



Annual Report 2016







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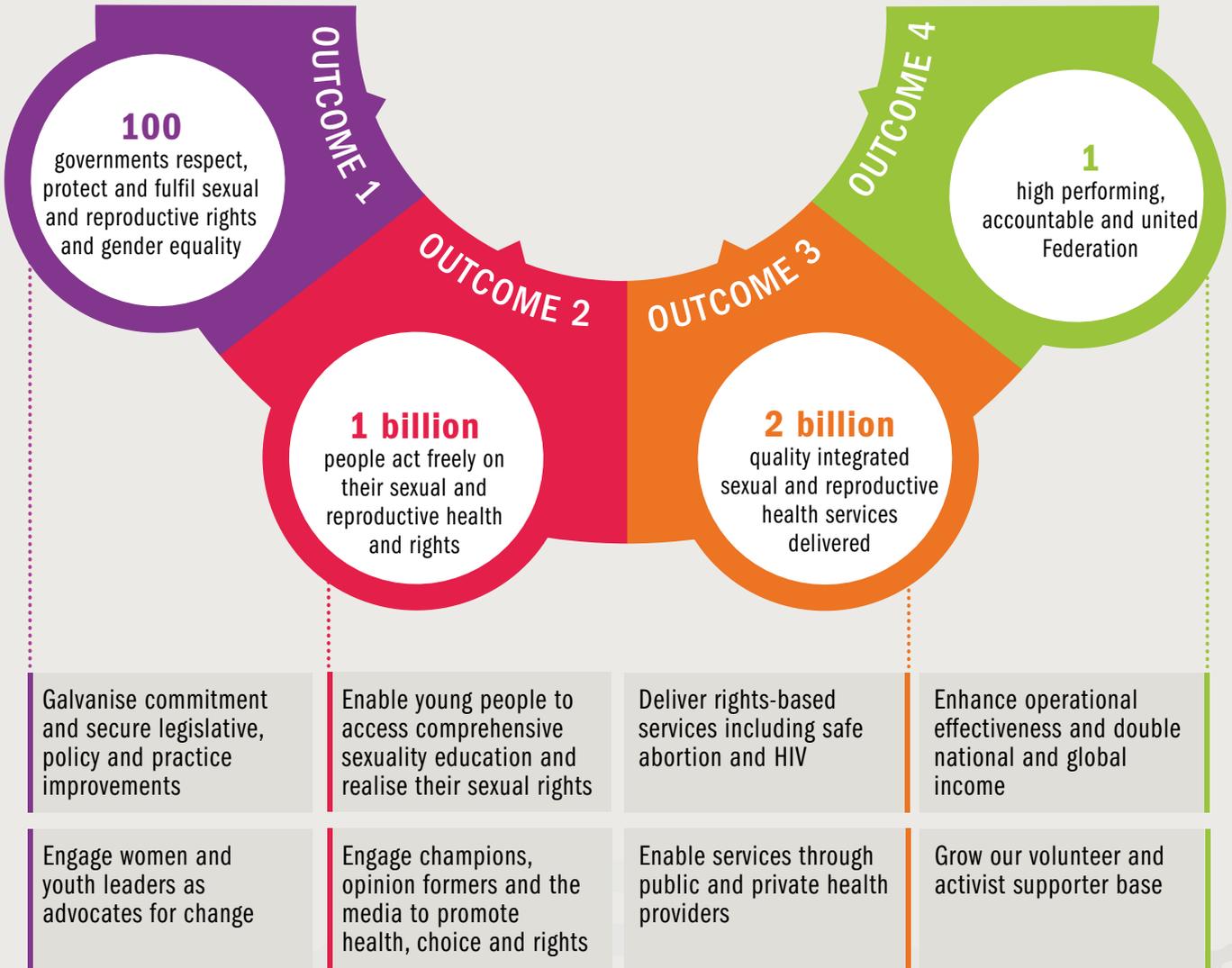
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PPF works with national organisations called Member Association (MA) who work with and for communities and individuals. Each MA is rooted in the culture of its country, providing locally relevant services in the highly challenging context of extreme poverty, gender inequality, restrictive laws, socio-cultural and religious barriers, and vulnerability to man-made and natural disasters.

OUR VISION

ALL PEOPLE ARE FREE TO MAKE CHOICES ABOUT THEIR SEXUALITY AND WELL-BEING, IN A WORLD WITHOUT DISCRIMINATION



IPPF'S MISSION

TO LEAD A LOCALLY OWNED GLOBALLY CONNECTED CIVIL SOCIETY MOVEMENT THAT PROVIDES AND ENABLES SERVICES AND CHAMPIONS SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR ALL ESPECIALLY THE UNDER-SERVED

OUR VALUES



Message From The Regional Leadership

In this report, we are pleased to share with you the milestones of our growth and change in 2016



A significantly increased effort on advocacy, messaging and campaigns by us and our partners made us achieve 13 policy changes in support of SRHR

The year 2016 marks an important milestone in our journey. Following rigorous and participatory strategy review and development processes that ran throughout the second half of 2015, in January 2016 we celebrated the adoption of a new IPPF Strategic Framework for 2016-22. This was also the first year of implementation of the Sustainable Development Goals (SDGs), where IPPF SAR and its MAs brought their voices and experiences of ensuring Sexual Reproductive Health and Rights (SRHR) to the heart of SDGs roll out.

With a dynamic Civil Society Organisations (CSOs) and civic activism in South Asia, our strategic framework draws strength from the collective voices and collaborations to achieve the following outcomes:

- **Outcome 1:** Individual governments respect, protect and fulfil sexual and reproductive rights and gender equality
- **Outcome 2:** 130 million people to act freely on their SRHR
- **Outcome 3:** 315.5 million quality integrated sexual and reproductive health services delivered
- **Outcome 4:** A high performing, accountable and United Federation

During this year, we continued to champion SRHR as central to advancing the empowerment of girls and women and to achieving gender equality. Through our strong advocacy efforts and wide spread service delivery, we addressed health, need for comprehensive sexuality and gender based violence as part of our overall work. Among these are our efforts to bring momentum to build regional and national level partnerships across Governments, policy makers, CSOs and communities. A significantly increased effort on advocacy, messaging and campaigns by us and our partners made us achieve 13 policy changes in support of SRHR. Some of the key achievement included new religious fatwa' which reemphasises that early and child marriage is not suitable for girls in Iran, expansion of basket of choices – Injectable Depot Medroxyprogesterone Acetate (DMPA), POP and Centchroman in India and increase in the SRHR budget in Nepal.

We deliver and enable provision of quality SRH services through our multiple types of service delivery facilities, both static and mobile, which in some cases are owned by us and in other cases, these are run by our partners, which includes Governments in some of the countries. In responding towards the unmet need in the region, in 2016 we provided 22.8 million services of which 38 percent services were provided to young people. An estimated seven in ten clients served by us were poor and vulnerable.

We are also proud to share that in 2016, we provided comprehensive sexuality education (CSE) to 0.12 million young people. Additionally, an estimated 2.8 million people were reached through positive messages regarding SRHR. We strongly believe that young people have to make life-changing decisions about their sexual and reproductive health (SRH) and CSE programmes enable young people to make informed decisions about their

sexuality and health while building life skills and promoting gender equality.

To help us achieve this success, the commitment and contribution of our young people cannot go unnoticed. IPPF SAR is supported by 15,500 committed Youth volunteers actively working across the region. These volunteers are our source of inspiration and ambassadors in the campaign for SRHR and help communicate with communities.

To ensure long term financial sustainability for delivering high-quality health services and collectivisation of SRHR voices, we continued our efforts to raise resources. Our investment in strengthening our system, people and identification of new areas of resource mobilisation will enable us to serve more people especially under-served in the coming years.

In 2016, as a Global Federation, we took an important decision to relocate the South Asia Regional Office (SARO) from Delhi (India) and the East and South-East Asia and Oceania Regional Office (ESEAOOR) from Kuala Lumpur (Malaysia) to Bangkok (Thailand). We are determined that by uniting the technical resources and accessibility of our office to our partners, networks and community representatives, we will maximise the number of people we can serve by increasing our overall effectiveness and reach.

While we've made extraordinary strides towards the achievement of SRHR, we still have so much more to do! As we move ahead, regressive environment for sexual and reproductive rights, well-resourced opposition groups and populist governments threatening support and funding for SRHR will impact us. These difficult times have made us determined

to stand for the silent and voiceless, forcing us to expand our reach to the most marginalised and vulnerable. We cannot achieve our Strategic Framework (2016-22) alone.

We look forward to continued support of our government and CSO partners, young people and donors to help us deliver the highest quality, client-centred and rights-based, SRH services. In 2017, we are committed to expanding access by providing a diverse range of service delivery points in urban, peri-urban and rural areas. We will invest in effective supply chain management, equipment, infrastructure, systems and personnel. We will continue investments in volunteer programs, implement new models of financial sustainability, generate income from diverse sources and create enhanced operational effectiveness. We will build on our achievements, to lead a locally owned, globally connected civil society movement that delivers services and champions SRHR for all, especially the under-served.

We remain indebted to our partners, donors, on-ground volunteers, MAs-their senior management and staff members for their persistent contribution in furthering the SRHR agenda in the region. We look forward to continued support and commitment to achieving the ambitious goals of the new Strategic Framework (2016-22).

Finally, we would like to extend our sincerest thanks and appreciation to Ms. Anjali Sen (Former Regional Director – IPPF SAR) for her vivid and dynamic leadership and for her contribution to IPPF SAR's success in 2016. She will forever be an IPPF family member and we wish her success in all her endeavours. ●

We strongly believe that young people have to make life-changing decisions about their SRH and CSE programmes enable young people to make informed decisions about their sexuality and health while building life skills and promoting gender equality



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Influencing the Influencers



OUTCOME 01

Individual Governments Respect, Protect and Fulfil Sexual and Reproductive Rights and Gender Equality

Our advocacy culminated in the inclusion of SRH, reproductive rights and gender equality in the SDGs. In South Asia, our MAs and other CSOs drive change by strengthening policy and legislation and holding governments to account.

The activities detailed below provide glimpses of how we have undertaken successful coalition building with SRHR parliamentary groups, technical and civil society networks towards ensuring policy and legislative accountability that will help sustained prioritisation of SDGs especially Goal 3 and 5 at the policy level.

European Parliamentarians' study tour of India, 8th-12th February 2016

A delegation of Parliamentarians from Italy, Finland, Denmark and France were invited on a study tour of India that sought to understand the country's reproductive, maternal, new born, child, and adolescent health issues and related public health programmes. The parliamentarians held series of meetings which included key stakeholders like the UNDP, Ministry of Health and Family Welfare, key parliamentarians, etc. The team also visited service delivery points of Family Planning Association of India (FPAI) across various states and interacted with the community and observed the outreach program. As an outcome of this visit, the parliamentarians, are now actively engaging in the European Parliament, National Assemblies, Ministries of Foreign Affairs and International Development to ensure continued and increased funding for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCHA) programmes.

8th Asia Pacific Conference on Reproductive and Sexual Health and Rights, (APCRSHR) 25th February 2016, Nay Pyi Taw

Considering the high importance of Parliament's role in implementing the



SDGs with a focus on SDG 3 and 5, IPPFSAR organised a satellite session during the conference. This session facilitated a discourse on the role of Parliamentarians in increasing political support and buy-in to strengthen the implementation of the Health and Gender Goals in 2030 Agenda. Ten Members of Parliament from five countries (Bhutan, India, Maldives, Nepal and Pakistan), the representative from UNFPA Asia Pacific Region and Asian Forum of Parliamentarians on Population and Development (AFPPD) discussed the role of Parliamentarians, country situations and the role of Parliamentarians in the implementation of SDGs. These interactions helped leaders to understand the SRHR scenarios in their country and other countries, which resulted in Indian Parliamentarians raising questions on child marriage in their Assembly and on other hand support emerged for SRHR in Bhutan Assembly from their speaker.

