



## Overall Program Summary



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All programs/projects pertaining in APB 2008 are prepared in logical framework based on guidelines given by IPPF/SARO. The monitoring and evaluation plan is inbuilt in all core programs including OD. There are six projects under IPPF core program. Altogether there are 12 projects including 6 projects under IPPF core grant and 6 other restricted projects funded by JTF, Action Aid Nepal, Hewlette Foundation, Buffet Foundation, UNDP Nepal and PPFA-I. There are three projects in abortion, four in HIV/AIDS, and two in access and one each in adolescent, advocacy and organization development.

Almost all projects have two focus areas including increasing access of SRH information, education and services in underserved rural area with special focus to poor and marginalized people and advocacy for SRHR among policy makers, program implementators, religious and community leaders at national and local level.

Adolescent programs have given emphasis on extensive mobilization of peer groups to reach with in and out of school adolescent and youth. Equal importance is given to increase access of youth friendly SRH information, education and services to young people particularly in rural area in FPAN's district branches and projects. Peer approach is adopted to reach with out of school adolescent and young people and empowerment of school teacher to teach SRH curricula to in-school young people. Development of favourable environment and positive support from government and communities to exercise SRH rights by adolescent and youth is another priority area. The outreach programs will give emphasis on early prevention of STI, HIV, unwanted pregnancy and other sexual and reproductive health problems. The peer educators, peer members, Community Counsellors and other youth club members will also educate young women on safe and unsafe abortion, legal aspect of safe abortion, service site information, service fee etc. They will also refer the adolescent and young women who seek safe abortion services in FPAN clinics. This will also support to centre of excellence on safe abortion. Similarly, the community level advocacy program will give focus to develop support system and favourable environment to address SRH needs of adolescent and young people.

Abortion programs have given emphasis to consolidate the safe abortion clinics for quality of care and increase access of safe abortion services through referral services in 2008. Majority of works under the IPPF core programs will focus to support on centre of excellence. In this endeavour development of social marketing policy on safe abortion, adoption and institutional policy framework at branch level, capacity building, start CAC training in Itahari clinic which is already approved as regional CAC training centre by the government, networking with private pharmacist and chemists (PPC), health post and sub-health post of the government will given high priority. Reducing socio-cultural and economic barriers on abortion that hinder access of safe abortion serves to women will have high priority on advocacy program under this abortion program. Similarly, the abortion program under PPFA-I supported programs have high priority on networking with other organizations for referral services and networking among CAC service providers to find out the pertinent issue that hinder on access of services and present with the government to address the problems. Abortion programs under Buffet Foundation support will expand access of safe abortion services to marginalized and underserved women in six districts of Nepal. Intensified advocacy programs will be implemented at community level to reduce socio-cultural and economic barriers to women in getting access of safe abortion information, counselling and services. Other major programs under this project are capacity building of service providers, review existing IEC/BCC materials on safe abortion, develop/adopt CAC/PAC training manuals, mapping critical partners for collaboration and partnership, KABP study among community people on myths and misconceptions on safe abortion and national level advocacy for liberalization of second trimester safe abortion services in Nepal.

Major focus in HIV/AIDS program is given for integration of HIV into SRH to increase access of SRH information and services to PLHIV. Similarly, adequate attention will be given to increase access of gender sensitive STI services and HIV/AIDS prevention education among vulnerable sub-populations particularly among sex workers, factory workers, transport workers and IDUs. Expansion of VCT services in new districts and maintaining the quality of care in existing HIV VCT centres will be another priority in HIV/AIDS program under IPPF core program. Skills and knowledge of the lab technician and VCT counsellor will be upgraded through training and clinical facilities will be consolidated and upgraded for quality services. Outreach programs will focus on STI and HIV prevention and clinical programs will focus on VCT and support and care services to people living with HIV/AIDS and their children and family. Strengthening referral networking with other SRH organizations and HIV + groups and reducing stigma and discrimination to HIV+ groups are other priority areas under IPPF core programs. The JTF supported female sex worker (FSWs) project will focus on improving their SRH including STI and HIV prevention through education and direct access of RH services and empowerment through skill development training, micro-credit and networking among themselves. Similarly, emphasis will be given to increase access of SRH information and services Hewlette Foundation supported coming closer project. Besides, increasing access of hotline counselling on STI/HIV will be main focus in hotline counselling project supported by

UNDP/Nepal. Empowerment of PLWHA through formation and strengthening of self help groups is another priority area in all projects.

