

FPAN OVERALL PROGRAM ACHIVEMENT SUMMARY 2008

FPAN developed five-year Strategic Plan (2005-2009) based on IPPF's Strategic Framework. FPAN implemented its program activities in 2008 following its five-year Strategic Plan. FPAN programs were focused on five different thematic areas including Adolescents, HIV/AIDS, Abortion, Access and Advocacy. In addition to IPPF core program on 5 As, FPAN implemented several other innovative projects including, Advocacy on Introducing Comprehensive Sexuality Education in School Curriculum Project, Improving SRH Status of Adolescent Girls and Young Women Project, Bringing HIV closer to SRH Project, Improving SRH of Female Sex Worker Project, Improving Access of Safe Abortion Services to Marginalized People Project, and Network for Addressing SRH Right of Nepalese Women Project. FPAN gained new experiences in these areas during 2008. Besides, FPAN was selected Principal Recipient to Manage Global Fund 7th round HIV/AIDS component for STI and HIV prevention among labour migrant and MSM. The assessment of the progress made by FPAN in major programmatic areas is highlighted as follows:

1. Advocacy

Following key advocacy activities were implemented in 2008 as follows:

i. Advocacy on Integration of HIV with other SRH Services

The Ministry of Health and Population organized 3rd National AIDS Conference between 4-7th July 2008. This conference was organized for scaling up of comprehensive HIV prevention and AIDS treatment; care and support services building upon the existing progress at all levels in Nepal; integration of HIV and AIDS into general public health programs such as sexual and reproductive health services; building multi-sectoral response to HIV and AIDS to ensure the participation of wide range of stakeholders, especially civil society and people living with HIV; and focusing on finding practical solutions to the main obstacles to scaling up through evidence-informed programming. FPAN organized a satellite session on "Integrating HIV with Sexual and Reproductive Health Services for Increasing Access" in this conference. FPAN's Program Director, Dr. Giridhari Sharma Paudel, presented an advocacy paper on this issue. This session was chaired by the Secretary of the Ministry of Health and Population and around 300 high level government officials, civil society members, journalists and representatives of the partners and stakeholders attended in this session. Besides, CSE Project Coordinator Upama Malla, presented a paper on "Review on the sufficiency of existing health curriculum in schools on HIV/AIDS", Babita Thapa, PSS Program Manager presented another paper on "Working towards sexual and reproductive health rights of lesbian, gay, bisexual, transgender and inter sex (LGBTI) people in Nepal" and Medical Director, Dr. Anu Kushawa, presented next paper on male involvement in post abortion contraceptives in this conference.

ii. Advocacy on Comprehensive Sexuality Education

The 54th Non Governmental Organization Coordination Council (NGOCC) Meeting was held on 31st October, 2008 at the hall of FPAN central office. The meeting was organized by Comprehensive Sexuality Education Project. Forty three participants attended the meeting. Non-governmental Organization Coordination Council (NGOCC) is a voluntary forum of NGOs and INGOs, established in 1994, to foster a collaborative working relationship among its members. NGOCC has provided a valuable platform for INGOs/NGOs to share information and experience; facilitate discussion on various sexual and reproductive health issues and jointly implement important activities. FPAN gave continuity to this endeavor and involved concerned government bodies to strengthen the collaboration between GOs and NGOs/INGOs and youth. Main agenda of the meeting were to share the key findings of research carried out on sexual and reproductive health by FPAN, introduction to FPAN's Comprehensive Sexuality Education (CSE) Project to all stakeholders, and formation of CSE concern group.

This meeting formed a concern group under FPAN leadership to advocate for sustaining the existing Health and Population curriculum in secondary school which is planned to eliminate this in proposed new National Curriculum Structure. The concern group meeting was organized on 10th November 2008 to draft the memorandum to be handed over to the Minister of Education. Members of Concerned Group, National Curriculum Structure 2063/ NGOCC, visited the Ministry of Education to hand over the memorandum to the Minister, Ms. Renu Kumari Yadav on 21st November 2008. The concerned group briefed about important of health and population curriculum in secondary school and read the memorandum in front of the Minister, Renu Kumari Yadav.

The Minister listened to the group and said that if such an important topic is going to be merged with other compulsory subjects and if young people will have less information regarding SRH, and then we need to discuss this issue seriously. She showed support to our concern and asked the Executive Director of the Curriculum Development Centre, Mr. Haribol Khanal who was present in this meeting to call the meeting with important stakeholders and discuss in detail about this issue. Mr. Haribol Khanal clarified that National Curriculum Structure 2063 is in a draft form and yet to be finalized and yet to be implemented. He also promised to call all the concerned stakeholders soon to discuss on the post draft meeting regarding National Curriculum Structure 2063. Secretary, Ministry of Education Mr. Sinha said that CDC is authorized to explore on this issue. This meeting was broadcasted by Sagarmatha Television. Following the handover of memorandum, a press conference was held in FPAN hall to give brief information about the meeting with Minister of Education (MOE). In this program journalist from popular national newspaper, FM (radio) and television channel were invited.

iii. Advocacy on FPAN's image building during Golden Jubilee Celebration

FPAN celebrated its Golden Jubilee Year with a slogan "50 Years of Serving People with Care" organizing various image building programs. FPAN organized a grand Golden Jubilee celebration program on 22nd July 2008 coinciding with International Planned Parenthood Federation (IPPF), South Asia Regional Council Meeting, at Hotel Hyatt Regency. The celebration program was chaired by FPAN's president Mr. Subash Pradhan. Dr. Jagadish Chandra Pokhrel, Vice Chairman of the National Planning Commission, was the Chief Guest and Mr. Kulchandra Gautam, who recently retired from UNICEF, was guest of honor of the program. Besides, senior level policy makers, IPPF Director General, external development partners, representatives of MAs from south Asia Region, high level government officials, representatives of partner agencies and media were present in the program.

