IPPF

Lead with Love
Care with Courage

Annual Performance Report 2024

Who we are

The International Planned Parenthood Federation (IPPF) is a global healthcare provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide Federation of national organizations working with and for communities and individuals in more than 151 countries.

156
Member Associations and Collaborative Partners

18,945
Staff

28,660
Service delivery points worldwide

Acknowledgements

We would like to express thanks to the IPPF volunteers and staff of Member Associations and the Secretariat who have contributed to this report.

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Throughout this report, the terminology 'Member Association (MA)' includes IPPF Member Associations and Collaborative Partners.

Due to rounding, numbers presented in this report may not add up exactly to totals provided. Percentages reflect absolute and not rounded figures, and may not add up to 100 per cent.

Cover photo: Maheder Haileselassie/IPPF

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Foreword

Dear friends,

I cannot think of a tougher environment in which to have to ask our staff and volunteers to perform. How did we lead with love in 2024? How did we ask frontline health workers to provide care with courage as they and their clients experienced the greatest hostility and most violent attacks we've seen in decades?

And yet, provide care with courage they did: IPPF's service delivery results showed an increase from the previous year, with MAs delivering a total of 230.5 million sexual and reproductive health services during 2024, a 3.6 per cent increase compared to 2023.

Not only did MAs deliver more care, but they also cared for those suffering greater vulnerability and exclusion. The number of people served in humanitarian settings rose by 12 per cent to 14.0 million, reflecting the work IPPF MAs are doing to provide life-saving sexual and reproductive healthcare in crises and conflicts in Gaza, Sudan, Ukraine and elsewhere.

Not satisfied with that, providers, clients and other human rights defenders mobilized to turn the tide. They took to the streets, spoke to local councillors and wrote to their MPs to help secure essential sexual and reproductive rights and prevent anti-rights actors from imposing more oppressive laws. In 2024, IPPF secured a total of 101 advocacy wins to support or defend sexual and reproductive rights in law and policy.

Public campaigns are an integral part of our efforts to generate support for sexual and reproductive rights and bring about change. We know that the impact of campaigns is magnified by partnerships with other organizations whose goals are aligned, but who may have different skills and the capacity to reach other target audiences with their messages. In 2024, IPPF led or took part in 90 public campaigns – significantly more than in 2023. These campaigns covered a range of issues such as sexual and gender-based violence, access to sexual and reproductive healthcare, abortion and sexual and gender diversity. Of these, 41 entailed collaboration with other sexual and reproductive health and rights organizations and 23 entailed working with organizations from outside the sector.

14m

people served in humanitarian settings

230.5m

sexual and reproductive health services delivered

90

campaigns led by or involving IPPF

We are SO proud of what we achieved! And we have made excellent progress in delivering our ambitious strategy for 2023-2028, Come Together. But we are SO clear it was insufficient to defeat the forces that are determined to cause enormous destruction in 2025 and beyond. That's why they will find us even more committed and mobilized, standing firm in our service delivery points and in the streets, ready to push back against hate and extremism. When institutions lose their compass, it is for organized citizens to show direction. Ask the brave and angry women who have guided us all the way to the most intimate of rights.

Lead with love. In solidarity,

Dr Alvaro Bermejo
Director-General, IPPF

Message from the Chair

IPPF's work matters. Delivering essential care. Reaching out, first and foremost, to people subjected to discrimination and exclusion, who otherwise have little access to care. Advocating for public policy and legislation to protect sexual and reproductive rights for all. Providing information, education and training. Standing up for human rights to dignity in sex and reproduction.

Never is there a year or a time when that work is not important. But at a time when investment in sexual and reproductive healthcare is being ripped away? When false information is being spread both online and offline to deceive people about their rights? When service providers in conflict settings are being deliberately attacked? When gender identity is being made a target for ridicule, lies and hatefulness? In such times, the work of IPPF Member Associations is more than important. Their work is brave. And in 2024, to be IPPF took lots of courage.

This is because, in 2024, in more places and for more people, across more sexual and reproductive health and rights issues, IPPF staff and volunteers stood up bravely to intensifying opposition locally, amid diminishing financial support internationally. They provided quality care even as bullets and missiles rained down on the communities they served. They served vulnerable people caught up in floods and droughts. They exposed and confronted those who spread lies about sexual and reproductive health and rights. They stood up in solidarity with those who are subjected to hate on a daily basis simply because of who they are and who they love.

The data provided here tell something of the scale of that work – the millions served, the millions of services provided. But no metric can truly measure the courage and conviction that fuelled that provision, nor the depth of humanity that drove that care. The work of person-centred IPPF MAs, however, is evidence of exactly that. Contrary to what so many political leaders would have had us believe, in 2024, MAs were living proof that, across our troubled and so often unjust world, there are many people who would rather serve our common humanity than narrow national interests; who would rather act with love than manufacture hate.

To serve IPPF is to be daily challenged but constantly inspired. To be entrusted with a leadership role in this Federation is therefore a deep honour and a privilege that, throughout 2024, the IPPF Board of Trustees strove to live to up to. We did so in full and complementary partnership with and thanks to our extraordinary Director-General – Dr Alvaro Bermejo.

When the next IPPF annual performance report is published in 2026, Alvaro will have completed his second and final term of office and a very new IPPF Director-General will be taking on that role. So, in this last of the many performance reports issued under his watch, and on behalf of the whole Federation, the Board of Trustees pays heartfelt tribute to the leadership of Director-General Dr Bermejo.

Alvaro has led our Federation with exemplary wisdom, skill, deep commitment and unrelenting stamina. We owe and offer him our deepest gratitude and our highest respect.

Kate Gilmore
Chair
IPPF Board of Trustees

CENTER CARE ON PEOPLE

GOAL: QUALITY PERSON-CENTRED CARE TO MORE PEOPLE, IN MORE PLACES

Expand Choice

Boost safe abortion & infertility care

Integrate HIV into SRHR package

Expand contraceptive choice

Widen Access

Reach marginalised communities

Deliver youth-centred care

Grow crisis settings preparedness & care

Advance Digital & Self Care

Invest in digital health interventions

Dignity in self-care

MOVE THE SEXUALITY AGENDA

GOAL: SOCIETAL AND LEGISLATIVE CHANGE FOR UNIVERSAL SEXUAL AND REPRODUCTIVE RIGHTS

Ground Advocacy

Connect advocacy at all levels

Amplify community voices

Monitor commitments

Shift Norms

Prevent sexual & gender-based violence

Take intersectional & feminist action

Share winning narratives

Act with Youth

Bring youth voices to the fore

Advance comprehensive sexuality education

Engage & influence on social media

NURTURE OUR FEDERATION

GOAL: REPLENISH AND NURTURE THE FEDERATION FROM A COMMON VALUE BASE AND UNLEASH OUR COLLECTIVE POWER FOR GREATER IMPACT

Chart our Identity

Draft federation charter

Renew our brand

Build our culture

Walk the Talk

Challenge discrimination

Embrace gender & sexual diversity

Youth structures & leadership

Grow our Federation

Find new members

Modernise systems & grow skills

Mobilise resource & diversify income

SOLIDARITY FOR CHANGE

GOAL: AMPLIFY IMPACT BY BUILDING BRIDGES, SHAPING DISCOURSE, AND CONNECTING COMMUNITIES, MOVEMENTS, AND SECTORS

Support Social Movements

Connect capacity

Amplify messages

Re-grant to movements

Innovate & Share Knowledge

Grow the IPPF centers & funds

Communicate learning

Incubate ideas & tech

Build Strategic Partnerships

Collaborate across sectors

Build alliances & consortia

Host & support community groups & networks

Pillar 1
Center Care on People

Profamilia/2024

Delivering quality, essential sexual and reproductive healthcare to those who need it most has always been at the heart of what we do. With mounting attacks on people's rights, with deepening humanitarian needs and with marginalized people facing even greater barriers to care, this is more important than ever. Pillar 1 of IPPF's strategy, Come Together, outlines three critical pathways: expand choice, widen access and advance digital and self-care.

IPPF MAs focus their efforts on delivering quality services to individuals and communities that would otherwise be excluded from sexual and reproductive healthcare. Reaching poor and marginalized people, including young people and those in humanitarian settings is a priority. MAs provide a fully integrated package of services, ensuring people can make an informed choice. Another focus of our strategy is to pioneer innovative approaches to deliver services, such as digital health interventions and self-care.

IPPF MAs delivered a total of 230.5 million sexual and reproductive health services during 2024, a 3.6 per cent increase over 2023. This growth was driven by higher levels of service delivery in Kenya, Nigeria and Sudan. We served 67.5 million clients, a decrease of 5.6 per cent compared to 2023, which was predominantly due to declines in two MAs with high volumes of clients, Democratic Republic of Congo and Pakistan. Out of a total of 111 MAs that reported service delivery data to IPPF in 2024, Member Associations in the Africa Region contributed the largest proportion of services, totalling 43 per cent, with Arab World MAs delivering a further 32 per cent.

The report includes data from service delivery points owned and operated directly by MAs, and service delivery points owned and operated by partners, where the MA provides guidance, supervision, commodities and/or other support (known as Associated Health Facilities).

Expand Choice

6.5m
abortion-related services

30m
STI/RTI services

For most MAs, contraception represents the largest category of services. IPPF delivered a total of 73.6 million contraceptive services in 2024. Couple years of protection (CYP) – a measure of the estimated effectiveness of contraceptive methods over a one-year period – provided by MAs grew by 10.0 per cent to 19.2 million. This increase came thanks to the MA in Kenya expanding its network of associated health facilities as well as improved availability of commodities in Sudan and Madagascar. The proportion of CYP contributed by long-acting reversible contraceptive methods continues to rise year by year and now stands at 68 per cent, with permanent methods making up six per cent of the total. MAs' contraceptive provision saved lives, preventing a total of 9.2 million unintended pregnancies, averting 2.8 million unsafe abortions and averting 9.9 million maternal and child disability-adjusted life years (DALYs), as calculated by the MSI Impact 2 tool.

Now, more than ever, with sexual and reproductive rights increasingly under threat worldwide, providing quality abortion care is vital. IPPF MAs increased their provision of abortion-related services to 6.5 million, a 10 per cent rise over 2023. 62 per cent of abortions were via medical methods and 38 per cent were surgical.

The number of HIV-related services delivered by MAs – encompassing counselling, testing, management and treatment of sexually transmitted infections, including HIV – rose by nine per cent to 57.1 million. IPPF delivered 240,055 anti-retroviral therapy services in 2024, including both prevention and treatment. Sexually transmitted infection/reproductive tract infection (STI/RTI) services increased from 29.1 million in 2023 to 30.0 million in 2024, including 242,638 vaccinations to prevent HPV and hepatitis.

IPPF's strategy commits the Federation to go further in infertility care, reflecting the importance of serving people throughout their lifecycle. In 2024, IPPF provided 2.0 million infertility-related services, including 174,254 infertility treatment services, an 11 per cent increase over 2023.

Ensuring that clients have access to a full range of integrated services is an essential part of IPPF's service delivery approach. While different MAs have different service delivery models and may offer a broader or narrower range of services depending on their context, the expectation is that any client should be able to visit an IPPF clinic and receive a core set of services. This is defined as the Integrated Package of Essential Services Plus (IPES+). IPES+ sets out criteria across eight categories of services (see box). To qualify under IPES+, an MA must meet the criteria in all eight categories by providing the full set of services through their static clinic networks. While recognizing this sets the bar quite high, it allows MAs to identify where targeted interventions are needed. In 2024, six MAs met all the IPES+ criteria. This is an improvement over the total of four MAs in 2023, but still low. The criteria for providing HIV anti-retroviral therapy, in particular, is challenging for many MAs as it often requires government approval. Progress, however, is being made. In total, 13 MAs met the required criteria in the HIV category in 2024, compared to seven in 2023. IPPF will continue to use the IPES+ data to identify opportunities for capacity building and in-country advocacy so that more MAs are able to provide the full set of IPES+ services.

