Expand Innovate Strengthen

Reaching the Unreached to Promote SRHR

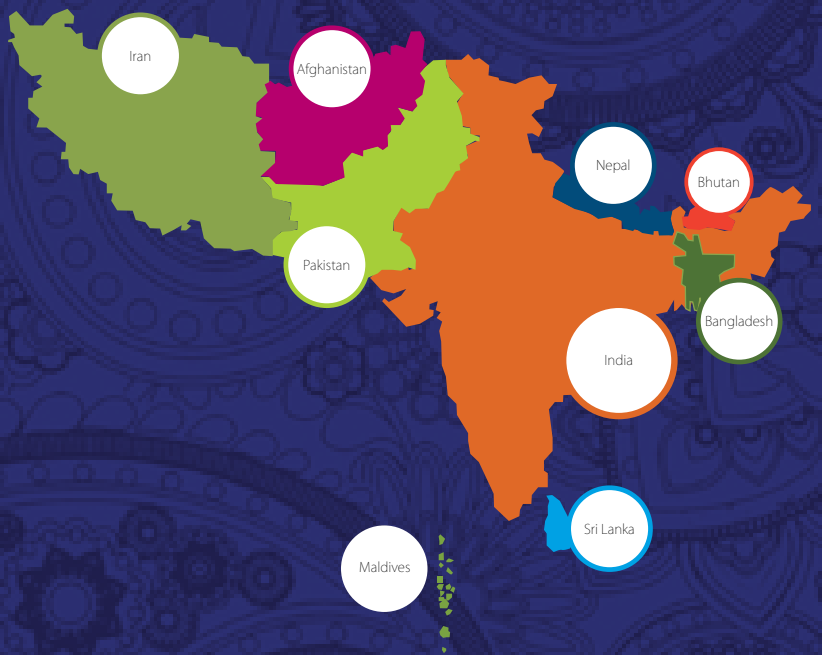
IPPF International Planned Parenthood Federation South Asia Region

Australian Aid

About IPPF

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. IPPF is committed to safeguarding sexual and reproductive health and rights for current and future generations. We are committed to a world where all people, regardless of gender and sexuality are free to exercise their rights.

In South Asia Region, IPPF works with nine member associations – Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan and Sri Lanka. Each association is rooted in the culture of its country, providing locally relevant services in a highly challenging context of extreme poverty, gender inequity, restrictive laws, socio-religious barriers, and vulnerability to natural calamities.



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We would like to acknowledge the contributions of all Member Associations, the volunteers, the CEOs and staff whose commitment and perseverance impacts millions of lives.

Contents

Foreword

International Planned Parenthood Federation (IPPF) strives for a world in which all women, men and young people have access to the sexual and reproductive (SRH) information and services they need; a world in which sexuality is recognised both as a natural and precious aspect of life and as a fundamental right; a world in which choices are fully respected and where stigma and discrimination have no place. This is the kind of world we envisage for our current and future generations. For more than 60 years, IPPF has proactively worked towards promoting and defending sexual and reproductive health and rights (SRHR).

IPPF is committed to seizing every opportunity, engaging with every stakeholder to secure a world of justice, choice and well-being for all people. Propelled by this belief we entered into a partnership with Australian Aid to pursue an audacious goal that of expanding access to comprehensive sexual and reproductive health and rights in South Asia. Spanning five countries in South Asia with different social, political and economic contexts, the partnership came to be known as Core+ initiative, augmenting IPPF's core work.

Core+ set ambitious targets as outcomes, only to be backed by customised solutions to expand SRH services based on local context and needs. Systematic consultations and review processes undertaken by the South Asia Regional Office identified common needs, priorities and potential implementation strategies for each of the five countries aligned to IPPF's Strategic goals.

The project outcomes were also to significantly contribute to the overall achievement of Millennium Development Goals (MDGs) in the South Asia region. These included;
MDG 3 – Promote gender equality and empower women
MDG 5 – Improve maternal health
MDG 6 – Combat HIV/AIDS, Malaria and other diseases

The grant period initially was for 33 months for total amount (revised) of AUD 11 million to work with the Member Associations (MA) of Bangladesh, India, Maldives, Nepal and Sri Lanka. The grant was supplemented with an additional AUD 2 million. The project was also granted a no cost extension up till June 2015. Key thrust areas, aligned to IPPF's strategic goals, were to:

- Increase access to sexual & reproductive health services through static service delivery points.
- Strengthen and improve SRH service delivery to underserved communities through outreach activities.
- Strengthen the existing systems related to service delivery & improve commodities security & management system.

One of the important aspects of the Initiative was its uniqueness of design and implementation. It provided the opportunity to take forward IPPF's South Asia regional strategic priorities and the Federation's Change Goals in a flexible manner i.e. cutting across all functions and thematic areas. The Initiative was seamlessly integrated into programmes which were already being run across the region.

As a result of implementing these activities, IPPF has been able to significantly exceed the Initiative's projections and increase access to critical and life-changing Maternal, Neonatal and child health (MNCH) along with SRH services for the poor, marginalised, under-served and youth sub-sections of the population. The Couple Years of Protection have quadrupled. The MNCH services have quadrupled. The Family Planning and other SRH services have increased six fold. Nine out of the ten services we provided were to poor and vulnerable clients and 42% of services were provided to clients under-25 years of age.

This extraordinary uptake in services has occurred as a result of expanding outreach services through mobile camps, birthing centres, youth information centres and community clinics in new geographies. Community engagement through collective action groups was one of the key drivers in the increase of uptake of services.

This success could not have been achieved without the support of many partners and contributors. IPPF is grateful to Australian Aid for all their support and commitment to furthering Sexual and Reproductive Health and Rights for All.

IPPF would like to take this opportunity to thank all volunteers, partners, donors, MAs, their boards of governance, their CEOs, senior management, staff of branch clinics, outreach and field workers whose commitment and perseverance has phenomenally impacted millions of lives especially those of our clients who continue to trust and depend on us to provide life changing SRH care and services. Lastly, I would also like to commend the efforts of colleagues at the South Asia Regional Office in steering and guiding this initiative towards success. The support of regional governance has been crucial to bring the efforts to fruition.

This publication highlights our endeavours over past four years to be more responsive to their unmet needs by maximising our impact through strategic innovations. We invite you to celebrate this success with us.

Anjali Sen
Regional Director
South Asia Region


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Core+: An Introduction

Improving Access to Comprehensive Sexual and Reproductive Health Services in South Asia

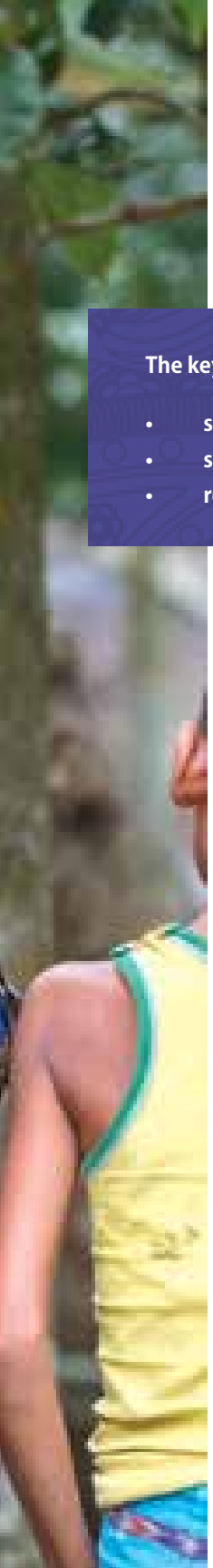
A quarter of world's population lives in South Asia. About 29% of this population falls within the age group of 10-24. India has the world's highest number of 10-24 year-olds at 356 million, followed by Pakistan with 59 million, and Bangladesh with 48 million, as per UN estimates. Yet, the South Asia Region is home to many of the developing world's poor. According to the World Bank's most recent poverty estimates, about 571 million people in the region survive on less than $1.25 a day, and they make up more than 44% of the developing world's poor. The region is further characterised by high prevalence of child marriages, coupled with high rates of maternal mortality ranging from 400 to 29 and low contraceptive prevalence within the range of 23% to 66%. The Adolescent Fertility Rate in the region is as high as 98% in Afghanistan. Contraceptive prevalence in married women in the age of 15-19 years is as low as 4% in Pakistan.

IPPF has been committed to improving universal access to sexual and reproductive health and rights. IPPF through its Member Associations has been providing comprehensive sexual and reproductive health care and services. The nine member associations of IPPF in South Asia – Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan and Sri Lanka – are rooted in the culture of their country, provide locally relevant services in a highly challenging context of extreme poverty, gender inequity, restrictive laws, socio-religious barriers, and vulnerability to natural calamities. The strategic plan of IPPF finalised in 2010 set the course for increasing the number of comprehensive and integrated sexual and reproductive health services annually. During the mid-term of this plan in 2012, IPPF identified three goals to drive change by providing focus and clarity. The three Change Goals are:

UNITE: a global movement fighting for sexual rights and reproductive rights for all

DELIVER: access for all to reduce unmet need for SRH by doubling IPPF services

PERFORM: a relevant and accountable Federation



The key focus areas under Core+ initiatives include

- **service delivery**
- **systems strengthening**
- **reaching out to poor and marginalised sections of the society**

The implementation of these goals required dedicated resources. IPPF was able to mobilise resources through one of our key bilateral partner, Australian Aid. In May 2011, Australian Aid made a grant to IPPF for 33 months. The main objectives of this partnership were to:

- **Increase access to sexual & reproductive health (SRH) services through static service delivery points.**
- **Strengthen and improve SRH service delivery to under-served communities through outreach activities.**
- **Strengthen the existing systems related to service delivery and improve commodities security and management system.**

This grant augmented and expanded IPPF core activities and therefore it was called Core+. The nomenclature represented the supplementary nature of this funding to IPPF's unrestricted Core grant given to MAs aimed to maximise outcomes on its strategic plan and achievement of the three Change goals. This Initiative directly contributed to the targets for MDGs 3, 5 and 6 in the South Asia region.

Over a four year period, the expected regional impact was envisaged to be increase in Couple years of Protection (CYP), increase in maternal and child health services and increase in Family Planning and SRH services and preventing unintended pregnancies and maternal death in the region.

The Core+ initiative was implemented in five countries in South Asia Region; Bangladesh, India, Nepal, Maldives and Sri Lanka. One of the important aspects of Core+ has been its uniqueness of design and implementation.

Service Delivery Model

Service Delivery Structure	INDIA	NEPAL	BANGLADESH	SRI LANKA	MALDIVES
STATIC CLINICS	Reproductive Health Family Planning Centre (RHFPC)	Family Health Centre (FHC) Birthing Centre	Comprehensive SRH Clinic Special Work Unit/Mini Clinics Safe Delivery Units	Clinic at HO	Clinic at HO
OUTREACH CLINICS	Satellite Clinic	Community Clinics	Family Development Centre Clinic	Service Delivery Point Associated Clinics	Hub
MOBILE CLINICS	Mobile Clinics	Mobile Clinics	Madarsah Health Post Clinics	Mobile Clinics	Multipurpose outreach camps
COMMUNITY LEVEL WORKFORCE (COMMUNITY BASED DISTRIBUTOR)	Link Workers Community Based Distributor (CBDs)	Reproductive Health Female Volunteers	Reproductive Health Promoters (RHPs)	Voluntary Health Activist (VHA)	Community Health Worker peer educators

This flexibility in design and implementation has provided for integration with IPPF's core programmes, responding to the country contexts and the needs of Member Associations (MA) to design customised programmes, MA competence in setting own priorities, opportunity to reach out to a diverse group of marginalised population, adoption of innovative approaches and scaling up of existing approaches. Through Core+ initiative, strides were made towards expansion of the service delivery network through static service delivery points, strengthening outreach service delivery, building provider capacity and skills, strengthening the existing commodities security and management system. The provision of Integrated Package of Essential Services (IPES) was introduced at the service delivery points in line with local need and guidelines, while specifically striving to reach the poor, marginalised, under-served and youth among the population.

Expand

Expanding Services

The Core+ has contributed immensely to strengthening existing static clinics in the form of infrastructure development, procurement of equipment and recruitment of manpower. In addition, it also provided support to the MAs to train existing and newly recruited manpower, provision of new services at the clinic and increased coverage to reach out to more clients. By strengthening various aspects of static service delivery points, Core+ supported in reaching out to more people and providing additional services to achieve the programme goals.

The outreach model was expanded and scaled up through community clinics and mobile camps. Community clinics set up in rural areas in Nepal have been providing SRH services right at the doorstep of people who need it where there are no Government health services. Youth Information Centres and Health Outposts such as in Bangladesh have been created to reach out to adolescent and youth.

Mobile clinics have been conducted in far flung villages in all the five countries. These camps were conducted in remote and under-served areas by deputing a mobile team of doctors, nurses and paramedics. The mobile service delivery was provided through fixed day SRH service sessions, special family planning sessions and services through mobile vehicles. The MAs have used vans, scooters to access difficult terrain and conduct the camps.

Other initiatives included

- Evening clinics especially for men and boys so that they can avail of services after work in India
- Operations research on prevention of postpartum haemorrhage and training of Reproductive Health Promoters on Post Partum Haemorrhage in Bangladesh
- Partnerships with Government, medical associations in India; National Drug Agency in Maldives

Populations reached

Women in reproductive age (15-45)

- Unmarried adolescent and young girls of (10-25 age group)
- Women living in rural and geographically isolated areas
- Women and young girls from scheduled castes/ scheduled tribes/minorities
- Recently married women
- Women post partum
- Young married women with one –two children
- Poor and immigrant women
- Women seeking work overseas
- Plantation workers
- Factory workers
- Trafficking survivors

Men and young boys

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

Others

- Men having sex with men
- Trans genders
- Female Sex Workers
- People using Drugs
- Ethnic minorities
- Displaced people
- Refugees

Table: MA wise infrastructure investment under Core+ since 2011

Member Association	Name of outreach SDP	Nature of improvement under Core+
FPAI	Satellite clinics (SCs)	16 New SCs established
FPAN	Community clinics (CCs)	20 new CCs established and 94 upgraded
FPAB	Madarsah health posts (MHPs) and Family development centres (FDCs)	11 MHPs established and 42 FDCs equipped and furnished
FPASL	Associated clinics (ACs)	5 ACs established
SHE Maldives	Hubs	2 hubs established

Innovate

Innovative Practices to Strengthen Service Delivery

The MAs have taken innovative steps to strengthen and improve SRH service delivery to under-served areas through outreach activities by employing a variety of efforts such as mobile health services, fixed day FP/SRH sessions in the community or village, doorstep services through frontline health workers and leveraging partnerships with governmental and non-governmental organisations (NGOs).

Some examples of innovative approaches

- Satellite clinics in India linked to Reproductive Health and Family Planning Centre (RHFPC) which is the branch static clinic of the Family Planning Association of India (FPAI).
- FP/SRH awareness generation targeting microcredit women's groups and collectives in Bangladesh. Allied to small loan and SHG projects the focus has been on raising awareness on FP, SRH and gender based violence.
- FP service provision through special service sessions/mobile camps such as Special Work Units, Madarsah health Posts in Bangladesh.
- Use of community radio in Nepal to generate mass awareness and generate demand.
- Reaching plantation workers (mobile vans), migrant workers (fixed day sessions), and outreach services in post conflict zones in Eastern Province in Sri Lanka.
- Service provision by front line workers such as - Reproductive Health Promoters (RHPs) in Bangladesh, Link Workers in India, Reproductive Health Facilitators in Bangladesh, Home Visitors in Sri Lanka, Reproductive Health and Family Planning Volunteers in Nepal. The frontline health workers have emerged as the key change agents in increasing access to SRH services.
- NGO led and local council led SDPs in remote islands and atolls in the Maldives
- Community mobilisation approaches including meetings with women's collectives (micro credit groups in India and Bangladesh), farmers groups (Nepal), community leaders (all five MAs), religious leaders in Bangladesh and Maldives.
- Youth involvement –by developing and mentoring peer educators, peer mentors. Establishing Youth Friendly Centres such as 'Tarar Mela' in Bangladesh.
- Working with women migrant labourers and factory workers in Special Economic Zones (SEZ) in Sri Lanka.

Partnerships and Collaborations

Partnership and collaboration has been the foundation for MAs to function in the respective countries. In all the five countries implementing the Core+ Project, strong collaboration with the government department has been instrumental in effective functioning of the programme. In most countries, the government departments have been one of the key stakeholders involved since the inception of the Core+ initiative. On one hand, good rapport and partnership with the government has helped in providing infrastructure, human resource and supply of commodities to the MAs. On the other hand, MAs provide technical support by conducting capacity building workshops for the government functionaries, referring the patients to the government facilities or getting referrals from the government facilities, supporting the government by creating awareness in the community and reaching out to the disadvantaged population.

In some instances, the MA also got the supply of commodities from the government and conducted outreach mobile camps in convergence with the government stakeholders. Similarly, several instances were noted where the community has supported Core+ by providing land and building for the clinics. Community also provided space regularly for organising awareness camps and medical camps. Collaborations were also established with religious leaders in Bangladesh and Maldives; with private medical practitioners in India and factory owners and employers in Sri Lanka.

