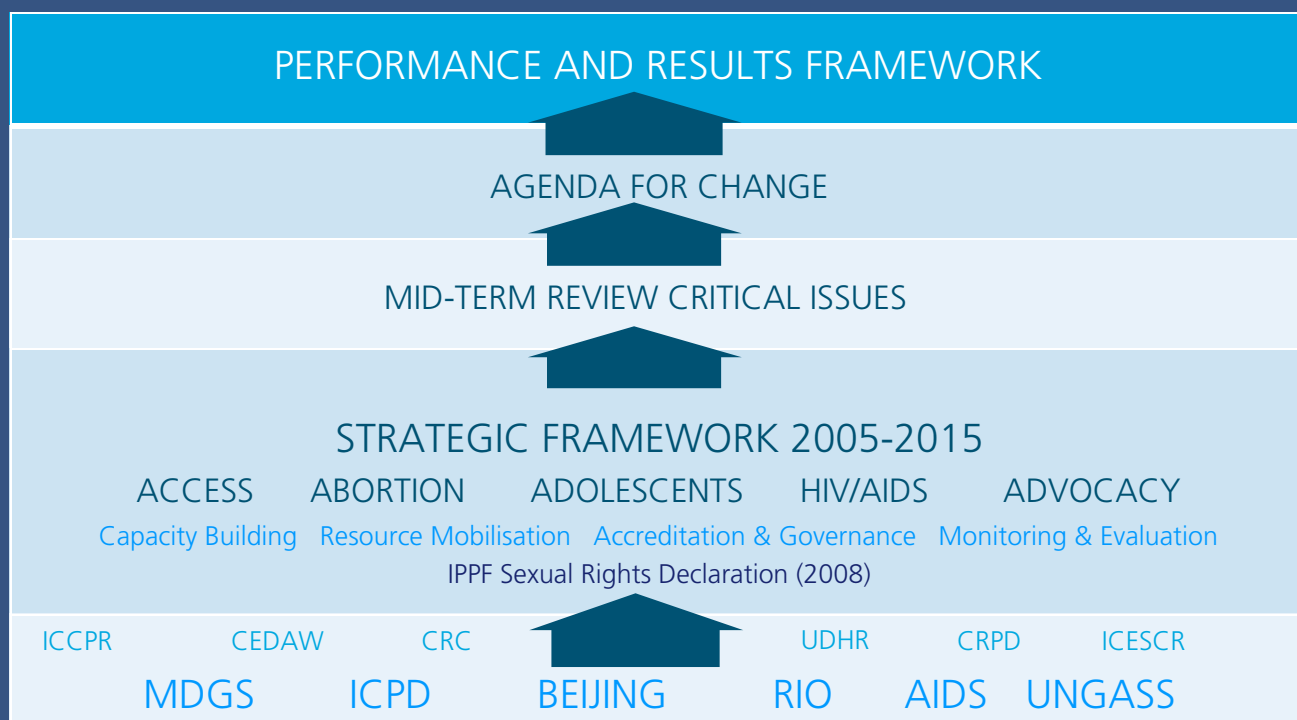
What is heartening, however, is that more people in South Asia are choosing to accept the services offered by our MAs. The service statistics for 2010 are a further indication of a trend that reflects an increase in the demand for and acceptance of most of the services offered by the MAs. For example, in 2010 the number of new clients for all contraceptive methods increased to 800,231 – up from 730,260 in 2008. There were similar increases in the uptake of other services. Our focus remains on the poor, marginalised, stigmatised, socially excluded and underserved (PMSSEU) people who are very often at the periphery of service delivery systems, lacking both the means and the confidence to avail the services. In order to ensure that their rights are upheld and barriers to access are reduced, our MAs go the extra mile and reach out to them.

IPPF's Agenda for Change

The 'Agenda for Change' came out of the mid-term review (MTR) of the IPPF Strategic Framework 2005-2015. It will form the basis of IPPF's performance framework until 2015. Learning from the last five years' experiences, seven critical issues have been identified which are fundamental to the effective delivery of IPPF's Strategic Framework (see flow chart below). The issues are Federation-wide and build on IPPF's strong achievements in rights, health and development. IPPF SARO is committed to taking forward the 'Agenda for Change', and will find new ways to emphasise the importance of sexual and reproductive health and women's health as the linchpin of the MDGs and continue to hold governments in South Asia accountable. IPPF will

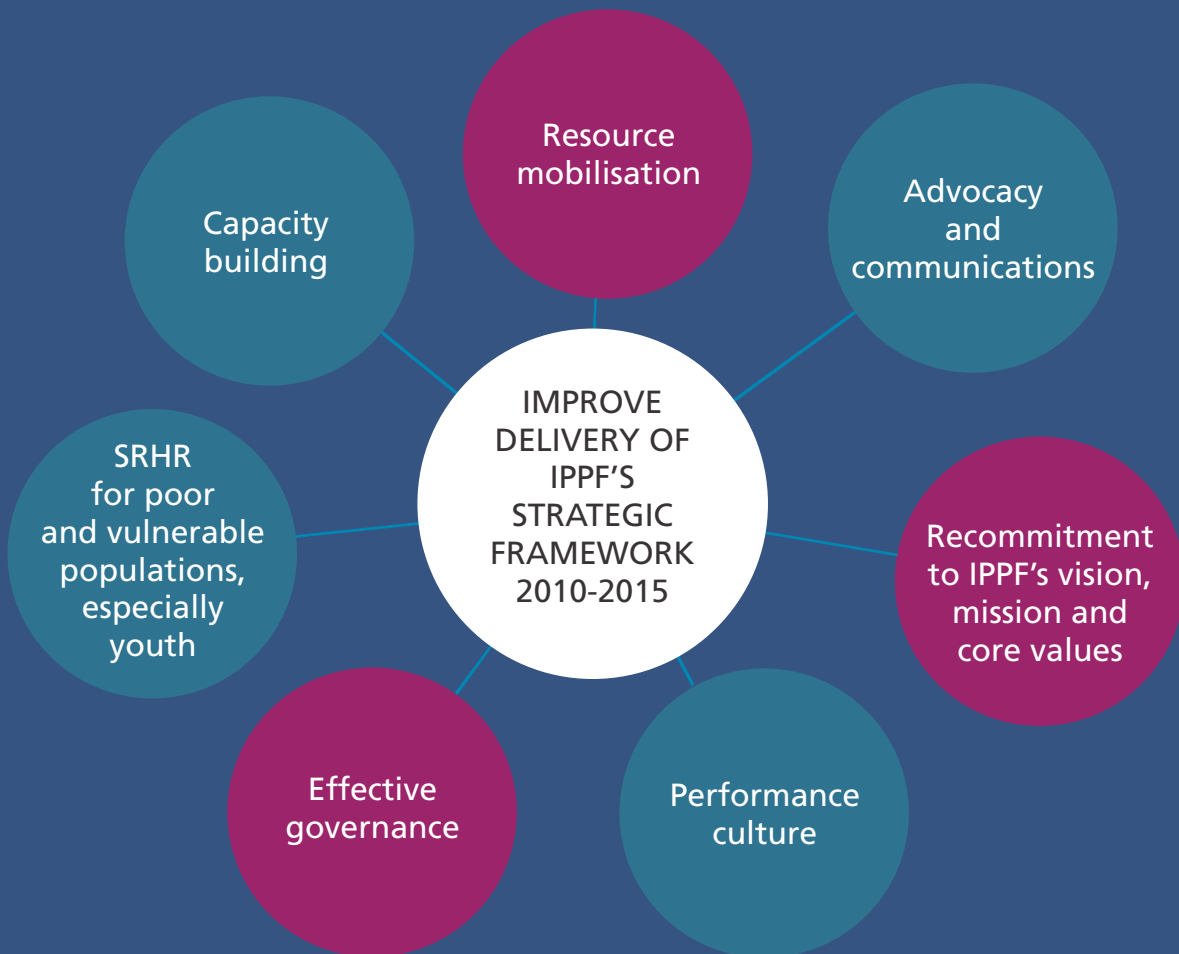
work with partners to meet emerging challenges and to ensure that hard-won gains in support of sexual and reproductive health and rights are not lost. It will seek additional and sustained funding and long-term commitment from donors to address the priorities of the poor, marginalised, vulnerable and underserved, and will continue to focus investment on young people, recognising that they are, and will continue to be, salient leaders of transformational change. IPPF SARO will strengthen the capacity of its volunteers and staff in South Asia to contribute to resilient sustainable development and respond to the urgency of addressing the social paradigms that too often deny women and girls the opportunity to play their role as drivers of sustainable social and economic development.

IPPF's contribution to health and well-being and to development goals



Source: IPPF Director-General's presentation

Mid-term review: seven critical issues



Critical issue 1:

Sexual and reproductive health and rights for vulnerable populations, especially youth

Member Associations are community-based organisations that provide much needed services to people that governments, and the private sector, do not reach. The mid-term review report recommended that IPPF make maximum use of its global network to meet the needs of vulnerable populations for comprehensive sexuality education, information and services, with a focus on gender and rights. Plans are underway to strengthen our integrated approach and to address the major challenge of a lack of affordable sexual and reproductive health commodities.

Critical issue 2:

Recommitment to IPPF's vision, mission and core values

The mid-term review report identified an uneven commitment by volunteers and staff to IPPF's shared vision, mission and core values. Consistent commitment to these is particularly relevant for our work in gender, sexual rights, sexual diversity, sexuality, youth, violence, abortion and HIV and AIDS, to challenge stigma and discrimination, and to ensure all can exercise their human rights to health, education, dignity and respect, and can participate actively in society. The continued implementation of the Declaration of Sexual Rights will be critical to our work.

Critical issue 3:

Advocacy and communication

While IPPF faces a sophisticated and well-resourced opposition, significant sectors of civil society and public opinion are increasingly sympathetic to sexual and reproductive health and rights. IPPF is well-recognised for its global leadership role, especially on behalf of the poor and vulnerable. IPPF SARO will strengthen the advocacy and communications capabilities of volunteers and staff in South Asia to communicate IPPF's roles as a service provider, leading advocate, influencer and convener. We will also demonstrate the centrality of sexual and reproductive health and rights to health and development in South Asia, and make greater use of the media and innovative campaigns.

Critical issue 4:

Effective governance

The mid-term review recommends that IPPF's governance should continue to evolve and respond to rapidly changing circumstances. To ensure effective solid country ownership and increased sustainability, IPPF SARO will reinforce its commitment to ensuring a skilled and diverse group of volunteers in South Asia, and to building their capacity using online training and other practical tools to implement IPPF's Code of Good Governance and the accompanying Handbook.

Critical issue 5:

Performance culture

To achieve the objectives of the Strategic Framework, IPPF needs to deliver more with less, to ensure value for money, and a commitment to continuous improvement. IPPF SARO is committed in using data effectively at every level to make decisions, demonstrate results and allocate resources. To achieve this, existing tools and systems will be improved and supplemented, and its financial resources will also be utilised differently to further develop a culture where performance is more consistently encouraged, measured and rewarded. Tools on existing services are being developed and performance based funding is being piloted in the Region.

Critical issue 6:

Capacity building

Member Associations have very different histories, strategic plans, budgets and sizes, and they work in extremely diverse local contexts. A strong capacity building strategy will focus on the wealth of expertise and experience that exists across IPPF, including extensive South-South mentoring, use of online training and interactive media.

Critical issue 7:

Resource mobilisation and business development

There is strong competition from national NGOs, international NGOs and UN agencies, and for other important development issues. Opportunities for the Secretariat to increase unrestricted funding have declined as donors favour bilateral, country-level funding which involves complex country-level procedures. The mid-term review report demonstrates uneven MA capacity to respond to this and raise resources, so IPPF SARO will provide the Member Associations in South Asia with support for effective resource mobilisation and continue to seek alternative sources of funding to increase IPPF's overall income.

The Five 'A's

Adolescents and Youth



“ What would be a better example of SARYN's impact than the fact that we have been able to think beyond our family values, cultures and even religions sometimes and start believing and promoting human rights? ”

- Sadaf Noshii, National Youth Network, FPAP

IPPF Goal

All adolescents and young people are aware of their sexual and reproductive rights, are empowered to make informed choices and decisions regarding their sexual and reproductive health, and are able to act on them.