Indicator 1 in IPPF's Results Framework combines the IPES+ criteria with a measure of quality of care which assesses client satisfaction to form an overall result. In 2024, 86 percent of MAs who reported on client satisfaction met or surpassed the expected quality standard. The quality of care measure is not only used to measure client satisfaction at an MA level, but is also a valuable performance management tool for MAs to identify areas of strength and weakness.

IPES+ components

1. Sexual health and well-being
2. Contraception
3. Abortion
4. STIs/RTIs
5. HIV
6. Obstetrics & Gynaecology
7. Fertility Support
8. Sexual and Gender-Based Violence

Widen Access

IPPF's strategy commits to reaching those people most in need of care, who might otherwise have limited or no access to quality services. To do this, we design service delivery models that can reach poor, marginalized and excluded clients, including people in remote areas, those with low income, LGBTIQ+ people, sex workers, people living with disabilities and a number of other categories. In 2024, 80 per cent of all clients were classified as poor or marginalized. IPPF MAs are frequently the sole or main national civil society provider of sexual and reproductive health services in their country. Based on 2023 data, MAs were the sole national civil society provider in 54 countries, and the main provider in a further 19.

As MAs identify and classify marginalized clients in different ways and keeping in mind some clients' preference for non-disclosure, we are working on the best way to disaggregate this data. To improve our knowledge of client profile, IPPF ran a pilot survey of twenty MAs to understand their methods for assessing poverty and marginalization, the categories they used to define this, and the way they collect and record the data. It found that most MAs used data from their clinic management information system to count poor and marginalized clients, while some used a sampling method or a mix of approaches. The most common sub-categories of marginalized clients were people with disabilities, young people, those with diverse sexual orientations or gender identities, and sex workers. The results of this survey will be used to inform a more comprehensive process of documenting client profile data as part of next year's reporting.

Universal health coverage (UHC), which enables all individuals and communities to receive the health services and care they need without suffering financial hardship,[1] is not possible without quality, accessible sexual and reproductive health services. A more thorough understanding of our clients will aid us to advance UHC across the countries where we deliver services by allowing us to target resources where they are needed most, and facilitating the process for clinics to identify clients who may require fee waivers. The case studies presented after this section offer further examples of how MAs can target marginalized clients and use innovative solutions to advance universal health coverage. MAs also engage in national insurance schemes to further widen access to sexual and reproductive health services.

Young people are at the centre of IPPF's programmes. In 2024, 48 per cent of all sexual and reproductive health services were provided to young people under the age of 25, up from 46 per cent in 2023. The number of adolescent clients (aged between 10 and 19) we served increased from 9.8 million in 2023 to 11.1 million in 2024, especially driven by increases in Kenya and Sudan. This illustrates our ongoing commitment to deliver services to young people and adolescents who might otherwise be unable to access the care they need in a respectful, confidential and stigma-free environment.

Conflict and crisis continued to define life for people in many countries during 2024. IPPF MAs delivered essential sexual and reproductive health services to 14.0 million people in humanitarian settings, a 12.1 per cent increase on the total for 2023. A full update on IPPF's humanitarian work in 2024 is on page 20.

Advance Digital and Self-Care

Innovative approaches to delivering sexual and reproductive healthcare are a crucial component of IPPF's strategy, supporting MAs to reach more clients and offer care in ways that meet their needs. Digital and remote service delivery gained prominence during the Covid-19 pandemic and is now integrated into many MAs' service delivery models, complementing their in-person offering. This includes online counselling and the provision of sexual and reproductive health services as well as delivering comprehensive sexuality education through online platforms or sharing useful information via WhatsApp. MAs delivered a total of 3.1 million services through digital means during 2024, a significant increase over the 225,000 reported in 2023. Twenty-five MAs now provide at least some services digitally, which constitutes 23 per cent of all service providing MAs. The MA in Tunisia was a major contributor to this total, thanks to its adoption of dedicated digital strategies, including the use of well-known doctors to bring in clients.

Another increasingly successful approach is facilitated abortion self-care which supports women and pregnant people who choose to self-manage their medical abortion. Through this model, the client may use the MA for information and accompaniment, to procure abortion medication and for any follow-up that they require, but they determine whether and how they access support throughout the abortion process. In all, 18 MAs reported data under this approach, with a total of 87,000 abortion self-care services - a substantial increase compared to the 21,000 abortion self-care services provided in 2023. It reflects the increasing demand for abortion self-care – an integral part of a rights-based approach – which facilitates access, ensures confidentiality and fosters autonomy.

Empowering Women in Eswatini with New HIV Prevention Options

> **"Women have been telling us for a long time that there is a need for a variety of methods for HIV prevention, since they are highly exposed. Access to the ring through our clinics in Eswatini now gives women choice and options to protect themselves against HIV."**
>
> Thabo Lizwe Masuku, Program Manager, FLAS

In sub-Saharan Africa, women and girls bear the brunt of the HIV epidemic. In 2023, women and girls (of all ages) accounted for 62 per cent of all new HIV infections in sub-Saharan Africa.[2] However, new biomedical HIV prevention technologies, such as the dapivirine vaginal ring, are expanding choice and empowering women to select the HIV prevention method that suits their needs.

The dapivirine vaginal ring is a safe and effective HIV prevention option.[3] It is also discreet: women can insert it without their partners' knowledge or consent. Since it provides protection for a month, women may find it to be more convenient than daily pre-exposure prophylaxis (PrEP) pills. Because it is discreet, the ring may help reduce the stigma surrounding HIV prevention.

IPPF MA, the Family Life Association of Eswatini (FLAS), is leading the way in expanding access to the dapivirine vaginal ring. In 2024, FLAS was among the first organizations in the world to roll out this innovative HIV prevention option.

To introduce the dapivirine vaginal ring in Eswatini, the MA employed a comprehensive approach which included community involvement, collaboration and capacity building. At the onset, FLAS engaged with the Ministry of Health. The MA worked closely with communities to foster understanding, trust and acceptance of the new method. Trained 'PrEP ambassadors' raised awareness of the ring within communities, dispelling misconceptions and generating demand. FLAS collaborated with other organizations in the sector on HIV prevention campaigns. In addition, the MA trained its nurses to provide information and support. Since August 2024, 134 women have used the ring and demand is growing.

FLAS' pioneering work was supported by IPPF's Strategic Fund, which supports initiatives in priority areas that require additional investment. The MA in Eswatini is part of a consortium of seven MAs that aims to optimize the roll-out and integration of new biomedical HIV prevention methods into service delivery. Led by the Family Planning Association of India, the consortium also includes MAs from Lesotho, Malawi, Malaysia, Nepal and Thailand.

The dapivirine vaginal ring is a gamechanger. It puts the power to prevent HIV in women's hands by promoting autonomy and expanding choice. At a time when US funding cuts threaten access to HIV programmes, innovations like this that let women control their own approach to HIV prevention are vital. Other MAs are advocating for their governments to introduce the ring. IPPF is committed to rolling it out in as many countries as possible, working with partners in Africa and beyond.

Pillar 1: Case Study 2

Reaching marginalized communities in Bangladesh

IPPF/GMB Akash/Bangladesh

Reaching marginalized communities is a priority within the critical pathway, Widen Access, in Pillar 1 of IPPF's strategy. We focus on reaching people who are most excluded, ensuring that our services are accessible, person-centred and respectful of sexual and gender diversity.

In Bangladesh, as in many countries, gender diverse people and sex workers face widespread stigma, discrimination and harassment. Fear of judgement, humiliation and abuse can lead many people to avoid seeking healthcare. To reach these marginalized communities, IPPF is working with two new collaborative partners: Bandhu Social Welfare Society (Bandhu) and Population Services and Training Center (PSTC). Both partners provide quality healthcare to female sex workers, while Bandhu also serves gender diverse people.

Bandhu has established the first youth health centre in the country to serve the unique needs of gender diverse people and sex workers. The centre provides a range of comprehensive services such as mental healthcare and stigma-free sexual and reproductive healthcare, including STI screening; HIV prevention, testing and treatment; and hormone therapy. Bandhu trains healthcare providers to deliver respectful, non-discriminatory care and actively advocates for policy reforms that promote the rights, dignity, and safety of gender diverse individuals. This includes advocating for reform of laws which infringe on human rights. In 2024, thanks to the health centre, 159 gender diverse people and 25 sex workers accessed sexual and reproductive health services. Bandhu increased community awareness of HIV prevention and sexual and reproductive health and rights, reaching over 1,294 people through outreach programmes. Feedback from client interviews showed that anxiety and depression have fallen - 74 people received mental healthcare and support, and gender-affirming care has given hope to marginalized and excluded people.

In southern Bangladesh, PSTC provided life-saving healthcare and support to sex workers in the Banishanta brothel in the aftermath of a cyclone. Situated on a remote, narrow strip of land, Banishanta is prone to frequent flooding, and in May 2024, Cyclone Remal devastated the area. The women already lacked access to essential healthcare due to their isolated location and highly stigmatized work, and the cyclone further increased their vulnerability to sexual violence, exploitation and poor maternal health. Responding swiftly to this emergency, PSTC built three health centres, including one in the brothel itself. The health centre offered a wide range of sexual and reproductive healthcare, including antenatal care, referral for high-risk pregnancies, post-natal care, contraception, menstrual regulation, prevention of HIV and other STIs, and support for survivors of gender-based violence – the first time sex workers in this setting had received quality care and support. In the short period between July and October 2024, PSTC provided healthcare to 1,337 people and distributed over 7,766 condoms. PSTC also raised awareness among 919 people of sexual and reproductive health and rights and prevention of gender-based violence.

These pioneering approaches in Bangladesh illustrate how IPPF is not only reaching some of the most marginalized communities but also transforming lives and bringing hope.

Pillar 1: Case Study 3

IPPF's Humanitarian Programme

As 2024 unfolded, protracted conflicts in Sudan, Ukraine, Democratic Republic of Congo (DRC), Palestine and other countries of the Middle East continued. At the same time, intensifying climate emergencies and economic instability deepened existing inequalities and disrupted health services. In response, IPPF scaled up locally-driven humanitarian action, expanding access to life-saving sexual and reproductive healthcare and sexual and gender-based violence services for women, girls and marginalized communities. We provided vital care and support to those who needed it most – even amid conflict, displacement and instability.

In 2024, IPPF MAs and Collaborative Partners delivered humanitarian responses in 40 countries, reaching 14.0 million people – a 12.1% per cent increase from 2023. Our internal humanitarian funding mechanism, Stream 3, responded to more crises than ever, providing support to 21 emergencies and reaching over 200,000 people. These responses included conflict and people displacement in Palestine and DRC, the migration crisis in Colombia and flooding in Liberia and Thailand.

Our SPRINT initiative, funded by the Australian Government, grew significantly in both global reach and scope, supporting locally-driven responses in 18 countries. These included flooding in Nepal and Pakistan, tropical cyclones in Bangladesh (see page 18) and the Philippines, conflict and displacement in Ethiopia and Sudan, and an earthquake in Vanuatu. Through SPRINT, we reached 328,723 people affected by crisis. Additionally, with support from the Government of Japan, MAs in Afghanistan, Palestine, Sudan, Ukraine and Yemen provided 826,323 services to 274,937 people affected by crisis. Through local knowledge and leadership, healthcare and support services were culturally sensitive and grounded in community needs.