Access programs under IPPF core program have given emphasis to increase contraceptives choice in underserved rural areas, increasing access of SRH services through mobile camps to poor and marginalized people, improving quality of care in rural outreach clinics, established for poor and marginalized people and community sensitization for increased utilization of available SRH information and services. Scaling up of GBV screening and support to GBV survivors is another focus area under access. Capacity building of the service providers and consolidation of community clinics will get high priority to maintain the quality of SRH information and services in rural area. Similarly, the Equity and Access Program supported by Action Aid Nepal will give priority to organized poor, marginalized and women from ethnic minority in group and educate them on their rights on access of SRH information, education and services and utilization of safe motherhood services.

Advocacy programs in APB 2008 will give focus to carry forward the FIGO initiative on unsafe abortion in Nepal, men engage in combating GBV and reducing girls trafficking, influence policy makers and planners to reduce early marriage and teen age pregnancy, change in RH curricula in lower secondary and secondary schools, and change in adolescent policy and program to met their unmet SRH needs. Besides, various advocacy programs will be implemented at local level to influence the community leaders in favour of SHRH. Different fact sheets and policy gaps in SRHR will be prepare and distributed in all advocacy programs. Partnership with media people to advocate for SRH rights and to minimize the impact of conflict on SRH of women is also given high priority. FPAN's program staff will be encouraged to publish different articles and papers in national and international general and peer review journals in favour of SRHR.

Major focus in organization development will be given to carry forward the recommendations pertaining in Management Audit Report 2006 and Organization Development Workshop held in Kathmandu in 2007. Major activities under this program area are orientation and training to newly elected office bearers and members of the central and branch committees, Golden Jubilee celebration of the Association with its image building programs, competency assessment of mid-level staff and training need identification of support staff for capacity building, revision of the financial and administrative rules and regulations and to carry out the Associations' financial system through Audit Committee and independent external auditor.

Major clinical and non-clinical SRH education, counselling and services under different thematic areas discussed above will be provided as follows:

<b>i. Family Planning Counselling and Services</b>	<b>400,745</b>
Family Planning counselling services	94,147
Family planning services (spacing and permanent)	305,258
Emergency contraceptives	1,340

<b>ii. MCH Services</b>	<b>307,468</b>
ANC	62,223
PNC	24,621
Immunization	35,432
Safe delivery	2,535
Gynaecological service	1,470
Health check up and treatment	181,187
<b>iii. MCH Education and Counselling</b>	<b>254866</b>
Nutrition education	39,785
Breast feeding education	33,959
ORT education	26,230
Physical hygiene education	16,226
Education on child care, menstruation & safe delivery etc	44,574
MCH counselling	94,092
<b>iv. STI/HIV/AIDS Counselling and Services</b>	<b>88,013</b>
STI counselling services	60,200
STI diagnosis and treatment services	12,105
VCT counselling services	10,768
VCT services	2,130
Care and support to PLHIV	200
ARV referral services to PLHIV	150
PMTCT counselling and referral services	2,460
<b>v. Abortion and Post Abortion Counselling and Services</b>	<b>44,676</b>
Counselling on safe abortion	34,884
Safe abortion services	8,755
Post abortion care	1,037
<b>vi. Adolescent SRH Counselling</b>	<b>163,003</b>
<b>vii. GBV screening and counselling</b>	<b>5,000</b>
<b>viii. Sub-fertility counselling</b>	<b>12,315</b>
<b>vii. Laboratory test and parasite control services</b>	<b>88,287</b>
Lab test (Blood, urine, stool, semen, pregnancy etc test)	50,787
Parasite control among adolescent	37,500

These services will be provided through 29 comprehensive SRH clinics located at branch/project office in urban area, 5 Family Health Centres with round the clock safe delivery services in per-urban area, 64 static regular community clinics and 144 weekly clinics located in rural area, 168 CBO managed clinics (which were handed over by FPAN to local CBO) and 30 mobile clinics.