'Accelerating our Collective Efforts to End Child Marriage' 22nd-23rd March, Kathmandu

Accelerating our collective efforts to end Child Marriage' was organised by AFPPD in partnership with Nepalese Forum of Parliamentarians on Population and

We have undertaken successful coalition building with SRHR parliamentary groups, technical and civil society networks towards ensuring policy and legislative accountability



At International Conference on Family Planning, IPPF pledged SRHR service expansion and commitment to reach 60 million new users of family planning by 2020

Development (NFPPD), Department of Foreign Affairs and Trade of Australia and IPPF SARO. During this meeting, the issues of child marriage and the various challenges in working for the elimination of the practice were highlighted. The meeting was well represented by key parliamentarians, UN, embassy officials and CSO representatives.

11th Women Ministers and Parliamentarians Conference, 4th-5th November 2016, Bangkok

The 11th Women Ministers and Parliamentarians Conference on ‘Ensuring Gender Equality and Women’s Empowerment from a Life-Cycle Approach’ was organised by the AFPPD with support from the Government of Japan (JFT), the UNFPA APRO and the IPPF SARO and was hosted by the National Legislative Assembly of Thailand. The meeting was attended by the Speakers, Ministers and Parliamentarians from 25 countries of the region.

As an outcome of the meeting, 54 Parliamentarians from 25 Asia Pacific countries agreed through a statement of commitments that primarily focused on ensuring gender equality, improving participation of women in decision making process, ending all forms of discrimination and violence against women, greater involvement of faith-based organisations (FBOs) in addressing GBV, participation of men in ending violence against women, ensuring participation of CSOs in policy making process, encouraging technical education and entrepreneurship among women and protection of women

migrants. They also committed to take initiatives and engage with their respective governments to ensure achievement of SDGs relevant to the achievement of gender equality and women empowerment.

Asia Regional Stakeholder Engagement Meeting on Women’s Economic Empowerment (WEE), 19th-20th December 2016, Bangkok

An Asia Pacific consultation lead by Oxfam and in partnership with UN Women was organised to ensure an appropriate involvement of Women’s Rights Organisation’s and other stakeholders as part of the UN High Level Panel (HLP) on Women’s Economic Empowerment (WEE). The consultation garnered input on the implementation strategies necessary to transform the results of the first report into action, as well as to learn best practices and share experiences. The highlight of the meeting was the participation of Ms. Margo Thomas, Chief UNSG High Level Panel Secretariat. Key speakers at the panel discussed that the HLP on WEE even though for a limited period will play a catalytic role in the empowerment of women. In this multi partner meeting, IPPF SAR shared inputs on the implementation strategies to transform the results of the first report into action and learn best practices while sharing experiences.

“Regional priorities for the implementation of 2030 Agenda for Sustainable Development in Asia and the Pacific”, 3rd-5th April 2016, Bangkok

The Economic and Social Commission



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for Asia and the Pacific (ESCAP) convened the third session of the Asia-Pacific Forum on Sustainable Development (APFSD 2016). It was the first regional forum on the SDGs following the adoption of the 2030 Agenda in September 2015. IPPF SAR's involvement as the Regional CSO Engagement Mechanism (RCEM) member at the APFSD Forum ensured inclusion of the rights based recommendation on SRH within the Health and Education component of the draft Programme of Action of APFSD.

International Conference on Family Planning, 25th-28th January 2016, Nusa Dua

At International Conference on Family Planning (ICFP), IPPF pledged SRHR service expansion and commitment to reach 60 million new users of family planning by 2020. Thirty abstracts on research and best practices relating to family planning were presented at the conference. IPPF SARO led the regional delegation which included representation by FPAI, Family Planning Association of Bangladesh (FPAB), Family Planning Association of Nepal (FPAN), Rahnuma Family Planning Association of Pakistan (Rahnuma-FPAP) and Family Planning Association of Sri Lanka (FPASL), all of whom participated in panel discussions, poster and oral presentation sessions.

Joining Voices

The Joining Voices (JV) project supported by the Bill & Melinda Gates Foundation concluded in October 2016. The advocacy project aimed to strengthen

financial commitments to reproductive health and family planning, and reinforce political leadership on universal access was implemented in Bangladesh, India, Nepal and Pakistan. With the support of JV project, IPPF SAR and MAs created an FP support group in project countries. The project contributed to FP specific advocacy material including FP tracking info sheets, case studies and short films in respective countries.

12th International Congress on AIDS in Asia Pacific (ICAAP 12), 12th-14th March 2016, Dhaka

IPPF SAR spearheaded the participation of MAs in the ICAAP 12, held in Dhaka. IPPF SAR's partnership with Parliamentarians for Population and Development (PPD) supported participants from Respect, Educate, Nurture and Empower Women (RENEW), FHAI, Society for Health Education (SHE), FPASL and FPAI to attend the Congress. IPPF SAR ensured participants from both SAR and ESEAOR. President of FPAN, staff members from FPAB and FPASL also participated in the conference.

Women Deliver 4th Global Conference, 16th-19th May 2016, Copenhagen

This was one of the first global conferences following the launch of the SDGs. It focused on developing implementation roadmap of the SDGs that matter most for girls and women. Youth member from FPAI – Ms. Priya Kath attended the conference as a youth scholar and chaired the panel discussion on the launch of the third vision 2020



Our advocacy efforts led to the successful integration of Minimum Initial Service Package into the Annual Action plan of National Disaster Management Authority, Government of Sri Lanka

report from IPPF’s “Everyone’s right to know: Delivering CSE for all Young People”. The conference was also attended by other senior members of SARO’s team who formed alliance with other organisations and donors.

SAR RDs Visit to FPAI’s Project in Nagaland

Presentation to the Governor

In September 2016, Ms. Anjali Sen, RD SAR, along with Mr. H.R. Umesh Aradhya, President, FPAI visited their project in Nagaland to see the on-ground implementation. They met with the Hon’ble Governor of Nagaland, Shri P. B. Acharya and presented the work the MA was undertaking in Nagaland. He gave time and was very happy to hear from IPPF and FPAI.

Television Talk Show

Ms. Anjali Sen, along with FPAI’s team, participated in a talk show titled ‘Top Form’ that was aired on national television network of India – Doordarshan North East (29th September 2016 at 5:30 pm). The talk show revolved around SRHR with a focus on young people.

Humanitarian work in South Asia (SPRINT Programme)

Steering Committee – Inter Agency Sub Working Groups

The South Asia humanitarian team coordinated with partners – UNFPA, Sphere-India and Women Refugee Commission (WRC) to strategise meaningful engagement of public and private sectors for SRH provision in crisis. An achievement in 2016 was that IPPF became a member of International Council for Voluntary Agencies (ICVA), which facilitated IPPF’s participation in Global/Regional Inter-

Agency Standing Committee (IASC) and its working groups. Through collaborations with UNFPA, ADPC, SPHERE and University of Leicester (UoL) SPRINT’s work was showcased at regional and global platforms and this established IPPF SPRINT’s position in the humanitarian sector.

Advocacy and networking with the National Disaster Management Authority (Government of Sri Lanka)

IPPF SARO supported FPASL in their advocacy and networking efforts with the National Disaster Management Authority (Government of Sri Lanka). These efforts led to the successful integration of Minimum Initial Service Package (MISP) into the Annual Action plan of NDMA of Sri Lanka. Also, the department has allocated separate funds for SRH/MISP implementation during disasters in their annual action plan.

Engaging Regional MAs with the Disaster Risk Reduction

IPPF SPRINT through its SPHERE-India partnership successfully engaged three MAs (Nepal, Pakistan and Maldives) with the Disaster Risk Reduction (DRR) networks in their respective countries. As part of Disaster Risk Reduction and advocacy, IPPF SPRINT’s concept note on Humanitarian work in Pakistan was selected for Oral Presentation at IDRiM conference at Iran in October 2016.

Presentation of Emergency Response efforts at Asian Ministerial Conference on Disaster Risk Reduction, 3rd-5th November 2016, New Delhi

IPPF SARO took part in the Asian Ministerial Conference on Disaster Risk Reduction (AMCDRR, 2016) and

presented achievement under the humanitarian efforts in two technical sessions. The work undertaken under the Innovations Project (a research study on provision and impact of abortion services during disasters in Bangladesh) was presented in one of the satellite sessions on “health and drr”. IPPF SAR and UNFPA APR jointly coordinated and presented the need for SRH services during emergencies and strengthening the DRR mechanisms.

Membership of International Council for Voluntary Agencies

IPPF SPRINT increased participation in various sub-groups of Inter-Agency Working Group (IAWG) for Reproductive Health. A significant achievement in 2016 was that IPPF became a member of International Council for Voluntary Agencies (ICVA), which will facilitate its participation in Global/Regional Inter-Agency Standing Committee (IASC) and its working groups.

Collaboration with SAATHI Network, July-August 2016

IPPF SPRINT collaborated with the newly formed South Asia network of SPHERE-India called the “SAATHI Network” to advocate for the inclusion of MISP into national level networks including UN agencies, civil society organisations, private partners, national and international NGOs for implementing humanitarian responses. SAATHI has incorporated SRH as one of its core areas of work.

Campaigns and Commemorations

A series of thematic campaigns were launched to highlight various causes or celebrate certain special days. Some of the campaigns led by SARO are:

International Day for Elimination of Violence against Women

The International Day for Elimination of Violence against Women was observed on 25th November 2016 for a period of 16 Days. All our MAs participated in an online and on ground events. Some unique activities undertaken include:

- RENEW in collaboration with IPPF, UNFPA, UN Women and National Commission for Women and Children, organised a national symposium titled “The Bhutanese Pledge: A Shared Commitment Towards Eliminating Violence Against Women” from 23rd

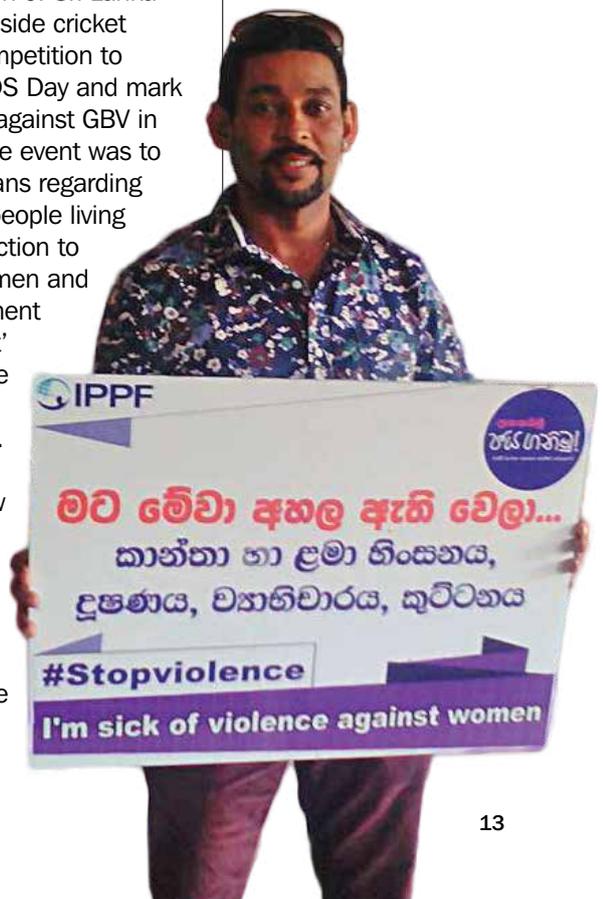
to 25th November 2016 in Thimpu, Bhutan. This symposium brought together all stakeholders – senior government officials (from health, judiciary, law enforcement, women and child development), UN agencies, CSOs and community volunteers. More than 150 participants shared insights and made recommendations for effective advocacy and provision of services for gender based violence (GBV) in Bhutan.