2024 was again an extremely difficult year for the Middle East. Conflict and instability intensified across the region, with devastating consequences for communities and critical infrastructure. In Gaza, the humanitarian situation significantly worsened. Despite being under siege and facing constant displacement, our Palestine MA, the Palestine Family Planning and Protection Association, continued its humanitarian response delivering life-saving sexual and reproductive healthcare to those in urgent need with additional support from Stream 3 funding.

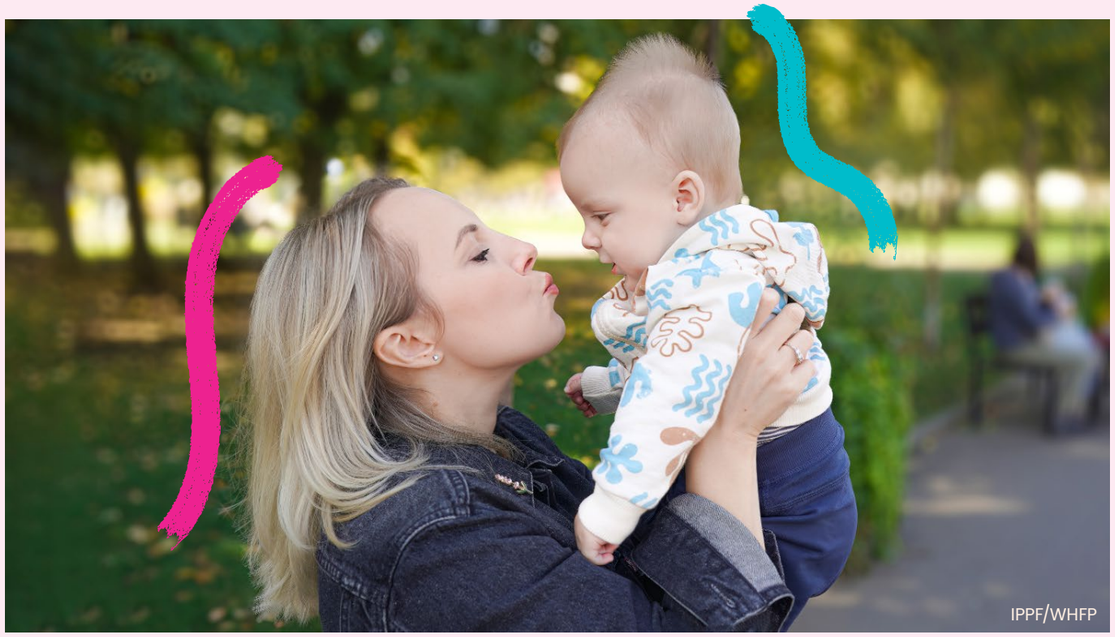
In 2025, humanitarian needs are expected to rise again, with an estimated 308 million people requiring assistance and protection.[4] Women and girls will continue to face heightened risks of sexual and gender-based violence and experience gaps in accessing essential healthcare. It is estimated that 92 million people in crisis-affected areas will need protection from sexual and gender-based violence,[5] while 11 million pregnant women will require humanitarian support.[6] These stark figures reinforce the urgent need to place sexual and reproductive health and rights at the heart of every humanitarian response. By maintaining a locally-led, feminist approach, IPPF provides quality care, safeguards the dignity and safety of every individual, and amplifies the voices of women, girls and marginalized communities.

Providing Life-Saving Healthcare and Support to Women and Girls in Ukraine

In 2024, Ukraine entered its third year of full-scale conflict following Russia's invasion, straining a healthcare system already struggling to meet escalating needs. Women and girls remain disproportionately affected: the war has had a severe impact on maternal health and increased gender-based violence, including non-partner sexual violence.

Throughout 2024, IPPF worked alongside its Member Association, Women Health and Family Planning (WHFP). With funding from the Government of Japan, WHFP supported the provision of a wide range of services through state hospitals in the Dnipro and Zaporizhzhia regions. These included contraception, abortion care, gynaecological care, comprehensive emergency obstetric and neonatal care, and providing essential medicines. In addition, 136 healthcare professionals were trained in emergency obstetric care. Thanks to this support, around 4,000 babies were safely delivered in 2024.

The MA also prioritized care for survivors of sexual and gender-based violence, with 201 health workers receiving training in first-line support for survivors. Nearly 100,000 people received sexual and reproductive healthcare, and awareness-raising campaigns reached over three million people with vital information on sexual and reproductive health and rights and services. These efforts ensured that despite the ongoing crisis in Ukraine, women and girls could still access life-saving care and support.



IPPF/WHFP

Pillar 1: Case Study 3

Responding to Displaced Communities in Lebanon

In September 2024, Israel launched widespread attacks on southern Lebanon. This resulted in a devastating loss of life, mass displacement and the destruction of healthcare facilities, severely disrupting access to maternal and child healthcare, contraception and support for survivors of sexual and gender-based violence.

Before the escalation, IPPF MA, the Lebanese Association for Family Health (SALAMA) operated two clinics in the Bekaa region. Following the attacks, both were forced to close, and staff had to flee. Despite these immense challenges, the SALAMA team remained committed to delivering essential sexual and reproductive healthcare. With clinics inaccessible, the team – themselves displaced – shifted to a mobile and community-based approach. By working closely with youth volunteers, local authorities, NGOs and international partners, the MA ensured service continuity, reinforcing the importance of local responses in humanitarian settings.

Between October and December 2024, with support from Stream 3, SALAMA provided sexual and reproductive healthcare to 5,609 people. Services included antenatal and post-natal care, referrals for safe deliveries and contraception consultations.

SALAMA distributed 6,711 contraceptives and conducted 700 awareness-raising sessions, reaching 7,000 displaced people with information on sexual and reproductive health, hygiene and sexual and gender-based violence. Additionally, they provided 200 psychosocial support sessions, addressing trauma and mental health needs among internally displaced persons. Their mobile teams also distributed 3,500 dignity kits, providing crucial hygiene products to women and girls.

Since marginalized groups face even greater barriers to accessing healthcare in a crisis, SALAMA partnered with IPPF and Proud Lebanon, a local civil society group working to support marginalized people, to reach over 800 LGBTIQ+ people with sexual and reproductive healthcare, including post-exposure prophylaxis to prevent HIV, and psychosocial support.

Preparedness was key in enabling this rapid response. Efforts such as developing a security and contingency plan proved invaluable when the crisis escalated, allowing SALAMA to mobilize quickly and respond effectively to the urgent needs of displaced communities.

IPPF is committed to supporting women, girls and marginalized communities in the Middle East, with the second phase of Stream 3 funding set to begin in 2025. This phase will strengthen SALAMA's presence in the country, ensuring the ongoing provision of critical sexual and reproductive healthcare. SALAMA will also continue its partnership with Proud Lebanon, delivering vital support and services to marginalized LGBTIQ+ communities.

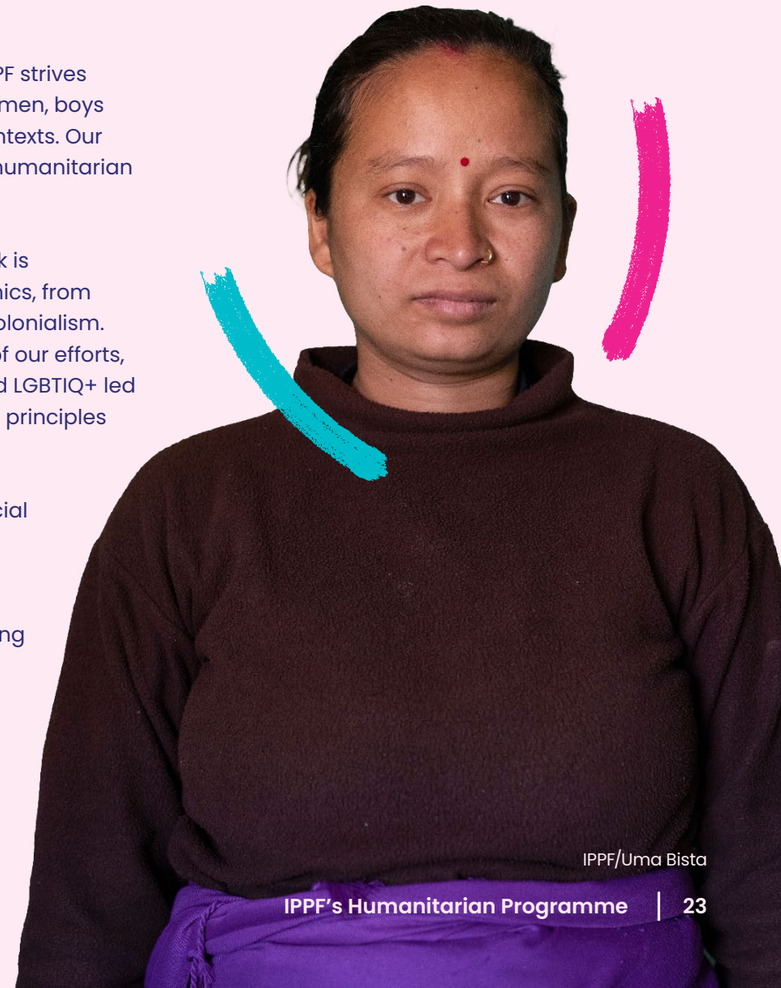
Embodying Feminist Principles in Humanitarian Contexts

Building on our long-standing commitment to gender equality, in 2024, we continued to strengthen our feminist approach in humanitarian settings. Through our feminist principles,[7] we recognize that structural inequities perpetuate and exacerbate vulnerabilities during crises, disproportionately affecting marginalized and excluded communities.

By challenging existing inequalities, IPPF strives to advance the rights of women, girls, men, boys and LGBTIQ+ people in emergency contexts. Our approach is holistic, recognizing that humanitarian work extends beyond crisis responses.

Central to this rights-based framework is dismantling entrenched power dynamics, from patriarchal norms to the legacies of colonialism. We place local expertise at the heart of our efforts, actively collaborating with women and LGBTIQ+ led organizations and integrating feminist principles throughout our humanitarian work.

By promoting intersectionality and social justice, we ensure that our responses tackle discrimination in all its forms. Our approach prioritizes community leadership at every level, acknowledging that those closest to the challenges are best placed to shape effective, sustainable solutions. This includes advocating for the meaningful participation of women, girls and marginalized groups in decision-making as well as bolstering the capacity of local organizations to lead emergency responses. Together, we can create a more equitable world – one where sexual and reproductive health and rights remain at the forefront, even in the most challenging circumstances.



IPPF/Uma Bista

Pillar 1: Case Study 4

Providing Quality Abortion Care in the Second Trimester

Panos

“The values clarification sessions on second-trimester abortion helped me understand the need to offer the service, given the high maternal mortality due to complications from backstreet abortion. What’s more, everyone has the right to better sexual and reproductive health. I now offer the service without feeling guilty or judging the client who wants it because I consider it to be care.”

Estelle Ndeme, provider, CAMNAFAW

Around 85 per cent of abortions occur before 13 weeks’ gestation.[8] Beyond 13 weeks – also known as the second trimester – women seek abortion for many reasons, including barriers to earlier access such as restrictive laws and policies, stigma, lack of trained healthcare providers as well as delays in recognizing pregnancy and diagnosing foetal abnormalities. Although less common, second-trimester abortion carries a higher risk of complications than earlier abortions.[9] The vast majority of preventable deaths and injuries occur when women resort to unsafe abortion. Access to safe, affordable and respectful abortion, including at later gestations, is not only a public health matter – it’s a human rights imperative. This includes ensuring that providers have the information and guidance available to them to safely carry out abortion care after 13 weeks.