Key achievements in Adolescents and Youth in SAR, 2010

- **6.9 million services were provided to adolescents and youth**

More than 1.5 billion people in the world are between the ages of 10 and 25 today, which is the largest-ever generation of adolescents. This 'youth bulge' requires education, health services and employment. They need to be planned for now and invested in the current youth generation to make sure that they are equipped with the information and skills they need so as to contribute to society and live healthy and happy lives. It is now over 15 years since the ICPD where countries from around the world highlighted the importance of sexual and reproductive health and reproductive rights and acknowledged the central role of women and young people in the development process. The ICPD Programme of Action (PoA) is also strongly linked with the MDGs, especially Goal 3 on Gender Equality and Empowerment of Women; Goal 5 on Universal Access to Reproductive Health and Goal 6 on Combating HIV/AIDS, Malaria and other diseases.

However, in the South Asia region, there are countries with high incidence of child marriage and early childbearing, which places a burden on the health of girls and young women. Goal 6 on HIV is also important, with 95 per cent of new HIV infections in young people taking place among key populations that include young sex workers, young men who have sex with men, and young people injecting drugs.

To achieve the ICPD Programme of Action and the MDGs, it is necessary to work in partnership with young people.

Advocacy on sexual rights of young people

In 2010, young people's capacity for advocating for sexual and reproductive rights was built through several initiatives. One of these was a Regional Meeting on Sensitive Issues which covered knowledge and attitudes around safe abortion, sexual violence and sexual diversity. Two young volunteers from each MA in the region participated in the workshop which was conducted in collaboration with IPPF's Dutch Member Association. Following this workshop, the participants – who are also members of IPPF's SARYN – conducted further related advocacy or training interventions in their MAs. These included training for other young volunteers in the MA on these issues and community mobilisation around sexual diversity and violence against women.

In addition, select young people from the MAs in Bangladesh and Nepal were trained on the MDGs – in particular MDG 5b – and on writing a Youth Shadow Report. This training was organised in collaboration with the UNFPA Country Office in each country. The trained young people then went on to conduct primary research that provided them with a snapshot of young people's realities with regard to MDG 5b in their country. The research was analysed and compiled by young people as well and presented by the young researchers to their respective governments at national dissemination meetings. This meeting was supported by the UNFPA Nepal Country Office, which also provided critical feedback on the report and is collaborating with FPAN to print an updated version. The two Youth Shadow Reports on MDG 5b were also shared at the MDG Review Summit in New York in September 2010.

Comprehensive Sexuality Education (CSE)

Comprehensive Sexuality Education has been an advocacy issue for a few MAs in the Region over 2010, with FPA Nepal achieving the maximum results. A document on the good practices employed by FPA Nepal while advocating for Comprehensive Sexuality Education in the country was developed. This document is seen as a learning document for the other MAs in the Region as

it lays down the processes followed by FPAN and the progress that has been made. Many more MAs have decided to consider Comprehensive Sexuality Education as one of their main advocacy issues in the near future.

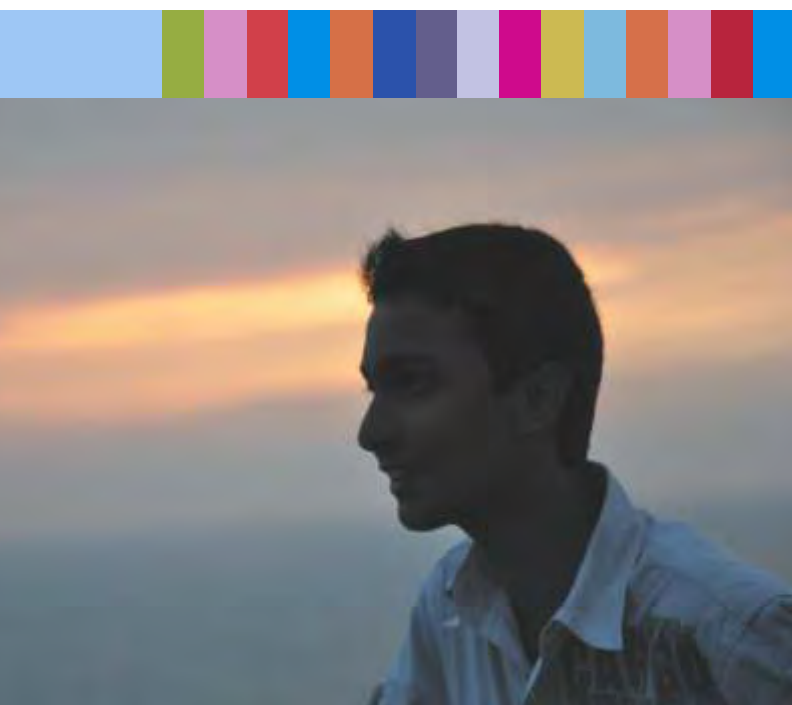
Youth-friendly services

Respecting, protecting and fulfilling the sexual and reproductive health and rights of young people, which include the right to be free from all forms of abuse or harassment and the right to participate in decisions that affect their lives, form a core component of IPPF's vision for young people. To achieve these goals, it must be ensured that children and young people that IPPF and the MAs come in direct/indirect contact with are protected and supported. The roll-out of the Federation's Policy on Protecting Children and Young People in the Region began in 2010. Workshops were conducted in the MAs in Afghanistan, Bangladesh and India involving the MAs' staff working in the areas of organisational learning and governance, management and youth in addition to youth volunteers. The purpose

of the workshops was to familiarise participants with the issue, enhance understanding of the policy and its purpose and to decide on the key elements that the MAs wanted in their own policy. Following these workshops, the MAs planned to draft their policies and follow a policy implementation plan agreed upon at the workshop.

Other work on strengthening MAs' youth-friendly services included building the capacity of service providers on attitudes and values around gender and rights. Training workshops were conducted for the MAs in Bangladesh and Pakistan, while the module used for this training is being finalised with increased emphasis on HIV, stigma, sexual diversity and violence against women, apart from abortion and youth-friendly services. IPPF Central Office commissioned a research from the Dutch MA on young people's realities and needs, matching with the services provided through FPA Bangladesh. This research was conducted by eight young persons who were trained in research. The findings of the research have been shared at national and international fora.

“ Paternalistic and tokenistic attitudes towards young people prevail across most of South Asia. Being young equals, therefore, means being silent and obedient. ”





Nepal youth speak up for themselves

Bhaktapur (Nepal): Devaka, 22, is the President of the Youth Information Centre in Bhaktapur. Around 30 young members meet every Saturday and discuss issues that matter to them. Devaka was initially uninterested in the Centre but after a few days she realised the importance of understanding her body. She is a peer counsellor and she balances her work in FM radio and being the president of the youth council.

“Every Saturday we meet to discuss various issues. We talk about our reactions and opinions on our health and other things that concern us. We also talk about various situations to assess our own knowledge and response to questions of sexual and reproductive health.” she says. “We mobilised the community to donate books and materials towards the library. We have been able to mobilise support in cash and kind in the past,” she adds.

Youth councils conduct programmes and events that bring efforts across Nepal together to raise funds and awareness at the same time. The programmes are built around SRH.

“We are confident that the general public and donors will come forward to help us, thus sustaining our work for a long time,” says Devaka with a smile.



How Seema was saved from an early marriage

Kamalpur (Bangladesh): Seema Rani Das was studying in class VI and was 12 years old when a relative informed her that her wedding had been arranged. She argued, cried and pleaded that she wanted to study further and make something of her life but her parents would not listen. "How can we manage the cost of sending you to school? Besides, this is such a good match," her mother reasoned. Seema could only despair.

One day a group of village elders from her village of Kamalapur, including a teacher and a *maulana* – both respected by the community – visited her at home and spoke to her parents about the dangers of early marriage and early childbirth.

An elder encouraged her mother to join a self-help group associated with the FPAB. The family could now obtain a loan and use the money to finance their daughter's schooling. That struck a chord and the wedding was stopped.

Currently, Seema is in class VII and, in the last examination, stood second in her class. "I want to be an engineer at the machine factory. I also want to learn to speak English well though I think Bangla is a much sweeter language," she says.

Gender

Under the Girls Decide initiative of IPPF, IPPF SARO initiated advocacy around child marriage in four MAs in the Region – Bangladesh, India, Nepal and Pakistan. Each of the MAs worked in partnership with grassroots organisations to identify survivors of child marriage who were empowered to share their story. During the 16 days of activism on violence against women, the four MAs conducted interfaces between parliamentarians and the survivors who demanded stronger implementation of national laws against child marriage.

Challenges

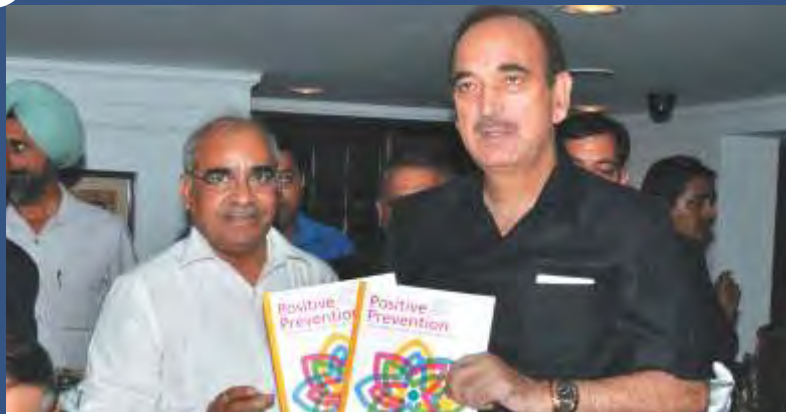
Some key challenges facing programmes on adolescent and young people's sexual and reproductive health and rights in South Asia include a lack of adequate data, academic research and evidence to strengthen policies

and programmes. At the same time, paternalistic and tokenistic attitudes towards young people prevail across most of South Asia. Being young equals, therefore, means being silent and obedient.

There are considerable gender barriers for girls and young women. Also, there is a lack of consistency in the laws and policies related to service provision for young people. For example, in India the legal age for consent for sexual activity is 16 years while the legal age for access to abortion without parental/guardian's consent is 18 years. In addition, many social and cultural taboos restrict young people's access to vital SRH information and services, thereby harming the well-being of young people. This region sees a strong resistance to youth-adult partnership. This is partly due to the fact that both politics and academics have bypassed the issues related to young people's rights in South Asia. In addition, gender and poverty play key roles in increasing barriers for young people.



HIV and AIDS



IPPF Goal

Reduction in the incidence of HIV and AIDS and the full protection of the rights of people infected and affected by HIV and AIDS.

Key achievements in HIV and AIDS in SAR, 2010

- **37.3 million condoms were distributed**
- **1.5 million HIV-related (including STI and RTI) services were provided**

South Asia's HIV epidemic is complex in magnitude and scope, with at least 60 per cent of all people with HIV in Asia living in India. Since the HIV epidemic is highly heterogeneous, it is necessary to understand its diversity between and within countries in order to design effective response strategies.

All countries in South Asia have a diverse range of factors that increase their HIV vulnerability and risk. These include widespread poverty and inequality; illiteracy; low social status of women; trafficking of women into commercial sex; a large, unstructured sex work industry; porous borders; widespread rural-urban divide, inter-state, and international migration; high levels of mobility; stigma and cultural impediments to discussion on sexual matters; high rates of sexually transmitted infections (STIs) and limited condom use.

South Asia is a highly mobile region. The HIV epidemic in the region in its most serious forms occurs in parts of India, particularly in a cluster of southern and western states (including Tamil Nadu, Karnataka, Andhra Pradesh, Goa and Maharashtra) where sex work is the key factor responsible for HIV transmission. The HIV epidemic also occurs in some north-eastern states (including Mizoram, Nagaland, and Manipur) where injecting drug use is a major cause of transmission.

The HIV epidemic may be as serious in parts of Nepal where transmission occurs largely through sex work and injecting drug use. At the same time, both Bangladesh and Pakistan face growing epidemics, particularly among injecting drug-users (IDUs) but HIV rates remain relatively low among sex workers (SWs) in these countries. This provides an opportunity to avert a major HIV epidemic. In Sri Lanka, HIV prevalence remains low even among vulnerable groups. In all of these countries, men having sex with men (MSM) represent an important vulnerable population and hence data on HIV prevalence within these groups are needed to understand the dynamics of the HIV epidemic better. However, even though data on HIV prevalence is limited for certain population groups, there is sufficient evidence to show that HIV infections spread quickly where drug use and

the sex trade intersect. Since drug use, human trafficking and commercial sex trade are prevalent in many of the SAR MAs' areas of operation, this is of particular importance to the MA's work on HIV and AIDS. Other South Asian countries like the Maldives have limited data on the epidemic. While available statistics suggest a low-prevalence epidemic, increased numbers of tourist populations and frequent migration of local residents to high-prevalence areas poses a significant risk for an increase in HIV prevalence.