- Rahnuma-FPAP organised a workshop for ‘Law Enforcement, protection institutions and Nikah Khwans on Early Age Marriages’ on 25th November 2016 in Lahore. This coincided with International Day for the Elimination of Violence against Women. The workshop brought together stakeholders from government departments, Lawyers and Religious scholars to help facilitate understanding the Early Age Marriage in Pakistan and affix responsibilities of different stakeholders to prevent early age marriages.
- SHE organised an awareness and sensitisation drive for spreading awareness against GBV through an event in Collaboration with Hope for Women (a local NGO in Maldives).

Know IT Own IT Campaign

- Family Planning Association of Sri Lanka (FPASL) organised a 6-a side cricket tournament and quiz competition to commemorate World AIDS Day and mark the 16 Days of activism against GBV in December. The aim of the event was to sensitise young Sri Lankans regarding discrimination faced by people living with HIV and galvanise action to end violence against women and girls. The cricket tournament launched ‘Know It Own It’ campaign highlighting the importance of access to CSE for all young people.
- FPAI launched the ‘Know It Own It’ Campaign during their Mumbai Marathon campaign from November 2016 – January 2017 for fundraising and to create awareness for SRH issues. •

IPPF SPRINT collaborated with the “SAATHI Network” to advocate for the inclusion of MISP into national level networks including UN agencies, civil society organisations, private partners, national and international NGOs for implementing humanitarian responses



Empowering the Community



OUTCOME 02

130 Million

People to Act Freely on their Sexual and Reproductive Health and Rights

IPPF and MAs mobilise people who support SRHR to help raise awareness and promote understanding. In 2016, IPPF SARO published a report entitled 'Everyone's Right to Know: delivering CSE for all people', which calls for increased political commitment to CSE in schools as well as in non-formal settings.

The report highlights the importance of training teachers and other educators to deliver CSE confidently and with a positive and non-judgmental approach. It also encourages the involvement of CBOs, decision makers, religious and community leaders, teachers and parents to build support for CSE and an enabling environment that respects young people and their SRHR.

For 130 million people to act freely on their SRHR we must find our Champions, engage with opinions and ensure that the region's 'youth bulge' is empowered to receive and act on credible SRHR and life skills information. We believe this will be achieved through our programmes on CSE and those that engage with non-traditional SRHR stakeholders to ground health, choice and rights to our everyday lived experience. IPPF SARO has a critical role in achieving this target.

Knowledge Management Portal for Youth

IPPF SARO has been an implementing partner for UNFPA APRO from 2015. Under this partnership IPPF SARO has received grants from UNFPA APRO for undertaking activities for advancing IPPF SAR's Youth Programming. One of the critical activity has been development of the knowledge management portal which would act as a One-Stop knowledge hub for sharing information, ideas, concepts and resources on youth related issues.

The content and branding aspects of the knowledge management portal have been finalised. The completion of

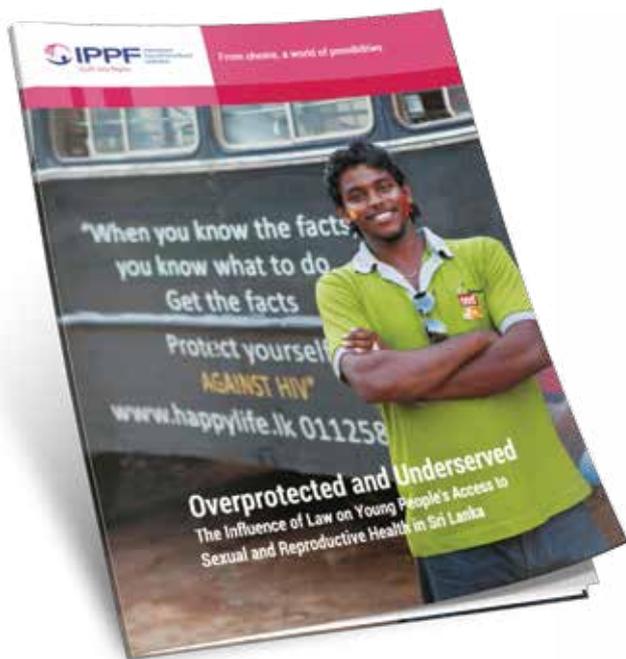


these activities made the knowledge management portal fully functional enabling us to reach to a diverse group of organisations working with youth, organisations interested in working with youth, youth led organisations and young people across Asia Pacific.

Completion of 'Over Protected Underserved Reports' in India and Sri Lanka

IPPF SARO with support from UNFPA APRO conducted two qualitative research studies in India and Sri Lanka

For people to act freely on their SRHR we must find our Champions, engage with opinions and ensure that the region's 'youth bulge' is empowered



CSE Comprises of seven essential components – Gender, SRH and HIV, Sexual Rights and Citizenship, Pleasure, Violence, Diversity and Relationships. CSE presents us with strong synergies in advocacy and service delivery

to understand the impact of national laws on young people’s access to SRHR in these countries. These studies made an in-depth exploration of the nature and extent of legal barriers a young person faces while accessing SRH services from different service providers. The research included a legal and policy review of laws related to SRH, as well as the collection and analysis of qualitative and quantitative data from young people, parents, and service providers in these countries. The research findings point to the need for several legal and policy reforms, having the potential to improve young people’s access to SRH services. The reports were published in December 2016 and shared in the public domain.

Reaching Out to Young People with CSE

IPPF SAR and its MAs in the past decade have become leaders in the provision (DELIVER) and promotion (ENABLE) of rights based, sex positive and gender-transformative CSE. Comprising seven essential components – Gender, SRH and HIV, Sexual Rights and Citizenship, Pleasure, Violence, Diversity and Relationships, CSE presents us with strong synergies in advocacy and service delivery. Last year we reached out to Three Hundred and Fifty Thousand adolescents/young people with CSE; having 117,215 young people with completed at least five components of the CSE curriculum.

Innovation Project for Increasing Participation of Men and Boys in SRHR

In October 2016, FPAI started implementing a three-year Innovation Project focusing on adopting various approaches to reach out to men and boys through mass media, peer education, health care providers and special services for men and boys in the age group of 10-49 years with a focus on CSE for young boys (10-14 years), changing gender stereotypes; strengthening men’s participation as partners and parents; and promotion of men and boys access to SRH services through MA SDPs and private medical practitioners. This initiative is being implemented in the urban slums of Hyderabad, in partnership with CORT as the research partner to support capturing innovations and performance of the programme.

International Conference on Male Involvement in Improving Women’s Sexual and Reproductive Health 2016, 29th February-2nd March 2016, Mumbai

The International Conference on Male Involvement in Improving Women’s Sexual and Reproductive Health: Evidences, Actions and Possibilities. The FPAI President chaired a session in this conference. IPPF SARO and FPAI staff members presented the work on engaging men and boys for SRHR and gender equality. ●

SRHR

The Key to Gender Equality and Women's Empowerment

IPPF believes that the impetus for a major shift in favour of SRHR results from changes in public attitudes and opinions. We have continued to invest significantly in the delivery of CSE for young people to build the skills needed to exercise their rights and to protect their health.

In 2016, we served 4.5 million female clients. Our focus remains to provide larger number of services to women and young girls. Our MA worked on ground to bring about changes at the policy level and ensured conducive environment. Initiatives were undertaken to mitigate gender inequalities and empower women so that can decide on their life's choices.

We provided CSE programmes to young people, in both formal and non-formal settings. We also delivered positive messages in support of SRHR to people, via

online and offline channels. This is critical in creating a mass groundswell of well-informed people who can claim their rights, engage with decision makers and hold their leaders to account.

IPPF SARO provides SRHR in our own health facilities, and also in partnership with other public and private providers. In 2016, we delivered a total of 22.8 million services.

38 per cent of the services were provided to young people. Most clients, an estimated seven in ten, were poor and vulnerable, and additionally people affected by conflict and natural disasters received services from IPPF SARO. We provided 2.6 million couple years of protection in 2016, a 13 per cent increase from 2015 and helped about half a million new users to adopt contraceptive methods suitable for them. •



Serving the Under-served



OUTCOME
03

315.5 Million

Quality Integrated Sexual and Reproductive Health Services Delivered

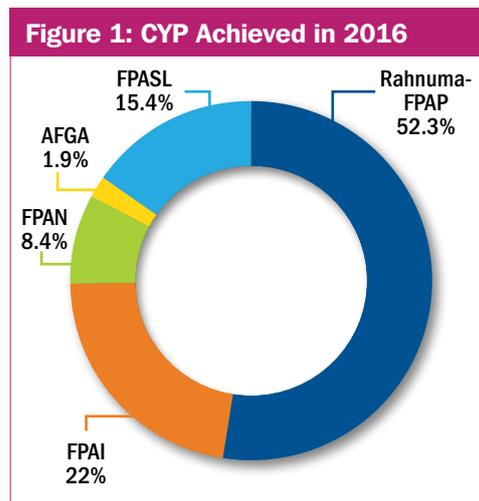
IPPF SARO is committed to the delivery of an essential package of SRHR services that are rights-based, client-centred, gender sensitive and youth-friendly. We provided information, education and services to the most under served around the region. This includes our work in humanitarian settings to improve access before, during and after conflict and crisis situations.

Delivering SRH Services

In order to ensure access to the most pressing SRH needs of the population, IPPF promotes Integrated Package of Essential Services (IPES), which comprises of eight components. The eight components that are being provided through IPPF's clinic are: Counselling, Contraception, Safe abortion care, STIs/RTIs, HIV, Gynaecology, Prenatal care and GBV. A clinics/country is 100% IPES complaint only if it provides all the eight components. In 2016, India, Nepal, Pakistan, Sri Lanka and Iran provided all the eight components in their clinics.

In 2016, we provided more than 22.8 million SRH services, of this 5.9 million (26%) were contraceptive services and 16.8 million (74%) were non-contraceptive services. IPPF SAR MAs provided more than 9 million services to the young people (age<25) which is 38% of total SRH services provided by the MAs. This proportion is similar in all service lines including contraceptive as well as non-contraceptive services

These services have been provided or enabled through 287 static clinics, 261 mobile clinics, 2,690 associated clinics and 3,503 community based distributors (CBDs). The service delivery points vary from one country to another, with community clinics in Nepal, satellite clinics in India, model clinics in Pakistan and outreach services in post conflict areas in Sri Lanka. As part of enabling services, our MAs currently work with 230



private physicians (mostly in FPAI); 4,349 commercial marketing outlets (FPASL) and more than 2,400 Associated clinics (mostly in Rahnuma-FPAP).

Couple Years of Protection, CYP

A measure that estimates the protection from pregnancy provided by contraceptive methods during a one-year period. Last year through contraceptive services 2.6 million couples were protected from pregnancy for a whole year (CYP), a 12.5% increase over the previous year. Paksitan registered a 31% increase in CYP.

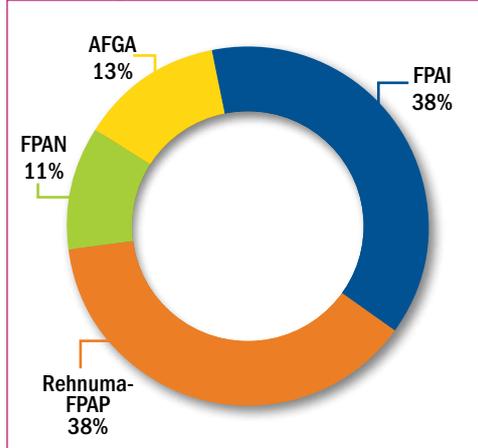
Our MAs offered multiple contraceptive methods to avoid pregnancy. These methods contributed to the CYP generated in the region. Across multiple methods offered, IUD was the highest (51%), followed by voluntary surgical contraception (VSC) of both male and female (20.3%), oral contraception (8.4%), Condom (7.4%), Injectable (8.9%), Implant (3.5%) and ECP (3.7%) in achieving CYP.

In 2016, more than 452,000 people adopted contraceptives for the first time ever. The figure 2 and 3 show where the new users came from and the methods preferred by them.