FPAN's President Mr. Subash Pradhan, highlighted on the spirit of volunteerism in the promotion of sexual and reproductive health information and services, including family planning services in Nepal, in his welcome speech. He appreciated the role played by the volunteers in the promotion of sexual and reproductive health rights in Nepal through advocacy. He also highlighted the lead role played by FPAN to liberalize the abortion policy in Nepal.

The chief guest, Dr. Jagadish Pokhrel, investitured FPAN's Golden Jubilee Symbol and released the Golden Jubilee Souvenir. In his inaugural speech, he appreciated the lead role played by FPAN for introducing the family planning services for the first time in Nepal in the 1960s; integrated family planning and community development programs in the 1970s; adolescent sexual and reproductive health services in the 1990s; and combating gender based violence and girl trafficking at the beginning of the 21st century. He also acknowledged the contribution made by FPAN in the promotion and protection of the sexual and reproductive health rights of women, men and young people in Nepal, as a basic element of human right. Besides, he also appreciated the commendable spirit of volunteerism in the Association for resource mobilization and demand generation for sexual and reproductive health services, including family planning services in Nepal. At the last he expressed his wish for every success of the Association in the development and implementation of the innovate programs for meeting the sexual and reproductive health needs of the poorest of the poor and marginalized people in Nepal, as it had done in the past and has done at present.

FPAN's role during last 50 years in serving people with care: a contribution to the welfare of Nepalese population was presented in the program. The contribution made by FPAN in national population and health programs during last 50 years was also highlighted though out the program. Major highlights were 25 to 30 percent contribution of the Association in national family planning program and other pioneering works accomplished by the Association during last 50 years. The innovative or pioneer works

accomplished by the Association highlighted in the program were: established a Family Planning Committee in 1959 for the first time in Nepal; started family planning program for the first time in Nepal in 1959; opened first family planning clinic in Nepal in 1960; started contraceptives distribution in the clinic and outreach programs in 1966; first broadcasted family planning programs through Radio Nepal which started airing the ideas and concepts of FP in 1968; started male sterilization for the first time in Nepal in 1968; started clinical family planning services and mobile camps for sterilization in 1970; published Niyojan, the first specialized FP quarterly journal in 1971; Chaired the International Family Planning Indian Ocean Regional Council Conference which was organized in Kathmandu; that gained regional and international visibility in 1971; FPAN initiated Marriage Counselling Services and also Started Fertility Clinics in 1972; established Boudha Bahunepati Integrated Family Welfare Project in 1973; FPAN organized a national level conference for policy makers and legislators on abortion and also organized an Asian Regional Seminar, on "Psychological Aspects of Abortion in 1974; piloted Depo-Provera and female sterilization services for first time in Nepal in 1975; started Integrated Family Planning and School Health Programs in 1979; formed youth and women sub-committees in all FPAN Branches in 1980; expanded FP services based on informed choice for birth spacing in 1984; FPAN received Social Welfare Council's Best NGO Award in 1984; started Family Life Education Project in 1987; initiated integration of SRH services with FP programmes in 1990; started pilot testing of Norplant in 1990; integrated adolescent SRH counselling with other SRH programs in 1994; registered a Pregnancy Protection Bill in the Upper House of Parliament as a private bill in 1996; established Youth Information Centre (YIC) in 2000 for out of school youths; FPAN's Makawanpur Branch was awarded by the Government of Nepal, with a Certificate of appreciation for its commendable work on Adolescent and Youths on occasion of the World Population Day in 2003; started HIV/VCT/ Safe abortion and counselling services in FPAN clinics in 2004; started GBV screening in clinical set up in 2004; FPAN was accredited by IPPF in 2006; FPAN was ranked as best MA by IPPF/SAR and awarded a Trophy in 2006 and 2007; FPAN received Population Year Award from Government of Nepal in 2007; FPAN employed 19 PLHIV, including one in the Central Executive Board 2007/2008; and started Telephone Hotline counselling service on HIV/AIDS. Besides, it also started advocacy for inclusion of comprehensive sexuality education in school curriculum with policy makers since 2008.

Ms. Anjali Sen, The Acting Regional Director of the IPPF South Asia Regional Office, briefly described about the innovative works done by FPAN in the past and criteria set for evaluation of the Family Planning Associations in South Asia Region. She also announced that the FPAN was ranked as best Family Planning Association in the Region in 2006 and 2007. Following her announcement, Mr. Syed Munir Hussian; Chairperson of IPPF SAR Council handed over the best MA Trophy to FPAN.

Ms. Sonam Shrestha, FPAN's youth volunteer, presented FPAN's commitment on addressing the SRH needs of the young. She spoke "Being a pioneering organization in SRH, we the Youth Volunteers of Family Planning Association of Nepal are committed to help young people to make decision on their own sexual and reproductive health and rights and to ensure the availability and accessibility of appropriate information and youth friendly services to meet their sexual and reproductive health needs. FPAN is also committed to empower the young at all levels of decision making through their self esteem, life skills and leadership development."

Dr. Dirgha Singh Bam, the Acting Secretary of the Ministry of Health and Population, appreciated the complementary and supplementary role played by FPAN in the implementation of national population and Health Program in Nepal. He also expressed his desire to strengthen the partnership between FPAN and the Ministry of Health and Population in future. Similarly, Dr. Govinda Ojha, The Director General Department of Health Services, appreciated the pioneer role played by the FPAN in the promotion of sexual and reproductive health services in Nepal during the celebration program.

Dr. Gill Greer, the IPPF Director General, is her remark, thanked to FPAN for making a real change in the life of the poor and marginalized people in Nepal. She also thanked to FPAN of her own and on behalf of IPPF central office, for its leading role in SRHR advocacy and bringing the changes in national policies like liberalization of abortion policy in Nepal. She also said that the IPPF is always behind the FPAN who championed in SRHR advocacy in South Asia Region.

