



## Overall Achievement in Program Implementation

FPAN developed five-year Strategic Plan (2005-2009) based on IPPF's Strategic Framework. FPAN implemented its program activities in 2007 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 Combating Gender Based Violence during Pregnancy 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 2007. The assessment of the progress made by FPAN in major programmatic areas is highlighted as follows:

### Advocacy

FPAN organized three round table discussions in Rupandehi, Makwanpur and Dhanusha districts as preparatory meeting among law enforcers, woman and human right activists, community leaders and NGO representatives to declare five GBV project districts as GBV zero tolerance zone. These meeting were instrumental to build consensus among all stakeholders to declare GBV zero tolerance zone. A resolution was passed in each round table discussion with strong commitment of all participants to declare the project districts as GBV zero tolerance zone. Following the round table discussion FPAN organized big mass rally led by GBV survivors in Rupandehi, Nawalparasi, Makwanpur, Sarlahi and Dhanusha districts. Local level law enforcers of government, parliamentarians, chief of the line agencies, woman and human right activists, school and university teachers, district level leaders of the seven political parties in power at national government, representative of local government, community leader and civil society members participated in the rally. About 10,000 people in Nawalprasi, 8,000 in Rupandehi, 3,000 each in Makwanpur, Dhanusha and Sarlahi districts marched in the street demanding to declare these project districts as GBV zero tolerance zone. The rally in each district converged into mass gathering at the heart of district headquarter and all speakers including law enforcers (Chief District Officer and Chief of District Police Office) and parliamentarian representing same district in the parliament declared the district as GBV tolerance zone.

The national coalition against gender violence formed in 2006 through FPAN's initiative including Ministry of Women, Children and Social Welfare, national and international NGOs, Nepal Bar Association, media groups, UN agencies and other line ministries of the government organized various program to mark the UN 16 days activism against gender violence in 2007. The coalition handed over a memorandum to the honourable speaker in the house of representative for bringing the law on domestic violence against women.

### 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 the operational areas. 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. A total of 77,916 adolescents & youth were provided SRH counselling and services during the programme year.

Empowerment of adolescent girls involved in Multipurpose Resource Centre and Youth Forum under Finnish Project was significant. The shy and innocent adolescent girls are empowered significantly and now they can speak openly on 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.

## **HIV/AIDS**

FPAN started its work for improving SRH of PLHIV since 2007. A new 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 2007. FPAN helped to develop a charter of SRH rights to MSM. 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 2007. STI services were provided through all FPAN clinics in 2007 where as the HIV VCT services were provided to high-risk groups through 13 centres. The client flow in VCT centre increased significantly from in 2007 compared with previous years as the competency of service providers increased through training in counselling and testing.

## **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 14 comprehensive reproductive health clinics in 2007. Six new clinics under Global Comprehensive Abortion Care Project (GCACP) were upgraded and they were in certification process. Besides, the clinical infrastructures in existing clinics were upgraded based on recommendations of facility survey 2007 conducted by FPAN in 2006 to improve the quality of services.

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 in 2007 to various groups of people were as follows:

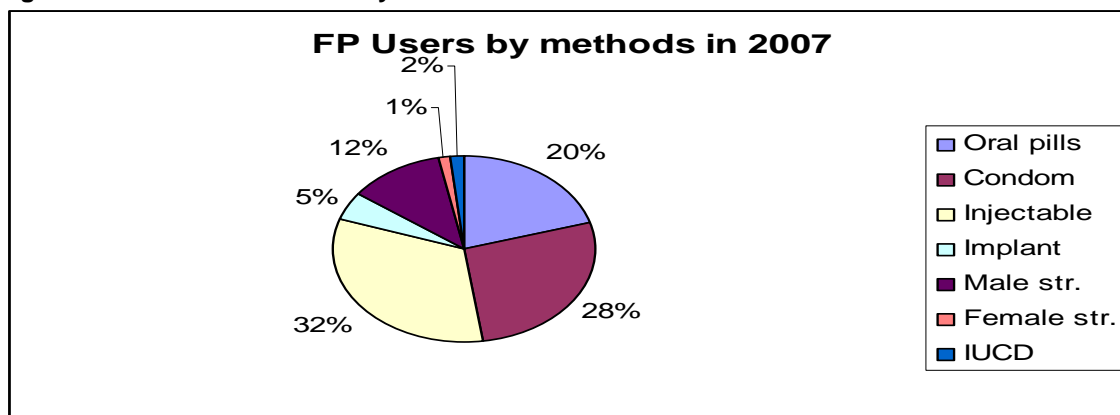
### **A. Family Planning Services**

FPAN provided FP services to a total of 209,228 users during the program year 2007. Overall achievement in providing FP services was six percent less against the stipulated target of 221547 users. Percentage share of new clients in total FP clients (current users) was 31 percent. Similarly, percentage share of young users (below 25 years) in total FP users was 38 percent. However, overall recruitment of new FP users increased by 11 percent, where as total FP remain constant compared with previous program year 2006. Besides, FPAN clinics provided emergency contraceptives to 222 women and referral services to 101 users in the program year.

The method mix of family planning methods reveals higher preference for injectable Depo (32%), followed by male condom (28%), oral pills (20%), male sterilization (12%), implant (5%), female sterilization (2%) and IUCD (1%) (Figure 1). 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.

**Figure 1: % Share of FP Users by Methods 2007**



Out of 209,228 FP users 38 percent were below 25 years and 62 percent were above 25 years. Overall percentage share of young users in total FP users increased from 35 percent in 2006 to 38 in 2007. Similarly, share of young users among new users was 45 which increased marginally from 44 percent in 2006. This indicates that the FPAN program is focusing on young FP users.

**Profile of Family Planning Users in 2007**

Methods	New users			Current users		
	Below 25 years	Above 25 years	Total	Below 25 years	Above 25 years	Total
Oral pills	6490	8643	15133	16144	26145	42289
IUCD	133	423	556	506	2995	3501
Male condom	11317	12204	23521	25960	31683	57643
Female condom	9	41	50	0	0	0
Injectable	11068	13708	24776	22629	45149	67778
Implant	228	887	1115	1377	8551	9928
Male sterilization	4	368	372	12056	13101	25157
Female sterilization	1	13	14	726	2206	2932
<b>Total</b>	<b>29250</b>	<b>36287</b>	<b>65537</b>	<b>79398</b>	<b>129830</b>	<b>209228</b>

**Emergency Contraceptives**

Pills	3	13	16
Postiner 2	19	187	206
<b>Total</b>	<b>22</b>	<b>200</b>	<b>222</b>

**Referral to other agencies**

Male sterilization	0	78	78	0	78	78
Female sterilization	0	21	21	0	21	21
Implant	0	2	2	0	2	2
<b>Total</b>	<b>0</b>	<b>101</b>	<b>101</b>	<b>0</b>	<b>101</b>	<b>101</b>

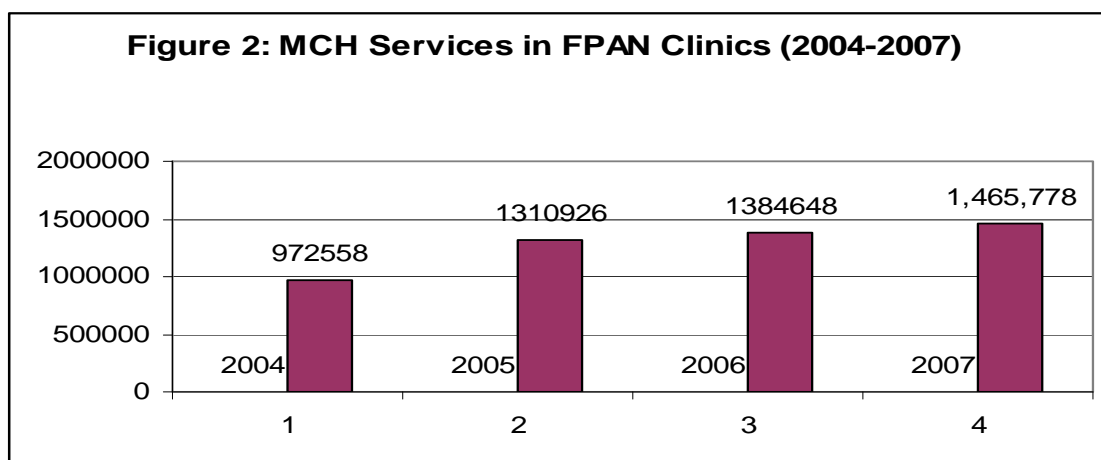
**B. CYP Achieved**

Total CYP achieved by FPAN was 94,500 in 2007 which increased by 4 percent compared with 2006. Share of spacing methods and sterilization in total CYP was 96 and 4 percent respectively.