Integrated Package of Essential Services comprises of eight components- Counselling, Contraception, Safe abortion care, STIs/RTIs, HIV, Gynaecology, Prenatal care and GBV services

To increase access to abortion services, multiple approaches like the implementation of the 'No refusal policy' across all clinics, making abortion services affordable and accessible are adopted

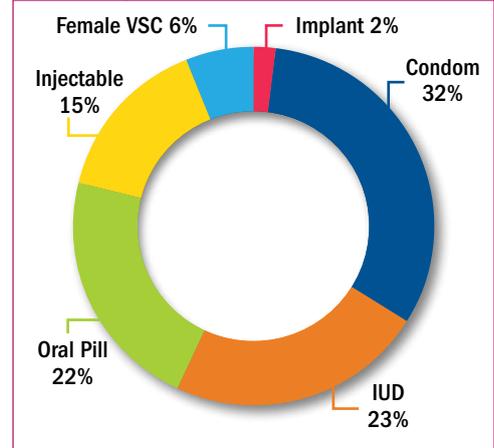
Figure 2: New Contraceptive (FP) Users by MAs



Abortion Services

Access to non-judgmental client-centred safe abortion related care has increased. To increase access to abortion services, the MA used multiple approaches like the implementation of the 'No refusal policy' across all clinics, making abortion services affordable and accessible. Key strategies employed to increase awareness included undertaking orientation programs for newly married couples, targeting spouses of migrants, linkages with private medical practitioners for increased referrals, intensified outreach activities, a community mobilisation campaign on mass media (Radio/TV/Social media), task shifting of abortion service provision by mid-level providers, implementing a Clinic Management Information System, CMIS and monitoring Quality of Care, QoC.

Figure 3: New Contraceptive (FP) Users by Methods



Key Achievements of GCACI in 2016

- Provided comprehensive abortion care services to 37,517 clients, out of which 339 clients were given second trimester abortion services.
- Provided treatment of incomplete abortions to 4,168 clients.
- Increased uptake of post-abortion contraception, resulting in at least 68 per cent of all clients provided with abortion care or treatment for incomplete abortion services seeking contraception at the MA clinics with more than half preferring a long-acting method.

More than 442,000 abortion services were provided by SAR MAs in 2016. This is a great achievement considering that one of the top most abortion providers of the federation – the MA in Bangladesh, did not contribute this year and yet the other MAs have sustained our regional safe abortion provision. India continued to hold its leadership in provision of abortion services including second trimester abortions, while Pakistan not only provides misoprostol only abortions, it also has the best post abortion contraception rates and Nepal continues to be the largest provider of abortion services in the country with the help of its paramedic led services in community clinics.

As a participating region of the fourth phase of the Global Comprehensive Abortion Care Initiative (GCACI) project, SAR leads in the provision of 2nd Trimester abortions in India while implementing Post-Partum IUD on a large scale in Pakistan and has scaled up the paramedic based clinic model in Nepal. These service models have been acknowledged at the



international forums like International Federation of Gynecology and Obstetrics.

HIV Services

The HIV and STI services have grown steadily over the last couple of years and this trend continued in 2016 with increase in STI/HIV services; with the only exception of FPAI which showed a decline. Around 2.5 million HIV services and 2.1 million STI services were provided across the region.

Sexual and Gender Based Violence (SGBV)

Half a million SGBV services were provided in the region by MAs in 2016. MAs continued to build the capacity of their staff and branches to provide SGBV screening, counselling, treatment and referrals; while simultaneously working on Stigma and the Gender barriers. SAR MAS have managed to integrate SGBV screening with all their services and as part of their quality standards.

South to South Learning

Under the GCACI programme SARO facilitated an exchange visit between the GCACI teams from FPAI and the Planned Parenthood Association of Ghana in September 2016. The visit focused on cross-sharing best practices related to system strengthening, e-CMIS and data based decision making. The specific learning objectives included:

- Understand the roll out process and execution of electronic management information system and its use in program based decision making.
- Learn overall management of the information systems, challenges involved and potential solutions.
- Learn innovative approaches for management of client data, feedback mechanism, use of data for clinic based work plan and evidence based decision making based on the reports generated.

SRH Service Provision In Humanitarian Situations

Ensure Access to life-saving abortion services during humanitarian crisis in Bangladesh

IPPF's Innovations project 'Addressing Opportunities and Challenges in accessing safe abortion services by women and girls



Affected by Humanitarian Crisis' across Bangladesh in partnership with University of Leicester and International Centre for Diarrhoeal Disease Research, Bangladesh was initiated. The Project aims at ensuring reduced death, disability and trauma of women and girls during emergencies through the provision of quality safe abortion services through Integrated Intervention Package in accordance with MISP for reproductive health and thereby secure their improved health status. Reproductive health (RH) kits were sourced and pre-positioned in one hazard prone districts.

Distribution of RH and Clean Delivery Kits to displaced population

In the year 2016, a total of 1,600 RH kits including clean delivery and dignity kits were distributed in Sri Lanka and Pakistan. During the recent Gilgit Baluchistan floods 1,300 clean delivery kits were provided to pregnant women in Pakistan and 150 Clean Delivery kits in five districts of Sri Lanka affected by floods and landslide, under the MISP Emergency response project.

MISP sensitisation workshops, April 2016, Dhaka

IPPF SPRINT organised MISP sensitisation workshops in Bangladesh, in partnership with IPAS, UNFPA, BRAC Midwives and Nursing School, Dhaka, ASA University and Daffodil University. Around 142 students of nursing, medical and public health, along with faculties from three Universities were sensitised on the implementation of MISP in the crisis scenario.

Global Comprehensive Abortion Care Initiative aims at increasing access to comprehensive abortion care as well as contraceptive services to the poor, marginalised, under-served and socially excluded women



Digital report titled “On the Road to Resilience” shares experiences and lessons learnt from IPPF SPRINT’s response during Nepal earthquake

On the Road to Resilience– A Publication

IPPF SPRINT along with FPAN organised an event on the eve of World Humanitarian Day, 19th August 2016. Representatives from UNFPA, Australian Aid, Government of Nepal, Youth Volunteers, and Community members participated in this event. “On the Road to Resilience” a digital report on lessons learnt from IPPF SPRINT’s response in Nepal was released.

Training on Disaster Preparedness and Risk Reduction

IPPF SAR undertook the challenging task of training MA program teams on MISP implementation. Owing to greater internal advocacy among MAs and awareness in national governments the demand for training people on MISP increased and so in 2016, the teams trained 350 staff, volunteers, government officials, medical and para-medical staff. A pool of 25 facilitators were developed through one Training of Trainers which was held in Islamabad, Pakistan. Because of this training around 325 participants were trained on MISP for on-ground implementation (Afghanistan-34,

Bangladesh-142, Nepal-39, Pakistan ECHO training-20, Sri Lanka-90).

Mainstreaming SRH services during Humanitarian crisis – MoU with Sri Lankan Red Cross

As the frequency and intensity of humanitarian crisis has risen, hence IPPF SARO’s response increased from funding short-term MISP emergency response projects to supporting MAs for disaster preparedness through capacity building, advocacy and pre-positioning of the RH kits at strategic locations to minimise the adverse impact of crisis and save lives.

In 2016, FPASL signed an MoU with Sri Lanka Red Cross for “Preparedness and Disaster Risk Reduction”. Red Cross along-with Disaster Management Centre under Government of Sri Lanka supported with the storage and distribution of 700 Dignity kits in the hazard prone districts. FPASL has trained more than 70 volunteers from Red Cross on SRH in crisis. In the wake of the recent landslides and floods in Sri Lanka, Red Cross has been providing Psychosocial support in FPASL mobile medical Health camps through their trained staff.



Launch of SPRINT Manual in Urdu in Pakistan, October 2016

Rahnuma-FPAP launched the Urdu version of SPRINT MISP Manual. This translated manual was developed through a collaborative effort of the Reproductive Health Working Group with 57-member organisations. Leading organisations such as National Health Emergency Preparedness and Response Network, UNFPA, WHO, UNHCR, Muslim Aid Pakistan attended the launch of the manual in Islamabad. Subsequently Rahnuma-FPAP also conducted MISP training in Karachi from 15th-17th of November 2016.

Emergency Response and Post Emergency Review – FPASL

IPPF SPRINT in collaboration with FPASL completed the emergency response project by responding to a massive disaster created by landslide and floods in Sri Lanka. SARO conducted post emergency response review through an independent consultant. FPASL conducted a Post Emergency Response Dissemination Meeting in Colombo on the 22nd November 2016, attended by representatives from UN, Australian Aid, WHO, Government and CSO s etc.

Quality Assurance Visit

SARO conducted QoC assessment in FPAN under the sustainable networks project (SIFPO 2) from 18th-23rd September 2016. The assessment was jointly carried out by FPAN and SARO in four branches Valley, Kavre, Palpa and Kaski.

The assessment included a detailed review of the existing QA system at the MA's HQ and undertook a review of documents and action plans prepared by FPAN as part of their QA system. Findings reflected the need to standardise clinical practices, improve the physical infrastructure of the facility including branding, standardise non-clinical emergency preparedness and automate and simplify the self-assessment based QA system.

This was followed up by a visit to four clinics from India, with the same team comprising also of Quality Manager from FPAN – to facilitate SOUTH-TO-SOUTH learning and peer-exchange in the quality of care. The findings were similar and FPAN provided a separate report on the MA-to-MA learnings that FPAN can implement based on learnings from FPAI. ●

FPASL has trained more than 70 volunteers from Red Cross on SRH in crisis. In recent landslides and floods in Sri Lanka, Red Cross provided Psychosocial support in FPASL mobile medical Health camps through their trained staff

Performing Region



OUTCOME 04

A High Performing, United And Accountable Federation

PPF is continually investing in structures and systems to adapt to changing environments and to increase operational effectiveness.

To respond to the increasing pressure on official development assistance budgets, MAs continue to diversify their own income streams, through the sale of commodities, in-kind donations, and funds from local and international sources, including government.

Resource Mobilisation Efforts

Social Franchise – A Pilot

SARO is testing the social franchise model in SRHR sphere which if found suitable would be replicated in other SAR countries. This model involves working with private providers to broad base the service providers data base. Accordingly, a pilot project for working with private practitioners to provide FP and SRH services in India was approved. This project was initiated by FPAI towards the end of 2016 and it will engage private providers through training and quality assurance.

Social Marketing Programme – South to South Exchange

A team from Rahnuma-FPAP visited FPASL to study the contraceptive retail market programme in Sri Lanka. The purpose of the MA-MA exchange was to understand how to become a key market player in contraceptive distribution and explore channels for wider outreach. They had in depth discussions with FPASL on marketing, sales, forecasting, procurement, distribution, storage, finance etc. A field visit was arranged to Nuwara Eliya and Kandy to visit one SDP, retail and whole sale dealers.

Four senior members from the FPASL's Social Marketing team visited Pakistan on an MA-MA exchange visit in May 2016. The team met with the Country Director of DKT and CEO of Greenstar and visited their whole sale and retail pharmacies.



They visited the Rahnuma-FPAP Head Office and Training Centre in Lahore and the Hospital managed by Rahnuma-FPAP. The team observed that DKT and Greenstar dominate the market, and suggested that Rahnuma-FPAP cater to niche markets with low operation costs until they get established.

'Get up and Speak Out' Youth Programme

With the Long-Term Objective (LTO) of ensuring that all young people, especially girls and young women, are empowered to realise their SRHR in societies that are positive towards young people's sexuality, a new youth programme titled 'Get up and Speak Out' is being implemented by Rahnuma-FPAP. The five-year programme (January 2016 to December 2020), is being implemented under a consortium partnership with Rutgers, Choice, Dance for Life, IPPF, Simavi and Stop AIDS Now.

Packard Foundation supported 'Addressing Abortion Stigma among Young People' Project – 2nd Phase

In September 2016, the 2nd phase of the Packard Foundation supported Abortion Stigma project was initiated by the MAs in India and Pakistan. The programme design for this phase has been influenced by the findings of the end line evaluation and the peer reviews of the projects. In this phase, the project will strengthen

We repeatedly invest in structures and systems to adapt to changing environments and to increase our operational effectiveness

Our handbook on values clarification is an anthology of several resources adapted from several strategic partners and is a comprehensive training plan that encompasses issues related to SRHR and its intersection with the values and attitudes of care providers.

the community based interventions with young people, developed partnerships with private service providers, and teachers and school authorities.