Mr. Syed Munir Hussain, Chairperson IPPF South Asia Regional Council, congratulated to FPAN for its innovative and pioneer role in Nepal for the promotion of SRHR. He also expressed his good wishes and willingness to see FPAN as a dynamic organization in future. Similarly, Mr. Finn Thilstead, His Excellency Ambassador of Denmark to Nepal, congratulated to FPAN for reaching and serving to community people with sexual and reproductive health programs including family planning services. He explained that the Denmark Government is extending its funding support to FPAN because of its link with community and direct delivery of SRH services to the people. UNFPA Representative, a, i., Ms. Ugochi Deniels, send her message highlighting the role of FPAN as a partner organization in the promotion of family planning services in Nepal. She wished for better partnership between UNFPA and FPAN in future.

On the occasion, life time achievement award was awarded to two FPAN's volunteers, who brought some turning points in FPAN's 50 years history. Dr. Badri Raj Pandey was awarded for his valuable contribution in the establishment of the Association in 1959, and advocacy role played by him to get IPPF membership in 1960. Similarly, another volunteer, Mr. Sunil Bhandari was awarded for his significant contribution to liberalize the abortion policy in Nepal by registering the Pregnancy Protection Bill in National

Assembly as a private bill. Both of these prominent volunteers thanked to FPAN and expressed their further commitment to work with FPAN for the promotion of SRHR in Nepal.

Mr. Kulchandra Gautam, the guest of honour, highlighted on the role played by FPAN during last 50 years in the reduction of MMR, under 5 mortality rate and improvement in the life of women and children in Nepal. Lastly Mr. Nirmal Lacoul, FPAN's General Secretary, extended vote of thanks to major donors, who supported FPAN over last 50 years. Similarly, he extended sincere thank to all distinguished guests and participants of his own and on behalf of FPAN for their valuable presence and inspirations in the program.

FPAN published a Golden Jubilee souvenir which contains message to FPAN from the Rt. honorable Prime minister, ministers and other senior national political leaders, ministerial secretaries and directors, foreign ambassadors, IPPF and UN agencies and partners. Besides, experience on FPAN's fifty years of service to the nation, role of FPAN in national SRH program, working in partnership, FPAN's resource mobilization strategy, FPAN as a centre of excellence in safe abortion, Nepals' legal provision on abortion and role of FPAN, FPAN's efforts to prevent unsafe abortion and promotion of sexual and reproductive health rights of adolescent and youth, HIV-SRH integration in FPAN's program, FPAN's historical perspective and nutshell, experience on a decade of journey to FPAN, FPAN' role in educating people through IEC/BCC during last 50 years, and Global Gag Rule and FPAN quest for securing reproductive rights of women in Nepal were published for dissemination in the souvenir. Similarly, FPAN's district branches also published Golden Jubilee souvenir highlighting their works in the promotion and protection of SRHR during last 50 years at local level.

iv. Weekly radio program on SRH

A 25 minutes weekly radio program named Hamro Prajanan Hamarai Marjee was aired through Kantipur FM to meet the SRH need of primary target audience specially focused on contraceptives choices, STI and HIV prevention, safe abortion, SRH services site information, uterus prolapsed, safe motherhood, young people's SRH needs etc. Radio program included information on SRH, interviews with the service providers, client satisfaction information, success stories and service site information. Interview was also made with selected FPAN staffs and volunteers.

2. Adolescent and Youth

With a view to aware adolescents & youth on their sexual & reproductive rights and empower to make informed choice and decision regarding their sexual and reproductive health, various programs through formal and informal education system including counselling services on reproductive health and sexuality, education and services on STI and HIV prevention were organized in project area. Several AYRH programs were also integrated with

other programs in all branches/projects. The most effective means of communicating with adolescents & youth were Youth Information Centres, Youth Friendly Service Centres, Youth Forums and mobilization of peer's groups. Empowerment of adolescent girls involved in Multipurpose Resource Centre and Youth Forum under Finnish Project and Comprehensive Sexuality Project was significant. The shy and innocent adolescent girls are empowered significantly and now they can speak openly on their sexuality and SRH problems of their own and their colleagues without hesitation. The project provided scholarship to selected marginalized girls to continue school level education and micro-credit support to start income generating activity.

Achievements in provision of adolescent sexual and reproductive health counselling services were as follows:

Achievement in adolescent SRH counselling

Types of services	Number of services (10-24 years)
SRH life skills training	8,996
Counselling on sexuality	10,250
Hotline counselling on SRH including	10,534
Counselling on sexual and reproductive health	173,771
Total	203,541

Overall achievement in adolescent sexual and reproductive health counselling was 203,541 in whole program year which is 25 percent high compared with projected figure of 163,003 in the annual work program and budget 2008. The achievement in 2008 is 161 percent high compared with 2007. SRH counselling services were provided to 77,916 people in 2007 which increased to 203, 541 in 2008. Such impressive growth contributed by five major factors as follows:

- Implementation of new advocacy project for introducing comprehensive sexuality education in school curriculum since March 2008 and its positive effect on adolescent counselling.
- Consolidation of Multipurpose Resource Centres (MPRC) in five districts established in 2006 in Sunsari, Morang, Kapilvastu, Banke and Bardiy districts and establishment of new MPRC in Sindhuli and Dailekh districts. These centres are managed by adolescent and youth and SRH counselling is provided in each centre.
- Training to service providers on provision of youth friendly SRH information and services to adolescent and youth at the beginning of 2008.
- Formation of new peer groups in 2008, training to peer group members, and enhanced peer counselling through peer educators in the community.
- Some of the MIS data on adolescent counselling which were not recorded earlier were brought under the reporting system.

