



C-Surge DFAT Performance Report DRAFT

Annual Report 2023



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Program name: RESPOND

Submitted to Australian Department of Foreign Affairs and Trade (DFAT)

By: International Planned Parenthood Foundation (IPPF) and MSI Asia Pacific (MSI-AP)

Complex Grant Agreement number: 76896

Reporting period: 01/08/2022 to 31/07/2023

Submission date: 6/10/2023

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Abbreviations

ANC	Antenatal care	MSI	MSI Reproductive Choices
CAC	Comprehensive Abortion Care	MSIAP	MSI Asia Pacific
CBD	Community-based distributors	MSIC	Marie Stopes International Cambodia
CBM	Community-based mobilisers	MSIM	Marie Stopes International Myanmar
CBO	Community-based organisation	MSN	Marie Stopes Nepal
CEI	Client Exit Interviews	MSPNG	Marie Stopes Papua New Guinea
CLIC	Client Information Centre	MSS	Marie Stopes Society Pakistan
CMIS	Clinic Management Information System	MSTL	Marie Stopes Timor Leste
COVID-19	Coronavirus Disease 2019	MSIVN	Marie Stopes Reproductive Choices Vietnam
CP	MSI Country Programs	NCO	No-cost extension
CSO	Civil society organisations	NGO	Non-governmental organisations
CSE	Comprehensive Sexuality Education	NMCH	National Mother and Child Health Centre
CYP	Couple years of protection	OCMC	One-Stop Crisis Management Centre
DFAT	Department of Foreign Affairs and Trade	PFHA	Promotion of Family Health Association Laos (IPPF)
DGE	Demand Generation Educators	PNG	Papua New Guinea
DHI	Digital Health Intervention	PNC	Postnatal care
DHIS2	District Health Information Software 2	PPE	Personal Protective Equipment
EASOR	East and South east Asia and Oceania	PNGFHA	Papua New Guinea Family Health Association (IPPF)
EoP	End of Program	RENEW	Respect Educate Nurture Empower Women Bhutan (IPPF)
FCHV	Female Community Health Volunteer	RESPOND	Responding with Essential Sexual and Reproductive Health and Rights
FHE	Female Health Educators	RHAC	Reproductive Health Association of Cambodia
FPAB	Family Planning Association of Bangladesh (IPPF)	RFHAF	Reproductive Family Health Association of Fiji (IPPF)
FPAN	Family Planning Association of Nepal (IPPF)	SA	Safe abortion
R-FPAP	Rahnuma Family Planning Association of Pakistan (IPPF)	SARO	South Asia Regional office
FPASL	Family Planning Association of Sri Lanka (IPPF)	SDP	Service Delivery Points
FPOP	Family Planning Organization of the Philippines (IPPF)	SGBV	Sexual and Gender Based Violence
FP	Family Planning	SHE	The Society for Health Education Maldives (IPPF)
GEDSI	Gender Equality, Disability and Social Inclusion	SOGIESC	Sexual Orientations, Gender Identities and Expressions and Sex Characteristics
IPPA	Indonesian Planned Parenthood Association (IPPF)	SP	Service provider
IPPF	International Planned Parenthood Federation (IPPF)	SIPPA	Solomon Islands Planned Parenthood Association (IPPF)
IUD	Intrauterine device	SRH	Sexual Reproductive Health
IVR	Interactive voice response	SRHR	Sexual Reproductive Health Rights
KFHA	Kiribati Family Health Association (IPPF)	SRPOP	IPPF Sub-Regional Office for the Pacific
KOTO	Know One Teach One	STI	Sexually Transmitted Infection
IP	Infection Prevention	TFHA	Tonga Family Health Association (IPPF)
LAPM	Long-Acting Permanent Methods	TuFHA	Tuvalu Family Health Association (IPPF)
LARC	Long-Acting Reversible Contraceptives	WHO	World Health Organisation
LGBTQIA+	Lesbian Gay Bisexual Transgender Queer Intersex Asexual people +	UNICEF	United Nations Children's Fund
MA	Member Association of IPPF	UNFPA	United Nations Population Fund
MoH	Ministry of Health	VCAT	Values Clarification and Attitude Transformation
M&E	Monitoring and Evaluation	VIA	Visual Inspection with Acetic Acid
MSB	Marie Stopes Bangladesh	YES	Youth Education on Sex

1 Key Impact of the RESPOND Project

Key impacts since the start of the RESPOND project

Unintended
Pregnancies
Averted

1,255,100

Unsafe
Abortions
Averted

468,059

Maternal
Deaths
prevented

803

Number of essential
SRH services provided

22,253,252

SGBV
Survivors
referred for
follow up

125,600

Number of SRH clients
served throughout the
programme

5,494,430

Number of Couple Years
of Protection (CYP)

3,047,403

Number of clients who received
services through DHI/Telemedicine

163,666

2 Executive Summary

Introduction

The Year Two Annual Report of the RESPOND (Responding with Essential Sexual and Reproductive Health and Rights (SRHR) Provision and New Delivery Mechanisms) program highlights the significant achievements and collaborative efforts of IPPF (International Planned Parenthood Federation) and MSI (MSI Reproductive Choices) in implementing essential sexual and reproductive health (SRH) services, between August 2022 and July 2023. This report highlights progress made by both IPPF and MSI in delivering quality SRH information and services, addressing the challenges faced, and outlining the key priorities for the remaining period of program implementation.



At its core, the RESPOND program is ensuring that all people have access to quality SRH services in the Asia and Pacific region. The teams at MSI Asia Pacific (MSIAP) and IPPF and their Country Programmes (CP) and Member Associations (MA) have proved their commitment to this mission, which is evident in the quantitative and qualitative achievements made over the second year of the program. Leveraging IPPF's and MSI's established services and teams and maintaining close communication with local networks and partnerships at a countrywide level, RESPOND consistently achieves notable advancements towards its goals.

MSI Vietnam has exceeded RESPOND targets for the project period, including reaching 312 SGBV survivors for follow-up support, equalling 492% of the annual target.

Key Achievements

Throughout the reporting period, dedicated teams from MSI and IPPF have worked tirelessly to provide comprehensive SRH services to clients across the diverse regions of Asia and the Pacific. The report highlights the significant number of couple years of protection (CYP) generated and the successful delivery of care to marginalized and underserved populations, including persons with disabilities and the LGBTQIA+ (Lesbian Gay Bisexual Transgender Queer Intersex Asexual +) community. Between August 2022 and July 2023, RESPOND has delivered a total of 15,117,436 SRH services to 3,601,979 clients¹, generating 1,637,657 CYPs. Likewise, over this reporting period, contraceptive and safe abortion services provided under RESPOND have successfully averted an estimated 608,398 unintended pregnancies, 242,636 unsafe abortions, and 422 maternal deaths and has resulted in approximately AUS \$22,826,178 in direct health care costs saved.

Services and support for Sexual and Gender-Based Violence (SGBV) survivors has been further augmented in year 2 of the RESPOND program. Country teams are developing, utilising and leveraging techniques, tools and resources to better understand what critical support is required for communities, and how to deliver services in a contextualised and sensitive manner. This reporting period, 100,886 clients were referred for follow up support (281% of the reporting period target).

Since COVID-19, health systems have had to adapt the way clients and patients are reached. For some teams it is their first time utilising telemedicine and digital health activities within their projects. The RESPOND program has allowed MSI CPs and IPPF MAs to think about alternative ways to deliver services, often with encouraging results. The number of clients who received services because of DHI (digital health intervention)/telemedicine

¹ MSI's management information systems capture client visits, rather than unique clients served. MSI's result for this indicator, therefore, is a count of client visits across the project and may include clients returning for subsequent SRH services. IPPF utilizes the Institutional Data Guidelines in counting the SRH services provided by all MAs generated from the various Service Delivery Points (SDPs).

across MSI and IPPF was 89,645, achieving 82% of their target (compared to 57% in year 1). Furthermore, the number of people who are accessing SRH information through all digital platforms measured was 27,846,048 across MAs and CPs for year 2, which has resulted in 169% results against target.

Collaborative Partnerships

The success of service implementation is greatly attributed to the strong collaborative partnerships forged with local civil society organizations, government agencies, and healthcare providers. These partnerships have facilitated the integration of project activities into existing local systems, ensuring sustainability and local ownership of the initiatives.

MSI and IPPF have had a longstanding, collaborative relationship, both at the country and management level. Program management teams have collaborated through shared learnings and resources, coordination of report submissions and presentations and monitoring trips to CPs and MAs. This relationship has benefited staff in country, as they have access to more support and resources to achieve quality service delivery. Both MSI and IPPF are looking forward to continuing this working partnership into the future.

Learning and Adaptation

The report emphasizes the importance of learning and adaptation in improving service delivery. By engaging with local communities and leveraging the achievements of the project, the needs of marginalised groups, such as survivors of SGBV, women and girls in refugee camps, LGBTQIA+ people and people with disabilities, have been identified and addressed. This inclusive approach and the increase in satellite and mobile services has resulted in increased access to quality SRH care for these populations.

Challenges and Priorities

Although COVID-19 has diminished as a threat in most RESPOND countries, the ramifications and impacts are still being experienced. Challenges, both emerging and persistent, are being felt by health systems, governments, communities, and especially people who are marginalised and vulnerable.

The report acknowledges the challenges faced during the reporting period, such as cultural appropriateness of services and budgetary pressures in certain sectors with inflation and the ongoing impact of the credit crunch. It also outlines the key priorities for the remaining period of program implementation, including ongoing capacity building of health care providers in the area such as SGBV, meeting the needs of marginalised communities, and the continuation and scale up of telehealth services through digital health interventions. These priorities aim to further enhance service delivery, improve monitoring and evaluation, and strengthen partnerships across key stakeholders.

The achievements outlined in this report serve as a testament to MSI and IPPF's collective commitment to improving the SRH and the well-being of individuals and communities. MSI and IPPF would like to acknowledge the ongoing support and guidance from DFAT. The additional funding allocated for the costed extension will further enhance the achievements made under the RESPOND program and will be rolled out in Indonesia, Lao, Myanmar, Papua New Guinea, Cambodia, Pakistan, the Philippines and Vietnam. It is pleasing to note that the newly unveiled DFAT International Development Policy places significant importance on localization, bolstering healthcare systems, and maintaining a commitment to Sexual and Reproductive Health and Rights (SRHR), areas where both MSI and IPPF are strongly positioned to further champion in the region.

3 Context Overview and Situation Update

In the span from August 2022 to July 2023, a noticeable shift has occurred in the landscape of COVID-19 in RESPOND implementing countries. COVID-19 cases have diminished significantly, with most nations reporting no considerable impact on project activities. However, there are other challenges that persist. The healthcare system has struggled in some countries to regain momentum since COVID, impacting the provision of equitable care. Meanwhile, economic aftershocks of COVID are still felt, paired with inflation and political turmoil, all creating complex working environments. Climate Change adds another layer of concern, likely to exacerbate issues including compromising social determinants of health such as livelihoods, equality and access to quality health infrastructure, and increasing internal displacement from extreme weather events, for low and middle-income nations in the coming years.



Community Health Volunteers receive a detailed briefing on services at the Community Clinic Bharoul, Nepal, ensuring effective outreach to clients.

(Family Planning Association of Nepal (FPAN), IPPF)

The health sector still bears a heavy burden since COVID-19, with implications for vulnerable and marginalised population groups. In Vietnam, there have been challenges around local healthcare leadership and shortages of medical supplies in the public health system, both factors that impact the delivery of quality and equitable health services. In Cambodia, the Marie Stopes International Cambodia (MSIC) team noticed that the number of clients served was lower than previous years in MSIC in centres, government centres and other private facilities. This could be correlated with people's reluctance to access health services for fear of contracting the virus, but also due to health system constraints. Likewise, economic impacts of COVID-19, general inflation and the ongoing war in Ukraine are still being felt in many countries. In Bangladesh, inflation and the significant devaluation of Bangladesh Taka against foreign currency continued to impact the project budget, creating downstream effects on project delivery. Pakistan has also experienced a 40% increase in inflation and significant political unrest.

Myanmar is also facing economic deterioration, primarily due to the military takeover. The political, security and humanitarian crisis is dramatically worsening, with 1.8 million internally displaced people. As conflicts and tensions persist, the state administrative council (led by the military) has extended the state of emergency through to January 2024, with martial law still in place. Papua New Guinea (PNG) is also facing security concerns, as ethnic violence in National Capital District and tribal fights in Hela and Enga Province have continued, with effects spilling into Eastern Highlands. Furthermore, the current Government of Nepal is initiating action against corrupt political leaders which may impact the stability of the government and result in political unrest.

In Sri Lanka, the major risk factors affecting service provision remains the economic crisis. Although the peak of the crisis was in the middle of 2022, the country is still suffering the aftermath, with most essential items remaining expensive or unavailable in the local markets.

In the Pacific, the COVID-19 pandemic created immense challenges for health service delivery, including SRH provision, across the nine Pacific countries where IPPF MAs are present. The region has experienced supply chain and service availability interruptions, a deterrence of health seeking behaviour, and lapses in access to information (for instance, due to school closures). Health systems lost health care workers due to COVID-19 infections, adding further pressure on prolonged staff burn-out and existing workforce shortages. This loss of

healthcare workers is compounded by the trend toward an ageing healthcare worker population in the region. The activities supported under the RESPOND program are very much aligned to the DFAT funded Niu Vaka Pacific Strategy Phase II.

Climate change exacerbates existing gender inequalities and poses unique threats to the SRH of women and girls worldwide. As climate change impacts disrupt healthcare systems, access to family planning commodities is reduced. In addition, maternal mortality, unintended pregnancies and unsafe abortions are expected to rise. In Pakistan, the flash floods from monsoon rains caused major devastation. In Timor Leste there were mobility disruptions due to poor road conditions exacerbated by heavy rain during the last three months of the reporting period. In March, Vanuatu declared a state of emergency after two destructive Category 4 tropical cyclones and a 6.5 magnitude earthquake were experienced within a week, impacting over 80% of Vanuatu's population. It is anticipated that climate change events and ramifications will be felt even more over the years, with the impacts felt most acutely by marginalised women and girls in low-income regions.

Evidently, despite a reduction in COVID-19 cases through year 2 of RESPOND, challenges persist as health systems attempt to recover from wide-ranging impacts of the pandemic. Furthermore, current and ongoing impacts of climate change pose unique threats to the sexual and reproductive health of women and girls. Results from year two of RESPOND highlight the ability of the Program to adapt to these evolving challenges.

4 Project Against Outcomes

Please see **Annex 1** for Results Framework and detailed results and **Annex 5** for Country Summaries.

Ultimate Outcome² August 22–July 23

Ultimate Outcome Indicators	Year 2 Target	Year 2 Achieved	% Year 2 Target achieved	Status	% EoP revised target achieved
# of maternal deaths averted through programme activities (estimated)	149	422	283%	Exceeding expected progress	159%
# of unplanned pregnancies averted through programme activities (estimated)	200,842	608,398	303%	Exceeding expected progress	157%
# of unsafe abortions averted through programme activities (estimated)	83,048	242,636	292%	Exceeding expected progress	161%

The International Planned Parenthood Federation (IPPF) and MSI Reproductive Choices continued their partnership in year 2 of the Project, pursuing enhanced sexual and reproductive health and rights (SRHR) and access to services across the Asia Pacific region for populations impacted by COVID-19. The RESPOND program also supports two broader outcomes outlined in the C-SURGE Investment Level Monitoring, Evaluation and Learning Framework (I-MELF). First, C-SURGE Outcome 2 aims to have target communities in selected countries resume demand for SRHR services, including through innovative and more resilient modalities. This is achieved by increasing delivery of SRH services and information to enable informed decisions about reproductive health through innovative approaches. Second, C-SURGE Outcome 3 seeks to improve the capability and capacity of governments and SRHR partners in selected countries to deliver critical SRHR services, including through innovative and resilient modalities. This involves providing sexual and reproductive health (SRH) services through alternative channels like telemedicine, ensuring continuation of services disrupted by COVID-19, and improving provider knowledge and skills through quality training and assessment. MSI's Impact 2 calculator estimates that year 2 project activities have resulted in 422 maternal deaths averted; 608,398 unplanned pregnancies averted; 242,636 unsafe abortions averted and AUD 22,826,178 direct health care costs saved.

In this reporting period, IPPF achieved 329 on the number of maternal deaths averted against the target of 86 or 383%, 427,318 against the target of 102,735 or 416% on the number of unplanned pregnancies averted, and 178,279 against the target of 45,873 or 389% on the number of unsafe abortions averted and with a total direct health cost amounting to AUS\$17,066,178.

In this period the results from IPPF MAs show an increased number of clients choosing LAPMs (Long-Acting Permanent Method) and LARCs (Long-Acting Reversible Contraceptives), provided by MA clinics and associated clinics, in collaboration with local health authorities. This increased uptake of LAPM and LARC supported IPPFs achievement of the ultimate outcome indicators.



Ha is from an ethnic minority in Vietnam, and is deaf. She received a free contraceptive implant from MSI Vietnam.

The IPPF East and Southeast Asia and Oceania (ESEAO) MAs (Philippines, Lao PDR, Indonesia, Cambodia) have continued to provide 3-year implants (8,382), 5-year implants (1,582), and 10-year intra-uterine device (IUD) (3,049). IPPA (Indonesian Planned Parenthood Association) provided safe abortion (SA) services to 1,216 clients

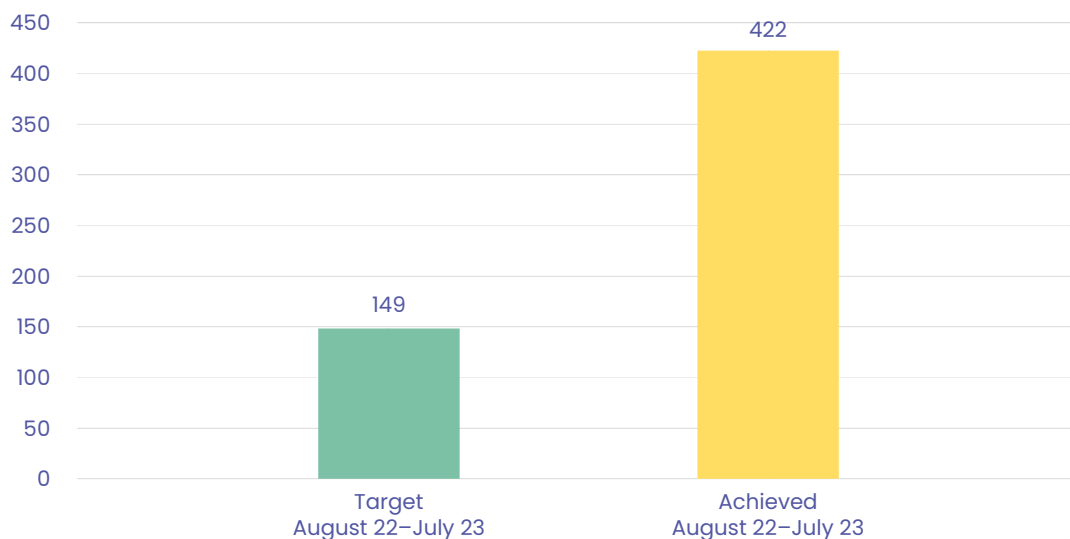
² The Ultimate Outcome Indicator (UOI) have not yet been adjusted for the costed extension period for IPPF but will be adjusted and proposed to DFAT for approval ahead of the next reporting period, when the cost extension period activities and data will be reported on.

while the PFHA (Promotion of Family Health Association Laos) had 47 clients. In Pakistan, R-FPAP posted to have an increasing trend uptake of LAMP and LARC with 2,052 for the 5-year implants, 86,019 for the 10-year IUD, 2,486 for the female-sterilization, 131 for the male-sterilization, and 8,133 for SA services. Other IPPF South Asia Regional Office (SARO) MAs (Sri Lanka, Maldives, Bhutan, and Nepal) have reported combined data on the following contraceptive services delivered: 5-year implants (3,706), 10-year IUD (550), sterilization-male (219) with 2,767 safe abortion services reported by FPAN. PNG and Pacific MAs have relatively maintained their numbers in LAMP and LARC with a combined total of 682 for 3-year implants, 72 for 5-year implants, 134 for 5-year IUD, 19 for 10-year IUD, 13 for the sterilization-female, and 14 for the sterilization-male.

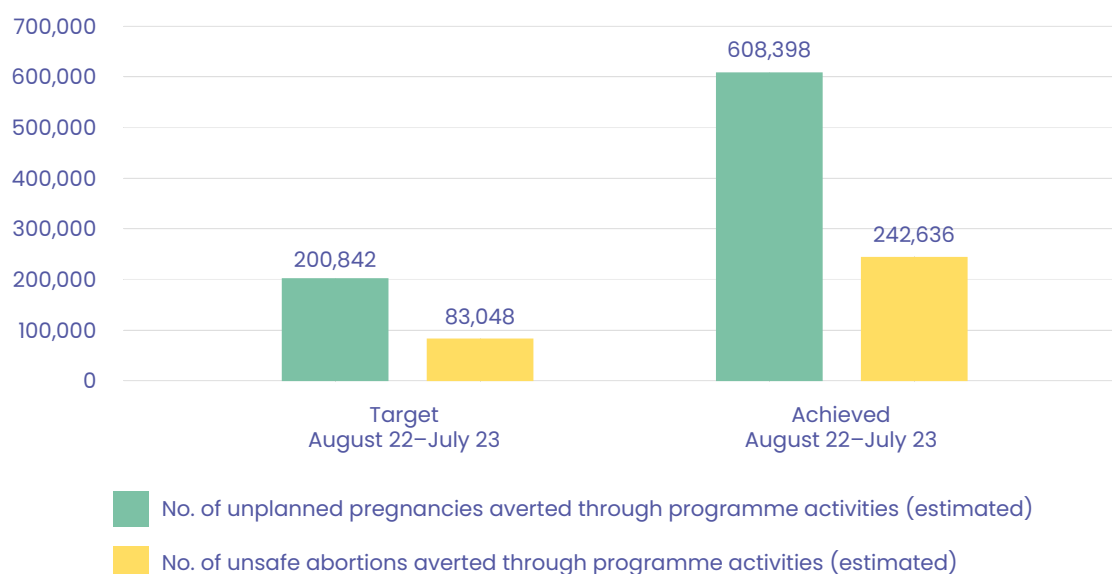
All MSI CPs met or exceeded SRH service delivery targets, with a high uptake of LAMP and LARC, contributing to all MSI CPs meeting or exceeding their Ultimate Outcome indicators, as well as CYP targets. Over this reporting period, 93 maternal deaths were averted across MSI teams, exceeding the target set of 63 (147% progress achieved). Likewise, 181,080 (185% progress achieved) unplanned pregnancies were averted, which is well over the original target of 98,107. Finally, the number of unsafe abortions averted through program activities was 64,357 (173% of progress achieved), again achieving well over the target set which was 37,175. AUS \$5,760,000 total direct healthcare costs saved from August 2022 to July 2023.

In Bangladesh, Marie Stopes Bangladesh (MSB) saw a high uptake of tubal ligations (6,605) and vasectomies (1,557). MSB also delivered a high number of 3-year implant insertions (81,255). Like MSB, Marie Stopes Nepal (MSN) also saw a high uptake of tubal ligations, (7,976) and vasectomies (281). MSI CPs once again provided a high number of 10-year Intra-Uterine Devices (IUD), 27,531 in Pakistan, 3,697 in Bangladesh and 19,369 in Vietnam. A considerable number of 5-year implants were provided in Timor Leste (MSTL) with 12,340, and Papua New Guinea (MSPNG), with 13,369. Marie Stopes International Myanmar (MSIM) provided 13,699 3-month injectables and 48,383 pill cycles. MSIC met their Ultimate Outcome targets through a range of services, including 10-year IUDs (1,400) and 3-year implants (893).

No. of maternal deaths averted through the programme activities (estimated)



Ultimate Outcome Indicators



Outcome 1: Improved utilisation of high-quality and equitable SRHR information and services by the most vulnerable, with a focus on innovative approaches and restoring services that have been impacted due to COVID-19

Outcome 1 August 22–July 23

Outcome Indicators	Year 2 Target	Year 2 Achieved	% Year 2 Target achieved	Status	% EoP target achieved
# of SRH services provided to clients throughout the program	12,402,940	15,117,436	122%	Exceeding expected progress	104%
# CYPs generated throughout the programme	1,380,386	1,637,657	119%	Exceeding expected progress	113%
# SRH clients served throughout the programme	3,514,779	3,601,979	102%	Meeting expected progress	102%
% SRH clients who are most vulnerable and underserved (e.g. under 20, living under \$1.90 a day, living with disabilities, family planning adopters, do not know of alternative provider)	25%	33%	132%	Exceeding expected progress	74%

The RESPOND project team has continued to provide high-quality SRH services and information to those most in need, increasing uptake through client-centred, respectful care. The project continued in Year 2 to demonstrate agility in rebuilding services and trust following the COVID-19 pandemic and in responding to new and continuing crises faced in different countries.

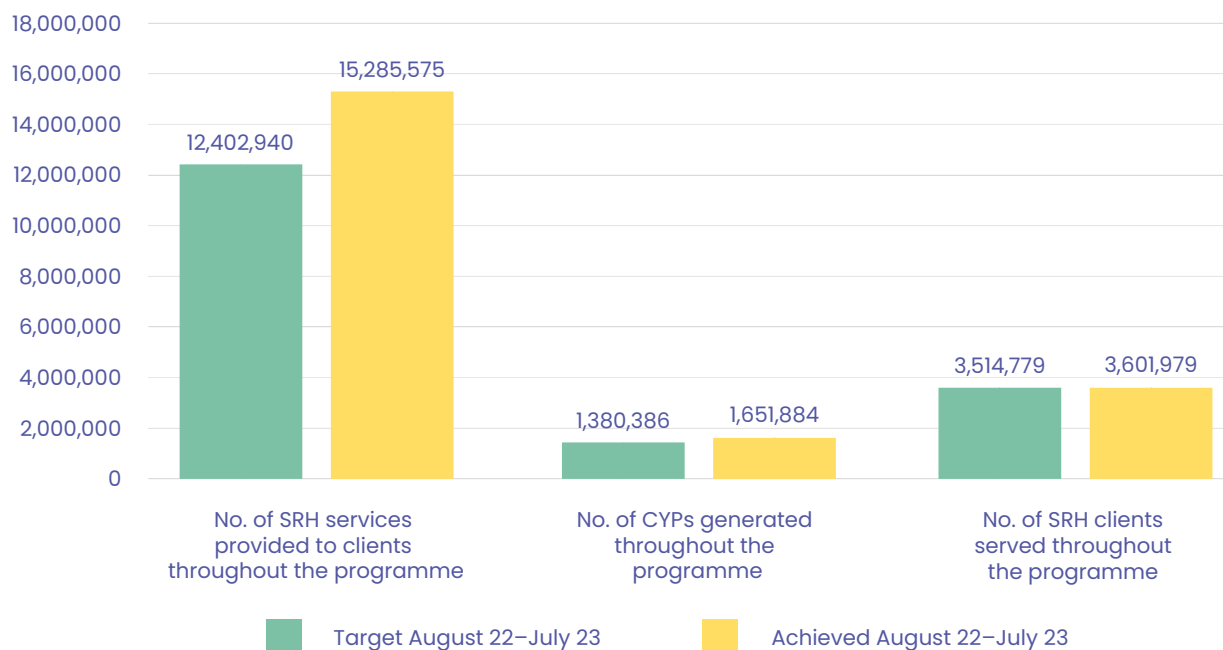
In this reporting period, the RESPOND project exceeded expected progress for Outcome 1 indicators, delivering 122% of planned SRH services, generating 119% of planned CYPs and remained on target at 102% for total SRH clients served. The IPPF and MSI partners worked closely together to strengthen results during this period, enhancing the collective success of Year 1 and bringing the project closer to achieving the programme targets.

Effective delivery of SRHR information through various platforms in the conduct of demand generation activities, coupled with improved facilities and continued capacity building trainings of health service providers has increased the uptake of LAPM and LARC in this reporting period. This has in turn accelerated the achievement of greater numbers of CYPs both the IPPF MAs and the MSI CPs. The projects' client-centred approach, coupled with collaborative partnerships at national and local level rebuilt trust and uptake of services with the results showing how the project teams coordinated to overcome crises and disruptions, to make progress against targets.

In Year 2 IPPF MAs have delivered a total of 14,480,073 SRH services to 3,309,208 clients, generating 854,095 CYPs, all exceeding the Year 2 target. Partnering and collaborating with local health authorities, mobilizing CBDs (community-based distributors), utilising alternative service delivery models, and DHI have resulted in an increase in clients reached and SRH services provided to communities, especially women and adolescent youth. Three MAs exceeded their CYP target with 214% in Cambodia, 274% in Indonesia, and 232% in the Philippines, as did Pakistan (119%), Bhutan (763%) and the Maldives (398%) with PNG surpassing the CYP target at 235%.

The MSI CPs delivered a total of 637,363 services to 292,771 clients, generating 783,562 CYPs. Concerted efforts resulted in exceeding the target number of services delivered by 122%. This was achieved through employing a multifaceted approach to partnerships with government and community and demand generation that combines traditional marketing techniques, community outreach and digital/media outreach. In Myanmar, the MSI team again surpassed their CYP target at 148%, despite ongoing conflict and challenging working environments. Marie Stopes Vietnam also exceeded their CYPs for this reporting period at 132% and provided services to 12,617 factory workers and 65% of all clients serviced received a LARC. This was achieved through engagement with local civil society organisations, integrating project activities into local systems and increasing access to factory workers. Marie Stopes Nepal who achieved 131% of their CYP target provided 19,979 SRH services, which is owed to their longstanding relationship with the government of Nepal, now having transferred 26 health facilities to the Municipalities.