Institutional Strengthening Governance Reforms

Major reforms that have been adopted by the IPPF Governing Council (GC) aimed at making decision-making quicker, guaranteeing the quality of board members, and gaining the best possible external expertise to support IPPF's work. This includes:

- Reduced size of the IPPF GC from 24 to 18 members.
- Appointment of six external advisers from outside the Federation to act as subject and area experts and advise the GC on IPPF policy.
- A new process to assess the performance of all GC members in three stages: self-assessment; peer review; and a final assessment by IPPF Global and Regional Presidents.
- A new staggered appointment process to the GC, ensuring a third of Council members are replaced each year and two thirds will continue for at least another year to ensure continuity of decision-making.
- Adoption of a skills-based profile for all GC members, and the roles of President and Treasurer, to ensure they hold collectively the required skills and experience needed to perform their functions.
- An increased and empowered role for IPPF youth members, with a third of GC members in future being under the age of 25, when elected.

It is expected that some of these reforms will over the next few years percolate down to the lower levels too.

Roll out of Accreditation System – 3rd Phase

To facilitate implementation and ongoing compliance of the IPPF's revised accreditation system a three-day training was conducted for SARO staff in January 2016 and for MAs in July 2016. All SAR MAs (except FPAB), were represented by a staff member and a volunteer, attended the training. The staff will facilitate the accreditation process at their MA and ensure compliance with the standards while the trained volunteers will be available for review visits that would be undertaken under this phase.

Ensuring Commodity Security

IPPF SARO, provided technical assistance to priority MAs for the development of commodity security guidelines, implementation of data recording and reporting systems, capacity building and improvement of the storage facilities. Over the past year, except for Afghanistan, no shortages of contraceptives have been reported in the region. The shortage reported in Afghanistan was due to the discontinuation of free supplies from UNFPA. AFGA has now procured contraceptives from the local market to minimise the stock-outs of contraceptives. SARO is closely tracking the progress and is extending required support to ensure continuity of supplies to the client.

Values Clarification and Attitude Transformation Handbook

IPPF SARO developed a handbook on values clarification based on years of experience in implementing programmes. This handbook is an anthology of several resources adapted from strategic partners like Ipas, FIGO, the Bixby Center for Global Reproductive Health at the University of California, San Francisco, and harnesses SARO's experiences over the years. The Handbook is a comprehensive training plan that encompasses a range of issues related to SRHR and its intersection with values and attitudes of care providers. This resource document will enable trainers to facilitate training, considering the specific global and regional contextual requirements in safe abortion services and other rights based SRH services.



Improved Data Management Systems – Nepal and India

As part of the roll out of country level DHIS 2, training workshops were conducted in India and Nepal, in September and November. The participants included staff from MA HQ and branches who deal with data. The workshops were facilitated by SARO, FPAI and consultant from HISP India (our service provider for DHIS 2). The advantage of the system is that it enables MAs to work on real time data analysis and take informed programmatic decisions. During the training workshop, various modules of DHIS 2 were discussed, followed by module wise live data entry into the system of existing SDP data. The module discussed were data entry, data analyser, data visualiser, data quality, validation rule, excel import function, BIRT report, data set, pivot table, dashboard. Based on the learnings, MAs agreed to enter live data and the technical support was provided by MA HQ and SARO.

Strengthening of M&E system

The SARO OLE team visited RENEW Bhutan from 17th-19th August 2016 to facilitate strengthening of the M&E system. All the existing recording and reporting tools were reviewed with the entire team, followed by discussion and clarifications of IPPF's revised System Strengthening (SS) module. The discussion focused on effective service provisioning and improving the quality of data recording and reporting. Various tools like half yearly and annual SS report, IPES, VA tool, Client exit interview, and PBF were discussed at length. Reporting gaps were also identified and scope for better reporting was acknowledged and agreed upon. The registers and recording tools were revised and shared with SARO and feedbacks were provided on improving and finalising the formats.

Safety and Security Training in Afghanistan

In October 2016, AFGA took part in three day Safety and Security Training for all central and district staff and volunteers. AFGA is the first MA in South Asia to successfully complete this training.

Volunteers and Activists

Last year, our MAs reported a total of 15,500 volunteers and 2,800 activists. However, this figure does not include



volunteers other than policy volunteers. By 2022 the region will need to mobilise 1.3 million supporters for our work, half a million volunteers and 0.8 million activists¹. By realising this target, we will be able to synergise volunteer contributions to deliver our commitments in the Strategic Framework. To achieve this, we need a systematic approach to leverage volunteer actions to meaningful contributions. We have initiated an online module to record and update volunteer database at the MA level and beyond. This system would also help improve volunteer reporting.

To develop, utilise and continuously engage activists will require investment in support management system, using the latest technology to connect with people, communication plans etc. MAs are encouraged to establish online activist mechanisms as part of an activist development and communication plans. It is critical to attract and mobilise activists around nationally relevant issues.

Youth Award for SARYN Volunteer

Ms. Priya Kath, Youth Volunteer from FPAI has won an award for individual youth contribution to SRHR. Her contribution in promoting the SRHR of young people on the local, national, regional and global levels; advocacy work for the inclusion of CSE in the school curriculum; and mobilisation of young people for the cause of SRHR contributed to her victory. Priya will receive her award at a special ceremony at the May 2017 GC meeting. ●

To develop, utilise and continuously engage activists will require investment in support management system, using the latest technology to connect with people, communication plans etc.

¹ Activist are those individuals who support IPPF and act for political and social change in support of SRHR.

Report on Service Statistics and Global Indicator of South Asia Regional MAs in 2016



- A total of 13 advocacy wins has been reported by the MAs.
- 6 SAR MAs reported young people who had completed all eight components of CSE.
- About 2.6 million couples were protected from pregnancy for one year (CYP) by the MAs. There were about half million new users (first time user in her/his life) of contraceptive methods reported by the MAs. In terms of the method mix taking first time user of FP methods in the regional MAs, it was Condom (32%), IUD (27%), followed by Oral pill (22%), Injectable (15%), voluntary surgical contraception (6%) and Implant (2%).

In 2016, out MA motivated about half a million people to use contraceptive methods for the first time in his/her life

Table 1: Outcome Indicators

Outcome 1 Indicators		
1	Number of successful policy initiatives and/or legislative changes in support of SRHR to which MA advocacy contributed	13
2	Proportion of Countries that are on track in their Sustainable Development Goal targets improving sexual and reproductive health	Data to be collected in 2019
3	Number of Youth and Women's group that took a public action in support of SRHR to which IPPF engagement contributed	29
Outcome 2 Indicators		
4	Number of young people reached with complete series of CSE curriculum	117,216
5	Proportion of young people who completed a quality-assured CSE programme who increased their SRHR knowledge and their ability to exercise their rights	Not applicable by regional break up
6	Estimated number of people reached with positive SRHR messages	2,847,505
Outcome 3 Indicators		
7	Number of SRH Services provided	22,767,774
8	Number of couple years of protection	2,642,243
9	Number of first-time users of modern contraception	452,225
10	Proportion of IPPF's client who would recommend our services to family or friends	86%
11	Number of SRH Services enabled	3,823,911
Outcome 4 Indicators		
12	Total Income generated by the Secretariat (US\$)	Not applicable by regional break up
13	Total Income generated locally by unrestricted grant-receiving Member Association (US\$)	14.5 million
14	Proportion of IPPF unrestricted funding used to reward Member Associations through a performance – based funding system	10%
15	Number of IPPF volunteers	15,492
16	Number of IPPF activists	2,797

Table 2: Total Number of SRH Services, CYP Achieved and IPES Score by MAs in 2016

MA	Total SRH Services	CYP Achieved	IPES Score
Rahnuma-FPAP	9,342,715	1,381,779	8
FPAI	8,713,175	581,901	8
FPAN	3,270,766	220,727	8
AFGA	1,041,317	50,055	7
FPASL	328,131	407,133	8
FHAI	59,569	538	8
SHE	9,764	97	6
RENEW	2,331	14	3
Total	22,767,774	2,642,243	

*FPAB not included in the analysis



In 2016, the IPPF SAR MAs provided approximately 22.8 million SRH services which included 5.9 million (26%) SRH contraceptive services and 16.8 million (74%) non-contraceptive SRH services. About 38% of total SRH services were provided to the young people.

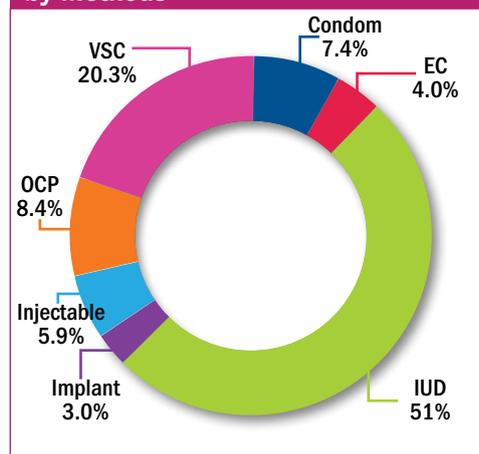
The total numbers of clients served by the region's MAs were 5.8 million – of them 78% were female and 73% were poor and vulnerable clients.



Table 3: Number of SRHR Services delivered

Contraceptive (including counselling)	5,892,684
Gynaecological	3,123,922
HIV (excluding STI/RTI)	2,479,808
STI/RTI	2,129,211
Obstetrics	4,043,146
Specialised Counselling	1,008,743
Pediatrics	1,772,854
SRH Medical	1,094,769
Abortion – Related	442,185
Infertility	294,762
Urological	485,690
TOTAL	22,767,774

Figure 4: Percent Distribution of CYP by Methods



Stories from the Field



AFGHANISTAN

Advocacy Campaign for Prevention of Early and Child Marriage

Advocacy Campaign through Futsal Tournament

AFGA implemented an advocacy campaign through Film festival and sports tournament along with other stakeholders – the ‘football federation’ and ‘3 sport TV’, to campaign on the prevention of early and child marriages in 2016.



Art Competition on the Theme of Prevention of Early/Child Marriage

About 70 participants from different organisations participated in an Art Competition organised by AFGA. The panel of judges was drawn from Art faculty professors and AFGA representative who shortlisted the three winners who received cash awards.

Media Campaign on the Prevention of Early/Child Marriages in Afghanistan

AFGA worked closely with youths and choose to use the key stake holders to advocate for the prevention of early and child marriage in different regions. AFGA choose 90 girls from Bamyan province to be the advocates of SRH in the central region. These young school girls who are advocates for the prevention of early and child marriage were given bicycles to enable them to freely commute and spread awareness regarding prevention of child and early marriage.



Prevention of Early and Child Marriage Consensus Building Conference

AFGA and its stakeholders – Deputy Ministry of Youths and Ministry of Women affairs, UNFPA, Ministry of Public Health, the member of the parliaments and other key partners started working on this issue two years ago for bringing changes in policy.

Due to close coordination with stakeholders, AFGA could plan the completion of consensus building conference and finalise the action plan in the conference.

Workshop on Advocacy and Awareness for Prevention of Early Marriage in Herat Province

AFGA conducted a workshop for the

different audience in Herat. AFGA selected Herat as a key province for this program as the early marriage and self-burning cases are much higher than other provinces.

AFGA Conducted a workshop in Afghan Women Network (AWN), and 35 participants from different levels – religious leaders, the member of health Shuras, the member of justice department, the member of education department, teachers, doctors, ordinary people, youths and illiterate women participated.



AFGA's helpline project provides midwives with professional technical assistance and develops their capacity to identify relevant diseases

AFGA Media Campaign on the Prevention of Early/Child Marriages in Afghanistan

Under an project supported by European Union AFGA along with other stakeholder – ARCS (Afghan Red Crescent Society) and 3 Sport TV channel launched a media campaign on the prevention of early/child marriage in Afghanistan.