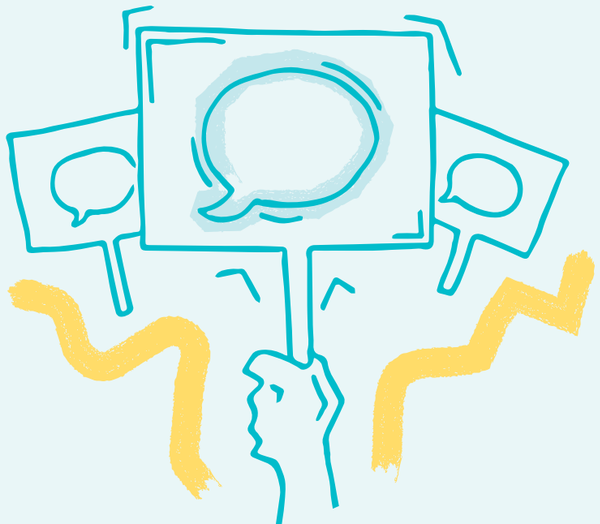
Globally, IPPF is a leader in the provision of comprehensive abortion care. To offer guidance and advice, IPPF’s International Medical Advisory Panel (IMAP) of medical scientists and experts in the field of sexual and reproductive health and rights issued a statement in December 2024 on the importance of ensuring access to abortion care after 13 weeks’ gestation.[10] It aims to support MAs and other organizations providing information and services and those involved in advocacy. The statement covers a range of topics: why abortion is needed in the second trimester, abortion care options (surgical and medical), service providers, post-abortion care and contraception, and recommendations for MAs and other organizations on how they can support abortion care after 13 weeks.

A number of MAs provide abortions in the second trimester, such as the Cameroon National Association for Family Welfare (CAMNAFAW). Initially, the MA raises awareness of sexual and reproductive health and rights through community dialogues and digital platforms. To deliver quality abortion care after 13 weeks within the legal framework in Cameroon, CAMNAFAW has invested in training healthcare providers and enhancing clinics’ technical capacity. Values clarification for action and transformation workshops not only improve providers’ knowledge but also create an opportunity for them to reflect on their attitudes to abortion. This fosters empathy and understanding towards women and girls. CAMNAFAW has also upgraded its laboratory, acquiring ultrasound scanners, equipment and surgical instruments.

In 2024, the MA provided second-trimester abortion care to 721 women, most of whom were young and from poor and marginalized backgrounds. The IMAP statement, along with technical support from IPPF, will help more MAs to deliver compassionate abortion care after 13 weeks, upholding women’s right to access safe abortion and protecting their health.

Pillar 2
Move the Sexuality Agenda

The forces opposing sexual and reproductive rights may be working harder than ever to roll back hard-won gains, but IPPF is fighting on every front, not only to prevent regressive changes being introduced but to advance rights and drive progress. IPPF's strategy underpins these efforts through an integrated approach across all levels – from transforming the harmful social and gender norms that shape attitudes, beliefs and behaviour, right up to influencing national law, policy and international bodies. The three critical pathways we follow under this pillar of our strategy are ground advocacy, shift norms and act with youth.



Ground Advocacy

IPPF engages with political decision-makers at every level of governance. Coordinating across the Secretariat and Member Associations, we advocate for sexual and reproductive health, rights and justice during policy development, in legislative votes, through court decisions and in international fora. We hold governments accountable for their commitments, and we shine a light on any backsliding on promises or breaches of sexual and reproductive rights.

In 2024, IPPF contributed to a total of 101 policy and legislative changes in support or defence of sexual and reproductive health and rights. MAs were responsible for 76 of these advocacy wins. The IPPF Secretariat contributed a further 25 changes, of which 13 related to global institutions and 12 were at regional level. Access to sexual and reproductive healthcare was the most common theme, accounting for 15 of these wins. Preventing sexual and gender-based violence, advancing gender equality and promoting sexual and reproductive rights each contributed 12 wins. Most of the successes related to positive changes to policy or legislation, but four related to MAs successfully pushing back against proposed legislation that would have had a negative effect on sexual and reproductive health and rights.

Advocacy at the national level was supported through grants to 13 MAs in 2024. These fund a range of responses to the anti-rights movement. This includes bringing together advocacy groups and other stakeholders to share experiences and develop unified strategies for action to combat restrictive abortion laws, barriers to access for LGBTIQ+ people and attacks on gender rights. All grantees came together in a digital workshop in December 2024 to exchange information about their work and the challenges they faced. Discussions revolved around emboldened opposition to sexual and reproductive health and rights, reduced liberties of civil society organizations, diminished financial resources and increased barriers to accessing sexual and reproductive healthcare.

Shift norms

With the growing, harmful influence of conservative and anti-rights groups globally, it has never been more vital for IPPF to push back against the opposition. One critical battleground is over the narratives used in public life that define how issues around sexual and reproductive health, rights and justice are understood and, ultimately, feed into how decisions are made. Capacity building on crafting winning narratives included a three-part online training course for staff in communications roles and those who engage with external audiences. This covered the theory behind successfully framing issues, shared the latest research and provided practical guidance on implementation.

Following on from this, IPPF launched a series of public-facing campaigns aimed at disseminating data and values-driven framing of key issues, such as the right to abortion, comprehensive sexuality education, sexual and gender-based violence and the rights of sex workers. Through such campaigns IPPF aims to reach target audiences and reclaim the narrative around freedom, family and life rather than leaving these for anti-rights groups to exploit. Our MAs and partners in Kenya, Nigeria and Zambia hosted a 'winning narratives' session. At the session, participants shared important insights from a recent initiative on values-based narratives, supported by the Secretariat and the Swedish MA, RFSU, showcasing learning, challenges and useful advice on how to develop, frame and test new narratives in the Africa region.

Addressing sexual and gender-based violence is an integral aspect of IPPF's work on shifting harmful norms. This not only includes shaping how this topic is seen in society, but also how such changes are enacted in law and policy. In 2024, 12 of IPPF's successful advocacy efforts to deliver policy or legislative change related to sexual and gender-based violence. This included strengthening domestic violence laws in Morocco and updating regulations in Indonesia on preventing sexual and gender-based violence in emergency settings. An increasing number of MAs are also addressing sexual and gender-based violence through service delivery, with a total of 27 MAs now providing vital services in this area, as defined by the Integrated Package of Essential Services Plus (IPES+).

In 2024, gender self-assessments were conducted with 12 MAs across Africa, the Arab World and Latin America. These aimed to identify current efforts in promoting gender equality, support learning and provide actionable recommendations to embed a gender-transformative lens within MAs and the Secretariat. This helped support research for Indicator 6 of IPPF's Results Framework, which takes a qualitative approach to assessing how IPPF's work affects attitudes in relation to gender equality and inclusion.

The MAs included in the gender self-assessments all provide right-based, stigma free health care and support services to marginalized and excluded communities and individuals. Specific examples were given of services and support to young people, people with diverse sexual orientation, gender identity, gender expression, and sex characteristics, people living with HIV, sex workers, migrants and displaced persons, and people with disabilities. Across the groups, this includes the comprehensive range of health care services the MAs provide as well as tailored counselling, for example on gender, sexuality and relationships, as well as helping to connect individuals with additional resources and groups that can provide them with additional support. Key recommendations to strengthen services and support for these groups included:

- Developing a package of approaches to improve the reach and delivery of services for people with different types of disabilities
- Strengthening MA referral mechanisms and links for service users to gender-transformative programmes
- Enhancing technical support to increase SGBV service provision, including training on first-line support
- Facilitating cross-learning for MAs to share best practices and successful strategies to promote gender equality and transform harmful gender norms

Act with Youth

The attack on sexual and reproductive health and rights by conservative anti-rights groups is an attack on the rights of young people. Young people require clear, accurate and accessible information on sexual and reproductive health so that they can make informed choices about their bodies, relationships and lives. Preventing them from exercising this right is a fundamental goal of the anti-rights movement. They seek to achieve this by spreading disinformation about comprehensive sexuality education, reducing funding for and availability of youth-centred services and promoting patriarchal ideology based on conservative gender norms.

IPPF MAs are responding to this threat by providing evidence-based comprehensive sexuality education (CSE) to young people. MAs delivered quality CSE to a total of 35.9 million young people in 2024. In addition, they achieved ten advocacy successes related to expanding or protecting the delivery of CSE in and out of schools. IPPF's Centres on CSE, hosted by Rutgers, the MA in the Netherlands, as well as MAs in Colombia, Ghana and Togo, have continued to support other MAs by sharing good practices including working with influencers, training journalists to counter opposition and building online platforms for telehealth so that young people can access the accurate, relevant information and services they need.

Youth-centred care is at the heart of IPPF's strategy. In 2024, 48 per cent of all sexual and reproductive health services were provided to young people under the age of 25, an increase from 46 per cent in 2023. Young people were relatively more likely than older clients to require contraceptive counselling and short-acting contraceptive services. Several MAs have also reported a high demand for abortion services by people under 25. Globally, 16 per cent of clients (11.1 million) were adolescents aged between 10 and 19.

Indicator 7 of the Results Framework takes a qualitative approach to measuring progress in youth-related areas. In 2024, the focus was on youth engagement. Drawing on regional consultations, feedback led by young people and internal documents, the research took a close look at the current state of youth engagement, identifying progress and where we are falling short. The aim is to support IPPF in its next steps towards institutional change: to strengthen youth autonomy, improve governance and ensure that all young people – regardless of their background or identity – feel heard, safe and empowered.

Pillar 2: Case Study 1

Standing Up to the Opposition in Latin America

An integral part of IPPF's advocacy work is not only bringing about positive changes to policy and legislation but also blocking hostile amendments and negative changes to existing laws and policies. In Latin America, IPPF MAs and Collaborative Partners play a central role in resisting efforts by anti-rights movements to undermine sexual and reproductive health and rights and gender equality.

In Bolivia, women and girls, especially indigenous and living in rural areas, experience high levels of violence.[1] Anti-rights groups have sought to reform the *Comprehensive Law to Guarantee Women a Life Free of Violence* – a landmark law passed in 2013 – claiming that it is 'anti-men', that it violates men's rights and destroys families. Regressive forces have gained influence with decision-makers in a coordinated attempt to sway public opinion, modify the law and weaken its protections for women. The amendments put forward would jeopardize women's rights to live free from violence and erode their access to justice. However, IPPF MA, Colectivo Rebeldía, in partnership with women's organizations met with Andrónico Rodríguez, President of the Senate, in May 2024 who as a result reaffirmed his support for the principles underpinning the law. The MA and over 200 feminist organizations and activists also mobilized nationally, drafting a statement, accompanied by the slogan *Ni un paso atrás* (Not one step backwards), firmly endorsing the law and demanding it be fully implemented.

In Argentina, IPPF's Collaborative Partner, Fundación Derechos Humanos Equidad y Género (FunDheg), has pushed back against regressive changes which aimed to threaten sexual and reproductive rights, discriminate against transgender and gender diverse people, limit the scope of training in gender-based violence for government officials, and hinder gender parity in political participation. In early 2024, FunDheg presented compelling data, analysis and arguments to national policymakers, which informed the parliamentary debate on proposed changes to two laws. Thanks to FunDheg's swift action, in coalition with feminist groups and other civil society organizations, these attempts to roll back sexual and reproductive rights and gender equality were defeated.

In Latin America, as in other regions, we are seeing a rise in concerted efforts by anti-rights movements to undermine decades of progress. While Colectivo Rebeldía and FunDheg achieved advocacy wins in 2024, they remain vigilant.

IPPF Americas and the Caribbean

Pillar 2: Case Study 2

Protecting Women Human Rights Defenders in Europe

“Anti-rights actors want to silence us, but we will continue supporting people no matter what. It affects the whole of Polish society. They will not ban me for this. The support I have gives me strength. It makes me feel braver.”

