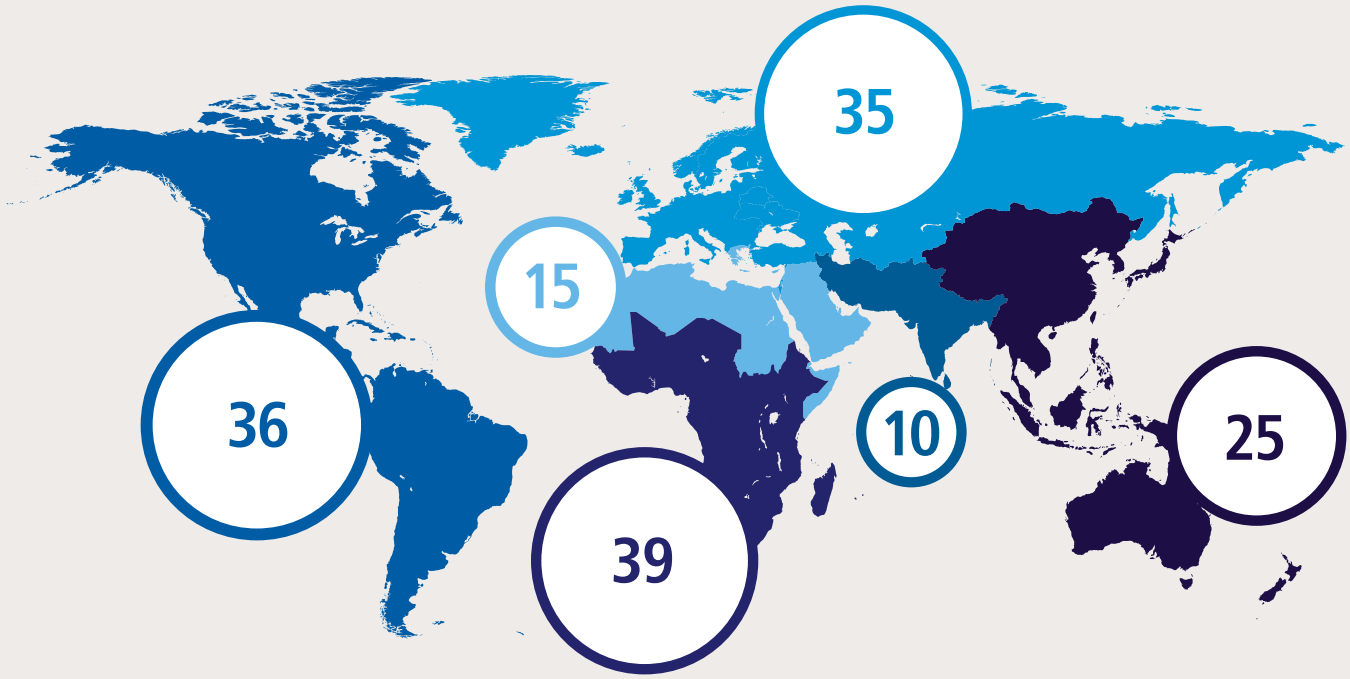
IPPF

ANNUAL PERFORMANCE REPORT 2019



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 160 countries.

160 Member Associations and Collaborative Partners

7 Secretariat offices

38,050 staff

82% of Member Associations have at least one young person on their governing body

87% of Member Associations have a written gender equality policy

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.

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Photo: IPPF/Hannah Maule-ffinch/Palestine

FOREWORD

IPPF's *Annual Performance Report 2019* summarizes progress made in the fourth year of the *Strategic Framework 2016–2022*[1] and describes the vital work of IPPF as a global service provider and advocate of sexual and reproductive health and rights for all.

This report highlights IPPF's achievements and key performance results for 2019. An update on progress made in organizational reform is also provided and case studies present more detailed examples of IPPF's work to champion rights, empower communities, serve people, and to unite and perform.