3. HIV/AIDS

STI and HIV prevention information and counselling are intergraded in all SRH services in FPAN's service delivery network. FPAN started working for improving SRH of PLHIV since 2007 and it was continued in 2008. A project Bringing HIV Closer to SRH is being jointly implemented by FPAN and National Alliance of People Living with HIV (NAP+N). FPAN provided training of trainers on SRH (ToT) to PLHIV leaders aiming to train further their colleagues within their network. NAP+N has no service delivery network therefore it began to refer PLHIV for different SRH services including safe abortion in FPAN clinics. FPAN also worked with other marginalized and difficult to reach people like MSM, female sex worker in 2008. Similarly, female sex workers are empowered through SRH information, legal counselling and micro-credit support in project districts. Besides, FPAN's institutional capacity enhanced to work with these marginalized people. Information and education for STI and HIV prevention was provided through all branches and projects in 2008. STI services were provided through all FPAN clinics in 2008 where as the HIV VCT services were provided to high-risk groups through 20 centres.

Overall achievement in 2008 in STI counselling and service delivery was impressive. A total of 148,166 STI related counselling and services were provided through all FPAN clinics which is 105 percent high compared with annual target of 72,305. Such growth was contributed by increased outreach programs and thereby increased client flow in FPAN clinics for STI counselling and treatment services. However, achievement in STI clinical diagnosis and treatment services was just 17 percent compared with annual target. Low achievement in this service was attributed by non-availability of diagnostic lab services in rural clinics. However, the number of STI counselling services provided by FPAN is significantly high in 2008 compared with 2007. STI counselling services were 88,209 in 2007 which increased to 130,209 in 2008. However, the STI diagnostic and treatment services declined significantly from 8360 in 2007 to 2056 in 2008.

There was significant increase in number STI counselling and services in FPAN clinics in 2008 compared with 2007. STI counselling and services were 94,939 in 2007 which increased to 148,166 in 2008 which is 56 percent high compared with previous year. Use of these services by age cohorts resembles relatively high utilization by adolescent and youth. Out of 148,166 STI counselling and services, 54 percent were utilized by adolescent and youth and 46 percent by adult.

Overall achievement in HIV prevention program was 96 percent. However, achievement in some activities like VCT and HIV prevention were more than expected and low in other services. VCT services were provided from 20 VCT centres in 2008. The uptake of the clinics for HIV VCT increased gradually in 2008. A total of 2,380 clients received VCT services through 20 clinics in the program year. Number of client flow for VCT services increased significantly

from 106 clients in 2004 to 1,758 in 2007 and 2,380 in 2008. Overall achievement in VCT was 112 percent compared with annual projected figure. Similarly, client flow in VCT centre increased by 35 percent in 2008 compared with 2007. Such growth was contributed by increase in number of VCT integration from 13 clinics in 2007 to 20 clinics in 2008. Ironically the client flow per VCT clinic in a year decreased from 135 in 2007 to 119 in 2008. Such decline might have been contributed by relatively weak technical back up from central office for IEC/BCC outreach programs for reaching with the most at risk population and capacity building of the service providers.

Achievement in STI and HIV counselling and services

Type of services	Number of visits 2008		
	Projected	Actual achievement	Achievement in %
STI counselling service	60200	130,209	216
STI follow up counselling	0	3119	0
STI/RTI diagnosis and treatment services	12105	2056	17
STI syndromic diagnosis with treatment	0	12782	0
Sub-total	72305	148,166	205
HIV VCT counselling	10,768	4532	42
VCT	2130	2380	112
Post test counselling	0	2380	0
HIV prevention counselling	50000	53,642	107
Care and support to PLHIV	200	53	26
ARV referral	150	10	7
PMTCT counselling and referral	2460	90	4
Referral for CD4 count	0	4	0
Opportunistic infection treatment	0	82	0
Sub-total	65,708	63173	96
All total	138,013	211,339	153

Achievement in HIV prevention counselling was 107 percent compared with the annual projected figure. Such achievement was contributed by new projects and increased outreach program in the community. Where as low achievement in care and support, PMTCT, ARV and CD4 referral might be contributed by inadequate technical back up from central office to field clinics, relatively weak technical expertise in these areas among FPAN service providers and late start of services in six clinics due to delay in training to lab technicians and counsellors.

Use of HIV prevention counselling and services by adolescent and youth was 54 percent and the rest 46 percent were used by adults. It is encouraging that adolescent and youth have given attention to utilize the HIV prevention services available in FPAN clinics.

4. Safe Abortion

Information and education on safe abortion to women and young girls were provided in all 32 program districts. While safe abortion services were provided through 20 comprehensive reproductive health clinics in 2008. Six new clinics under Global Comprehensive Abortion Care Project (GCACP) were upgraded, certified from the government and begin to provide safe abortion services. Besides, the clinical infrastructures in existing clinics were upgraded based on recommendations of facility survey conducted by FPAN in 2006 and 2008 to improve the quality of services.

In 2008 counselling on safe abortion was provided 84,682 times which is 142 percent high compared with annual projected figure for 2008. This service is 76 percent high in 2008 compared with 2007. In 2007 counselling on safe abortion was provided 48,160 times. Such impressive growth was contributed by full flagged implementation of Comprehensive Abortion Care Project which was just started in 2007, increased outreach programs under this projects and enhanced referral services from private pharmacists and chemists (PPC) druggists to FPAN clinics. Large number of PPCs were trained and branded in 2008 to strengthen the referral services.