HIV as a workplace issue in the Region

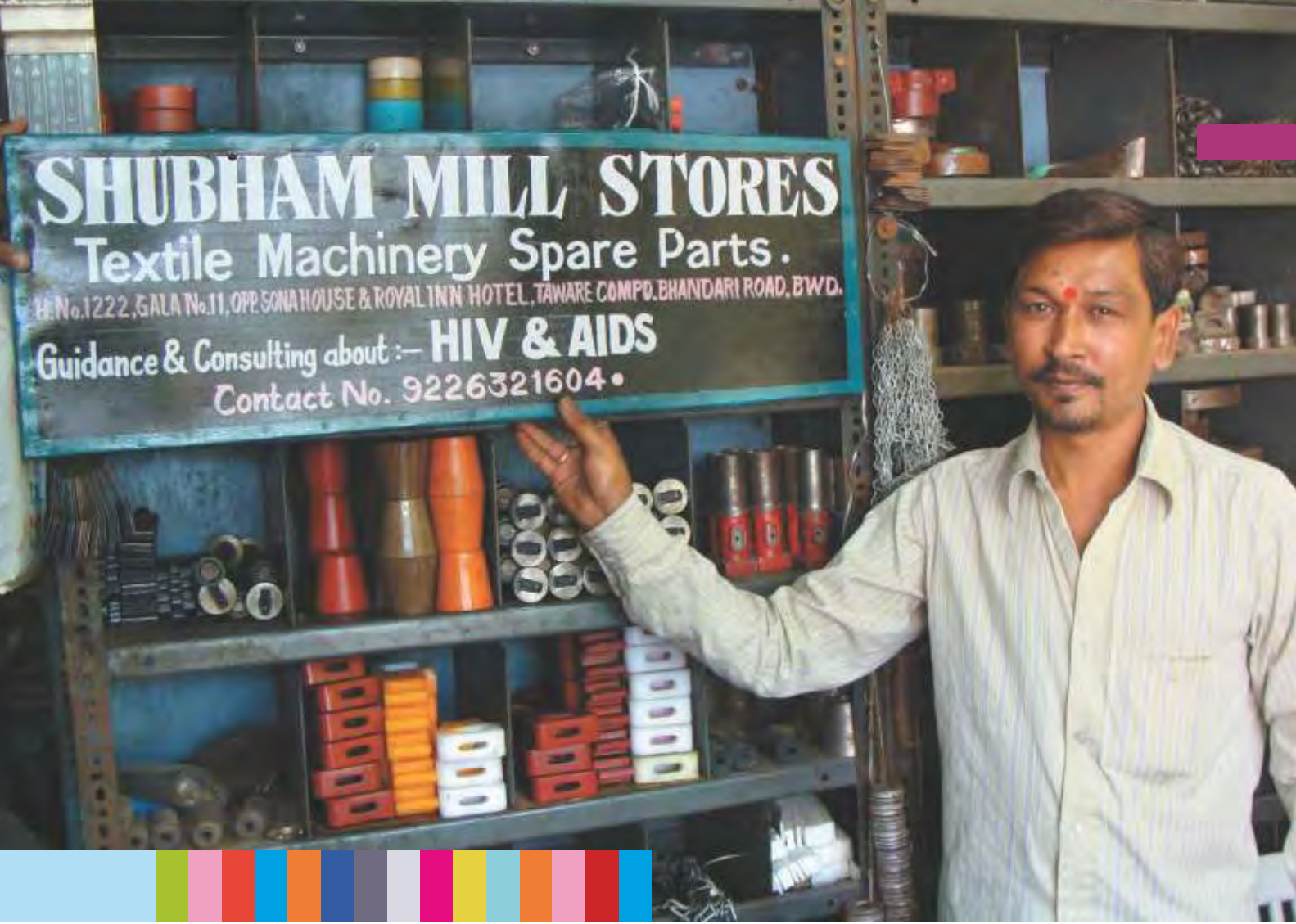
IPPF SARO has had an HIV Workplace Policy for over five years. By 2010, seven out of nine SAR MAs also had workplace policies that had been approved by their respective National Executive Councils (NECs). Actively addressing HIV at the workplace is a part of IPPF's organisational mandate and mission.

IPPF believes that it is the responsibility of the employees of an organisation to provide a supportive and nurturing environment for its colleagues, irrespective of their



IPPF and condoms

IPPF supports policies and programmes that ensure that both male and female condoms are accessible, available and affordable to women, men and young people. IPPF believes that male and female condoms should be available to all, regardless of their social status or background, through all health facilities as well as the workplace and centres of education, where appropriate. Their availability should be linked to information and awareness programmes to ensure their correct and consistent use.



health status. The HIV workplace policy reflects the Federation's core values as a human rights organisation. IPPF's policy, titled "Linking HIV & SRH&R" makes a reference to the institutionalisation of HIV workplace policies by the MAs, which is now a requirement for conferring the full membership status on them.

In 2010, IPPF SARO reviewed and revised its workplace policy to ensure it remains contemporary and relevant. A training programme on the policy was conducted for the staff. It included interactive sessions to personalise the HIV epidemic and recognise that it can affect anybody regardless of race, sexuality, religion, gender and age. The half-day training programme addressed basic facts and issues around HIV, including prevention, treatment and care, stigma and discrimination. It also aimed to raise awareness on upholding the confidentiality of HIV status, why and how colleagues with HIV should be supported, and to look at HIV exceptionality.

To ensure the policies in the MAs are carried forward in letter and spirit, all MAs in the region were encouraged in 2010 to initiate processes to review the HIV Policy and create a space for all staff to have ownership of the policy.

Addressing the condom gap – revitalising prevention efforts in SAR

In 2010, MAs in South Asia distributed 31.5 million male condoms and 4,663 female condoms. According to the UN, the current supply of condoms in low and middle income countries fall 40 per cent short of the numbers required, which is referred to as the condom gap. The HIV focal persons, in their annual meeting, were introduced to Comprehensive Condom Programming (CCP) which aims at creating a demand for and ensuring a continuous supply of male and female condoms.

With a growing population and the largest generation of young people in history becoming sexually active, the need for condoms is expected to increase significantly over the years in South Asia. IPPF is working with the MAs to fully integrate CCP into the existing HIV and sexual and reproductive health strategies and programmes. This will help in narrowing the condom gap.

Positive Prevention

Based on a three-year project implemented by the Madurai Branch of FPA India, IPPF SARO supported the development of a *Guide on Positive Prevention* which included the inputs of the Indian Network of People Living with HIV (INP+) and the IPPF Central Office. The guide was developed to assist people living with HIV, service providers and policy makers to understand, promote and implement rights-based strategies for addressing the prevention needs of people living with HIV.

The Guide intends to promote dialogue and discussion on the key principles and issues to consider when developing programmes and strategies to address the prevention needs of HIV-positive people. While there is wide recognition on the importance of linking prevention, treatment, care and support for people living with HIV, there is an absence of consensus on the key elements of positive prevention. The Guide intends to help bridge this gap. It provides ideas and concepts that can help better understand the ingredients and operational principles to be considered when designing and implementing positive prevention programmes.

Challenges

As global funding for HIV and AIDS has reduced, it is vital to ensure that efforts at providing quality HIV services will emerge as a key challenge. This is especially true in the South Asia region where the epidemics are unique and heterogeneous and require customised programmes to offer services. One of the key challenges in the work on HIV and AIDS is operationalising the understanding of HIV risk and vulnerability in service provision and ensuring that risk and vulnerability assessment of clients are comprehensive. The service statistics of 2010 show an overall increase in the delivery of services related to HIV and AIDS. As services such as counselling and laboratory facilities are availed by more people, it is important to maintain standards and ensure quality.



Her right to start a family

FPAI helps an HIV-positive mother have a healthy baby

When Urmila, 28, living in Madurai delivered her third still-born child, she was devastated. Urmila had married Balaji six years ago and contracted HIV from her husband. At that time she was unaware of his HIV status. "I conceived my first child before I discovered that my husband was HIV-positive. Later, when I tested for HIV, I tested positive."

After delivering a still-born, she dealt with the shock of her HIV status and the loss of her child, but she and her husband were determined to start a family. "The doctor told us not to have children. We were taunted and mocked. The hospital was not willing to treat us." The hospital staff felt it was inappropriate that she should want to have a baby.

One day, Urmila happened to meet a volunteer from FPAI, Madurai, at the government hospital who suggested she come to the centre for counselling. She felt comfortable instantly with the doctor and other staff at FPAI. "People in FPAI are soft-spoken and courteous. I have not seen any other hospital in the area that treats people so well," she says.

With FPAI's support, Urmila and Balaji were able to plan the birth of their child under quality medical supervision. Urmila gave birth to a healthy baby boy. "I am thankful to FPAI for their timely services," she says with a smile on her face.

Safe Abortion



IPPF Goal

A universal recognition of a woman's right to choose and have access to safe abortion, and a reduction in the incidence of unsafe abortion.

Key achievements in Safe Abortion in SAR, 2010

- **333,907 abortion-related services were provided**

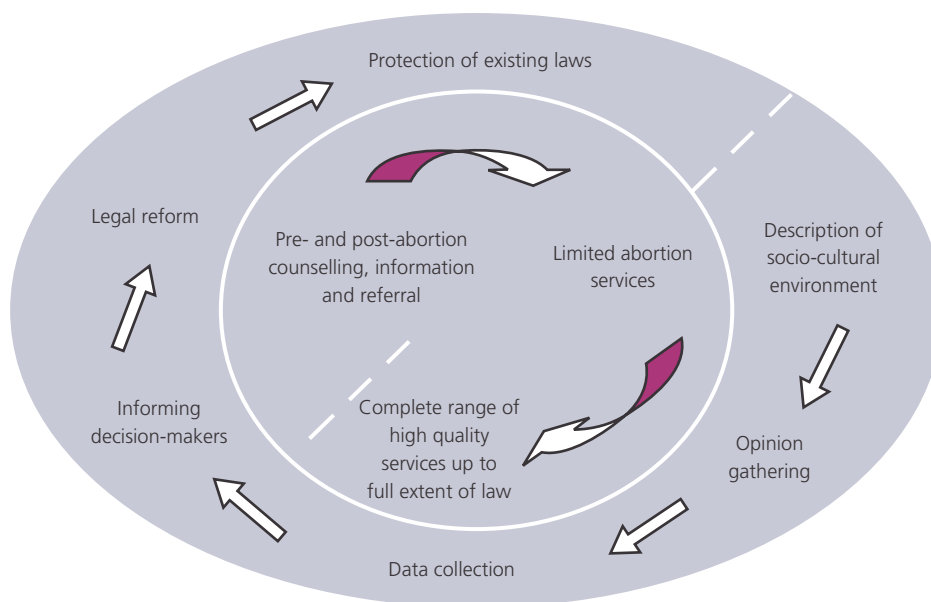
IPPF has identified abortion as a priority area of work and continues to invest in ensuring that progress is made in making abortion-related services available and accessible across the South Asia region. This is reflected in IPPF's Strategic Framework and has helped influence the MAs in working in the area of abortion. Many of the MAs operate in unsupportive social environments which have, in fact, worsened over a period of time in countries such as Afghanistan, Iran, Pakistan and Sri Lanka. With restrictive policies, rigid laws and weak health systems, it has become increasingly challenging for some of them to advance their work on abortion meaningfully. Improving access to safe abortion, by and large, therefore remains both a concern and a challenge.

In South Asia region, seven out of the nine MAs currently work in legally restrictive settings. This, however, does not deter women from seeking abortion-related services which are more likely to be unsafe and potentially life-threatening in such

circumstances. The estimates on unsafe abortion recently released by the World Health Organisation (WHO) place the South-Central Asia Sub-region as having the largest number of unsafe abortions currently. The incidence of unsafe abortions has, in fact, increased over the past five years, owing partly to the sheer size of its population (WHO:2011)¹.

The IPPF Abortion Advocacy and Care Continuum (please see the abortion continuum below) continues to guide the abortion programme in the South Asia region. In 2010, IPPF's Governing Council also approved the organisation's global policy on abortion. This has both expanded the scope of work on abortion and provided in-depth guidance to the MAs on the following areas: advocating to expand the legal indications for safe abortion within national laws on the basis of human rights and public health principles; improving service delivery including services on pre and post-abortion counselling, provision of modern contraceptives and quality post-abortion care services; addressing stigma surrounding abortion by generating constructive discussion around the subject and improving policy implementation with focus on post-abortion care and provision of modern contraceptives. A meeting of the abortion focal persons, working with the MAs in SAR, was held in December 2010. The three-day meeting was used as a platform for providing technical updates and programme recommendations and sharing of experiences to improve access to safe abortion and initiating advocacy campaigns for safe abortion in restrictive settings.