Justyna Wydrzyńska
Co-founder, Abortion Dream Team

IPPF/EN

As anti-gender movements grow in power and geographical reach, women human rights defenders are increasingly coming under attack, both online and offline. Protecting providers, activists and groups who stand up for rights and gender equality is more critical now than ever.

In June 2024, the Parliamentary Assembly of the Council of Europe adopted a resolution entitled Protecting Women Human Rights Defenders in Europe.[12] The resolution acknowledges that against a backdrop of shrinking civic space, the contribution of women human rights defenders is minimized, and calls for them to be given more support. It strongly condemns the attacks perpetrated against women human rights defenders in all their diversity, who face multiple challenges, risks and discrimination. The resolution recalls the responsibility of member states to provide an enabling environment for these defenders and ensure their protection. Member states are also urged to fund their work. Notably, the resolution highlights the numerous challenges and threats faced by those who protect sexual and reproductive health and rights. It calls on member states “to respect and ensure women’s autonomy and decision-making capacity when it comes to reproductive health and rights”.

IPPF European Network provided inputs to the resolution, working closely with the rapporteur and Secretariat of the Equality Committee drafting the report. These strategic contributions strengthened the text, specifically language relating to attacks against women human rights defenders and those who protect sexual and reproductive health and rights.

Shortly after this resolution was passed, in October 2024, a court in Poland acquitted three human rights defenders who would have faced up to eight years in prison if found guilty. The women, from IPPF Collaborative Partner, Ogólnopolski Strajk Kobiet (Polish Women’s Strike), were on trial for exercising their right to protest peacefully against Poland’s abortion laws, which are among the most restrictive in Europe. Although their acquittal was a victory, the women had been unjustly targeted because of their work and experienced harassment and violence from authorities.

Throughout the court proceedings, IPPF European Network stood closely by the women human rights defenders, providing regional solidarity, connecting them to European decision-makers and amplifying their voices through communications channels. The influential Council of Europe resolution came at the right time, sending a strong signal to its member states about the importance of protecting women human rights defenders. The acquittal of these three courageous, determined activists in Poland underlines the risks they face. But it also sparks hope by demonstrating the power of solidarity and sustained, collective efforts in fighting back.

Pillar 2: Case Study 3

Advancing Sexual and Reproductive Health and Rights at the UN

IPPF/Hannah Maule-ffinch/Nepal

In 2024, opposition forces at the UN broadened their attack: not only targeting sexual and reproductive health and rights and comprehensive sexuality education, but also issues such as diversity, intersectionality, gender-based violence and gender equality. Framing these topics as 'threats' to traditional values, these actors aimed to challenge previously agreed language and dilute commitments.

Based in Geneva and New York, IPPF's UN Liaison Office plays a crucial role in supporting IPPF Regional Offices and Member Associations to advocate effectively at the UN, amplifying their voices and ensuring that messaging is enhanced by country-level expertise and experience. The Liaison Office builds MAs' capacity to engage in UN processes, contribute to high-level events and influence outcomes. In 2024, MAs from every region took part in key events, including seven MAs at the Commission on the Status of Women, 14 at the Commission on Population and Development, two in Human Rights Council sessions and seven in Universal Periodic Review processes.

The Human Rights Council was an important focus throughout the year. Our Liaison Office provided technical input to delegates participating in informal meetings and co-sponsored side events on topics such as decriminalizing sex work. In collaboration with sex workers, we pushed back against a harmful report on violence against women and girls.

Although we witnessed persistent, coordinated attacks by the opposition and polarized debates, we also saw considerable progress in advancing human rights. In April 2024, the Human Rights Council adopted a resolution on the rights of intersex persons for the first time.[13] The resolution, Combating Discrimination, Violence and Harmful Practices Against Intersex Persons, recognizes that intersex people exist in all societies, reaffirms their human rights and expresses concern about the harmful practices they face globally. The resolution was tabled with no amendments and not a single member state voted against it. And, significantly, for the first time, a resolution at the Human Rights Council included an unqualified recognition of the term 'sexual and reproductive health and rights'. The resolution, Human Rights in the Context of HIV and AIDS, was adopted by consensus at the July session.[14]

IPPF worked closely with member states and civil society partners to ensure progressive language was included in these resolutions. In an increasingly hostile environment, this shows the effectiveness of strategic advocacy partnerships in mobilizing commitment among a wide range of states to protect human rights and promote sexual and reproductive health and rights for all.

Delivering Comprehensive Sexuality Education to Marginalized Young People in Suriname

> **"Thank you for having access to sexual and reproductive health information in our own language within our community."**
>
> Young person from a remote area in Suriname

All young people need access to accurate comprehensive sexuality education that empowers them with knowledge about sexuality and sexual and reproductive health, helping them to understand their rights and make responsible choices. But, discussing sensitive topics like sex, power dynamics and gender roles with adolescents and young people can be challenging. And even more so when delivering comprehensive sexuality education to marginalized and excluded young people.

In Suriname, the IPPF MA, Stichting Lobi Health Center (Lobi) is using innovative ways to reach under-served adolescents and young people with disabilities and those living in remote areas, who are greatly in need of effective comprehensive sexuality education. Lobi has not only developed tailored educational materials but also trained teachers, parents/caregivers and health workers to deliver comprehensive sexuality education inclusive of the needs of all users.

Lobi was approached by organizations working with young people with hearing impairments and those living in remote areas of Suriname to provide accessible information. After identifying their unique needs and challenges, the MA adapted its comprehensive sexuality education manual, tailoring its messaging so that it was relevant to these groups. For young people with hearing impairments, Lobi designed visually engaging content that incorporates sign language. For young people living in remote areas, where formal education may be limited, the MA developed clear, visual materials with minimal text. Accessible resources include short, animated videos about topics such as peer pressure and relationships; colourful posters about contraception and condom use; and role plays. Lobi found that adapting its educational content and using interactive approaches significantly enhanced young people's engagement and understanding.

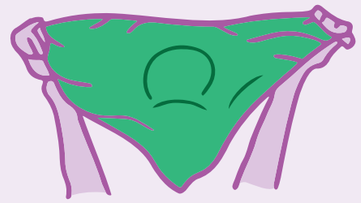
In 2024, Lobi trained 28 teachers, parents/caregivers and health workers to deliver inclusive, comprehensive sexuality education. This created a diverse network of facilitators who gained confidence in discussing sensitive issues with young people in a culturally relevant way.

Lobi delivered comprehensive sexuality education to 537 people during 2024, equipping them with the tools to make more informed decisions about their sexual and reproductive health and rights. This included a total of 51 adolescents and young people with hearing impairments and 48 adolescents, young people and adults in remote areas. This initiative has been so promising that Lobi is now considering expanding its efforts to reach other marginalized groups.

Pillar 3
Solidarity for Change

IPPF is only as strong as the networks and partnerships it forms and sustains with other organizations. Without solidarity and cooperation with grassroots groups, communities, activists and institutions, we cannot successfully fight for sexual and reproductive health, rights and justice. We must also collaborate in expanding our collective knowledge base so that we understand key issues and the most impactful approaches. To advance this pillar of our strategy, we follow three critical pathways: support social movements, build strategic partnerships and innovate and share knowledge.

Support Social Movements



During 2024, IPPF actively forged strong links with grassroots organizations and social movements. Since activists are at the forefront of battles for sexual and reproductive health, rights and justice, an important goal for IPPF is to amplify their messages and leverage our network to reinforce their calls to action. Although the rise of globally coordinated opposition movements in recent years has impacted grassroots activists, it has also created space for new conversations around cross-movement mobilization and alliance building.

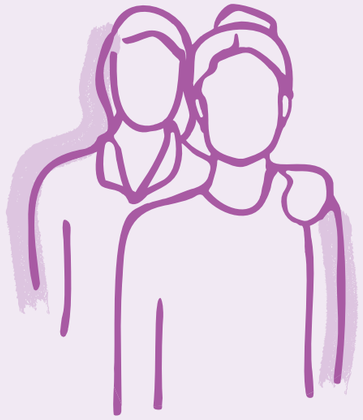
To further cooperation, the IPPF South Asia and East and South-East Asia and Oceania Regional Offices launched the South-South dialogue initiative in September 2024. This brought together 17 young LGBTIQ+ activists to build their capacity in designing inclusive programmes. They participated in sessions on developing advocacy projects, facilitating knowledge exchange, promoting intersectional advocacy and strengthening collaboration between non-mainstream organizations, grassroots groups, youth networks and MAs. The activists formulated a number of recommendations, including developing a regional action plan; fostering collaboration with regional community networks to address specific challenges; and empowering grassroots leadership.

IPPF recognizes the risks that many activists take on in the face of powerful opposition. In 2024, 38 MAs reported that they or other organizations in their country had been targeted by opponents of sexual and reproductive health, rights and justice. To support their safety and security, IPPF has partnered with the human rights organization, Front Line Defenders, which will provide up to 53 grants for LGBTIQ+ rights defenders at risk. These grants can be used to improve home, office and digital security as well as contribute to legal and medical fees for activists who have been attacked. The first 17 grants, which were awarded by the end of 2024, included support for temporary relocation of an IPPF MA staff member whose safety was at risk.

Partnerships with sex workers – who face discrimination and marginalization in multiple ways – are some of the most important initiatives supported by IPPF. A new sex work consortium, comprising MAs from Colombia, Indonesia, Sri Lanka and Thailand, the Collaborative Partner in Paraguay, and supported by IPPF's strategic funding, is commencing in 2025. The consortium will address structural, systemic and social violence and injustices experienced by sex workers to enhance their dignity, safety and wellbeing worldwide. The work focuses on three areas: structural, social and community interventions. It aims to create an inclusive environment that respects the rights and autonomy of every individual within the sex worker community.

Indicator 8 of the Results Framework tracks progress on IPPF's work supporting social movements and defending activists. We have collected insights from MAs to document the main approaches anti-rights groups used during 2024 to push their agenda, and identify the strongest concerns and threats. Key opposition strategies included legislation to reduce access to services and restrict rights relating to sexual and gender diversity, as well as physical attacks on and harassment of service providers and NGOs. These insights will inform MAs' tactics and tools to combat regressive forces.

Build Strategic Partnerships



Achieving our goals depends on strategic collaboration with organizations which bring different capacities, perspectives and opportunities. Accordingly, IPPF must form strong, broad coalitions so that we can reach beyond our own boundaries and enhance our impact.

One example is the Kalavai partnership, an initiative between IPPF; the Global Philanthropy Project; the International Lesbian, Gay, Bisexual, Trans and Intersex Association; Funders Concerned About AIDS and the Association for Women's Rights in Development. In response to attacks from anti-rights groups, these five organizations have joined forces to champion sexual and reproductive health, rights and justice. Kalavai mobilizes funds to strengthen the response to global assaults on rights, creating synergy rather than competition. The alliance will hold high-profile events with business leaders and policy-makers, building cross-movement trust and standing shoulder to shoulder with actors in LGBTIQ+, HIV and gender equality sectors.

IPPF MAs are similarly benefiting from forming strategic partnerships and collaborations with other organizations, from local grassroots groups to large, established organizations. Public campaigns represent an important avenue for collaboration, with MAs able to amplify their messages in coalition with like-minded groups and support the work of others. In 2024, IPPF participated in a total of 90 public campaigns, of which 49 were new initiatives. These focused on themes including child marriage, sexual and gender-based violence, access to abortion care and awareness of cervical cancer. Of these campaigns, 41 were collaborations with other sexual and reproductive health and rights organizations and 23 campaigns were jointly run with organizations from outside our sector.

Innovate and Share Knowledge

IPPF's Centres and Funds, hosted by Member Associations, aim to boost progress in crucial areas. They allow IPPF to leverage existing skills and experience across the Federation, promote knowledge and learning and share good practices. In addition, they help to direct resources and funding to research in areas that require support.