Strengthen

Strengthening Systems and Processes

Under the Core+ initiative emphasis has been given to strengthening the existing systems within the MAs related to service delivery, improved commodities security, financial management systems and overall policies framework. These have resulted in better efficiency in providing quality service to the clients.

All the 5 MAs under the Core+ have worked to make their back-end systems efficient and effective. The focus areas across the MAs have been –Strengthening SRH services through outreach, establishing commodity security and quality of care.

Regional Initiatives that have been undertaken under the Core+ initiative

Throughout the period of the Core+ initiative, IPPF SARO has conducted various regional efforts to support the MAs in implementing the programme effectively. It has played the role of a catalyst by supporting MAs to lead the initiative in their respective countries. IPPF SARO has guided the MAs in establishing and strengthening their processes and systems, facilitated implementation of various policies and guidelines and conducted workshops and conferences, among others.

Roll out of Integrated Package of Essential Services (IPES)

The implementation of IPES is supported by Quality of Care assurance system to ensure that SRH services are of high quality, are integrated and rights-based. As of 2014, India, Nepal and Bangladesh provided IPES services which include sexuality counselling, contraceptives services including emergency contraception, safe abortion care, and reproductive tract infections/sexually transmitted infections (RTIs/STIs), HIV, gynaecology, prenatal and postnatal care and sexual and gender-based violence.

Integrated Counselling

There is an increasing recognition of the need to deliver quality integrated services as a part of a coordinated strategy to address client specific needs, besides improving programme synergies and efficiency. More than 250 counsellors work in the different MAs in the region. In most MA clinics there is only a single counsellor addressing the needs of diverse clients. Integrated Counselling implies combining counselling on different issues during one counselling session.


Packing Materials
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Based on the experiences gained in the pilot training workshops for 75 MA staff in India and Nepal, a training module on integrated counselling has been developed in partnership with TARSHI, a well known training organisation working on issues related to sexuality and sexual and reproductive health in South Asia. The objective is to enhance knowledge and skills of counsellors. In a 'cascade' model these trainers will then train other counsellors in the MAs.

Regional Roadmap for Doubling Services and MA wise Roadmap Development

SARO supported select MAs in developing a Roadmap to strategically map out how it will substantially increase its services through effective strategies over the next few years. Based on the overall strategic approach framework developed by CO and along with the focus countries identified based on various key indicators, SARO developed a Regional Road Map for Doubling Services. SARO provided technical assistance to the focus countries (India, Nepal, Bangladesh, Pakistan, Afghanistan and Sri Lanka) in developing their respective road maps and strategic frameworks through meetings and discussions with the MA programme representatives and senior management.

Quality of Care

As a part of promoting and institutionalising comprehensive QoC assessment at MA branches, SARO has developed a comprehensive branch Monitoring Tool (BMT). The tool is an integral part of IPPF's quality of care framework and is being used by MAs for assessment of quality of care at MA supported service delivery points.

Contraceptive Security

IPPF made good progress in the region towards contraceptive security. SARO has supported MAs to strengthen their logistic management system. This includes developing guidelines, revised logistic data recording and reporting system, improvement in storage facility, capacity of staff particularly those who work with supplies.

Regional finance forum has been setup as part of strengthening financial management and internal audit systems. IPPF has initiated efforts to strengthen overall IT systems in the MAs.

Development and implementation of Child Protection Policy

As a commitment to Child Protection SARO provided support to the MAs in implementing the Child Protection Polices in respective MAs. To ensure that all the MAs in the region comply with the Child Protection Policy requirements SARO in partnership with Plan International (India Chapter) developed the policy, the implementation guide , including the standard operating protocols and in facilitation of the Policy Roll-out Workshops in SARO and in all nine MAs in the region.

Building MA Capacities

SARO has supported SARO and MA staff participation in key global conference (Women Deliver 2013, International Conference on Family Planning 2013, Asia Pacific Conference on Sexual and Reproductive Health and Rights 2014) where regional and MA programme experiences were presented through posters and oral presentations.

Integrated Regional Meeting

In order to foster greater integration of programmes across all programme areas in the Secretariat and in the MAs, SARO in 2012 and 2013 organised joint regional programme meetings. The meetings were attended by the thematic focal points (Access, Abortion, HIV, adolescents and young people), project coordinators (including MA Core+ coordinators), Program Directors,

CEOs, and other staff from all the nine MAs. The meetings raised a good mix of issues related to sexual rights, SGBV, quality of care, increasing service provision by strengthening outreach and referrals, abortion rights, value clarifications working with young people, supply chain management, policy implementation issues, restricted project management, data analysis and use of Service Statistics data for better programming as well as for making projections.

Showcasing Core+ Initiative

SARO has created a large photo library by covering the work of all nine MAs in the region. Six internationally renowned photographers captured their work which provides a visual journey of the MAs work in the region in its 60th year. This included efforts supported by AusAID in the 5 countries. The work was showcased through a photo exhibition in Delhi and Johannesburg. The compilation of photographs has been published in as a book titled 'Conscious Choices' which was released during IPPF's 60th year celebrations in South Africa in November 2012.

Indicator	Overall projections*	2011-2013	2014	2011-2014	% achievement
CYP	1,060,332	1,278,075	896,774	2,174,849	105 ↑
MCH	3,170,951	2,728,459	2,640,771	5,369,230	69 ↑
Total SRH/FP Services	5,367,713	16,663,137	11,467,760	28,130,897	424 ↑
Unsafe abortions averted	67,830	96,639	56,333	152,972	125 ↑
Unintended Pregnancies averted	>300,000	368,086	258,271	626,357	109 ↑
Maternal DALYs averted	83,075	88,566	55,983	144,549	74 ↑

* The projections take into account only half of 2011 and 2014 (July 2011 to June 2014)

Impact

IPPF has developed a detailed framework to measure the quantitative outcomes or results of its interventions under the Core+ project, based on 3 key indicators – Couple Year Protection (CYP), MCH services, and Family Planning (FP) and other SRH services.

Regional Project Outcome

- 37% increase in CYP
- 33% Increase in MCH services
- 29% increase in FP/ SRH services
- Over 1 million CYP provided
- 3.1 million MCH services provided
- 5.3 million FP and other SRH services provided

The table below demonstrates the achievements of the initiative vis-à-vis the projections at project inception. It is apparent from the data that the impact of the investment had a far reaching effect on the total number of services provided by the five MAs, especially on FP services.

The service delivery data from IPPF SARO revealed that the achievements on three key indicators surpassed most of the programme projections in the last three years (2011 to 2014). The figure in previous page shows the comparison between the projections vis-à-vis the achievements in the five countries.

Across the South Asian region where the Core+ project has been implemented service delivery has been expanded to reach the remote and under-served areas; in order to serve the poor, marginalised, unreached and young populations. A variety of innovative approaches and practices have been developed by the MAs to achieve the initiative's goals and service projections. These strategies were combined with initiatives for education, awareness, leveraging government systems, building community ownership, developing key partnerships, upgrading management systems and existing commodity security. All these have helped in introducing or scaling up of rights–based client-centred services across the five countries in South Asia. The Core+ initiative has thus put IPPF and the federation closer to its mandate of securing and ensuring sexual and reproductive health and rights for all.

Service	2011		2014		Impact
	Overall SARO result/core+ contribution	% contribution of core	Overall SARO result/ core+ contribution	% contribution of core	
CYP	721,865 / 24,483	3.4	2,876,114 / 896,774	31	CYPs have quadrupled
MNCH services	1,376,089 / 91,044	6.6	5,745,133 / 2,640,771	46	MNCH services have quadrupled
FP and other SRH services	4,162,765 / 730,278	17.5	25,265,030 / 11,467,760	45	FP and other SRH services have increased 6 fold.

Bangladesh

Empowering Women to take Greater Control of Their Lives

Bangladesh is well known the world over for its textiles, be it silk and fine muslin from ancient times or the export oriented readymade garment industry in recent times. It is this industry which has proved to be a game changer for one of the world's most densely populated country. Some economists even view the country as one of the "Next Eleven" tier of developing countries with potential for serious foreign-investment-led growth. Bangladesh is second only to China, the world's second-largest apparel exporter of western brands. Sixty percent of the export contracts of western brands are with European buyers and about forty percent with the American buyers.

The rise of the readymade garment industry fuelled women's breaking away from traditional gender roles. With the creation of jobs, women's participation in the work force began to increase. In 2013, approximately 5,000 garment factories, employed about four million people, mostly women, part of Bangladesh's $19 billion-a-year industry. This shift in gender participation in the workforce, led to women's greater control over their lives and families. Thereby, claiming better sexual and reproductive health (SRH) for them.

Bangladesh in recent years has made great advances towards curbing population growth and improving health and education. The Global Gender Report[1] of 2014 places Bangladesh at rank 68, ahead of Brazil, China, Japan and India. With respect to political empowerment of women, they have an enviable score of 10. Bangladesh is perhaps the only country in the world that has a woman Prime Minister, Speaker of the Parliament, Leader of the Opposition, and Deputy Leader of the House.

The progress of the country is not uniform, huge contrasts still remain. 48% of the women still get married between 15- 19 years. The adolescent fertility rate is 80.6 births per 1000 girls between the age of 15- 19[2]. The total fertility rate is 2.3 births per woman.[3] There is no legislation permitting abortion in case of unintended pregnancies. It is permissible only when the woman's life is in danger. While contraceptive prevalence has risen from 42% in 2007 to 47% in 2011, according to the Bangladesh Demographic and Health Survey, 2011. Overall, 14% of currently married women in Bangladesh have an unmet need for family planning services.

[1] The Global Gender Report quantifies the differences which exist between men and women. These differences are evaluated on four criteria Economic participation and opportunity; educational attainment; political empowerment, health and survival.
[2] Global Gender Report, 2014
[3] Bangladesh Demographic and Health Survey (BDHS), 2011

The Government of Bangladesh has been working to improve the public health system by adopting an integrated sector wide approach bringing together health, nutrition and population programmes. Efforts have been made to make the public health system effective at different levels. Steps have been taken to improve equity and quality of services, especially to reach the poor and the disadvantaged. Initiatives for development of new health policy, recruitment and appropriate deployment of human resource for health and gradual extension of e-health services to the rural areas are some of the steps taken by the government to revitalise public health system in the country. In spite of these proactive steps, huge challenges remain. These include utilisation of the services by the population which is comparatively low. In addition, services have to be made responsive to the needs and demands of the population.

Under these circumstances, IPPF's Member Association Family Planning Association of Bangladesh (FPAB) has been working towards promoting basic sexual and reproductive health and rights (SRHR) for all. Established in 1953, it is the oldest and largest family planning non-government organisation in Bangladesh. At present FPAB coverage spans 32 out of the 64 districts of Bangladesh.

Expand

Expanding Access

FPAB used the Core+ funding to strengthen its service delivery capacity across 32 Service Delivery Points (21 static clinics and 11 Special Work Units) including infrastructure up-gradation, developing strong monitoring systems and strengthening commodity security. At the same time, mobile clinics and satellite sessions at Family Development Centres (FDCs) in Bangladesh helped FPAB to increase its coverage and reach.

Service Delivery Model

FPAB delivers its services through 21 branches across the country. It offers comprehensive sexual and reproductive health and care through the clinics administered by the branches. FPAB also runs 11 Special Work units (SWU) across Bangladesh. The SWUs are smaller administrative units overseeing mini-clinics. These clinics provide basic SRH services as they are staffed with para medics. If a client needs more comprehensive services they are referred to the nearest FPAB clinic and/or the government clinic depending on the need of the client.

Under-served communities are reached through 42 Family Development Centres (FDCs) which organises Satellite clinics twice a month. A Family Development Centre (FDC) provides basic Family Planning (FP) services. FPAB has taken its services right in the middle of the community by establishing health outposts in 11 madarsahs.


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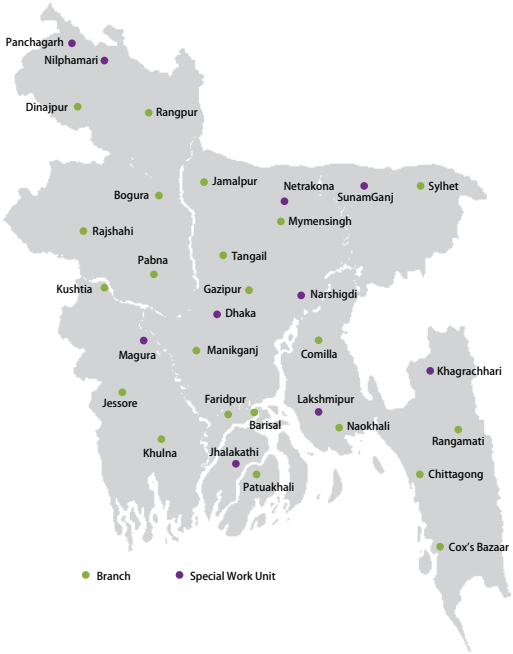
These mobile outposts provide basic information, education and counselling on SRH. Some clinics are earmarked for providing safe delivery services. These units are known as “safe delivery unit”.

Service Delivery Points	Number under Core+
Branch Offices	21
Comprehensive SRH Clinic	21
Special Work Unit/ Mini Clinics	11
Unit Clinics	03
Family Development Centre Clinics	42
Madarsah Health Post Clinics	11
Reproductive Health Promoters (RHPs)	829



Service Delivery Structure	BANGLADESH
STATIC CLINICS	Comprehensive SRH Clinic Special Work Unit/Mini Clinics Safe Delivery Units
OUTREACH CLINICS	Family Development Centre Clinic
MOBILE CLINICS	Madarsah Health Post Clinics
COMMUNITY LEVEL WORKFORCE (COMMUNITY BASED DISTRIBUTOR)	Reproductive Health Promoters (RHPs)

The following services are provided through the static clinics–

- information and services on family planning methods
- obstetrics services
- paediatric services
- menstrual regulation, post abortion counselling and care
- prevention and management of reproductive tract infections and sexually transmitted infections
- breast and cervical cancer screening
- referral services to more advanced facilities
- screening for cervical cancer
- care and support services to clients who have faced gender based violence
- pathology lab services in 16 clinics including voluntary testing and counselling for HIV and other SRH and Non-SRH services

Working with the Government to Reach the Unreached

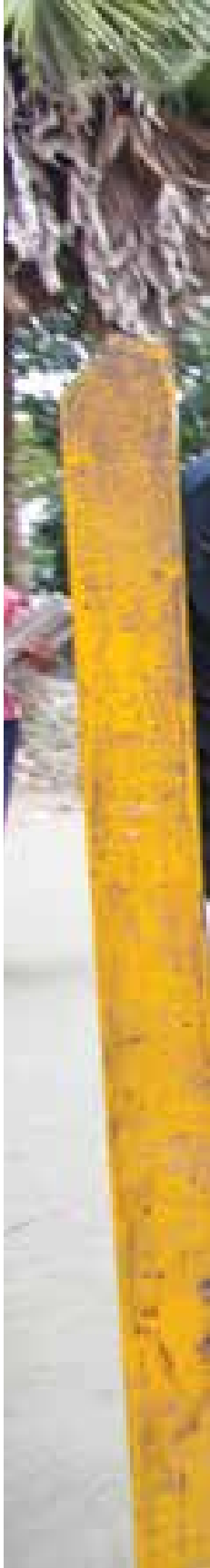
In Bangladesh, the government allocated certain regions to FPAB for providing services to the community. In those regions, government relies on FPAB exclusively to provide the services. The support of FPAB in accessing difficult regions like Tangail has been of immense value to the Government. Through the Core+ Initiative FPAB has been focussing on the under-served and unreached communities in the country especially belonging to the economically disadvantaged sections of the population.

Key Populations Reached

- Young girls and boys in the age group of 16 to 25 years
- Married men from 18 years of age
- Spouses of married women
- Pregnant women
- New mothers
- Adolescents in schools and madarsahs

Mobile Camps

Mobile camps take the sexual and reproductive services and care to the doorstep of communities living in hard to reach areas. Services such as ante natal checkups, contraceptive provision and other related services are offered.



These camps are most often the difference between planned pregnancies as opposed to unintended ones. At these camps, the Reproductive Health Promoter (RHP), a front line service delivery volunteer provides information and counselling on contraception and birth spacing. A specially equipped mobile van takes a team of doctor, paramedics, RHPs and field coordinator to difficult terrains or in a location where community gathers such as Madarsahs. The field coordinator and RHPs are responsible for ensuring that the women from neighbouring villages have heard about the mobile camp and are motivated enough to access the services at the camp.

Family Development Centres (FDCs) for Empowering Women and Ensuring Gender Equality

FDCs are women-centric platforms and in some cases women's collectives created to build equity among women through income generating programmes, awareness on women's rights especially SRHR and skill building training.

Men are also encouraged to participate in the programme to increase men's role in SRH issues, gender equality, women's empowerment and to reduce sexual and gender based violence. FDC provides basic Family Planning (FP) services. FPAB has set up 72 FDCs besides running them through 32 branches and SWUs.