**C. No of MCH Education and Services**

A total of 138 MCH counselling, education and services, including 686,143 MCH services and 779,635 MCH educations were provided to the clients through 651 FPAN's branch and outreach

clinics during the program year 2007. Overall MCH education and services increased by 6 percent in 2007 compared with 2006.



Types of MCH education and services provided by clinics in 2007

<b>A. MCH Services</b>	<b>&lt; 25 years</b>	<b>25 and above</b>	<b>Total</b>
Prenatal check-up/consultation	37,668	19,343	57,011
Postnatal check-up/consultation	3,591	2,828	6,419
General health check up	76,772	76,205	152,977
Safe delivery	2,645	1,376	4,021
Immunization	55,084	3,608	58,692
Complication management	2,601	6,264	8,865
FP/MCH Counselling	124,333	253,857	378,190
Breast cancer check-up	365	1,141	1,506
Others	6,336	12,126	18,462
<b>Sub-total</b>	<b>309,395</b>	<b>376,748</b>	<b>686,143</b>
<b>B. MCH Education</b>			
Oral re-hydration	42,656	49,551	92,207
Nutrition	76,442	89,649	166,091
Breast feeding	38,006	36,700	74,706
Physical Hygiene	65,561	72,648	138,209
Other MCH issue like child care	135,225	173,197	308,422
<b>Sub-total</b>	<b>357,890</b>	<b>421,745</b>	<b>779,635</b>
<b>Total (A + B)</b>	<b>667,285</b>	<b>798,493</b>	<b>1,465,778</b>

Note: Number of services

Utilization of MCH education and services by age cohort indicates sizable share of children, adolescent and youth. Out of 1,465,778 MCH education and services provided by FPAN clinics 46 percent were utilized by below 25-years people and 54 percent by 25 and above in 2007.

#### **D. No. of Pathological Services**

Altogether 32,567 laboratory test services were provided to the clients visiting FPAN clinics during the program year 2007. The laboratory facilities provided by FPAN were as follows:

<b>Lab Tests/ Pathology</b>	<b>&lt; 25 years</b>	<b>25 and above</b>	<b>Total</b>
Blood test (DC, TC, ESR, and Grouping etc.)	6,837	4,189	11,026
Urine test R/M	1,583	1,476	3,059
Semen test	25	315	340
Stool test	8,776	77	8,853

Pregnancy test	2,480	2980	5,460
Pap smear	303	1123	1,426
HIV VCT	736	1022	1,758
Other test	440	205	645
<b>Sub-total</b>	<b>21,180</b>	<b>11387</b>	<b>32,567</b>

Overall client flow for pathological services declined by 31 percent, particularly stool, urine and blood test in 2007 compared with 2005. However, the client flow for HIV VCT increased marginally compared with 2006. Decline in stool, urine and blood test was contributed by frequent strike called by political parties and closure of schools. These tests are performed for school students under school health program and general strike in school has affected this program in 2007. Utilization of pathological services by below 25 years people was 65 percent and 35 percent was utilized by above 25 years people.

### E. Safe Abortion Services

After three decade of advocacy works to liberalize abortion policy in Nepal, FPAN formally started safe abortion services in its 7 clinics in 2004 as the government in January 2004 published the Abortion Procedural Order. In 2007 safe abortion services were provided to 8360 women through 13 centres to terminate their unwanted pregnancy. Number of women who have undergone for safe abortion in FPAN clinics increased significantly by 75 percent in 2007 (from 4816 in 2006 to 8,360 in 2007) compared with previous year 2006.

Similarly, counselling on safe abortion including use of safe abortion clinics to terminate unwanted pregnancy, pre and post abortion counselling was provided to a total of 48,160 women through FPAN clinics in 2007, which is 29 percent high compared with 2006.