In collaboration with civil society organizations, policy-makers, communities and other stakeholders, IPPF influences decision-makers to protect and promote sexual and reproductive rights and gender equality. This work is conducted at subnational, national, regional and global levels. In 2019, IPPF contributed to 141 changes in policy or legislation to support or defend sexual and reproductive health and rights, including 112 wins in 52 countries and 29 changes at regional and global levels. The majority of these advocacy successes relate to the provision of sexual and reproductive health education and services for young people, access to sexual and reproductive health services, gender equality and access to safe and legal abortion. IPPF defends against attempts made by the opposition to bring about harmful policy and legislative changes that would be detrimental to the health and well-being of people; six of IPPF's wins involved successfully defending against the opposition's proposed changes.

In 2019, 121 MAs conducted advocacy to influence governments to deliver the Sustainable Development Goals. Furthermore, IPPF empowers young people and women to advocate for change and challenge social norms. In 2019, we supported 756 youth and women's groups to take public action to promote sexual and reproductive health and rights.

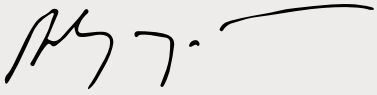
IPPF believes that young people must have the information and education they need to realize their sexual and reproductive health and rights. In 2019, 31.9 million young people completed a comprehensive sexuality education (CSE) programme delivered by IPPF in both formal and non-formal settings. IPPF also provided expertise in the development of curricula to ensure critical components are not omitted from school and community CSE programmes and trained over 150,000 educators to provide sexuality education. Furthermore, IPPF reached 411.3 million people with positive messages through online and offline channels of distribution to empower them to act freely on their sexual and reproductive health and rights.

IPPF delivered 252.3 million sexual and reproductive health services in 2019. This represents an increase of 13 per cent from 2018. Many of these services were delivered in rural and peri-urban areas where there are no other health facilities. An estimated 84 per cent of IPPF's clients were poor and vulnerable. IPPF's efforts to provide youth-friendly services remain at the core of our work and 104.8 million services, or 42 per cent of IPPF's global total, were accessed by young people under the age of 25 years. IPPF delivers lifesaving services to people affected by acute crises or living in areas of prolonged conflict, and 4.6 million people in emergency settings received sexual and reproductive health services from our facilities. IPPF provided 27.0 million couple years of protection (CYP) in 2019, a 15 per cent increase from 2018, averting an estimated 11.8 million unintended pregnancies and 3.5 million unsafe abortions. The proportion of long-acting and permanent methods of contraception contributing to CYP was 70 per cent, with increased provision of both implants and intrauterine devices.

The total income generated by the Secretariat was US$191.5 million, an increase of US$58.5 million, or 44 per cent from 2018. Unrestricted grant-receiving MAs mobilized local income of US$252.1 million, a decline of five per cent from 2018; this overall decrease derives from reduced income in a few large MAs. Income raised by MAs through social enterprise was 53 per cent in 2019.

Our performance in 2019 has remained strong in all four Outcome areas of the *Strategic Framework 2016–2022*. We have made progress on many of the ambitious targets set in 2015 (Annex B, Table B1), along with embarking on an important and extensive programme of organizational change to establish a more effective way of working for IPPF. This has already reaped significant success with seven Solutions Centres that are implementing the *Business Plan: A Roadmap to Transform IPPF*[2] to build the movement, reclaim the space and counter opposition, empower young people and support those affected by crisis. Furthermore, in December 2019, IPPF's General Assembly recommended a revised governance structure that is directly accountable to the membership and the people IPPF serves, and a new stream-based model for unrestricted funding, including MA grants to respond in humanitarian crises. These recommendations were endorsed by IPPF's Governing Council at its meeting immediately following the General Assembly, and in May 2020, the Governing Council approved the transition to a new governance structure for IPPF.