Satellite Clinics

FPAB adopted multiple strategies to reach the communities which often remain unreached by the public health systems. Satellite clinics are established within the village to bring services closer to the people. Serving as an outreach centre, satellite clinics provide basic family planning services through paramedics and RHPs. SRH care, along with general services are available here. Services provided include general health services, oral pill, condom, injectables, ante and post natal care, treatment of reproductive tract and sexually transmitted (RTI/STI) infections and counselling. Special sessions on male health and family planning methods are organised at the satellite clinic to reach out to the male population.

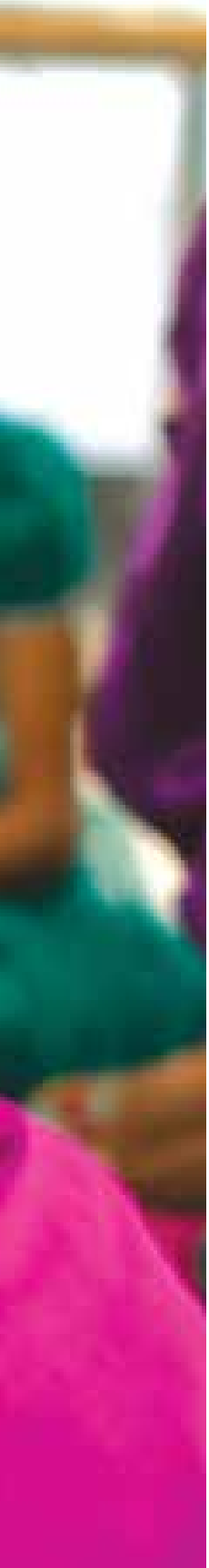
One of the goals of Core+ project in Bangladesh was to integrate components of Integrated Package on Essential Services (IPES) in all static clinics of FPAB.

Provision of special mobile camps has been made to serve male clients from clinics through separate satellite sessions. There has been referral linkage between these satellite clinics and health facilities in the vicinity managed by the government and non-government organisations.

"Provision of special mobile camp has been made to serve male clients from clinics through separate satellite sessions"

Under the Madarsah initiative:

- **Sexual and reproductive health information and youth-friendly health services are being provided to Madarsah students, teachers, Imams and communities**
- **Madarsah authorities are gaining an understanding of, and sense of responsibility for, the sexual and reproductive rights of their students**
- **Despite the strict hierarchy of the Madarsah environment, students and teachers are learning to work together to plan and implement project activities**
- **Resources are being developed to address sexual and reproductive health and rights in Islamic teaching**



Health Outposts in Madarsahs reaching unreached young population

There is a high level of political and religious sensitivity around issues of adolescent sexuality and reproductive health. Issues of adolescent sexuality are extremely sensitive and can only be addressed in the context of Quranic and Islamic teachings. This leaves limited avenues for students to talk about their anxieties, questions and feelings on sexuality and sexual health. It also restricts their access to information, counselling and clinical services.

In these circumstances, working with Islamic leaders becomes very important especially in countries where religion plays an important role. In some instances, religion is used to justify denial of access and limitation of choice. Working with religious leaders has provided possible pathways to address sexual and reproductive health of women, men and young people.

A major initiative under this strategy is to work with Madarsahs. The Madarsah system is centred on Islamic studies and offers education to poor and marginalised young people in Bangladesh. FPAB established 11 Madarsah Health posts and awareness centres in Bangladesh to reach adolescents and young people. This enabled FPAB to take information on SRH right into the classroom. Through separate sessions for boys and girls, essential information is imparted on topics such as changes in the body and healthy menstrual practices. In addition, a permanent health post in Madarsah has ensured that students have always access to SRH care and services. Staffed by a paramedic and linked to a FPAB clinic, the health post provides a safe space for young people to get information on sensitive issues in complete privacy and without any judgement. Every fortnight, a mobile camp is organised by FPAB. These camps provide SRH services to the Madarsah students, teachers as well as the local community.

The key approach was to address the broad health needs of students, teachers, Madarsah authorities and communities. The more sensitive issues of sexual and reproductive health and rights are then gradually introduced once a positive relationship has been established between the project team and the Madarsah. Peer educators provide accurate information to young people in the Madarsah and the communities. Issues such as puberty and responsible adolescents/young

life, HIV prevention, sexual and gender-based violence, the rights of young people are included in educational sessions.

The students have responded enthusiastically to the topics. They are keen to discuss these issues and their increased confidence is reflected in their willingness to approach health service providers and teachers with their problems.

Each Madarsah has been provided with a first aid kit that includes sanitary products for young women and condoms. Health services are also provided by FPAB in the community including contraception, diagnosis and treatment for sexually transmitted infections, antenatal care and infertility management.

The context of working on sexual and reproductive health in the Madarsah environment is so challenging that simply securing agreement to partner with each one is a significant achievement. FPAB is also building support for their work with bodies such as the Islamic Foundation, Imam Association and the Madarsah Education Board to demonstrate that the objectives and activities of the project are compatible with Islam.

FPAB is exploring how the achievements from the project can be replicated in other Madarsahs, where more than five million students are studying. They also aim to sustain these achievements by working with regional and national level authorities, for example to advocate for greater inclusion of sexual and reproductive health issues into Madarsah curricula.

"I read out of curiosity about female and male bodies... I found scientific explanation about how a baby is born... but I was looking for information about when a boy should have sex and how should one have safe sex... but I didn't find any information." – A young, male student in an Alia Madarsah, from Islam and Masculinities in Bangladesh.

Influencing Families, Changing Attitudes*

Zeba Rehman, has been taking care of children ever since she finished elementary school. In fact she had to drop out of school to take care of her siblings. She never got an opportunity to study further. At the age of twenty one, she got married and over next ten years gave birth to five children, three girls and two boys. She had no knowledge or understanding of family planning methods, till such a time she was visited by Rebeka Sultana, a Reproductive Health Promoter with FPAB.

Rebeka, lives in Zeba's village and she works with FPAB to take family planning services to the doorstep of rural women. When she visited Zeba's house, she met Zeba, her husband and the mother-in-law. She initially only shared information about general health care. Gradually she started to share about sexual and reproductive health and care, especially family planning. She had to persuade Zeba's mother-in-law and husband about the need and importance of adopting a family planning method. Finally, the family decided that Zeba could go on for an implant from the FPAB clinic.

Zeba, is all praises for her saviour, Rebeka. "I have known Rebeka didi for over six months now. She has been a constant support. She not only counselled me on FP methods but also convinced my family. This made it much easier for me to go to the clinic and get whatever service I needed. I would have never known about this family planning method if it was not for her . Today, I have got an implant and I am free from the fear of pregnancy. I can take care of my five children properly. And Rebeka didi is just a call away. She is ever ready to help and take us to the clinic.

*Photos for representational purpose only.


তারার মেলা
(UBR Youth Centre)
simavi
RutgersWPF

Reproductive Health Promoters (RHPs) for Creating Demand and Awareness

RHPs are frontline health workers who take the SRH services especially family planning services to the door-step of the community. The RHPs form the strong foundation of FPAB's outreach services. They are the first level of interface with the community. Their primary responsibilities include mobilising community for mobile camps, spreading awareness about SRH care and services, providing contraceptives in the village, referring clients to the FPAB clinic. More than 800 RHPs are employed in the field to create demand of services at the community level.

Partnerships & Collaborations

Working with the government has been an important part of taking the SRH care and services across the country. The Government of Bangladesh has chosen FPAB to work in areas where the public health infrastructure is not present. In these districts, FPAB works with the district authorities to reach pockets of population which are either under-served or do not have access to health services. In these areas, the government relies on the work done by FPAB and does not provide any SRH services and care. The clinics in these districts work closely with the government health departments such as Family planning and Mother and Child Health. Regular mobile and outreach camps are held at Government health sub posts in rural areas using Government infrastructure. Such division of responsibilities and geographical areas ensure greater coverage through supplementing of resources.

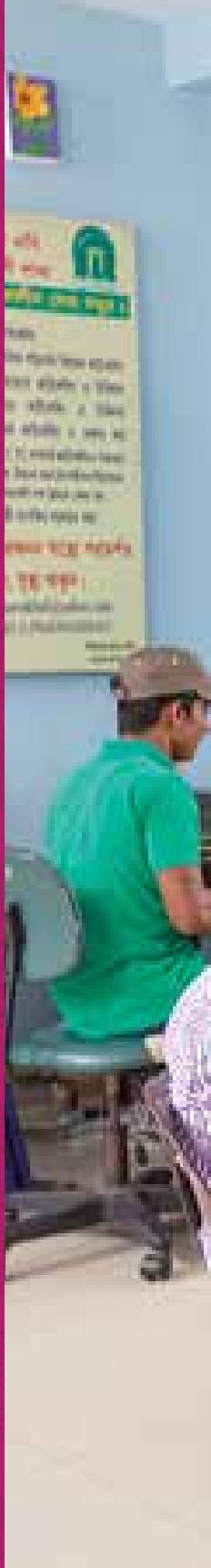
Networks and partnerships have been formed between branch clinics local nongovernmental organisations (NGO) and legal associations. Through local NGOs, working in areas where FPAB doesn't have a presence, more people are reached and are referred to the clinics. In addition, FPAB has been working with local schools and colleges for organising awareness sessions on SRH with students.

Innovate

Reaching Adolescents and Young People

Reaching adolescents and young people is one of the core areas of focus for FPAB as the adolescents constitute about 23% of the total population in Bangladesh. Their awareness about sexual and reproductive health is very low making them vulnerable to unwanted pregnancy and STIs including HIV. They have limited access to reproductive health and family planning services. A large number of girls, especially in rural areas, are married before attaining 18 years, the legal age of marriage. Most become mothers by the time they are seventeen making the adolescent fertility rate one of the highest in the world.

FPAB runs youth friendly centres called, Tarar Mela, (literally gathering of stars). Here the young people can avail of education, counselling and services from their peers. These Youth Friendly Service Centres are maintained according to IPPF standards of Youth Friendly Services. FPAB makes available facilities for edutainment, skill development, face to face and tele counselling, contraceptives like condom, oral pill and emergency contraception pills, sanitary napkins, book and magazines related to general health, SRH diagnosis and treatment. These efforts have resulted in an increased number of young people visiting the centre for services and accurate information. Under this initiative, these centres were further strengthened and equipped to serve young people.



FPAB's work with Madarsahs ensures that girls and boys from rural areas have an opportunity to know more about SRH and are able to make informed choices about their lives. Under this project, FPAB is reaching 52 Madarsahs in 21 districts of Bangladesh.

Working with Religious Leaders

Religious leaders hold considerable influence over the community and are often the most important stakeholder for overcoming the religious barrier and social stigma around family planning and SRH issues. FPAB has been advocating with religious leaders like the Imam, head of Madarsahs, teachers, and religious teacher of schools to create an enabling platform to ensure delivery of SRH services and to promote education on sexual and reproductive health issues within the community aligned with religious sentiments.

Working with Women and Women's Collectives

Empowering women by collectivising them into self help groups and equipping them with skills for income generation has revolutionised the rural landscape. Women for the first time have access to capital through micro-savings and micro-credit. FPAB has reached these groups with the information about SRH care and services helping these women to make decisions about their fertility and reproductive health.

Sessions on issues such as women's reproductive health, women's rights, and consequences of early marriage have been organised for the women's self help groups so that the women become aware of their rights. There has been a special focus on raising awareness on sexual and gender based violence. Women survivors have been helped to get access to healthcare, legal services and opportunities to be financially independent.

Working with Spouses / Men

Men have an extremely important role to play in the lives of women. They are husbands, partners, fathers, brothers and sons, and their lives are intertwined with that of women, children and other men. It is important to view them and approach them as an agent of change. They are able to support women in making decisions about their fertility, number of children, spacing between the children. Therefore, FPAB under this initiative has been reaching out to husbands of married and pregnant women besides married couples. Through initiatives such as Family Development Centres, men are engaged in discussions on gender, SGBV and SRH issues leading to increased uptake of SRH services, reduced violence and improved relationships.

An Innovative Solution to Reduce Maternal Mortality

Despite a 40% percent decline over the past nine years, the Maternal Mortality Ratio (MMR) in Bangladesh is high (194 per 100,000 live births) and still much higher than the Millennium Development Goals 5 target (143 per 100,000 live births). Post partum haemorrhage (PPH) is a severe complication of pregnancy that causes a quarter of all maternal deaths worldwide. PPH is characterised by excessive bleeding after delivery. Deaths from PPH are largely preventable if skilled care is provided during childbirth. In Bangladesh, where more than 70% of births take place at home, PPH accounts for almost a third of all maternal deaths. Rapid blood loss within a short space of time is not always easy to measure and can be difficult to determine. By the time symptoms of PPH are obvious, the mother has already lost up to a third of her blood volume and often goes into shock. A quick diagnosis of excessive blood loss before symptoms emerge can ensure life-saving treatment is administered in a timely manner.

Currently, there is no low-cost and effective method to accurately

measure blood loss during births. Visual estimations are frequently inaccurate, as it is difficult to quantify how much blood loss is life threatening. Alternative methods discovered in the past, such as direct blood collection, venous blood sampling, and advanced methods such as red blood cell and plasma volume determinations using radioactive tracer elements have not been widely used because they are impractical and costly for most clinical or community settings. Moreover, methods that involve reading measurements are not viable in a country such as Bangladesh, with low literacy rates.

In order to reduce the cases of mortality and morbidity, FPAB in collaboration with International Centre for Diarrheal Disease Research (ICDDR), Bangladesh conducted an Operations Research to understand the feasibility and effectiveness of misoprostol for prevention (PPH) along with the use of Quaiyum's mat

The 'Q-mat', named after the lead scientist in its development - Dr. Md. Abdul Quaiyum, is placed under a woman immediately after the delivery of a baby. This mat soaks blood that is coming out from the mother, giving a visual indicator of the amount of blood lost during delivery. The mat can retain 448±58 ml of blood when fully soaked, signalling the woman is haemorrhaging and requires immediate referral for medical treatment. The Q-Mat overcomes the limitations of existing methods of indicating PPH because it recognises excessive haemorrhage at the outset, rather than relying on treatment once dangerous symptoms occur. The frontline health workers of FPAB, RHPs, were trained and equipped with logistic support to provide ante natal and post natal care visits, They have also been distributing Quaiyum's Mats to new mothers to prevent PPH.

Strengthen

Strengthening Systems and Quality

FPAB, under this project have worked to strengthen infrastructure, enhance quality of care, ensure commodity security and built capacity of their workforce.

Infrastructure Development and Increasing Mobility

Under this project, gaps in infrastructure were identified and were systematically addressed. Eight FPAB clinics underwent substantial renovation. Necessary medical equipment such as generator, lights in operation theatre, stretchers were procured to setup these units. The additional infrastructure and equipment helped to provide safe delivery services to women from poor and marginalised families. About 20 Generators were procured to provide emergency power supply in 20 static clinics to address problem of power cuts that is endemic to the country. Motorcycles and bicycles were purchased to strengthen outreach activities. The newly established Madarsah Health Posts and Family Development Centres were equipped with essential equipment through this initiative.

Enhancing Quality of Care

There has been significant progress to strengthen the Quality of Care (QoC) assurance system to ensure that sexual and reproductive health services are of high quality, are integrated and rights-based. In Bangladesh, IPPF's QoC guidelines have been translated in local language and trainings have been provided to orient the staff at the branch level. Self -assessment forms are used as a tool at the branch to identify the gaps that feed into the SDP action plan. In order to ensure that the services are client-centred, suggestion box and feedback registers are maintained at the clinics. The client exit interview forms are administered round the year. This provides programme staff with feedback from a substantial number of clients to help them strengthen their services.

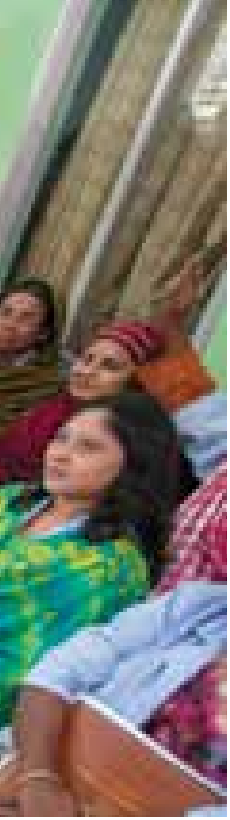
Strengthening Commodity Security

Stockouts and shortages are a reality in service provision. To ensure a smoothly functioning supply pipeline, FPAB developed commodity security guidelines, renovated and expanded capacity of store and organised training of staff on commodity security. New commodity security guidelines have been developed.

Appropriate staff have been trained on commodity security and procedures of maintaining stock registers have been upgraded. Central warehouse and FPAB's branch storehouses have been renovated and upgraded.

Capacity Building of the Workforce

The strengthening of infrastructure and systems went in tandem with developing capacities of the work force at different levels. These include developing capacity of service providers at the Branch and at outreach points. Training needs assessment was done at all levels of the personnel providing services. All clinical staff was trained on providing SRH services. In addition, the trainings have also been



conducted to equip staff on SGBV and integrated counselling. Government health functionaries such as nurses, trained birth attendants have been provided refresher training on SRH services such as insertion of intrauterine contraceptive device, STI management, safe delivery, voluntary testing and counselling for HIV among others.