In 2024, seven out of a total of nine (78 per cent) research and evidence initiatives generated by MA-led centres of learning were based in the global south, an increase from 56 per cent in 2023.

Highlights from the Centres and Funds in 2024 include:

- The Social Enterprise Acceleration Programme (SEAP), hosted by the Family Planning Association of Sri Lanka, continues to support MAs to develop a broader income base through social enterprise. For example, thanks to a $14,000 seed grant from the SEAP, the IPPF MA in Bhutan, RENEW, has been able to scale up its women-led initiative in the production of handicrafts. Profits made from the sale are re-invested into livelihood programmes supporting marginalized women, including survivors of gender-based violence, in communities across Bhutan. In 2024, the SEAP focused on working with MAs that demonstrated strong commitment and potential to make progress in social enterprise, also leveraging opportunities to collaborate with the new IPPF Chief Commercial Officer. The Social Enterprise Hub developed a market research framework using analytical tools and procedures to support MAs in starting up or expanding a social enterprise initiative. Market research consultancy support was provided to six MAs in 2024, with a detailed questionnaire used to collect data for analysis and recommendations, paving the way for the MAs to strengthen their business plans.
- The Centre for the Elimination of Female Genital Mutilation (FGM) is hosted by IPPF MA in Mauritania, Association Mauritanienne pour la Promotion de la Famille (AMPF). The centre builds MAs' capacity to eliminate FGM; supports the social and economic empowerment of survivors; delivers quality, person-centred FGM services; conducts advocacy and generates evidence on FGM. In 2024, the centre provided counselling to 1,550 women. At a workshop, held in November 2024 with representatives from AMPF, and the centre's expert panel, participants discussed IPPF's global approach on FGM, regional contexts, quality of care, shared testimonies from survivors, and developed the centre's action plan to share capacities with other focus MAs.

The Centres on Comprehensive Sexuality Education, also active during 2024, are discussed on page 29. Two further centres have been established in 2025: the Sexual Orientation, Gender Identity/Expression and Sex Characteristics Centre, hosted by the Danish Family Planning Association, and the Digital Health Interventions Centre, hosted by Profamilia Colombia.

IPPF consistently uses evidence to strengthen its programmes. In 2024, we led the adaptation and co-design of the Addressing Reproductive Coercion in Health Settings (ARCHES) clinical model in India. The ARCHES approach was originally developed by the University of California San Diego and has been adapted for use in different settings in Kenya, Mexico and Bangladesh. ARCHES has been shown through randomized control trials to enhance quality of contraceptive care, increase reproductive agency and decrease intimate partner violence.

Pillar 3: Case Study 1

Understanding and Addressing Reproductive Violence in Morocco

Reproductive violence comprises abuse, coercion, discrimination, exploitation and/or violence that compromises reproductive autonomy. Examples include forced pregnancy, forced abortion, forced contraception and forced sterilization as well as actions to control access to contraception or deny access to abortion. Women and girls represent the vast majority of survivors of reproductive violence, which is usually perpetrated by intimate partners or family members.

Its impact can be profound and damaging. Yet, historically, the harm caused by reproductive violence has been overlooked.[15] In Morocco, no comprehensive national studies existed on its prevalence. To fill this gap, the IPPF MA Association Marocaine de Planification Familiale (AMPF) partnered with Trinity College Dublin to conduct research to understand the prevalence of reproductive violence in the country. Moroccan women and refugee and migrant women took part in the study, which was funded by the Sexual Violence Research Initiative. Women responded to questions aimed at understanding the different forms of reproductive violence they had been subjected to.

The study found that 22 per cent of women surveyed had experienced at least one form of reproductive violence. The most common form was a threat that her husband would leave if she did not get pregnant. The study identified three main dimensions of reproductive violence:

- Reproductive coercion: For example, sabotaging contraceptives, physical violence or forcing pregnancy via threats.
- Marital control: For example, threatening divorce, polygamy or family exclusion.
- Barriers to accessing sexual and reproductive healthcare: For example, preventing women from going to a clinic alone or confiscating contraceptives.

Refugee and migrant women commonly experienced all three forms of reproductive violence, whereas Moroccan women tended to be exposed to two: marital control and barriers to accessing care. Having more daughters, rather than sons, is a factor that increases the likelihood of a woman being a victim of reproductive violence, demonstrating that son preference lies behind the pressure from partners, family, or communities to continue childbearing.

This pivotal study represents a major step forward in measuring the prevalence of reproductive violence in Morocco and understanding how it affects women, including marginalized refugee and migrant women. It shows that reproductive violence is complex and deeply rooted in social norms such as son preference as well as gender roles and expectations.

To address reproductive violence in Morocco, AMPF proposed several key actions, including developing tools to identify reproductive violence and integrating efforts to combat it into public sexual and reproductive health policies. The MA also highlights the importance of advocacy for reproductive violence to be recognized as a form of violence. In addition, AMPF calls for greater access to sexual and reproductive healthcare for refugee and migrant women and for healthcare providers to be trained in reproductive violence so that they ensure confidentiality at all times and can support women with their reproductive decisions, including for instance covert use of contraception.

Pillar 3: Case Study 2

Increasing Awareness of Sexual and Reproductive Health and Rights in São Tomé and Príncipe

RHU/Fortunate Kagumaho/Uganda

The IPPF MA in São Tomé and Príncipe, Associação Santomense para Promoção Familiar (ASPF), conducted two campaigns in 2024 to raise awareness of sexual and reproductive health and rights among marginalized and vulnerable communities.

In November, the MA joined forces with civil society organizations in São Tomé and Príncipe and seven other Portuguese-speaking countries in Africa, Europe and Latin America to launch a campaign called *Nós Fazemos o Testes!* (We do the testing!). The campaign, which took place during International Testing Week, highlights the importance of screening for common conditions and access to community-based healthcare. ASPF participated in *Nós Fazemos o Testes!* by encouraging people to get tested for HIV, STIs and other infectious diseases in ASPF's clinics. Targeted at marginalized communities, including men who have sex with men and sex workers, the campaign was far-reaching: 5,000 HIV tests and 2,000 tests for syphilis were carried out, making up around one quarter of the MA's testing for the whole year, and more than 144,000 condoms were distributed throughout the country.

Nós Fazemos o Testes! was coordinated by community-based organizations in seven Portuguese-speaking countries (Angola, Brazil, Cabo Verde, Guinea-Bissau, Mozambique, Portugal, and São Tomé and Príncipe). The network leveraged International Testing Week to mobilize support among the governments of the Community of Portuguese-Speaking Countries (CPLP) for the reestablishment of its Congress on HIV/AIDS and STIs, which last took place in 2010. Arguing that strong regional co-operation is essential for the achievement of Sustainable Development Goal 3, ASPF and its partners have called for the CPLP Congress to be held every two years.

The MA also conducted a campaign in collaboration with other civil society organizations in São Tomé and Príncipe to raise awareness of HIV prevention options, particularly pre-exposure prophylaxis (PrEP) and condoms. Entitled *Estás PrEParada? Com PrEP, Sem Stress!* (Are you PrEPared? No stress with PrEP!), the campaign aimed to promote HIV prevention among men who have sex with men and sex workers and encourage adherence to PrEP. ASPF produced a concise leaflet outlining what PrEP is, who should take it and how, and crucially, where people could be assessed to see if they were eligible to use the medication. The campaign reached 2,442 men and 3,089 women during 2024 through face-to-face conversations with peer educators and service providers, and 39,750 condoms were distributed.

By linking awareness campaigns with increased access to vital tools such as PrEP, condoms and HIV tests, ASPF is making a real difference to the lives of marginalized and excluded people in São Tomé and Príncipe.

Pillar 4
Nurture our Federation

The fourth and final pillar in IPPF's strategy focuses inward on strengthening the Federation. It looks at how we define and live up to our values, how we operate efficiently and effectively, and how we ensure the sustainability of our work in an ever-changing context. To advance Pillar 4, the critical pathways we follow are chart our identity, grow our Federation and walk the talk.

Chart our identity

IPPF's ability to define and embody our values is more important than ever in this time of crisis and radical social, political and financial shifts. We must be able to stand as a visible beacon of solidarity and commitment to sexual and reproductive health, rights and justice. Our identity as an organization is a crucial aspect of this. In 2024, we continued to move forward with our identity initiative, which has twin goals: to draw up a charter of values for the Federation and conduct a full rebrand. A detailed update on this initiative is on page 54.

IPPF's Member Associations come together for an important gathering every three years at their General Assembly. As the highest decision-making body within IPPF, the General Assembly sets the overall strategic direction of the Federation. In November 2025, an important agenda item will be to renew the Federation's commitment to fundamental values and to the people we serve. We will recognize the outstanding contributions made by MA staff and volunteers, and will hold a youth forum to centre youth leadership within IPPF. Delegates will be able to share experiences, learn from each other and come together in solidarity. In a world increasingly hostile to our values, this is an opportunity for us, as a Federation, to celebrate our achievements, identify challenges and areas requiring further attention, and determine our path forward.

IPPF/Hannah Maule-ffinch/Indonesia

Grow our Federation

IPPF aims for its footprint to extend to countries where the needs for sexual and reproductive healthcare and rights are greatest. Our presence in countries with the lowest Human Development Index grew in 2024 compared to 2023, with the addition of a Collaborative Partner in Liberia. The total number of countries in which IPPF has a presence remains at 151, but in three of these countries we now have a Member Association rather than a Collaborative Partner.

The Secretariat has steadily improved its systems throughout 2024 to ensure that we operate effectively and efficiently. This includes upgrading finance and human resource systems, developing the Secretariat's capacity in information technology and security, enhancing learning systems to support compliance and professional development, and mobilizing increased financial resources. These measures, along with other components that draw on data from external sources, make up the Secretariat Efficiency Score, which is Indicator 12 in IPPF's Results Framework. In 2024, the overall net score was +3. This score reflects positive outcomes in learning systems and finance systems, financial resources mobilized, funding for youth-led programmes and IPPF's global footprint; and signals areas that need continued focus including the reach of clinic management information systems in MA static clinics and in human resource systems.

With financial support from external sources increasingly uncertain and competitive, it is vital that MAs are able to raise significant funds through their own efforts and reduce their reliance on a small number of donors. In 2024, across the Federation, 71 per cent of MAs received no more than half their income from any single donor. This is an increase from last year's 66 per cent, reflecting greater efforts in MA income generation. We have established a new team led by a Chief Commercial Officer to support MAs in achieving sustainability across their income-generating operations, including clinics, maternity units and social marketing. Working with an initial group of seven MAs, the team has been looking at the range of services provided and conducted an in-depth analysis of clinic viability and pricing structures. A costing and pricing tool has been introduced to analyse service costs, compare pricing strategies and make informed price adjustments, while marketing opportunities are also being identified. Focus areas for the team include supporting MAs to prioritize financial sustainability and approaching income-generating activities with a commercial mindset, and ensuring access to and use of comprehensive financial data.

In an extremely challenging climate, characterized by shrinking resources for sexual and reproductive healthcare, the IPPF Secretariat nevertheless raised a total income of US$125.2 million in 2024, a 4 per cent increase compared to 2023.

Walk the Talk

Living our values in everything we do is at the core of our strategy. This entails actively challenging and rooting out all forms of racism and discrimination, championing gender equality and supporting sexual and gender diversity. See page 50 for an update on our work to combat racism and promote decolonization.

We must ensure that the Federation is a safe, fulfilling and empowering place for all staff, volunteers and partners and that we remain accountable to the people we serve. Our safeguarding framework and incident reporting and case management system – IPPF SafeReport – continues to operate as an integral part of this approach. In 2024, four new safeguarding issues were reported through IPPF's SafeReport system, while six safeguarding cases were closed. Across all categories of incident management, which includes safeguarding cases, 100 new cases were raised and 86 were closed. We provided support during 2024 to staff responsible for coordinating incident case management to accelerate the process of investigation and conclusion of cases. We also put in place revised processes to manage cases of financial wrongdoing more robustly.