Age group of women visiting FPAN clinics in 2007 for abortion related counselling and safe abortion services was as below:

Type of abortion services	No of women		
	Below 25 years	Above 25 years	Total
Safe abortion services	2,782	5,578	8,360
PAC services	68	77	145
Counselling <sup>1</sup> on safe abortion	21,817	26,343	48,160
<b>Total</b>	<b>24,667</b>	<b>31,998</b>	<b>56,665</b>
<b>% Share by age groups</b>	<b>44.0</b>	<b>56.0</b>	<b>100.0</b>

Share of adolescent girls and young women in total clients visiting FPAN clinics for abortion counselling, services and post abortion services was 46 percent where as the share of adult women (above 25 years) was 54 percent.

Medical method of abortion (MMA) was piloted for the first time in Nepal. It was piloted by four organizations including FPAN's central clinic, Kathmandu Medical College, Marie Stop's Clinic and BP. Koirala Institute of Health Sciences. Based on pilot result, FPAN is planning to introduce the MMA in 2008, if the government agreed to introduce this method in Nepal.

### F. STI and HIV Prevention Education, Management and Services

HIV VCT services were provided from 13 VCT centres in 2007. The uptake of the clinics for HIV VCT increased gradually in 2007. A total of 1,758 clients received VCT services through 13 clinics in the program year. Number of client flow for VCT services increased significantly from 106 clients in 2004 to 1,758 in 2007. Out of 1,758 clients tested in the centre 241 (14%) were found HIV positive. Besides, 273 PLHIV were referred to other clinic for CD4 count and ARV services in 2007. It is also important to note that the institutional capacity of FPAN has been enhanced gradually to provide such important services outside the Kathmandu valley. Now FPAN is one of the largest VCT providers in Nepal.

<sup>1</sup> Counseling service includes both clinical and community level counseling on safe abortion.

During the program year STI counselling, diagnosis and treatment services were provided to 94,939 clients through branch and outreach clinics. Overall client flow for these services increased by 24 percent in 2007 compared with 2006.

Type of services	Number of visits 2007		
	<25	25 and above	Total
STI diagnosis and treatment (Including Vaginal Discharge, Urethral Discharge, Virginites, Genital Ulcer, Scrotal swelling, Lower abdominal pain etc)	2,933	3797	6730
STI Counselling	41,961	46248	88,209
HIV diagnosis	71	170	241
HIV -DS cases referred d to other organization	96	177	273
<b>Total</b>	<b>45,061</b>	<b>50,392</b>	<b>95,453</b>
<b>% share by age cohort</b>	<b>47.0</b>	<b>53.0</b>	<b>100.0</b>

Percentage share of young people (below 25 years) visiting FPAN clinics for STI and HIV/AIDS services was nearly half (47 percent). It is important to note that the number of young people in FPAN clinics for such services is increasing gradually over the year.

#### G. SRH Counselling Services to AYs

SRH counselling services to adolescent and youth were provided through Youth Information Centres, Youth Friendly Service Delivery Points, HIV VCT Centres, Multipurpose Resource Centre, Youth Forum and other selected SRH clinics. Counselling services were provided to 77,916 people which was 38 percent high compared with 2006. Out of them adolescent and youth comprised 96 percent and adult comprised 4 percent.

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

Education and counselling services on sub-fertility were provided to women and men who visited FPAN clinics for FP/MCH education, counselling and services in 2007. A total of 24,436 men and women who expressed their desire about sub-fertility were provided counselling services in the clinics. This service was 17 percent high in 2007 compared with 2006. Similarly, SRH counselling services in a package were provided to 15,595 men, women and young people in 2007. Besides, re-canalization services were provided to 25 male.

#### I. Gender Based Violence

Combating gender based violence is one of the most important programs implemented by FPAN since 2004. Most of the activities in this project were accomplished as planned during the program year and overall achievements were encouraging. A total of 12,319 women spontaneously visited GBV project clinics and they were screened for GBV. Out of them 2455 (20 percent) were identified as GBV survivors. Majority of women, who visited the project clinics, were provided information and counselling on GBV.