Training of the Outreach Clinic Staff

The Reproductive Health Promoters who serve as the outreach staff are trained to provide information and services related to family planning. They are also trained on demand generation, service provision and reporting formats. A training curriculum has been specially developed by FPAB for these frontline workers. During their orientation, these trainings are imparted followed by refresher sessions during meetings and other times that the manager of the branch clinic may identify. A robust capacity building programme has led to the training of more than 1600 RHPs and their supervisors. These measures have strengthened the outreach of FPAB to more areas.

"The Core+ programme in Bangladesh has been effective in reaching areas under-served by the government health delivery systems. It has made available comprehensive SRH care and services to populations who up till now had not been able to access these services. With competent and staff, committed and trained frontline health workers, FPAB is well poised to enable the citizens of Bangladesh to lead a healthier life."


UNFPA India

India

SETU: Bridging the Gap in India

India has been described as a country of contrasts where the ancient and the modern; urban and rural, the rich and the poor coexist. It is in coming together of these opposite facets of India, that its potential for greatness lies. By rising up to the challenge of stabilising its population, by placing choice firmly in the hands of men and women and improving human development indicators, India could well be one of the leaders on the global stage.

India is currently in a demographic transition period. Total fertility rates have been falling yet they still remain high at an average of 2.7 children[1]. It continues to be substantially higher in rural areas as compared to urban areas where people live in abject poverty, illiteracy is high, early marriage and repeat pregnancies abound. The maternal and infant mortality rates continue to be quite high. Yet men and women in reproductive age do not have access to contraceptives. Out of 188 million couples who need contraceptive coverage, only 53% are using any forms of contraceptives. Therefore meeting this huge unmet need for family planning service is imperative if global burden is to be reduced. India's efforts to meet targets of Millennium Development Goals, especially Goal 5 to reduce maternal mortality and achieve universal access to reproductive health can be successful only if access to family planning is increased through trained and skilled frontline health workers.

Under Core+ initiative, IPPF's Member Association, Family Planning Association of India (FPAI), endeavoured to reach the last mile with high quality family planning services over a span of three years from 2011- 2014. FPAI named the project as Services, Education and Training Unit; known as SETU, the acronym which means **bridge** in Hindi. The project bridged the gap between the people and comprehensive sexual and reproductive (SRH) health services. 15 branches spread over nine states were chosen in a phased manner to implement the SETU project. In addition ten locations were chosen where special interventions were rolled out to focus on men and boys to increase the male participation. These locations were identified after careful consideration of health indicators, existing health infrastructure, needs of the community along with access and uptake of the health services.

[1] National Family Health Survey III (NHFS 3) 2005- 2006

Expand

Expanding Access to Comprehensive Sexual & Reproductive Health Services

SETU aimed to utilise, energise and revitalise the existing service delivery channels including the public health system. Through a broad based network of civil society organisations, community based organisations, private medical practitioners and volunteers at the grassroot level, SETU was able to generate demand for sexual and reproductive health (SRH) services and mobilise the community.

SETU's Service Delivery Model

The service delivery model primarily aims to provide SRH services through static delivery points, outreach clinics and mobile clinics supported by intensive community mobilisation efforts through its frontline health volunteers, Link Workers and community based distributors for contraceptives.

Through its static clinic, Reproductive Health and Family Planning Centre (RHFPC) at branch level SRH and Family planning services have been provided. The service package includes - newer methods of contraception, counselling services, infertility care, safe abortion services, tubal ligation, and vasectomy among other services. The RHFPC is a well equipped clinic staffed with medical doctors, nurses, medical attendants, counsellors with good infrastructure.

Project Snapshot

15 branches in 9 States	
5 million population covered	
Work with over 100 Government public health centres including Primary Health Centre, Community Health Centre and Sub-Centre)	
Service Delivery Points	16 satellite clinics, 15 RHFPC (outreach), 15 mobile van, 10 RHFPC (men and boys)
Private Medical Practitioners	250
Satellite clinic staff	(8 Doctor, Staff Nurse, 1 or 2 ANM, Counsellor, Lab Technician, Clinic Assistant and Driver cum Peon/ location) 110
Staff at 10 RHFPC (men and boys clinic)	(4- Doctor, Nurse, counsellor, Aaya per location) 40
Community Based Distributors	2698
No. of ASHA associated	1200
Link Workers	250
Community organisers	46
Project coordinators	15

- **Branches**
- **Additional SDPs under the project**

The second layer of services provided to expand the services to the surrounding areas be it urban slum or remote rural area where the need and demand of family planning and SRH services is high and the area remains under-served. In such areas, a Satellite Clinic (SC) has been established. It acts as a first referral unit in the field where the outreach team sends the clients for FP and SRH services. The Satellite Clinic is staffed by a doctor, staff nurse, midwife, counsellor, pathology laboratory technician, clinic assistant and driver cum peon.

Further, in the community, there is an Outreach team, which comprises of

Service Delivery Structure	INDIA
STATIC CLINICS	Reproductive Health Family Planning Centre (RHFPC)
OUTREACH CLINICS	Satellite Clinics
MOBILE CLINICS	Mobile Clinics
COMMUNITY LEVEL WORKFORCE (COMMUNITY BASED DISTRIBUTOR)	Link Workers Community Based Distributor (CBDs)

Community Based Distributor (CBD) at the frontline, supported by Link worker (LW) which is supervised by Community Organiser (CO), under the Project Coordinator (PC). For every 10 CBDs there is one LW for supportive supervision; for 5 LWs one CO and 1 PC is there for coordinating the whole outreach team. In the outreach team, CBD is the only services provider who provides basic FP and SRH services to the clients and the rest of the team provides supportive supervision besides mobilising the community,

meeting with different stakeholders among other related functions. The satellite clinic staffs regularly arrange Mobile sessions for FP and SRH service delivery in hard to reach areas in the community. A network of Private Medical Practitioners (PMP) has also been developed to increase access of the branch for FP and SRH service provision.

SGBV screening, referral and related services are offered to all the people availing of services from FPAI's facilities. Clients registered under this category of SRH Services are given outmost care by providing screening, counselling and medical consultation. Some branches have even partnered with organisations providing specialised support in SGBV including legal aid so that SGBV cases can be referred to these organisations.

Reaching the Socially Excluded and the Under-Served

Key populations like men who have sex with men (MSM) or transgenders are often targets of violence, stigma, and discrimination, preventing them from accessing HIV and other health services. These and other such communities have been reached out through innovative service delivery methods through SETU. The population reached by the project included:

1. **Women in reproductive age (15-45 years)**
   - Unmarried adolescent and young girls of (10-25 age group)
   - Women living in rural and geographically isolated areas
   - Women and young girls from scheduled castes/ scheduled tribes/ minorities
   - Recently married women
   - Women in post partum
   - Young married women with one–two children
   - Poor and immigrant women

2. **Men and young boys**
   - Migrant workers
   - Tribal young men
   - Unmarried adolescent and young boys (10-25 age group)

3. **Key population**
   - Men having sex with men
   - Trans genders
   - Female sex workers
   - People using drugs

How Family Planning Methods Changed My Life*

"Sometimes, I sit back and wonder how different my life would have been if I had not resorted to family planning methods. If didi had not come and knocked at my door that day when I met her for the first time. At present, we barely have enough to provide education to my three kids. But I want them to study, all three of them. I can't imagine what we would have done, if we had more children. I am very proud that I availed the services provided at the clinic. While the long waiting lines cause a lot of inconvenience, as sometimes we have to wait for a long time before we can see the doctor, this also reflects that the community is opening up to the family planning services which were earlier seen as a taboo in the community".

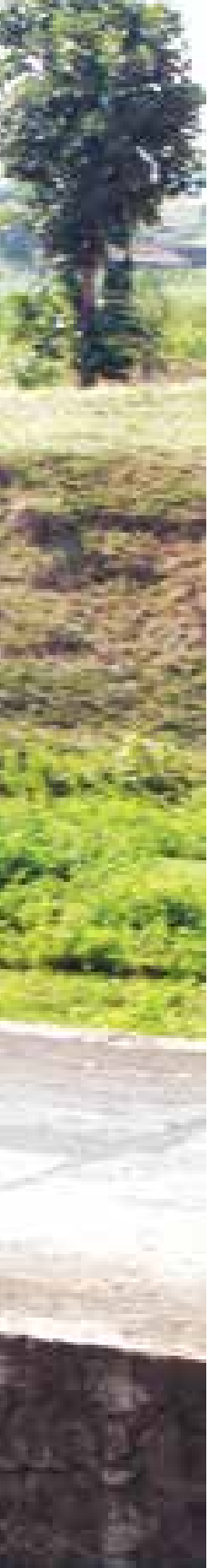
– A client at FPAI clinic

* Photos used for representational purposes only

Mobilising Community for Demand Generation

A community-centred approach is at the core of FPAI's work. The interventions under SETU are designed to deliver improved health and standards of living, better decision-making, and greater self-reliance among the marginalised and under-served populations. It is aimed to enable men and women to initiate action in communities. Working through the Link Workers and the Community Based Distributors (CBDs), who are from the locality or at the very least have local strong ties, linkages are established with the communities. The CBDs come from different walks of life such as small factory owners, slum dwellers, betel nut sellers (paanwallahs).

The CBDs ensure that the people in the community have ready and easy access to contraceptives besides having a resource on hand that can help them to access advanced SRH services through the satellite clinic. The CBDs perform a very critical function of being a bridge between the community and the clinics by referring them to the appropriate health care facilities. The other vital function they perform is to mobilise the community about the mobile medical camps.



Mobile Camps

The mobile camps are special outreach activities undertaken by the branches and/or satellite clinics to take the services to the doorstep of the people themselves. They are usually held in remote rural areas, in pockets of urban poverty, under-served areas as well as hard to reach areas such as bars where bar girls and sex workers ply their trade.

Camps are mostly led by the Auxiliary Nurse and Midwife and the Clinic Assistant. Doctors also accompany depending on the local requirement. Different types of camps are conducted such as– Family planning (FP)/contraceptive services, sexually transmitted infections (STI), cervical cancer screening camps, ante and post natal check-up, besides general health check-up camps.

These camps are conducted at a public place usually arranged with the support of the CBDs, Link Workers and the leaders of the community. These may be at the government run day care centre, Anganwadi, Community hall or any such public spaces. In these camps various SRH and FP services are provided. People requiring further services are referred to either FPAI facilities and/or the public health facilities depending on the availability of services, distance of the facility and individual's convenience.

"Mobile Camps are conducted for an entire day and are effective in breaking the resistance and reaching to the people."

"The mobile camps also prove useful in overcoming apathy and overcoming resistance. They serve to generate interest amongst the community. Once the interest and curiosity is established and people come out of their homes, the CBDs orient people about SRH issues."

Multi Stakeholder Engagement

In India, there has been strong collaboration and convergence under SETU, where FPAI has worked along with the government departments, local NGOs and other institutions for providing SRH services to the community. Multiple stakeholders have been engaged which supports a smooth implementation of the programme to provide services to the community.

Working with the Government

Linkages have been developed with government run Primary Health Centers, Community Health Centers and Sub centers. Government's frontline health functionaries, ASHA (Accredited Social Health Activists) are involved in SETU project. They are trained with FPAI CBDs on various SRH and soft skill trainings. Some government facilities also act as referral unit for FPAI facilities by referring clients needing Intra Uterine Device or desiring to undergo sterilisation.

Strong partnership with the government has been a key achievement as well as an important factor for the success of the programme. The initiatives with the government include:

- Conducting mobile camps and outreach sessions at the existing government facilities to reach the vulnerable populations.
- Government frontline health functionaries have been sensitised to mobilise the community on SRHR issues. Greater synergy with Government frontline workers has been established along with role clarity to facilitate reciprocal relationship. Consequently there has been an increase in referral to satellite clinics. ASHAs have provided support to mobilise community to organise mobile camps.
- Satellite Clinics have been opened near or in Government facilities or premises of Government run programmes.
- Government systems have been mobilised to provide supplies to the clinics and government health staff including alternative medicine practitioners and doctors have participated in capacity building workshops.
- In order to break the silence and taboo around SRH, representatives of local self governance such as Gram Panchayat and Zila Parishad; religious leaders, teachers, women's collectives have been sensitised on diverse SRH needs for men and women. Some branches have even developed linkages with the Police Panchayat and Mosque committees.

Partnerships with Key Local Stakeholders: NGOs, Private Medical Practitioners and Religious Leaders

The partnership with key stakeholders who enjoy the trust and confidence of the community help to expand FPAI's reach to areas where it does not have a presence. The NGOs are also sensitised on issues of SRH and Family Planning by FPAI.

An example of partnership with local NGOs is seen in Bengaluru wherein FPAI has been able to reach out to sex workers at risk to HIV infection as they face huge challenges and stigma in accessing healthcare and services. In partnership with Swasti and Swathi Mahila Sangha, FPAI has been able to offer female sex workers and their partners comprehensive SRH services as well as referral to other medical facilities based on specialised needs.

Private Medical Practitioners (PMP) provide SRH and contraceptive services to the poor, marginalised, socially excluded and under-served communities. In places, they also played the role of a community based depot holder. They provide support in conducting mobile health camps in their community. PMPs also take part in the capacity building/training programmes conducted by FPAI.

Engaging religious leaders, especially Muslim leaders is a way to ensure a greater acceptability among community of the family planning methods as well as information related to SRH especially among young people.

Innovate

Innovative Approaches to Expand Access to Services

Core+ overall created many opportunities for innovation to increase access and to generate demand for SRH services amongst the marginalised population. Under SETU, several innovative and unique methods were adopted to reach out to inaccessible and high-risk groups and communities and strengthen quality of services.

Evening Clinics and Outreach Sessions for Services to Male Clients and Boys

During the implementation of the project it was observed that the majority of men could not access services as the timings of the clinics coincided with their working hours. Consequently in ten RHFPCs, clinic timings were extended to provide services for men and boys in the evening hours. Male consultants were hired for these special timings. Outreach sessions were conducted for men in the premises of industries, factories and boy's hostels. Talks, meetings and distribution of IEC materials on male SRH were organised. These interventions increased footfalls of male clients in clinics and changed image of FPAI clinics as Family Planning clinic or women's clinic to "clinic for sexual and reproductive health needs of all".

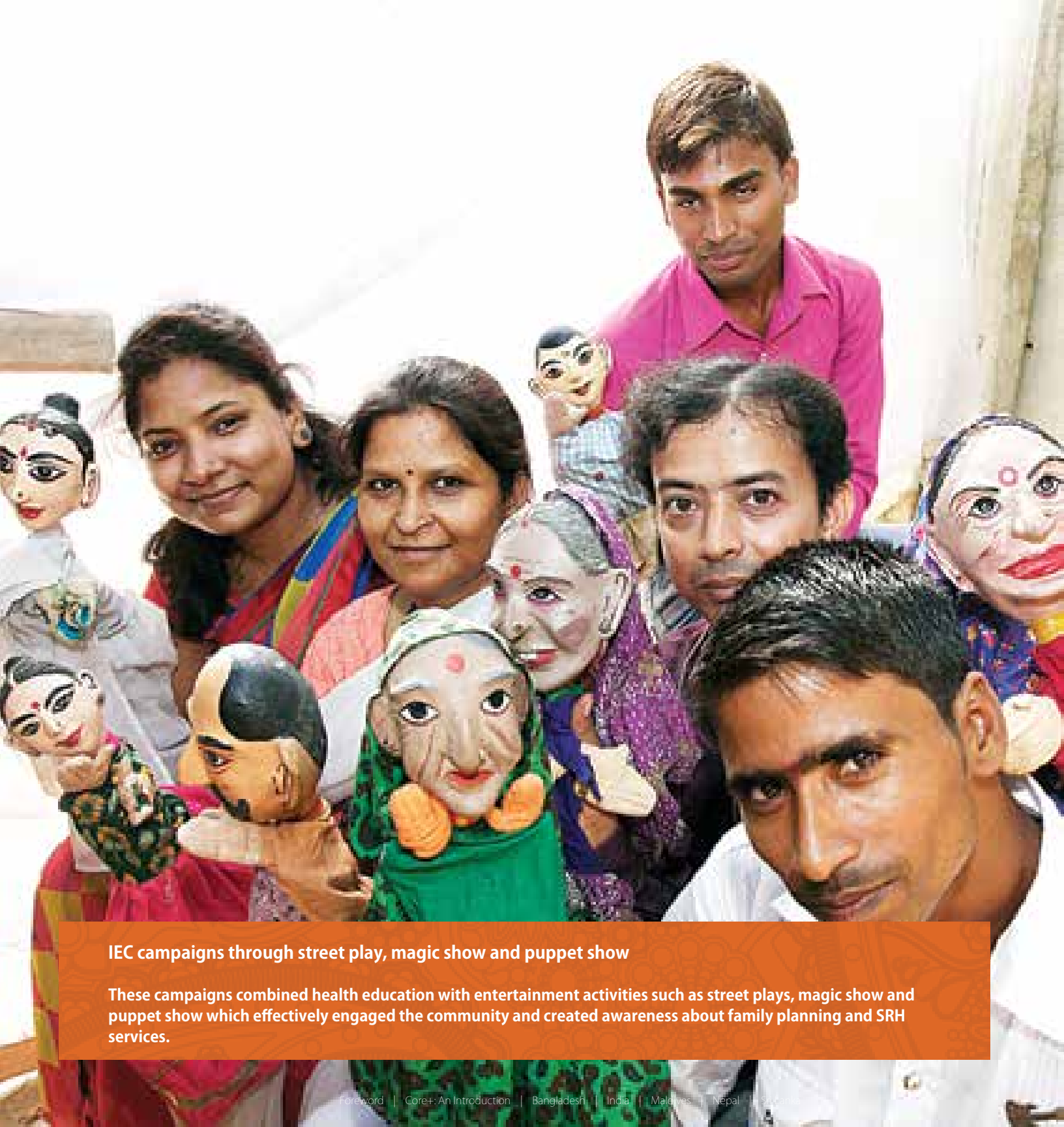
Diverse Range of Community Based Distributors to Reach Variety of Population

Community based distribution of contraceptives has been a major strategy of SETU to increase access to contraceptive services. Community based distributors are chosen from the community itself as they have intimate knowledge of their community. In Mumbai, individuals such as shoe factory owner, mobile shop owners have been selected as CBDs as they can talk with men about condoms and distribute them. Unmarried young women have also been selected as CBDs to increase access to contraceptives for unmarried women. Transgender, men having sex with men (MSM), female sex workers (FSW) act as CBDs and increase access to contraceptives for key populations at risk to HIV.