The abortion continuum



¹ WHO. 2011. *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2008. Sixth Edition.* Geneva.



“ IPPF has identified abortion as a priority area of work and continues to invest in ensuring that progress is made in making abortion-related services available and accessible across the South Asia region. This is reflected in IPPF's Strategic Framework and has helped influence the MAs in working in the area of abortion.

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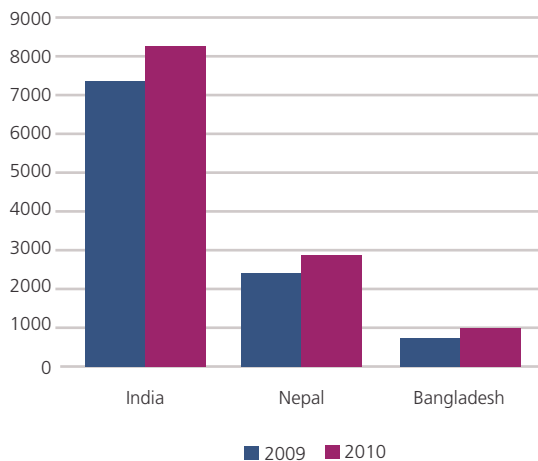
Improving access to safe abortion

Among the SAR MAs, currently the FPAI and FPAN provide comprehensive abortion care services. FPAB and Rahnuma – the Family Planning Association of Pakistan (FPAP) – provide menstrual regulation services. The year 2010 saw significant improvements in increasing access to safe abortion services mainly as a result of intensive inputs by the Global Comprehensive Abortion Care Initiative (GCACI) operating in Bangladesh, India and Nepal. At the policy level, a number of progressive steps were taken by the Government of Nepal that include approval of mid-level provision of abortion services and

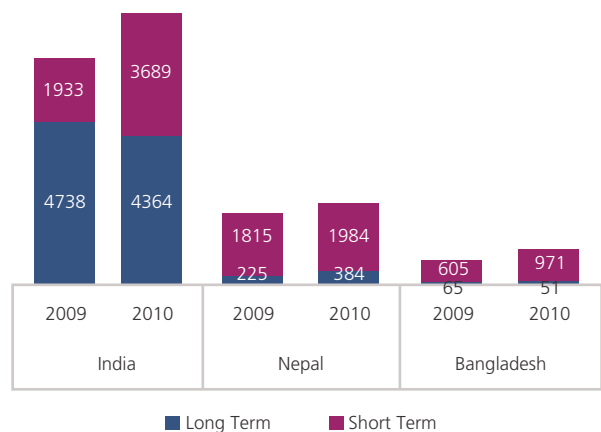
the use of medical methods for the first trimester terminations all of which also served to improve access to services.

In Nepal, FPAN and Marie Stopes International, have been acknowledged as the organisations that are equipped to train mid-level service providers from the private and public sector in providing comprehensive abortion services. The other MAs – FPA Sri Lanka, Society for Health Education (SHE), Maldives, and Afghanistan Family Guidance Association (AFGA) continue to provide counselling services related to abortion. The GCACI supported several initiatives, mostly focused on advocacy, IEC and capacity building to

Clients provided with abortion in GCACI clinics



Post-abortion clients adopting contraception in GCACI clinics



support the MAs to initiate the groundwork to expand provision of post-abortion care services in their countries.

During 2010, restricted funding helped boost abortion work among the MAs. The GCACI has focused on strengthening abortion services in 29 of MAs' clinics across Bangladesh (seven clinics), India (15 clinics) and Nepal (seven clinics). The Dutch Salin funding, too, strengthened the programme by supporting an upgrade of infrastructure and procurement of equipment in an additional 34 clinics in these countries. Furthermore, the 'safe abortion' component of DFID's Global Poverty Action Fund (GPAF) helped strengthen service delivery, upgradation of clinic infrastructure and commodity security in Bangladesh, India and Nepal.

During 2010, a total of 333,907 abortion services (including counselling and referrals) were provided by the eight MAs in the South Asia region.

Improving Quality of Care (QoC) of abortion services

IPPF SARO staff through clinic-level monitoring and discussions with the MA management teams have been able to ensure the implementation of IPPF's QoC standards. Significant achievements that have led to an improvement of the QoC include:

- MAs have been assisted in establishing systems and mechanisms for effective follow-up of clients referred to other facilities
- Improvements have been made in the uptake of post-abortion contraception as a result of improved counselling and availability of a full range of contraceptive methods
- Higher standards of privacy and confidentiality have been set as a result of improvement in client-flow at the service delivery points (SDPs)

Abortion rights empower women in Nepal

The choice for safe abortion protects and gives women the power to choose a better life

Nawalparasi, Nepal: When Rajani Gupta, living in a small village in Nawalparasi district, was married, she was only 15. Although the legal age for marriage in Nepal is 20, early marriages are common, especially in rural areas. A month later, Rajani was pregnant.

Rajani and her husband had not planned for a child and were too young to be parents. Both of them visited a clinic run by FPAN where they were counselled about their options and consequences so that they could make an informed decision. Rajani chose to get an abortion done and was discharged the same day.

Currently, Rajani and her husband study at the same school. Till date, no one in the family except her husband knows that she had an abortion. She dreams of completing her studies and having a successful life in the future.

(Names have been changed to protect identities)

“ In spite of the challenging legal and policy environment, IPPF, through its MAs, made further progress in making safe abortion-related services more accessible and in advocating for changing restrictive policies in 2010. ”

- The number of clinics providing walk-in abortion services to clients has increased
- Drugs, including emergency drugs, equipment and instruments have been standardised across SDPs across the region
- Improvements have been made in infection control through effective implementation and adherence to infection prevention protocols within the operation theatre for decontamination of instruments and disposal of bio-medical waste.

Challenges

As indicated earlier, providing safe abortion services is an enormous challenge in the region. This is a result of both internal and external factors. It is quite likely that in the near future the external environment will continue to remain non-conducive to abortion-related work in countries such as Afghanistan, Pakistan, Iran and Sri Lanka. In other countries like India, the Census results showing a further decline in the child sex ratio may affect an otherwise liberal policy on the provision of abortion services. In Nepal and Bangladesh, women have little or no access to services beyond a limited cut-off period (10-12 weeks of gestation) as a result of which unsafe abortions continue to be performed.

In addition to policy-level barriers, a lack of awareness of the legality surrounding abortion limits the access of women to abortion services in restrictive settings. Stigma and socio-cultural barriers continue to deter women even in liberal settings through a lack of privacy and confidentiality for clients accessing services. High turnover of providers and lack of skilled providers, too, are major constraints as the MAs try to provide uninterrupted services at their clinics.

In line with the revised IPPF abortion policy and as an interim strategy, MAs in restrictive settings can provide high-quality post-abortion care as well as use other strategies to alleviate the ill-effects of unsafe abortion. At the same time, they can continue to make efforts to expand the legal indications for an abortion. In more liberal settings, raising awareness on the availability of services, improving the quality of care as well as advocating with the government to expand provision of safe abortion services (by making services available at lower-level facilities and getting mid-level providers to offer abortion services) remain critical areas for intervention. It is envisaged that the ongoing baseline survey on knowledge, attitudes and practices among the MAs will contribute to a deeper understanding of abortion-related work.



Strategic partnerships

Partnerships are critical in building an advocacy agenda for safe abortion in the region. The partnerships for the safe abortion programme helped broaden the range of technical competencies and perspectives available for IPPF to continue and expand its work on abortion.

International Federation of Gynecology and Obstetrics (FIGO), Regional – IPPF is an active partner in the FIGO Initiative for the Prevention of Unsafe Abortion. Some of the important outcomes of this partnership include completion of country-level situational analyses of unsafe abortion, development of country-level plans of action and approval of these by governments.

Ipas, USA – IPPF SARO and Ipas Asia entered into a memorandum of understanding for regional collaboration on safe abortion. As a result of this partnership, Ipas trained MA providers from Bangladesh, Maldives, Pakistan and Sri Lanka on first-trimester abortion using MVA and post-abortion care (PAC).

International Centre for Research on Women (ICRW), India – Several research studies were commissioned by IPPF SARO to gather evidence on barriers to safe abortion services and the economic cost of unsafe abortion. ICRW is currently undertaking analysis and synthesis of research findings from Bangladesh and Pakistan.

World Health Organisation (WHO), Geneva – Along with IPPF Central Office (CO), SARO helped pilot the draft WHO Clinical Guidelines on safe abortion care in 10 clinics of FPAN. This included supporting two workshops where the providers were oriented to the guidelines and the design of the pilot and a follow-up workshop where feedback was provided by the clinics.

Centre for Health and Social Justice (CHSJ), India – SARO worked closely with CHSJ to design a study on the attitude of providers and volunteers in five MAs in the region. In addition, CHSJ helped design a value clarification module to address provider bias against providing abortion and youth-friendly services. CHSJ and SARO co-facilitated five value clarification workshops with several MAs, including a training of trainers (TOT).



In conclusion, it needs to be stated that in spite of the challenging legal and policy environment, IPPF, through its MAs, made further progress in making safe abortion-related services more accessible and in advocating for changing restrictive policies in 2010. It also created an enabling environment and expanded the access to safe abortion services through training of mid-level service providers. Likewise, applying IPPF's QoC standards to MAs' service delivery points and enhancing the knowledge, skills and availability of medical abortion services in countries where abortion is legal have further contributed in increasing the access of communities to sexual and reproductive health services.

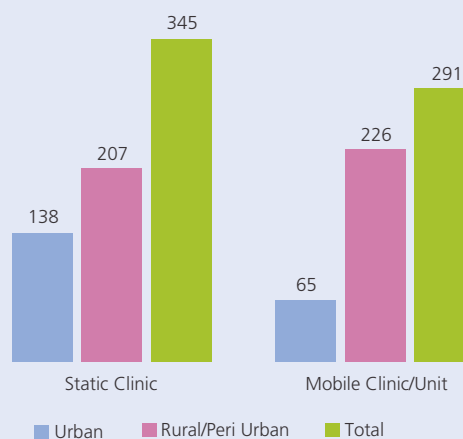
Service Statistics

2010 at a glance: Key facts and figures highlighting IPPF SAR achievements

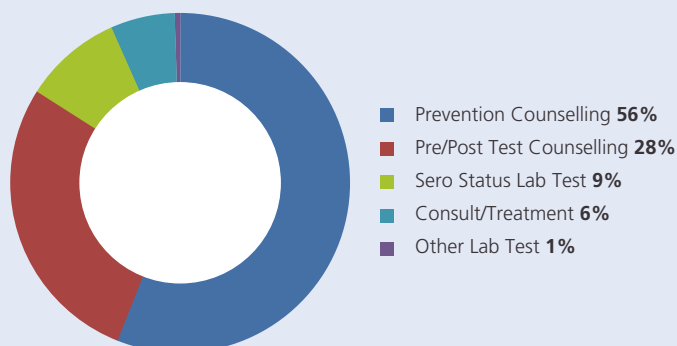
- In 2010, IPPF's member associations provided SRHR services through 18,674 operational service delivery points in South Asia region. Services were provided through 345 static clinics, 291 mobile clinics, 377 associated clinics and 17,661 non-clinic based service delivery points.
- **In 2010 IPPF SAR MAs provided:**
 - o 14.7 million SRH services (7.9 million contraceptives and 6.8 million non-contraceptive SRH services)
 - o 1.8 million couple years of protection
 - o 37.3 million condoms
 - o 1.5 million HIV-related services (including STI and RTI services)
 - o 333,907 abortion services

Out of the total services provided by SAR MAs, 47 per cent were provided to young people under 25 years.