Outcome Indicators



Output 1: High-quality and equitable SRH services provided through established service delivery channels

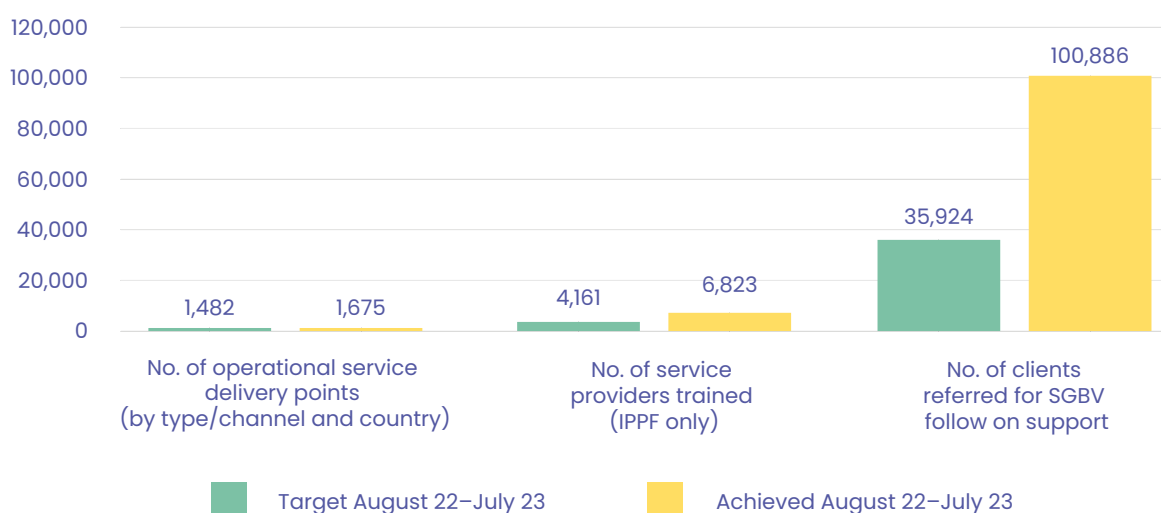
Output 1 August 22–July 23

Output Indicators	Year 2 Target	Year 2 Achieved	% Year 2 Target achieved	Status	% EoP target achieved
# of operational service delivery points (by type/channel and country)	1,482	1,675	113%	Exceeding expected progress	138%
# service providers trained (IPPF only)	4,161	6,823	164%	Exceeding expected progress	97%
# clients referred for SGBV follow on support	35,924	100,886	281%	Exceeding expected progress	178%

Providing high-quality, accessible, and appropriate SRH services to reach different key populations is central to the RESPOND project. In this reporting period, the IPPF and MSI teams exceeded progress on all indicators through increasing service delivery points (113% of target), training service providers (164% of target), and referrals for support for survivors of sexual and gender-based violence (SGBV) (281% of target). The project has increased opportunities to access SRH services and information in more communities, including remote areas. It has also increased the number of providers with improved capacity to deliver inclusive, respectful care to all.

The commitment of IPPF and MSI teams has enabled the project to surpass targets for expanding service availability and provider skills. More service delivery points in diverse areas, combined with more trained providers, has expanded access to appropriate, high-quality SRH services. Exceeding SGBV referral targets also shows the project's success in linking key populations to support for SGBV. Overall, the teams have made significant progress across Year 2 towards the goal of inclusive SRH services for all.

Output 1 Indicators



The figure above shows IPPF and MSI's overall performance against Output 1 Indicator Targets in Year 2. Contributing activities are outlined in the following sections 1.1–1.4.

Activity 1.1. Providing high-quality SRH services through established service delivery channels

As of July 2023, Reproductive Health Association of Cambodia (RHAC) in Cambodia is collaborating with a total of 99 service delivery points (SDPs) (77 associate clinics and 22 pharmacies). Pharmacies that are no longer providing medical abortion services refer to associate clinics. Through the RESPOND project, the team supported the renovation of consultation rooms in 55 associate clinics in year 2, ensuring an appropriate environment for SRH and privacy for SGBV survivors. In year 2, PFHA provided 100,423 services (61,875 females) through 24 health centres, including mobile clinics in 100 villages, with numbers maintained in the second half of year 2. In Indonesia, infrastructure improvements to static clinics have been made by IPPA to accommodate persons with disability in the SDPs. In this period 91 mobile clinics continued to be used to access the most vulnerable clients with SRH services and information. Where IPPA has no clinics, an MoU with midwives was established to provide comprehensive SRH services, e.g. in Bengkulu to provide contraception and general health services to beneficiaries. In the Philippines, Family Planning Organization of the Philippines (FPOP) mobilised 1,342 operational service delivery points in Year 2, composed of 36 mobile outreach health teams from the 12 FPOP chapters, 799 CBDs, 70 associated clinics 17 static clinics, 167 private physicians, and 303 SDPs government agencies and other agencies. The increase in CBDs reaching rural communities and indigenous clients in this reporting period contributed 21% of the total number of SRH services provided.

In Pakistan, Rahnuma Family Planning Association of Pakistan R-FPAP mobilized 34 SDPs, trained 130 health service providers and referred 38,366 SRH clients for SGBV follow-on support. Specifically, R-FPAP conducted 346 mobile camps, reaching 49,999 clients with 394,041 SRH services. Afghan refugees were reached with SRH services and information through a further 557 camps, delivering 375,366 SRH services. Mobile camps and clinics delivered results in Sri Lanka too, where Family Planning Association of Sri Lanka (FPASL) provided 4,166 clients with services through 63 mobile health camps. Through 3 clinics based in factories, 1,593 clients received SRH services in their workplace. Three migrant fairs were conducted in the Maldives, where Society for Health Education Maldives (SHE) provided free accessible SRH services to the migrant community in Male. A smartphone app version of the Clinic Management Information System (CMIS) is currently in development for use by the Pacific MAs. This will enable MAs to utilize CMIS systems and tools through tablets whilst conducting mobile outreach and humanitarian responses, ensuring that data quality is maintained.

The MSI CPs continued to optimise different service delivery channels to increase reach to clients across this period. These channels include: MSI Static Clinics, Outreach, MSI Ladies, Social Franchising, and PSS (public sector strengthening). In Timor-Leste, the MSTL team reached 50% of clients through outreach services and in Papua New Guinea, the MSPNG Lae outreach team increased services to remote villages, taking SRH services to women and girls in places where they are otherwise unavailable. In Vietnam, 150 service delivery sites are participating in RESPOND, 142 from the public system and 8 from the Marie Stopes Reproductive Choices Vietnam (MSIVN) Dr Marie clinic network.



MSIVN vehicle in front of the Ha Noi clinic where services are conducted for clients with a disability

“On behalf of MSI ladies, I would like to appreciate the contribution of RESPOND Project as the partnership between Myanmar Nurse and Midwife Association and MSI Reproductive Choices Myanmar increases accessibility and availability of SRH services to women in remote areas through MSI ladies who reside at the community level across different regions of Myanmar”.

Myanmar Nurse and Midwife Association

The MSB team in Bangladesh operated through 169 Service Delivery Points (PSS and outreach) in this reporting period. Outreach teams in particular play a crucial role in bridging the gap in service delivery, as they have the capacity to access clients who live in remote areas, and areas where there are no surgeons or providers at public health facilities. Similarly, in Myanmar, Marie Stopes International Myanmar (MSIM) team employed 46 MSI Ladies to work within their local communities to provide much needed short term and long-term contraception options. Of the number of clients receiving services from MSI Ladies in Myanmar, 80% were High Impact Clients, showing they are an incredibly effective and necessary channel. In Nepal, MSN has successfully handed over the management of service providers at 26 health facilities to the Municipality and provided 19,979 SRH services and 116,222 CYPs across all RESPOND funded channels in Y2.

In Pakistan, Marie Stopes Society Pakistan (MSS) clinics provided 198 LAPM services to youth in Year 2, which can be attributed to their youth service package, training of health providers and youth friendly clinic spaces. Demand for services is high in Port Moresby, Mt Hagen and Goroka, however, supply of commodities was a challenge. The MSPNG team worked closely with United Nations Population Fund (UNFPA) and Provincial Health Authority to ensure commodity plans are in place and to mitigate some of the risk of stock outs. MSIC included menopause, cervical cancer screening and management, and ultrasound in their regular services at the clinics. These services are gaining interest and attracting a broader range of clientele to the facility.

Activity 1.2. Strengthening organisational and health care provider capacity (staff, private and public sector) in provision of quality comprehensive SRH services and COVID-19 response

RHAC in Cambodia delivered a 3-day ToT (training of trainers) in January 2023 on use of the VCAT (Values Clarification and Attitude Transformation) curriculum with 49 participants from RHAC operational districts and staff from the National Mother and Child Health Centre (NMCH). A 10-day VCAT-CAC training was conducted in January with 4 participants from RHAC sites and 10 from public health sites in Siem Reap province. In Indonesia, IPPA conducted OpenEMR,³ telemedicine, supply chain management and SGBV trainings across all 25-implementing chapters in Indonesia. IPPA also conducted VCAT training to 20 clinic staff in Yogyakarta, 20 persons trained in providing SRH services to persons with disabilities. In the Philippines, FPOP conducted Family Planning Competency-Based Training level 1 and 2 of 13 health service providers and 20 health service providers in harm reduction of unsafe abortion for service providers, from both static and associate clinics.



The dedicated RHAC team, providing clinical services in Battambang province, catered to the LGBTQIA+ community. (Reproductive Health Association of Cambodia, IPPF)

In Pakistan, R-FPAP trained 35 service providers on post abortion care, 38 in integrated family planning and SRH services, 48 on Data Recording and Reporting, and 50 in HIV and STI (Sexually Transmitted Infection) testing and treatment. A two-day training in Sri Lanka was delivered by FPASL to 30 CBDs working at community level, covering general SRH, SGBV, referral pathways and respectful care. In Bhutan, Respect Educate Nurture Empower Women Bhutan (RENEW) delivered a self-leadership training to LGBTQIA+ groups (26 participants) to support the community to use social media to promote positive perceptions of LGBTQIA+ people and a mobile health camp specifically for LGBTQIA+ people was piloted, providing SRH services with the support of a senior gynaecologist. Capacity was built in the Maldives when SHE conducted SRH and HIV/STI trainings to SHE service providers and staff at Kulhudhuffushi Regional Hospital.

MSI country programs continued in their efforts to increase capacity of health care providers, for example in Cambodia 18 MSI centre providers were trained in menopause and cervical cancer screening and 8 in ultrasound, expanding the service offer and increasing reach. In Papua New Guinea (MSPNG), outreach was

³ OpenEMR is a medical practice management software which also supports Electronic Medical Records

strengthened in Goroka by a 2-day demand generation training of 20 CBMs (community-based mobilisers), increasing awareness of SRH and SGBV services and attendance at outreach clinics. MSIVN conducted online and in person trainings in Vietnam for over 300 participants, covering clinical and non-clinical counselling, with staff from public sector centres, call agents, and factory health staff. MSIVN provides training for public service providers through the PSS channel and their clinical competencies are evaluated annually. In this reporting period quality assurance trips were undertaken by MSIVN, to ensure performance and quality of providers in the Dr Marie social enterprise network, providers were found to be performing satisfactorily. In Nepal, MSN conducted a review meeting with district health coordinators and service providers. The team discussed onsite performance, challenges in delivering services and how service delivery can best continue. MSS conducted 76 Clinical Quality Internal Audit visits for Social Franchisees and four were conducted with outreach teams. The average score for all providers and outreach teams was 96.5%. As mentioned in the previous 6 monthly report, basic psychosocial support training from UNFPA was provided for 55 service providers from the MSIM team (MS Ladies, Center Managers, Social Media officers) for both SGBV and SRH. The training included practical tips for their own self-care, providing basic counselling and psychosocial support to clients who receive SRH services from MSI.

Activity 1.3. Strengthening the provision of SGBV services and referral pathways for SGBV survivors

RHAC, through RESPOND in Cambodia has improved the overall condition of the healthcare facilities and trained government healthcare staff in the two RESPOND operational districts of Battambang and Kampot, who are now be able to provide quality SGBV response services to clients who need them. To date, 55 clinics have been renovated to provide confidential, dedicated counselling rooms for clients and 170 providers have been trained, resulting in 720 services provided. Now, 72 health facilities have SGBV screening and reporting integrated into their standard operations. In Laos, PFHA supports the government endorsed SGBV Network in 4 districts for referral to legal aid and health services which is chaired by the Lao Women's Union. In Indonesia, IPPA supports health facilities to conduct SGBV screening in all clients and then either provide the clinical response and psychosocial support or refer to a facility that can. A standard operating procedure was developed for the management of safe houses (for SGBV survivors) and was signed off and agreed by the local health authority in West Java. They are now receiving cases, including adolescents. In the Philippines, FPOP provided 52,877 clients with SGBV prevention and response services, through community outreach and medical missions. Of these, 7,155 were referred for case management through established referral pathways. Two FPOP chapters have in-house social workers providing counselling services to SGBV survivors and improvements have been made in partnership with national and local government, such as the village violence against women desks and others. Improvements have also been made to reporting and referral systems, an evidence-based gender plan and community support groups. In Pakistan, R-FPAP are responding to the needs of 38,366 SGBV clients, 10,169 of which are from the Afghan refugee camps, providing essential services to women and girls. In the Maldives, SHE conducted culturally sensitive male engagement workshops for 119 participants focusing on men's health, family well-being, and their role as agents of change with SGBV.

In Year 2, MSI CPs have seen a high increase in SGBV referrals with 2,920 referrals reported in comparison to 174 in Year 1. This is in part attributed to a high number of referrals (1,817) reported in Pakistan, after MSS worked with R-FPAP to adopt strategies from training, specifically around using indirect exploratory questions of clients visiting the clinics who were suspected survivors of SGBV. Similarly, MSTL, MSIVN, MSN and MSB provided additional guidance to service providers on how to support survivors to feel more comfortable to disclose within a safe environment, all resulting in an increase in the number of reports. All MSI CPs continue to report challenges in relation to cultural stigma surrounding SGBV. Many have raised the need for a sector wide approach to addressing negative social norms that allow the perpetration of SGBV to continue. Additionally, the need for continued trainings, strengthening of partnerships and referral pathways has been highlighted. In Vietnam and Pakistan, MSIVN and MSS organised awareness raising and communication sessions for young people to improve knowledge about SGBV and where help and support is available. The SGBV key findings from the baseline study, "Access to SRH for SGBV survivors and people living with a disability", undertaken by MSIVN, have been integrated into an action plan to be implemented under the RESPOND extension. In Timor Leste, the MSTL team have adapted their approach to SGBV services, after reflections and learnings about the challenges to SGBV service provision were shared by team members, which has resulted in an increase in the number of referrals reported [see Timor-leste case study at Annex 2].

Activity 1.4. Strengthening supply of essential SRH and IP commodities and supplies

In Pakistan, R-FPAP have procured, 353,297 condoms, 18,900 IUD and 8,165 Depo-Provera injectable contraceptives in this reporting period, which were then supplied to the project intervention sites. In Lao, the Province Health Office and PFHA conducted a 1-day meeting on issues related to commodity stock outs experienced in the health centres. The meeting included participants from PFHA, the Maternal, Newborn and Child Health Centre, the province health officer and the district health office. It was found that supply chain issues were the primary result of health centre service providers' limited capacity in keeping the DHI2 System updated. Without accurate data on outgoing stock to the DHI2 system, the government is unable to provide commodities in a timely manner. As a result of the meeting, the Province Health Office now plans to develop an action plan with the key government partners to address commodity stock outs to the Health Centres. PFHA has a priority plan for further training of service providers from the Maternal, Newborn and Child Health Centre on data entry into the DHIS2 system, to improve overall effectiveness of supply chain management. MSI country programmes in Bangladesh, Vietnam, Nepal and TL have not experienced any significant stock out situations or challenges, thanks to the regular discussions with suppliers and government partners to ensure steady supply of commodities.

In Myanmar, MSIM are still hampered by restrictions on import permits for the international procurement process. However, the project team has managed the timely local purchase of FP commodities for their Centres and MSI Ladies channels. In PNG, the MSPNG team faced challenges in securing commodities due to a lack of stock from suppliers (UNFPA and the National Government). MSPNG have continued discussions and collaboration around increasing the stock of supplies and improving stock management, especially implants. These challenges are faced nationwide in PNG. In Vietnam, MSIVN provided FP commodities and financial resources to the trained public service providers to provide long-acting FP services. Specifically, 142 SDPs were provided new sets of IUD instrument insertion packages, together with a small funding for IUD service provision, in full collaboration with the local health authorities in the project areas.



MSI Ladies were permitted to do SRHR awareness sessions in areas of conflict in Myanmar.

Daw Khong Din, 35, migrated from the north of Myanmar and is living in a conflict zone. The public health system has collapsed, and she is struggling to provide for her five children. She did not want any more children but didn't know how to prevent unwanted pregnancies.

Daw attended a few SRH awareness sessions run by an MSI Lady who came to her area. She spoke to Daw and her husband about their options, and explained the benefits of family planning. Daw chose a 3-year IUD to prevent unwanted pregnancies.

// Now I don't worry about having another child. I can take care of my previous children well. I will recommend any other women who would like to have family planning services to go to MSI."

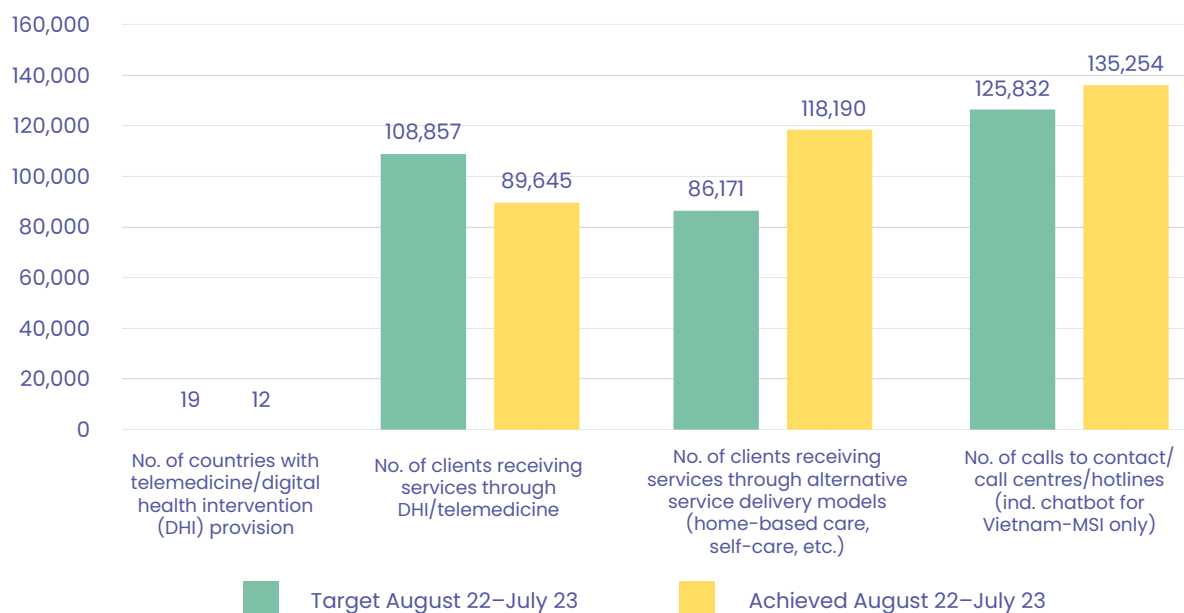
Output 2: Women, men, and young people have access to digital health services (telemedicine) and alternative service delivery models (home based care, self-care, etc.)

Output 2 August 22–July 23

Output Indicators	Year 2 Target	Year 2 Achieved	% Year 2 Target achieved	Status	% EoP target achieved
# of countries with telemedicine/digital health intervention (DHI) provision	19	12	63%	Behind expected progress	100%
# of clients receiving services through DHI/telemedicine	108,857	89,645	82%	Slightly behind expected progress	81%
# of clients receiving services through alternative service delivery models (home based care, self-care, etc.)	86,171	118,190	137%	Exceeding expected progress	114%
# calls to contact/call centres/hotlines (incl. chatbot for Vietnam – MSI only)	125,832	135,254	107%	Meeting expected progress	94%

The COVID-19 pandemic period saw an accelerated adoption of digital health technologies, telemedicine and home-based care, to provide continued access to healthcare. Telemedicine and digital health tools became vital to IPPF and MSI teams in delivering essential services during COVID-19 lockdowns and mobility restrictions. They enabled providers to monitor patients remotely, have consultations online, and maintain continuity of care amidst serious service disruptions. Digital health and telemedicine have the potential to increase healthcare access, quality and equity, particularly for underserved populations. Reaching patients in remote areas and removing transportation barriers can reduce disparities, strengthen health systems, and build resilience against future crises.

Output 2 Indicators



The figure above shows a variance in the number of countries with telemedicine on target versus achieved. In the Pacific, seven countries (Cook Island, Fiji, Samoa, Solomon Island, Tonga, Tuvalu, and Vanuatu) have challenges in providing DHI/telemedicine services. Also noted is that the number of clients receiving services through DHI/telemedicine is slightly behind expected progress (82%), in particular for IPPF MAs who are in the process of scaling up DHI/telemedicine services. The DHI webinar conducted by IPPF showcasing the experience

of FPOP, IPPA, and R-FPAP was designed to accelerate the process of scaling-up up such services with other IPPF MAs using a 'lessons learned' approach. The indicator on the number of clients receiving services through alternative service delivery models has exceeded the expected target as the home-based care and self-care services continued to gain traction after COVID-19, throughout Year 2.

Activity 2.1. Exploring and scaling-up telemedicine

In Cambodia, RHAC initiated a telemedicine pilot in 16 associate clinics in Battambang and Kampot, where midwives were trained and equipped with desktops and internet connection, to be able to offer telemedicine services namely hotline counselling and referral services to clients with a total of 3,094 clients accessing telemedicine services. PFHA in Laos provided refresher training on telemedicine for family planning, antenatal care and post-natal care to 54 participants, including communication skills and report management, with pre and post tests administered to measure knowledge gains. Telemedicine is being provided through 24 health centres with 2,157 clients being served through this channel in the past year (including FP, STI, SGBV, antenatal/postnatal care), an estimated 85% of whom were vulnerable and marginalised clients. In Indonesia, IPPA completed the development of PKBICare in Year 2 and conducted training across all Chapters on how to use the platform effectively, which resulted in reaching 11,119 clients receiving services through DHI/telemedicine. In the Philippines, FPOP facilitated the DHIS2 training for 69 participants in April 2023 for FPOP and local government staff, to strengthen data management. A total of 29,466 SRH clients received services through DHI/telemedicine. In Nepal, FPAN provided 276919 services to 13,571 clients through their telemedicine channel, whilst in Pakistan, R-FPAP used telemedicine to assist in the provision of SRH services to 26,073 clients. In both countries this is particularly beneficial in reaching clients in remote regions of the country, who would otherwise not access services. FPASL provided tele-counseling sessions via Whatsapp to 1,744 clients in Sri Lanka.



In Pakistan, the MSS team partnered with R-FPAP to learn from their experience and developed a pilot teleconsultation model that enables providers to offer SRH and FP services but also links with GP clinics as a referral pathway for minor ailments. The previous telemedicine model had a focus on psychology services, in which clients were reluctant to access due to social stigma around mental health and a lack of awareness of mental health issues. With this new adapted model and GP referrals provided through teleconsultation, a total of 1866 clients received teleconsultation in Year 2 compared to 4 in Year 1. Telemedicine was scaled up by MSIC in Cambodia in August (as previously reported) and since then short-term FP has been added to the service offer. An increase in the number of young people accessing the service has been reported, confirming the appropriateness of new technologies in accessing youth, for example 65% of clients accessing MA services through telemedicine were 15-24 years old. The feasibility study in Timor Leste (MSTL) concluded that telemedicine was in fact not feasible and a refocus is now underway to establish how health messaging can be better designed to focus on young people. A survey into approaches of health messages to youth will be implemented through the DFAT funded SUPPORT project to continue this work started under RESPOND.

In the Pacific, delays persisted in Year 2 in rolling out the M-Health app, YES (Youth Education on Sex). This was caused by delays in stakeholder sign off. Initially the app will be implemented in Fiji, with close collaboration with UNFPA to facilitate this process. For the other Pacific islands, a MA-led approach offering technical assistance and ongoing development of practical DHI interventions, building on lessons learned from other MAs experiences in developing DHI in the RESPOND program. Given the specific needs of each MA in the Pacific, it was felt more appropriate to develop their DHI from the ground up, setting achievable goals within the remaining time period of the program.

Avenues are being further explored to collaborate with youth organisations and other prospective country partners, to ensure a wider audience and incorporate the needs of those communities in an accessible and appropriate manner to be able to use the app. The IPPF Social Enterprise Hub, who have experience in working in digital health, will provide technical support to the teams.

The majority of people using MSI Cambodia's teleabortion services are 15–24 years old. This indicates that young people are comfortable using technology and prefer a simple online process without needing to go to a clinic.

Activity 2.2. Increasing availability, accessibility, and acceptability of SRH self-care approaches and home delivery

In Cambodia, RHAC supported 22 pharmacies to provide medical abortion medication, with training and follow up to ensure adherence to national regulations and accurate reporting. In Year 2, a total of 236 clients were counselled via the counselling hotline at the RHAC central office. In Laos, PFHA supports home care activities through 20 health facilities, increasing the number of vulnerable clients reached with SRH information and services. In the past year 112 clients have been reached. Home care services have also been utilised by IPPA In Indonesia to reach different vulnerable groups, including women prisoners and young persons in juvenile correctional centres (also referred to as child prisons in Indonesia) providing SRH services and psychological assistance a total of 694 young people and 491 women have accessed these services (See case study in Annex 2). Alternative service delivery models such as safety pantries, self-managed harm reduction, and RH Home Delivery and Reproductive Health NOW door-to-door service delivery provided 58,158 clients in this reporting period with services in the Philippines, through FPOP.



Instagram post promoting self-care online discussion

Home visits were provided to 4,190 clients in Nepal by FPAN, and to 32,089 clients in Pakistan where R-FPAP assisted clients in managing their health at home and reached people in remote locations. FPASL increased access to services in Sri Lanka through the project courier service delivered 176 commodities and pregnancy test kits to 1,744 clients, who are supported through the RESPOND hotline service.

For MSS in Pakistan, as previously reported, the government has still not been able to deliver training to MSS service providers in self-administered Sayana PresTM, due to commodity supply issues. As a result, MSS has continued to provide DMPA-IM Depo Provera as the preferred injectable. Female Health Educators (FHE) continued to conduct door to door visits for awareness with provision of short-term FP methods. The number of door-to-door visits for FHEs over this reporting period was 263,530.

Activity 2.3: Adapting pathways of care

Access to rural communities can be problematic due to remoteness or condition of roads and infrastructure. In Papua New Guinea (MSPNG) a boat was purchased through the RESPOND project to increase reach of the outreach teams in hard-to-reach locations in Morobe province. To ensure factory health workers are receiving SRH services and counselling inside of work hours, the team in Vietnam (MSIVN) responded to survey results of high rates of gynaecological infections and offer health checks to female factory workers. They then optimised this opportunity by providing information and services on SRH, including FP. Two MSS clinics continued to focus on youth engagement activities delivered through the youth friendly spaces created at the start of the project. MSS created tailored service packages for adolescent care, which encompass a comprehensive service delivery package including medical protocols for adolescent care. Providers have been trained on youth friendly service approaches and overall MSS provided 1073 services to youth clients in this reporting period. Additionally, they conducted 11 awareness sessions for youth, engaging a total of 238 participants. In Nepal

(MSN), the MSI ladies have provided to a total of total 3,221 SRH services during the reporting period, working in partnership with municipality health facilities to deliver services to women living in very remote communities, who's access to services may otherwise be prohibited by travel costs.

Likewise, for IPPF working in remote and hard to reach communities in Lao, Cambodia, Philippines, Nepal and to a lesser extent in Indonesia collaboration and partnership with local health posts, volunteer teams and local midwives has been crucial in supporting program roll out. Arranging visits for mobile satellite services and promotion of the services within the rural communities and assisting with follow-ups for home visits and follow-up consultations as required.