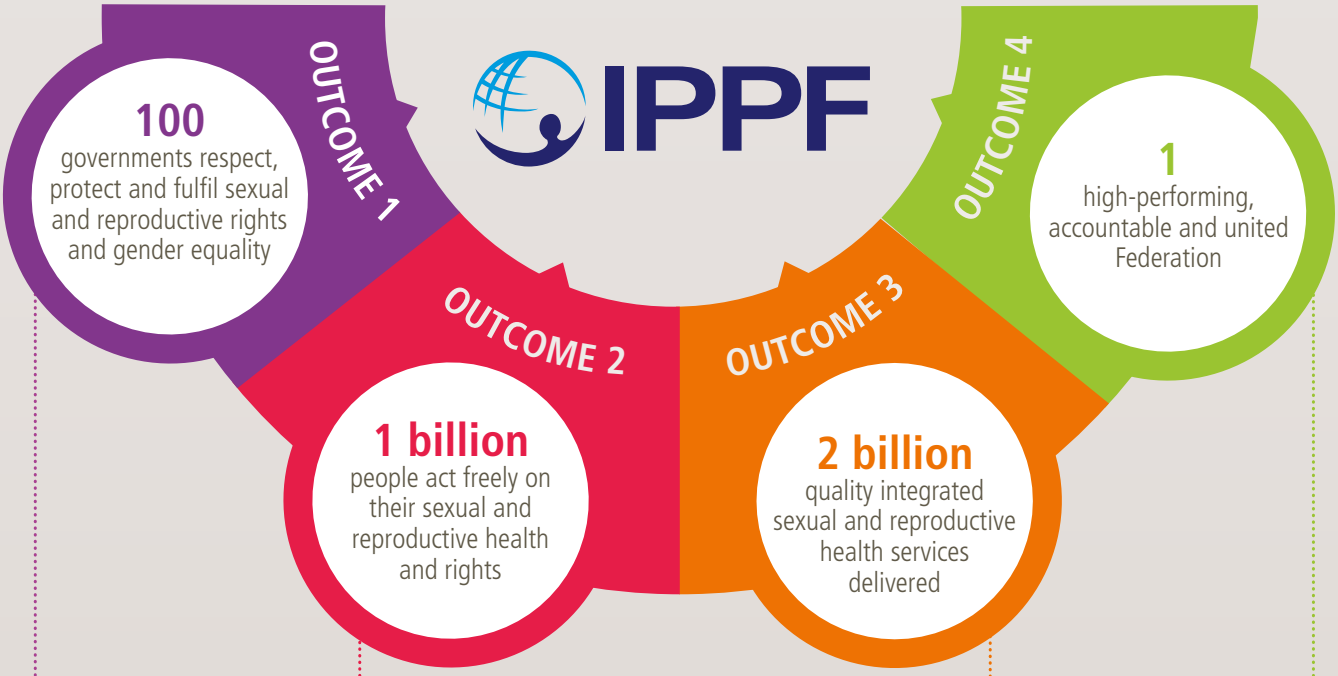
All the achievements presented in this report result from the commitment, dedication and determined efforts of all who support, volunteer and work for IPPF. As we move into a new era, I would like to convey my appreciation and respect to you all and hope that you will join me on the journey ahead, changing by choice, for choice.



Dr Alvaro Bermejo
Director-General, IPPF

OUR VISION

ALL PEOPLE ARE FREE TO MAKE CHOICES ABOUT THEIR SEXUALITY AND WELL-BEING, IN A WORLD WITHOUT DISCRIMINATION



Galvanize commitment and secure legislative, policy and practice improvements	Enable young people to access comprehensive sexuality education and realize their sexual rights	Deliver rights-based services including safe abortion and HIV	Enhance operational effectiveness and double national and global income
Engage women and youth leaders as advocates for change	Engage champions, opinion formers and the media to promote health, choice and rights	Enable services through public and private health providers	Grow our volunteer and activist supporter base

IPPF'S MISSION

TO LEAD A LOCALLY OWNED GLOBALLY CONNECTED CIVIL SOCIETY MOVEMENT THAT PROVIDES AND ENABLES SERVICES AND CHAMPIONS SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR ALL, ESPECIALLY THE UNDER-SERVED

OUR VALUES

SOCIAL INCLUSION

VOLUNTEERISM

PASSION

DIVERSITY

ACCOUNTABILITY

CHAMPION RIGHTS

OUTCOME 1

100 governments respect, protect and fulfil sexual and reproductive rights and gender equality

Priority Objective 1: Galvanize commitment and secure legislative, policy and practice improvements

Priority Objective 2: Engage women and youth leaders as advocates for change

As a leading advocate of sexual and reproductive health and rights and gender equality, IPPF works in partnership with multiple stakeholder groups to achieve legal and policy change in support of its mandate.