IPPF's member-focused approach underpins how we define and express our values – not as a centrally-driven organization, but as a federation of members who determine its strategic approach, share expertise and best practices, and act as a collective that is greater than the sum of its parts. To ensure that we are an MA-centred Federation, robust feedback mechanisms are essential. To that end, the Secretariat Accountability Mechanism (SAM) was established as a tool to hold the Secretariat accountable to MAs. A survey and focus group discussions were conducted in late 2023 and 2024 to gather feedback from MAs on how well the Secretariat has kept to its mandate of supporting them in delivering IPPF's strategic priorities. To respond to the findings of the SAM, the IPPF Secretariat developed a management response through a collaborative process, which involved consultations with key stakeholders. This included ensuring that Secretariat deliverables for 2025 and beyond explicitly include actions and initiatives that address the concerns raised and strengthen capacity sharing and learning across the Federation. A second cycle of the SAM will take place in 2025-2026. It will track progress against the 2023-2024 baseline and provide updated feedback for the Secretariat.

Pillar 4: Case Study 1

Advancing Anti-Racism in IPPF

IPPF/Hannah Maule-ffinch/Indonesia

Our steadfast commitment to fight racism is incorporated in our strategy, specifically in the critical pathway, Walk the Talk, in Pillar 4. Being actively anti-racist is crucial and often difficult work. It entails acknowledging colonial legacies, shifting power, tackling deep-rooted systemic barriers and fostering equity across the Federation.

Efforts to combat racism and promote decolonization within IPPF – known as the Anti-Racism Programme of Action – began in 2020. Our goal is that by 2028, we will be recognized as a champion for anti-racism with an intersectional approach to non-discrimination and equity. In 2024, we made substantial progress in implementing our Programme of Action. Key achievements and some related challenges included:

- Launching anti-racism online training that aimed to promote open-mindedness and an anti-colonial mindset among Secretariat staff. Following feedback received from staff, the modules will be adapted so that the material is more succinct and the format more engaging.
- Developing an anti-racism language guide on sexual and reproductive health and rights. Given the impact of language on attitudes and behaviour, IPPF is prioritizing the use of inclusive, respectful language to cultivate an environment that values diversity and celebrates difference. We have already undertaken research for the guide. In 2025, we will design regional language guides after consultations to gather local insights and build ownership. The regional guides will then form the basis of the global anti-racism language guide.
- Hosting a series of webinars on IPPF's strategy and anti-racism. Held between April and December 2024, the lively dialogues explored topics such as racism through the lens of sexual and reproductive health and rights, dismantling inequality in global reproductive health and decolonizing global health funding.

It is important to carry out a rigorous assessment of IPPF's colonial frameworks to understand how they affect policies, programmes, governance, funding and partnerships. In 2025, we will conduct an audit to identify and address colonial legacies; engage MAs, partners and marginalized communities in shaping reforms; and strengthen accountability.

We can't fully advance reproductive justice without promoting social justice. This means recognizing and challenging the overlapping forms of discrimination that perpetuate inequality across all aspects of life. IPPF will continue taking a stand against racism within the Federation and beyond, working towards a more just world where everyone can exercise their human rights.

Pillar 4: Case Study 2

Strengthening Supply Chain Across the Federation

IPPF/Anton Nixon/Barbados

We know that ensuring an uninterrupted supply of contraceptives and other sexual and reproductive health commodities is vital so that clients can choose the method or service they want, when they want it. This not only entails procuring and supplying products, but also strengthening supply chain at each stage of the process. Improving the resilience and sustainability of supply chain includes accurately estimating the quantity, cost and timing of products required; ensuring quality storage and distribution facilities; and integrating with national supply chain systems – all areas in which IPPF MAs are actively engaged. To support MAs and Collaborative Partners, in 2024, IPPF's Secretariat spearheaded two initiatives to strengthen and build reliable supply chains: (1) developing and disseminating an informative poster to promote best practices in storage and (2) facilitating a workshop for humanitarian contexts.

Since maintaining proper storage conditions is essential to ensure the quality, safety and accessibility of medical products, a poster was produced to share best practices in effective storage. Intended to be prominently displayed in MAs' clinic storage rooms, the poster is an accessible tool that reminds healthcare providers of the importance of proper storage of medicines and medical products. It offers clear, practical guidance with specific recommendations in four areas: temperature control, cleanliness, safety and security, and inventory management. The poster was distributed to 88 MAs and Collaborative Partners, reaching around 3,000 static service delivery points.

In times of crisis, women and girls face heightened risks of sexual violence, unintended pregnancy, unsafe abortion and HIV infection, yet access to life-saving sexual and reproductive healthcare is severely limited. Building resilient supply chain systems is crucial. In November 2024, a comprehensive workshop was organized to strengthen MAs' capacity in supply chain management, with a focus on adapting supply chain principles to crisis settings, swiftly deploying emergency reproductive supplies kits, and ensuring continuous access to essential health supplies. Bringing together MAs from Bangladesh, India, Indonesia, Nepal, Pakistan, Philippines, Thailand and Sri Lanka, the workshop deepened participants' understanding of supply chain management principles and equipped them with practical tools to overcome challenges. Among the topics covered were procurement, logistics, inventory management and demand forecasting.

In 2025, IPPF's Secretariat will scale up its efforts to strengthen supply chains, including reprising the workshop in other regions and providing tools to optimize product storage. We will also develop a fully updated and strengthened supply chain manual. The sudden and drastic cuts to US overseas development assistance by the Trump Administration are having a devastating impact on commodity availability for some of the poorest communities around the world. In this face of this, building resilient supply chain matters more now than ever.

Pillar 4: Case Study 3

Refreshing our Identity

IPPF/Paul Padiet

A Federation with sexual and reproductive rights as its unwavering core

In 2023, IPPF embarked on a transformative journey to redefine itself. We launched an identity initiative: an ambitious project that delves into who we are, what we believe and stand for, and how we present ourselves to the world. It comprises two main components: a charter of values and a refreshed global brand.

As we moved into 2024, the identity initiative expanded its scope to explore global issues and megatrends that overlap with sexual and reproductive health, rights and justice. This broader perspective ensures that our charter of values and new brand are not only relevant today but also resilient to future challenges and needs within our ever-changing global landscape.

To inform this work, we engaged over 20 external experts from diverse fields, including climate and health, technology, anti-racism and justice. Across the Federation, executive directors, presidents and young people from Member Associations, and Secretariat staff engaged in internal discussions and consultations, where they shared their invaluable insights. And, crucially, we listened to the views of the communities we serve.

A clear and resounding message emerged: stakeholders envision a Federation with sexual and reproductive rights as its unwavering core – a non-negotiable, central pillar of our identity. They expressed a strong commitment to standing firm on principles, fostering collaboration and maintaining solidarity, especially in the face of opposition. Justice was a recurring theme, with calls for reducing inequalities in access to care, power shifting and reparative actions at all levels, from local communities to international arenas.

When shaping and defining our brand, there was broad consensus on positioning IPPF as a bold, global champion of sexual and reproductive health, rights and justice. Stakeholders desire a brand that embodies diversity, inclusivity and optimism, while also remaining unapologetically courageous in challenging inequality and injustice. At its heart, the brand should empower communities, reflect the lived realities of those we serve, and carefully balance global perspectives with local contexts. Stakeholders emphasized this in a world where the fight for justice and human rights is constant. The emerging narrative captures themes of joy, safety, inclusion and freedom, blending strength with warmth and approachability.

The work in 2024 built upon the foundational insights gained the previous year. It helped refine our messaging, solidify our positioning and reinforce our commitment to a future-ready identity that is bold, human-centred and deeply impactful. This phase culminated in the first draft of the charter of values and brand strategy.

In 2025, we will continue consultations within IPPF, focusing on fine-tuning, resonance and ownership of the charter of values and global brand. The final outputs will be presented at the General Assembly in November, where representatives of Member Associations will play a pivotal role in shaping IPPF's refreshed identity. The journey continues, guided by our collective vision and shared commitment to a just, equitable world.

Forging Ahead

IPPF/Paul Padiet

So much has happened to the landscape of sexual and reproductive health, rights and justice since last year. The Trump administration's brutal funding cuts to overseas development assistance and dissolution of USAID, reduced funding from other government donors and the increasing confidence of anti-rights forces all pose huge challenges to the mission of IPPF and its partners. These threats will inevitably lead not only to the withdrawal of life-saving care for a large number of people across the world but also risk a rollback of hard-won rights.

Yet we are not standing by. We are fighting back.

Many IPPF Member Associations were hit by the executive orders and funding cuts from the US Government, whether directly from USAID or through UNFPA and other agencies. Across the Federation, at least $85.2 million in funding has been directly affected or already cut. This includes 72 MAs who were receiving funds from agencies impacted by the executive orders and US government funding cuts – most of these MAs have lost funding or had funding affected that would have directly supported essential services for women and girls and other marginalized people. These cuts would be severe in isolation, but with other organizations also losing funding and reproductive health supplies, the impact is even greater. Although we can never come close to filling this gap, IPPF is mobilizing emergency funding for MAs most impacted through a Harm Mitigation Fund, with an initial allocation of US$6 million to ensure the continuation of essential services, including a fully integrated package of care for the very people most impacted by the cuts.

But we are not limiting ourselves to immediate mitigation – we will launch a campaign and build the movement: powered by the insights from data and investigations, to mobilize people worldwide to take action. We will also expand our individual giving programme and strengthen our commercial services unit to increase MAs' financial sustainability. And our service delivery footprint will focus on those who are feeling the impact of these cuts most acutely.

The gaps left by the dismantling of USAID and US overseas development assistance more broadly not only relate to service delivery. Vital public goods such as the Demographic and Health Surveys, which underpinned global knowledge on population, health, HIV and nutrition, have been terminated. The potential decimation of a number of other partners may further erode data collection and modelling. Clearly, IPPF cannot replace this infrastructure alone. We will, however, document the impact of the cuts on the communities affected so that our programming continues to be focused and informed by evidence.

We cannot do this alone. We need to forge alliances and stronger partnerships with organizations inside and outside the sexual and reproductive health and rights sector to amplify our respective strengths. The Kalavai partnership (see page 40) is an example of how we can leverage resources for greater impact.

We will not be diverted from our mission. We will continue to implement our strategy, Come Together, ensuring that we deliver quality care, advocate for change, build solidarity and drive improvement across the Federation. The mid-term reflection on the strategy, which we will undertake in 2025, offers an opportunity to recognize and celebrate our achievements and identify potential areas for a shift in direction, where this is warranted.

IPPF's next General Assembly takes place in November 2025. This will be our chance as a united Federation to critically assess the situation and collectively reimagine our role and purpose in this new era. We must show that we can **lead with love, care with courage**.

Annex A
IPPF's Results Framework 2023–28

CENTER CARE ON PEOPLE

Expand Choice
Widen Access
Advance Digital & Self Care

1. Proportion of [service providing] MAs/CPs providing IPES-plus AND meeting quality standards.
2. Number of clients served by type of services and model of care (including Digital Health Interventions (DHIs), facilitated self-care) with focus on adolescents and young people, people in humanitarian settings and other marginalized and excluded people.
3. Number of services provided by type of services and model of care (including DHIs, facilitated self-care) with focus on adolescents and young people, people in humanitarian settings and other marginalized and excluded people.
4. Aggregated proportion of MAs'/CPs' contribution to the national SRH services provided in their countries.