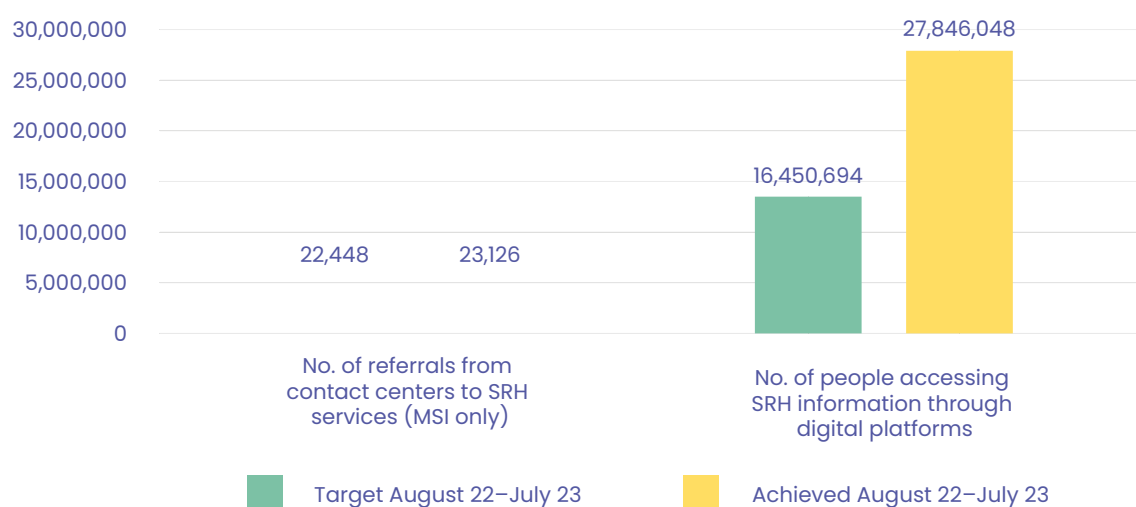
Output 3: Women, men and young people receive quality, trusted and accessible information on SRH and COVID-19

Output 3 August 22–July 23

Output Indicators	Year 2 Target	Year 2 Achieved	% Year 2 Target achieved	Status	% EoP target achieved
# referrals from contact centres to SRH services (MSI only)	22,448	23,126	103%	Meeting expected progress	84%
# of people accessing SRH information through digital platforms	16,450,694	27,846,048	169%	Exceeding expected progress	122%

Providing accessible, appropriate, and understandable sexual and reproductive health and rights (SRHR) information to women, men, and young people is a vital part of increasing access to and use of quality SRH services. Using tailored modalities to reach specific communities is central to the success of the RESPOND project. The project recognizes that informing people about SRHR in a way that resonates with them, and their needs is essential for driving demand and uptake of services. By delivering comprehensible information through a variety of channels and approaches fit for different audiences, RESPOND aims to empower individuals and communities with the knowledge to care for their sexual and reproductive health. In Year 2, IPPF and MSI teams either met or exceeded targets with 23,126 referrals from MSI contact centres to SRH services and a staggering 16,450,694 people accessing SRH information through digital platforms.

Output 3 Indicators



Activity 3.1. Conducting awareness raising activities through radio, campaigns, TV, SMS, and social media

For IPPF, in Cambodia, RHAC reached 59,972 people with SRH information through social media and community campaigns. These were generated from five channels of educational approaches include self-care Facebook chatting, outreach activity for key populations, small group educations session conducted by 68 women champions, small group educations session conducted by 35 youth activists and education phone talk by online phone counsellor.

IPPA collaborated with local influencers to widen the reach of SRH information, especially to young people numbering to 1,123,070. For promoting the SRH services provision, IPPA use different channels of the existing social media such as Instagram, Facebook, Youtube, Spotify, Website, twitter, Tik Tok, Pod Cast, SMS Blast, Radio and Local TV station and Jot form special in Riau Islands. IPPA also collaborated with local influencer in promoting or educate wider communities on the importance of Sexual Reproductive Health Issue. Beside information, IPPA also provide WhatsApp Number, clinic address and other link that could be accessed by client for further information through telemedicine. And telemedicine will direct the clients to access further services in static clinic and other SDPs.

The Philippines saw FPOP exceeding their target by using different social media posts including learning sessions on Facebook e.g., monthly “RH Tambayan Talks”, leading to an increase of 125% from the first 6 months of Year 2 and with an overall total of 906,242 total number of inquiries regarding SRH services. FPOP recorded an increase in the engagements and product and service inquiries from potential clients. Social media was also used by youth focal points to produce different information materials, as well as hosting the monthly “RH Tambayan Talks” via Facebook Live. These are monthly learning sessions designed and delivered by youth volunteers through Facebook Live, where different SRH issues such as teenage pregnancy, HIV/AIDS, maternal and child health, and SGBV are discussed in an open and inclusive manner.

In Lao PFHA has continued to conduct awareness raising through the engagement of local village heads in remote mountainous areas of the two operational districts and is supported with the engagement of the Lao Women’s Union. The use of loudspeakers in villages is a traditional way of communicating key messages and, as most of the villagers are from ethnic groups, the support staff collaborate directly with the village leaders to provide information in the local languages and dialects. In these remote areas, it is estimated 45,000 people access the SRH Information through the loudspeaker system. The program continues to support 20 health centres to conduct activities of awareness-raising through village speakers in 100 communities with awareness-raising sessions held once per month per village which in the last reporting period reached a total of 6,194 clients. Topics included family planning, maternal Health (ANC, PNC, Immunization, safe abortion), Child Health, SGBV, STI. The activities aim to increase the number of vulnerable and underserved clients who have access to SRH information and health services. The content is adapted by the PFHA communication unit, in collaboration with the community. In this reporting period, 20 episodes of SRH information were broadcasted through national FM Radio in Nepal and FPAN interviewed experts from the SRH sector to discuss various SRH topics to be broadcasted throughout Nepal. In Pakistan R-FPAP accessed over one million people with SRH messaging through social media, telephone and SMS reaching over 2.6 million people through dedicated radio broadcasts alone.

For MSI, in Cambodia, MSIC report that traditional flyers and pocket cards (used to refer friends and family) are proving to be more effective for generating interest and referrals, compared to digital content. Around 7.68% of clients receiving services were exposed to digital platforms, while 12.89% received flyers or pocket cards. MSIC also utilises various social media platforms like Facebook, TikTok, and YouTube to engage the public on SRH topics, however it is important to consider which platform is most appropriate when aiming to reach different segments of the community. In Pakistan, the MSS team have found that word of mouth was more important in rural/remote and peri urban areas, compared to digital. However, digital and social media will still be used there in Year 3 to compliment traditional marketing techniques. Conversely, MSB in Bangladesh,



Health service provider from FPOP Surigao chapter performed maternal care service to pregnant woman utilizing the portable fetal ultrasound supported by the RESPOND project.

who prior to RESPOND had never used social media as a project activity, found the medium to be effective at raising awareness about SRHR and inclusivity. Social posts, including those focused on SGBV and persons with disability, reached 1,978,710 people in this reporting period.

In Vietnam, the digital platform, Respond.vn, that MSIVN established YI which integrates social media channels has continued to disseminate accurate SRH information via integration with social media channels and a livechat function. MSIVN reached 103% (248,168) of the target in this reporting period. Across the country Tik Tok was the most used form of social media, especially with youth and people who are working, who watch short videos in their breaks. In Myanmar, MSIM reported that engagement with digital and social media was high, especially due to the restrictions of movement making it hard for people to access information in any other way. In this period 38% of users of social media were 18–24. In Nepal, MSIN reached 11,783,997 people with SRH information through digital platforms, including their website (24,144), interactive voice response (IVR) system in the contact centre (40,165) and through social media channels (11,719,688). The contact centre received 26,530 calls in this period, (16% adolescents) and referred 4,040 callers for SRH services.

In Kiribati the number of clients accessing the online DHI platform in the reporting period amounted to 356 clients, of which 12 were clients living with disabilities and 5 were from the LGBTQIA+ community. Currently the MA is also expanding access of the platform to the other outlying islands, for greater coverage.

Activity 3.2. Strengthening MSI's contact centres and IPPF's remote counselling/hotlines

In Nepal, the FPAN remote counselling/hotline service was adopted by 20 health centres who now offer SRH information and support by telephone, in adherence with the IPPF telemedicine guidelines. The FPAN toll-free SRH hotline number (1600145000) offers an accessible platform to consult with trained providers on a variety of SRH issues and offers the opportunity for triage and referral to appropriate health facilities. The Happy Life Call Centre in Sri Lanka is a hotline service run by FPASL, where counselling and support is offered on self-care, referrals to health facilities, 1,178 clients in this period.

For the MSI CPs, use of contact centres and hotlines to increase access to SRH information, continues to be used as a platform to access people with personalised 1:1 contact with clients seeking information specific to their needs. In Bangladesh, MSB contact centre agents responded to 19,857 calls (7,931 female), of which 20% were under 20 years old. The MSIC helpline/contact centre in Cambodia received 20,313 calls, and 8,042 messages, resulting in 9,396 referrals for services and saw an increase in the number of safe abortion referrals in Year 2 to 1997 (from 1430 in Year 1) and an increase in calls relating to cervical cancer screening and HPV vaccinations (1069 clients). In Timor Leste, the MSTL contact centre received 23,659 calls (65.2%) female. The MSTL team are considering how to improve the service further and document learnings. As the RESPOND activities have completed in Timor Leste these learnings will be incorporated into other MSTL DFAT funded projects. In Pakistan (MSS), most calls were from 21–30 years (25%) and 31–40 years (22%) respectively. The number of referrals from contact centre in Pakistan for SRH/FP services have increased by 8% as compared to the reporting period Aug 2021–July 2022.

5 Learning and Adapting

Project learning and adapting provides valuable opportunities for growth and adaptation of organisations and of individuals. As we work through different phases of a project, we gain new skills, perspectives and insights. Challenges are to be anticipated and even welcomed as they encourage us to think creatively, solve problems, and try new approaches. Each project brings lessons that can inform our efforts on subsequent endeavours. Reflecting on what worked well and what could be improved allows us to continuously evolve and helps us identify our blind spots. By learning from setbacks and celebrating successes, we can nurture the resilience needed to take on new projects. The process of collaborating with others also builds understanding, trust and empathy.

The RESPOND project places a strong emphasis on reflective practice and learning agility. The project team regularly monitors progress across partner countries, documenting both positive outcomes and challenges. These learnings are actively shared between IPPF and MSI through various mechanisms at global, regional, and country levels. This reflective approach allows the team to pivot quickly and adapt project activities as needed to achieve intended outcomes. Rather than viewing challenges as failures, they are seen as vital learning opportunities to inform context-specific adaptations.

By maintaining a learning mindset, sharing insights across partners, and willingness to iterate, the project has been able to continue to navigate a complex, changing landscape throughout Year 2. While outcomes have not always been as intended, the focus on reflection and adaptation has enabled ongoing refinements to improve results. This agile approach suggests good potential for sustaining impact beyond the project timeline.



“ We commend the Rahnuma Family Planning Association of Pakistan for its pivotal role in addressing SRH and FP challenges in Azad Jammu Kashmir state through the RESPOND project. Their dedication and strategic efforts have made a significant impact. Together, we reaffirm our commitment to empowering individuals with reproductive choices and promoting healthier, thriving communities in AJK.”

*Director Population Welfare Muzaffarabad Azad Jammu Kashmir state, Pakistan
(Rahnuma-Family Planning Association of Pakistan, IPPF)*

Key Project Challenges in Year 2

Increasing uptake of SGBV services and access

Increasing uptake of and access to SGBV services and referrals has been a challenge. Some of this is related to the social stigma surrounding SGBV which makes it difficult for clients to disclose and for providers to make referrals for essential services and support, even where they are available. Almost all MSI CPs reported the need for service providers to receive ongoing SGBV support and guidance to create an environment where clients feel safe to disclosure due to the social stigma that surrounds SGBV. In Pakistan, the MSS team worked with the R-FPAP, and were able to adopt strategies from their training, specifically around indirect questions and subtle probing of clients visiting the clinics who may be survivors of SGBV, resulting in 1,400 referrals in this period. Although MSTL provided additional SGBV training and guidance for service providers in Timor Leste to build capacity and confidence, the team continued to face challenges with SGBV referral and disclosure of clients due to social stigma and harmful social norms in relation to SGBV. The MSTL team plan to provide psychosocial training for providers to better support SGBV survivors. In Myanmar, MSIM found there are challenges around referring SGBV survivors, due to the limited presence of functioning women's organisations, community-based organisations (CBOs), and civil society organisations (CSOs), due to restrictions imposed by the military council. Accurate recording of SGBV case numbers has also presented challenges. In Cambodia, the RHAC team discovered that healthcare providers provide services and only record serious physical or sexual violence as SGBV cases, which has led to a decrease in the number of cases reported in the Y2 project results. RHAC will increase the capacity of healthcare providers to identify the four types of SGBV according to the national definition (sexual, psychological, physical and economic violence) and proper recording all cases in the next reporting period.

In Indonesia, a Law on Crimes of Sexual Violence (TPKS) was passed just over a year ago the TPKS Law is considered to have advanced human rights (HAM) and raised public knowledge about sexual violence. According to the National Women Commission, the ratification of the Law on Crime of Sexual Violence (UU TPKS) has had a positive impact on victims coming forward to seek assistance and report incidences of SGBV. As a result IPPA is strengthening its networking with all organizations that have the same concern regarding prevention and managing the cases of gender-based violence especially for Sexual Gender Based Violence (SGBV). IPPA have taken several steps to mitigate potential risks, in terms of provider and client protection and strengthening networking with key stakeholders.



IPPF addresses the reproductive health needs of refugees through RESPOND, assisting survivors of gender-based violence in Asia Pacific. With member associations including the Indonesian Planned Parenthood Association (IPPA) and the Family Planning Association of Pakistan (FPAP), the goal is to ensure equitable access to Sexual and Reproductive Health Rights for all.

Resource constraints

The success of a project and the sustainability of its impact is majorly dependent on availability of resources and how they are utilised, during and after its conclusion. Having insufficient human resources with the right skills, facilities with adequate equipment, supplies and support, financial support to adequately fund the activities and shifts in funding allocations and prioritisations can lead to significant challenges in successfully delivering the project and to the sustainable continuation of its achievements thereafter. This has been cited as a challenge for MSIVN where, with shrinking government budget allocation for family planning, there are concerns about sustaining subsidised contraceptive services for rural women, after RESPOND project completion. The MSIC team in Cambodia faced challenges in scaling up second trimester abortion services, due to the need of additional facilities to support this service, such as an onsite blood bank and emergency transport requirements (Ambulances). The team worked with the government to set up referral systems to facilities that are equipped for second trimester abortions. In trying to enhance capacity in Bangladesh, the MSB team faced funding constraints that limited training outreach for government providers on SGBV, due to high inflation and currency devaluation. Across multiple countries, providers need ongoing SGBV training and support to improve screening and referrals. With turnover of staff and the steady influx of new service providers, the need for training, supportive supervision and refresher courses across all areas of SRH, require adequate funding allocations in the future, to support this at national and local level.

In addition to direct technical support to MAs, there was a focus on engaging with colleagues across IPPF in relevant regional offices to ensure coordinated support to MAs. These efforts started to bear fruit. For example, the IPPF SGBV Advisor's coordinated work with the SPRINT⁴ program team led to the start-up of a strategic SGBV approach in the Philippines, to strengthen their SGBV services and programs. The process involved both the SPRINT and the RESPOND teams coordinating with FPOP on the use of a road map removing the siloed work of different projects. The FPOP team have used the road map and adapted tools to initiate discussions with the national office staff and chapter chairs to identify key activities to build a streamlined SGBV approach across all FPOP chapters, thus strengthening the internal collaboration within FPOP. Previously FPOP had implemented ad hoc SGBV activities and due to the size of the MA, there had not been a streamlined approach or understanding of how SGBV services were delivered and integrated into their SRH program. The road map provided scaffolded steps for FPOP to go through, with supporting tools to ensure effective and survivor-centred care is provided across development and humanitarian programs.

Key Project Learnings in Year 2

Collaboration with government and securing their continued buy-in and support facilitates implementation, increasing reach and contributes to longer term sustainability.

In Year 2 the RESPOND project teams from IPPF and MSI have continued in their collaborative efforts with government at local and national level with the benefits clearly showing in the reported results. In Bangladesh, MSB have fostered, over years of engagement, a positive relationship of trust and respect, operating within the Government of Bangladesh's Health, Nutrition and Population Sector Program (HNPS). Government service providers appreciate the SRH training that MSB provides, especially the addition of SGBV training. Understanding the need to strengthen case finding for SGBV services, in Cambodia RHAC have collaborated with the government for SGBV screening and referral pathways for survivors to access psychosocial, medical, and legal support services. By increasing identification of survivors, more can be offered the essential care and services that they may need.

Due to the successful engagement with the local government in Nepal, who have been impressed with the RESPOND service model, MSN have been asked to expand to other districts, with the Family Welfare Division seeking additional funding to support this. In Pakistan, the Ministry of States and Frontier Regions (SAFRON) signed a letter of understanding (LoU) with R-FPAP to work in partnership with them on SRH across Pakistan and in close collaboration with Provincial Disaster Management Authorities (PDMAs), facilitated the identification

⁴ <https://www.ippf.org/our-approach/programmes/sprint-sexual-and-reproductive-health-crisis-and-post-crisis-situations>

of health needs for flood-affected communities. In the Pacific, Reproductive Family Health Association of Fiji (RFHAF) has improved financial accountability and strengthened partnerships with government ministries, resulting in improved outreach and ongoing care in communities.

Continuous performance reflection and improvement of services based on community needs and feedback

In RESPOND the importance of reflecting on what works and pivoting expanding services beyond just SRH, offering more choices in contraceptives, conducting outreach at convenient locations like factories, and leveraging technology like telemedicine. In Indonesia, the IPPA Chapters expanded their service offer beyond SRH and have included e.g., dental care, general health services, family planning, lactation support and adolescent health and in doing so have increased opportunities to access more people with SRH services, in an integrated package of care. The team at MSIN engaged with local FCHV (Female Community Health Volunteer) & civil society to increase footfall and uptake of services at government health facilities by increasing SRH as a priority for FCHV as they engage with their communities. In Pakistan, the R-FPAP team established SGBV forums, dedicated platforms for addressing cases of SGBV. The forums play a vital role in raising awareness about SGBV issues, facilitating collaboration among stakeholders, and ensuring a coordinated response to combat SGBV. Increasing or altering the hours that services are available can also increase reach to clients who would otherwise be unable to attend for services. The IPPF team in Sri Lanka did this through taking outreach services to factories to access their client in their place of work. To ensure that communities knew about outreach services ahead of the team arriving, the MSTL team in Timor Leste engaged community mobilisers to visit communities prior to the outreach clinic, to inform them of the date, time and services available. This helped to increase uptake and also cost efficiency. In Nepal (MSN) taking services to client's homes was successful in providing home-based care services, particularly women from minority and hard-to-reach communities and people with disabilities. Improving the services that are offered also necessitates continuous capacity building and supportive supervision. RHAC staff continued to support the training of Women Champions (WCs) in Cambodia to increase their capacity to screen for SGBV cases during activities in the community. As a result, 413 SGBV cases were identified and provided with the necessary treatment and referrals as required. In Sri Lanka a quality-of-care refresher training was conducted by FPASL to measure and improve service level provision, ensuring that services are provided to a high standard and safely.

Utilising partnerships with local organizations and networks to improve outreach and service delivery.

Localisation is a critical component of the RESPOND project and linking with local and community level organisations and networks not only enhances the effectiveness and impact of the project, but builds capacity and contributes to sustainability, long after the project ends. In the Maldives, SHE is partnering with a range of local organizations that work with migrants in non-health domains to organise the Migrant Health fair and, in Indonesia, In Indonesia IPPA have strengthened their relationships with educational institutions and women's organisations. For example, INKLUSI, Filantropi, and OKY have facilitated delivery of services to more clients with comprehensive SRH, including comprehensive sexuality education (CSE) to out of school youths. The team in the Philippines mobilised community-based distributors (CBD) to increase services and referrals at the local level. In Lao PFHA have negotiated with the government to scale up the provision of services across an additional 3 districts. As part of planning and coordination of these activities Lao PFHA have also engaged with key community stakeholders such as the national LGBTQIA+ association. Expansion of the geographical scope covered under RESPOND will further enable the MAs' reach within remote communities to have greater impact, given that current services to these areas remain limited.



MSIVN conducted a 5 day community outreach event for free contraceptive implants for people living in poverty.

MSIC learnt the benefits of working with other multisectoral non-governmental organisations (NGO) partners and all the positive implications this can have in reaching different clients. For example, partnering with PEPY Empowering Youth, who have connections with youth within local communities, schools and universities. MSIC has been able to work with the NGO to improve student and youth knowledge in SRH through regular health sessions. MSIVN has also proactively collaborated with CSOs focusing on youth and disability engagements as did MSB. MSPNG Goroka outreach service was supported by a demand generation two days training organized by the Community Based Mobilisers (CBM) Manager. The two days session informed 20 identified volunteers (7 females; 13 males) in communities who are engaged as CBM's. CBMs play a key role in providing non-clinical support to MSPNG to promote awareness and education on FP and SRH and the impacts of SGBV within family units and lead or organize community entries for Outreach clinics.

Key Project Adaptations in Year 2

Adapting the project in response to learnings and feedback, operational results or external shifts and challenges is crucial and both MSI and IPPF are adept at managing responsive and agile global SRHR projects. Identifying and understanding the barriers to access and considering how to offer services, where to offer them and when has helped the teams to reach more people, in particular those who would otherwise be left behind. In the Pacific, RFHAF strengthened financial accountability controls which allowed better planning and timely service delivery. Kiribati Family Health Association (KFHA) and the IPPF Sub-Regional Office for the Pacific (SROP) adapted their digital health platforms based on learnings from the regional webinar. In Indonesia, in response to feedback received, IPPA adapted service delivery models beyond SRH and offered more contraceptive choices to increase uptake of family planning services. In Laos, telephone health services were implemented to provide remote consultations, saving cost and time for clients. In the Philippines, FPOP adapted by mobilizing community health workers to improve outreach in rural areas, maintaining partnerships, despite political changes.

Adapting outreach models has been beneficial in reaching more people with quality SRH information and services, especially in rural and peri-urban areas. In Timor-Leste, MSTL adapted their outreach models based on site mapping and demand assessment, to optimise efficiency. MSTL also leveraged Demand Generation Educators (DGEs) and their relationships with communities. Before conducting an outreach visit, DGEs would scope out demand from communities and increase interest before outreach teams arrive. Doing things differently when challenges present has also enabled the RESPOND teams to continue delivering the project activities. In Myanmar, despite restrictions, MSIM conducted virtual CSE training for teachers, MSLs and service providers, and leveraged social media for health promotion. In Pakistan, R-FPAP introduced telemedicine and self-care models for clients who were unable to attend a health facility or chose not to. In Vietnam, MSIVN adapted their service pricing to subsidize contraceptives for rural women in poverty. National budget from family planning shrank this reporting period, meaning vulnerable and marginalised women were being excluded from services. Without the almost 50% subsidy from MSIVN services, a large proportion of the population would miss out on SRH services.

“The grandparents from both sides will look after the baby as we are still in school. The implant meant I can complete studies, and graduate as a teacher next year. After graduation it will take time again to apply and find a job and the implant will prevent unplanned pregnancies. I want to go back to school and complete my studies.”

Stephanie, 23, new mother in Papua New Guinea receiving services from MSPNG

Monitoring and Evaluation

IPPF conducted internal data validation of all MAs prior to data consolidation of the RESPOND project indicators for this reporting period. The exercise of data validation highlighted the review of the data sources submitted by all MAs to make sure the validity of the figures included in the narrative report. Moreover, the RESPOND project supported DHI2 training with FPOP and IPPA to ensure alignment with IPPF's Institutional Data Guidelines and Health Information Policy. This initiative aims to strengthen data management system through institutionalizing local DHI2 in IPPF ESEAOR. Both FPOP and IPPA rolled out the DHI2 application to its local chapters. The Local

DHIS2 is envisioned to support the FPOP in streamlining the data management system through provisioning uniformity in reporting system, reducing duplication of reporting efforts, ease of reporting indicator, and thereby enhancing accountability of data at all the level of functioning.

In Year 3, IPPF will continue to conduct in-country monitoring visits to MAs availed the costed extension to provide technical support for the internal implementation and reporting systems.

MSI have robust monitoring and evaluation systems and processes that are used across all MSI CPs to support project implementation and reporting. These data collection processes ensure quality data collection and analysis. This includes quarterly monitoring calls between MSIAP and MSI country teams and monthly reporting to ensure project activities are on track.

Client Information Centre (CLIC) is MSI's bespoke client-level management information system (MIS) developed to simplify continuous data collection, improve data quality and ultimately client care. Client Exit Interviews (CEIs) are surveys administered to a representative sample of clients as they exit a facility/location. They enable MSI to collect a broader data set from clients than CLIC, including socio-economic status, past FP use, client satisfaction level, quality of care, affordability of services, and disability status (using the Washington Group short set of questions). Although data are collected from a random selection of clients at most annually, CEIs provide vital information otherwise unattainable through other routine systems.

MSI currently uses InforBI to enable staff in country programmes to access, analyse and visualise service delivery and financial data in user-friendly formats. In parallel, the organisation has engaged in a Global Data Warehouse (GDW) revolution to provide a central location for MSI data to allow for faster and more accurate reporting. This will make reporting and analysis more accessible to a wider group of team members. Using Power BI to visualise the data in the GDW will allow teams to build and visualise reports and dashboards as well as connect data from different sources.

To ensure that our service data is accurate and of a high quality, all MSI CPs must adhere to MSI's global data validations standards require CPs to uphold the highest principles of data recording and storage, data assessment (which includes quarterly spot checks of data samples from the relevant management information system such as CLIC), data analysis and reporting.

In year 3 of the project MSI will conduct monitoring visits to provide technical support for data collection and analysis.

Women Deliver

C-Surge partners organized a side event at the 2023 Women Deliver conference that was held in Rwanda in July 2023. The side event was based on recent research led by UNICEF and UNFPA: **Beyond Marriage and Motherhood: The forgotten girl brides of Southeast Asia and the Pacific**. The research shows that a driving factor for child marriages in Southeast Asian regions are adolescent pregnancies. A lack of access to sexual and reproductive health (SRH) information and services for adolescents contributes to unplanned pregnancies. This first-of-its-kind analysis shows that most girls who conceive premaritally in adolescence are married or in-union by the time their child is born. This raises questions about coercion and consent and suggests that child marriage may be being used to solve the 'problem' of unintended adolescent pregnancy.

The side event consisted of representatives from all C-Surge partners, IPPF, MSI, UNICEF and UNFPA, who presented emerging, new evidence on the linkages between adolescent pregnancy, child marriage, early and forced unions and the lack of access to SRH information and services. The panel showcased examples of collective action to address these interconnected challenges and strengthen adolescent SRH and rights through grassroot level program interventions from Papua New Guinea, Philippines and Laos. There was also a model highlighted from Nepal regarding effective collective action to address child marriage in Nepal that puts girls at the center.

For the RESPOND program Dina Abdullah - IPPF's Senior Programme Officer-Gender and Inclusion and Angelyn Famudi - MSPNG Country Director were on the panel and highlighted the work being done with young people to ensure access to FP services.

Reflections from the session highlighted that a lot of work has already been done to tackle the issue of adolescent pregnancies. However, especially in places like Laos where 1 in 3 girls are child brides, to accelerate the process, we need to identify the specific root causes of the issue and engage with key stakeholders to truly work together. The issue is intersectional; rooted in poverty, patriarchal social norms and impacted by climate change. It is a multifaceted issue which requires a comprehensive, multisectoral approach and political will to urgently reduce and eradicate child marriage, adolescent pregnancies and improve the lives of women and girls in the region. Finally, more discussion and research is needed to identify the impact of between climate change and adolescent pregnancies and barriers to accessing SRH services.

The session was well received, and it was a great opportunity to showcase the RESPOND and C-Surge project to the Australian Ambassador for Gender Equality Stephanie Copus Cambel and Women Deliver Conference attendees to call attention to the link between adolescent unplanned pregnancies and child marriage, and the importance of ensuring access to SRH services and information.



Angelyn Famudi, MSPNG Country Director with Australian Ambassador for Gender Equality Stephanie Copus Campbell



C-Surge panel side event at Women Deliver

IPPF and MSI joint visit to Nepal

In January 2023 IPPF and MSIAP conducted a joint monitoring visit to Nepal. The objective of the visit was to learn from, and monitor RESPOND activities being implemented in Nepal through MSN and FPAN, strengthen partnerships with government stakeholders, and conduct a joint meeting with DFAT post to highlight the importance of SRHR in Nepal.

MSI and IPPF met with Kavitha Kasynathan, Head of Development at the Australian Embassy in Kathmandu. During the meeting, MSI and IPPF shared the impact of RESPOND project, particularly to meet the needs of marginalized and vulnerable clients in remote districts of Nepal with clients served by MS Ladies and Outreach channels and FPAN services. MSN and FPAN highlighted how the RESPOND project has supported joint advocacy and non-duplication of FP and SRH services.

The meeting was impactful with Ms Kasynathan interested to understand more about the context of SRHR in Nepal, particularly the gaps and challenges. MSN facilitated a visit to a MS Ladies site near Pakhara for Ms Karynathan to experience first-hand the work in the field and better understand the need and challenges of SRHR for Nepalese people.

“The RESPOND project was highly essential as it enabled us to initiate services in remote areas such as LARC, VIA, and MA, which were previously unavailable at the district headquarters”.

*Nepalese Municipality Partner
(partner of MSN)*

MSI field visit

Site visits were conducted to Outreach, Centres, MSL and PSS sites in Biratnagar and Bhojpur districts. This was an opportunity to see services being delivered in remote and geographically challenging locations supported by RESPOND. We met with MSI ladies and PSS service providers who noted the increase in confidence, skills and knowledge on a personal level as a result of the training delivered under RESPOND. One MSL shared that since the training for cervical cancer screening she had screened and referred 4 clients for further treatment and also had supported a survivor of SGBV and had been able to refer her to the One-Stop Crisis Management Centre (OCMC).

We also met with government representatives from the district health office and municipalities who emphasized their support for the project. The chairperson of the District Coordination Committee for Bhojpur, Mr Kamal Thulung, was very supportive of the program, in particular the SGBV component. He raised that the suicide rate of Bhojpur District was the 2nd highest in Nepal and closely linked to GBV. As no other organisation is working in GBV in the district except MSI, he stressed how important the RESPOND project has been to reach survivors and provide referrals to the Government One Stop Crisis Management Centre.