Outreach to Different Kinds of Communities – Auto Rickshaw Drivers, Transgenders, MSMs

Formal Memoranda of Understanding have been established with unions of factory workers, auto rickshaw drivers, barber's associations to conduct special service sessions in their premises or with their members. Services to transgender, FSW, MSM were provided by forming partnership with NGOs and CBOs working with key population. In Mumbai, community organisers and Link Workers conduct IEC sessions, distribute pamphlets about services provided by satellite clinic at rickshaw stand.

In Lucknow, owners of small shops selling cigarettes, shop owners and shopkeepers have been selected as CBDs. In Delhi, a female vegetable vendor was selected as CBD as she has good rapport with the community. Along with vegetables, she distributes contraceptives to key population in her community such as transgender, FSW, MSM, migrant males.



IEC campaigns through street play, magic show and puppet show

These campaigns combined health education with entertainment activities such as street plays, magic show and puppet show which effectively engaged the community and created awareness about family planning and SRH services.

Using Magic to get Family Planning Messages Across

Shehanshah Jadugar hails from a small village in the state of Uttar Pradesh, India. Since 2007, he has been performing magic shows on different social Issues like family planning, female foeticide, dowry, gender disparity and education. He has been associated with SETU for the last three years and has regularly performed magic shows with family planning as a central theme. His magic shows are very interactive and engage attention of people. People enjoy his shows and understand benefits of family planning and various methods of family planning easily.

Strengthen

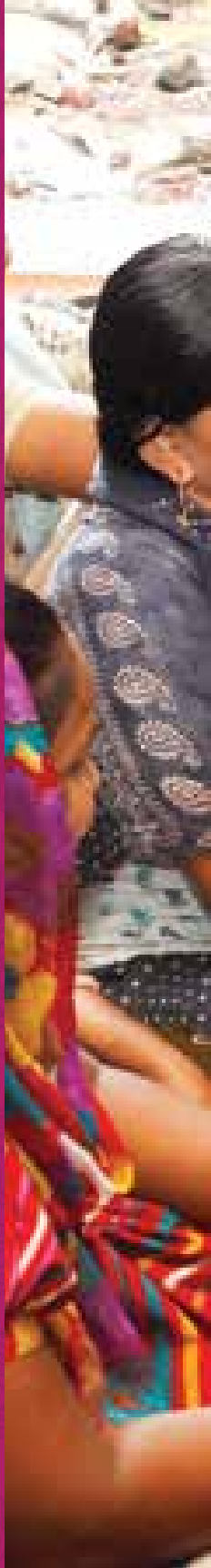
Strengthening People, Systems, Infrastructure and Quality of Care

Under SETU, substantial investment was done in building capacities of staff as well as government functionaries, establish or upgrade existing facilities by purchasing new equipment and instruments, upgrading building and infrastructure along with strengthening data inputs, monitoring and evaluation.

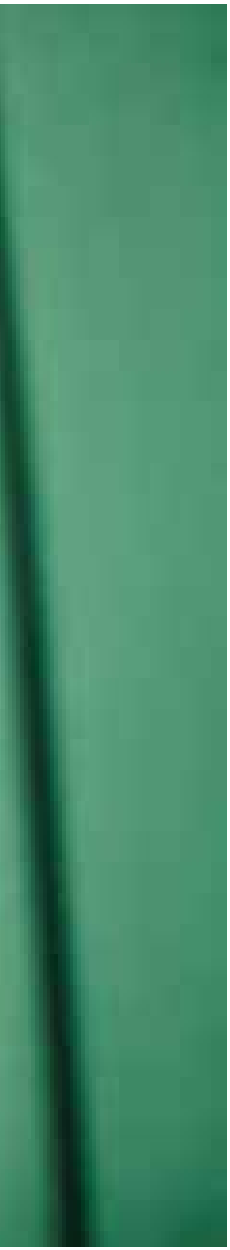
Strengthening the Workforce

SETU initiatives strengthened the service delivery through training and capacity building of the existing and newly recruited human resource. A detailed training plan has been prepared for the staff at various levels. Approximately 600 doctors, nurses, counsellors, lab technicians have been trained periodically on Quality Assurance systems, latest trends in SRH care and services, value clarification, integrated counselling, Sexual and Gender Based Violence.

Training schedules also exist for the CBDs, Link Workers, PMPs and government functionaries. CBDs receive regular updates on FP methods for men and women, RTI/ STI, cervical and breast cancer screening, personal hygiene, data collection and reporting. The PMPs are trained on FP methods especially intra uterine device and injectables.




FPA India



Under the Integrated Package of Essential Services (IPES) the clinics have been extending sexuality counselling, contraceptive services including emergency contraception, safe abortion care, and reproductive tract infections, sexually transmitted infections (RTIs/STIs), HIV, gynaecology, prenatal and postnatal care and sexual and gender-based violence. The IPES is supported by Quality of Care to ensure that SRH services are of high quality, integrated and rights based.

Development of Infrastructure and Equipment

Significant investments have been made to develop new infrastructure and renovate old infrastructure of the existing static clinics. Apart from that, key medical equipment such as labour tables, operation tables, pregnancy test kits, BP sets, mini lap and vasectomy sets, tubal ligation sets, proctoscopes; have been purchased to strengthen quality of services at the clinics.

- Renovations and repairs of existing clinics.
- Addressing power cuts through purchase of inverters and generators for smooth and interrupted services.
- Purchase of equipment such as air conditioner, fans, tables, chairs, refrigerators, cupboards and racks.
- Ambulances and vehicles.

Commodity Security

Core+ has supported FPAI in strengthening its commodity security capacity. Through Core+ funding FPAI developed commodity security guidelines, renovated and expanded capacity of store and organised training of staff on commodity security. Store rooms have been re-furbished and stocked in branch offices.

SETU in India was hugely successful in reaching about five million people; men and women in reproductive age; socially excluded communities such as transgenders, MSMs; under-served areas and communities especially indigenous people and migrant population. By placing information and services within their reach, SETU built bridges to help people exercise their right to make informed choices about their lives, their family and their community.

Maldives

Connecting Islands and Atolls

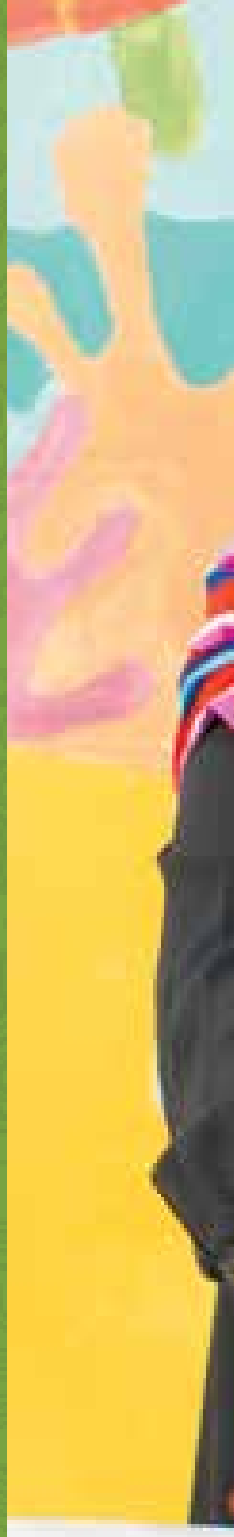
The Maldives is one of the most popular tourist destination in South Asia with over 200,000 tourists visiting the island nation in a month during peak tourist season. Comprising of over 1,190 islands, out of which 198 are inhabited and are spread over 300 square kilometres. The population of Maldives is spread across the islands. One third lives in the capital, Malé, and almost 44% are younger than age 14. This demographic poses numerous opportunities as well as challenges.

Health is a fundamental right ensured in the Constitution of the Maldives; and the public health system is strong and robust but the geographical spread of the island nation makes it difficult for the communities to realise this fundamental right. The natural geography of the Maldives has significantly affected the mobility of the people and the efficient delivery of necessary services. Reaching out to the country's under-served population, where access to the community is both difficult and resource-intensive.

The total fertility rate (TFR) declined from a high of 6.4 children to 2.1 in 2006. Fertility decline was more prominent in the atolls (rural) population than in Malé (urban).[1] The commitment to promote family planning has increased over the past years; however challenges related to contraceptive use and adopting family planning methods still persist. Evidence from surveys conducted over the last 10 years has shown that the contraceptive prevalence rate had declined. Proportion of married women using any modern methods of contraception reduced from 33% in 1999 to 27% in 2009.

Working together with the government to expand access to Sexual and Reproductive Health (SRH) services, Society for Health and Education a Member Association of IPPF focused on strengthening outreach and service delivery especially to the under-served communities in remote islands. SHE supported paramedics and outreach workers through partner NGOs in seven provinces of Maldives.

In Malé , SHE, worked to increase the delivery of SRH services by 20% through their clinic. SHE also undertook policy developments on internal SRH issues and established and/or strengthened systems for commodity tracking and forecasting, logistics, monitoring and evaluation.



[1] Maldives Health Profile, 2014, Ministry of Health and Gender. March 2014.

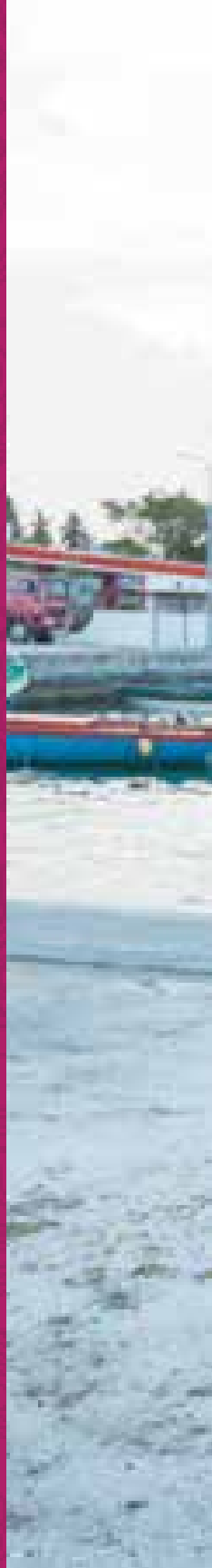
Expand

Expanding Access by Reaching to the People

SHE was the first NGO in Maldives to adopt the outreach model of service delivery points (SDPs) and Health Camps to increase access to SRH services in Male and other remote islands. These initiatives became possible due to existing partnerships with government department, agencies and key stakeholders responsible for promoting SRH including family planning. These include religious leaders, young people, police among others who have been reached through awareness programmes to sensitise them about sexual and reproductive health and rights.

Service Delivery Model

The Static Clinic at Malé provides counselling services, training courses for medical, paramedical and administrative staff, screening, counselling and research with a view to reduce the number of children born with Thalassemia. Through its Family Planning Clinic, it also provides SRH services such as family planning methods including contraceptives, premarital counselling and tele-counselling. It also serves as a voluntary testing and counselling centre for HIV testing.



Delivery Mechanism		Number
Static clinic	Static Clinic at Malé	1
Outreach clinics	Hubs	2
	Mobile Clinics (multipurpose outreach camps)	3
Community level work-force	Community Health Worker/ Peer Educator	44

The Core+ marked the beginning of service delivery through establishment of two service delivery points (SDPs) called "hubs" in the islands of Addu City and Naifaru. It comprises of the second layer in the service delivery mechanism. The SDPs were formed in partnership with local NGOs who were selected after a stringent process of assessing the communities need and identification of thematic areas of intervention. The hub clinics are staffed by paramedics, nurses and outreach workers.

Service Delivery Structure	MALDIVES
STATIC CLINICS	Clinic at HO
OUTREACH CLINICS	Hub
MOBILE CLINICS	Multipurpose outreach camps
COMMUNITY LEVEL WORKFORCE (COMMUNITY BASED DISTRIBUTOR)	Community Health Worker peer educators

The next level of service delivery is to take the services to the people through the Multipurpose Health Camps which have been instrumental in reaching out to remote and under-served communities.

Multipurpose Health Camps for Reaching Remote Islands

The island nation is spread over a large area leading to the concentration of most of the services in the centre of the nation, mostly in and near Male. There was a need to expand services beyond Male, consequently, mobile means of service delivery were introduced. This was addressed through Multipurpose Health Camps in isolated islands and regions in order to take services to the people living in the periphery. The camps were effective in providing SRH information, education and services to poor, marginalised, socially excluded and under-served populations (PMSEUs) in six provinces in Maldives. It also served to disseminate information regarding public health. The Multipurpose Camps consisted of medical doctors, nurses, counsellors and health educators. These camps helped to increase the outreach significantly within the country.

Three multi-purpose health camps were organised with local Government and NGO partners. One of the main purposes of the trip was to expand services to reach the marginalised and under-served. Awareness sessions were conducted at different islands across the three atolls for a variety of stakeholders such as teachers, students, parents, health care service providers, out of school youth, fathers, women's development committee, police and general public. The awareness sessions focussed on psycho-social support, mental well-being, sexual reproductive health, general health and Thalassemia.

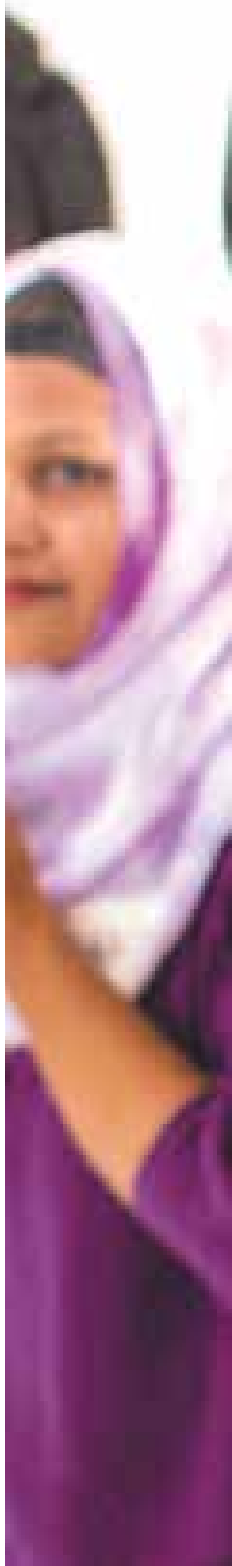
Apart from the awareness sessions and outreach, specialised doctor consultations were also available along with breast examination and a number of testing services

School Programmes

such as free Voluntary Counselling and Testing for HIV, screening for Thalassemia and DNA testing.

SHE has been proactive in reaching young people in schools. SRH awareness sessions across schools have taken place where children and young people from Grade VI upwards have been reached. The School Programme comprises of day-long sessions on topics such as - Thalassemia, Sexual and Reproductive Health, Life Skills, Understanding Puberty among others. The methodology includes Power Point presentations, group discussions, informative games and role plays. In addition, the school children also have access to a hotline located at Malé has been very successful and is very popular among all age groups. In 2014, more than 470 clients were reached via the hotline.

SHE also trained school counsellors and health officers of schools in Malé to create understanding around safety and security of school children. This training programme was organised in collaboration with the Ministry of Education of Maldives.




MAAI

Partnerships with the Government and other Agencies

Partnerships and collaborations, especially with government and other stakeholders, has been a success story for Maldives which has contributed to creating an enabling environment for promoting SRHR in the island nation.

Partnership with governmental agencies has been instrumental in mobilising resources. In Addu city, the SDP is based out of the Addu City Council office. The location of the SDP within the city council has resulted in constant involvement of the government functionaries in the programme. Strong partnerships have been formed with the Ministry of Gender, Education and Health on providing training, conducting information sessions, awareness programmes and reaching out to the community at large.

A Memorandum of Understanding (MoU) has been signed with the Ministry of Youth and the Police and SHE to build the former's capacity for tackling issues of violence against women, domestic abuse and anger management. A partnership with the National Drug Agency had led to working with people using drugs who have completed rehabilitation. SHE has conducted sensitisation sessions on SRH issues followed by HIV counselling and testing.