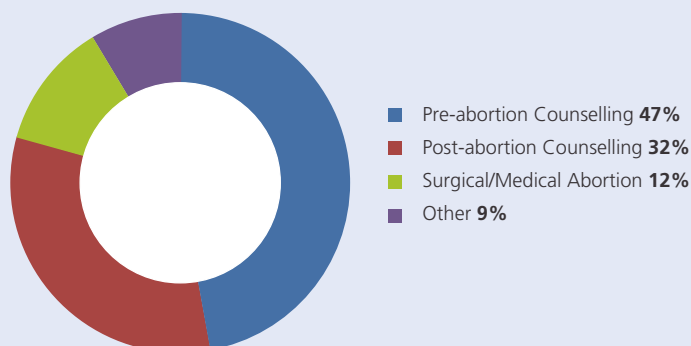
Static and mobile clinics by location in SAR, 2010



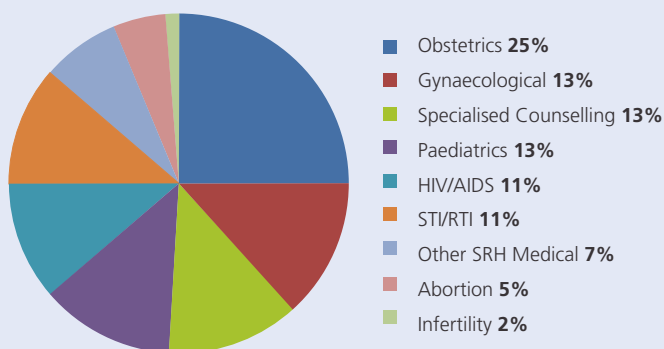
HIV and AIDS services in SAR, 2010



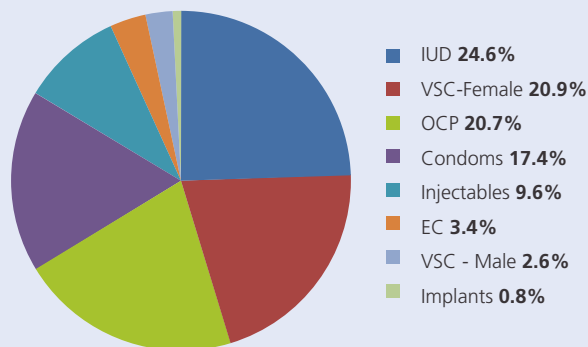
Abortion services in SAR, 2010



Non-contraceptive SRH services in SAR, 2010

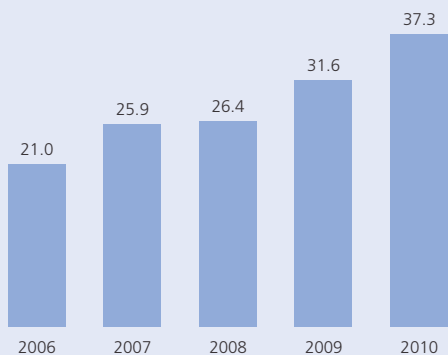


CYP achievement by methods in SAR, 2010



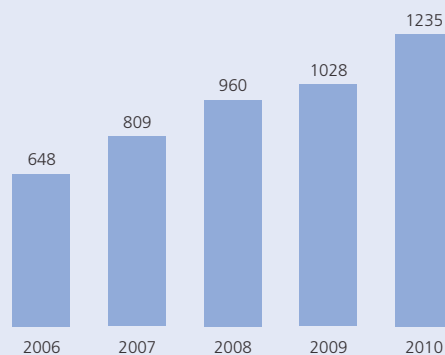
Around 50 per cent of CYP was achieved by short-term methods (condoms, oral pills, injectables)

Condoms provided by SAR MAs, 2006-10 (in millions)



More than 78 per cent increase in distribution of condoms in the past five years (2006-10)

Emergency contraception provided by SAR MAs, 2006-10 (in '000)



Emergency contraceptive provided was doubled in the past five years (2006-10)

We provided 1.8 million couple years of protection which contributed to 447,872 pregnancies averted.

Access



IPPF Goal

All people, particularly the poor, marginalised, the socially excluded and underserved are able to exercise their rights, to make free and informed choices about their sexual and reproductive health, and have access to sexual and reproductive health information, sexuality education and high quality services, including family planning.

Key achievements in increasing access to services in SAR, 2010

- 1.8 million couple years of protection
- 37.3 million condoms distributed
- 756,790 STI/RTI services provided
- More than 70 per cent of services provided to poor and vulnerable people

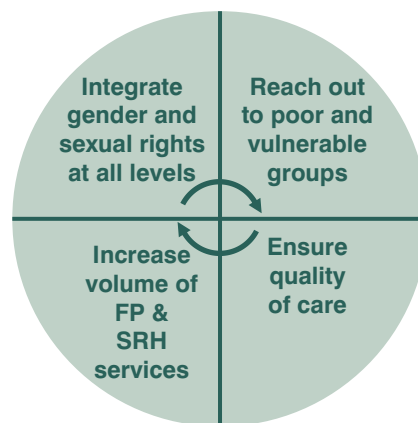
Ensuring access to sexual and reproductive health, empowering women, men and young people to exercise their right to sexual and reproductive health and reducing inequalities are central to development and to overcoming poverty. SARO's Strategic Plan (2010–2015) lays emphasis on the need to reach the poor, marginalised, stigmatised and socially excluded individuals who are often overlooked by the existing facilities and government services. They include ethnic minorities, displaced people, refugees, sex workers, young people, people living with HIV and survivors of violence.

In South Asia, six out of nine MAs offer an integrated package of sexual and reproductive health services spanning family planning, antenatal and post-natal care, child health, gynaecological care, infertility tests, diagnosis and treatment of sexually transmitted infections, services related to HIV and AIDS, abortion-related services, cervical and pap-smear tests and counselling. There has been an increase in the number of SDPs from 17,843 in 2009 to 18,674 in 2010. The different types of SDPs, including 345 static clinics, 291 mobile/outreach clinics, 377 associated clinics and 8,979 community-based distributors (CBDs) have been further integrated and strengthened through training of service providers, mapping of underserved areas, upgrading infrastructure, additional supplies and commodities and establishing referral mechanisms to reach out to PMSSEU.

Regional Access Strategy (2010–2015)

The IPPF SAR regional access strategy for Access comprises a four-pronged approach addressing the following: integration of gender and sexual rights at all levels; reaching out to poor and vulnerable groups; increase delivery of SRH services and to ensure good

quality of care in all aspects of service delivery. The key activities and tasks completed in 2010 under this strategy are outlined below:



Quality of Care (QoC)

There has been significant progress to strengthen the Quality of Care assurance system to ensure that sexual and reproductive health services are of high quality, are integrated and rights-based. During 2010, six out of nine MAs implemented the revised QoC self-assessment tool in their static clinics. The issues that required improvement were addressed through IPPF's core and restricted projects funds. This included streamlining mechanisms to assess the QoC provided, infection prevention, training of service providers, revising procedures to ensure that clients' perceptions on service provision were taken into account, upgrading infrastructure and providing key supplies such as drugs, contraceptives and equipment.

Through DFID-GPAF project, 35 static clinics in four countries were fully upgraded for the provision of maternal and child health services, including delivery services in Bangladesh, Nepal and Pakistan.

The end line evaluation study of the European Commission-supported safe motherhood project carried out by Human Development Research Centre (HDRC) has showed improved health status of poor and marginalised women in four rural districts of Bangladesh. The use of family planning methods increased from 42.5 per cent to 47.2 per cent with increase in tubectomy and injectables higher than the national average between 2005 and 2010.

Development of database for MA static clinics in the South Asia Region

To ensure that MAs have easy access to high-quality data and information for decision-making in planning, implementation, monitoring and evaluation of programmes and services, MAs and SARO have jointly



Sexual rights: an IPPF declaration

IPPF works to promote sexual and reproductive rights for everyone. IPPF realises and believes that sexual rights are a part of human rights. Therefore, IPPF believes that having sexual rights adds to the freedom, equality and dignity of all people. The IPPF declaration is grounded in and informed by international agreements such as United Nations conventions.

Sexual rights

- Right to equality, equal protection of the law and freedom from all forms of discrimination based on sex, sexuality or gender
- The right to participation for all persons, regardless of sex, sexuality or gender
- The rights to life, liberty, security of the person and bodily integrity
- Right to privacy
- Right to personal autonomy and recognition before the law
- Right to freedom of thought, opinion and expression; right to association
- Right to health and to the benefits of scientific progress
- Right to education and information
- Right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when to have children
- Right to accountability and redress

developed a tool that will provide a range of information related to static clinics. The tool will make information available on, among others, infrastructure/facility, human resources, SRH service package, equipment and medical supplies, contraceptives, lab services, user charges and service statistics. This initiative came about as part of the Leadership Development Programme (LDP) supported by Management Sciences for Health (MSH), and MEASURE Evaluation. The tool has been tested among two MAs – India and Sri Lanka – and the preliminary findings have lent useful insights for strengthening the services offered by static clinics. The tool will now be rolled out among all static clinics in the remaining six MAs.

Contraceptive security

Contraceptive security exists when every person is able to choose, obtain and use quality contraceptives for family planning (FP) and protection from STIs, including HIV. The MAs' package of contraceptive services includes most of the contraceptive methods approved by the respective national government. SARO has reviewed the current status of MAs' logistic management to identify the opportunities and challenges for managing contraceptive supplies. The review recommended the need for guidelines on logistic management for contraceptive security, increased budget allocation for purchase of contraceptives and ECP, modification and/or development of contraceptive logistic system with maximum and minimum inventory control system, capacity-building of staff and strengthening of contraceptive storage facilities at SDPs, branch/regional offices and National HQs.

SARO conducted a regional training workshop on contraceptive logistic management with staff from nine MAs in November, 2010 in Sri Lanka. The training was based on USAID Logistic Handbook. The logistic cycle and key terms and concepts on logistic management were discussed at the meeting. Subsequently, the MAs developed their action plans to design and implement the contraceptive logistic system in 2011-12.

Sexual rights in action

Sexual rights are a natural and valuable aspect of our lives. They derive from human rights and encompass a wide range of issues related to sexual health, including sexuality, sexual orientation and sexual identity. In 2008, IPPF published *Sexual Rights: an IPPF Declaration*. Eight out of nine member Associations translated the Declaration into nine languages and have introduced it to their governing bodies. Additionally, the MAs in Pakistan and Nepal implemented successful sexual rights projects. FPAP, in partnership with Aahung, developed a training manual on gender, sexual rights and sexuality



A doctor who grew into her job

When Dr. Reena Saha first started to work with MSM in 2006, she had a challenge at hand – treating men who had sex with men. “Being a woman, I was hesitant. When FPAB trained me to work on HIV and AIDS and sexually transmitted infections, I thought I would work with female sex workers, but to my shock I was asked to work with male sex workers.

The Director of FPAB reasoned with Dr. Reena. He reportedly told her, “If you can perform a vasectomy, surely you can work with men who have sex with men.”

Accompanied by a male paramedic, Dr. Reena visited communities at Benapol, close to the Indian border. She came across boys as young as 11 years who worked at hotels and were coerced into having sex with customers due to which they suffered serious injuries. She also found that traders and workers who crossed the border frequently were at great risk of sexually transmitted infections.

Dr. Reena's initial reluctance to work with MSM melted away in the face of the need. “They all needed a doctor. They needed me. The men regarded me as just another doctor. I had thought they would be shy or refuse treatment from me but they did not. They were open about their ailments and, when they got better, were full of praise for my work.”

During her service so far, Reena Saha has treated boys as young as 11 years and men as old as 70.

and conducted a series of training programmes to clarify sexuality concepts and sexual rights for staff and volunteers at regional and national levels. FPAP also conducted a policy review on sexual rights issues in Pakistan. FPAN worked on CSE and provided youth-friendly services to translate sexual rights into action for and with young people. In 2010, SARO introduced the Declaration of Sexual Rights to the regional network of Lesbians, Gay, Bisexuals and Trans-genders (LGBT) and South Asia Men Engage Alliance to promote sexual rights for all.

Sexual and gender-based violence

Discrimination, stigma, fear and violence pose serious threats to people, especially women. These threats and the actions they trigger prevent many people from attaining their basic sexual rights and health. Millions of men and women suffer every year from sexual and gender-based violence (SGBV), including physical, emotional and sexual abuse.

From victims to survivors, with a little help

The women of Kamalapur village have created a forum for the support for survivors of domestic violence. Encouraged by FPAB, the Survivor Support Group (SSG) came together in 2006 with around six women who were part of the Family Development Centre (FDC). The group today has 15 members. The President of the FDC, Noor Nehar, says, "With community involvement, the group makes a list of women who face violence at home. The women then discuss among themselves and consult the community caretaker group on how to stop such violence. They then visit the woman's house and mediate between her and the family," she says. If the community groups cannot resolve the matter, it is referred to the Bangladesh Legal Aid Services Trust (BLAST). Thirty-eight such cases have been filed with BLAST so far, with women getting compensations between Taka 3,000 and 6,000.

The FDC has 167 women as members, the oldest of whom is around 60 years old and the youngest 35. Each woman pays a monthly subscription of Taka 2. As many as 114 women earn an income through handicrafts, sewing, growing vegetables and cattle-rearing. The total savings of the group is Taka 140,000 which has enabled women to avail loans amounting to Taka 700,000 to meet personal needs or start a business.