The trip highlighted the strong relationship that MSN has with government partners and how vital MSN's support to the Government to build capacity and deliver services in SRH is. For example, the MSN Outreach Channel is crucial to deliver LAPMs and LARCs across 18 districts of Nepal in partnership with the government. Since inception, the MSN Outreach channel has delivered over 18,000 LAPM and LARCs to rural women and men across Nepal. Without MSN Outreach (which is currently only funded by RESPOND until December 2023), many of these women and men would be unable to access to these much-needed services.

IPPF Field Visit

The program lead of IPPF Respond also paid a visit to FPAN's headquarters in Kathmandu and toured their clinic in the Kathmandu Valley, which serves a significant number of clients from marginalized communities. During the clinic visit, they had the opportunity to meet and interact with representatives from the disability community and the female sex worker community. These interactions provided firsthand insights into the positive experiences these communities have had in accessing services and highlighted the excellent relationship and trust built up over time.

SGBV learning Event

MSI and IPPF hosted a RESPOND SGBV learning event on Thursday 18 May. It was a valuable opportunity to hear directly from country partners implementing the RESPOND program and their approach to addressing SGBV cases. The webinar included presentations from the MSI CPs IPPF MAs from the Philippines, Bangladesh, and Pakistan who shared insights and learnings on addressing SGBV. DFAT also gave a brief update on the progress of the design of the South Asian GBV prevention centre.

The discussion around cultural norms and stigma related to SGBV highlighted the need to engage both women, men and family members in the elimination of SGBV was intriguing. The discussion also raised the importance of long-term sustainable funding support to engage community and government stakeholders to address behavioural change and social norms, expand training to build the capacity of service providers and reach of services, and deliver educational programs for adolescents, youth, and men.

Based on the richness of the discussions and interest from both organisations further follow up activities are in the pipeline to ensure that MSI and IPPF can jointly benefit from our country partners experiences and lessons learned to date. This event was also the first to include DFAT Posts, which ensured that lessons being learnt from the RESPOND project are being shared with all stakeholders. Future discussions will ensure to continue to include DFAT. Having DFAT colleagues attend also sent a strong message to our respective country partners acknowledging their achievements and contributions vital to the success of the program.

6 Cross-Cutting Themes

GEDSI Strategy Reviews

To realise MSIAP's commitment to integrating GEDSI (Gender Equality, Disability and Social Inclusion) themes and approaches within projects, all RESPOND CPs developed country level GEDSI strategies for the 2021 – 2023 period. MSI CPs aim to implement transformative GEDSI approaches with their programming through capacity building for staff and service providers, awareness raising and education activities with communities, collaboration and partnerships with local GEDSI focused CSOs, and more inclusive service delivery. All MSI CPs completed a review of their GEDSI Strategies in Y2 of the RESPOND project, which has highlighted the progress made and challenges experienced within the development and implementation of the GEDSI Strategies.

Gender Equality

RESPOND partners demonstrated commitment to advancing gender equality and inclusivity throughout Year 2, through contextualized activities, capacity building, partnerships, and improving access to information and services. IPPF and MSI efforts are aligned with global initiatives and priorities around gender programming to ensure inclusion and that no one is left behind. Both organisations operate a 'no refusal' policy which ensures that all clients have access to SRH, no matter their financial situation, which can often be a barrier to marginalised groups accessing services and protects the right of all to access Universal Healthcare. Also central to both partner organisations is putting women and girls at the centre of project design and implementation aims to increase uptake through client-centred appropriate and respectful care.

Awareness-raising activities addressed gender-based violence, women's empowerment, and harmful practices. Campaigns like 16 Days of Activism and International Women's Day were leveraged. Partners collaborated with women's rights organizations and networks to advocate for gender equality and share learnings. In Pakistan, MSS focused on raising awareness of female empowerment and gender through the celebration of international days such as international women's day, community engagement with youth and through Mohalla meetings. MSS also proactively aims to engage women in key leadership roles within the organisation. Currently, the Country Director and 3 heads of department are all women, supporting MSS to be a diverse and inclusive organization that promotes gender equality and disability inclusion.

MSIVN delivered gender equality awareness raising to address negative social norms and stigma by collaborating with CSOs specializing in gender equality and SGBV such as GBVnet, SCSAGA and Know One Teach One (KOTO). Partners reached target groups through effective coordination of activities. MSPNG continued to focus on gender equality via SGBV services and strengthening partnerships e.g., a MoU was developed with Famili, a local NGO that specialises in GBV support. Delays to planned training in SGBV and disability inclusion in PNG were experienced due to staff shortages, however with a new experienced GEDSI mentor recruited in late July, delivery of the training and strengthening of referral pathways and partnerships is planned for Year 3.

LGBTQIA+

Achieving full inclusion and equal rights for LGBTQIA+ people is an ongoing struggle in many parts of the world, including RESPOND countries, facing discrimination, violence, and lack of legal protections. However, progress has been made through activism and advocacy which aim to secure SRHR s for all people regardless of gender identity or sexual orientation, including the right to make personal decisions about one’s own body, relationships, and access to healthcare. It also requires dismantling biases within healthcare systems and ensuring LGBTQIA+ people receive competent, compassionate care. There is still work to be done to change social attitudes, update policies and laws, provide comprehensive sex education, and make reproductive options accessible. Through RESPOND, by promoting LGBTQIA+ inclusion and sexual and reproductive rights, we can contribute to a more just and equitable society where all people have an equal right and opportunity to thrive.



MSI Cambodia celebrating Pride Week at Koh Pich. Providing inclusive services for LGBTQIA+ clients is a key aim under RESPOND.

In this period, partners continued in their focus on engaging and providing inclusive services for LGBTQIA+ communities, who were reached through Pride events, tailored content supporting social media posts during Pride month, and staff training to provide inclusive services. This expanded access and challenged discriminatory norms.

In IPPF, the SARO regional office conducted a basic 101 on sex, sexuality and gender for RENEW team in addition to VCAT on SOGIESC (sexual orientation, gender identity, gender expression and sex characteristics) for South Asia Regional Youth Network which comprises of youth members from across participating RESPOND MAs. Similarly, support for initiatives at country level with communities and networks for people of diverse SOGIESC (e.g., Fiji, Sri Lanka, Indonesia) continues to strengthen inclusive participation of marginalised populations when promoting and in the provision of services. Lao PFHA had planned to join national Pride events and provide information relating to SRHR however these were regrettably cancelled at the last minute by the government.



Deyon Phuntsho, from Bhutan’s LGBTQIA+ community, serves as a Program Manager for Lhak-sam, an organisation providing SRH services. He’s been a key advocate since RENEW’s 2017 engagement with LGBTQIA+ members. Reflecting on a recent training by RENEW in collaboration with the RESPOND project, Deyon observed, “The program is inclusive and tailored to the needs of the SOGIESC community. Its design, delivery, and emphasis on reproductive health are profoundly relevant to us.”

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

Similarly, MSI CPs challenged negative social norms and stereotypes towards LGBTQIA+ groups. In Nepal, as transgenderism is an especially stigmatised topic, MSN provided inclusive training on transgender issues and LGBTQIA+ needs. MSN staff actively engaged with the training and had positive feedback, learning from the lived experience of the LGBTQIA+ members involved (as previously reported). MSIC participated in a Pride Fest Event in Phnom Penh in May 2023 and published of digital content in support of LGBTQIA+ rights, accompanied by targeted SRH information. Posts related to **International Day Against Homophobia Biphobia and Transphobia** and **A Checklist For Safe Sex for Gay People** were well-received and circulated within the LGBTQIA+ community. The posts related to Pride Month on Facebook has reached 143,193 people with 40,423 engagements. Via inclusive approaches, MSIC offers a safe and inclusive environment for LGBTQIA+ people to access services. Likewise in Timor Leste, MSTL worked with partners on gender equality and SRHR education for youth and transgender groups, and also participated in PRIDE month events.

Disability inclusion

Fostering disability inclusion creates opportunities for everyone. Making accommodations and removing barriers allows people with disabilities to fully participate in society. Simple changes can open doors that were previously closed but beyond physical adjustments, inclusion means creating a culture of awareness, empathy, and solidarity. Treating people with disabilities with dignity and respect, while being mindful of their needs, makes the environment more welcoming for all. IPPF and MSI understand that there is always room for improvement in terms of policies, attitudes, and accessibility. Disability inclusion benefits the community as a whole by enhancing diversity, highlighting our shared humanity, and utilising the skills and talents of everyone.



MSI Bangladesh is partnering with Organisations for People with a Disability to ensure SRH services are accessible and inclusive.

IPPF continued to strengthen inclusive approaches in this reporting period at both national and regional levels. For example, since the training on disability inclusion in the Philippines, FPOP has been strengthening a partnership with a national disability organisation and taking a strategic approach in mainstreaming disability inclusion in their provision of SRH and FP services. SHE are currently collaborating with UNFPA Maldives to ensure the accessibility of appropriate SRH information for people with a disability and conducts awareness raising sessions for people with a disability in response to significant demand for SRH services. To address barriers and challenges, including language barriers encountered during these sessions, SHE collaborated with sign language interpreters and enhanced the ability to effectively support the needs of this community. In Fiji, RFHAF continues SRHR service reach to persons with disabilities in the Northern and Western Divisions. In partnership with MoHMS, Women Enabled International (WEI) and Fiji Disabled People's Federation (FDPF), RFHAF provided training to 25 members of Disabled Peoples Organisations, to strengthen collaboration and assist in the provision of services in the various divisions.

In Cambodia interaction between RHAC field personnel/women champions and persons with disability during educational sessions involving individuals with disabilities has been initially challenging. To address this issue, RHAC created a preliminary flipchart SRHR, which MSIC also contributed to the creation of through review. This flipchart provides guidance on utilizing visual aids, pictures, large font sizes, and existing video animations to enhance the efficacy of communication with various types of disabilities, including physical impairments, visual impairments, and speech and hearing impairments. The goal is to ensure that individuals with disabilities receive precise information and accessible services pertaining to SRH. Currently the Cambodian Ministry of Health does not have any guidelines for documenting and recording service data for people with disabilities. Healthcare providers also have limited knowledge in providing healthcare services for people with disabilities. RHAC will plans to raise these issues to be address at the next Technical Working Group for Health for Persons with Disabilities.

MSIM focused on strengthening partnership with OPDs in Year 2 and collaborated with Myanmar Independent Living Initiative (MILI) and Gold Strength South Dagon Disability Organisation to deliver SRHR training and awareness raising sessions for people with disabilities including physical, visual, and hearing, and their caregivers. In Bangladesh, via working in partnership with the government, collaborating with OPDs and taking an inclusive approach to service delivery, MSB has reached more people with disability than prior to RESPOND with CEI data demonstrating an increase from 4% to 5.7%. Now that the RESPOND project has finished in Bangladesh, MSB plans to continue to deliver services to people with disabilities as well as advocating to the government to develop more inclusive policy and accessible facilities to better meet the needs of people with disabilities. In Cambodia, MSIC engaged with the Cambodian Disabled People's Organization (CDPO) to discuss 'Contraception and Women's Reproductive Rights' on the Voice of People with Disability radio show. The radio show featured a MSIC service provider as a guest alongside a representative from the Ministry of Women's Affairs, live-streamed on Facebook and reached 5,200 people with 164 engagements to July 2023.

In Vietnam, MSIVN has proactively collaborated with partners from Government, private sector, and OPDs to deliver free SRH services and information to people with a disability, in rural health clinics, at mobile service provision events and through the Dr. Marie clinics, in Hanoi and Dong Nai. These partnerships have been crucial for people living with disabilities to overcome multifaceted barriers, including economic, physical, and social, that limit the agency of individuals with disabilities to independently access SRH services and realise their SRHR. In this reporting period, a total of 357 women with disability received services such as health check-ups and counselling, gynaecological ultrasounds, breast examinations, early cervical cancer screening (VIA), and FP methods of the clients choosing.

Safeguarding

MSI and IPPF, as worldwide organizations, uphold rigorous policies and processes to safeguard both adults and children, fostering a safe and ethical environment. This protects against sexual exploitation, abuse, and harassment of staff, service providers, and clients. Aligning with DFAT's standards, MSI and IPPF have robust safeguarding frameworks and procedures, governing recruitment policies, induction and refresher training, code of conduct, fraud, respect at work and safeguarding of vulnerable adults and children. Both organisations have a confidential reporting service available worldwide (**MSI Safecall** and **IPPF SafeReport**), with IPPF SafeReport available in local languages.

IPPF MAs review their safeguarding principles every quarter. Each MA has a safeguarding focal point responsible for sharing new information on safeguarding approaches from IPPF's Safeguarding team. Safeguarding refresher training will be carried out with a number of MAs who received a costed extension from August 2023 to July 31, 2024. This training will include a revised and modified curriculum and with tools resources and handouts translated into local languages. As part of IPPF's membership accreditation process all MAs must comply with these safeguarding measures and policies.

Like IPPF, all MSI CPs have designated safeguarding focal points. These focal points participate in MSI's Safeguarding Community of Practice which meets every quarter to exchange safeguarding approaches, information, and learn from shared experiences. To champion safeguarding across CPs, each quarter MSI Global shares safeguarding scenarios for teams to discuss which highlight the importance of safeguarding through an interactive approach. In this reporting period activities included a safeguarding focus session delivered at the staff retreat in Cambodia as well as safeguarding focal points from Nepal and Cambodia attending a MSI global safeguarding workshop deliver in Kenya in June.

MSIAP GEDSI advisor provided safeguarding technical assistance to MSPNG whilst on a field trip funded under the DFAT ANCP program, which will have positive impacts across all operations. Key safeguarding activities included a review safeguarding processes, delivery of a ToT for MSPNG support office staff, review and update of safeguarding risk register and recruitment processes, and update of safeguarding training.

Sustainability

Sustainability and localisation is a key focus for both MSI and IPPF globally and in their implementation of the RESPOND project. They are working towards strengthening staff capacity and local and national resilience, to ensure sustainability long after the project period. Both organizations are seeking increased funding allocations within national health priorities to meet SRHR needs. They are also collaborating with local governments and other partners to ensure ongoing protection and accessibility of SRH services, especially to marginalised groups.

In Nepal, FPAN provides training in FP and SRH services to government healthcare providers and other stakeholders, which helps to strengthen the capacity of providers and quality of the services they offer at public sector sites. This is however limited by available budget to cover the cost of these trainings and will need ongoing funding allocation to continue after the project ends. Strengthening capacity of CSOs, RENEW has been working with CSO in Bhutan to increase knowledge and capacity in SRHR for organisations representing people with a disability and the LGBTQIA+ communities. A mutually beneficial intervention, where RENEW service providers gained increased knowledge and understanding of specific needs and accommodations of both

communities and the CSO's are now more able to represent and support their SRHR. In Sri Lanka, FPASL extended support to community based and outreach field staff with a mobile app for data collection (daily record collation and biweekly reporting), which will continue to be used and with GBV mapping completed and a manual for referral to GBV services now available, GBV service provision will continue with another project that will continue on after RESPOND closes.

In the Philippines among the mechanisms for sustainability is the accreditation of all FPOP static clinics to Philippine Health Insurance Corp. (PHIC), that will allow clinics eligible to receive reimbursement of its SRHR package of services, including the cost of managing outpatient HIV-AIDS Treatment for each enrolled case. In partnership with DKT and other private partners, the DHI Telemed component will also be institutionalized as a core program of FPOP, to link demand generation and actual service delivery. As a result, the formation of LGU-led FP itinerant team is seen as a clear mechanism to ensure partnership and increase access to SRH services.



Partnering with Government in Fiji

In the Pacific RFHAF in Fiji have developed a laboratory facility, alongside their core services, to assist with accurate and timely diagnoses to clients especially those in remote areas of Fiji. This venture is in partnership with government lab technicians who provide the services and the RFHAF team have been working to resolve some issues relating to equitable and mutually beneficial use of the facilities. An agreement has been reached whereby RFHAF will provide the lab equipment and all ongoing expenses will be covered by the lab service provider, with a profit-sharing model for the services occurring in the laboratory. This will provide financial stability for RFHAF and allow it to expand its services to those most in need, who would otherwise not be served by the government systems.

Health service provider from FPOP Metro Manila chapter inserted a Sub-Dermal Implant (SDI) to woman client as part of the contraceptive family planning services supported by the RESPOND project. Health instructions were also provided to clients prior to their start the procedures. They were also given multivitamins, information flyers, and essential supplies needed for their recovery. It was noted that the team from Valenzuela Medical Center, POPCOM, DKT, and FPOP Metro Manila were able to provide supportive involvement of their partners, community participation was also present since Barangay Health Workers were present during the post-recovery of the clients. Furthermore, women's decision-making capacity and adequate follow-up of women in the post bilateral tubal ligation were highlighted.

In this reporting period, MSI Nepal successfully handed over 26 health facilities to the 9 municipalities in Bhojpur district, who will now take responsibility for regular and quality SRH services at these sites. All 26-health facilities offer LARC, MA, VIA (visual inspection acetic acid) and STI services plus three PHC and one district hospital that offer Comprehensive Abortion Care (CAC) services in the district. With a functioning cost sharing model, the local government and MSI will work together to maintain this cost-efficient model. This will include support to build capacity of government staff on reporting, supply chain and programme management, to deliver more services sustainably. In Vietnam, MSIVN successfully a co-financing initiative with funding generated from the Dr. Marie social enterprise to offer the contraceptive implant free of charge to a limited number of women living in poverty, in the project areas.

In PNG, the sustainable supply of quality SRH services will be supported by reinforcing the provision of services in the public sector. Recognising that for the public sector to address the unmet need for quality FP services is a long-term transformation is challenging, MSPNG will continue to implement an integrated approach across three service delivery channels, outreach, MS Ladies and PSS. Each channel is tailored to respond to meeting the need for SRH services based on the varying levels of public sector capacity.

7 Risk Management

Risk Management

MSI and IPPF partners reassessed high-level risks of the RESPOND project and overall, no new major risks were identified during this reporting period. At the high-level, most risks are categorised as having a negligible to moderate impact on the RESPOND project. MSI and IPPF have reviewed the overarching risk matrix for RESPOND and provided updates as highlighted in yellow in Annex 2. At a country level, MSI and IPPF monitor risk through regular risk reviews with CPs and MAs to assess any major impact on project delivery. The impact of COVID-19 and key country specific risks in relation to human resources, economic, political instability, security, procurement and environmental factors have been highlighted below.

COVID-19

The impact from COVID-19 on the RESPOND Project implementation has dramatically decreased over the reporting period, with a majority of CPs and MAs now reporting little to no impact and most countries having now removed restrictions. Through developed COVID-19 standard operating procedures, MSI and IPPF are confident of their ability to manage any new COVID-19 outbreaks that may arise in the future.

Human Resources

As previously reported both IPPF MAs and MSI CPs continue to have risk with staff turnover. In Cambodia, staff turnover has been a challenge with MSIC investing in training service providers, who leave to work with government health clinics. Even though government roles are not as highly paid, there are other benefits that draw services providers to government positions. MSIC are working on retention strategies. In Timor Leste the team had some service providers go on maternity leave. On return these providers were limited on where they could work, due to childcare commitments, which limited the service delivery capacity of the affected teams. It also took time to secure replacements for these positions and train them to be competent in all offered services. A roving service provider model has now been employed. For IPPF there has been some turnover of senior management at Papua New Guinea Family Health Association (PNGFHA) with recruitment being quite a lengthy process to seek out the most suitable candidate. In Philippines there is constantly a brain drain of professional health care workers relocation to overseas because of more attractive salaries and benefits, likewise in Sri Lanka due to ongoing political and financial problems. FPOP and FPASL do benchmark their salaries and benefits and offer competitive salaries and fringe benefit to retain existing staff. Recruitment and retaining of health care staff in remote areas remains a challenge in Lao and in Cambodia where most staff and youth volunteers prefer to migrate to the city where salaries and job opportunities are more enticing.

As a result of the IPPF secretariat-wide realignment which commenced in April of this year there has been staff turnover and transition, both within the RESPOND program management team and within regional offices. Recruitment for new positions created has been ongoing and with most positions within the new secretariat organogram now place, this will ultimately improve our support to MAs.

In PNG, MSPNG continue to recruit both service provider and support office staff due to the high turnover of staff.



Financial

For IPPF in Lao and Sri Lanka there remain issues of ongoing high inflation rates and poor exchange rates against the local currency coupled with political instability, fuel hikes and general economic downturn.

Political Instability

In Myanmar challenges continue surrounding the current military coup, making the delivery of services and training/meetings with providers and staff difficult. To mitigate this the team have conducted virtual trainings.

In Cambodia elections were held in July 2023. Changes to some ministries have led to the MSIC team needing to develop new relationships with Ministers but limited disruption to the project implementation. In Nepal the current government is initiating action against the corrupted political leaders which may impact the stability of government and may result to political unrest. MSN will continue to monitor the situation. Ethnic violence and tribal fights in PNG are impacting service delivery in the Eastern Highlands but MSPNG are monitoring the situation with contingency plans in place. Likewise, the IPPF MA continues to experience similar security issues in PNG. In Laos as of February 2023, inflation had surpassed 40% year-on-year. The Lao government is looking to adapt to the changing economic situation, but has limited fiscal space for manoeuvre. Presently, Pakistan is facing a three-fold crisis of political instability, economic volatility, and resurging terrorism.

Environmental

For both MSI and IPPF there is ongoing risk of climate change effected areas in Pakistan that could disrupt some project activities, however mitigation strategies are in place. Likewise in Lao its often challenging for staff to visit remote villages due to impassable mountain roads because of severe weather patterns making travel to some communities impassable, schedules for travel are adjusted based on weather patterns with village volunteers and Lao Womens Union often supporting the distribution of commodities.

In the Pacific and the Maldives concerns regarding the impact of climate change and weather patterns remain a significant concern for many countries whose very existence is in the balance with rising sea levels and increasing temperatures of the sea.

Procurement

As previously reported in Myanmar the ongoing political situation and imposed restrictions impacted their ability to procure FP commodities and there were concerns of stock outs. However, the team has managed to set up systems to procure these commodities through a local supplier, ensuring the continued supply of much needed FP stock. In PNG the supply of FP stock including implants continue to be an issue and risk for service provision. MSPNG continues to work closely with UNFPA and new Provincial Health Authorities to ensure constant supply.

Lao PFHA experienced challenges in the availability of certain family planning commodities particularly in relation to long-acting contraceptives, this was partially attributed to bottleneck in supply chain management as noted earlier in this report.

8 Financial Management

Overview of IPPF RESPOND Consolidated Financial Report – August 2022 to July 2023.

For IPPF total expenditure for Year 2 was AUD 6,890,157 and together with the Year 1 of AUD 7,757,670, making it a total of AUD 14,647,826. Against the project's original 2-years budget of AUD 19,895,500, this reflected an overall Burn Rate of 74% as compared to the burn rate of 63% of Year 1. For budget carried over from Year 2 activities and workplans have already been developed to ensure financial expenditure during the No-Cost Extension (NCE) period. At the end of July 2023, there was an excess budget of AUD 5,247,675 which will be carried forward to Year 3 from August 2023 to July 2024. With the withdrawal closure of Bangladesh program in December 2022 and Bhutan having already ceased program implementation, Year 3 will involve the remaining countries that will undertake either the 6-months NCE or the 1-year Costed Extension (CE). Five countries that were granted the Costed Extension were those being the Philippines, Indonesia, Lao, Papua New Guinea and Pakistan with additional total funds amounting to AUD2,070,000. These additional funds will be reflected in the next 6-monthly financial report



MSIAP GESI Advisor facilitating review of MSIVN GESI Strategy

MSI spent AU \$6,786,641 (with a burn rate of 97%), against the Year 2 RESPOND budget of AU \$6,976,381, between 1st August 2022 and 31st July 2023. Overall, MSI has spent AU \$13,233,816 (with a burn rate of 91%) against the total RESPOND projects original budget of AU \$14,534,500. CPs have managed expenditure well, given the budget constraints related to economic pressures and the extension of activities as per the NCE. MSI Bangladesh and MSI Timor Leste have completed all RESPOND activities as of July 2023, with 100% expenditure against budget. Budgets have been adjusted for the costed extension of MSIPNG, MSI Myanmar, MSI Vietnam and MSI Cambodia who will all continue to implement activities until July 2024 with additional funding totally \$3,150,000. MSI envisages that project expenditure in MSI Nepal and MSS Pakistan will slow as activities are reduced until the end of their project activities in January 2024, as per the NCE.

9 Upcoming Priorities

For IPPF, a key upcoming priority is in ensuring that each implementing MA has a well-developed close out strategy with 12 MAs wrapping up activities at a country level by the end of January 2024. To this end a toolkit and guidance documents have been developed to support the MAs through this process. The IPPF RESPOND program management unit will continue to have monthly check in calls and provide oversight to program implementation, further attention will be given to crafting and putting in place strategies to address sustainability. These measures will be further supported by the inclusion of sustainability planning as part of their annual business planning. Learning and sharing of best practices and key lessons will be shared across MAs and in collaboration with MSI.

MSI will jointly participate in a technical visit to PNG in Year 3. As part of the close out process IPPF will also highlight thematic priorities in continuing the work of program going forward, such as strategies to continue reaching out to marginalised & excluded communities, accelerating and improving DHI and strengthening sustainability plans.

SGBV training for IPPF MAs under year 3 RESPOND program is being prioritised for the next reporting period, when we will be collaborating closely with our IPPF humanitarian team for the roll out of these trainings.

For the Pacific, the challenges encountered to date in developing the mHealth application will be addressed and is being prioritised by the new director of the IPPF Sub Regional Office for the Pacific. An alternative approach is being developed in close consultation with Pacific MAs ensuring that their short-term requirements can be met. In addition to this, developments to CMISs for Pacific MAs will be explored, to enable digital client file management through an application during mobile outreach and during humanitarian responses.

Upcoming priorities for MSI include supporting the close out of projects in Bangladesh and Timor Leste. This includes conducting project sense-checking workshops to finalise learnings from the RESPOND activities and how they can be incorporated into future projects.

All required work planning has been conducted for MSI country programs that are continuing to implement under the costed extension. In addition to the PNG technical visits, technical support visits have been conducted in August to Vietnam and Cambodia.

MSI has worked with all CPs to review their GEDSI strategies and implementation plans. Support will be focused on learning from these reviews and implementing qualitative evaluation of SGBV and GEDSI training.

MSPNG has created a detailed plan for GEDSI and SGBV training and monitoring for the remainder of the project. MSPNG will focus on strengthening referral pathways and sector wide partnerships within GEDSI areas.



RESPOND bags for clients with a disability who attended services at MSIVN.

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Annex 1: Results Framework

	Objective	Proposed Indicators	Original - Combined FOP Target all/ relevant countries MSI/ IPPF (#)	Combined Target Jul 21 - Jul 22	Combined Target Aug 22 - Jan 23	Combined Target Feb. 23 - Jul 23
Ultimate outcome	Enhanced sexual and reproductive health and rights (SRHR) for populations impacted by the COVID-19 pandemic in the Asia Pacific region.	# of maternal deaths averted through programme activities (estimated)	1,035	356	52	97
		# of unplanned pregnancies averted through programme activities (estimated)	870,551	617,071	56,263	144,579
		# of unsafe abortions averted through programme activities (estimated)	293,317	205,215	23,473	59,575
Outcome 1	Improved utilisation of high-quality and equitable SRHR information and services by the most vulnerable, with a focus on innovative approaches and restoring services that have been impacted due to COVID-19	# of SRH services provided to clients throughout the programme	19,891,824	7,723,765	6,213,023	6,189,917
		# of SRH services provided - female *NEW	-	284,812	270,808	239,476
		# of SRH services provided - male *NEW	-	10,537	6,951	6,908
		# CYPs generated throughout the programme	2,478,462	1,165,956	720,927	659,459
		# SRH clients served throughout the programme	5,059,628	1,559,170	1,767,572	1,747,207
		% SRH clients who are most vulnerable and underserved (e.g. under 20, living under \$1.90 a day, living with disabilities, family planning adopters, do not know of alternative provider)	23.80%			
Output 1	High-quality and equitable SRH services provided through established service delivery channels	# of operational service delivery points (by type/channel and country)	1,244	430	491	991
	(Activity 1.1.) Providing high-quality SRH services through established service delivery channels					
	(Activity 1.2.) Strengthening organisational and health care provider capacity (staff, private, and public sector) in provision of quality comprehensive SRH services and COVID-19 response					
	(Activity 1.3.) Strengthening the provision of SGBV services and referral pathways for SGBV survivors					
	(Activity 1.4.) Strengthening supply of essential SRH and infection prevention commodities and supplies					
	(Activity 1.5.) Expanding contraceptive social marketing					
Output 2	Women, men, and young people have access to digital health services (telemedicine) and alternative service delivery models (home based care, self-care, etc.)	# of countries with telemedicine/digital health intervention (DHI) provision	19	14	17	2
	(Activity 2.1.) Exploring and scaling-up telemedicine	# of clients receiving services through DHI/telemedicine	261,833	127,903	54,412	54,445
	(Activity 2.2.) Increasing availability, accessibility, and acceptability of SRH self-care approaches and home delivery	# of clients receiving services through alternative service delivery models (home based care, self-care, etc.)	111,918	66,047	42,586	43,585
		# calls to contact/call centres/hotlines (incl. chatbot for Vietnam)**	236,165	124,033	63,916	61,916
		# calls to contact/call centres/hotlines - female *NEW		66,305	38,835	30,673
	(Activity 2.3.) Adapting pathways of care (e.g., home visit service models, comprehensive SRH packages, adolescent focused provision)	# calls to contact/call centres/hotlines - male *NEW		52,554	23,813	23,243
Output 3	Women, men and young people receive quality, trusted and accessible information on SRH and COVID-19	# referrals from contact centres to SRH services**	45,117	22,970	11,401	11,047
	(Activity 3.1.) Conducting awareness raising activities through radio, campaigns, TV, SMS, and social media					
	(Activity 3.2.) Strengthening MSI's contact centres and IPPF's remote counselling/hotlines	# of people accessing SRH information through digital platforms by type (online, telephone, social media) TOTAL	10,245,266	7,470,250	10,005,347	6,445,347

Notes: *IPPF specific indicator

**MSI specific indicators

IPPF will review and adjust the targets of the Ultimate Outcome Indicators for MAs of Indonesia, Philippines, Lao PDR, PNG, and Pakistan that have received costed extension for Year 3. The results of the adjustment of targets will be included in the mid-term and annual report of IPPF for Year 3.