MOVE THE SEXUALITY AGENDA

Ground Advocacy
Shift Norms
Act with Youth

5. Number of successful policy initiatives and legislative changes in support or defence of SRHR.
6. Shifts in perception and attitudes in relation to gender equality and inclusion across the Federation and the communities we serve.
7. Quality, reach and impact of CSE, youth-centred care, and progress in youth engagement in the Federation.

SOLIDARITY FOR CHANGE

Support Social Movements
Build Strategic Partnerships
Innovate & Share Knowledge

8. IPPF's contribution in supporting social movements and defending activists.
9. Number of intra- and inter-sector campaigns delivered by the federation in support or defence of SRHR, through a diversity and decolonization lens.
10. Proportion of research and evidence initiatives generated by MA-led centres of learning that are from the global south.

NURTURE OUR FEDERATION

Walk the Talk
Chart our Identity
Grow our Federation

11. Proportion MAs/CPs receiving less than 50% of their income from one single donor.
12. Overall Secretariat Efficiency Score.

Pillar 1		MAs reporting 2024	2024 result	2024 projection	2023 result	% change
1	Proportion of [service providing] MAs/CPs providing IPES-plus AND meeting quality standards.	110	5%	17%	4%	n/a
2	**Number of clients served by type of services and model of care**					
	Total clients	110	67,459,622	73,574,342	71,431,400	-5%
	of which:					
	Aged 10-19	110	11,129,496	10,134,164	9,838,994	+13%
	Aged 10-24	110	30,894,636	-	28,227,132	+10%
	Poor and marginalised	110	53,938,280	62,492,287	60,672,123	-11%
	Female	110	51,686,935	-	58,737,811	-12%
	Served in humanitarian contexts	44	14,030,054	13,262,225	12,511,533	+12%
3	**Number of services provided by type of services and model of care**					
	Total services	110	230,453,191	233,550,445	222,428,995	+4%
	of which:					
	Aged 10-24	110	110,406,904	107,219,064	102,113,394	+8%
	Self-care	18	86,919	25,067	20,889	+316%
	Digital health interventions (DHI)	25	3,117,751	270,467	225,389	+1,283%
4	**Aggregated proportion of MAs'/CPs' contribution to the national SRH services provided in their countries.**					
	Proportion of contraception provided by IPPF MAs*	-	Data not collected		10.8%	n/a
	Proportion of abortion services provided by IPPF MAs**	-			3.9%	n/a

Pillar 2		MAs reporting	2024 result	2024 projection	2023 result
5	Number of successful policy initiatives and legislative changes in support or defence of SRHR.	39	101	120	115
6	Shifts in perception and attitudes in relation to gender equality and inclusion across the Federation and the communities we serve.	-	Findings reported on p28	n/a	Results of study reported in 2023 APR
7	Quality, reach and impact of CSE, youth-centred care, and progress in youth engagement in the Federation.	-	Findings reported on p29	n/a	Results of study reported in 2023 APR

Pillar 3		MAs reporting	2024 result	2024 projection	2023 result
8	IPPF's contribution in supporting social movements and defending activists.	-	Findings reported on p39	n/a	Results of study reported in 2023 APR
9	Number of intra- and inter-sector campaigns delivered by the federation in support or defence of SRHR, through a diversity and decolonization lens.	31	90	58	48
10	Proportion of research and evidence initiatives generated by MA-led centres of learning that are from the global south.	9	77%	58%	56%

Pillar 4		MAs reporting	2024 result	2024 projection	2023 result
11	Proportion MAs/CPs receiving less than 50% of their income from one single donor.	113	71%	69%	66%
12	Overall Secretariat Efficiency Score.	-	+3	+6	n/a

The report includes data from service delivery points owned and operated directly by MAs, and service delivery points owned and operated by partners, where the MA provides guidance, supervision, commodities and/or other support (known as Associated Health Facilities).

Annex B
Services and CYP

Table B1
Number of sexual and reproductive health services delivered, by region, by service type, 2023 and 2024

Service category	Year	ACR	AR	AWR	EN	ESEAOR	SAR	Total
Contraceptive Services	2024	4,039,794	34,292,819	25,233,505	360,332	4,908,751	4,768,551	73,603,752
	2023	4,141,885	37,616,512	22,766,448	208,330	5,485,616	5,481,421	75,700,212
Gynaecology	2024	2,728,685	13,489,756	10,630,674	221,348	1,542,114	4,030,041	32,642,618
	2023	2,763,727	9,489,572	9,525,111	146,112	2,575,607	3,562,593	28,062,722
STI/RTI	2024	5,740,447	14,164,110	5,127,147	299,030	1,766,907	2,904,063	30,001,704
	2023	5,363,698	12,545,869	4,436,856	269,490	3,439,537	3,011,577	29,067,027
HIV/AIDS	2024	1,171,565	17,939,399	3,404,120	185,143	1,531,641	2,816,678	27,048,546
	2023	1,117,210	15,074,294	2,425,058	176,498	1,714,308	2,835,708	23,343,076
Obstetrics	2024	1,661,812	8,090,707	13,965,726	43,346	702,911	2,230,988	26,695,490
	2023	1,618,270	6,975,172	16,194,205	27,622	841,314	2,927,252	28,583,835
Paediatrics	2024	7,533	3,072,859	6,376,190	1,524	599,478	2,039,729	12,097,313
	2023	19,531	1,752,401	7,996,683	766	167,792	2,439,303	12,376,476
Specialised SRH	2024	905,033	1,989,067	3,283,893	236,288	1,761,110	1,687,487	9,862,878
	2023	540,540	1,804,140	2,750,231	307,619	1,814,608	1,001,765	8,218,903
Abortion	2024	1,454,918	2,994,485	1,343,616	123,286	376,052	194,472	6,486,829
	2023	1,360,441	2,345,679	1,341,386	123,354	528,911	198,513	5,898,284
Urology	2024	414,982	1,766,115	2,531,739	6,738	120,621	667,956	5,508,151
	2023	427,265	1,363,817	2,765,534	5,035	271,071	753,694	5,586,416
SRH Other	2024	118,805	848,920	1,411,847	88,949	41,952	1,974,760	4,485,233
	2023	83,682	708,542	1,057,799	47,694	44,183	1,855,668	3,797,568
Subfertility	2024	124,017	575,308	1,114,163	3,188	88,616	115,385	2,020,677
	2023	136,582	418,560	1,013,386	4,282	112,510	109,156	1,794,476
Total	2024	18,367,591	99,223,545	74,422,620	1,569,172	13,440,153	23,430,110	230,453,191
	2023	17,572,831	90,094,558	72,272,697	1,316,802	16,995,457	24,176,650	222,428,995
Number of responses	2024	(n=18)	(n=34)	(n=12)	(n=15)	(n=24)	(n=8)	(n=111)
	2023	(n=18)	(n=34)	(n=12)	(n=17)	(n=22)	(n=6)	(n=109)

Table B2
Number of couple years of protection provided, by region, by method, 2023 and 2024

Method	Year	ACR	AR	AWR	EN	ESEAOR	SAR	Total
Implants	2024	1,169,235	5,702,648	356,872	1,343	61,889	79,671	7,371,658
	2023	1,313,713	4,975,773	240,179	1,048	79,683	91,561	6,701,957
Intrauterine devices	2024	859,686	2,717,645	1,740,198	21,958	198,506	124,923	5,662,916
	2023	861,293	1,995,189	1,665,431	23,544	250,770	133,677	4,929,904
Injectables	2024	678,428	1,334,872	126,826	745	30,779	60,026	2,231,676
	2023	580,815	1,087,575	115,275	141	29,728	68,765	1,882,299
Oral contraceptive pills	2024	299,163	399,226	404,489	791	93,759	171,337	1,368,765
	2023	404,970	363,784	268,563	559	99,360	179,130	1,316,366
Condoms	2024	234,869	448,802	64,948	6,243	307,779	249,043	1,311,684
	2023	225,859	448,804	60,842	6,337	299,043	259,874	1,300,759
Voluntary surgical contraception (vasectomy and tubal ligation)	2024	712,790	44,620	73,600	130	26,323	209,976	1,067,439
	2023	794,860	39,770	79,860	420	15,616	249,561	1,180,087
Emergency contraception	2024	31,805	49,411	2,979	213	549	107,687	192,644
	2023	34,144	14,379	4,669	93	590	96,424	150,299
Other hormonal methods	2024	30,597	0	0	29	316	0	30,942
	2023	31,961	0	10	36	321	0	32,327
Other barrier methods	2024	0	128	20	36	851	0	1,209
	2023	1	358	20	33	797	0	1,561
Total	2024	4,016,573	10,697,352	2,769,932	31,488	720,751	1,002,663	19,238,759
	2023	4,247,616	8,925,632	2,434,849	32,211	775,908	1,078,992	17,495,207
Number of responses	2024	(n=18)	(n=34)	(n=12)	(n=15)	(n=24)	(n=8)	(n=111)
	2023	(n=18)	(n=34)	(n=12)	(n=17)	(n=22)	(n=6)	(n=109)

Annex C
Results Framework Indicator 12

	Component	KPI/target	2023	2024	Result	Score 2024
1	Total number of MAs or CPs in top 25 countries with lowest HDI or highest SRHR unmet need	n/a	86%	90%	Improvement (4 percentage points)	1
2	HR systems strengthening	• 30% of countries adopt the new payroll system. • Consultation conducted on HRIS user experience for performance. • Complete staff survey and share results with leaders.			Insufficent progress	-1
3	Finance systems strengthening	**75% achievement of Phase I objectives:** • Reduce timelines for processing expense reimbursements and purchase orders. • Improved financial compliance • Improved financial rhythm (month end and year end processes). • Streamline and automate unrestricted core funding agreement. • Identify and configure a solution to streamline and automate restricted funding agreement.			Target met	1

4	IT systems strengthening	**50% achievement of Phase I objectives:**
		• Security enhancement across all offices by:
		  • Rolling out SD-WAN project ensuring uniform Firewalls, Switches and Access Points etc. from Cisco Meraki.
		  • Pen Test (internal & external - Firewall in Azure and servers that are internet facing and IPPF Website) & Remediation
		• IPPF Dashboard Phase-II, inclusion of data sources implemented in Phase I with new data sources like NetSuite, UNFPA, MA Income Breakup, DHIS2, Partnership Register, Resource Allocation Model (containing Needs Data) etc
		• Cyber Essential Plus certification for the secretariat
		• Implementation of M365 Multi Geo license for all users across secretariat for improved compliance with GDPR and data redundancy across regions
		• Feedback on user experience collected and used to drive continuous improvements in systems (as demonstrated by tracking progress against an action plan based on user feedback).
					Partial progress	0

5	Data systems strengthening	Number of MAs in Enhanced Data Reporting group (providing service statistics data via extract for import)	22 MAs	26 MAs	Improvement but below target	0

	Component	KPI/target	2023	2024	Result	Score 2024
6	Learning systems strengthening	60% completion of mandatory training modules for Secretariat staff.			Target met	1
7	Proportion of MAs/CPs with 80% or more static clinics with Clinic Management Information Systems including client-based electronic health records	n/a	89%	87%	Decrease (-2 percentage points)	-1
8	Proportion of unrestricted Secretariat income allocated to youth-led programming/interventions	n/a	0.6%	0.9%	Improvement	1
9	Overall financial resource mobilized for the Federation (total Secretariat income)	n/a	120.89M	125.2M	Improvement (+4%)	1
10	Progress in anti-racism and anti-discrimination programme of action	• 70% of employees complete anti-racism e-learning. • 80% of feedback forms are positive about AR learning sessions. • Review and approval of 5 HR policies to make them more inclusive.			Partial progress	0

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All people are free to make choices about their sexuality and well-being, in a world without discrimination.

Our mission

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