To help MAs address gender-based violence through their programmes, SARO has developed two manuals, titled *Meeting the SRH needs and Rights of GBV survivors: A Good Practice Training Module for Health Care Professionals* and *Counselling Training Manual - Trauma, Guilt and Self-Esteem*. Over the past three years, all SAR MAs have been trained to use these manuals.

Currently, eight MAs in South Asia are offering psycho-social aid/counselling services to SGBV survivors while seven MAs are providing medical services to them through 163 static clinics across the Region. There has been a substantial increase in counselling services on SGBV – from 59,164 in 2009 to 131,577 in 2010. The increasing trend in the provision of these services is a testimony to both an increase in the incidence of violence as the success in reaching out to the affected persons. A wide range of IEC material and GBV tools developed in Afghanistan (EC Project) and also in Bangladesh and Nepal (DFID Project) have been adapted by other MAs in the region. The initiatives include facilitating the formation of survivors' support groups in Nepal and Bangladesh.

Engaging men for gender equality and SRHR for all

Men are husbands, partners, fathers, brothers and sons, and their lives are intertwined with that of women, children and other men. Without understanding how men's gendered experiences affect how they live, think and feel and how it affects their self-image and their behaviours, gender equality can neither be fully understood nor achieved.

In 2010, the SAR MAs undertook a wide range of activities to further the work on Men and SRH in their countries. In Bhutan, men were included in the women's empowerment and GBV programme. In Afghanistan, male community health workers were introduced in the programme while in Nepal educational sessions were conducted and street plays performed with boys and men on gender-based violence and SRHR. In India, male evening clinics and outreach clinical sessions on men's sexual health were introduced. In Maldives, health services were provided to male clients as part of multi-purpose health trip. Meanwhile, FPASL started men's sexual health clinic, introduced lubricant (Easy Glide) and thicker condom (Power Play), established partnership with lesbian, gay, bisexual and transgender (LGBT) and MSM groups, worked with disabled soldiers to address their sexual health (Lili project).

IPPF SARO is a member of the Steering Committee of the MenEngage Alliance South Asia and is working closely with other regional/national organisations to take forth the work on engaging men for gender equality and SRHR for all. The MAs in Bangladesh, India, Pakistan and Nepal are part of in-country networks and have conducted

number of community-based programmes on issues of men and masculinities and gender-based violence.

IPPF SARO has been engaged with SANAM (South Asian Network to Address Masculinities) on curriculum development for a fellowship programme – “Understanding Masculinities: Culture, Politics and Social Change”. SANAM is providing a platform for women, men and transgender people to work together in developing a culture of resistance to gender-based violence.

SRHR in humanitarian settings

Women, young people and children constitute more than 75 per cent of populations affected by crises.² In crisis situations where service provision is disrupted, reproductive health needs persist while there is an increased risk of rape, STIs, unintended pregnancies, unsafe abortion and obstetric complications. According to the Natural Disaster Risk Index (NDRI) 2010, six out of nine SAR countries – Afghanistan, Bangladesh, Iran, India, Pakistan and Sri Lanka – are ranked “at extreme risk” of experiencing natural disasters.

In 2010, eight out of nine MA focal persons for ‘SRH in humanitarian settings’ were trained on the Minimum Initial Service Package (MISP) through the SPRINT Initiative in South Asia. Five of the MAs (Afghanistan, Bangladesh, Iran, Pakistan and Sri Lanka)

are working with key humanitarian agencies and groups to support internally displaced persons (IDPs) and refugees. The MAs are also collating information about the regions which are prone to natural disasters. With the occurrence of the Pakistan floods in 2010, FPAP designed and implemented an effective response with the support from SARO and ESEAOR/SPRINT teams. A total of 112,489 persons, mostly women and children, sought health services by the end of December, 2010. FPAP is the member of the Reproductive Health Task Force which has been established by UNFPA and the Ministry of Health to coordinate the sexual and reproductive health response in Pakistan.

Challenges


Access to sexual and reproductive health and rights in South Asia has been severely constrained by socio-economic, cultural, religious, political and legal barriers. Along with particular challenges in countries, there are region-wide challenges such as high unmet need for family planning, high maternal mortality and morbidity, high prevalence of gender-based violence, child marriage, restrictive abortion laws, natural disasters and conflicts and, most importantly, large numbers of people living below poverty line (less than 1 USD per day). In response to these challenges, IPPF continues to invest in increasing access to SRH services for underserved groups through increased commitment and repositioning of services and by implementing the integrated essential service package.

² The SPRINT initiative is a collaboration between IPPF, AusAid, UNFPA, Australian Reproductive Health Alliance and the University of New South Wales. For more information on the MISP and SRH in humanitarian settings: www.iawg.net



Advocacy





Besides being a global service provider, IPPF is recognised as a leading advocate of sexual and reproductive health rights for all. It stands amid a worldwide movement of national organisations working with and for communities and individuals. IPPF advocates for commitment to the goals of the 1994 International Conference on Population and Development (ICPD). This means campaigning for renewed political support and encouraging donors to honour their funding commitments. These are critical to ensuring universal access to sexual and reproductive health services by 2015. Without this, the Millennium Development Goal (MDG) of poverty eradication will not be realised.

Advocacy is not only a key area of action for IPPF but is also linked to its other work priorities such as its work with young people, on HIV and AIDS, abortion, gender issues and sexual and reproductive health rights. IPPF has played a leading role in international development and is recognised globally and within South Asia as an unequivocal voice demanding, often with success, the sexual and reproductive health rights of communities.

IPPF believes that it is necessary to advocate since governments have competing priorities and political interests. Some issues fall off the agenda because they are seen to be controversial. IPPF also believes that the civil society and individuals should encourage governments to act in public interest by adopting positive policies, programmes and budgets. Advocacy initiatives can create a public and policy climate that advances, supports and safeguards sexual and reproductive health rights. The Mid-Term Review (MTR) of IPPF's Strategic Framework has identified advocacy and communications as one of the seven critical areas on which IPPF regional offices and the MAs would focus on until 2015. SARO has reaffirmed its commitment

towards addressing the MTR findings by taking measures to strengthen advocacy and communications in the region.

The SARO strategic plan has two key objectives related to advocacy:

- To raise the profile of SRHR in the region, and
- To support MAs to become leading advocates on SRHR nationally.

In 2010, SARO's primary area of focus was building the capacity of MAs on gathering in-depth knowledge of advocacy issues and supporting them in the development of targeted work-plans aimed at bringing about policy-level changes in their countries.

Capacity building of MAs and partners on SRH-HIV integration

Advocacy for SRH-HIV integration has been a priority for IPPF globally. In 2010, SARO built the capacity of its partners on the subject so that SRH-HIV-related issues could be prioritised in the national-level advocacy agendas in South Asia, especially by using the mechanism of the Global Fund. The members of the Country Coordinating Mechanisms (CCMs) from each of the eight countries in South Asia participated in the workshop along with the MAs. The workshop was held in collaboration with Population Action International (PAI), a Washington-based civil society organisation (CSO) whose work with IPPF's Africa regional office on this issue resulted in submission of three successful proposals to the Global Fund. The workshop resulted in increasing the knowledge of participants on integration, with several country-level plans rolling out at the end of the process.

“ IPPF believes that it is necessary to advocate since governments have competing priorities and political interests. Some issues fall off the agenda because they are seen to be controversial. IPPF also believes that the civil society and individuals should encourage governments to act in public interest by adopting positive policies, programmes and budgets. Advocacy initiatives can create a public and policy climate that advances, supports and safeguards sexual and reproductive health rights. ”



Successful EU proposal on advocating for SRH-HIV integration

Encouraged by the workshop as mentioned, SARO decided to submit a proposal in response to a call for proposals announced by the European Union. The proposal was on advocating on SRH-HIV integration with the CCMs in order to submit an integrated, youth-friendly proposal to the Global Fund. This proposal was successful and has raised around 2.5 million Euros for the years 2011-2013 for an advocacy project which will be implemented in eight countries of South Asia.

Advocacy training workshop

The SARO Strategic Plan (2010-2015) on advocacy has identified capacity building as a priority. SARO is committed to supporting the MAs in becoming the leading advocates on SRHR in their countries over the next five years. As an activity in pursuit of this objective, SARO organised a five-day training programme with support from the IPPF Western Hemisphere Regional

Office (WHRO) in 2010. WHRO has developed an advocacy planning handbook which was used as the key document for training. The training programme followed a practical, hands-on approach in advocating for legal and policy changes in support of SRHR. It ended with the MAs making specific, time-bound plans for implementing the advocacy planning module in their countries.

Political mapping process

As a first step towards strategic planning on advocacy, a process on developing 'political maps' of the country was initiated in Afghanistan, Bangladesh, Pakistan and Sri Lanka. A political map is a detailed document of a country's social, legal and political scenario which also identifies the key entry points for advocacy in terms of what needs to change and who would be the targets for advocacy messages. On being completed, the political maps will provide the MAs the information they find useful for on planning their advocacy processes further. In 2011, the maps, it is intended, will be used extensively by the MAs for developing advocacy plans.

Key advocacy achievements in SAR, 2010

Country	Advocacy Achievement
Afghanistan	AFGA participated in a series of strategic meetings with the government which were aimed at policy-formulation around SRHR issues such as Reproductive Health Strategy Development.
Bangladesh	<p>FPAB along with other civil society organisations has been advocating with the government for greater national investment on contraceptive procurement as part of Project Resource Mobilisation Awareness (PRMA). In 2010, this resulted in the government increasing its contraceptive budget for procurement of locally produced contraceptives (condom) from Bangladeshi TK 5 crore to 10 crore (USD 672,000 to USD 1,344,000 approx.).</p> <p>FPAB organised an interface between child marriage survivors and members of parliament (MPs) in which the MPs committed to raise the issue of prevention of child marriages in the next parliament session.</p>
Bhutan	RENEW Bhutan has been advocating for a law against domestic violence in the country. The final draft of the proposed law is ready for discussion in the next parliamentary session.
India	FPAI has been advocating on expanding the basket of choice for contraceptive methods with special focus on injectables through the Advocating for Reproductive Choices (ARC) Coalition at the national and state levels. As a result of the prominent advocacy role played by FPAI, it became a member of the national-level Expert Group on Injectables in May 2010 at the invitation of the Government of India.
Iran	FPA Iran has been advocating on the expansion of the current abortion law to include rape and incest as grounds for seeking abortion. In 2010, in response to a question by FPA Iran, a <i>fatwa</i> was issued by the Supreme Leader which allows abortion in case the pregnant woman is mentally challenged.
Maldives	SHE Maldives has been advocating for the expansion of the current abortion law in Maldives to include rape and incest as grounds for abortion. As part of this, in 2010, SHE worked with religious leaders on orienting them to issues such as unsafe abortion, incest and rape.
Nepal	FPAN has been advocating for the introduction of comprehensive sexuality education in school curriculum as a compulsory subject. In 2010, as a result of FPAN's efforts, the government agreed to the inclusion of CSE in teachers' training curriculum
Pakistan	<p>A coalition formed by FPAP Rahnuma has been advocating with the ministries of education and youth for the introduction of comprehensive sexuality education in school curriculum.</p> <p>In 2010, in order to highlight inadequate attention being given to MDG 5b, FPAP initiated an alliance on MDG 5b at the national level prior to the MDG review meeting at the United Nations in September 2010 in New York. The coalition organised various advocacy activities, including press conferences, meetings and workshops, and developed advocacy materials. FPAP was also represented as part of the civil society in the official delegation of the Pakistan government.</p> <p>As part of FPAP's efforts on advocacy around the implementation of the law on child marriage, FPA Rahnuma organised a successful interface between child marriage survivors and parliamentarians who affirmed their commitment to ending child marriage.</p> <p>Rahnuma was also part of the coalition that advocated for amending the abortion law to make abortion accessible to women irrespective of their marital status or age. This resulted in a bill for revision of the current law being tabled in parliament.</p>
Sri Lanka	FPASL has been part of a national-level coalition on safe abortion care which in 2010 advocated around a set of amendments to the existing abortion law to include rape and incest as grounds for seeking abortion. To press for this, FPASL researched and produced evidence on the economic perspective as well as process, determinants and impact of unsafe abortions in Sri Lanka.