Total IPPF/MSI period Target Aug 22 - Jul 23 (current reporting period, #)	Achieved Aug 22 - Jan 23 (#)	Achieved Feb 23 - Jul 23 (#)	Total IPPF/MSI achieved Aug 22 - July 23 (current reporting period, #)	Aug 22 - Jul 23 IPPF/MSI progress to period target (%)	Aug 22 - July 23 progress against period target Exceeding expected progress (+11% target), Meeting expected progress (+/- 10% target), Slightly behind expected progress (-20% target), Behind expected progress (-21% target)	Revised IPPF/MSI/EOP target all/relevant countries (#)	Achieved Jul 21 - Jul 23 (#)	Jul 21 - Jul 23 progress to revised EOP target (%)
149	166	256	422	283%	Exceeding expected progress	506	803	159%
200,842	225,303	383,095	608,398	303%	Exceeding expected progress	797,886	1,255,100	157%
83,048	89,875	152,761	242,636	292%	Exceeding expected progress	290,349	468,059	161%
12,402,940	6,807,629	8,309,807	15,117,436	122%	Exceeding expected progress	21,317,943	22,253,252	104%
510,284	325,341	301,486	626,827	123%	Exceeding expected progress	1,276,049	1,111,182	87%
13,859	5,623	4,975	10,598	76%	Behind expected progress	37,051	21,569	58%
1,380,386	794,990	842,667	1,637,657	119%	Exceeding expected progress	2,692,515	3,047,403	113%
3,514,779	1,633,264	1,968,715	3,601,979	102%	Meeting expected progress	5,409,440	5,494,430	102%
25%			33%	132%	Exceeding expected progress	50%	37%	74%
1,482	586	1,089	1,675	113%	Exceeding expected progress	1,846	2,550	138%
4,161	3,252	3,571	6,823	164%	Exceeding expected progress	14,571	14,189	97%
35,924	36,763	64,123	100,886	281%	Exceeding expected progress	70,611	125,600	178%
19	10	2	12	63%	Behind expected progress	17	17	100%
108,857	39,986	49,659	89,645	82%	Slightly behind expected progress	203,105	163,666	81%
86,171	49,373	68,817	118,190	137%	Exceeding expected progress	152,728	173,420	114%
125,832	68,480	66,774	135,254	107%	Meeting expected progress	291,325	272,564	94%
69,508	38,079	37,317	75,396	108%	Meeting expected progress	180,366	142,219	79%
47,056	18,838	16,330	35,168	75%	Behind expected progress	110,979	77,015	69%
22,448	11,705	11,421	23,126	103%	Meeting expected progress	55,188	46,601	84%
16,450,694	20,261,992	7,584,056	27,846,048	169%	Exceeding expected progress	33,354,459	40,847,962	122%

Notes: *IPPF specific indicator

**MSI specific indicators

IPPF will review and adjust the targets of the Ultimate Outcome Indicators for MAs of Indonesia, Philippines, Lao PDR, PNG, and Pakistan that have received costed extension for Year 3. The results of the adjustment of targets will be included in the mid-term and annual report of IPPF for Year 3.

Annex 2: Case Studies

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Promoting a Disability-Inclusive Mindset in Family Planning Services at MSI Bangladesh



In Bangladesh, like many countries worldwide, people with disabilities encounter barriers to seeking access to healthcare services, particularly sexual and reproductive health services. Research indicates that in Bangladesh, people with disabilities are less likely to access SRH services, including sexual health education, family planning, contraception, abortion, antenatal care (ANC), health facility childbirth, and postnatal care (PNC) services. Globally, an estimated 16% of the population live with disabilities (WHO, 2009), comprising a substantial demographic segment that could otherwise be deprived of essential SRH services.



In Bangladesh specifically, 6.27% of men and 7.59% of women live with disabilities (Household Income and Expenditure Survey, 2016). To bridge this service gap, MSI Bangladesh embarked on a mission to expand the reach of SRH and Family Planning (FP) services.

MSI Bangladesh is partnering with Organisations for People with a Disability to ensure SRH services are accessible and inclusive.

The RESPOND Project: Focus on Inclusivity

The RESPOND project aims to enhance disability-inclusive services, ensuring that individuals with disabilities benefit from the SRH services provided by MSI and its partners. During this project, MSI Bangladesh introduced innovative approaches to share SRH and FP information, particularly addressing the challenges posed by the COVID-19 pandemic. In the future, MSI Bangladesh will place a heightened emphasis on serving vulnerable populations, including people with disabilities.

As part of the RESPOND project, MSI Bangladesh established strategic partnerships with Organisations for People with a Disability (OPD) that have proven instrumental in expanding outreach efforts. These partnerships, such as the collaboration with the Women with Disabilities Development Foundation in Cumilla and Young Power in Social Action in Chittagong, enable MSI Bangladesh to tap into existing networks within communities and amplify the voices of people with disabilities.

The Role of Demand Generation Officers (DGOs)

To raise awareness of SRH among people with disabilities, MSI Bangladesh deployed Demand Generation Officers (DGOs) from within the communities they serve. DGOs, typically community members themselves, disseminate information about SRH and planned outreach services in local areas. Their in-depth knowledge of the community and its dynamics is invaluable, allowing them to identify the locations of individuals with disabilities and understand the local context. DGOs received comprehensive training to sensitize their approach and enhance their understanding of the unique challenges faced by individuals with different disabilities. Moreover, when DGOs collaborate with OPDs, their reach expands, drawing on existing connections and insights into the needs of people with disabilities.

A Case in Point: Bibi Rokiya's Story

Bibi Rokiya is a 28-year-old woman residing in the Chittagong District of Bangladesh. Both Rokiya and her husband live with disabilities. They have two children and are under financial strain, leading Rokiya's husband to beg for money while she takes on occasional housework for extra income. Rokiya's speech impediment can make communication difficult, especially within the healthcare system. Although she has some knowledge of SRH, she remains unaware of available family planning options for her and her husband.

Rokiya's encounter with a DGO during a regular community outreach visit proved transformative. The DGO provided her with information about Family Planning services and the availability of free services at the Government Health Centre with MSI Bangladesh's support. This reassurance alleviated Rokiya's concerns, allowing her to make an informed choice. She decided to visit the Upazila Health Complex during the Family Planning Service Camp and opted for the three-year long-acting reversible contraception implant that best suited her needs.

Supporting Clients with Disabilities

The collaboration between DGOs and Family Welfare Visitors (FWVs) ensures that clients with disabilities receive the support they require. FWVs are informed by DGOs about clients with disabilities who have the backing of DPO staff. Armed with this knowledge, FWVs offer appropriate guidance and support, including transportation assistance when necessary, while creating a welcoming and safe environment for clients.

MSI's Commitment to Gender Equality and Social Inclusion

This case study underscores the processes and partnerships employed by MSI Bangladesh to ensure that clients encountering barriers receive optimal support. MSI Bangladesh and the broader MSI team are dedicated to serving all communities and groups with dignity and respect, demonstrating an unwavering commitment to gender equality and social inclusion.

Advancing LGBTQIA+ Inclusion through Clinical Services in Cambodia

In the bustling province of Battambang, Cambodia, the LGBTQIA+ community faces substantial hurdles in accessing clinical services. These challenges include enduring stigma, discrimination, and a lack of sensitivity among healthcare providers.

Additionally, transgender individuals face numerous legal and social discriminations due to the absence of explicit legal protections against discrimination based on sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC) within the employment, health, and education sectors. Navigating the healthcare system has left many within the community with fears and reluctance to seek care, leading to a decline in their overall well-being.

Recognising the need to bridge the healthcare gap and build trust within the LGBTQIA+ community over time, the Reproductive Health Association of Cambodia (RHAC), an IPPF Member Association, rises to the challenge. Under the RESPOND project, RHAC takes a proactive stance in dismantling stigma and improving access to clinical services for the LGBTQIA+ community, especially transgender individuals in Battambang. Their multi-faceted approach encompasses education, advocacy, counselling, and specialised care.

A significant initiative involves implementing a clinical protocol for hormonal therapy and providing specialised care tailored to the needs of transgender individuals. Additionally, RHAC collaborates closely with local health departments, to distribute essential items like PrEP (Pre-Exposure Prophylaxis) and condoms and offers continuous HIV support services, including telemedicine and mobile clinics, that effectively reach clients in underserved areas.

Dr. Var Chivorn, RHAC's Executive Director, emphasised the crucial role of the RESPOND project in integrating additional resources into existing systems, particularly within the Department of Health. "This integration strengthens and sustains RHAC's clinical services, specifically tailored to meet the needs of the LGBTQIA+



community, with a particular focus on transgender clients. The project expands our capacity to provide comprehensive sexual and reproductive health (SRH) support, including transgender-friendly services such as hormonal therapy and HIV/STI care," he said.

In line with this commitment, RHAC collaborates with local community-based organisations to expand outreach in Battambang province and northern Cambodia, reaching more than 22,458 clients from key population groups, including sex workers and their clients, men who have sex with men (MSM), people who inject drugs and transgender individuals. This outreach not only promotes awareness of sexual and reproductive health and rights (SRHR) but also plays a pivotal role in informing and improving national programs, resulting in enhanced services and policies.

Ban Veasna, a transgender client, expressed gratitude, stating, "Accessing clinical services in Battambang used to be stigmatising and uncomfortable. Thanks to the services at the RHAC clinic, I received counselling and STI testing for the first time in a welcoming environment, significantly enhancing my health and sense of belonging." Reflecting on a similar experience, another client, Dep Vichea, expressed appreciation and stated, "The friendly and knowledgeable staff addressed all my concerns. Their encouraging words and comprehensive STI care have significantly improved my physical and mental health. I hope that everyone in my community will be able to experience such inclusive services."

The path to equal healthcare access for Cambodia's LGBTQIA+ community remains challenging. Yet, through specialised care, multi-stakeholder collaboration and advocacy, they are breaking barriers and building trust, one healthcare visit at a time.

Behind Bars, Beyond Boundaries: Addressing SRHR in Indonesia's Prisons



The issue of addressing Sexual and Reproductive Health and Rights (SRHR) within Indonesia's prisons looms large, driven by the country's high incarceration rates. According to the World Prison Brief's assessment in May 2022, Indonesia holds the 21st highest prison occupancy rate globally, with prisons and correctional institutions operating at a 208%⁵ occupancy rate. This statistic positions Indonesia as the fourth most overcrowded nation in Asia, in terms of prison population density.

Overcrowding in prisons significantly amplifies the challenges those behind bars face and is further exacerbated by the absence of national-level regulations. Among the most vulnerable in these settings are women, girls, and young individuals, particularly those who are pregnant, nursing, or have specific healthcare needs. A lack of comprehensive healthcare services within these facilities leaves significant gaps in providing essential care.

The Indonesian Planned Parenthood Association (IPPA), an IPPF Member Association (MA), is leading the way in advancing sexual and reproductive health (SRH) services for incarcerated individuals across the country. IPPA has established strategic partnerships in more than ten regions, formalised through Memoranda of Understanding (MOUs). These collaborations include the IPPA Aceh Chapter, IPPA West Sumatera Chapter, and IPPA Riau Islands Chapter, among others, serving over 3000 clients.

These collaborations encompass a broad spectrum of services, including SRH education, HIV and STI testing, counselling, and ensuring access to affordable sanitary products and mental health support. IPPA also strongly emphasises providing contraceptive services, specialised counselling facilities, cancer screenings, and prenatal care. Through the RESPOND project, IPPA is dedicated to addressing the immediate SRH needs of incarcerated individuals, while striving to establish a comprehensive framework that promotes their overall health and well-being.

⁵ <https://blogs.lse.ac.uk/humanrights/2023/03/02/incarcerated-indonesian-women-in-pregnancy-and-nursing-a-setback-for-human-rights/>

Eko Maryadi, Executive Director of IPPA, highlights that with the generous support of the Department of Foreign Affairs and Trade (DFAT) Australia, reproductive health services have been expanded across 25 IPPA chapters. “Our collaboration with the Department of Corrections and local health agencies is focused on addressing the urgent SRH needs of marginalised communities, particularly women and young people in incarcerated settings. By bridging gaps in the national SRHR landscape, we prioritise underserved groups and ensure they receive the essential health services they deserve,” he said.

Egy, who actively participated in an awareness session organised by IPPA at a Kalimantan Prison, shared her experience. “The cancer screening awareness session was eye-opening for me. It made me realise the importance of regular health check-ups. Getting my first pap smear highlighted how crucial it is for us in prison to access essential healthcare services. It’s an integral part of our overall well-being.”

Rita, who received medical care at a Jakarta prison, shared similar sentiments. “I used to dismiss my symptoms as minor discomfort. However, the information I received during an awareness session with the friendly IPPA medical team made me rethink this. It led to the discovery of uterine fibroids, and I promptly received treatment. Many of us lack information about our health. Focusing on education and raising awareness, particularly about conditions that often go unnoticed, can be life-changing,” she said.

In a nation where the total prison population exceeds 270,000,⁶ the urgency of addressing the dire state of SRHR within Indonesia’s overcrowded prisons cannot be overstated. Incarcerated individuals often fall through the cracks of the national healthcare system, making IPPA’s services more crucial than ever.



⁶ <https://www.prisonstudies.org/country/indonesia>

Partnering with IPPF to Prioritise Survivors of Sexual and Gender-Based Violence at MSS Pakistan



Under the RESPOND program, MSS Pakistan has implemented first-responder services for survivors of sexual and gender-based violence (SGBV) to ensure that those seeking MSS services can access the support and information they need. It was observed that within communities, social structures often discourage women from disclosing incidents of SGBV. MSS providers encountered challenges in initiating discussions about SGBV with clients, largely due to the patriarchal systems prevalent in these communities. These systems are rooted in extended families, tribal loyalties, and community interests which prioritise men over women, making it exceedingly difficult to report instances of domestic sexual and gender-based violence, particularly when perpetrated by male family or community members.

Mental health also remains a taboo subject, with reluctance to acknowledge its presence and seek help. As a result, MSS' telemedicine services focused on clinical psychology services have been underutilized. In response, MSS Pakistan recognized the need to redefine its approach to SGBV and transform its existing telemedicine model into a teleconsultation facility. These initiatives received support from the IPPF team in Pakistan and Rahnuma-FPAP, whose models were adopted by MSS Pakistan. By collaborating with FPAP, the MSS team incorporated strategies from their training, specifically related to asking indirect questions and employing subtle techniques when interacting with clinic visitors suspected of being SGBV survivors. Integrating these strategies into their original training enabled the team to identify and refer more SGBV survivors. Team capacities were developed, and these redefined models were gradually introduced in the field, resulting in increased referrals for SGBV and teleconsultation services.

Implications for the Community, Staff and Organisation

1. Enhanced Support for SGBV Survivors: This initiative empowered MSS Pakistan to provide sensitive and empathetic care to SGBV survivors, enabling them to access much-needed referrals for further services.

2. Increased Accessibility to Medical Care: Teleconsultation brought medical services closer to remote communities, creating a referral mechanism that improved women's access to general practitioners for primary health services.

Dr. Omar Farooq Khan, Senior Manager of Technical Services at MS Pakistan, shared his experience of the training received from Rahnuma-FPAP and how it benefited the organization:

"The training was highly insightful. We realized that addressing SGBV and teleconsultation required changing people's perceptions of health and well-being. Culture, social dynamics, and community affiliations must be carefully considered when implementing such initiatives. It's exceptionally rare for someone from the community to report an SGBV issue voluntarily. It was only after our team reached out to survivors with compassion and professionalism, using the techniques learned in the FPAP training, that SGBV referrals started to materialize. Similarly, when clients coming in for family planning services also had general medical complaints, our providers referred them to general practitioners through our teleconsultation initiative, linking our core family planning service with nearby medical healthcare practitioners. Initiatives, no matter how well-intended, sometimes require modifications for practical implementation, as they involve behaviour change, which occurs gradually over time."

MSI's Commitment to SRH, Gender Equality, and Social Inclusion

MS Pakistan is unwavering in its commitment to ensuring sexual and reproductive health (SRH), gender equality, and social inclusion. The SGBV and Teleconsultation services are a testament to this commitment. The core belief is that everyone deserves respectful and comprehensive care, regardless of their circumstances, gender, or social background. Empowered by specialized training from Rahnuma-FPAP, MS has equipped its healthcare

teams to serve as pillars of support for SGBV survivors and extend their reach through teleconsultation, making quality healthcare accessible to all. This dedication is aimed at creating a healthier, more inclusive environment for all members of the community.

Adolescent Health and SRH Access in Papua New Guinea: How the RESPOND project has enabled the expansion of youth-responsive information and services, empowering young people to take ownership of their SRHR



Papua New Guinea Family Health Association (PNGFHA) is one of IPPF's largest Member Associations (MAs) in the Pacific, operating 8 static clinics across four provinces: the Eastern Highlands, Morobe province, East New Britain, and Port Moresby. PNGFHA has harnessed the tools and resources provided under the RESPOND project to expand their reach to young people, delivering youth friendly SRH services and comprehensive sexuality education (CSE) that empowers them to make informed decisions about their own health, wellbeing and to realise their sexual and reproductive rights throughout the life course.



PNGFHA Mobile youth centre in Garoka

Papua New Guinea (PNG) grapples with significant health challenges, especially for adolescents and young people.

Alarming statistics underscore the severity of the situation, with PNG exhibiting among the highest rates of adolescent fertility and pregnancy, STIs and HIV in the region. On average, 32% of women and girls aged 15–49 in the country wish to avoid or delay pregnancy but are not using an effective method of contraception, contributing to a staggeringly high Maternal Mortality Ratio (MMR) of 171 per 100,000 live births. Similarly, due to cultural norms and stigma, SRH is often not openly discussed in PNG resulting in the spread of harmful misinformation among young people, and increased feelings of shame which may leave them reluctant to access essential SRH services.

To combat this, PNGFHA has recruited a dedicated cohort of 30 youth volunteers across four provinces, who deliver CSE curriculum both in and out of school and provide young people with the necessary information and referral mechanisms to access clinical services. By equipping young people with the knowledge, tools, and support systems to educate their peers on SRH, PNGFHA has opened critical pathways to reach more corners of the community, including those who may face intersectional marginalization due to financial, geographical, and social barriers to preventative and lifesaving healthcare.



PNGFHA youth volunteers disseminating information on SRHR to peers

Furthermore, PNGFHA has leveraged their strengthened capacity, built under RESPOND, to garner support from key government partners, including the MoH, to expand their youth outreach through mobile clinics. Mobile youth clinics are currently in operation across the four provinces that PNGFHA operates, enabling young people to access tailored information, services and support in a means that is accessible, inclusive, and confidential. PNGFHA has now secured additional investment from UNFPA to carry out renovations on their mobile clinics that will scale-up their ability to deliver high-quality, comprehensive SRH services where there is limited access to static clinics.

These wins would not have been possible without the resources provided under the RESPOND project, which have allowed PNGFHA to further strengthen their position and reputation as a partner of choice for key government and multilateral agencies. As PNGFHA gears up to enter Year 3 of the RESPOND Project, increased

focus will be placed on strengthening referral mechanisms with other partners, including MSI PNG, to further enable young people to access necessary tools, information and services that is best suited to their needs and lives. This huge success for the MA has showcased that with resources, support, and the vision to break barriers by investing in young people comes great opportunity to address their unique SRH needs.

Learning and adapting approaches to SGBV to increase support for SGBV survivors in Timor-Leste



MSI Timor-Leste (MSTL) has incorporated training and socialization Sexual and Gender-based Violence (SGBV) to all service delivery channels, especially for Outreach and MS Ladies under the RESPOND Project. The training focused on how to identify, record and support clients who disclose SGBV using the World Health Organization (WHO) LIVES counselling approach. At the start of the project, there were low numbers of SGBV disclosures and referrals being reported even though there are high reports of gender-based violence in Timor-Leste with over half of Timorese women aged 15–49 having experienced physical or sexual violence by a male partner. The MSTL team reflected on these challenges and adapted their approach to training, community engagement and awareness raising over the project's life, resulting in an increase in the number of SGBV referrals reported as clients felt safer to disclose incidents of SGBV.

The challenge

The MSTL team faced multiple challenges in relation to providing support for SGBV survivors. Firstly, the social stigma and sensitivity surrounding SGBV discourages clients from openly talking about their experiences or seeking support, which has a large impact on MSTL's ability to provide much-needed basic frontline care and referrals to survivors. Service providers also faced challenges as they had little knowledge of how to identify and support SGBV survivors with limited formal training, nor were the tools available adequate to respond to cases of SGBV or accurately record within information management systems. Additionally, competing priorities within service provision teams in relation to sexual and reproductive health services such as family planning and STI, deprioritised the focus of SGBV services for management and staff.

How did MSTL adapt their approach to learnings?

Recognising the need to better prioritise SGBV services and the challenges they were facing, MSTL adapted their approach based on reflection and learnings from team members.

At an organizational level, the MSTL GEDSI and SGBV focal points coordinated with service delivery channel leads and regional coordinators to ensure that SGBV was included in the setting of annual goals for service provider teams and regional SGBV focal points were also identified that are able to offer more in-depth SGBV guidance to team members.

At a service provision level, providers were given additional training and guidance to grow their skill and confidence. During monthly team meetings, focal points from the clinical quality team emphasized the importance of SGBV services and reporting, and held discussions to better understand the challenges service providers were facing. Via MSI's ongoing continuing supportive supervision, clinical trainers offered guidance to providers on how best to encourage survivors to disclose in a respectful and Do No Harm approach if they recognised any signs or symptoms of SGBV, reminders of established referral pathways were given and MSTL SGBV referral cards distributed. Additionally, refresher training on the importance of accurately recording SGBV data within MSTL's Information Management Systems was conducted.



Service provision teams that were reporting a higher number of SGBV cases and referrals facilitated cross-team learning by sharing their experiences on how to successfully support survivors to disclose and take referrals through improved communication and focus on their rights and immediate needs.

At a community level, SGBV sessions were delivered as part of parents and youth corner sessions as well as with community leaders where participants learn about SRH, SGBV and their right to live free from coercion or violence. MSTL engaged both men and women within the sessions, with the aim of increasing support for survivors within the greater community. Participants were also provided with contact information for specialist SGBV services should they or members of their community experience SGBV.

During one of the youth engagements with a group of 16, staff noted the influence of negative social norms in relation to SGBV, particularly from male participants, that resulted in limited involvement as they consider SGBV a normal issue. However, during the training six cases of SGBV were safely disclosed, with a majority reported related to psychological and emotional violence, speaking to the high level of need within the community, particularly for additional psychological support.

At a sector level, MSTL is a member of the GBV national network and participates in meetings to tackle the ongoing challenges related to SGBV through collaboration with partners and sharing of learnings and expertise.

What we have found

The SGBV training and commitment under the RESPOND project has been crucial to building service providers' knowledge and capacity, and organisational focus. Service providers now know how to best support survivors and refer them to specialist services. However, SGBV survivors still struggle to disclose incidents and take referrals for fear of being taken away from their families or ostracized from their communities. Most clients disclose emotional abuse but will deny physical violence even when identified by service providers due to the social stigma that surrounds SGBV.

Moving forward

To address this ongoing challenge, under the DFAT funded SUPPORT project, MSTL will continue to educate community members about SGBV and provide on-the-job SGBV training for service providers whilst continuing to adapt based on learnings and experiences. The national government has voiced their support for increasing SGBV response and would like to identify facilities that are able to offer services for survivors. However, they also face challenges in relation to funding for training, service provision, and data collection. This once again highlights the need for a sector wide approach to strengthen SGBV prevention and response mechanisms.

Annex 3: Online Content

MSI

Theme	Channel	Link
MSIAP Reaching clients with Disabilities	MSI AP Website	https://msichoices.org.au/three-ways-we-are-reaching-clients-with-disabilities/
MSIAP Giving survivors of sexual and gender-based violence pathways and choices in Asia Pacific	MSIAP Website MSI Global Website Facebook Instagram	https://www.msichoices.org/news-and-insights/the-spotlight-blog/2022/11/supporting-survivors-of-sexual-and-gender-based-violence/
MSIAP Women Deliver Conference	MSIAP Website	https://msichoices.org.au/msi-asia-pacific-at-women-deliver/
MSIC Celebration of Pride Festival Event	MSIC Facebook	
MSS Delivering babies during the Pakistan Flooding Crisis	MSIAP Website MSI Global Website Facebook	https://msichoices.org.au/delivering-babies-during-the-pakistan-flooding-crisis/
MSIVN Providing services to female factory workers	MSIAP Website	https://msichoices.org.au/15000-female-factory-workers-in-vietnam-receive-support-to-access-sexual-and-reproductive-health-information-and-services/
MSN Interview with Felicity Volk, Australian Ambassador to Nepal	MSN Facebook	Facebook
MSB SGBV Training in Bangladesh	MSI AP Website Facebook	https://msichoices.org.au/for-the-first-time-family-planning-providers-in-bangladesh-receive-training-on-supporting-victims-of-gender-based-violence/
MSTL World Contraception Day	MSTL Facebook	https://www.facebook.com/Mariestopestl/photos/a.1032947740146650/5741381532636557/
MSIM World Contraception Day	MSIM Facebook	Facebook

IPPF

Theme	Channel	Link
IPPF Pride related events and overview	IPPF ESEADOR website	https://www.esaor.ippf.org/blogs/pride-2023-whats-changed-last-year
IPPF social media posts re Women Deliver Conferenece	Instagram	https://www.instagram.com/p/Cuq6JJLMBwi/
FPOP videos and social media posts	FPOP Facebook site	https://www.facebook.com/youRHotline.ph/videos/802310901143842
R-FPAP social media posts and twitter	R-FPAP Facebook site	https://www.facebook.com/RFPAP/
Solomon Islands visit and meeting with PM	IPPF global website	https://www.ippf.org/news/prime-minister-solomon-islands-eager-work-srh-space-after-ippf-director-general-visit
Telemedicine promotion Indonesia	Instagram	https://www.instagram.com/p/CxhKdDIP3NJ/?igshid=MTc4MmMlYmI2Ng==
IPPF International Youth Day community interviews	Instagram	https://www.instagram.com/reel/CvyKb-_ofTT/?igshid=MzRIODBiNWFIZA==
Maldives SHE promotion of activities	Instagram	https://www.instagram.com/shemaldives/?hl=en
Sri Lanka video of service delivery point	FPASL Facebook	https://www.facebook.com/100064667260554/videos/307609941851932/?__so__=permalink
Lao PFHA summary of activities and services of Lao PFHA	PFHA Facebook	https://www.facebook.com/people/PFHA-Promotion-of-Family-Health-Association/100072301275626/?mibextid=ZbWKwL
International Women's Day selection of interviews with Women across RESPOND MAS	Instagram	https://www.instagram.com/reel/CpeOXu2sHxp/?igshid=MzRIODBiNWFIZA%3D%3D
Indonesia implant promotion	Instagram	https://www.instagram.com/reel/Ctdlh4Ogqv/?igshid=YTuZyTFiZDMwYg%3D%3D
Indonesia East Java chapter promotion of FP methods	Instagram	https://www.instagram.com/p/Cs3rSAzhA4M/

Annex 4: Risk Matrix

Key Yellow Highlight = New/updated
Red-Strikethrough = Deleted

Probability	Impact				
	Negligible	Minor	Moderate	Major	Severe
Unlikely					
Rare					
Moderate					
Possible					
Likely					

Description	Probability	Impact	Risk Rating	Risk Mitigation Strategy
Disruption to programme due to spread of COVID-19: although this programme has been designed specifically to respond to the need for SRHR during COVID-19, we may still have to pause programming if the virus peaks in the countries of operation and governments impose strict lockdown measures. However, the non face-to-face aspects of the programme will continue even in this scenario.	Possible	Minor Major		<ul style="list-style-type: none"> - All partners are monitoring the situation closely through their respective established mechanisms (MSI's Crisis Committee & IPPF's C-19 Taskforce) and communication with country programmes, Member Associations, and partners. - MSI's country programmes and IPPF's MAs have contingency planning which follows national and organisational guidance to slow transmission. - Alternative workplans will be developed with the input of all partners and activities will be adapted to fit current ways of working. - SRH services will continue where possible, while prioritising the safety of clients and staff and abiding by all government regulations. - Trainings will be carried out in person when possible; otherwise online training platforms and webinars will be the preferred approaches. - Awareness-raising activities will be delivered through social media, SMS, and other digital platforms. - MSI and IPPF maintain coordinated communication with DFAT on the impact of COVID-19 on program implementation during monthly meetings.
Civil unrest and political instability, particularly in relation to elections and senior government leadership changes, leading to interruptions or cessation of programme activities in certain areas.	Possible	Moderate		<ul style="list-style-type: none"> - We will engage key stakeholders and provincial leaders to ensure that the programme's activities can continue. - Communication with specific political parties may be strategically discontinued. - Security strategy and plans will require a full re-assessment if there is a complete breakdown in the political situation. - MSI and IPPF will continue to provide regular updates to DFAT on the impact of political instability during monthly meetings.
A natural disaster affects target areas and delays or disrupts programme implementation in specific countries.	Possible	Moderate		<ul style="list-style-type: none"> - Annual workplans will be revised to ensure that services continue to be delivered to affected populations in the event of a natural disaster to the maximum extent possible. - Minimum Initial Service Package (MISP) activities may be initiated for disaster-affected populations in consultation with DFAT if conditions deteriorate significantly.
Procurement: disruptions to supply chains and commodities shortages, particularly in light of cuts in UK FCDO support to UNFPA Supplies.	Likely	Severe		<ul style="list-style-type: none"> - We will support procurement of PPE where required to ensure safe service delivery, and advocate nationally and globally for priority health provider access to PPE. - We will undertake regular monitoring of stock of essential commodities and supplies and ensure timely ordering of goods and prompt application for UNFPA donated commodities, while continuing to track changes in the commodity market. - There will be ongoing information gathering from implementing countries on commodities to inform commodity strategy and broader global engagement with the UNFPA Supplies programme.
Currency devaluation caused by market volatility and economic recession as a result of COVID-19, leading to impacts on program operations and related costs.	Moderate	Moderate		<ul style="list-style-type: none"> - Monitoring systems are in place in both organisations (IPPF's COVID-19 Taskforce and MSI's Global Crisis Committee) and the donor finance teams are in regular conversation with country programmes and MAs respectively to monitor and address the effects of currency fluctuations. - Further discussions with DFAT will be held in the case of significant exchange rate fluctuations to consider appropriate mitigation approaches. - With USD currency fluctuation and domestic inflation in multiple countries impacting program operating costs, both IPPF and MSI will adjust country level budgets as appropriate for the remainder of the program.