## O. Budget and Finance of the Association

Total budget of the Association will be Rs 130.8 millions in 2008. Percentage share of IPPF core grant in total budget is 73 percent, funding from other donors (non-IPPF) will be 14 percent and internal income will contribute 13 percent in total budget.

Allocation of budget in different thematic area is made based on program priority. Allocation of IPPF core grant in different thematic area is as below:

<b>Thematic area</b>	<b>Budget allocation<sup>1</sup></b>	<b>%share</b>
Adolescent	Rs. 19,508,920	19.34
Abortion	Rs. 26,002,221	25.78
HIV/AIDS	Rs. 21,246,677	21.06
Access	Rs. 16,142,933	16.00
Advocacy	Rs. 7,669,071	7.60
Organization development	Rs. 10,307,350	10.22
<b>Total</b>	<b>Rs. 100,877,172</b>	<b>100.00</b>

An effort has been made to allocate more resources for program activities. Allocation of IPPF core grant in program, program overhead, personnel and contraceptives is as below:

<b>Expenditure head</b>	<b>Budget allocation</b>	<b>%share</b>
Program cost	Rs 58,778,739	58.27
Personnel cost	Rs. 23,938,156	23.73
Contraceptives cost	Rs. -	-
<b>Subtotal Direct Cost</b>	<b>Rs 82,716,895</b>	<b>82.00</b>
Program overhead cost	Rs. 11,141,369	11.04
Personnel cost	Rs. 7,018,908	6.96
<b>Subtotal Indirect Cost</b>	<b>Rs 18,160,277</b>	<b>18.00</b>
<b>Total</b>	<b>Rs. 100,877,172</b>	<b>100.00</b>

Overall allocation of FPAN budget including IPPF core grant, non-IPPF sources and internal income in different thematic areas in 2008 will be as below:

<b>Thematic area</b>	<b>Budget allocation</b>	<b>%share</b>
Adolescent	Rs 22,176,291	16.06
Abortion	Rs. 51,674,193	37.43
HIV/AIDS	Rs. 26,621,361	19.28
Access	Rs. 19,261,084	13.95
Advocacy	Rs. 8,012,431	5.80
Organization development	Rs. 10,307,350	7.47

<sup>1</sup> Budget allocation in Rs. is made with an estimated exchange rate of US\$1=Rs.66

<b>Total</b>	<b>Rs</b>	<b>138,052,710</b>	<b>100</b>
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Overall allocation of financial resources including IPPF core grant, funds available from other non-IPPF sources and internal income in program, program overhead, personnel and contraceptives will be as below:

<b>Expenditure head</b>	<b>Budget allocation</b>	<b>%share</b>
Program cost	Rs 79,289,836	57.43
Personnel cost	Rs. 37,234,409	26.97
Contraceptives cost	Rs. 1,650,000	1.20
<b>Subtotal Direct Cost</b>	<b>Rs 118,174,245</b>	<b>85.60</b>
Program overhead cost	Rs. 12,723,037	9.22
Personnel cost	Rs. 7,155,428	5.18
<b>Subtotal Indirect Cost</b>	<b>Rs 19,878,465</b>	<b>14.40</b>
<b>Total</b>	<b>Rs. 138,052,710</b>	<b>100.00</b>

Besides, the above mentioned projects/programs two large projects "Increasing access of contraceptives choice to rural women in Nepal" worth of Euro 1.1 million for three years (2008-2010) to be funded by KfW Germany and another project improving SRH of adolescent girls and young women project worth of Euro 0.550 million to be funded by Finland government through Vaestollitto are in pipeline. These projects are expected to finalize by the end of 2007 and will increase the share of non-IPPF funding in 2008.