A table tennis tournament was organised in Kabul in November 2016. Four teams of girls and eight teams of Boys participated in the tournament. The tournament was broadcasted live on 3 Sport channel for in prime time slots.

Distribution of Dignity Kits in 2016

As per AFGA's initial assessment, internally displaced persons in Kabul province are compelled to live in the tent houses with minimal resources. AFGA worked closely with the community to assess need gaps and then distributed the dignity kits to address their SRH needs.

Midwives Help Line Project

The project supported by UNFPA fund aims to assist the midwifery section across Afghanistan with technical support. AFGA launched this project in September 2016 in Rabia Balkhi maternity hospital, a central based site which delivers the technical assistance through qualified doctors and midwives. Through this helpline project, midwives are provided

professional technical assistance, their capacity is developed to identify relevant diseases and it helps in supporting referral system and referral directory.

AFGA started the 'Provision of Youth Friendly Service and Peer Education Project' on 19th October 2016, in Herat province, Youth Health Centres at Gozara, Rawashan and Karrokh. This project for young people is supported by USAID, Jhpiego/HEMAYAT.

The project aims to:

- promote enabling environment and reduce barriers toward youth friendly SRH services
- provide information, education for young girls/women and boys in target province

After initial field visits to Herat province, AFGA along with project stakeholders – Herat PPHD, CAD, BDN and Jhpiego selected three sites for activities which were renovated and equipment was provided for three YHCs. Sensitisation workshop were conducted for religious leader and community elders to seek their support. AFGA trained 20 health service providers on the provision of youth friendly services. Under this community initiative involving promotion of health service, more than 100 young people received the Peer education training in three districts of Herat.



AFGA Establishes Bamyán SDP Establishment

A MoU was signed between AFGA and the directory of Bamyán hospital, under which SRH services will be provided by AFGA Technical support through a Focal point in mentioned hospital till 2020.

AFGA identified an appropriate place in New Bamyán provincial hospital and placed a focal point resource to provide the much – needed SRH.

Gender Based Violence/Family Based Violence

A two days’ workshop was conducted in AFGA’s office on 30th and 31st October, for AFGA counsellors, midwives from private and government health facilities.

In the workshop, the participants were trained on GBV and family based violence and they shared some stories of the client’s who had been referred to their centres.

Family Welfare Centre Success Stories

Young Mother with Six Daughters

A 28 years old woman referred to Family Welfare Centre from Dashte-Barchi. She has been married for 10 years and she had 6 girl kids who were born at an interval of one year each. The reason for her Consecutive pregnancies was that she was under considerable pressure to give



birth to a son. She was constantly nagged for not bearing a male child.

The lady was counselled and was asked to bring her husband to centre for counselling. As the husband came he was provided orientation and awareness regarding dangers of consecutive pregnancies for mothers and babies and it was explained that sex determination of the child is not in the control of mother. The couple was counselled again on the benefits of spacing between births on maternal health by using the methods of family planning, family relationships and family economy.

After counselling, the couple decided to use Implant method as their family planning method. It is almost a year that the women had an implant. The couple appreciates the help they received from the centre and mention it was your centre and your nice counselling which saved us from poverty and violence.

AFGA trained 20 health service providers on the provision of youth friendly services. Under this community initiative involving promotion of health service, more than 100 young people received the Peer education training



Peer Educators take part in community awareness through disseminating the reproductive health messages and strengthen the referring system for Youth Health Centres

Young Women Treated for Infertility

The 26 year old woman was referred to the centre. She has been married by BADAL (it means exchange, e.g. when a family goes to a girl's house for proposing for his son, if girl's family has a boy of marriageable age, they may propose for their boy too) almost four years ago.

Her sister in law had three children but she could not conceive even once during this period, and so she was under pressure from her husband and his family and she faced physical and emotional violence. Her husband wanted a divorce because this lady was not getting pregnant.

At the centre, the women was provided information and awareness also prescribed some laboratory examinations and ultrasonography to find out the reason for her infertility. It was found she has PID and premature ovum, and so her treatment was started. She was requested to bring her husband and her mother in-law to advise them and give them information and awareness regarding the reasons for infertility.

After that, the patient used to come to the clinic regularly and gradually her relationship with her husband got better and after five months she became pregnant.

Peer Educators Training for Young People

The PE training was coordinated with stakeholders – Herat PPHD, Jhpiego, and CAH/MoPH and training was conducted in three batches in Gozara, Rawashan and Karokh. Around 100 participating peers were trained across the three locations.

First Batch of Training in Gozara

The training was conducted for 40 young people (20 male and 20 female) from 15th-17th November 2016. The participants were invited from the community – school student, private universities and community individuals who met the criteria of Peer Educators (15-24 years old). AFGA used standard peer education training package.

The training agenda was focused on young related issues including HIV/ AIDS, reproductive health and gender issues which were presented through a participatory method including lectures, presentation and group working. The training was facilitated by the trainers who had attended a ToT training on peer education organised by UNFPA. The participants were provided with stationary, certificates and required materials.

Second Batch of Training in Engil

The training was conducted for 30 Young people (15 male and 15 female) from 19th-21st November 2016. The participants were invited from community – school's students, private universities and community individuals meeting the selection criteria's.

The Third Batch of Training in Karokh

Was conducted for 30 Young people (18 male and 12 female) from 22nd-24th November 2016. The participants were invited from community schools, private universities and community individuals meeting the selection criteria's.

The national trainers used both participatory and non-participatory method. The trained PE will take part in community awareness through disseminating the reproductive health messages and strengthen the referring system for YHCs and will start their activities according to thought lessons and objectives. ●



BHUTAN

Engagement with CSO and Youth Groups towards Amendment to Marriage Act 1980

RENEW has been advocating against and preventing domestic violence (DV) in Bhutan. RENEW provides intervention services required by survivors of DV and one of the core services of RENEW is to provide legal assistance to DV survivors; this service is applicable to more than ninety per cent of RENEW clients. While providing legal remedies to the survivors pacting the delivery of just and fair services to survivors, who are mostly women and children.

To elicit suggestions and feedback on the four proposed points for amendment in the Marriage Act, RENEW held consultation meetings with CSOs and youth groups from across Bhutan on 19th October 2016. The participants supported RENEW on the amendment of the proposed provisions. The collective opinion suggested that the amendment proposed would benefit both the parties and the children involved. This consultative workshop was attended by representatives from six youth groups and eight CSOs.

A consolidated report along with justifications was submitted to National Commission for Women and Children for further deliberation.

Youth Leadership Camp on 3 I's (Intuition, Instinct and Intelligence) – Transformation through Theatre

A five-day residential training workshop was organised by RENEW for youth volunteer group – Druk Adolescents Initiative for Sexual Awareness Network (DAISAN²) of 19 districts of Bhutan.

The residential workshop was organised in RENEW's shelter – 'Gawailing Happy Home' near the capital Thimphu. This workshop was attended by 62 DAISAN members (37 girls and 25 boys) from 19 districts and 20 Community Based Support System (CBSS) volunteers/teachers (11 female and 9 male). The training workshop is a practical application of the 3 I's



(Intuition, Instinct and Intelligence) – Transformation through Theatre training module that RENEW had developed with the author and creative director Ms. Charmi Chedda. The module was recently launched by Her Majesty Sangay Choden Wangchuck during the three-day symposium held to mark the International Day for Elimination of Violence against Women on 23rd November 2016.

² DAISAN was initiated in 2011 with IPPF SARO's support to further SRHR and GBV mandates among youths.



RENEW's endeavour has been to strengthen the capacity of DAISAN members by enhancing skills, knowledge and improving their coordination and networking with community based support system and teacher coordinators

Based on the module, this training workshop has been developed and facilitated by the author of the module. The funding for the training workshop was given by IPPF SARO, EC and UN Women (HeForShe campaign).

The endeavour was to train students and teachers to conduct drama awareness programmes in their districts and at the same time, it was also a Training of Trainers (TOT) workshop whereby trained participants would replicate and inspire other ambassadors of change. RENEW's endeavour has been to strengthen the capacity of DAISAN members by enhancing skills, knowledge and improving their coordination and networking with CBSS and teacher coordinators. Over the course of the five days, there were many programmatic engagements such as the HeForShe campaign to involve the participation of youth.

The extensive training workshop has been designed to give an innovative

tool of Theatre and Drama to youth volunteers and students to conduct awareness programmes in their schools/ neighbourhood and communities on various social and health issues such as HIV/STI, SRHR, domestic/gender based violence, substance abuse, teenage pregnancy, etc.

Teachers were trained to become facilitators on the module. The workshop saw equal enthusiasm and participation by teachers who shared a wonderful camaraderie with the students.

An educational video was also produced in the workshop which shall guide the students and teachers as facilitators. Together with the module and the video, participants would be better equipped to take forward the objective of the workshop.

The workshop facilitated learning through fun with many interactive and informative sessions; whereby resource persons from various agencies (Ministry of Health, Jigme Dorji Wangchuck, National Referral Hospital, National Commission for Women and Children, Royal Bhutan Police, RENEW) interacted with the participants. There were sessions on RENEW, RENEW services, domestic violence, GBV, HIV/STIs, Youth in conflict with Law, Suicide, Sexual Reproductive Health, Adolescent Health and Laws and Policies for Women and Children.

The participants received an audience with Her Majesty Sangay Choden Wangchuck and Her Royal Princess Euephelma Choden Wangchuck on 29th December 2016. Her Majesty interacted

with the participants on the importance of volunteerism, role models, youth engagement while also touching on issues such as HIV/STIs, reproductive health, substance abuse, adolescent health, suicide prevention, family planning, domestic/gender based Violence. The participants staged drama performances for Her Majesty and princess during their visit to Gawailing.

RENEW's comprehensive drama module, **"3 I's Transformation Through Theatre"** and UNFPA's report on State of World Population, 2016 were also launched during the inaugural session of the symposium.

- The Australian Ambassador to Bhutan Ms. Harinder Sidhu said "Violence against women is a significant human rights violation. It has a profound and devastating impact on its victims in communities and in society. We can't harness the potential, the energy, the creativity and the inspiration of half of our population if they don't feel safe in the first place".
- National Commission for Women and Children's director Kunzang Lhama said that the philosophy of Gross National Happiness (GNH) is integral in Bhutan's growth process. Every policy in Bhutan requires to be screened using the GNH policy-screening tool that has gender equality as one of the parameters in rating a policy.

World Population Day 2016 – "Investing in Teenage Girls"

The international day was observed amidst students, parliamentarians, teachers, volunteers, CSO representatives, development partners and government officials in Thimphu on 11th July 2016. RENEW had collaborated with Department of Youth and Sports, Department of School Education, Ministry of Education and Thimphu Thromde Education Office to observe the day. Financial support was rendered by UNFPA, IPPF SARO and EC.

Her Majesty Gyalyum Sangay Choden Wangchuck, President of RENEW and UNFPA's Goodwill Ambassador graced the occasion as the guest of honour.



Prior the international day, during a two-day workshop conducted among youth from various youth groups in the country, the need for CSE is a priority and need of the hour for our youth. •

Her Majesty the Queen Mother Sangay Choden Wangchuck and Ms. Harinder Sidhu, Australian Ambassador to Bhutan inaugurating the Three I's



INDIA

Supporting rights of individuals to reproductive choices, including abortion



“We will create a stigma free zone in their community by spreading the safe abortion messages and decrease the ratio of unsafe abortion and help other women to provide moral support and knowledge related abortion issues and save women” –
FPAI Health Workers

‘Global Safe Abortion Day – 2016’ observed by FPAI

FPAI organised a Sensitisation Meeting with health care providers in Ahmedabad on 28th September 2016. Mr. Suresh Maratha, Branch Manager – Ahmedabad, FPAI highlighted the theme of the Year **“Let’s challenge abortion stigma and gender stereotypes: Step into our stories, step into our shoes”**.