Description	Probability	Impact	Risk Rating	Risk Mitigation Strategy
Fraud and corruption leading to a misuse of funds, damaging the reputation – and reducing the effectiveness of – the RESPOND program.	<i>Possible</i>	<i>Moderate</i>		Both organisations have comprehensive anti-fraud policies and guidance in place: <ul style="list-style-type: none"> - MSI and IPPF staff are trained on anti-fraud and bribery; - Anti-fraud and bribery clauses, included in flow-down agreements and due diligence checks, are in place as per each organisation's policies and procedures; - Specific interventions, such as a 24/7 independent, whistleblowing hotline, are accessible by all staff across MSI and IPPF; - Both organisations have standardised, organisation-wide responses to manage allegations of fraud.
Increased risk of safeguarding issues during times of extreme stress.	<i>Possible</i>	<i>Moderate</i>		Both organisations have a robust suite of policies and procedures for safeguarding (see policies detailed in section 9.2 of High-Level Design narrative): <ul style="list-style-type: none"> - MSI and IPPF require all staff to adhere to safeguarding policies and undergo annual safeguarding training and mentorships; - Extensive background checks are carried out on new staff and partners; - All clients, staff, and partners are made aware of MSI's Speaking Up system and IPPF's SafeReport system.
MSI and IPPF are unable to complete detailed programme design to timeline. (Deleted in previous reporting period)	<i>Unlikely</i>	<i>Moderate</i>		– MSI and IPPF have dedicated teams responsible for programme design and development, with a wealth of experience in effectively coordinating and developing high-profile, multi-country, and multi-million project proposals.
MSI and IPPF fail to collaborate in any in-country activities and/or fail to share information and cooperate at the global level.	<i>Unlikely</i>	<i>Moderate</i>		<ul style="list-style-type: none"> - MSI and IPPF have a global MoU, have developed a RESPOND partnering agreement, and are committed to collaboration that advances the missions of both organisations. - Programme managers from IPPF and MSIAP have established regular coordination meetings. - Teams in country have been introduced where both organisations are implementing, and regular in-country collaboration is taking place. - MSI and IPPF will maintain consistent and coordinated communication with DFAT.

Annex 5: Country Summaries

FAMILY PLANNING ASSOCIATION OF BANGLADESH (FPAB)	59
MARIE STOPES BANGLADESH (MSB)	59
RESPECT EDUCATE NURTURE EMPOWER WOMEN BHUTAN (RENEW)	60
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MARIE STOPES INTERNATIONAL CAMBODIA (MSIC)	62
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PROMOTION OF FAMILY HEALTH ASSOCIATION OF LAO (PFHA)	65
THE SOCIETY FOR HEALTH EDUCATION MALDIVES (SHE)	66
MARIE STOPES INTERNATIONAL MYANMAR (MSIM)	66
FAMILY PLANNING ASSOCIATION OF NEPAL (FPAN)	67
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RAHNUMA FAMILY PLANNING ASSOCIATION OF PAKISTAN (R-FPAP)	78
MARIE STOPES SOCIETY PAKISTAN (MSS)	79
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MARIE STOPES PAPUA NEW GUINEA (MSPNG)	81
FAMILY PLANNING ORGANISATION OF THE PHILIPPINES (FPOP)	82
FAMILY PLANNING ASSOCIATION OF SRI LANKA (FPASL)	83
MSI TIMOR LESTE – MSITL	84
MSI VIETNAM (MSIVN)	85

Family Planning Association of Bangladesh (FPAB)



- Due to unavoidable circumstances, the RESPOND program in FPAB has been discontinued in Year 2. Out of the remaining balance of budget allocated to FPAB, AUS\$288K was reallocated to the MA in Pakistan (R-FPAP) to support and scale their ongoing RESPOND operations as follows:
 - A part of the Y2 targets from FPAB was transferred to R-FPAP and incorporated into the MA's results framework.
 - Existing activities under RESPOND will be scaled up to enhance underserved populations' access to SRH services and complement the project's on-going interventions including Afghan refugees.
 - 12 new Service Delivery Points (SDPs) will be added across Pakistan which include R-FPAP's 9 family health hospitals and 3 family health model clinics.
- However, prior to the discontinuation of the RESPOND program, FPAB provisioned SRHR services through 21 service delivery channels (from Aug – Sept 2022):
 - 168,139 SRH services provided to 92,033 clients, generating 14,227 CYPs.
 - 88 clients provided and referred for SGBV services.
 - 2,121 clients received SRH services through alternate service delivery models.
 - 15,520 people accessed SRH information through digital platforms.

Marie Stopes Bangladesh (MSB)



Key achievements

- The Government of Bangladesh's Family Planning Department has expressed their gratitude for the effectiveness of outreach and PSS channels. MSB has maintained a solid rapport with the communities it serves and government representatives, earning a reputation as a reliable service provider. Acknowledging MSB's significant contribution to national Family Planning outcomes, the Director General of Family Planning at the Ministry of Health and Family Welfare has awarded a grant contract to support mobile outreach teams in delivering Long-Acting Reversible Contraception (LARC) and Postpartum Monitoring (PM) services. This contract is valid from December 2022 to January 2023, with the potential for extension.
- SGBV basic training was conducted by Master Trainers to outreach service providers (program managers, medical assistants, paramedics who provide services in Gov SDPs). The training was also provided to GoB FWVs and 5 FWV who work in hard-to-reach districts.
- MSB conducted facility assessments to assess if the centres are considering the needs of clients with disabilities. The results were shared with recommendations of improvement to district FP authorities and DGFP. Disability assessments are now incorporated into government health facility construction policies.
- MSB provided SRH/FP services through 169 service delivery points, resulting in:
 - 93,556 SRH services provided to clients during the reporting period (112% achievement)
 - 326,251 CYPs generated (114% achievement)
 - 9.14% clients under 20yrs of age and 19.6% adopters reached.
 - 280 clients referred for SGBV follow-on support.
 - 19,857 calls made to the contact centre.



MSI Bangladesh's Dr Kumar providing contraception services at a rural health post

Key challenges

- Inflation rate and significant devaluation of Bangladeshi Taka (BDT) against foreign currency had an impact on project budget. Cost minimization strategies were applied to overcome this challenge to ensure the continuation of service operation as per committed project plan.
- Shut down of consortium partner's (FPAB/IPPF) activities had an impact on achieving cross-functional collaboration by the adaptive pathway as per project projections.
- Budget limitations and the postponement of new project funding by the Government of Bangladesh meant that MSB could not carry out the Client Exit Interview (CEI) for 2022. This limitation has a direct impact on MSB's capacity to analyse the demographics of clients accessing services through quantitative data.



MSI Bangladesh is partnering with Organisations for People with a Disability to ensure SRH services are accessible and inclusive.

Learning and adapting

- Prior to RESPOND, MSB had never used social media as a project activity. The team has learnt that publicity through digital media to the community has been beneficial for the project. The team released a Facebook post on gender equality, awareness raising for SGBV and a post promoting disability inclusion.
- The SGBV training of government service provider is highly appreciated, resulting in government services incorporating this curriculum into regular trainings.
- MSB will sustain the SGBV service in PSS and OR operating areas, which is a continuation of RESPOND project activities.
- MSB will continue to collaborate with district level organisations for people with disabilities to continue referrals, demand generation, outreach facilitation.

Key priorities for the next 6 months (Aug 2023 – Jan 2024)

- The MSB RESPOND Project has now been closed out. A sense making workshop will be conducted and learnings passed on to stakeholders and other MSI teams.

Respect Educate Nurture Empower Women Bhutan (RENEW)



Key Achievements

- The RENEW team organised a three-day review meeting from July 23rd to 25th, 2023. The meeting assessed RESPOND project achievements over the 2-year period and outlined key project highlights for the final report, and lesson learned for future projects.
- Office equipment, including office furniture, computers, and daily office-use items, was procured to fully operationalize the Punakha Community Service centre and Phuentsholing Community Service Centre. Services will be regularly provided through this centre, and it will continue to operate even after the project ends, continuing to provide services
- Conducted health camps with Queer Voices of Bhutan, community health departments, and Jigme and Dorji Wangchuk National Hospital, serving 25 LGBTIQ+ clients.
- Conducted 27 batches of training and awareness sessions in communities, with the support of multi sectoral task force and community-based support system (MSTF-CBSS) members. These sessions covered topics such as SRH, GBV, bodily autonomy, safe sexual behaviour, and risky behaviours.
- Conducted ToT (43 MSTF-CBSS members, in different districts) on SGBV, SRH, VCAT for abortion care, and 2 coordination meetings (across 20 districts MSTF- CBSS members) to strengthen service delivery.

- Developed and broadcasted a series of six open-discussion SRHR (teenage pregnancy, menstruation, abortion, consent, contraceptives and SRHR services, gender equality, sexual identity, sexual gender-based violence, digital literacy) audio-visual episodes on the national television station BBS and nationwide radio station Kuzoo Radio. Videos
- Provided 4,563 SRH services to 965 clients and 818,794 people accessed SRH information through digital platforms.

Key Challenges

- As the project is coming to an end, it would be somewhat challenging to maintain and sustain the previously provided community support/services, especially for running the community service centres, until additional financial support is secured
- As lockdowns eased, activities were transitioned from virtual to in-person activities, impacting activity flow and budget utilisation.

Reproductive Health Association of Cambodia (RHAC)

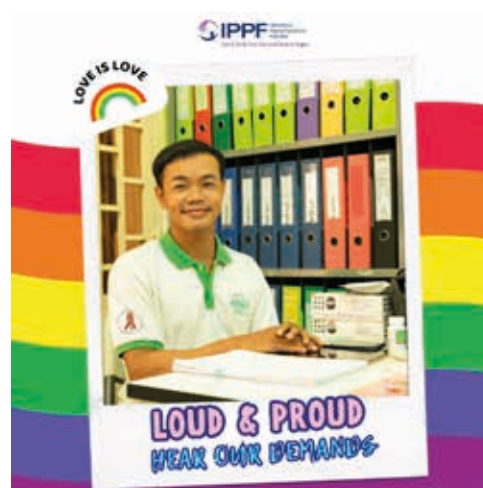


Key Achievements

- With support from RHAC a government chaired Technical Working Group for Persons with Disabilities was approved.
- To strengthen healthcare services for persons with disabilities, RHAC conducted 1,176 home visits to provide SRH education.
- Supported strengthening of SGBV case management, including renovating 55 clinics to ensure privacy for SRH and SGBV services. Ongoing technical support and refresher training on SGBV provided to women champions and 720 SGBV services to 558 SGBV survivors that were served.
- In August 2022, RHAC launched telemedicine services in 16 clinics in 4 operational districts of Battambang and Kampot provinces. A total of 18,054 telemedicine services have been provided.
- RHAC developed Values Clarification and Attitude Transformation training curriculum approved by the NMCHC in January 2023. In January 2023, RHAC also organized a 3-day training of trainers on how to use the VCAT training curriculum at the NMCH center with 42 participants.
- Supported NMCHC to conduct six 10-day trainings on Values Clarification and Attitude Transformation and CAC (comprehensive abortion care) for a total of 79 healthcare providers from January 2023.
- Provided 567,495 SRH services to 199,262 clients and generated 25,228 CYP.

Key Challenges

- Mentoring and coaching are needed of providers recently trained in CAC (comprehensive abortion care) using experienced CAC-trained providers. In July 2023, the national reproductive health program manager agreed to province-based Telegram groups for CAC-trained providers.
- Communication between field staff/women champions and people with a disability during educational sessions is a challenge and a flipchart. A SRHR flipchart with guidance on using; visual aids; large fonts; and video animations was developed to improve comprehension and access.



“Discrimination persists in our community. It’s crucial for healthcare providers to champion inclusivity and respect. As the LGBTQ+ representative for RHAC, I’m committed to bridging gaps between healthcare and the LGBTQ+ community.”

Pring Sokna, Reproductive Health Association of Cambodia (RHAC), IPPF

- The lack of knowledge on providing healthcare for people with a disability and the lack of routine data on people with a disability accessing services will be raised at the Technical Working Group for Health for People With a Disability.

Lessons Learnt

- Currently many providers only record serious physical and sexual violence cases and therefore, providers were oriented in the four national recording classifications (sexual, psychological, physical and economic violence) for monitoring and evaluation purposes.
- Telemedicine services increased across the reporting period as issues with service providers having limited airtime were addressed with a monthly \$5 airtime provision per midwife per health centre and support in using online calendars and appointment systems, where necessary.

Plans and Priorities

- Collaborate with NMCHC to organize two 8-day CAC trainings and two 2-day VCAT trainings for 26 midwives/medical doctors. The participants will be invited from Kampot province
- Finalize SRHR flipchart for people with a disability and conduct training for women champions
- Conduct field visits to assess SGBV program implementation.
- To conduct project close-out meetings

Marie Stopes International Cambodia (MSIC)



Key achievements

- The expansion of Medical Abortion telemedicine service from two provinces to nationwide since August 2022. Likewise, telemedicine Short Term Family planning has been rolled out since Feb 2023.
- SGBV training to centre frontline staff including providers, Center Managers, receptionist, hotline counsellors, gender working group members, marketing team and RM&E. Total of 47 people attended this two-day training.
- DEI training rolled out to support office staff. A total of 24 people attended one day of training.
- Various trainings have been offered to staff including quality assurance staff (endorsement training to become assessor), Senior Midwife (how to coach other providers-coaching peer) and clinical training on topics like Comprehensive abortion Care, ultrasound, Lab, cervical cancer screening and management.
- MSIC provided SRH/FP services through six service delivery points, resulting in:
 - 172,940 SRH services provided to clients, 98% of the reporting period target.
 - 10,371 CYPs generated, 105% of the reporting period target.
 - 50,983 SRH clients served, 100% of the reporting period target.
 - 28,361 calls to the contact centre, 97% of the reporting period target
 - 2,982,014 people accessed SRH information through digital platforms, 160 % of the reporting period target.

Clients have reported that telehealth abortion services feel the same as an actual visit at a facility, as the providers are diligent and caring, with regular follow-up and support from the beginning until the abortion is completed.



MSI Cambodia held group education sessions for factory workers in Phenom Penh

Key challenges

- The Second trimester abortion was not rolled out as originally planned as it required a higher level of services. After discussion with NMCHC and MSI, it was advised MSIC should not proceed with the service, and to refer clients to NMCHC.
- Changes on reimbursement from National Social Security Fund Health Insurance (NSSF-HI). It is not possible to receive a reimbursement fee for services provided outside health facility (centres). MSIC pop-up service at factories has been changed to only information dissemination since September 2022.
- Some factories have closed, affecting MSIC engagement activities. The marketing team has turned to focus on other entertainment places like Casinos, KTV, etc.
- The government (Ministry of Health) recruits a vast majority of providers to work for the public sector. These impact the effort of capacity building and the operation of the centres.

Learning and adapting

- RHAC hired a consultant to develop VCAT training curriculum for the government to incorporate with the National Comprehensive Abortion protocol. MSIC reviewed and provided feedback.
- MSIC joined a meeting with RHAC to develop SRH flipchart to use for Persons with Disability. This flipchart will be used during group discussion in community to raise awareness on SRH.
- MSIC also joined with FHI360 on SGBV. MSIC is a member of a committee to review SGBV referral directory and the MSIC Centre is also included in the directory.
- MSIC participated in the development of the new Fast Track Initiative Road Map (FTIRM) for reducing Maternal and Newborn Mortality 2024–2030 facilitated by National Maternal and Child Health Center. MSIC provided input on activities to achieve Family planning and safe abortion targets.

The majority of people using MSI Cambodia's teleabortion services are 15–24 years old. This indicates that young people are comfortable using technology and prefer a simple online process without needing to go to a clinic.



MSI Cambodia celebrating Pride Week at Koh Pich. Providing inclusive services for LGBTIQIA+ clients is a key aim under RESPOND.

Key priorities for the next 6 months (Aug 2023 – Jan 2024)

- SGBV training for new providers and a SGBV Manual for non-clinical staff translation and upload in KAYA system for staff to get refresher training in future.
- Implement waiver mechanisms for Disability, SGVB clients' women who cannot afford to pay and students under 20 years old for vaccination.
- Marketing activities with youth in and out of school and universities, including events to reach youth, disability, SGBV survivor and LGBTIQIA+.



Ry was worried her unplanned pregnancy would put her new job at risk

Ry had just begun a new job as a cleaner when she found out she was unexpectedly pregnant. Her husband is unemployed, and she is the main breadwinner.

She spoke to an MSIC counsellor and decided to end her pregnancy and receive a contraceptive implant to prevent future unwanted pregnancies. Cambodia's national health insurance covered the cost of her service, which would have been about half a month's salary for Ry.

"I am so lucky to know MSIC. I did not know this service will be covered under my health insurance, so I can save money for my family. The counsellor provided clear advice so that I was not worried."

Indonesian Planned Parenthood Association (IPPA)



Key Achievements

- Appointment of the North Sumatera Chapter as House of IVA (Acetic Acid Visual Inspection) by Medan Maimun sub district in January 2023.
- IPPA chapters in Central Kalimantan and East Nusa Tenggara initiated psychosocial clinic collaborations thereby providing valuable referrals to clients in need of psychosocial support services.
- Renovations of IPPA clinic premises to better accommodate persons with disabilities and elderly.
- Development of guidelines such as DHI and SGBV to strengthen service quality and referral pathways.
- Staff values, attitude and biases were improved through VCAT trainings, as were IPPA's management of SGBV cases with other key partner organizations.
- IPPA Lampung chapter developed a web-based centralised recording and reporting system.
- Provided 478,531 SRH services to 119,875 clients and generated 18,166 CYP.



Under the RESPOND project, trainers from the IPPA Jakarta Chapter conduct outreach awareness sessions on SRHR and SGBV for adolescents in Jakarta schools.

(Indonesian Planned Parenthood Association, IPPF)

Key Challenges

- Sustainability in providing SRH services remains a challenge for most IPPA Chapters, especially those without clinics, including financing for buildings, salaries for providers (doctors, counselors, etc.), medicine, and contraceptives procurement. This will be reviewed and addressed through the development of their business plans in collaboration and with support from IPPF regional office
- Not all beneficiaries can access PKBICare telemedicine due to lack of access to devices such as laptops and tablets therefore IPPA will improve PKBICare to be made accessible via Android mobile devices.
- Providing safe abortion remains challenging as IPPA clinics are not authorized providers. IPPA held a workshop to discuss risk management and identify steps to providing safe abortion services, at Board and executive team level.
- There are growing concerns of new government restrictions that limit the distribution of condoms and other family planning methods particularly for young people this is in process of being further investigated.

Lessons Learnt

- As a result of RESPOND, the IPPA chapters strengthened their networking with government and non-government stakeholders for accreditation, FP, GBV management, health insurance. This has led to expanded service coverage and an increase into integrated SRH interventions.
- In Central and East Java, some chapters were reactivated through the support of RESPOND, expanding reach of SRH services to those areas. They had previously been closed as a result of Covid.
- Opportunity for collaboration across IPPA projects e.g. INKLUSI, Filantropi and OKY for increased impact and efficiency and IPPAs reach to youth in schools and marginalised groups

Plans and Priorities

- Strengthening networking and quality of services on SRH service provision and SGBV
- Improving PKBICare as dedicated user-friendly telemedicine to increase access

Promotion of Family Health Association of Lao (PFHA)



Key Achievements

- PFHA have increased support from 20 health centres to 24 including 4 district hospitals
- 100,243 SRH services provided (61,875 to female clients), through mobile, static and home services.
- 2,157 SRH services provided through telemedicine.
- 187 clients classified as vulnerable received SRH services through home visits.
- Improved facilities for local communities to access information on SRH, including: medical equipment, teleservices, patient counselling rooms established, mobile outreach services.
- Capacity building (Safe abortion, HIV/AIDS, STI) to 20 Health centres including 40 service providers.
- Lao PFHA held a national SGBV advocacy workshop, resulting in strengthening support to marginalised communities and resulting in a commitment to collaborate with these key organisations to support activities and raise awareness at operational district level.
- Integration of IPES (Integrated Package of Essential Services) in all 24 health centres
- The Program has conducted SGBV workshops in 4 District and continues to support the SGBV network in referring SGBV cases to legal aid and health services where required. Lao PFHA is a key partner in the SGBV network collaborating closely with the District Lao Women Union, District Education Office, Public security, District Justice, Prosecutor's Office, District Court and District Health Officer.
- Provided 100,423 SRH services to 47,717 clients and generated 1,769 CYP.

Key Challenges

- 80% of health centres don't offer permanent methods of family planning and uptake of LARC is low, with supply of implants also being an issue. Training of providers and a campaign to promote LARC is needed in the upcoming period, to address this.
- Myths and misconceptions about family planning and family size present as a barrier to increasing uptake of SRH services.
- Rising inflation and fuel costs

Lessons Learnt

- Collaboration with Lao Women's Union and local village heads has been key in ensuring messages get to be aired on village loudspeaker systems.
- Engaging with key stakeholders who participate in trainings and advocacy workshops has been valuable in raising awareness and sensitising staff from health centres and local village communes.
- Essential to provide accurate information and knowledge transfer to health care centre staff as capacities are limited and they often accessing misinformation from online and social media

Plans and Priorities

- Collaborate further with Provincial Health office on capacity building (LARC) and on supply chain of commodities.
- Contraceptive implant campaign including promotion on online platforms (Tiktok, Facebook page)
- Provide ongoing technical support on telemedicine services provision to 46 health service providers at the associate clinic. Scale up activities to include additional health centres identified for Year 3.

The Society for Health Education Maldives (SHE)



Key Achievements

- An online IPES training was conducted for SHE staff in July 2023, with nine staff members attending and successfully completing the training. This training will help the staff provide services more effectively.
- Two mini-outreach health camps were conducted in Kulhudhufushi and nearby islands, The outreach team have provided SRH services during these camps.
- With the facilitation support of the Health Protection Agency, the SHE team organized a 9-day, 'Voluntary Counselling Training,' for 8 staff members. The SHE team conducted a training session on the topic of Youth-Friendly Health Services for the staff at KRK Hospital.
- Collaborated with Maldivian Red Crescent Male' unit and Mission for Migrant Workers Maldives held a migrant fair on International Migrant Day, providing 200 dignity packs and also conducted one migrant health fair for the migrant community residing in the Greater Male at Hulhumale' Central Park. A total of 84 workers sought services.
- An online final refresher training was conducted by HISP team where they discussed data entry and analysis, the data entry format of client registration sheet, dashboard indicators for each department etc. SHE team started live data entry into CMIS on June 15th.
- Web SMS information rolled out to deliver SRH information and awareness on SHE services and targeted SRHR issues.
- SHE provisioned 5,949 SRH services to 2,167 clients with 426 CYP generated.

Key Challenges

- Recruiting part-time staff for KRH Hospital has been a challenge. However, the SHE team is actively reaching out to various community groups/stakeholders on the island to find qualified staff willing to work part-time.
- The timely implementation of program activities was impacted due to lack of qualified staff and a high turnover rate.

Key Priorities (Aug 2023 – Jan 2024)

- With technical support from IPPF, the SHE team will develop a training manual and conduct training for peer educators based on that manual. This manual will provide training to peer educators on topics such as SRH and counseling, which they can then roll out, especially among migrant workers.
- SHE will conduct health camp in atolls to provide continuous and easily accessible SRH services.
- Training and Capacity building of KRH staff to support strengthened SRH service delivery.

Marie Stopes International Myanmar (MSIM)



Key achievements

- Clinical quality internal audit and spot check of all MSI Ladies was done on time with the support from MSIM clinical quality assurance team.
- Regular quarterly meetings and sessions for sharing clinical updates were conducted via Zoom for MSI Ladies. The sessions included comprehensive sexual and reproductive health (SRH) knowledge:
 - Basic Psychosocial Support that will strengthen the psychosocial counseling skill of MSI Ladies,
 - Refresher session on Gender and Disability Inclusion,
 - Adolescents' SRHR, the significance of Adolescent and Youth-friendly Health Services (AYFHS).
- During this reporting period, the project team successfully conducted in-person monitoring visits to all RESPOND-funded centres
- Despite challenges faced in the international procurement process, the project team managed to procure FP commodities such as depo, emergency contraception, and implants locally and on time.

- Although safety and security concerns stemming from political instability in Myanmar, the project team organized an annual project review meeting with MSI Ladies in July 2023, 34 MSI Ladies participated.
- MSIM has provided SRH services through 53 service delivery points, resulting in:
 - 113,679 SRH services provided to clients, 240% of the reporting period target
 - 16,293 CYPs generated, 148% of the reporting period target
 - 14,163 SRH clients served, 159% of the reporting period target
 - 1736 calls to the contact centre, 248% of the reporting period target
 - 712 referrals from the contact centre, 309% of the reporting period target

Key challenges

- Excluding the annual review meeting, the project team couldn't conduct in-person quarterly meetings and trainings with MSI Ladies due to political instability and conflicts. The team managed to conduct the quarterly meetings virtually.
- There is a limited presence of functioning women's organizations, CBOs, and CSOs, due to restrictions imposed by the military council on registration policies. This impacts SGBV referrals. Despite these obstacles, MSIM actively participates regularly in GBV sub-cluster meetings organized by UNFPA.



MSI Ladies were permitted to do SRHR awareness sessions in areas of conflict in Myanmar.

Learning and adapting:

- RESPOND-funded centers have been adopting various strategies aimed at boosting client visits and providing SRH services, including measures such as regular follow-up calls, ongoing communication with satisfied clients and midwives, helpline services, and the implementation of an efficient booking system.
- During these challenging times, MSI's priority was raising awareness through social media, with the goal of reaching a broader community (youth, men, women, and individuals with disabilities). This included comprehensive SRH awareness posts, SRH videos featuring sign language interpretation, and producing braille-inclusive family planning pamphlets for people with disabilities. The RESPOND project has yielded positive impacts on social media awareness with 248% achieved compared to target.

Key priorities for the next 6 months (Aug 2023 – Jan 2024)

- In-person supportive supervision visits to RESPOND funded centres
- Regular clinical quality audit assessment and spot check of MSI Ladies according to the specific assessment timeline with the support from MSIM clinical quality assessment team.
- Quarterly meetings and training with MSI Ladies
- To achieve a wider reach, awareness on SRH will be focused through social media platforms not only via Facebook but also in other popular channels such as Viber, Telegram and Instagram, etc is necessary.

Family Planning Association of Nepal (FPAN)



Key Achievements

- FPAN Central Clinic conducted a VIA (Visual Inspection with Acetic Acid) and Gynaecological camp at Shivapuri Health Post, Nuwakot district. The camp was organized through collaboration between FPAN and Shivapuri Municipality, Nuwakot district. A total of 97 clients availed services during the camp.
- FPAN Kavre FHC conducted an integrated SRH Camp at the premises of Muktinath Temple in Panauti Municipality, Ward-5. The SRH camp was organized in collaboration between FPAN Kavre branch and Panauti Municipality. A total of 52 clients availed services during the camp.
- The FPAN headquarters M&E team has successfully completed their visit for CMIS installation and training in two project implementation districts.

- FPAN collaborated with a national radio station to broadcast 20 episodes of SRH and COVID-19 messages, which included interviews with SRH experts from various sectors.
- In the dissemination of SRHR and COVID-19 information, FPAN used multiple channels, including social media (especially Facebook), radio FM, posters, and brochures.
- FPAN organized a two-day Review and Reflection meeting on the RESPOND project, which was attended by branch managers and accountants from 17 RESPOND implementing branches. This meeting provided an opportunity to review the progress made and set future priorities.
- FPAN provided SRHR services through 30 static clinics and other service delivery channels: 976,963 SRH services provided to 137,690 clients, 37,766 CYPs generated; 13,571 clients received SRH services through DHI / telemedicine; 189,830 people accessed SRH information through digital platforms.