Partnering with Women Development Council

The hub at Addu City works with the Women Development Council which is an elected body of women representatives from every island in an Atoll. These women work on women's rights and put forward the challenges faced by the women amidst the city council members. Trainings have been organised for the women by the Council. This has been an excellent platform for reaching women in the Atolls for building their knowledge on family planning and SRHR issues.

Increasing Awareness for Demand Generation

In the last three years, there has been a concerted effort to raise the level of awareness of the general population regarding SRH issues. Proactive youth groups have also been trained for conducting awareness sessions at the community level. Multiple channels have been used for raising awareness, including outreach sessions, performing arts and telephonic counselling. SHE has been able to mobilise mass media; TV, radio and telephony, to effectively reach across remote islands. Almost every household owns a TV and every other person has a smart phone. This has been supplemented by information and education material focussing on issues such as SRH, SGBV, child abuse, men's reproductive health issues such as benine hyperplasia, cancers specific to men and so on.

Innovate

Strategies for Reaching Hard to Reach Areas

The migrant fairs provided an excellent opportunity for the migrant groups to avail of health services and get information on SRH including STIs and HIV. Besides general health check-ups, the migrant population is offered voluntary testing and counselling for HIV at these fairs.

Migrant Fairs

Fairs have been held to reach the predominantly male migrant population and resort workers, so that they are equipped with information to protect themselves from HIV and Sexually Transmitted Infections (STIs).

A situation assessment of HIV and AIDS conducted by SHE found that within the Maldives substantial portion of the population is mobile. Increasing economic prosperity, development and growth over the last decade have resulted in increased levels of migration both within and out of the country. Large infrastructure and development projects in tourism and construction industry encourage expatriate workers and young people from all over the country to move to major economic locations.

The flip side of this rapid economic development and increasing internal migration is separation from family leading to increased vulnerability of migrants and mobile populations to HIV and STIs as they engage in unsafe behaviours such as unprotected sex and substance abuse. In addition, as HIV prevention and health care services are not specifically targeted towards migrants and mobile populations these groups tend to have poorer access to such services.

This is especially true for migrants who are often not registered as residents in the area where they work. Distribution of leaflets in several languages and training peer educators have been some of the interventions aimed at the migrant population. The Migrant Fairs are an opportunity for the peer educators to interact with the migrants and share vital information regarding HIV and STIs.

Youth Engagement

In the Maldives, young people between the age of 18 and 35 years comprise more than one third of the Maldivian population (33.7%). Increasing youth participation and youth volunteerism at the MA level has been an area of focus in Maldives. Trainings of Youth Volunteers, Youth Retreat have been some of the ways in which Young People have been equipped to understand SRHR issues and advocate for realising these rights in their lives and those of their peers.

A Progressive Fatwa on Abortion: Working with Religious Leaders

Abortion in Maldives is illegal even in cases of rape and incest which raises the risk of unsafe abortion. SHE conducted a study on the prevalence of rape and incest in Maldives and the subsequent difficulties in cases of pregnancies as a consequence. The study revealed that the most frequently reported form of sexual abuse is incest with 48% of abuse being perpetrated by the family members. Incidence of rape was more among females aged 15-25 with about 84.8% cases occurring among this age group. The study also looked at relevant laws, policies and practice in other Islamic countries. Multiple stakeholders were engaged by sharing the findings of the study.

As a result of strategic advocacy efforts, a historic fatwa, legalising abortion for rape victims in Maldives was passed by the Government of Maldives' Council of religious scholars, Maldives Fiqh Academy, under the Ministry of Islamic Affairs. This progressive and humanistic fatwa states that abortion is permissible in five circumstances. Besides providing an impetus to women's rights in the country, this fatwa also has a significant public health impact by reducing maternal mortality and morbidity.

The fatwa mentions five situations in which abortions in the first trimester can be permissible. The first two situations relate to Sexual and Gender based Violence: if a woman is pregnant as a result of rape, either by persons who the woman is prohibited to, or lawful to marry. In both cases, the council ruled that the foetus must be aborted within 120 days of conception. The third circumstance, the council describes, is pregnancy of a minor through rape, whose body is too weak or not developed enough to sustain the foetus. As a fourth circumstance, the council stated that the foetus is determined to have major diseases which would result in a medical deformity. In this case, the parents must be legally bound by marriage. The fifth and last circumstance where abortion is permissible even after 120 days is if the foetus threatens the life of the mother.

SHE has been one of the few rare voices heard on the Island nation of Maldives, advocating for the legalisation of abortion.

Towards a Better Understanding of Parenthood*

Mariyam, a 25 year-old woman, who lived in Addu Atoll in Maldives, was having a battle of wits with Ahmed, her young three year-old. He threw temper tantrums and just couldn't be disciplined. Thankfully, one day Mariyam attended a session on better parenting skills organised by Society of Health & Education (SHE).

SHE was the first non-governmental organisation in Maldives to establish a family planning clinic where couples could get information, education and counselling to plan their families. It also provides psycho-social support and counselling to children and adults. Through various approaches such as play therapy, children as well as adults are helped to develop life skills and cope with the grief, anger, anguish and possible abuse in their life.

During the session on parenting, Mariyam requested for help in dealing with Ahmed. Thereafter through extended telephonic counselling sessions; it was revealed that Mariyam was pregnant with her fourth child. Her husband worked away from home and visited occasionally during holidays. Her pregnancy, combined with childcare needs at home, was taking a toll on Mariyam, making her feel weak and irritable, even overwhelmed at times.

Understanding this, the counsellor suggested that she set aside a time to play with her son every day. When Mariyam put it into practice, she discovered that all her son wanted from her was some attention. The counsellor then helped her and her husband explore different family planning options when her husband came visiting the household. Together they decided to adopt a family planning option once Mariyam had delivered. He also decided to stay on the island for a few months and work at his father's carpentry in order to help his wife to look after the children post-delivery. The couple visited SHE clinic for counselling on contraceptives post delivery and Mariyam has been a client ever since.

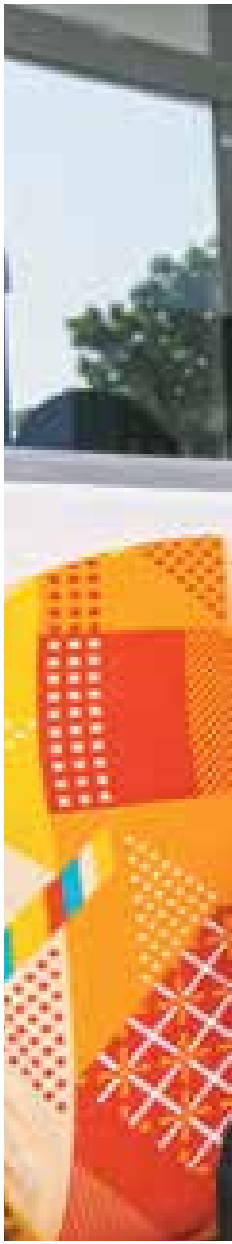
* Photos for representational purpose only.

Creating Awareness amongst Men and Boys

SRHR plays a major role in the lives of young people enabling them to live freely and responsibly by expressing all aspects of their sexuality. SHE engaged closely with young men and boys due to their importance in promoting SRHR, preventing HIV and AIDS, unsafe abortion and sexual and gender-based violence (SGBV).

This endeavour in Maldives has been extended not only to the communities but also in schools to raise awareness from a young age. Multi-pronged strategies have been used to rope in young people including boys like - conducting workshops on Anger Management sessions in schools and then using these platforms to also provide information on relevant topics such as on SRH, SGBV and HIV. This has proven to be a successful strategy to create awareness among men and boys on SRH issue.

Religious leaders were reached through Islamic scholars as key stakeholders to influence men and boys in the community by conducting workshops on parenting, fatherhood, nutrition and SGBV.




Australian
AID

Strengthen

Strengthening People, Systems, Infrastructure and Quality of Care

Commodity Security

A well-established commodity security system has been set up at the central level wherein the commodities are stored as per the Maldivian guidelines on commodity security. The contraceptives are given free of cost to the clients during counselling at the clinic in Male. As per government stipulations, no stock is maintained at the other SDPs.

There has been a strong focus on developing technical capacity of the service providers, teachers, youth volunteers and women groups

Developing Capacities of Service Providers

Core+ initiative has supported in developing capacity of service providers, Government officials and youth volunteers. Trainings have been organised on GBV, SRH, counselling, theatre for advocacy and life skills training. Government Service Providers such as doctors, counsellors and police have also benefited from the trainings. This has helped in improving quality of services as well as developing rapport with the Government.

In essence, through Core+ the service delivery model has been strengthened which in turn has led to an increase in the uptake of contraceptive usage, SGBV services and maternal health services in Maldives. It has connected many from the remote and isolated islands that were hitherto unreached to access SRH and Family Planning services. The people of Maldives undoubtedly have a healthier future.

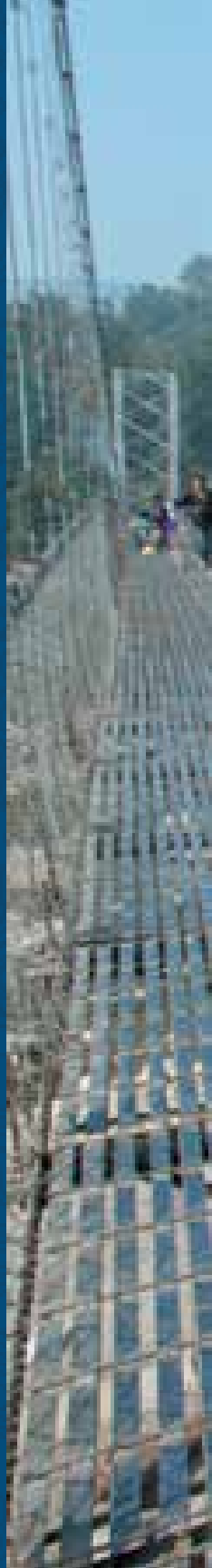
Nepal

Promoting Sexual and
Reproductive Health and Rights for All

Nepal is a mountainous land locked country situated between two rapidly changing economies, China in the North and India on the other side. Politically Nepal has seen years of conflict and is now on a path to being a democratic republic. Economically speaking, it is one of the poorest and least developed countries in the world where 31% of the population live under the poverty line. Nepal's topography proves to be a huge challenge to sustained progress towards social development. Weak transport and communication systems along with poor access to health and education pose several barriers to improve human development indicators.

The country, however, has come a long way from the 1960s, when ideas of family planning, reproductive rights, sexuality was considered inimical to religious, cultural and social norms. It has shown commitment to international human rights instruments by ratifying major conventions. Nepal's endorsement of the Plan of Action of International Conference on Population and Development was a groundbreaking move which ensured that women's sexual and reproductive health and rights were mainstreamed in the development and human rights discourse. The current Interim Constitution of Nepal mentions the reproductive rights of all women in Nepal. The advocates of SRHR are hopeful for a more comprehensive inclusion of sexual and reproductive rights when the new Constitution comes into being.

There are huge challenges, in making sexual and reproductive health a reality for all. Knowledge about means of family planning method is very dismal. Taboos relating to sexual diversity and gender equality still exist. Access to contraceptives for young people remains very low. The unmet need for family planning methods among girls in the age group of 15-19 years is 42% and for those in the age group of 20-24 years is 37%. About 25% of women of reproductive age in Nepal experience unintended pregnancies. The Contraceptive Prevalence Rate (CPR) for modern methods rose from 25% to 42% between1996-2001. Since then it is at 43% (2011) which is much below the MDG target of 67%.




परिवार स्वास्थ्य क्लानि
VCT Cen
Volunteer Counseling and
पाई सुरक्षित गर्भपतन सेवा
न आउनु भएको हो ?
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सुरक्षित सेवा केन्द्रमा आउनु भएको हो
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र्भपतन सेवा उपलब्ध गराईन्छ ।

The fertility rates have dropped from 4.6 in 1996 to 2.6 in 2013. This many a times leads to the perception that the family planning has reached its optimum levels in Nepal. Consequently, this has made the work of organisations and advocates of Family Planning (FP) and SRHR all the more challenging.

IPPF's Member Association in Nepal, the Family Planning Association of Nepal (FPAN) is one of the oldest and biggest non-governmental organisation working to promote SRHR. In 1958, FPAN pioneered the Family Planning Programme in Nepal which inspired the government family planning services that were introduced in 1968. Since then, FPAN has been supplementing the national health and population programmes. And with the help of women's collectives, they have taken the message of family planning into every nook and corner of Nepal. FPAN used the Core+ funding to augment skilled manpower, upgrade infrastructure at all the service delivery points (SDPs), conduct technical trainings as well as procure equipment and medicines. As a result, the SDPs were able to expand their services to reach diverse geographical areas and target population.

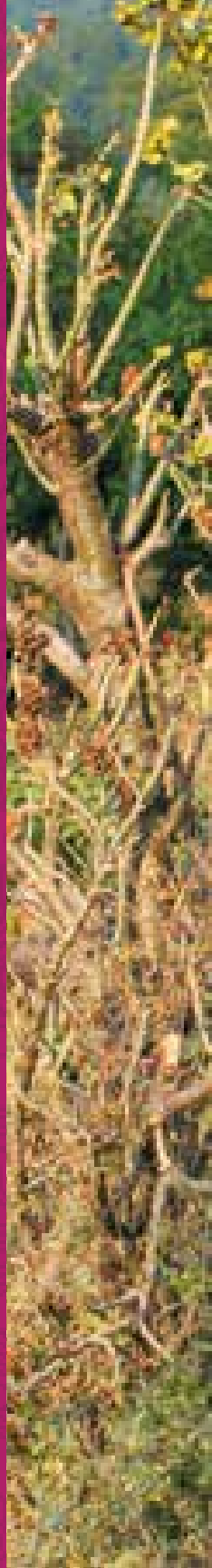
Expand

Expanding Access

In Nepal, the Core+ initiative covered 28 districts including 22 branch offices of FPAN providing its services to approximately ten million people. This was done by establishing new clinics and upgrading existing ones.

Service Delivery Model

The first tier of service delivery points are the 21 Family Health Centres (FHC) providing services under the IPES package. This includes sexuality counselling, contraceptives services including emergency contraception, safe abortion care, reproductive tract infections, sexually transmitted infections (RTIs/STIs), HIV, gynaecology, prenatal and postnatal care and sexual and gender-based violence (SGBV). The clinical staff has doctor, nurses, counsellors and other paramedical staff along with programme staff. Three FHCs also have facility for safe delivery. These units within the clinics are called Birthing Centres.



Project Snapshot

Districts covered	28
Population reached (Approximately)	10 million
Family Health Centre covered	22
Infrastructure development of FHCs under CORE+	15
Birthing Centre established	3
Community Health Clinics	102
Mobile Clinics	146
Youth Information Centres	20
Reproductive Health Female Volunteers (RHFC)	524
Staff Nurses	78
Youth Peer Educators	252

Service Delivery Structure	NEPAL
STATIC CLINICS	Family Health Centre (FHC) Birthing Centre
OUTREACH CLINICS	Community Clinics
MOBILE CLINICS	Mobile Clinics
COMMUNITY LEVEL WORKFORCE (COMMUNITY BASED DISTRIBUTOR)	Reproductive Health Female Volunteers

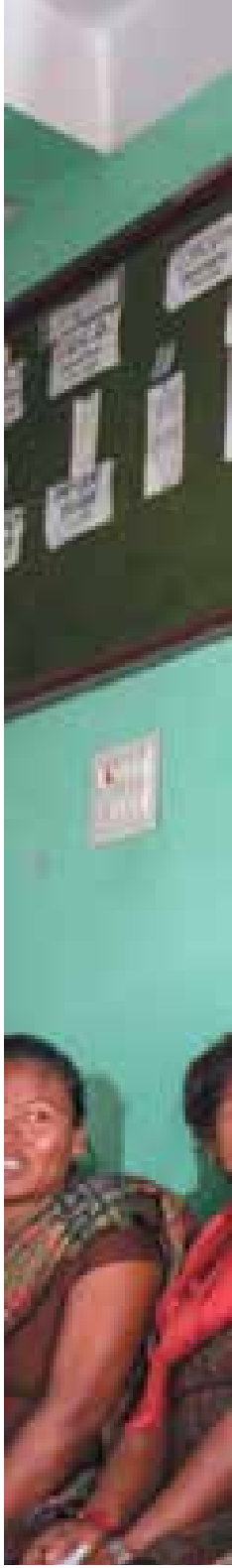
A multipronged strategy had been adopted to ensure that the services reach the people through diverse avenues. These include community clinics (CCs), mobile camps, community based distribution and front line workers known as Reproductive Health Female Volunteers (RHFVs).

The community and mobile clinics act as the first points of contact for the community and provide basic FP and SRH services. The community clinics consist of a nurse to counsel, provide services and refer when required to the FHCs. Mobile clinics take the services to hard to reach mountainous terrain and inaccessible areas.

Community mobilisation is done by Community Based Distributors and Reproductive Health Female Volunteers (RHFVs) who conduct the mobile camps and distribute contraceptives without any cost. The RHFVs are supervised by a community supervisor who oversees their capacity building as well as their performance.

Providing Safe Delivery Options through Birthing Centres

The birthing centres provide safe delivery options with fewer risks to pregnant women and new mothers from poor and marginalised communities. Comprehensive ante natal and post natal care is provided to pregnant women besides assisting women to deliver their babies normally. Nurses and/or trained birth attendants have been recruited to staff these birthing centres.