Achievement in combating gender based violence in 2007

Activity	< 25 years	25 and above	Total
GBV screening	4,189	8130	12,319
Identification of new GBV survivors	835	1620	2,455
GBV counselling	4,034	7830	11,864
Legal counselling to GBV survivors	344	667	1,011
Psycho-social support to GBV survivors	2,005	3890	5,895
Emergency support to GBV survivors	119	231	350
Consumption need support to survivors	39	75	114
Micro credit support to GBV survivors	231	449	680
<b>Total</b>	<b>11,796</b>	<b>22,892</b>	<b>34,688</b>

<b>% share by age cohort</b>	<b>34.0</b>	<b>66.0</b>	<b>100.0</b>
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Besides counselling, the survivors were supported with legal counselling, psycho-social support, emergency support including shelter, food, cloth, medical treatment and micro-credit. The GBV survivors were empowered through various support and consultation during the program year.

**J. STI/HIV Prevention Education and Support Services to Internally Displaced Young People**

FPAN implemented HIV prevention among internally displaced young people supported by UNICEF Nepal linking with VCT services. Fifteen peer group leaders were and trained within the internally displaced people camps to educate further to their colleagues on STI and HIV prevention among young people living in IDP camps. The project was successful to reach with internally displaced young people and educate them on STI and HIV prevention and to extend support services to such high risk people. Life skill training was provided to 30 PLHIV for their empowerment. One of the most important achievements of this program was to form self help group of PLHIV and provide home base care and support for them through FPAN health personnel.

**K. Capacity Building of the Association**

Institutional capacity building of the Association was on high priority in 2007. 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 gender 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 log frame analysis training was organized to all branch manager, project coordinator and program officer, foundation for change training to 26 senior and mid- level staff working at FPAN central office, 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.

Continuation of organization development process was another important activity implemented 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 will be implemented in 2008. Besides, a workshop on organizational 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.

**L. Association Finance**

FPAN received Rs 145.46 millions cash and commodity grant from various donors, including internal income in 2007. The share of cash and commodity income from various donors was 64.88 percent from IPPF core grant, 23.61percent from other donors and 11.51 percent internal income.

**M. Success**

Overall achievement in implementation of the programs during the program year was successful. MCH, HIV/AIDS, safe abortion education and services including counselling were provided more than the target set in APB 2007. However, the total number of FP users was almost constant compared with 2006. However, recruitment of new FP users was 11 percent high in 2007 compared with 2006.

% change in major service statistics in 2007 compared with 2006 was as below:

A. Total family planning users	Constant
B. Recruitment of new family planning clients	11%
C. CYP	4%
D. MCH education and services	6%
E. Safe abortion services	75%
F. Safe abortion counselling services	29%
G. HIV VCT services	8%
H. STI diagnosis and treatment services including STI counselling	24%
I. Pathological services	-31
J. SRH counselling services to AYs	38%
K. Information, counselling and services on sub-fertility	17%

Overall performance on major services was satisfactory except substantial decline in pathological services in FPAN clinics.

#### **N. Problems in 2007 during program implementation**

Implementation of some activities like training, workshop and other orientation programs were rescheduled due to demonstrations and strikes called by political parties with complete stoppage of outreach activities. Besides, regular supervision and monitoring of program activities in some district branches located in the hills and mountain districts were hampered. Similarly some positions like medical doctors were vacant for long time. Adolescent program encountered some problems in 2007. 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 out migrated from their village FPAN invested resources to train new peer educators to continue the programs. Besides, 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.

Turnover of trained medical staff particularly staff nurse was major problem in safe abortion. 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.

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 and management of test kits for HIV VCT centres. 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.

#### **N. Outside Assistance**

During the program year 2007 FPAN received financial and technical assistant from different organizations. 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 through government of Nepal. Besides, 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.

#### **O. In-kind Contribution**

The in-kind contribution mobilized by the Association during the program year included free accommodations provided by the community for outreach clinics and service centres. Some of the construction materials like bricks; stone, sand gravel and timber received from the community for construction and renovation of branch clinic in Bardiya, Kapilvastu, Dailekh, Palpa, Ilam, Dang, Banke, Kailali, Sunsari, Sarlahi and Kanchanpur branches.