Achievement in abortion counselling and services

Type of abortion services	No of women		
	Projected	Actual achievement	Achievement in %
Counselling on safe abortion	34884	84682	242
Safe abortion services	8755	10029	115
Post abortion follow up counselling	1037	7926	764
Post abortion contraceptives	7004	8525	122
Total	51680	111,162	215

Safe abortion service was provided to 10,029 women (Including 9929 MVA and 100 MMA) in whole program year which is 15 percent high compared with annual projected figure of 8,755. Similarly, the achievement in 2008 is 20 percent high compared with 2007. Safe abortion service was provided to 8,360 women in 2007. Such growth was contributed by increase in number of abortion clinic from 13 in 2007 to 20 in 2008. Besides, the average annual client flow per clinic was 643 in 2007 which declined to 501 in 2008. Main reasons for such decline were late start of service in six GCAC Project clinics, high turnover of trained medical doctors and weakening role of Medical and QOC Division at FPAN central office for technical backup and logistic support to field level clinics.

Similarly, achievement in post abortion follow up services was significantly high compared with the annual projected figure. Achievement was 764

percent, which is significantly high compared with the annual projected figure. Such impressive growth was contributed by training to service providers on post abortion follow up and increased frequency visit by donors and project staff in selected clinics. Achievement in the use of post abortion contraceptives was 122 percent. Around 85 percent abortionists used post abortion contraceptives. Most cited reasons for non-use of post abortion contraceptives are abstinence of partner/husband at home due to periodic out migration and planned for sterilization.

Use of available safe abortion counselling and services in FPAN clinics by adolescent and youth was 44 percent in 2007 which increased to 53 percent in 2008. Out of 111,162 counselling and services provided in 2008, 58,916 were utilized by adolescent and youth.

5. Access of SRH Information and Services to Marginalized and Disadvantaged Groups

FPAN aimed at providing quality family planning and other reproductive health services to couples and individuals especially for marginalized and underserved groups based on informed choice by increasing the accessibility and availability of RH/FP information and services in meeting the unmet needs through right based approach. SRH information and services provided by FPAN through following its own clinics and CBDs:

Types of clinics

Type of clinic	Urban	Peri-urban	Rural	Total
Static clinics	37	45	32	114
Mobile clinic	-	2	50	52
Associated clinic (Partnership with local CBO)	-	4	151	155
CBD	28	18	449	495
Social marketing agent	12	-	-	12
Government (partnership)	3	-	-	3
Other agencies	3	-	-	-
Total	83	69	682	834

Major services provided through these clinics and CBDs were as follows:

i. Family Planning Services

Overall achievement in family planning service delivery was not satisfactory compared with the annual target 2008. Overall achievement against the set target was only 64 percent. Such low performance against the target was contributed by following factors:

- An ambitious figure was given to district branches to encourage for recruitment of new FP clients. Recruitment of new clients was high compared with previous year but the branch could not sustain the current users. As a result, overall achievement was not as expected.

- Negative impact of free health service policy of the government: FPAN was charging service fee in all contraceptives until third quarter of 2008 for program sustainability. These services were free of cost in government health facilities under the free health service policy promulgated and implemented by the government since 2007. Therefore, the clients were hesitant to pay service fee in FPAN clinics and they were diverted in other clinics. The service fee was withdrawn by FPAN in last quarter of 2008 after the Family Health Division of the Ministry of Health and Population assured for fee supply of contraceptives to FPAN, if FPAN distribute these contraceptives free of cost in its health facilities. Since then client flow in FPAN clinics increased substantially in last quarter of 2008.

Family planning services projected and actual

Methods	FP users: target and achievement in 2008		
	Projected	Actual	Achievement in %
Oral pills	84,781	32188	38
IUCD	1,310	4402	336
Male condom	91,123	48689	53
Female condom	-	50	-
Injectable	123,333	71825	58
Implant	2,945	11783	400
M. Sterilization	1079	25099*	2326
F. sterilization	659	2596*	389
EC	1,340	547	41
Total	306,570	197,179	64

Note: * Projection was made only for new clients but the current users include previous year users which have effective age of reproduction. Therefore, the achievement against projection seems too high in these services.

- Delayed relocation of community clinics: 64 outreach clinics were relocated in 2008 at strategic location in order to attract new clients and increase access of SRH services to large masses. However, the preparatory time was too long for relocation of these clinics. These clinics were relocated at strategic location at the end of March 2008 and then it took about a month to inform the clients on clinic location through outreach IEC/BCC programs.
- Inadequate supervision and monitoring from central office to district branches: Supervision and monitoring from central office to district branches was not adequate in 2008. FPAN's program staffs were extremely involved in preparation of Golden Jubilee Celebration including publication of two souvenirs in June-July 2008. Similarly they were also heavily involved in preparation of documents to the Global Fund in August-September. The Global Fund assessed institutional

capacity of the Association to qualify for Principal Recipient for implementation of 7th Round HIV/AIDS component for labour migrants and MSM in Nepal. The Global Fund selected FPAN as a Principal Recipient through internal capacity assessment. Involvement of program staff in this activity has diverted their time allocated for field level supervision and monitoring.

- Low recruitment of condom clients was an effect of free distribution of condom without registering the name of the clients through condom box. Overall consumption of condom from FPAN clinics is slightly high in 2008 compared with 2007. Therefore, the clients directly collected condom from the condom box instead of registering their name.
- Periodic out migration of young male in search of employment opportunity was explained another reason by branch staff for low achievement in current users. Field staff estimate significant proportion of women use desired contraceptives when their partners/husbands are at home and dropout when they move outside in search of employment opportunity.

However, recruitment of new FP clients in 2008 was 70 percent high compared with 2007. In 2007 only 65,719 new FP clients were recruited by FPAN clinics which increased to 111,501 in 2008 as a result of free supply of contraceptives in last quarter of 2008 and relocation of community clinics in strategic location.