Key Challenges

- FPAN has been experiencing a turnover of trained staff recently, which has become a challenge for the organisation.
- Challenges in in-person health service provision were reported due to harsh weather and interrupted helpline services, due to fibre replacement for digital services.

Key Priorities (Aug 2023 – Jan 2024)

- Regular service provision through established service delivery points (static clinics and CBDs), as well as through DHI and self-care
- Strengthening and ensuring the provision of SGBV services and COVID-19 related messages through social media.
- A project learning and dissemination meeting with stakeholders and FPAN staff

Marie Stopes Nepal (MSN)



Key achievements

- Successfully handed over 25 health facilities to the Municipality/Rural Municipality these facility covers all 9 Municipality of Bhojpur district. Now the municipality will ensure regular and quality services from these sites. All facilities include LARC, MA, VIA, STI and POPS services as well, three include PHC and one district hospital offers CAC services in the district. Moreover, the district hospital will also offer Permanent method services.
- MSN provided 19,979 SRH services resulting in an impact of an estimated 10,388 unplanned pregnancies averted, 3,916 unsafe abortions averted, and 8 maternal deaths averted.
- MSN reached 11,783,997 people with SRH information through digital platforms including our website (24,144), Interactive voice response (IVR) system in the contact centre (40,165) and through social media channels (11,719,688). The contact centre received 26,530 calls in this period, among which, 4,204 were adolescent clients (16%), and referred 4,040 callers for SRH services.
- Conducted outreach camp in 18 Districts from 6 provinces at 169 sites in cost sharing model with respective District Health Office
- MSN provided SRH services through 25 service delivery points, resulting in:
 - 19,979 SRH services provided to clients, 120% of the reporting period target
 - 116,222 CYPs generated, 131% of the reporting period target
 - 17,409 SRH clients served, 213% of the reporting period target
 - 26,530 calls to the contact centre, 83% of the reporting period target
 - 11,783,997 people accessed SRH information through digital platforms, 153% of the reporting period target

Key challenges

- VSC camps are seasonal therefore, staff hired on these camps are offered contract for the season only. Due to various vacancies opening in government and private sectors, the trained seasonal staff did not continue with us, which makes it challenging to find trained staff for outreach.
- The FP & RH service is not the priority of Health Facility as they provide various health care services from the same facility, which impacts service numbers and timely reporting.
- There is a lack of strategy to promote new services at the health post. Demand generation is not adequate and may impact service provision.

Learning and adapting

- The cost sharing model works well, the local government and MSI have leveraged their partnership to ensure a smooth hand over.
- Only supporting capacity building of providers in clinical aspects of their work is not enough to strengthen the health service. There is a need to build the capacity of the government staff on reporting, supply chain and other managerial aspects to deliver more sustainable services.
- Engaging with local FCHV (Female Community Health Volunteer) & Civil society helps to increase the client footfall and regularise services at government health facilities. However, FCHVs are engaged in different activities and SRH may not always be priority.

Key priorities for the next 6 months (Aug 2023 – Jan 2024)

- Mobilizing 3 to 4 teams for VSC camps in the districts as per the request.
- Follow up with the government facility whether the service is continued at sites or not.

IPPF PACIFIC COUNTRIES



*Note: Summaries for Pacific MA's are inclusive of the total 2-year project cycle

Cook Islands Family Welfare Association (CIFWA)

Key Achievements

Over the past two years, CIFWA has used RESPOND funding to strengthen their service delivery to young people in the Cook Islands in both Rarotonga and Aitutaki.

- To date, 888 clients have been reached throughout the 2-year project period, equating to 178% of their overall target.
- 100% of clients reached were young people, under the age of 25 years old.
- During this reporting period, 283 young people were reached with SRH services, 84 of whom were first time service users. Of the 84 first-time service users reached in this reporting period, 19 chose to adopt modern contraceptive methods for the first time.
- Through RESPOND, CIFWA has leveraged their strong working relationships with key stakeholders in Cook Islands, including the local schools, to deliver in-school comprehensive sexuality education (CSE) to students. CIFWA's peer educators have been instrumental in this process, working in tandem with medical staff to increase the uptake of youth service access, and carrying out advocacy among the community.

Key Challenges

Pushback on the delivery of CSE to in and out of school youth remains a critical challenge in Cook Islands, largely due to misunderstanding of content coverage. To combat this, CIFWA has been heavily engaged in community advocacy and information sharing, working with adults to change attitudes to CSE, and to create safe spaces for young people to access SRH information and services outside of school. This includes the creation of a new youth-friendly space in Rarotonga through the RESPOND project, creating an inclusive and confidential environment for priority groups, including young people with diverse SOGIESC to access SRH information. During the no-cost extension period, CIFWA endeavors to replicate this initiative in Aitutaki.

Lessons learnt

CIFWA has been strongly engaged in advocacy on SOGIESC issues throughout the 2-year RESPOND period, building strong partnerships with other local CSOs through CIFWA Youth Peers (CYP), including Te Taire Association and PRIDE. In 2023, CIFWA and their partners celebrated an impressive win with the decriminalization of homosexuality in Cook Islands. CIFWA youth leads also engaged in advocacy work relating to young people, joining the cross-sectoral working group to develop the Cook Islands National Youth Policy 2021–2026 'Te Mana o te Mapu – The Power of our Youth as Nation Builders'. CIFWA continues to be involved in the implementation of this national policy. These wins reflect how collective initiatives such as the RESPOND project contribute to



I have noticed a significant change in the behaviour and attitude[s] in young people towards sexual and reproductive health, and I would credit that to the work the CIFWA Youth Peers has done. Nobody is afraid to say the word 'condom' anymore. They know about unprotected sex. They know the word 'penis'. They know about vaginal discharge; they know the signs of STIs. They know how to tell when they are pregnant. They know the consequences of not taking their contraceptive pill on time, every day. These are the subtle attitude and behavior changes that I believe CIFWA has imparted onto people."

Dean Tatanga, CIFWA Nurse and Peer Educator

opening pathways for CIFWA to engage more strongly in cross-sectoral advocacy, and movement building, that will cement their position and reputation within national architecture as essential service provider, with reach to underrepresented communities.

Plans and Priorities:

CIFWA is gearing up to ensure that SRH services are maintained through alternative funding streams, including Niu Vaka II, after project closure. Integrated workplans are being developed, in collaboration with IPPF SROP, covering priority areas such as CSE, SRH service provision, and advocacy. CIFWA will look to utilize remaining RESPOND funds to establish a youth space in Aitutaki to increase reach for SRHR service delivery to young people.

Kiribati Family Health Association (KFHA)

Key Achievements

Across the 2-year RESPOND project implementation, KFHA has significantly exceeded their targets, expanding their reach through innovate tools and interventions to provide more clients with critical SRH services and information.

- A total of 17,882 SRHR services were provided, against a target of 11,000. This equates to 163% of the overall target.
- 3,836 clients were reached, against their target of 3,500, 110% of KFHA's 2-year target.
- During the first year of RESPOND implementation, KFHA successfully established their online clinic, reaching a total of 262 clients through telemedicine services throughout the 2 years of RESPOND. The online clinic has proven to be a valuable tool to reach young people with SRH information and services through call and chat functions, often preferred due to stigma and shame surrounding service access. Further, the Kiribati Ministry of Health and Medical Services (MHMS) now uses the online clinic to make referrals to KFHA, reducing the reliance on paper-based referrals.
- KFHA has also established and operationalised a home-visit model, enabling staff to deliver services to clients who are not able to access clinical care, due to issues including disability and stigma.

Challenges:

Reflecting on the initial launch of the online clinic, KFHA noted low engagement numbers. To rectify this, the MA undertook a consultative evaluation and review to better understand client usage of the online clinic, resulting in the decision to upgrade the service to improve user experience. A modified version of the KFHA online clinic service has now been developed and launched, to positive feedback from clients, KFHA providers and MHMS staff. To ensure provider skills and capacity in delivering telemedicine services, KFHA has also conducted trainings with staff to upgrade their knowledge and skills on the use and application of the new version.

Lessons learned:

The launch of KFHA's online clinic has signalled the importance of strengthening their online presence, and marketing, along with maintaining relationships with key government agencies for broader health system strengthening. In a survey carried out in December 2022, a total of 88% of the MHMS nurses confirmed that KFHA's online clinic is a valuable tool to reach clients, and 35% of MHMS nurses confirmed that they use the platform to communicate with KFHA for their referral cases and to seek advice and guidance on clients SRH care. This represents a significant opportunity for KFHA to continue scaling their national reach to clients and



// *In this app, there are many options [that we] can use like call[ing] and chatting. The KFHA nurse [also] gave me [the] office number if I need more information and the support of KFHA online services. I would recommend this app to... youth [that] are unable to come to the clinic or KFHA to seek SRHR information and services. I already shared this app with my friends too. I would like to encourage KFHA to raise more awareness on this app to the youth and the people in Kiribati"*

KFHA online clinic client, aged 22

ensuring best practice of SRH care, in partnership with government services. There is a recognized need to scale-up clinic marketing to increase service user and information access, after the launch of the revised online clinic, along with adopting other innovative methods to reach clients with limited internet access.

Plans and Priorities:

Over the final 6 months of RESPOND, KFHA intends to establish a new 'hotline' service, to be implemented as complementary to the online clinic. KFHA is currently reviewing a proposal for this additional service, that would bring a value-add of more service options for users. KFHA will increase their marketing and promotional activities to increase service uptake of the hotline and online clinical services on South Tarawa and the outer islands. Additionally, self-care services are currently being explored, creating opportunities for greater reach to marginalized and underserved communities. Finally, KFHA will increase their mobile clinical services and home-based service delivery in remote and outer islands, Tamana and Makin.

Reproductive and Family Health Association of Fiji (RFHAF)

Achievements:

Over the 2-year RESPOND project implementation, RFHAF has continued to build their capacity in service provision and organizational governance. To date, RFHAF has provided 22,397 SRHR services to 6,672 clients against a target of 16,000.

- Supported by other funding, IPPF SROP facilitated a Regional SGBV Fundamentals Training of Trainers (ToT), which included the RFHAF clinic manager and humanitarian staff. This training provided the groundwork for improved identification of SGBV cases during routine service delivery, along with the appropriate provision of client centered SGBV services, and referral processes. This in turn, will improve the quality of SGBV referrals made through RESPOND funded outreaches.
- RFHAF has utilized online platforms such as Facebook to raise awareness on general SRH information and services, with a specific focus on reaching young people with educational videos on contraceptive and SRH service options. They have also used social media to promote SRH and FP counseling services, delivered in RFHAF clinics, and to deliver follow-on referrals to partner organisations where required. To date, 242,377 people have been reached via social media with SRHR information, reaching 97% of their overall target.
- Under RESPOND, RFHAF has also scaled-up their mobile service outreach, aiming to provide SRH services to those in hard-to-reach areas, and areas that have high risk of SRH issues in their communities such as SGBV, STIs and HIV. In consultation with the Fiji Ministry of Health and Medical Services (MoHMS) and Ministry of Youth and Sports, it was identified that there is still a significant need for SRH services among high-risk communities, including young people, due to high rates of adolescent pregnancy and STIs. Working in collaboration with the zone nurses has allowed RFHAF nurses to assist with identifying cases, and responding through comprehensive, high-quality SRH care.



After a RFHAF community awareness session, a client shared her experience. "I was happy about coming to RFHAF's clinic to get screened (for Cervical Cancer). I have gone through the pap smear procedure before but would wait for some time for my results. I will share with the other ladies the efficacy of women getting screened for their sexual and reproductive health, the tenderness of the care and screening procedure provided for us", explaining that women are often hesitant to access health clinics for cervical cancer screening.

Challenges:

At the beginning of the RESPOND project, RFHAF was undergoing significant governance reform, financial challenges, and managerial realignment, delaying implementation of activities. With strong managerial structures now in place, project implementation has increased and will be expedited through to the end of the no-cost-extension period. RFHAF has expedited planned outreach activities to hard-to-reach communities, alongside MoHMS and anticipates reaching the end-of-project targets by project closeout.

Lessons learned:

RFHAF's relationships with key government partners has proven useful in enabling the MA to widen its reach through community awareness raising and SRH service provision, particularly in delivering outreach services to remote areas. For example, working in collaboration with the zone nurses has allowed RFHAF nurses to identify priority cases, with limited access to clinical services, for follow-on support through home-based care. In this reporting period, 44 per cent of clients reached through outreach services were classified as marginalized and underserved, demonstrating the importance of continuing to strengthen these partnerships to reach priority communities in the remaining 6 months of RESPOND implementation, and after project closure.

Plans or Priorities:

During the final six-months of the RESPOND program, RFHAF will be significantly increasing service provision reach by undertaking mobile outreach clinics in Koro Island, Taveuni, Macuata, Nadroga/Navosa, Rotuma and Rabi. Building, and maintaining, strong internal governance is a key priority for the MA, given the challenges posed to activity implementation at the beginning of the project cycle. Similarly, the need to diversify income has been raised internally, with the MA looking to build more sustainable income streams to ensure continuation of services beyond the life of RESPOND.

Solomon Islands Planned Parenthood Association (SIPPA)

Achievements:

Through the two years of RESPOND activity implementation, SIPPA has surpassed their overall targets for clients reached and services provided. In particular, the investment from RESPOND funds to renovate SIPPA's clinic in Auki has been pivotal in quality SRHR service provision in this province.

- To date, SIPPA has reached 11,107 clients across all SDPs, equating to 139% of their total target of 8,000.
- 44,276 SRH services have been provided, over double their initial target of 20,000; largely due to the renovations of, and subsequent quality service provision from the Auki clinic.
- The Auki clinic has heralded opportunities to strengthen SIPPA's engagement with key partners, including DFAT post in Solomon Islands, who attended the opening in 2022. Similarly, SIPPA has been supported to play a bigger role complementing, and bolstering, government health services through services offered within the clinic. There has been a significant increase in service users, with the clinic becoming the 'go to' for women in remote communities in Malaita province for SRHR services, including cervical cancer screening and family planning services.
- The Auki clinic has also been able to provide mobile clinical services during Humanitarian COVID-19 responses, bringing together service providers and peer educators to reach the remotest areas of the island. In these instances, SIPPA is often the only health care service provider reaching these communities, often for the first time. Through outreach services, women can access cervical cancer screening, and onward referrals to government hospitals where necessary.



SIPPA President and MHMS Minister with IPPF Director General with the newly signed copies of MoU.

(Solomon Islands Planned Parenthood Association, IPPF)

Challenges

In Solomon Islands, a third of rural people lack access to safe water and over half the people living in Honiara's poorest communities have no sanitation facilities. This has proven to be a key challenge for SIPPA – not only for the delivery of safe, quality SRH services, but also for the prevention and control of COVID-19. Similarly, cultural traditions and practices often create significant barriers to accessing essential SRH care, particularly for abortion care, leaving many women and girls resorting to unsafe or Kastom methods. SIPPA, along with the Solomon Islands Government, recognize that giving voice to, and educating, young people on their SRH is a critical component of advancing SRHR in Solomon Islands. In light of this, an increasing focus is being placed on expanding youth service provision, outreach and CSE delivery.

Lessons learned

The crucial relationships with government partners, nurtured in part, through RESPOND, have proved to be essential for ensuring the long-term sustainability of SIPPA's programmatic work and service delivery. For example, through SIPPA's demonstrated capacity in delivering outreach services for priority areas such as cervical cancer screening, and targeted interventions for hard-to-reach groups such as people with diverse SOGIESC, sex-workers and people living remotely, SIPPA has begun to take on new funding opportunities and modes of working with donors and partners. In July, SIPPA was involved in the Solomon Islands Cervical Cancer Elimination Policy and Strategy Validation Workshop, further evidencing their strong partnership with government. SIPPA has also recently signed an MoU with the MHMS to scale up SRH service provision, including for STI and HIV/AIDs testing and treatment, in partnership with government services.

Plans and Priorities

Over the final 6 months of RESPOND, SIPPA will continue to strengthen and scale-up their clinical service provision in the Auki clinic, along with their mobile outreach to remote areas with a particular focus on young people. Government partnerships will continue to be leveraged and fostered, including the delivery of SRH services under SIPPA's newly signed MoU with the MHMS, ensuring long-term sustainability of SIPPA's operations after the closure of RESPOND. Furthermore, SIPPA is endeavoring to expand their reach and service provision of cervical cancer screening and testing services, particularly through outreach services. SIPPA's position as a critical partner to government services, and as a trusted and valued service provider, places them in a prime position to deliver upon these objectives, leveraging their close working relationships with key stakeholders to support sustainable investment in the national health system, with demonstratable impact across communities.



Chief sharing his thoughts on the importance of SRH and SIPPA's work in his community.
(Solomon Islands Planned Parenthood Association, IPPF)



The newly created covered waiting space (to be further developed in the future) in the Auki clinic is funded through RESPOND. SIPPA Auki Community Awareness program with women from the communities around Kilusakwalo Community with DG and his delegation.
(Solomon Islands Planned Parenthood Association, IPPF)



Sharing and discussion during Youth after-hours on Peer-to-Peer clinic on Marakei Island with Youth volunteers.
(Solomon Islands Planned Parenthood Association, IPPF)

SIPPA remains a crucial partner of the health Ministry in the delivery of SRH services including education and awareness as well as in the Gender Based Violence space. Last year alone over 77,000 clients in urban and rural areas were reached. Through your Community Based Distributor Network, SIPPA rolled these important SRHS to extremely rural and remote islands and communities and partnership with Honiara City Council that enabled weekly integrated mobile clinics in the capital and the outskirts of the city"

Dr Culrick Togamana, Solomon Islands Health Minister

Samoa Family Health Association (SFHA)



Achievements

To date SFHA has exceeded the end of project target of providing 15,200 SRH services to 4,600 clients, by achieving 31,185 SRH services (205%) and 7,342 clients (160%). In Year 1 of the project, 2 capacity building trainings were held on SRH service provision in COVID-19 contexts, reaching 43 people (215% of target) for SFHA staff and partners were completed with further training to undertaken in the final six months of RESPOND.

- To improve overall quality SGBV service provision, RESPOND activities will benefit from trainings delivered by IPPF SROP and regional partners. This includes SGBV Fundamentals Training, funded through regional project funds. The training focused on building capacity of MAs to provide high-quality SGBV services and referral pathways to survivors. In addition, capacity building training was also held on the delivery of STI and HIV/AIDS testing and treatment, in conjunction with national and regional partners, including UNDP and the MoH.
- SFHA continues to provide outreach services under the RESPOND program, including for STI testing and treatment, a critical public health issue in Samoa. Particular focus is placed on reaching remote, and very remote, communities with limited access to clinical care.
- Supported by UNDP, SFHA participated in a talk radio show on Radio Polynesia Malo FM 105.3, delivering health promotional messaging on family planning and antenatal care services offered within SFHA clinics. We anticipate this will increase demand for SFHA services made available in part through RESPOND.
- SFHA was also amongst other implementing partners who participated an awareness program lead out by ADRA Samoa. The program, conducted in Aai o Fiti, was focused on 'Safe Motherhood', delivering information and resources to young women and mothers on maternal and child health. This session provided participants with the necessary tools and information to access SRH services, delivered through RESPOND.
- SFHA's youth volunteers have created three new youth-centered social media accounts, led by a team of 5 young people, who develop and share educational videos and online resources both in English and Samoan. Posts include information and service referral pathways for family planning, STI testing and treatment, SGBV, and service information for marginalized youth, such as those with diverse SOGIESC and people with a disability, along with resources about giving and receiving consent and 'myth-busting' common misconceptions related to SRH.

Lessons learned

RESPOND has demonstrated the importance of reaching priority, and hard-to-reach groups through non-traditional channels to heighten impact. For example, the creation of youth-focused informational social media channels has enabled the MA to reach more young people than was possible prior to RESPOND. This has highlighted the importance of continuing to engage with marginalized groups using peer-learning approaches, to build trust and comprehensive pathways to clinical services and support tools.

Plans or priorities

SFHA will fully utilize the no-cost extension period to complete implementation of remaining activities, including community awareness-raising sessions, outreach activities and training for SFHA staff.

Tonga Family Health Association (TFHA)



Achievements

To date, TFHA have provided SRHR services to 1,260 people of a target of 2,900 – reflecting 43% of their overall target. Within this reporting period, TFHA has focused strongly on internal governance and recruitment, to ensure they have a strong service delivery team.

Challenges

Throughout the RESPOND project, TFHA has overcome significant internal challenges, including staffing and management turnover, slowing down the implementation of activities. Further, in year 1 of the project, activity implementation was significantly delayed due to the Tongan volcanic eruption and consequent tsunami, hindering TFHA's ability to complete annual activities, as focus was put on responding to post-emergency needs.

Plans or Priorities

Although TFHA has not undertaken any activities during this reporting period, the MA has committed to full implementation during the final six months of the project.

Tuvalu Family Health Association (TuFHA)



Achievements

Throughout the implementation of the 2-year RESPOND project, TuFHA has scaled up its community awareness raising for SRH, expanded service delivery through mobile and clinical services, and has built internal capacity through key trainings for SGBV, and SRH services.

- TuFHA has conducted awareness raising activities on broadcast radio, national television, and online media, to grow their reach and visibility among the community. As such, the MA has seen a continual increase in service uptake among young people, people of diverse SOGIESC and women, including for contraception, STI testing and treatment, counselling services and cervical cancer screening.
- TuFHA has participated in training, and capacity building sessions for the delivery of HOC testing and cervical cancer screening. TuFHA plays a critical role in supporting MoH services for HPV testing, and cervical cancer screening.
- TuFHA's home-based outreach services have had strong uptake by women unable to access clinical services for cervical cancer screening and HPV swab testing. HPV positive cases in the outer islands are referred on to government services, with clients provided financial support by the MoH to access treatment. TuFHA works in collaboration with the MoH Obstetric and Gynecological specialist to train clinicians in providing treatment and follow up care before outer islands patients are returned home

Lessons learned

Throughout the RESPOND project, TuFHA has worked in strong collaboration with the Ministry of Health (MoH) to deliver integrated awareness and outreach activities to communities in Funafuti and outer islands. These services have proven beneficial in reaching more people with SRH care and commodities where clinic access proves challenging. TuFHA continues to leverage this strong relationship with government to advocate for domestic financing for other SRH services and activities, including SGBV services, and the inclusion of CSE in school curriculums.

Plans or priorities

Collaboration with the government, to facilitate coordinated activities and service delivery, is a key priority for TuFHA over the final 6 months of the RESPOND project. To assist in this, TuFHA will develop Standard Operating Procedures (SOPs), in collaboration with the MoH, to ensure alignment of organizational priorities and long-term planning. TuFHA will also be strongly engaged with government agencies, including GAD, and other CO's working on SGBV, in the implementation of the Family Protection and Domestic Violence Act (FPDVA). TuFHA was invited to participate in a coordination meeting, hosted by GAD, in August and continues to engage in this work with national partners. Similarly, SROP and TuFHA have highlighted the need to develop sustainable income streams, approaching the closure of RESPOND. To aid in this, TuFHA has begun developing user fee scales for clinical services and renting out clinic rooms.

Vanuatu Family Health Association (VFHA)

Achievements

Over the past 2 years, the RESPOND project has enabled VFHA to build organizational capacity, and look to long-term, sustainable solutions for the delivery of clinical and outreach SRH services.

- VFHA has achieved 70% of their 17,000-client target across the two-year project, having provided 38,895 SRHR services to 11,945 clients.
- Over the course of this period, RESPOND funding has enabled VFHA to build internal capacity and rectify staffing gaps during the cyclone recovery period, enabling a more coordinated and comprehensive response, and a smoother transition to post-recovery service delivery.
- VFHA have continued to expand upon outreach services, including for HPV screening, STI testing, family planning, along with the delivery of SRH information within communities through workshop activities.



Challenges

RESPOND activities have not been implemented within this reporting period as VFHA has remained focused on the delivery of humanitarian response following the two Grade 4 cyclones that hit Vanuatu in January 2024. This has caused significant delay in the achievement of project targets.

Plans or Priorities

VFHA has begun developing sustainable business models and solutions, to support service delivery and generate income at the closure of RESPOND. This includes the development of user service-fees and the construction of a clinical laboratory, as a potential avenue for MA income generation. Business plans are currently in development, guided by SROP, to assist the MA in tapping into alternative domestic income channels.

Rahnuma Family Planning Association of Pakistan (R-FPAP)



Key Achievements

- 346 mobile medical camps were organised, and 49,999 clients were provided with SRH services. 557 camps were conducted for Afghan Refugees, and 33,231 clients were provided services.
- The CMIS implementation was rolled out in static clinics, and the procurement of IT equipment was undertaken. Training on CMIS usage was provided to staff in six different locations.
- In July 2023, FPAP convened a provincial-level stakeholder meeting at the Commissioner's Office in Quetta. During this meeting, representatives from various departments, including the Population Welfare Department, People's Primary Healthcare Initiative (PPHI)- Balochistan, the Health Department, and the United Nations High Commissioner for Refugees (UNHCR).
- 281 SRH community awareness sessions were conducted, reaching 5,094 people. 268 sessions were held in Afghan refugee settlements reaching 5,499 refugees with SRH information.
- More than 2.6 million people were reached with SRH information through dedicated radio campaigns across 11 regional/local and one nationwide channel across 50 cities. An additional 894,077 people were reached via social media platforms and developed posters and animated video.
- FPAP provisioned SRHR services through 26 service delivery channels: 9,342,777 SRH services provided to 2,465,798 clients, 708,893 CYPs generated; 38,366 clients provided with SGBV services; 26,073 clients received SRH services through DHI / telemedicine; and 3,709,881 people accessed SRH information through digital platforms

Key Challenges

- The turnover of trained staff is also a challenge, and increasing prices are making it difficult to procure contraceptives.
- The rapid fluctuations in market rates and prices, driven by increasing oil prices, had an impact on mobility and procurement.
- Extreme weather conditions during the winters posed a challenge in Skardu, AJK, and Quetta, while areas like South Punjab faced flooding as a challenge during the summer. Seasonal migration during the winter period also affected client uptake.

Key Priorities (Aug 2023 – Jan 2024)

- Improving service delivery and uptake, adding new districts and service delivery points and training providers on specialised modules.
- Continue to increase mobile medical camps and awareness sessions for the Afghan Refugees settlements and in new locations.
- Advance social media and digital communication efforts to ensure that communities have access to high-quality and equitable information and messaging on SRH and COVID-19.

Marie Stopes Society Pakistan (MSS)



Key achievements

- MSS responded to the ongoing needs of flood-affected communities in DFAT project districts, by providing FP and essential health services. MSS conducted a total of 537 flood relief camps, delivering 8,882 CYPs in the flood affected communities. The total number of people served in these camps was 56,698 out of which almost 68% were women.
- SGBV referrals gradually improved due to collaboration with IPPF FPAP. MSS adopted training strategies to improve provider engagement with SGBV survivors through probing questions. Approximately 1,400 referrals were made by MSS.
- The teleconsultation model was piloted, which achieved a total of 1,866 referrals (on general medical ailments) during the reporting duration in the districts of Matiari, Hyderabad, Tando Allahyar and Larkana. MSS partnered with GPs to provide referrals for clients on general health concerns.
- MSS provided SRH services through 75 service delivery points, resulting in:
 - 159,319 SRH services provided to clients, 120% of the reporting period target
 - 129,775 CYPs generated, 102% of the reporting period target
 - 57,774 SRH clients served, 110% of the reporting period target
 - 4174 calls to the contact centre, 209% of the reporting period target
 - 7682 people accessed SRH information through digital platforms, 154% of the reporting period target

Over the project period, the process of SGBV referrals gradually improved with around 1,400 referrals made by MS Pakistan.

Key challenges

- It was observed that communities have social structures in which women don't feel comfortable disclosing SGBV incidents due to social and cultural stigma. By utilising the IPPF (Rahnuma FPAP model), providers were better equipped to discuss SGBV with clients.
- MS telemedicine model was also facing challenges to acquire the desired results despite best efforts from the team. The model originally focused upon services of consultation for clinical psychology services, however, client flow was limited. It was redesigned as a teleconsultation. Under the revised model, MS Pakistan connects vulnerable and marginalized women, with a general medical practitioner through WhatsApp video call.
- The project districts affected by flood were given basic medical aid, and treatment for minor ailments through mobile outreach services but these camps were not designed to treat more complex medical issues (like heart problems, and diabetes etc.). Since MS had strong networking with district govt teams, patients were referred to local govt hospitals.

The main barriers faced were the flash floods from Monsoon rains, which initially hindered services in the affected districts. Outreach teams had to proceed on foot and, in certain places by boat, to assist the local communities in getting their basic medical and family planning services.

Learning and adapting

- Communities have their own social, and cultural set-ups therefore certain ideas like SGBV reporting and referral require time to be adopted. The learning was that changes in behaviour are gradual and need consistency to become visible over the course of time.

Investment in knowledge pays off in the betterment of communities."

Dr. Omar Farooq Khan, Senior Manager of Technical Services at MSI Pakistan

- Flood affected communities need assistance for climate change awareness and mitigation/ rehabilitation. There is a need to adopt a multi-sectoral approach to integrate FP/SRH with climate change and collaborate with public/private partners. MS can contribute to FP and medical aid services in such consortiums while the fellow partner focuses on climate change.
- MSS has also increased youth friendly and engaging services, including, specifically designed service packages, SOPs and medical protocols, awareness sessions for youth, marketing activities and youth friendly stations. As a result, during the reporting period, MSS reached 701 youth and provided 1073 services to youth clients.