88 health workers (Aanganwadi Workers and Link Workers) attended the meetings.

The participants took pledge that “They will create a stigma free zone in their community by spreading the safe abortion messages and decrease the ratio of unsafe abortion and help other women to provide moral support and knowledge related abortion issues and save women”

With this workshop, the participants gained complete knowledge related to safe abortion and became sensitive on abortion issues. They will create awareness in the community on abortion related issues and increase the ratio of safe abortion related services in Ahmedabad thereby reducing any risk to the mother’s health.



Field Visit to Nagaland

FPAI’s delegation visited Nagaland Branch – Kohima to explore future investment possibilities and expansion of work areas. The delegation led by IPPF SARO’s RD, Ms. Anjali Sen, called on Governor of Nagaland Mr. P.B. Acharya at Raj Bhavan on 29th September 2016 and apprised the Hon’ble Governor about FPAI’s programs in North East.

The delegation evaluated ways and means to expand the work to geographies in need within the state. FPAI is committed to promoting SRH rights including family planning. It supports rights of individuals



FPAI strives to increase access to gender sensitive SRH information, education and services to all, especially the young and marginalised and eliminating violence, discrimination and abuse

to reproductive choices, including legal and safe abortion, works towards reducing the spread and the impact of STIs/HIV/AIDS and increasing access to gender sensitive SRH information, education and services to all, especially the young and marginalised and eliminating violence, discrimination and abuse.

Some activities held to create awareness on SRH students and other groups

- Adolescent education program was conducted in Baptist Hr. Secondary School, Nagaland for 580 students in the age group of 12-17 years.
- Camp on SRH, voluntary counselling and testing for HIV and Hepatitis was conducted in Kezo Town for 214 people. IEC material was distributed to all the participants.
- Seminar on CSE at Don Bosco college, Kohima was well received by students and college authorities.
- Global Safe Abortion Day was observed across multiple states.
- Adolescent education program was conducted in Bellary for 550 school students.
- As a prelude to World AIDS Day, FPAI conducted awareness on HIV prevention for 500 school students. ●



IRAN

Advocacy through Parliamentarians for A Strong Legal Provision to Stop Domestic Violence

FHAI Advocacy Meeting on 24th October 2016

FHAI organised advocacy meeting which was attended by five parliamentarians, NGOs, university professors, lawyers and authorities from social affairs. All the stakeholders acknowledged the efforts of FHA Iran and promised support to back the legal provision.

Media Sensitisation and Visibility on SDGs, 27th December 2016

Through this workshop FHAI sensitised the media on the SDGs and Iran's achievement against the targets of the SDGs. Media asked relevant questions and also assured of support to the cause of SDGs. ●

PAKISTAN

Sensitisation of Stakeholders for Advocating Policy Change



Workshop for Law Enforcement, Protection Institutions, and Nikah Khwans on Early Age Marriage

'Rahnuma-FPAP organised a workshop for 'Law Enforcement, protection institutions and Nikah Khwans on Early Age Marriages' on 25th November 2016 in Lahore and it coincided with International Day for the Elimination of Violence against Women.

The workshop brought together all stakeholders from government departments, Lawyers and Religious scholars to help facilitate understanding the Early Age Marriage in Pakistan and affix responsibilities of different stakeholders to prevent early age marriages.

"Islam does not require a girl to be married as soon as she hits puberty. Immediate marriage after puberty is not stressed and can be delayed especially when doing so can prevent a number of health issues. Just like a number of halal food items are avoided when we are unwell and know its consumption will ruin our health" said Maulana Mufti Anwar ul Haq.

Representative of Police, Social Welfare, Child Protection, Women Development, and social welfare departments from AJK, Baluchistan, KP, Punjab and Sindh attended the workshop. Lawyers, nikah



khawns, legal advisors and religious scholars were also part of the workshop. The participants emphasised the need for an aggressive awareness campaign to end early age marriages in the country.

The participants were given a presentation on early age marriage elaborated with statistics from provinces and oriented on International Laws, constitutional provisions and policies on early age marriages.

The stakeholders developed an action plan to further the cause. The participants, in turn, acknowledged the efforts of Rahnuma-FPAP and endorsed their commitments to advocate the issue in their respective provinces and communities. ●

Islam does not require a girl to be married as soon as she hits puberty. Immediate marriage after puberty is not stressed and can be delayed



FP2020 works with governments, civil society, multilateral organisations, donors, the private sector, and the research and development community to enable 120 million women and girls to use contraceptives by 2020

SRI LANKA

Advocacy for Policy Changes

FPASL has historically worked towards improving the quality of life of individuals while working closely with decision makers thereby reiterating their strategic position to influence policies and legislatures. The recent advocacy success was the adoption of the National Condom Strategy 2016-20 and also the improved coordination with local governments and health care providers for addressing the HIV epidemic among transgender people and men who have sex with men.

FPASL's recent success was to engage the government to make a pledge toward FP2020 partnership. Family Planning 2020 (FP2020) is a global partnership that supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have. FP2020 works with governments, civil society, multilateral organisations, donors, the private sector, and the research and development community to enable 120 million more women and girls to use contraceptives by 2020. FP2020 builds on existing country plans

wherever possible, and coordinates with each country's wider reproductive, maternal, new-born, child and adolescent health (RMNCAH) and health sector plans.

FPASL encouraged the Sri Lanka government to make a pledge to the Family Planning 2020 Partnership (FP2020). FPASL organised a series of meetings with the Ministry of Health and Parliamentarians who have been supporting FP2020 agenda. FPA Sri Lanka also took advantage of a UK Parliamentarians' visit in November 2015 to Sri Lanka as an opportunity to push the government to consider making a FP2020 commitment. Family Health Bureau as the government arm for FP have proactively involved us in discussions.

After many consultations, the Ministry to prepare a cabinet memorandum on this subject and seek approval from the cabinet to do a national pledge for FP2020. This was a great success and recognition of FPASL's relentless efforts in advocacy for policy changes.

High-Level Dialogue on Human Rights and Constitutional Reform

PASL organised a High-level Dialogue on Human Rights and Constitutional Reform in December 2016 under the Regional Multi Country South Asia Global



Fund Programme implemented by UNDP Bangkok Regional Hub.

The event included the presentation of the scan of laws and policies related to HIV and a discussion on the legal barriers and impediments faced by groups such as the Transgender and MSM communities and sex workers in Sri Lanka. The study conducted by FPASL showed that stigma and discrimination exacerbate the negative impact of HIV and hinders access by members of these groups to HIV prevention and treatment services. Furthermore, the scan also revealed a weak legal environment for the full realisation of human rights and fundamental freedoms for all, which is an essential element in the HIV response.

Hon'ble Dr. Thusitha Wijemanne (MP) – Chairperson of the Sectoral Oversight Committee on Women and Gender for a new Sri Lankan Constitution – also spoke at the event and stressed that the main discussions on Constitutional reform focused on how politicians can take action towards meaningful change in this field. This was followed by a panel discussion with affected communities and key decision makers from a cross-section of practices including Law, Human Rights, Health, and Law Enforcement. Speeches were also made by Hon'ble Vasantha Senanayake (State Minister) who stated

that the first thing that needs to be done in terms of combating HIV/AIDS is to educate the public. The Hon'ble Minister stated that this is a challenge that needs to be taken up by the government, the health sector, the education sector, NGOs and other stakeholders. Hon'ble Hirunika Premachandra also stated that the subject matter under discussion is one that is difficult to speak up about in parliament due to the prevalent prejudices. She further stated that this prejudice must be responded to by speaking up against discrimination and taking a stand.

FPASL has engaged in advocacy to influence reform at all levels of society from key decision-makers in the highest levels of government to academics, media personnel and civil society leaders and personnel from various sectors such as the health sector, legal and law enforcement and the judiciary. We have also identified “community role models” from the different communities which are at risk and offered them mentoring and opportunities for personal development and platforms to voice their concerns. ●

FPASL study shows that stigma and discrimination exacerbate the negative impact of HIV and hinders access by members of these groups to HIV prevention and treatment services



Financial Highlights



Global Allocation Analysis

The overall funding (including Core and Restricted Projects) from IPPF to the MAs in the six regions in US\$ in the year 2016 is provided below:

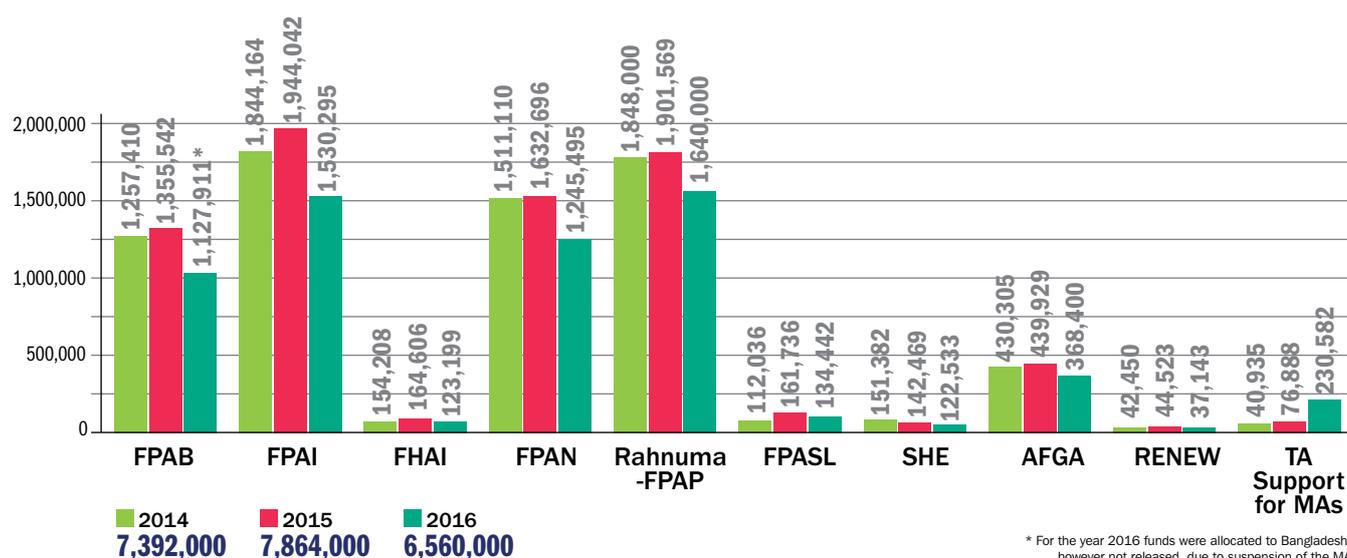
Figures in US\$

REGION	CORE	RESTRICTED	TOTAL
Africa	\$16,715	\$5,594	\$22,309
Arab World	\$2,506	\$2,070	\$4,576
East & South East Asia and Oceania Region	\$4,523	\$1,372	\$5,895
European Network	\$1,762	\$2,414	\$4,176
South Asia Region	\$5,171	\$4,709	\$9,880
Western Hemisphere Region	\$7,895	\$13,586	\$21,481
TOTAL			\$68,317



Region's Core Allocation

The overall trend of Core funding during the period 2014-16 is presented in the chart below:



* For the year 2016 funds were allocated to Bangladesh, however not released, due to suspension of the MA

MAs Annual Programme Budget

In 2016 MAs planned and utilised their programme budget using the strategic framework based on the four outcomes. The overall budget as presented in the Annual Programme Budgets of the MAs was \$22.6 million. This comprised of Unrestricted Core funding from IPPF, Restricted Projects being implemented by the MAs (other than those routed through IPPF) and other local income proposed to be utilised by the MAs for the year 2016. The budget breakup by MAs and type of funding, is:

REGION	UC (IPPF)	UC (Local Income)	RESTRICTED OTHERS	TOTAL
FPAB	1,127,911	–	–	1,127,911
FPAI	1,530,295	4,361,860	48,650	5,940,805
Rahnuma-FPAP	1,640,000	2,707,340	286,534	4,633,874
FPAN	1,245,495	413,561	1,954,191	3,613,247
SHE	122,533	328,579	–	451,112
FPASL	134,442	4,172,139	1,708,012	6,014,593
AFGA	368,400	–	–	368,400
FHAI	123,199	95,827	199,853	418,879
RENEW	37,143	–	–	37,143
TOTAL	6,329,418	12,079,307	4,197,239	22,605,965



Region's Major Donors

- Anonymous Donor
- Department of Foreign Affairs and Trade, Government of Australia (DFAT) (earlier referred to as AusAID)
- Japan Trust Fund
- European Commission
- Ford Foundation
- Govt of Netherland (Choices Funds, ICPD and ASK)
- Packard Foundation
- USAID

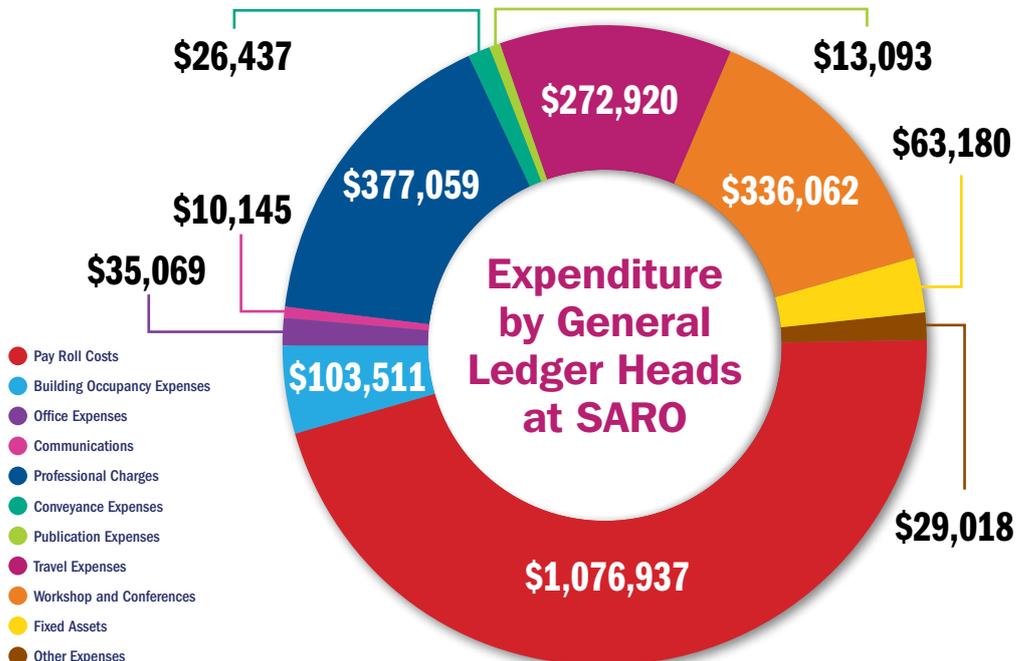
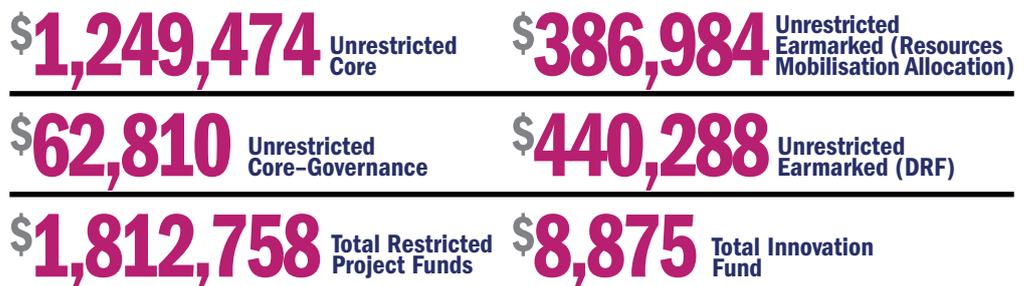
Region's Restricted Project

There has been a decrease in the number and funding from Restricted Projects in the Region between 2012 to 2016. The number of projects increased from 57 in 2012 to 49 in 2016, whereas the funding from these too decreased significantly from \$7.08 million to \$6.85 million.



Funding available at the South Asia Regional Office

The total funds available at the SAR Office for the year 2016 amounted to \$3,961,190. This comprised of:



Key Abbreviations

AFGA	Afghan Family Guidance Association		
AFPPD	Asian Forum of Parliamentarians on Population and Development		
AIDS	Acquired Immune Deficiency Syndrome		
AMCDRR	Asian Ministerial Conference on Disaster Risk Reduction		
APFSD	Asia-Pacific Forum on Sustainable Development		
ARCS	Afghan Red Crescent Society		
ASK	Adolescents Services and Knowledge		
AWN	Afghan Women Network		
CBD	Community Based Distributors		
CSE	Comprehensive Sexuality Education		
CSO	Civil Society Organisation		
CYP	Couple Years of Protection		
DFAT	Department of Foreign Affairs and Trade, Government of Australia (earlier AusAID)		
DFATD	Department of Foreign Affairs, Trade and Development, Government of Canada (earlier referred to as CIDA)		
DFID	Department for International Development		
DRR	Disaster Risk Reduction		
DV	Domestic Violence		
EC	European Commission		
EPF	European Parliamentary Forum on Population and Development		
ERT	Emergency Response Team		
ESCAP	The Economic and Social Commission for Asia and the Pacific		
FBOs	Faith Based Organisations		
FHAI	Family Health Association of Iran		
FIGO	International Federation of Gynecology and Obstetrics		
FP	Family Planning		
FPAB	Family Planning Association of Bangladesh		
FPAI	Family Planning Association of India		
FPAN	Family Planning Association of Nepal		
FPASL	Family Planning Association of Sri Lanka		
GBV	Gender Based Violence		
GC	Governing Council		
GCACI	Global Comprehensive Abortion Care Initiative		
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH		
GUSO	Get Up and Speak Out		
HIV	Human Immuno Deficiency Virus		
HLP	UN High Level Panel		
IASC	Inter-Agency Standing Committee		
IAWG	Inter-Agency Working Group		
ICAAP	International Congress on AIDS in Asia Pacific		
ICPD	International Conference on Population and Development		
ICVA	International Council for Voluntary Agencies		
IEC	Information Education Communication		
IPES	Integrated Package of Essential Services		
IPPF	International Planned Parenthood Federation		
IPPF SARO	International Planned Parenthood Federation South Asia Regional Office		
IPPF ESEAORO	International Planned Parenthood Federation East and South East Asia and Oceania Regional Office		
JTF	Japan Trust Fund		
		KMP	Knowledge Management Portal
		LARC	Long Acting Reversible Contraceptives
		LTO	Long-Term Objective
		MAs	Member Associations
		MCH	Maternal and Child Health
		MISP	Minimum Initial Service Package for Reproductive Health in Crisis Situations
		QoC	Quality of Care
		Rahnuma-FPAP	Rahnuma-Family Planning Association of Pakistan
		RC	Regional Council
		RD	Regional Director
		RCEM	Regional CSO Engagement Mechanism
		REC	Regional Executive Committee
		RMNCH+A	Reproductive, Maternal, Newborn, Child and Adolescent Health
		RTI	Reproductive Tract Infection
		RENEW	Respect, Educate, Nurture and Empower Women
		SAARC	South Asian Association for Regional Cooperation
		SAR	South Asia Region, IPPF
		SARC	Short Acting Reversible Contraceptives
		SARYN	South Asian Regional Youth Network
		SDGs	Sustainable Development Goals
		SGBV	Sexual and Gender Based Violence
		SHE	Society for Health Education, Maldives
		SIFPO	Sustainable Network Project
		SPRINT	South Asia Regional Office-Sexual and Reproductive Health Programme in Crisis and Post-Crisis Settings
		SRH	Sexual Reproductive Health
		SRHR	Sexual Reproductive Health and Rights
		SS	System Strengthening
		STA	Second Trimester abortions
		STI	Sexually Transmitted Infection
		UNFPA	United Nations Population Fund
		UNHCR	Office of the United Nations High Commissioner for Refugees
		UNICEF	United Nations Children's Fund
		UoL	University of Leicester
		USAID	United States Agency for International Development
		VCAT	Value Clarification and Attitudinal Transformation
		VSC	Voluntary Surgical Contraception
		WEE	Women's Economic Empowerment
		WHO	World Health Organisation
		WRA	Women of Reproductive Age
		WRC	Women Refugee Commission



Regional Governance

REGIONAL EXECUTIVE COMMITTEE



DR SAFIEH SHAHRIARI AFSHAR
Chairperson REC



SUJATHA NATARAJAN
Chairperson,
Regional Council (RC)



CHANDIMA GUNAWARDENA
Member



ASIM MOHAMED
Member



DR NASRIN ORYAKHIL
Member



SHAMBHAVI POUDEL
Youth Member



IPPF SOUTH ASIA REGION TEAM*

SARO Management Group

- **Anjali Sen**, Regional Director
- **Dr Aatur Rahman**, Director, Governance, Accreditation, OLE and Advocacy
- **Dr Jameel Zamir**, Director, Programmes (Acting)
- **CA Varun Anand**, Director, Operations, Resource Mobilisation and Communication

Regional Director's Office

- **G.D. Kapoor**, Executive, Regional Director's Secretariat and Governance

Advocacy, Resource Mobilisation and Communications

- **Neha Chauhan**, Programme Specialist, Advocacy
- **Nimisha Goswami**, Project Specialist, SPRINT
- **Rhea Chawla**, Project Assistant, SPRINT
- **Subhalaxmi Mohanty**, Project Coordinator, Advocacy
- **Ashish Bhardwaj**, Consultant, Communication

Governance, Accreditation and Organisational Learning and Evaluation

- **Raju Tamang**, Project Specialist, Organisational Learning and Evaluation
- **S. Praveen**, Programme Specialist, Governance and Accreditation

Programmes

- **Dr Abhijeet Pathak**, Programme Specialist, Medical and Abortion
- **Deepesh Gupta**, Project Specialist, SRHR
- **Manish Mitra**, Programme Specialist, Adolescents and Young People

Operations and Finance

- **CA Badri Kumar Guragain**, Consultant, Finance
- **Justin Raja**, Consultant, Accounts
- **Laxman Singh**, Assistant, Office Support
- **Mukesh Kumar**, Assistant, Driver
- **Pooja Thareja**, Consultant, Accounts
- **Rajeev Ragta**, South Asia Regional Consultant – IT
- **Sangeeta Mathur**, Executive, Travel, Logistics and Office Services
- **Sanjeev Juneja**, Consultant, Accounts
- **Sriniwas Mehroliya**, Assistant, Driver
- **Vijay Kumar Singh**, Assistant, Office Support

SPRINT

- **Aditi Ghosh**, Director, SPRINT
- **Meena Chandramohan**, Executive, Administration
- **Murali Mohana Reddy Kunduru**, Emergency Response Manager
- **Dr Rajrattan Lokhande**, Manager, Monitoring and Evaluation

* as on 31st December 2016



Full and Associate Member Associations



Afghan Family Guidance Association (AFGA)



Family Planning Association of Bangladesh (FPAB)



Family Health Association of Iran (FHA Iran)



Society for Health Education (SHE), Maldives



Family Planning Association of Nepal (FPAN)



Rahnuma-Family Planning Association of Pakistan (Rahnuma-FPAP)



Family Planning Association of Sri Lanka (FPASL)



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



Family Planning Association of India (FPAI)

We would like to express our gratitude for contributions to the Annual Report 2016 by our Member Associations, Staff at Regional Office and Central Office.



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Incorporated under Companies Act, 1956

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VISION

All People are free to make choices about their sexuality and well-being, in a world free of discrimination.

MISSION

To lead a locally owned, globally connected civil society movement, that provides and enables services and champions sexual and reproductive health and rights for all, especially the underserved.