Comparison of 2008 FP services with 2007

Methods	2007		2008			
	New users	Current users	New users	Current users	% change in new users compared with 2007	% change in current users compared with 2007
Oral pills	15133	42289	27115	32188	79	-24
IUCD	506	3501	586	4402	16	26
Male condom	23531	57643	48605	48689	106	-15
Female condom	50	50	50	50	0	0
Injectable	24776	67778	32843	71825	32	6
Implant	1115	9928	1368	11783	23	19
M. Sterilization	372	25157	377	25099	-1	-0.6
F. sterilization	14	2932	10	2596	-28	-11
EC	222	222	547	547	146	146
Total	65719	209500	111501	197179	70	-7

The method mix of family planning methods reveals higher preference for injectable Depo (36%), followed by male condom (25%), oral pills (16%), male sterilization (13%), implant (6%), female sterilization (2%), and IUCD and EC each 1 percent. Majority of FP clients in FPAN's branch and outreach clinics are using spacing methods as the programmatic focus is on birth spacing among young people.

Age profile of family planning users in 2008

Methods	New users			Current users		
	Below 25 years	Above 25 years	Total	Below 25 years	Above 25 years	Total
Oral pills	11,433	15,682	27,115	12,007	20,181	32,188
IUCD	105	481	586	774	3,628	4,402
Male condom	22,434	26,171	48,605	20,563	28,126	48,689
Female condom	6	44	50	6	44	50
Injectable	13,662	19,181	32,843	23,247	48,578	71,825
Implant	232	1,136	1,368	1,602	10,181	11,783
Male sterilization	3	374	377	12,056	13,043	25,099
Female sterilization	0	10	10	684	1,912	2,596
EC	131	416	547	131	416	547
Total	48,006	63,495	111,501	71,070	126,109	197,179
Referral						
Male sterilization	0	78	78	0	78	78
Female sterilization	0	21	21	0	21	21
Implant	0	2	2	0	2	2
Total	0	101	101	0	101	101

Out of 197,179 FP users, 36 percent were below 25 years and 64 percent were above 25 years. Overall percentage share of young users in total FP users decreased from 38 percent in 2007 to 36 percent in 2008. Similarly, share of young users among new users was 42 percent which was marginally low compared with 45 percent in 2007. Such marginal decline in share of young FP users was an effect of out migration of young male in search of employment opportunity.

ii. CYP Achieved

Total CYP achieved by FPAN was 86,464 in 2008 which decreased by 8.5 percent compared with 94,500 in 2007. Share of spacing methods and sterilization in total CYP was 94 and 4 percent respectively.

iii. No of Gynaecological and obstetric counselling and services

A total of 1,383,532 gynaecological and obstetric counselling, education and services, including 523,687 gynaecological and 859,854 obstetrics services

were provided to the clients through 834 FPN's service delivery points during the program year 2008 as follows:

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Types of gynaecological and obstetric services provided by FPAN clinics in 2008

Type of services	Projected	Actual	Achievement in %
A. Genealogical and obstetric services			
Genealogical diagnostic services	1470	8,171	555
Genealogical breast exam	-	3,276	-
Pap seamier	-	70	-
Gynaecological ANC check up	62,223	153,742	247
Genealogical and general health check up	181,187	180,000	99
Gynaecological lab test	80,027	16,702	21
Genealogical counselling	-	1,734	-
Pregnancy test	8,000	8,049	100
Safe delivery	2535	1,677	66
Obstetric pre-natal care	24,621	88,857	360
Obstetric post natal care	44,574	14,200	32
Paediatric consultation	-	647	-
Immunization	35,432	46,553	131
Subtotal	440,069	523,678	118
B. Obstetric counselling services			
Prenatal obstetric counselling services	94,092	660394	701
Postnatal counselling including breast feeding	33,559	84,987	253
Obstetric nutrition counseling	39,785	107,081	269
Obstetric counselling including unplanned pregnancy	26,230	7,392	28
Subtotal	193,666	859,854	443
A+ B Total	633,735	1,383,532	218

The achievement in 2008 against the projected figure was satisfactory except in genealogical lab test, safe delivery, obstetric post natal care, and obstetric counselling including unplanned pregnancy. Overall achievement was more than double compared with the projected figure. However, the overall achievement in genealogical and obstetric counselling and services was 6 percent low in 2008 compared with previous year 2007.

Overall achievement in 2007 was 1,465,778 which declined by 6 percent to 1,383,532 in 2008. Major reasons for such decline were disturbances in movement of service providers for mobile clinics due to constituent assembly election, strikes and road blockage and relatively weak supervision and monitoring from central office to field level clinics.

Utilization of MCH education and services by age cohort indicates sizable share of children, adolescent and youth. Out of 1,383,532 gynaecological and obstetric services provided by FPAN clinics, 25 percent were utilized by below 25-years people and 75 percent by 25 and above in 2008.

iv. Counselling on Sub-fertility, Re-canalization and other Reproductive Health Services

Counselling on sub-fertility was provided to women and men who visited FPAN clinics for FP/MCH education, counselling and services in 2008. A total of 30509 men and women who expressed their desire about sub-fertility were provided counselling services in the clinics. Besides, 686 infertility tests were performed in the clinics. Similarly, re-canalization services were provided to 39 men.

Projections were not made for these small scale services in annual work program and budget 2008. Therefore, comparison of the performance could not be made with the projection. However, achievements were almost double in 2008 compared with previous year 2007 as below:

Sub-fertility services

Type of sub-fertility services	2007	2008	% change
Counselling on sub-fertility	15,595	30,509	96.0
Infertility test	-	686	-
Re-canalization	25	39	56
Total	15,620	31,234	100

Such impressive growth in these service utilization in 2008 compared with 2007 was contributed by increased information dissemination about these services in outreach IEC/BCC programs. This has attracted clients in FPAN clinics.