Key priorities for the next 6 months (Aug 2023 – Jan 2024)

- Continue to implement the models of SGBV and tele consultation in the underserved communities.
- Build and maintain strong public and private partnerships to ensure consistent and timely FP services are provided to the underserved, far flung communities in the project districts.

The Health Department Larkana is thankful to MSS for their dedication and valuable health-oriented services to the vulnerable flood affected communities at District Larkana”

Pakistan Health Department,
Larkana

Papua New Guinea Family Health Association (PNGFHA)



Achievements

With a high youth population and level of unmet SRHR needs, PNGFHA has focused RESPOND activities on reaching young people with SRHR information and services.

- The RESPOND project has supported PNGFHA to scale-up SRH service delivery, providing 313,571 SRHR services, against a target of 60,000, during the 2-year implementation of RESPOND project. This equates to 523% of their initial targets, delivering essential family planning, STI & HIV services, counselling for SGBV & SRH medical services, including for antenatal care.
- In total, PNGFHA has reached 63,039 people, 126% of their expected targets. Many of those reached through RESPOND were young people.
- The MA has continued to expand its GBV work and has developed a dedicated office within in the Lae Clinic, providing GBV counselling and legal aid, along with referral to psychosocial support services.
- PNGFHA has expanded its mobile outreach services, across Morobe Province, East New Britain, and Port Moresby, providing routine clinical services along with referrals to PNGHA clinics for complex cases.
- The RESPOND project has supported youth peer education training in Goroka, Eastern Highlands Province and improved clinical services for young people through increased capacity for clinic staff.
- PNGFHA has also scaled up their youth services and engagement through the development of mobile youth clinics in the Eastern Highlands, Morobe province, East New Britain, and Port Moresby. These clinics provide young people with access to SRH information and services, in a confidential and safe environment, and have contributed to PNGFHA’s increased service uptake by young people.

Challenges

PNGFHA has faced significant internal governance challenges, throughout the course of RESPOND, which although not hindering the level of service delivered have presented challenges in expanding the MAs work to reach growing needs across the country. To rectify this, IPPF SROP has been supporting PNGFHA to strengthen internal governance systems through an organizational audit and accreditation process. PNGFHA has also recently appointed a new Executive Director, responsible for overseeing the re-alignment process within the MA, and will begin their position in the coming months.

Lessons learned

Through RESPOND, PNGFHA has been better equipped to train and support peer educators to deliver CSE to in- and out-of-school youth. PNGFHA's youth engagement has been driven by a recognized need to more strongly engage youth in decision-making processes, and the implementation of services and activities designed to support their needs. Importantly, these activities have enabled the MA to increase their reach to priority groups such as young people with diverse SOGIESC, young people with disabilities, demonstrating the importance of creating people-centred, targeted services for young people to meet their specific needs.

Priorities or Plans

Leveraging their successes in reaching young people through mobile centers, PNGFHA has begun working with other partners and donors to support clinic renovations and expansion to other areas. This is a key priority moving forward, with the MA looking to how they diversify income streams to reach young people and sustain current service delivery levels. Internal capacity building and governance will remain a key priority, both of IPPF SROP and PNGFHA, to ensure the MA is able to continue delivering and scaling impact into the cost-extension period.

Marie Stopes Papua New Guinea (MSPNG)

Key achievements

- MSPNG continues to engage with the Government of PNG through the National Department of Health (NDOH) for Policy Guidance and through the Provincial Health Authorities (PHA) in the provinces for service delivery. MSPNG provided trainings including Clinical Quality (CQ) trainings, assessments, and support supervision efforts to service sites in Lae, Goroka, Mt Hagen and POM.
- Goroka OR service was supported by a demand generation two days training organized by the CBM Manager. The two days session informed 20 identified volunteers (7 females; 13 males) in communities who are engaged as Community Based Mobilisers. The CBMs in Asaro and Goroka have been working with the OR teams to mobilise communities.
- Increase service providers in Goroka (1 staff moved from Balimo to Goroka) enhanced service provision and delivery in this province.
- MSPNG provided SRH services through 171 service delivery points, resulting in:
 - 9,767 SRH services provided to clients, 122% of the reporting period target
 - 27,688 CYPs generated, 103% of the reporting period target
 - 9022 SRH clients served, 136% of the reporting period target
 - 252 SGBV referrals, 126% of the reporting period target.

Key challenges

- Implants and supplies of stock are key problems. Discussions with the new PHA are continuing. In Western and Eastern Highlands, new PHAs are being appointed.
- Adolescent clients had a slow increase compared to the same period from 75% to 80% due partly to stigma around SRH and discrimination in parts of the country.



Sister Witne counselling Stephanie on her options

“The grandparents from both sides will look after the baby as we are still in school. The implant meant I can complete studies, and graduate as a teacher next year. After graduation it will take time again to apply and find a job and the implant will prevent unplanned pregnancies. I want to go back to school and complete my studies.”

Stephanie, 23, new mother in Papua New Guinea

- Security issues in parts of the country including the Highlands region pose severe challenges for our operation including Mt Hagen. (Due to the spill over of the tribal fights in Enga and Hela Provinces). MSPNG is adhering and complying with Government and Security Alerts issued by the Police Commissioner on security issues and areas.
- SGBV Officer Vacancy has affected most of the activities in the SGBV space for the reporting period. Recruitment of a new GEDSI Mentor completed in mid-July 2023 who will be responsible for the key activities of SGBV going forward.

Learning and adapting

- Resource sharing and reallocation was a good learning opportunity for MSPNG, especially in the use of the Outboard Motor which was used to assist OR 1 to carry out the much-needed community outreach in the high demand areas along the sea front villages on the coast of Morobe near Bukawa, Huon Gulf District, Morobe Province.
- Relocation of staff from unsafe areas to safe service provision sites in consultation with PHAs.
- Increasing discussions and site visits to Area Medical Stores and PHAs on the issues of implants stock and supply.

Key priorities for the next 6 months, if applicable (Aug 2023 – Jan 2024):

- Continue engaging with the PHAs to provide FP/SRH services in the provinces
- Increase FP/SRH service provision for adolescents and youths under 20 years of age.
- Increase SGBV, Disability activities and training to ensure we reach our annual targets.

Family Planning Organisation of the Philippines (FPOP)



Key Achievements

- In 8 out of 10 of the project indicators 100% or more of the target was reached.
- Provided 2,795,729 SRH services to 280,090 clients and generated 52,383 CYP.
- Gender transformative work was undertaken through working in partnership with local government units (barangay) and women and youth groups to provide support in behaviour change initiatives.
- Psychological first aid and psycho-social support was provided by trained personnel at different Chapters, and referrals were made with partner agencies.
- Inclusive SRH services and information is provided, ensuring the participation of people with diverse backgrounds/sexual orientations, and persons with disabilities.
- 13 Health service providers from FPOP clinics and associated clinics were trained on the Family Planning Competency Based Training (FPCBT) level 1 & 2, 20 were trained in harm reduction for unsafe abortion care.
- Renewal and accreditation of 17 FPOP clinics and 10 Associate clinics for PhilHealth, youth-friendly facilities, and family planning clinics with local and regional health authorities
- Digital Health Information System (DHIS) 2 was rolled out in all FPOP chapters.



"In Masbate City, Philippines, FPOP conducts outreach sessions and provides sexual and reproductive health (SRH) services under the RESPOND project, emphasising inclusivity, especially for the youth and the LGBTQ+ community."

(Karen Christine Laure, Family Planning Organization of the Philippines, FPOP, IPPF)

Key Challenges

- There is a need to understand more about the relatively low number of clients accessing SRH services and information as a result of DHI/ telemedicine, despite the high number of people accessing SRH information through online, telephone, and social media platforms.
- In response to the low numbers of SGBV clients being referred for case management, psychosocial counselling and medical services, across all FPOP chapters, further strengthening is needed to improve partnership and technical assistance where there is an established SGBV referral system at the barangay (village) and local government unit.

Lessons Learnt

- Mobilisation of community-based distributors (CBDs) is critical in providing community SRH services, generating more uptake of SRH services, compared to other channels.
- Despite changes in the local political leadership, maintaining strong partnerships and collaboration (local health authorities, government agencies, and private institutions) resulted in an increase of community outreach activities conducted and will continue to be an approach taken going forward.
- Effective health information campaigns through the use of social media and promotions resulted in an increased uptake of LARC and LAPM, resulting in more CYPs being delivered.

Plans and Priorities

- Further strengthen FPOP chapter clinics accredited to the national insurance system, PhilHealth and its engagement with local government units (LGU) beyond 4 accredited for maternity care and 4 for family planning package.
- Scale up DHI/telemedicine platforms through improved marketing approaches for the delivery of SRHR services and strengthen capacity of FPOP static clinics on the (DHIS) and harm reduction in relation to unsafe abortion practices.
- Gender transformative work with partner communities and local government units for SGBV and the link to harm reduction and self-care services.
- Undertake refresher training for FPOP head office and chapters in safeguarding practices and protocols.

Family Planning Association of Sri Lanka (FPASL)



Key Achievements

- A two-day residential training program was conducted for 30 CBD/volunteer health assistants. The training included a refresher course on topics such as sexual and reproductive health, teenage pregnancies, field challenges, GBV and referral, ethics, and conduct.
- The hard copies of the district-level service providers mapping have been printed and shared with all SDPs, along with referral information and contact details for the nearest SGBV service providers.
- FPASL has launched the 'D2D Care' mobile app designed for community-based SRH service providers and voluntary health assistants to facilitate the management of data related to community-based services.
- Several short videos were created in connection with Menstrual Health Day. In these videos, doctors, medical professionals, and young individuals shared their experiences. All videos were shared on FPASL's social media platforms with the to create awareness.
- A Q&A video was created in which SRH issues were discussed, and Dr. Iruka Rajapakse facilitated this session. The video was shared on FPASL's social media platforms.
- For SRH information dissemination, social media campaigns were conducted, for which social media content (posters such as menstrual hygiene, difference between equity and equality in relation to women's day, world health day etc) was developed and shared on various social media platforms.
- On World Contraception Day, a live social media session was conducted, moderated by an SRHR activist and led by a former Director Medical of FPASL
- A video clip has been created for the promotion of SRH services and is being utilized on various social media platforms.

- FPASL provisioned SRHR services through 7 service delivery channels: 112,321 SRH services provided to 31,130 clients, 3,253 CYPs generated; 149 clients provided with SGBV services; 1,744 clients received SRH services through DHI / telemedicine; 217,993 people accessed SRH information through digital platforms

Key Challenges

- Qualified medical professionals are migrating to other countries in large numbers, and as a result, finding and retaining qualified medical professionals has also become challenging.
- There is still a significant challenge of an economic crisis, although it has somewhat improved. However, basic items remain quite expensive, and due to import restrictions, many medications and medical supplies are also costly.
- Government fuel restrictions and strict weekly fuel allocations have limited transportation, presenting difficulties for service delivery. High transport costs have also resulted in a lower client turnout at static clinics, impacting service delivery rates.

Key Priorities (Aug 2023 – Jan 2024)

- Providing SRH services to marginalized and underserved communities through the established service delivery points (static clinics, Centre for Health, mobile clinics and CBDs).
- Completion of procurement of essential SRH medical supplies for ensuring service delivery.
- Make use of promotional videos to increase SRH service uptake and demand generation using social media and online platforms.

MSI Timor Leste – MSITL



Key achievements

- Over 6% of SRH clients were under the age of 20 (adolescents), this is an improvement from 5% last year to 6.03% this year.
- Over 40% of SRH clients were the most vulnerable and underserved (under the age of 20, living in poverty >\$1.90 p/day, living with disabilities, FP adopters)
- Male engagement has shown an improvement in the number of male SRH clients. In comparison to the previous year, there were only 83 male SRH clients while this year there were 104.
- 31 clients were provided with SGBV follow-on support vs. only 8 in the previous year.
- Improvement from 52.39% FP Adopters in the previous year to 55.52% this year. MS Ladies had the highest percentage of clients who were adopters at 63%, outreach was second at 50%. The increase in LARC services was due primarily from Demand Generation and Education from DGOs.
- MSTL provided SRH/FP services through 253 service delivery points, resulting in:
 - 19,758 SRH services to clients, 96% of the reporting period target
 - 21,552 of SRH clients served, 103% of the reporting period target
 - 54,853 CYPs generate, 101% of the reporting period target
 - 23,659 calls to the contact centre hotline 116% of reporting period target
 - 97,820 people accessed SRH information through digital platforms, 100% of reporting period target

Key challenges

- Reduced working days in November and December, attributed to holidays, tolerance days, training, and a staff retreat, hindered service delivery, leading to unmet client and CYP projections for the first semester of the reporting period.
- Several service providers went on maternity leave, impacting their mobility and service delivery upon return. The process of finding replacements and training them caused delays. Additionally, the MSTL faced the loss of some DGEs, affecting site mobilization efforts until replacements were found. Furthermore, the organization experienced a leadership vacuum due to the departure of the Outreach and Centre Channel Manager responsible for the Outreach and MS Ladies service delivery channel. These challenges collectively affected the operational capacity of the organization during this period.

- Mobility disruptions due to poor road conditions exacerbated by heavy rain conditions.
- SGBV referrals are still a challenge. Most clients disclose emotional violence but refuse to be registered. Physical violence is identified but denied by clients.
- Despite efforts in iterating the telemedicine concept and securing a partnership to conduct the telemedicine feasibility study, MSTL were unable to complete this task.

Learning and adapting

- Better contingency planning to account for absences and planning for human resources will help manage the limitations in service delivery. A rotating provider is being trialled by the CP now.
- Prior site mobilization is remarkably effective in securing highly productive site visits.
- MSTL provides referrals to legal or security channels. However, it is observed that survivors are more likely to disclose emotional violence than physical violence. There is a need for more psychosocial support to address SGBV.
- Engaging men can help to increase demand for FP services among men.
- While targeted social media efforts have enhanced engagement, they do not drive referrals for Outreach and MS Ladies channels; community mobilization remains the most effective method.

MSI Vietnam (MSIVN)

Key achievements

- A total of 309 participants attended six online refresher training sessions on various SRH topics, including contraceptive counseling, supportive supervision for SRH service providers, SGBV, and SGBV survivor care. Additionally, four local master trainers received offline training on the two-rod implant insertion technique, and 83 public service providers attended three offline refresher training courses on SRH services.
- MSIVN completed the SGBV Baseline Evaluation to identify common barriers to SGBV survivors in accessing key SRH services. The key findings and recommendations have been incorporated into an action plan, which commenced in 2023.
- Launched the C3 Chat Platform through the Contact Centre in October 2022. During the reporting period, there were 12,327 interactions via CCC including 471 inbound calls, 8,222 SMS messages, and 1,954 messages via chatbot.
- Organized 18 on-site communication sessions to raise awareness on SRH and Sexual and Reproductive Rights for 2,961 factory workers and rural women. In addition, a total of 35,926 factory workers and rural women were provided with SRH information, of which there were 312 SGBV survivors, 357 people with a disability, and 4,652 women living in poverty, before and after 43 mobile SRH service provision events.
- MSIVN provided SRH/FP education and supporting services through 150 service delivery points, resulting in:
 - 48,365 SRH services provided to clients, 133 % of the target for the reporting period.
 - 102,109 CYPs generated, accounting for 128 % of the target for the reporting period.
 - 35,753 SRH clients served, accounting for 130 % of the target.
 - 312 SGBV survivors were referred for follow-up support, equalling 492% of the annual target.



MSI Vietnam has exceeded RESPOND targets for the project period, including reaching 312 SGBV survivors for follow-up support, equalling 492% of the annual target.



MSI Vietnam held GEDSI education sessions for young people, including survivors of SGBV.

- 4,754 calls to the MSIV contact centre, hotline and chatbot, equalling 106% of the period target.
- 247,168 people accessed SRH information through digital platform, equalling 103% of the period target.

Key challenges

- Many public health workers quit their jobs at public health facilities, leading to a shortage of service providers. MSIVN's has selected and trained more public service providers for contingency. A back up plan is to engage private SRH service providers from time to time for mobile service provision.
- Differences in provincial leadership significantly affect project progress. Courageous and proactive leaders facilitate smooth project activities, while reactive and self-protective leaders hinder progress. This has led to the ineffectiveness of co-financing for essential FP services in some provinces
- Export from the garment and apparel has been declining significantly due to a reduction of orders thus labour layoff. The world economic depression also puts many manufacturing companies in Viet Nam under pressure to cut costs, thus taking care of women workers' health at work becomes less a priority.

Learning and adapting

- Engaging with local civil society organisations improves access to SRH education and supporting services for marginalised people such as SGBV survivors, ethnic women, and people with disabilities.
- Integrating project activities into existing local systems encourages local ownership and likelihood of sustainability.
- Leverage resources from private sector to fill in the gap of financing for services. MSIVN worked with Dr. Marie (a social enterprise established in Viet Nam) to co-finance contraceptives and other essential SRH services.



Key priorities for the next 6 months (Aug 2023 – Jan 2024)

- Accelerate SRH education, focusing on digital channels amongst factory workers and FP/RH for factory workers, rural women and people living with a disability
- Develop a new partnership with WEPLOY to design and deliver a youth friendly SRH education platform.
- Implement the SGBV action plan based on the SGBV baseline assessment.
- Strengthen operation of the new C3 chat platform
- Accelerate the participation in training through the e-learning platform Dr.Marie of health staff and service providers, SGBV training to service providers, factory health staff, and first-aiders of factories.
- Collaborate with CSOs to expand access to reliable SRH information and services to marginalised groups.

Ha is from an ethnic minority in Vietnam, and is deaf. She received a free contraceptive implant from MSI Vietnam.

Reaching rural women, especially those from remote and hard-to-reach areas, presents a considerable challenge. MSI Vietnam worked with local partners to visit every household to encourage women to undergo sexual and reproductive health checks.

Since she was young, Ha has had trouble hearing. She got married at 21, and her husband works as a porter. They have two children aged eight and three and struggle to make ends meet. Ha's hearing got worse when she was in school, and she didn't learn to read or write. Her parents support her, but the family struggles to make ends meet. Ha went with her mother to receive a free contraceptive implant from a local health station, funded by RESPOND.

Annex 6: IPPF and MSI Individual Finance Reports

IPPF - RESPOND PROJECT (August 2021 to July 2023)
Consolidated Financial Report - Annual Budget Vs Actuals. (BY COST COMPONENTS)
Reporting Period - August 2021 to July 2023

COST CATEGORY	Total Project Budget (2 Years)	Year 1 Expenditure (Aug 2021 - July 2022)	Year 2 Expenditure (Aug 2022 - July 2023)	Total 2 Years Expenditure (Aug 2021 - July 2023)	Overall Balance (Variance - Total 2 Years)	Burn Rate (Year 1)	Burn Rate (Year 2)
	(AUD)	(AUD)	(AUD)	(AUD)	(AUD)	(%)	(%)
Salaries	5,761,282	2,135,951	2,382,245	4,518,197	1,243,085	73%	78%
Consultants	620,263	111,473	193,811	305,285	314,978	29%	49%
Travel	679,743	171,492	274,181	445,673	234,070	53%	66%
Capital Expenditure	1,144,271	1,002,489	72,771	1,075,261	69,010	92%	94%
Medical Supplies	2,171,256	846,227	473,212	1,319,439	851,817	52%	61%
Other Direct Program Costs	6,104,805	2,237,309	2,251,662	4,488,971	1,615,834	57%	74%
Office Running Costs	398,380	130,145	120,138	250,283	148,097	68%	63%
Sub-Total Direct Country Costs	16,880,000	6,635,088	5,768,020	12,403,108	4,476,892	63%	73%
Secretariat Staff Costs	998,129	339,581	412,129	751,710	246,419	68%	75%
Other Direct Program Costs	208,690	77,757	83,630	161,387	47,303	71%	77%
Sub-Total Other Direct Costs	1,206,819	417,337	495,759	913,097	293,722	69%	76%
TOTAL GRANT	18,086,819	7,052,426	6,263,779	13,316,204	4,770,615	63%	74%
Add: 10% Overheads	1,808,682	705,243	626,378	1,331,620	477,061	63%	74%
PROJECT GRAND TOTAL :	19,895,501	7,757,668	6,890,157	14,647,825	5,247,676	63%	74%

Date : 16/09/2023

COUNTRIES	Total Project Budget for 2 Years	Year 1 Expenditure (Aug 2021 - July 2022)	Year 2 Expenditure (Aug 2022 - July 2023)	Total 2 Years Expenditure (Aug 2021 - July 2023)	Overall Balance (Variance - Total 2 Years)	Burn Rate (Year 1)	Burn Rate (Year 2)
	(AUD)	(AUD)	(AUD)	(AUD)	(AUD)	(%)	(%)
Philippines	3,000,000	1,257,215	899,545	2,156,760	843,240	57%	72%
Cambodia	2,400,000	827,915	896,703	1,724,618	675,382	55%	72%
Indonesia	5,150,000	2,036,779	1,704,580	3,741,359	1,408,641	61%	73%
Lao	600,000	302,189	330,958	633,147	33,147	87%	106%
Pakistan	1,900,000	782,460	844,876	1,627,336	272,664	77%	86%
Bangladesh	1,000,000	450,818	66,402	517,220	482,780	81%	52%
Nepal	1,000,000	424,753	389,994	814,747	185,253	81%	81%
Sri Lanka	320,000	135,656	139,784	275,440	44,560	76%	86%
Maldives	180,000	24,065	67,234	91,299	88,701	28%	51%
Bhutan	180,000	64,721	115,280	180,001	1	53%	100%
Pacific Island Countries (PIC)	1,150,000	328,518	312,665	641,183	508,817	50%	56%
London / Melbourne	174,162	63,201	36,197	99,398	74,764	73%	57%
ESEAOR Secretariat	651,136	231,902	300,538	532,440	118,696	71%	82%
SARO Secretariat	381,521	122,234	159,024	281,258	100,263	62%	74%
TOTAL GRANT	18,086,819	7,052,427	6,263,779	13,316,206	4,770,613	63%	74%
Add : 10% Overheads	1,808,682	705,243	626,378	1,331,621	477,061	63%	74%
TOTAL Project Grant	19,895,501	7,757,670	6,890,157	14,647,827	5,247,674	63%	74%

Dated : 16/09/2023

Donor:	DFAT
Project name:	RESPOND
Period:	1 July 2021 – 31 July 2023
Currency:	AUD

EXPENDITURE BY COUNTRY

	Country	Budget TOTAL	Budget Y1 (Jul 21 - Jul 22)	Budget Y2 (Aug 22 - Jul 23)	Budget Y3 (Aug 23 - Jul 24)
	Bangladesh	1,440,000	748,000	692,000	0
	Cambodia	1,200,000	425,875	285,805	488,320
	Fiji	8,658	8,658	0	0
	Myanmar	1,040,000	114,348	509,133	416,519
	Nepal	1,440,000	645,088	613,401	181,511
	Pakistan	1,500,000	608,046	701,100	190,854
	PNG	2,645,000	606,238	1,003,824	1,034,938
	Timor Leste	2,700,000	1,437,949	1,262,051	0
	Vietnam	2,678,363	798,739	770,204	1,109,421
	Total direct costs	14,652,020	5,392,942	5,837,517	3,421,561

	TOTAL Expenditure	TOTAL Variance	% TOTAL	Y2 Expenditure	Y2 Variance	% Year 2	Commentary
	1,440,000	(0)	100%	692,001	(2)	100%	
	685,392	514,607	57%	259,519	26,286	91%	
	8,659	(1)	100%	0	0	0%	
	621,536	418,464	60%	507,188	1,945	100%	
	1,252,410	187,590	87%	607,322	6,079	99%	
	1,250,968	249,032	83%	642,922	58,178	92%	
	1,389,592	1,255,408	53%	783,353	220,471	78%	underspent in RME, comms and marketing and will be adjusted under year 3 costed extension
	2,699,820	180	100%	1,251,871	180	100%	
	1,677,428	1,000,936	63%	878,688	(108,484)	114%	overspend will be adjusted under the costed extension period
	11,025,805	3,626,215	75%	5,632,864	204,653	96%	

	Budget TOTAL	Budget Y1 (Jul 21 - Jul 22)	Budget Y2 (Aug 22 - Jul 23)	Budget Y3 (Aug 23 - Jul 24)
Regional Support Team	1,445,470	409,517	441,226	594,727
Regional Support Team	1,788,610	644,718	697,638	446,254
Overheads	3,234,080	1,054,235	1,138,864	1,040,981

	TOTAL Expenditure	TOTAL Variance	% TOTAL	Y2 Expenditure	Y2 Variance	% Year 2	Commentary
	884,630	560,840	61%	475,113	(33,887)	108%	
	1,323,382	465,228	74%	678,664	18,974	97%	
	2,208,012	1,026,069	68%	1,153,777	(14,913)	101%	

	Budget TOTAL	Budget Y1 (Jul 21 - Jul 22)	Budget Y2 (Aug 22 - Jul 23)	Budget Y3 (Aug 23 - Jan 24)
TOTAL PROJECT BUDGET	17,886,100	6,447,177	6,976,381	4,462,542

	Y2 Expenditure	Y2 Variance	% Year 2	Commentary
	6,796,641	189,740	97%	
				For all variances +/- 10%

EXPENDITURE BY SUMMARY BUDGET LINE

Description	Budget TOTAL	Budget Y1 (Jul 21 - Jul 22)	Budget Y2 (Aug 22 - Jul 23)	Budget Y3 (Aug 23 - Jul 24)
Staff salaries - in-country	5,903,544	2,151,263	2,362,003	1,390,278
Medical supplies	1,461,498	511,927	514,406	435,165
CAPEX	762,155	435,368	135,552	191,235
International travel	8,065	80	7,984	0
Local travel	1,882,981	694,325	897,258	291,399
Training and Meetings	908,767	269,570	319,234	319,963
Consultants	226,730	82,440	97,663	46,627
Comms and Marketing	1,375,708	501,115	587,009	287,584
RME	226,535	57,670	133,675	35,190
Office running costs	1,896,036	689,182	782,733	424,121
Total direct costs	14,652,020	5,392,942	5,837,517	3,421,561

Description	TOTAL Expenditure	TOTAL Variance	% TOTAL	Y2 Expenditure	Y2 Variance	% Year 2	Commentary For all variances +/- 10%
Staff salaries - in-country	4,500,975	1,402,569	20%	2,349,712	12,291	99%	
Medical supplies	1,096,485	365,013	9%	584,558	(70,152)	114%	Slight overspend with increase in medical supply costs. To be adjusted during the costed extension
CAPEX	580,209	181,946	30%	144,841	(9,289)	107%	
International travel	10,923	(2,859)	0%	10,843	(2,859)	136%	Overspend due to increase costs of planned international travel from Bangladesh due to currency fluctuations.
Local travel	1,490,648	392,334	24%	796,323	100,934	89%	Underspend in local travel a Timor-Leste due to weather conditions and Nepal due to the seasonal scheduling of Outreach camps.
Training and Meetings	586,873	321,894	8%	317,303	1,931	99%	
Consultants	168,819	57,912	22%	91,868	5,795	94%	
Comms and Marketing	968,947	406,761	10%	467,832	119,177	80%	Underspend in Pakistan due to coding issue, and in Cambodia due to a delay in website updates.
RME	150,679	75,856	10%	93,009	40,666	70%	CEI budgeted in Bangladesh and Timor-Leste however not conducted due to budget limitations as a result of currency fluctuations and delay in scheduling. CEI delayed in Cambodia and Pakistan.
Office running costs	1,471,247	424,789	14%	776,575	6,158	99%	
Total	11,025,805	3,626,215	75%	5,632,864	204,653	96%	

COMBINED REGIONAL SUPPORT TEAM BUDGET

Description	Budget TOTAL	Budget Y1 (Jul 21 - Jul 22)	Budget Y2 (Aug 22 - Jul 23)	Budget Y3 (Aug 23 - Jan 24)
Regional Project Management and Technical Support - Salaries	1,276,186	389,602	385,436	503,148
Regional Project Management and Technical Support - Other Direct Costs	169,284	19,915	57,790	91,579
Overheads	1,788,610	644,718	697,638	446,254
Total MSI/A costs	3,234,080	1,054,235	1,138,864	1,040,981


Description	TOTAL Expenditure	TOTAL Variance	% TOTAL	Y2 Expenditure	Y2 Variance	% Year 2	Commentary For all variances +/- 10%
Regional Project Management and Technical Support - Salaries	831,436	444,750	30%	441,834	(58,398)	115%	A slight over spend will be rectified in Y3
Regional Project Management and Technical Support - Other Direct Costs	53,193	116,091	26%	33,278	24,512	58%	Planned travel postponed until Y3.
Overheads	1,323,382	465,228	18%	678,664	18,974	97%	
Total	2,208,011	1,026,069	68%	1,153,777	(14,913)	101%	

TOTAL PROJECT BUDGET	Budget Y1 (Jul 21 - Jul 22)	Budget Y2 (Aug 22 - Jul 23)	Budget Y3 (Aug 23 - Jul 24)
	17,886,100	6,447,177	4,462,542

TOTAL PROJECT BUDGET	Y2 Expenditure	Y2 Variance	% Year 2	Commentary For all variances +/- 10%
	6,786,641	189,740	97%	

FINANCIAL REPORT BALANCES	
Total Bank Interest	\$ 233,910
Tranche 1 received	14,534,500
Tranche 2 received	3,150,000
Total Funds Received	17,918,410
Total Acquisitions	13,233,816
Balance remaining	4,684,594

0

Signed: 
 Name: Josh Vansittart
 Position: Regional Finance Director
 Date: 29/09/2023