Strengthening MA advocacy around MDG review meeting in 2010

Globally, IPPF and its MAs have played a leading role in advocating for greater national, regional and global commitments to the MDGs, with particular focus on MDG 5b – Universal Access to Reproductive Health. The MAs from Bangladesh, India, Nepal, Pakistan and Sri Lanka were part of in-country advocacy processes around the MDG Review Summit which took place in New York in September 2010. In India, FPAI joined the national civil society alliance on MDGs – *Wada Na Todo Abhiyan* ('Do not break the promise campaign') – while in Pakistan Rahnuma formed a national-level alliance in partnership with other leading civil society organisations. The alliance carried out a series of advocacy activities in the country to highlight the need for greater investment on MDG 5b. Rahnuma secured a representation in the official delegation to the MDG Summit. This provided an excellent opportunity of interaction with senior government officials to further spread the message of MDG 5b. In Nepal and Bangladesh, SARO provided

financial and technical support to develop two youth shadow reports on MDG 5b which analysed young people's access to SRH as per the MDG 5b indicators. Both these reports were launched nationally with key government officials attending the events. A copy of the report was shared by the MAs with members of the official delegations who attended the Review Summit in New York.

Raising the profile of SRHR in the Region through regional SARO advocacy initiatives

The strategic planning process in SARO identified two areas for regional work in South Asia – developing a regional platform for SRHR in the region and working with parliamentarians to develop them into SRHR champions. For the first, SARO commissioned a review of the existing regional platforms on SRHR to collate learning from similar experiences and to identify the best ways of going ahead on a regional platform-building process. This was completed and is now being used for



carrying forth the process. In order to work with parliamentarians across South Asia, SARO has engaged with external agencies to develop a mechanism for undertaking this in 2011.

Regional advocacy meeting

In order to strengthen the skills of the MAs in advocating for SRHR issues, SARO conducted a meeting of its focal point persons in Colombo, Sri Lanka, which was attended by CEOs of SARO MAs and MA staff members working in the area of advocacy. The main objectives of the meeting were to strengthen MAs' capacity in planning for advocacy, to plan MAs' participation and contribution to global advocacy processes and on how to use new communication technologies to secure citizen support to contribute to advocacy expected results. It was also used as a space to foster MA-to-MA learning. As part of that, contemporary issues and opportunities in the global advocacy arena were discussed as part of which MDG Review and UN Secretary General's Global Strategy on

“

Advocacy for SRH-HIV integration has been a priority for IPPF globally. In 2010, SARO built the capacity of its MAs so that SRH-HIV-related issues could be prioritised in the national-level advocacy agendas in South Asia.

”

women and children were discussed. The advocacy plans of MAs for 2011 were peer-reviewed through an in-depth exercise and the findings from the exercise, which showed where the MAs needed to focus more, were discussed. On the last day, a capacity building session on using new media technologies for advocacy and campaigns was conducted.

Challenges

Advocating for sexual and reproductive health and rights in the region is fraught with challenges. To begin with, a lack of organised rights-based movement around SRHR in the countries of South Asia has led to a difficulty in creating and having the CSO community speak in one voice. The rising tide of conservatism and unsupportive social and political climate has made advocacy on progressive SRH policies, laws and practices even more challenging. This requires further building of capacities, particularly in advocating in restrictive settings. A lack of availability of resources among MAs for working on advocacy initiatives remains a challenge too.

Organisational Learning and Governance



ORGANISATIONAL LEARNING AND EVALUATION (OLE)

The role of OLE section is to strengthen SAROs' and MAs' capacity in monitoring and evaluation and to evaluate the implementation of SARO's Strategic Plan and programmes. Apart from compilation and analysis of regional services statistics, other OLE initiatives helped enhance capacity in monitoring and evaluation and evidence-based decision-making in 2010.

Leadership Development Program (LDP)

Four LDP workshops were held between June 2010 and March 2011 in collaboration with Management Sciences for Health (MSH) and MEASURE Evaluation. The LDP workshops used different participatory methods (presentations, group work, role-plays, etc.) to discuss and learn eight principles of leading and management for improved services and better health outcomes. The diagram below illustrates the LDP model.

Inspired by a shared vision, the participants gained and expressed confidence in their ability to lead and manage in enabling others to face challenges and achieve results. Each team prepared and presented "challenge models" and came up with the desired measurable results (DMR). The three teams worked together and achieved the DMR which was presented at the final workshop to some of IPPF's key stakeholders in the region – FPAI, FPASL and AFGA – and representatives from IPPF's central office.

Achievements in the LDP

The programme team developed model for clinic database information which includes infrastructure, human resources, service package, contraceptives and

non-contraceptives supply, user's charges, services statistics and a photo gallery. The model can help analyse and retrieve clinic-level information to increase the quality and quantity of SRH services and evidence-based decision-making.

The other SARO team developed a model for travel management information system (TIMS) to facilitate evidence-based decisions.

The FPAI team applied LDP learning (eight principles of leading and managing) in one clinic that led to an increase of more than 50 per cent in clients within six months.

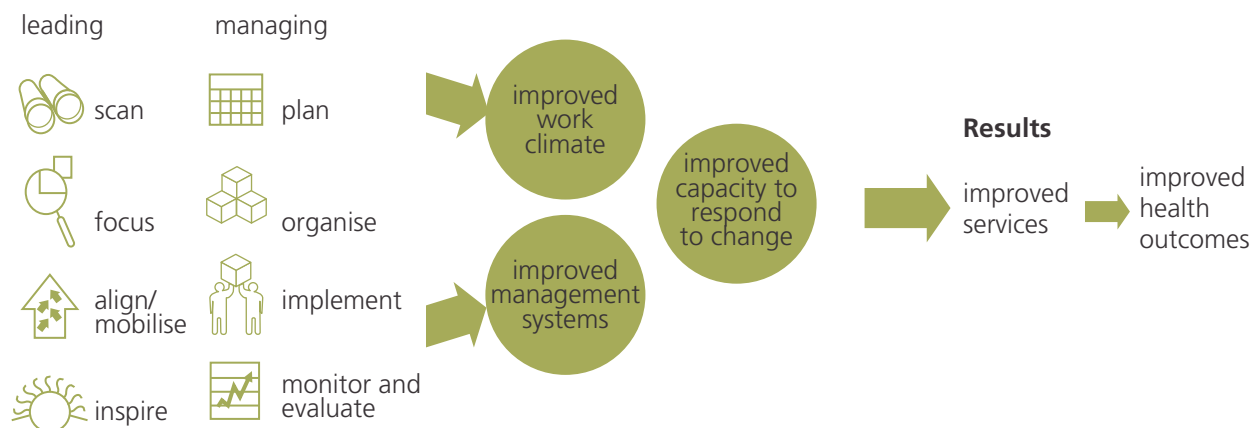
The above models also have the potential to be replicated in other MAs and regions. The LDP has enhanced staff capacities in leadership and management practices, data collection, data use and, eventually, evidence-based decision-making.

Baseline survey for SARO Strategic Plan 2010-2015

IPPF SARO developed a Strategic Plan for 2010-2015 based on the changing regional SRHR needs and its experiences in the Region. As a process of evaluation of the Strategic Plan, a baseline study was conducted whose objective was to establish the baseline status of the Strategic Plan through its MAs, volunteers and staff. This would help in measuring the progress in achieving the objectives over a period of time through mid-line and end-line studies.

The baseline survey collected information from MAs, volunteers and staff across the region. To explore the status of gender and rights-based approaches, youth-friendly attitude and sexual rights, a knowledge, attitudes and practices (KAP) survey was done from a

Leading and managing practices





representative sample of about 500 staff and 500 volunteers. Also, to explore the status of infrastructure, services and linkages at MAs' static clinics, more than 50 static clinics in the Region were surveyed.

A baseline Training of Trainers (TOT) workshop was organised in October 2010 for country field coordinators. The objectives of the training were to make the field coordinators understand the different instruments to be applied in the survey and train their survey team and maintain data quality during the survey. While data collection in most of the MAs has been completed, data entry and coding are currently in progress. The analysis, key findings and the final report will be ready in 2011. The findings from the baseline study will help make evidence-based decision-making and therefore boost performance culture in the Region.

Performance based funding (PBF)

IPPF has long been committed to delivering high-quality sexual and reproductive health care services around the world. It was an early leader in establishing a performance culture with its accreditation programme and the global indicators. However, significant opportunities for measuring and improve performance remain. The performance based funding system is the next logical step in building a performance culture that enables MAs to serve more people with greater effectiveness.

The teams of IPPF central and regional office staff in conjunction with a small group of consultants discussed and piloted the system in different regions, including one MA (FPAI) in SAR. Since the completion of these early pilots, the central and regional offices continue to refine the implementation plan, marking the completion of the first phase of implementation. The second phase – field-testing of the system – is currently underway, and the third phase, to prepare for a full roll-out, will begin in 2013.

GOVERNANCE AND ACCREDITATION

IPPF works with MAs throughout the South Asia region. The MAs are autonomous organisations who also adhere to the Federation's standards and policies. The MAs are governed by their national boards known as the National Council or the National Executive Committee which are constituted by their volunteer members. MAs are also represented at the regional level (through the Regional Executive Committee – REC – and the Regional Council – RC) and the global level (through the Governing Council – GC) in the Federation where they deliberate on policy issues.

Taking forth the commitment to increase youth participation in governance, the Regional Council agreed to increase the number of youth volunteers from MAs to the South Asia Regional Youth Network. This would consolidate the regional youth efforts and enable them to be the voice of the region in international forums.

In 2010, the REC issued a number of guidelines to strengthen the governance-management interface, increase volunteer engagement and focus on judicious use of resources in addition to its ongoing guidance on governance initiatives among the MAs. Last year, IPPF's Governance Handbook was released which will help guide the MAs in aligning their organisational functioning with IPPF's principles.

Youth participation

IPPF SARO has made progress in institutionalising youth participation by strengthening SARYN. A series of national-level meetings were held by the nine MAs in the Region, enabling young and adult volunteers to interact with each other, discuss youth-adult partnerships and establish or strengthen the youth networks at the MA level. Following this, elected youth members from the national level youth networks came together for the Annual Regional Youth Meeting and drafted the objectives and terms of reference for SARYN. The objectives were presented to the regional

“ Everyone has the right to know their body and their rights ”

– Faiza Aziz Bhamani, President, National Youth Network, Pakistan

governance bodies and the SAR Constitution was amended to recognise SARYN as the youth body for the Region which would elect the regional youth representatives to the Regional Council. These developments have sought to ensure democratic and fair processes for youth representation and participation in the Federation's governance. UN agencies, other international bodies and fora have begun to actively seek SARYN's involvement in initiatives related to the youth.

Accreditation

Accreditation is a mechanism for acquiring and maintaining full membership with IPPF. It ensures transparency in the functioning of the organisation and accountability to clients and donors. An accredited member is an MA who complies with IPPF's 49 membership standards. The MA's level of compliance with IPPF membership standards is determined through an accreditation review. The status of an accredited member, once granted, is valid for a period of five years.

As part of the efforts to have the MAs become conversant with the revised accreditation system, a three-day training programme was conducted in May 2010. The training provided inputs on effectively carrying out a self-assessment on the electronic information management system (eIMS), understanding the laid-down standards and addressing the challenges in completing accreditation. Two MAs – FPA Sri Lanka and FPA Nepal – underwent an accreditation review process under the revised accreditation system this year. As an outcome of the review, a number of recommendations were made on areas which the MAs would like to improve. The review team also identified good practices which can promote cross-learning among the MAs and the Federation.

IPPF's ten principles of membership



Challenges

As the above table shows, IPPF's MAs have a strong volunteer base. Countries such as Bangladesh, India and Nepal have thousands of volunteers. It is important that the potential of these volunteers is harnessed to the maximum so that they are able to contribute to the improvement of services in their respective countries and, when relevant, at the regional level. It is equally important to build the capacity of volunteers, and IPPF SARO has taken initiatives in this direction.

SARYN Co-ordinator Milinda Rajapaksha gets GC Award

Milinda Rajapaksha, the SARYN Co-ordinator, received the IPPF International Award for Contributions to Sexual and Reproductive Health and Rights. It was another feather in SARYN's cap. The award was conferred by Her Royal Highness Princess Basma Bint Talal of Jordan in London on November 27, 2010.

On receiving the award, Milinda said, "The award is in recognition of the achievements of the youth volunteers in working with their peers at the grassroots level."

Milinda joined the Family Planning Association of Sri Lanka in 2004 as a peer educator and served on the National Council of FPA Sri Lanka from 2006 to February 2010. Since 2007, he has been working with the HIV and Development team of UNDP in Colombo and also works very closely with PANOS International and media organisations on awareness raising for sexual and reproductive health issues. In Milinda's words, "SARYN is different from a traditional youth organisation. It spans governance, rights and grassroots work of young people."