F.P. / M.C.H. ROOM
सेवा कक्ष
१. दर्ता / शोधा
२. परामर्श
४. निर्मलिकरण
५. पूर्व प्रसुति
६. प्रसुति


अन्नपूर्णा सामुदायिक स्वास्थ्य सेवा केन्द्र

Community Clinics: Task Shifting Model

Under the Core+ Initiative, FPAN has been able to shift certain tasks from the doctors to mid-level health service providers through operating Community Clinics.

Community Clinics in Nepal are able to provide services to people in spite of the fact that in rural and remote areas not many doctors are available. This poses a serious barrier to the provision of SRH services including safe abortion.

These clinics have been established in mountainous and hard to reach rural regions of Nepal where there are no Government Health Centres. They are staffed by a nurse and/ or ANM (auxiliary nurse midwife), a counsellor, clinic helper and community health worker. The community clinics have been providing SRH services.

FPAN has been advocating to the Government of Nepal to allow nurses to conduct abortion in the community clinics. The aim was to increase access to comprehensive abortion care by poor, rural, marginalised women at an affordable price. The approval from the government came through in 2013. Consequently, under Core+, staff nurses at 15 Community Clinics have been trained and the necessary equipment has been obtained to extend safe abortion services to poor women living in remote areas.

Community Clinics have been a promising strategy for increasing access and ensuring cost effectiveness within health systems. The community clinics are located in areas which are hard to reach; where other service providers are very few or non-existent. Setting up community clinics and running it successfully in Nepal is an achievement of Core+ initiative.

Mobile Camps

Mobile camps have been conducted to reach the unreachable population in rural areas wherein the staff nurses travel to provide services to the community at their door step. The rural roads are non-commutable by four wheelers in many parts of the country. In order to reach such villages, the clinic health personnel, use two wheelers as a mode of transportation. The staff nurses sometimes traverse a distance of around 30 km driving through narrow, unapproachable and dusty village paths on a two-wheeler to conduct camps at designated sub-health posts located in the remote area, on a fortnightly basis. The nurses have been collaborating with the Government functionaries at these places to use their existing infrastructure for conducting the mobile camps. The services include sub-dural implant and Intra Uterine Copper Device. These camps are organised in close collaboration with Government of Nepal's health department.

Reproductive Health Female Volunteers (RHFVs)

The RHFVs are the frontline health service providers. Quite a few of them are experienced in their respective area as they had been previously working as ANMs, government community health workers and in other community organisations on similar thematic areas. 524 RHFVs have been mobilised at the community level for conducting the mobile camps and strengthening the outreach work. They command respect and cooperation from the community who realise the importance of their work in extending FP and SRH services.

The community status and respect awarded to RHFVs often cultivates a strong sense of pride and long-term commitment in these women volunteers. The job satisfaction for these volunteers more than compensates for the fact that it's a voluntary position.

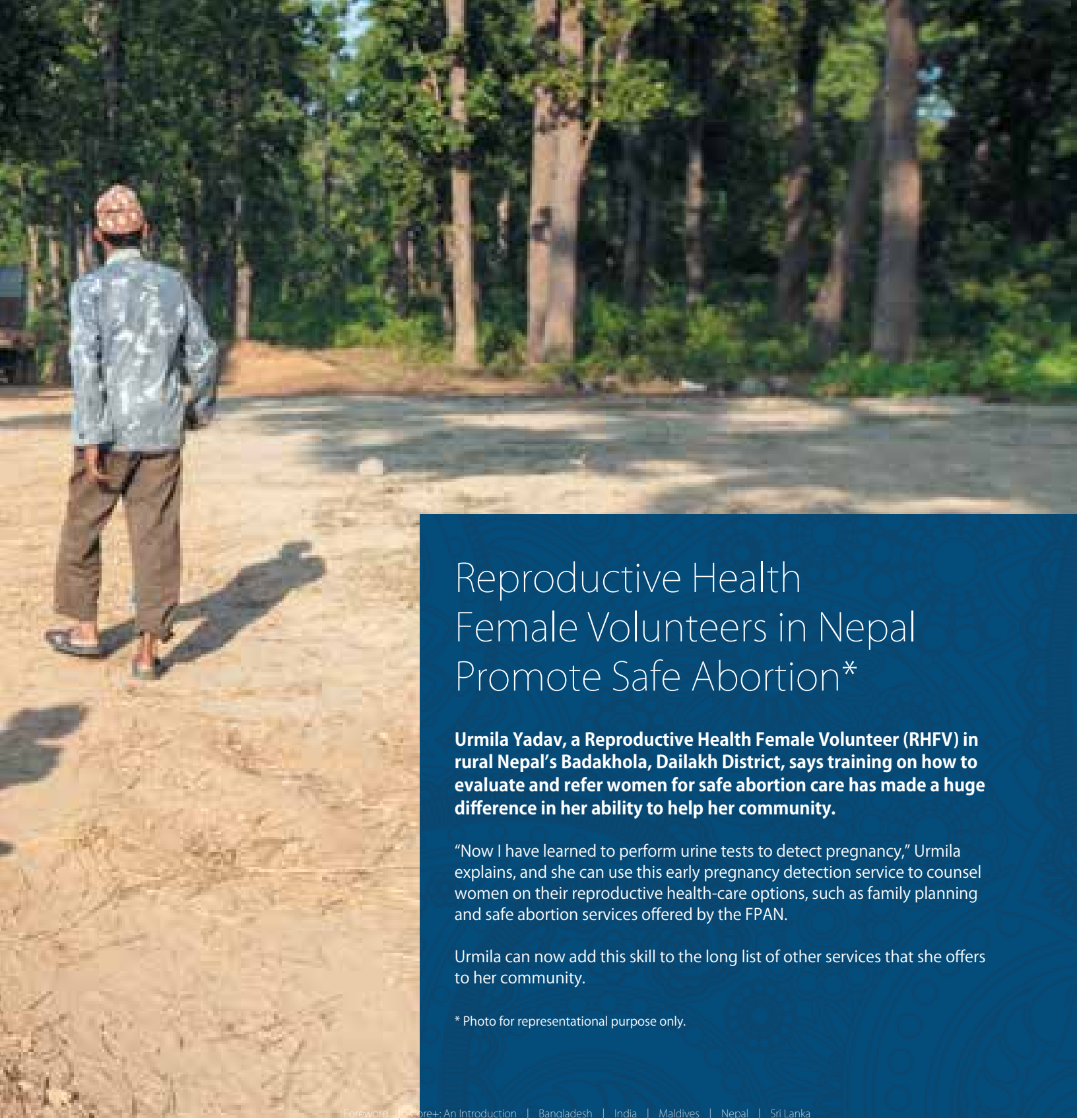
Community Support

Community Clinics in Nepal are a good example of how FPAN is effectively engaging with the local community. The land for these community clinics has been provided to FPAN by the community itself. This shows the trust and high regard that the local populace place in FPAN and their acknowledgement of the importance and need of SRH service providers in the area.

Linkages with Government

FPAN has been collaborating with the Government at various levels. These include building capacities of government functionaries, organising mobile camps in conjunction with the government functionaries including infrastructure of government health sub-posts. FPAN has availed of free or subsidised supply of commodities from the government.

"The community living in remote locations was unable to access SRH services due to long distances, unapproachable roads and lack of service providers in the area. It was a major challenge for us to reach those sections of the community who did not have access to SRH services"... Mrs. Devika Shreshtha, staff nurse, Chandbela mobile camp, Sunsari, Nepal.



Reproductive Health Female Volunteers in Nepal Promote Safe Abortion*

Urmila Yadav, a Reproductive Health Female Volunteer (RHFV) in rural Nepal's Badakhola, Dailakh District, says training on how to evaluate and refer women for safe abortion care has made a huge difference in her ability to help her community.

"Now I have learned to perform urine tests to detect pregnancy," Urmila explains, and she can use this early pregnancy detection service to counsel women on their reproductive health-care options, such as family planning and safe abortion services offered by the FPAN.

Urmila can now add this skill to the long list of other services that she offers to her community.

* Photo for representational purpose only.

Innovate

Innovative Strategies to Expand Access and Improve Quality of Care

Under the Core+ initiative, FPAN has been able to expand its coverage of services hence reaching out to some of the remote, unreached and under-served populations in Nepal by applying innovative approaches such as conducting community clinics which are smaller clinics operating in far flung areas, mobilising diverse groups like women's collectives and forest user's groups.

Empowering Women's Collectives to Create Awareness on SRHR

Social and cultural norms often deny girls and women access to comprehensive information about SRH. They can prevent girls and women from accessing healthcare. Therefore to ensure access to SRH care, they need to be empowered to make critical choices about their future. Keeping this goal in mind, FPAN has been working with women's collectives and victims of sexual and gender based violence and trafficking. The women were not only provided information on SRHR but also linked with micro-credit groups and micro-finance programmes. This strategy has simultaneously empowered these women and girls by reducing stigma and discrimination besides increasing access to comprehensive SRH services. It has also ensured access to safe abortion services and sexuality education for women and girls.

Forest Users Group (FUGs)

The concept of community forestry has evolved in Nepal to ensure that forest resources remain sustainable and are available for the benefit of local people. Forest user groups (FUGs) operate community forestry activities related to the protection, production and distribution of forest products. FUGs have emerged as new institutions in the community to carry out activities for the protection and sustainable management of forest resources. FUG members participate in decision-making processes. They have also been generating funds for various community development activities. FPAN has been working with these groups for social mobilisation and empowerment though increased participation of women and disadvantaged groups. The volunteers from FUGs were trained to provide information on SRHR issues and mobilise community to the mobile camps.

These volunteers from among community forest users group and agriculture group were also made aware about safe abortion and post abortion contraception. These trained stakeholders volunteered and mobilised their community for referral services to the mobile camps and clinics. This initiative reached 1300 community stakeholders from 28 districts of Nepal.

Youth Friendly Services

Young people can receive conflicting and confusing information regarding sex and sexuality from a number of unreliable sources. They also face social, cultural, economic and political barriers that impede access to SRH information and service. FPAN has a large base of 252 Youth Peer Educators who are engaged in conducting community awareness and also support the mobile camps. Under the Core+ initiative, 20 Youth Information Centres have been set up to ensure that young people are getting access to correct and youth-friendly information on issues of sex and sexuality. IEC materials have been developed and distributed at the Youth Information Centres which are created as safe spaces aimed at peer bonding. Educational sessions have been conducted and street plays performed with boys and men on gender-based violence and SRHR.

SGBV Screening

Screening for SGBV and cervical cancer was introduced and scaled up at all static and outreach service points with the support of Core+. All the service providers across various levels were trained on SGBV to give adequate support to victims of sexual and gender based crimes. The SGBV package developed by IPPF has been introduced at the FHCs. IEC materials containing poster, brochure and pamphlets about SGBV and sexuality were distributed at the FHCs. Doctors, staff nurses and counsellors have been trained on screening SGBV. In addition, more counsellors have been trained and equipped to handle SGBV related cases.

Outreach to Trafficked Women

Trafficking of women and children primarily for forced sex work is a big challenge in Nepal. FPAN has been specifically reaching out to the Trafficked victims through its multipronged service delivery mechanism – FHCs, Community Clinics and Mobile Camps. These services are supplemented by community-based distributors who ensure that the services reach the people who need them, when they need them, regardless of where they are. Social stigma, poor economic condition, ill health prevents trafficked survivors from accessing life-saving services and an opportunity for a reintegrated violence free life. FPAN has not only been providing crucial health services at the doorstep of this group but it has been complementing with other services like economic rehabilitation through micro-credit schemes for the empowerment of trafficked women and girls.

The SGBV service package includes provision of five services i.e., GBV screening of clients, psycho-social support / counselling, medical services to GBV survivors, referral for security purposes: such as police, legal assistance and referral to women's groups for income generation activities.

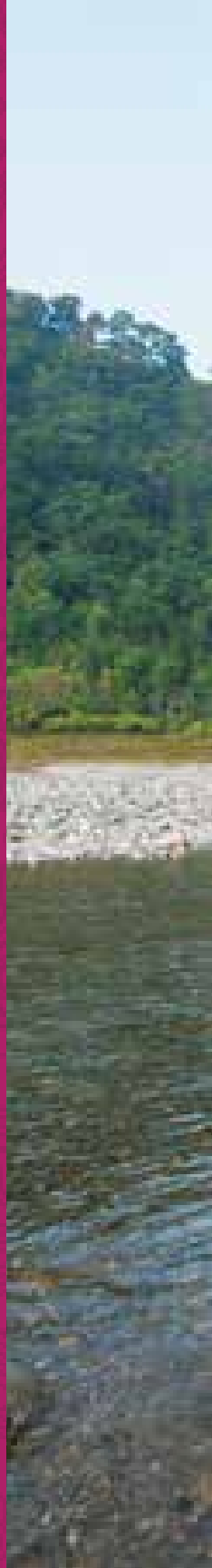
Strengthen

Strengthening Systems for Better Efficiency

The Core+ initiative has given an opportunity for FPAN to strengthen its back-end operations and to promote efficiency in providing services. This has involved drafting frameworks and policies, building structures and processes and finally building capacities of service providers. The aim has been to establish client-centered service delivery focusing on convenience to clients and needs of service providers. Another important goal has been to ensure adequate and effective supply of commodities.

Infrastructure Upgradation and Increasing Mobility

Significant investments have been made to develop new and renovate old infrastructure of the existing Community Clinics. 15 new community clinics were setup in Nepal. About 94 existing community clinics were upgraded. Apart from that, key medical equipment such as labour tables, pregnancy test kits, BP sets, vasectomy sets, tubal ligation sets, proctoscopes have been purchased to strengthen quality of services at the clinics. Two wheelers (scooters and cycles) were procured by FPAN to conduct the mobile camps especially on mountainous terrain where four-wheelers cannot go. Core+ funds were also used to procure invertors and generators to ensure uninterrupted power supply for services at eight community clinics.




AMBULANCE

Capacity Building of Service Providers

The Core+ Initiative has extensively contributed towards capacity building of the service providers as well as the management staff of FPAN by facilitating a large number of trainings for all levels of staff. More than 700 service providers and management staff have been trained under CORE+.

Trainings were conducted on issues such as Gender Based Violence wherein the staff was oriented on the new service and equipped to provide counselling to the clients on GBV. Doctors and nurses were also trained on screening cervical cancer. Nurses working in the safe delivery units were trained to be Skilled Birth Attendants. Field level workers have been trained on integrated SRH counselling. School teachers, RHFVs, Peer educators among others have been trained on safe abortion.

FPAN has developed a robust training roster to identify the needs for capacity building and effectively addressing the training needs.

Commodity Security

Core+ initiative has extensively contributed to set-up robust systems and formats in commodity security. Capacity Building has taken place where the Branch Managers of the FHCs have been trained on commodity security. Store keepers were trained on buffer stock management. Guidelines were developed for maintaining stock registers and in making the process more systematic. Strong rapport and partnership with the Government has ensured contraceptives supplies from the Government which are distributed free of cost in the community.

Strengthening Quality of Care

Efforts have been concentrated on developing QoC mechanism to enhance the quality of services based on client's rights and needs of the service provider. Infection prevention guidelines have been introduced in the clinics to ensure better quality services. Cross learning opportunities were created through internal – assessment exchanges amongst the branches. The mechanisms also included quality checks by the branch manager.

Through the Core+ Project in Nepal, disadvantaged populations especially in mountainous border sub-regions have accessed quality and comprehensive SRH care. Innovative strategies have filled the gaps due to poor infrastructure, communication links, lack of human resources in these regions. The programme has especially been successful in reaching out to women including trafficked survivors focusing not only on providing SRH services but also on their economic empowerment and social reintegration. FPAN has effectively ensured that the sexual and reproductive healthcare and rights of the Nepalese people are not only being met, but have been upheld to the highest standard.

Sri Lanka

Ensuring Better Quality of Life for People in the Island Nation

The family planning programme in Sri Lanka seems to be more successful than other South Asian countries. The successful implementation of this programme has helped the island nation to transition from a high population growth rate into a low growth rate over the past six decades. The latest census on Population and Housing indicates that there has been a decline in Sri Lankan population from 20.45 million in 2009 to 20.28 million in 2012. The natural increase rate also shows a slight decline at 1.14%. Currently, the total fertility rates stand at 2.3 children per women and the contraceptive use has gone up. In spite of these sustained advances, formidable challenges still remain.

The island nation has faced political turmoil and conflicts which has left vast populations displaced and unsettled. Although Sri Lanka has almost resettled its war-affected displaced persons, the reproductive health issues that have origin in the conflict can still have impact on the lives of affected women and girls. The need for sexual and reproductive health (SRH) care and services for women who have faced sexual and gender based violence (SGBV) during the war remains high. These may include screening for HIV and sexually transmitted infections, access to anti retro viral therapy, along with a variety of family planning methods.

Groups of poor and disadvantaged populations such as workers in tea plantations, female overseas migrants lack access to proper and quality sexual and reproductive health care. Another challenge is growing opposition to use of family planning methods. The declining fertility trends are seen as an endeavour to reduce the numbers of the 'majority community' while others proliferate unchecked.