Use of these services by age cohorts was relatively high among young adult above 25 years. About 47 percent clients were below 25 years and 53 percent were above 25 years.

v. Gender Based Violence (GBV Screening)

Combating gender based violence is one of the most important programs implemented by FPAN since 2004. Most of the activities in this program were accomplished as planned during the program year and overall achievements were encouraging. A total of 7,684 women spontaneously visited FPAN clinics and were screened for GBV. Out of them 2,459 (32 percent) were identified as GBV survivors. Majority of women, who visited the project clinics, were provided information and counselling on GBV.

Projected and actual GBV services in 2008

Activity	Projected	Actual	Achievement in %
GBV screening	6,000	7,684	128
Identification of new GBV survivors	2,000	2,459	122
GBV counselling	6,000	27,552*	459

Legal counselling to GBV survivors	1,000	500	50
Psycho-social support to GBV survivors	500	550	110
Emergency support to GBV survivors	200	150	75
Consumption need support to survivors	200	150	75
Micro credit support to GBV survivors	500	600	120
Total	16,400	39,645	241

Note: * this is number of counselling provided to GBV survivors. Women have received counselling repeatedly in the clinics as they need.

However, overall achievement in screening of women for GBV was 38 percent low in 2008 compared with 2007. Such significant decline in GBV screening was contributed by termination of Combating Gender based Violence during Pregnancy Project supported by DFID Civil Society Challenge Fund in December 2007. Only the key project activities were implemented in 2008 without additional resources integrating with IPPF core program for program sustainability.

Utilization of GBV services by age cohorts was high among young adult above 25 years. Nearly two third (66%) were young adult and one third (33%) were adolescent and youth.

T. Capacity Building of the Association

Institutional capacity building of the Association was on high priority in 2008. Large number of service providers and overwhelming majority of field staff including all service providers, field workers, community counsellors and program staff working in district branches were trained on sexuality and rights. About a dozen of VCT counsellors received refresher training and 28 service providers received youth friendly SRH counselling and service delivery. Similarly, program management training was organized to all branch manager, project coordinator and program officer, technical trainings on IUCD, Norplant, CAC, safe delivery and CST were organized for clinical staff. Besides, the supervisors, field workers and peer educators were trained on various aspect of SRH. Following medical and technical training were organized for service providers in 2008:

- TOT on IUCD and Implant to 2 service providers
- IUCD insertion and removal training to 3 service providers
- Implant insertion and removal training to 8 service providers
- Family planning counselling training to 12 service providers
- Infection prevention training to 12 service providers
- CST on non-scalpel vasectomy training to 2 medical doctors
- Non-scalpel vasectomy training to 3 medical doctors

- SRH right to 10 medical doctors
- PMTCT training to 5 service providers
- MSM adherence training to 15 service providers
- HIV VCT test training to 9 lab assistants
- VCT counselling training to 13 service providers
- Universal precaution training to 32 service providers and support staff
- Trauma and guilt counselling training to 18 service providers
- GBV screening and counselling training to 20 service providers
- CST CAC training to 2 medical doctors
- CAC training to 21 medical doctors including government doctors
- Youth friendly service training to 28 service providers

Besides these medical trainings, 28 branch managers were trained on research tools on social audit and entitlement survey, 733 staff and grassroots level field workers on MIS, 56 youth volunteers and branch managers on youth friendly SRH services, 28 youth volunteers working in branch level governance on FPAN/IPPF policy and programs and 215 newly elected volunteers working at all levels of governance on IPPF declaration on sexual rights and FPAN's policy and programs.

Continuation of organization development process was another important activity implemented in 2008. In 2007 an independent external consultant was hired to review the existing human resources requirement in FPAN central office, to assess the competency of existing senior staff, review the job description of senior staff and recommend appropriate salary structure to FPAN comparable with market. The independent consultant submitted the final report at the end of 2007 and its recommendations were implemented in 2008. Besides, a workshop on resource development was also organized under the technical support of IPPF/SARO. This workshop has identified some important milestones for organizational development for next 5 years.

Besides, a new Resource Development and External Affairs Division was established in 2008 to expedite the resource development activities within the Association. This Division will develop FPAN's resource mobilization plan and start searching new donors for funding support and program sustainability.

Some guidelines and clinical protocols like abortion and post abortion counselling manual, social marketing strategy and institutional policy framework on safe abortion were also developed in 2008. Draft version of these guidelines and protocols will be finalized in 2009 and adopted by National Executive Committee.

U. Association Finance (overall)

FPAN received Rs 243.52 millions cash and commodity grant from various donors, including internal income in 2008. The share of cash and commodity income from various donors was 43.65 percent from IPPF core grant, 44.49

percent from other donors and 11.86 percent internal income. Overall income to FPAN was 67.41 percent high in 2008 compared with 2007.

FPAN received a total amount of Rs 105.59 millions as regular cash grant from IPPF for the budgeted activities against the expected grant income of Rs 100.88 .millions. FPAN received 4.67 percent (Rs. 4.71 million) high than expected amount for budgeted activities in 2008. Besides, FPAN received Rs.2.58 million for non-budgeted activities like Golden Jubilee celebration, male involvement research etc. Total amount received from IPPF for budgeted and non-budgeted activities was Rs. 108.17 millions. Overall financial support from IPPF for budgeted and non-budgeted activities was 14.37 percent high in 2008 compared with 2007.

Cash grant received from restricted donors in 2008 was Rs. 96.88 millions against the budgeted amount of Rs. 18.46 millions. FPAN received 424.82 percent high amount from restricted donors against the budgeted amount. Overall cash and commodity received from restricted donors was 221.53 percent high in 2008 compared with 2007.