RENEW Bhutan – the new Associate Member of the Federation

Despite being a gender-egalitarian society, there are inherent, subtle socio-cultural perceptions in the Bhutanese society which view women as being less capable than men. Such biases challenge women both at home and out of home, including when they are at the workplace. In response to the needs of the poor and disadvantaged people, especially adolescent girls and women, Her Majesty the Queen of Bhutan, Ashi Sangay Choden Wangchuck, conceptualised and established RENEW (Respect, Educate, Nurture and Empower Women) in 2004 as a non-governmental entity. RENEW seeks to complement the Royal Government's efforts in achieving Gross National Happiness (GNH) for all its people. It envisages to be the leading organisation for shaping the future role of women in the Bhutanese society, helping reduce vulnerabilities while nurturing and empowering them to overcome existing gender stereotypes and biases as well as provide services to the

poor and disadvantaged populations, specially adolescent girls and women.

RENEW became an Associate Member of IPPF in November 2009. IPPF worked closely with RENEW for more than a year on strengthening the governance systems of the organisation to help it democratise itself.

Currently, RENEW is the only organisation in Bhutan specially working for disadvantaged women and the only centre – apart from hospitals – which serves survivors of GVB and people living with HIV and AIDS.

In February 2010, the Regional Executive Committee meeting was held in Bhutan where the REC members and the Regional Director met Her Majesty the Queen of Bhutan - Ashi Sangay Choden Wangchuck.

'Happiness' is a phone call away in Sri Lanka

Or send an email, SMS, or simply chat with a Happylife doctor or counsellor

Colombo: The Happylife Contact Centre in Colombo is the only one of its kind in Sri Lanka. It provides information on sexual and reproductive health-related issues through a range of information technology options. There are four counsellors – all of whom are medical doctors serving their internship at the Centre – who respond to the queries sent by people, many of whom are young. The Happylife Contact Centre was singled out as one of the successful initiatives of FPASL during the Accreditation Review carried out by IPPF.

The Happylife Contact Centre was set up in 2009 as a joint initiative of FPA Sri Lanka and the Information Communication Technology Agency of Sri Lanka (ICTA). The purpose was to enable the people of Sri Lanka to get information on SRH using a wide range of technology options. The Medical Director of the Family Planning Association of Sri Lanka, Dr. Sumithra Tissera, says, "We started it, went through a lot of teething troubles related to technology. The IPPF SARO helped us overcome technical and financial difficulties."

One can telephone, write an email, send an SMS or even chat with the counsellors by using options such as MSN or Yahoo messenger, Google Talk, Skype, or use the chat option on the Happylife website. The Happylife Contact Centre website www.happylife.lk was awarded for its content by the Sri Lankan government, and another award through people's choice came for the website as being the best in the non-governmental category.

REC members and Member Associations

The Regional Executive Committee

1. **Fathimath Shafeega** : Chairperson, Regional Council
2. **Nasrin Oryakhil** : Member
3. **Padma Cumarantunge** : Chairperson, Regional Executive Committee
4. **Proshanta Kumar Saha** : Member
5. **Safieh Shahriari Afshar** : Member
6. **Surayya Jabeen** : Member
7. **Subhash Pradhan** : Regional Treasurer

IPPF's Member Associations in South Asia



Afghan Family Guidance Association (AFGA)



Family Planning Association of Bangladesh (FPAB)



Respect, Educate, Nurture and Empower Women (RENEW), Bhutan



Family Planning Association of India (FPAI)



Family Planning Association of Iran (FPA Iran)



Society for Health Education (SHE), Maldives



Family Planning Association of Nepal (FPAN)



Rahnuma – Family Planning Association of Pakistan

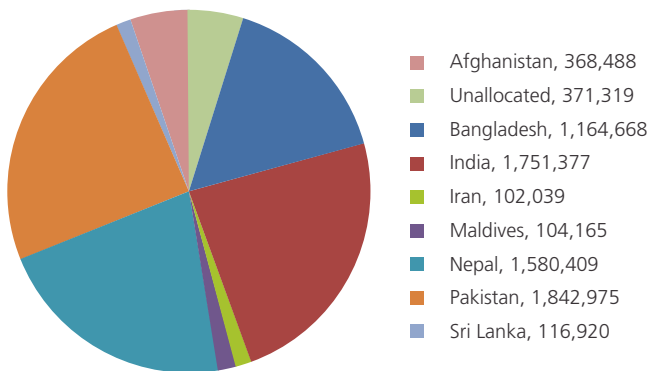


Family Planning Association of Sri Lanka (FPASL)

Financial Report 2010

In the year 2010, the total unrestricted core grant provided to IPPF SAR was US\$ 7,327,218 as compared to US\$ 8,541,797 in the previous year, a total decrease of 14.2%. The funds were distributed among eight IPPF Member Associations in the following manner:

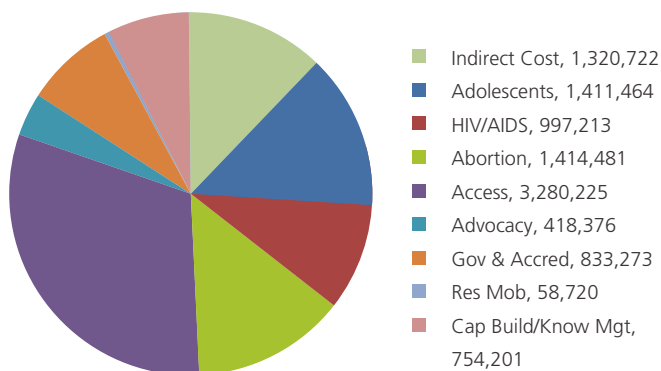
Unrestricted Core Allocation - 2010



The Region set aside US\$ 371,319 as un-allocated resources for funding various activities based on the needs assessed during the year.

2010 was the sixth year in which the MAs planned and utilised their programme budget using the strategic framework based on the five A's and the 4 supporting strategies. The overall break up of US\$ 10.49 million budget allocations for the year 2010 by the strategic framework at the MA level is provided below:

MA Budgets - 2010 as per Strategic Framework



The trend on unrestricted funding to the MAs is provided below:

Unrestricted Core Funding Trend



Financial Control Evaluation

The newly revised Audit Manual of IPPF sets out a requirement to ensure that external auditors of the MAs periodically undertake Financial Control Evaluation (FCE) to ensure that they comply with the IPPF Standards and Responsibilities for Membership, thereby ensuring accountability to clients and donors. The FCE audit programme had to be undertaken by external auditors for all core grant-receiving MAs receiving total grants (unrestricted and restricted) equal to or greater than US\$300,000 in 2010 in order to provide independent assurance on MAs' compliance with the financial accreditation standards. This work should be undertaken every three years (more frequently if weaknesses are identified). FCE scores should be reported to Regional Offices and provided to Central Office at the same time as the annual audited financial statements.

The Region took a lead in implementing the FCE as a pilot in one of the MAs with a staggered programme approved for other MAs. The schedule for implementation of the FCE is as provided in the table below:

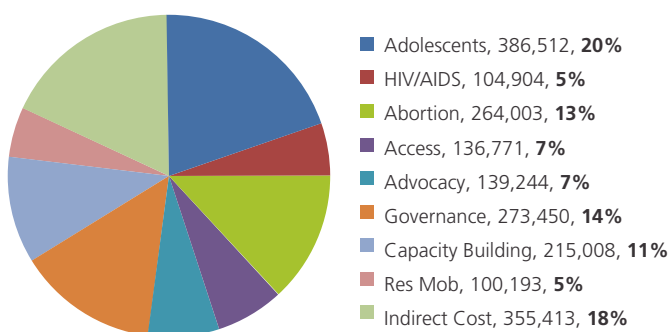
Year	MA to be covered
2009	FPAN
2010	FPAI and FPAB
2011	AFGA and FPAP

This would ensure compliance with the accreditation requirements for all the MAs that are undergoing accreditation.

South Asia Regional Office - Expenditure

The SARO core allocation for 2010 was US\$ 1,380,665 for the secretariat and US\$ 88,522 for Governance. In keeping with the overall Strategic Framework in the Region, this amount was allocated to ongoing maintenance of the office and providing technical support to the MAs. In the year 2010, US\$ 1,975,498 was incurred as expenditure by the regional office (including funding from unrestricted core, designated regional fund and restricted projects) in various areas as provided below:

Actual Expenditure SARO - 2010



Performance Culture

The Region has taken several initiatives to facilitate greater focus on outcomes and enhance effectiveness and efficiency in its operations. In order to drive performance and strengthen the systems across the Region, savings in the year 2010 to the extent of US\$ 250,000 have been pulled together to create a Performance Improvement Fund that would be available over the next two years (2011/ 2012). This fund was approved by the REC in its meeting in December 2010. As per this approval, these funds would be utilised to further the "Agenda for Change" in the Region in order to enhance the abilities of the Member Associations to respond to the ever demanding and challenging environment in a proactive manner. Some specific areas where these funds may be utilised include:

- Enhancing volunteer engagement for reaching out to the PMSSU
- Organisation redesign
- Systems strengthening (financial, HR, procurement, clinic management, monitoring, etc)
- Adopting integrated IT solutions to enhance operational efficiency and effectiveness

- Other initiatives that may be identified in the course of our engagement with the MAs that lead to the MAs embracing change.

In the year 2010, IPPF globally cut back 4% of unrestricted core funding. The IPPF South Asia Regional Executive Committee in its meeting in August 2010 decided that rather than passing on this budgetary cut to the MAs, it would be prudent that in order to facilitate the MA to face up to the challenging aid environment, the MAs would be asked to submit projects that would facilitate internal system strengthening and cost control. The MAs developed projects and submitted for an amount equal to US\$ 283,740 (please see table on page 46).

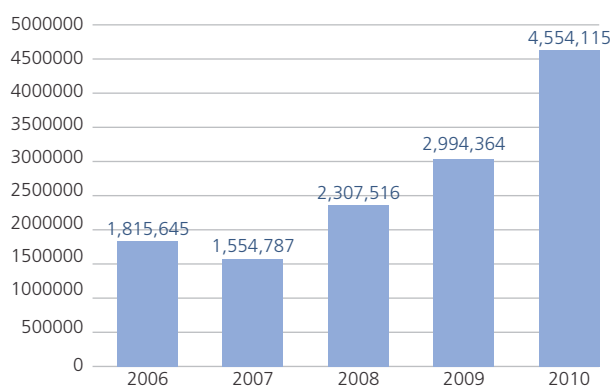
Restricted Projects

As has been stated earlier, 2010 continued to be a good year for receiving restricted project funding. Some of the key donors for our region included:

- UK Department for International Development
- European Union
- The Netherland Government
- David and Lucile Packard Foundation
- The Danish Government
- The Bill and Melinda Gates Foundation
- Japan Trust Fund
- Anonymous Donor

The decreased funding in the form of unrestricted core was compensated through restricted project funds that the region received in the year 2010 amounting to US\$ 4.55 million as compared to US\$ 2.99 million in 2009, an increase of 52%.

Restricted Project Funding



Member Association	Details of Project	Amount (US\$)
Family Planning Association of Bangladesh	Redesign of FPABs' Governance and Management structures and roles & responsibilities and strengthen their interface	\$ 47,494
Family Planning Association of India	Organisation development planning (both at the Headquarters and Branches)	\$ 71,301
SHE, Maldives	Creation of a self-sustaining/ income generating fund by conducting music shows/ talks ensuring engagement with key target population (i.e. youth) ensuring increased access to quality SRH information, including HIV prevention information and services.	\$5,074.00
Family Planning Association of Nepal	<ul style="list-style-type: none"> • National Workshop on Quality Assurance System including Contraceptive Security and SRH service package • Professional engagement meeting to facilitate long-term involvement • Formulation of the anti-corruption policy, risk management policy, logistics management guidelines, HR policy, ToR for Volunteer Development Committee and FPAN values & code of conduct • Revision of existing financial rules & regulations • Strengthening youth participation in Governance • Strengthen FPAN's accounting system including training staff on new application • Finalise & print strategic plan • Development of IT policy and implementation support 	\$64,015
Family Planning Association of Pakistan	<ul style="list-style-type: none"> • Institutionalising Quality Assurance System within Mobile Services (PKR 2,252,000) • Strengthening Lady Health Visitor Based Service Delivery Points (PKR 1,000,000) • Implementation of Business One for Accounts and HR (PKR 2,800,230) 	\$74,624
Family Planning Association of Sri Lanka	Develop a comprehensive IT strategy for FPASL	\$5,585
AFGA	The fund provided to implements its staff career development policy, so that qualified staff will retain longer with organisation.	\$15,647
Total		\$283,740





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