In the face of these adversities, the need to improve the condition of women and girls by giving them greater control over their reproductive health persists. A critical role, in ensuring that women and girls are able to exercise choice in their reproductive lives, has been played by the Family Planning Association of Sri Lanka (FPASL). It was established in 1953 by a group of enlightened women and men who sought to reduce the high maternal and infant mortality prevalent among the low income urban families due to poor birth spacing. A Member Association of IPPF, FPASL believes that sexual and reproductive health (SRH) is a fundamental human right of every woman and man and they work towards reaching out to the poor, marginalised, stigmatised, socially excluded and the under-served communities.

Expand

Reaching the Unreached

Through the Core+ initiative, FPASL reached out to the needs of vulnerable and under-served population in the post-conflict areas. It improved access and availability of services in the clinics, provided newer and safer technologies for SRH services. FPASL strengthened its service delivery capacity by establishing six service delivery points, developing strong monitoring system and commodity security system. The Core+ support was also used for capacity development of service providers across multiple stakeholders particularly staff, front line health volunteers and Government health workers.

The key objectives under this project were to increase access to sexual and reproductive health services through five static clinics in Colombo, Ampara, Batticaloa, Colombo (Maradana) & Koggala and two mobile units at Maradana and Nuwara Eliya. Advocating for policy development on access related issues was an important objective along with improving systems on commodity tracking and forecasting, logistics and monitoring & evaluation.

Service Delivery Model

The service delivery model was piloted by FPASL under the Core+ initiative. Integrated and rights based sexual and reproductive health services were provided in five locations in Sri Lanka to reach out to inaccessible and under-served populations.

Project Snapshot

5 SDPs in 5 Districts	
5.7 million population covered	
Work with over 210 Govt. SDPs (including Primary and Community Health Centres and Sub-Centres)	
FPASL SDPs involved in Project	5 static clinics, 13 Doctors, 9 Nurses, 7 PHM, 5 Counsellors, 56 Volunteer Health Assistants (outreach), 2 Mobile Vehicles.
Community based distributors	58 (Volunteer Health Assistants)
Community organisers	5 (Assistant Managers of the SDPs)
Project coordinators	5 (Managers of the SDPs)
HQs team	3 Technical Programme Manager, 1 Accounts Manager and 3 Technical Programme Officer

Service Delivery Structure	SRI LANKA
STATIC CLINICS	Clinic at HO
OUTREACH CLINICS	Service Delivery Point Associated Clinics
MOBILE CLINICS	Mobile Clinics
COMMUNITY LEVEL WORKFORCE (COMMUNITY BASED DISTRIBUTOR)	Voluntary Health Activist (VHA)

Access to sexual and reproductive health (SRH) services was expanded by establishing five service delivery points (SDPs) along with two mobile clinics. The outreach and community mobilisation has been achieved through field level Health Voluntary Activists (VHA).

There is one static clinic at FPASL's headquarters in Colombo. While the other SDPs are located at Ampara, Batticaloa, Colombo (Maradana) and Koggala. With the support of Core+, FPASL converted and upgraded strategically located Youth Resource Centres into service delivery points (SDPs). The Clinics are run by one or more medical officers along with para medical staff, counsellors, nurses, lab technicians and provide services under the IPES. Here doctors provide consultations for fixed hours every day. SDPs established under the Core+ initiative have been providing services such as family planning, ECP, Gynaecology and HIV related services among others. The SDPs have been linked to associated clinics and a robust system of referral services has been established.

The next tier in the service delivery system is comprised of the associated clinics and mobile clinics which take the services closer to the target clientele. Mobile camps have been conducted deep into urban and rural pockets by network of Volunteer Health Activists (VHAs) and a large youth volunteer base.

Direct interface with community and community mobilisation are done by the field level workers known as Voluntary Health Activist (VHAs) who create awareness among the community on SRHR issues and the services offered at the clinic, provide counselling and conduct the mobile camps. Partnerships were formed with Governmental departments, partner organisations, private and medical practitioners to ensure sexual and reproductive services for those who needed it the most.

Service Delivery Points (SDPs)

In Sri Lanka the outreach model was piloted under the Core+ initiative. Existing youth resource centres of FPASL were upgraded into five service delivery clinics. The SDPs have been providing an Integrated Package of Essential Services (IPES) in line with local need and IPPF guidelines, while striving to reach the poor, marginalised, under-served and youth sub-sections of the population.
A package of comprehensive services is provided free of cost at the service delivery points. These are –

- Family Planning Services – with availability of male and female contraceptive methods
- Counselling services – for sexual gender based violence (GBV), STI/ HIV testing, safe abortion, sexual and reproductive health issues.
- Medical check-ups and treatments - such as sub-fertility diagnostic test, pregnancy test, STD and HIV test
- Information and education materials on topics such as gender and GBV, safe abortion, SRHR
- Pharmaceutical services
- Provision of free contraceptives

The SDPs have been able to fulfil the unmet needs for family planning and other SRH services and access to information within communities to a large extent. They are supported by the District Medical Officers of Health.

Mobile Camps and Outreach Sessions

The mobile camps have been one of the strongest components of Core+ in Sri Lanka as it helped in reaching out to the under-served and hard-to-reach communities working in tea gardens and factories. Under the Core+ initiative, FPASL procured vans


ISPEN RY


Family Health Mobile Clinic

for conducting the mobile camps and four wheelers to organise outreach sessions. More than 700 mobile camps were conducted to bring services to the doorstep of about 50,000 people. Clients were provided information regarding cervical and breast cancer. They were even screened for both the cancers. The outreach sessions were beneficial for the communities working in tea plantations and in the apparel factories as they are not able leave their work sites.

Associated Clinics and Referral Systems

The SDPs are linked to associated clinics which act as link between the mobile camps and SDPs. A strong and effective referral system has been put in place – where a client is referred by the front line health workers (voluntary health activists) to the associated clinics and then to nearest SDP. From the SDP after doctor's consultation has established the necessity then the client is referred to the Government Hospital. Follows up are conducted by clinic staff to ensure post referrals.

SGBV Protocol

Sexual and gender based violence (SGBV) continues to be one of the major risks to women's sexual and reproductive health. Women who experience violence face complex and multiple barriers to access appropriate care and support. It increases their vulnerability especially to sexually transmitted infections and HIV. The sexual and gender based violence (SGBV) service package and tool developed by IPPF has been contextualised and implemented at the SDPs in Sri Lanka. It has increased effective implementation of the SGBV programme across all clinics. The SGBV service package includes the screening and identifying victims of violence, psycho-social support/ counselling, medical services to SGBV survivors, referral to police or legal aid referral to women's groups and/ or shelter homes. Confidentiality and privacy is maintained at all times. The questionnaire administered to the survivor is not even attached to the patients file. The SGBV service package is a step towards delivering effective health care and other relevant interventions to support the survivors and their families.

Expanding Network, Forging Partnerships

Strong and effective partnership with the government has helped FPASL to increase its reach to the vulnerable population. During the years of conflict, FPASL continued to serve the affected population due to the trust they had earned from the government. FPASL was able to leverage multiple types of resources from the government and in turn supported the government in strengthening their resources especially human resources. Some examples of the partnership include:

- Provision of Infrastructure: The SDP in Koggala is run from a building provided by the government free of cost.
- Government doctors provide their services at the FPASL clinics for fixed hours.
- Mobile Camps to reach the unreached: A Memorandum of Understanding was signed with the government which allowed FPASL to organise mobile camps at various estates and factories. This collaboration made it possible to reach some hard-to-reach population like plantation workers in Nuwara Eliya area or women working in the factories at Kogalla.
- FPASL has conducted trainings for Government Health Providers resulting in better quality of service and clientele handling at Government health centres.

Innovate

Reach the Under-served and Hard-to-reach Population

FPASL promotes sexual and reproductive rights and provides comprehensive SRH healthcare to all including the unreached and under-served. These may include communities such as commercial sex workers, Men having sex with Men (MSM), people using drugs , persons affected by HIV and AIDS, internally displaced people, disabled persons and migrant workers.

Through this project, FPASL bridged the gulf between the services needed by the people and service delivered by the current mechanisms.

Key Populations Reached

- Tea plantation workers
- Migrant female labourers
- Factory workers in SEZs
- Men having sex with men
- Displaced people

Population in tea estates and factories inside the Special Economic Zones in Sri Lanka are seen as vulnerable groups as they face political and social exclusion and are dependent on the factory/ estate corporation for addressing their needs. The workers do not get the opportunity to interact with the communities outside the estate and the outsiders cannot enter an estate or a factory without the permission from the management. This geographical isolation limits their access to facilities especially healthcare making them vulnerable to STIs, unintended pregnancies and bereft without any method of family planning.


FPA

Delivering Family Planning Services with a Smile

Chamila, a mother of two, hails from a small town called Katoluwa in Koggala, Sri Lanka. She is not only committed to her family but also to the community around her. Chamila has been attached to the Koggala Service Delivery Point (SDP) of FPA Sri Lanka for over five years; first as a youth volunteer and now as a Voluntary Health Assistant.

"The best part of being a VHA is that I can help those around me and that in itself is very rewarding", says Chamila. She is quick to welcome people into her home and take out contraceptives from her 'secret stash' as she keeps them locked away safely from her two little boys. A normal day for her includes visiting her neighbours, who are existing and prospective clients. She educates them on matters regarding sexual and reproductive health and rights, family planning and maternal healthcare. With a satchel on her back and with the contraceptives and field visit books neatly tucked in, daily she visits a number of houses around the Katoluwa area. She usually informs them about what is happening at the clinic, if any mobile camps are being organised or any special awareness camp is going to be arranged. She also takes time to listen to the requirements of people. She encourages people to come to the clinics conducted at the Koggala SDP so they can access sexual and reproductive health (SRH) services and counselling. In some cases she also refers them to visit government health centre. The job does not come without its share of challenges, particularly in terms of some neighbours not open to discussion on family planning and SRH. But nothing fazes Chamila as she genuinely loves helping the families and women in her society and the community in turn loves her.

"Chamila is a great friend to say the least. She always comes over to check on me and my family and encourages me to come to their clinic for check-ups, which I do now thanks to her. Her door is always open to us. I have contacted her many times even at the dead of the night and she still readily helps me. Having her around our community is truly a blessing", says Rohini a resident in Chamila's neighbourhood and a regular client at Koggala SDP.

These groups comprise a sizable portion of the population who remain isolated and under-served with little or no access to safe and quality SRH services. According to recent Government estimates around 5% of Sri Lanka's population are employed in the tea plantations. Due to low wages, extreme poverty abounds, leading to malnutrition among children and pregnant women with high mortality rates.

Tea plantation workers have been reached in Nuwera Eliya –through outreach and mobile sessions along with diverse strategies to mobilise and inform clients about the various services.

- Outreach service sessions through mobile health units with dedicated medical staff
- Demand generation activities through meetings with community leaders and opinion makers
- Development of SRH Kit for frontline health workers
- Capacity building of Volunteer Health Assistants. Implementation of referral mechanism including referral to government health centres and Plantation Hospitals through Plantation Human Development Trust.

Migrant Female Labourers have been Reached Out in Maradana by Establishing of SDP at the Foreign Employment Bureau (FEB).

FPASL partnered with FEB to extend SRH services to Female Migrant Workers. The partnership enabled integration of SRH services in the standard medical services provided by Medical Unit before the departure to foreign land for employment. Special sessions were conducted at the FEB premises and for many of the women who attended these sessions it was a first time experience of getting information regarding family planning, contraception and other SRH issues. Many sought counselling and also availed of the services. Besides these, leaflets containing information on sexual and reproductive health information and the rights of migrant workers were given to the workers. Outreach sessions were conducted in urban pockets of Colombo from where large numbers of women migrate abroad for work.

Engaging Youth

FPASL engages with youth to advocate for sexual and reproductive health and rights of young people. Its youth network organises voluntary activities around the year and networks with other organisations to raises awareness and advocate for issues such as ending sexual and gender based violence, stigma and discrimination of people living with HIV. Youth volunteers of the FPASL are involved in the six service delivery points to raise awareness in the community and link the people to the SDP and vice versa.


HAPPY LIFE

Happy Life: A Way to Your Heart

The public health system of Sri Lanka confines itself to providing SRH services to married couples. This centre is accessible to everyone from all walks of life around the country and outside. Most young persons are reluctant to seek advice due to many reasons. This method of knowledge transfer does not need the person concerned to come to a clinic, divulge identity and seek assistance or a face to face encounter.

FPASL employs a range of modern interactive Information and Communication Technology tools to provide information on Sexual & Reproductive Health (SRH) to Sri Lankans both in country and abroad. The information is provided in local languages such as Sinhala and Tamil as well as English, by a trained group of young doctors and counsellors. This is done through a hotline called **Happy Life**, which is the only one of its kind in Sri Lanka.

Launched in 2009, Happy Life provides counselling and guidance to the general public, with a special focus on young people. Happy Life was developed through a collaboration with Information Communication Technology Agency (ICTA) of Sri Lanka who provided technical and financial assistance, World Bank through its initiative on e-society development programme, FPA Sri Lanka (host) and IPPF.

The services are provided to the public using informative web content, real time chat support, trilingual emails/ SMS based counselling support, Interactive Voice Response (IVR) along with a call centre. All services are free of cost. Privacy and identity of the person and confidentiality of the information exchanged is maintained.

Strengthen

Strengthening People, Systems, Infrastructure and Quality of Care

Capacity Building

FPASL has focused on developing capacity of staff at the Headquarter and SDP level on SRH issues. More than 450 staff have been trained in over ten different training programmes. There has been a strong focus on developing technical capacity on SRH issues of the service providers.

Commodity Security

Given the large volume of commodities procured and distributed, there was a need felt for developing a strong commodity security system. In 2011, guidelines for commodity security were prepared which provide information and tools on storage, procurement, forecasting and quality management. Upgradation of commodity security infrastructure and processes, have prevented stock outs through efficient forecasting; it has resulted in less wastage and establishment of a strong inventory management system. Scientific and well tested methods of forecasting have been established, storage and distribution have been introduced with better security system to minimise loss due to theft, damage or expiry of commodities.


PREGNA
PREGNA

Infrastructure Development

The storage facility at FPASL's headquarters has also been renovated as per the guidelines under the Core+ Initiative. The new and renovated warehouse is well equipped with air conditioners, fire hose, adequate space for walking between the storage areas, first aid kits, industrial thermometers, printed instruction on the walls regarding maximum inventory and elevated platforms for storing contraceptives. This is in addition to development of SDPs and procurement of vehicles for mobile clinics. In the SDPs, as required, equipment has been bought to maximise efficiency and efficacy of service delivery. These include fans, air conditioners, almirahs, laboratory equipment among others.

Client-centric Quality of Care

Systems and processes have been established as per IPPF's guidelines to provide quality services to the client. Efforts have been made to create conducive and friendly environment at the clinics and SDPs.

All SDPs have suggestion box in their clinics. It is opened every two weeks and relevant suggestions are taken under consideration to improve clients' experience and also feed into the SDP action plan. The analysis of the client feedback shows 97% satisfaction rate.

Information Management

Core+ has supported FPASL in developing a robust and innovative online monitoring and evaluation system. This system can provide client wise data and has the ability to generate multiple and customised reports at all levels. It is a structured method to ensure that the data being collected and presented is accurate, updated and can be used in the future. The data entry process starts at the SDP level where, Data Entry Operators enter the data and maintain online client registrations on a daily basis or within a maximum of three days after the service has been provided. Thereafter, the data is shared with the headquarters; this data is then manually cleaned, verified and checked for inconsistencies. The MIS system is capable of developing comprehensive reports for multiple stakeholders across all project indicators and services. Real time data capturing has helped in increased efficiency and improved reporting.

In Sri Lanka the Core+ initiative supported FPASL in piloting its service delivery mechanisms as well as starting SGBV and STI/ RTI related services. It created avenues for strengthening its contraceptive security, putting in place processes for ensuring quality of service and building capacities of service providers. What remains unique is the outreach to the key vulnerable and marginalised populations reached through innovative and effective strategies ensuring quality of life for all.

Vision

IPPF strives for a world in which all women, men and young people have access to the sexual and reproductive health information and services they need; a world in which sexuality is recognised both as a natural and precious aspect of life and as a fundamental right; a world in which choices are fully respected and where stigma and discrimination have no place.

Mission

IPPF aims to improve the quality of life of individuals by providing and campaigning for sexual and reproductive health and rights (SRHR) through advocacy and services, especially for poor and vulnerable people. The Federation defends the right of all people to enjoy sexual lives free from ill health, unwanted pregnancy, violence and discrimination.

IPPF works to ensure that women are not put at unnecessary risk of injury, illness and death as a result of pregnancy and childbirth, and it supports a woman's right to choose to terminate her pregnancy legally and safely. IPPF strives to eliminate sexually transmitted infections (STIs) and to reduce the spread and impact of HIV and AIDS.

Core+ Implementing Partners:

Family Planning Association of Bangladesh (FPAB)

Family Planning Association of India (FPAI)

Family Planning Association of Nepal (FPAN)

Society for Health Education (SHE), Maldives

Family Planning Association of Sri Lanka (FPASL)

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