FPAN generated a total amount of Rs 28.88 millions as compared to forecasted amount of Rs. 18.72 millions in 2008. Overall internal income increased by 72.42 percent in 2008 compared with 2007. Besides above mentioned cash grants from IPPF, other donors and internal income, FPAN received small amount of contraceptives, HIV/AIDS test kits and medicine from Nepal Government equivalent to Rs. 11.46 millions.

Overall expenditure of the Association was 165.82 millions against the forecasted expenditure of Rs. 138.05 millions. There was net over expenditure of Rs. 27.77 million against the budgeted amount in APB 2008.

V. Success

One of the most significant achievements in 2008 was FPAN's capacity assessment by HIV/AIDS Country Coordination Mechanism (CCM) and the Global Fund to manage 7th Round HIV/AIDS component in Nepal. After a rigorous assessment, FPAN was selected one of the Principal Recipients to manage fund for BCC outreach program among labour migrants and MSM in 25 district of Nepal.

Besides, overall achievement in implementation of the programs during the program year was successful except in some programs. Achievements in adolescent SRH counselling, safe abortion counselling and services, STI counselling and services, gynaecological and obstetric counselling services, counselling on sub-fertility and screening and counselling on GBV were provided more than projected in APB 2008. However, the achievements in recruitment of FP users and HIV prevention and care were slightly low compared with the projected figure for 2008.

Success in major program interventions

S N	Type of services	Projecte d for 2008	Actual	Achiev ement in %	% change compared with 2007
1	Adolescent SRH counselling	163,003	203,541	125	161
2	STI counselling and services	72,305	148,166	205	56
3	HIV prevention and care	65,708	63,173	96	No comparable data
4	Safe abortion counselling services	51,680	111,162	215	76
5	Family planning	305,258	197,179	65	-7
6	Recruitment in new FP users		111,501		70
7	CYP		92,768	-	-8.5
8	Gynaecological and obstetric counselling and services	633,735	13,83,532	218	-6
9	Sub-fertility counselling and services	No projection	31,234	-	100
10	GBV screening, counselling and support services	16400	39645	241	-38 in GBV screening

There were significant change in some services like adolescent SRH, STI, safe abortion and sub-fertility counselling and services in 2008 compared with 2007. Exceptionally there was marginal decrease in family planning users, CYP and gynaecological and obstetric services. The reasons for low services compared with projected figures are explained above.

W. Problems in 2008 during program implementation

Year 2008 was election year in Nepal. Election for the Constituent Assembly was held in April 2008. There were several demonstrations and strikes called by political parties including in first half of the year. Out of 365 days in a year, market and road transportation were closed, either in whole country or in some parts of the country, for 120 days. Similarly, third quarter of the year was disturbed by torrential heavy monsoon rain and associated landslide, flood and shifting course by a major river system, Koshi from west to east. These events had significant impact in movement of people and goods. Implementation of some activities like training, workshop, orientation supervision and monitoring programs were rescheduled

Similarly, some positions like medical doctor and staff nurse were vacant for long time in district branches. Trained medical doctors and staff nurse joined other INGOs for better salary and other fringe benefits. Other problems were non-availability of trained medical staff on CAC, non-availability of medical people to work in peripheral districts and rural areas, as they have a tendency to work in urban areas, particularly in capital city Kathmandu and other towns and limited training capacity of the government to train CAC service providers. About 85 percent of medical doctors in the country are concentrated only in capital city Kathmandu.

Adolescent program encountered some problems in 2008. Out migration of adolescent and young from their rural household in search of employment opportunity also affected peer education program to some extent. As the trained peer educators were migrated from their village, FPAN invested resources to train new peer educators to continue the programs. Still low level of service seeking behaviour among adolescent and young people and limited number of youth SRH counsellors for youth to youth counselling were other problems.

Main problems in HIV/AIDS sector were difficulty to reach with vulnerable population like IDUs, sex workers, MSM and migrant workers, relatively weak coordination with HIV affected people. Similarly, major problems in access program were problem of logistic supply during summer monsoon season and apprehension of field staff to work in rural area due to on-going conflict between new armed groups in Terai region of the country. Advocacy program faced some problems like inadequate advocacy tools and IEC/BCC materials, low participation of women in governance and advocacy works and relatively weak skills of staff members to work in advocacy, gender and rights. Besides, downsizing and relocation of staff in FPAN central office was problematic for few days unless the relocated staff members understand the program.

X. Outside Assistance

During the program year 2008 FPAN received financial and technical assistant from different organizations. IPPF/SARO provided technical assistance during institutional capacity assessment by The Global Fund.

HIV/AIDS test kits were received free of cost from National Centre for STI and STD Control. FPAN received technical support and expertise for undertaking training program for service providers from IPPF/SARO, government, teaching hospitals and partner organizations. Similarly, contraceptives were received from KFW and government of Nepal. IEC/BCC materials, training manuals, service delivery guidelines and human resources to organize mobile camps in under served area were received from government and partner agencies.

Besides, National Training Centre of the government provided technical assistance to re-activate FPAN's central clinic as one of the national training

centre in family planning and Chitwan and Itahari clinics as regional family planning training centre. The government will certify these training centres in 2009 and then FPAN will scale up the FP training to FPAN and government service providers.

Y. In-kind Contribution

The in-kind contribution mobilized by the Association during the program year included free accommodations provided by the community for community and outreach mobile clinics and service centres. Besides, FPAN received contraceptives and HIV test kits free of cost from Ministry of Health and Population equivalent to US\$ 172,278.00 in 2008 as follows:

Contraceptives and HIV test kits received from the government

Items received	Quantity	Unit cost	Total cost in US\$
Condom	2,577,908	US\$ 3.74 per gross	66,954.00
Pills	80,324	US\$ 0.30 per cycle	24,097.00
Injectable	80,000	US\$ 0.92 per vial	73,600.00
HIV test kits	3,360	US\$ 2.27 per piece	7,627.00
Total	-	-	172,278.00

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