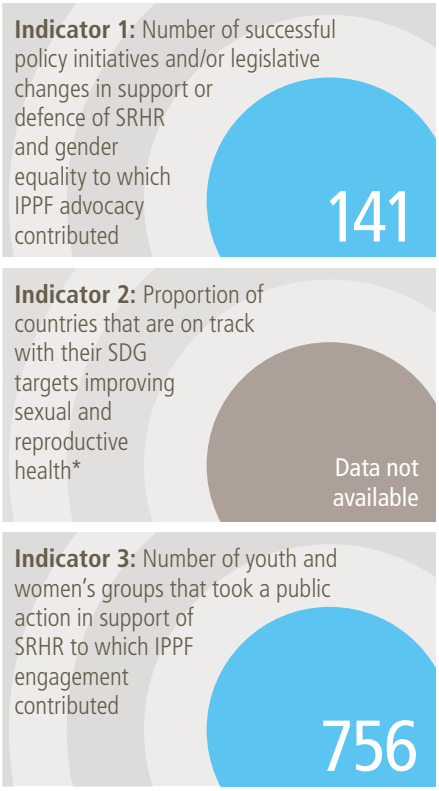
Figure 1 presents IPPF's 2019 results for the Priority Objectives of Outcome 1. In 2019, IPPF contributed to 141 policy and legislative changes in support or defence of sexual and reproductive health and rights and gender equality, a decrease of 22 wins from 2018. MAs achieved 43 subnational and 69 national wins in 52 countries (Annex A), and Secretariat advocacy efforts led to 17 regional and 12 global changes. Figure 2 shows the diversity of themes that IPPF's advocacy work encompasses. The highest number of changes related to the provision of sexual and reproductive health education and services for young people. Other significant areas of success comprised 20 changes to increase access to sexual and reproductive health services, 19 to promote gender equality and another 17 to increase access to safe and legal abortion. IPPF also defends against the opposition's efforts to change laws and policies that would be detrimental to sexual and reproductive health and rights, and IPPF achieved six wins against these attempts in 2019.

IPPF conducts advocacy at a global level, for example, by engaging and leading discussions with various stakeholders during international negotiations at the UN. In 2019, IPPF influenced the text on sexual and reproductive health and rights in the *UN Political Declaration on Universal Health Coverage* (UHC).[3] Furthermore, IPPF advocacy contributed to the recommendations made by the Commission on the Status of Women, the Human Rights Council, the Third Committee of the UN General Assembly and the Commission on Population and Development. At the regional level, there were 17 wins including 11 in the European Network, three in the Western Hemisphere, two in Africa and one in the Arab World. These included eight in support of sexual and reproductive rights and five on gender equality.

In 2019, IPPF launched its new advocacy strategy, the *Advocacy Common Agenda*.[4] The focus of the strategy is to achieve national political change and accountability as well as influence governments to introduce or uphold laws and policies to advance sexual and reproductive health and rights and make international agreements a reality in women's and girls' lives. The first expected result in IPPF's advocacy strategy was achieved when the UN General Assembly adopted the *Political Declaration on Universal Health Coverage* which includes sexual and reproductive health as a component of UHC. IPPF also participated in the Nairobi Summit which marked the 25th anniversary of the International Conference on Population and Development (ICPD) and where participants made commitments to ensure that the ICPD Programme of Action is achieved. IPPF has completed an analysis of the commitments made by national governments and will publish a report to be used as a tool by civil society to hold national governments to account.

In 2019, 121 MAs conducted advocacy to influence governments to deliver targets under the Sustainable Development Goals (SDGs); this is an increase of two per cent from 119 MAs in 2018. Through these advocacy activities, IPPF calls for governments to allocate financial resources to achieve their SDG commitments and to collect data and present results on progress at country level. IPPF supported 756 youth and women's groups. This includes 402 women's groups, 233 youth groups and 121 groups that describe themselves as improving the lives of both women and young people. With the largest declines in the Arab World and Western Hemisphere regions, this is a 27 per cent decrease from 2018. These groups undertake a variety of activities, for example, making a public statement in support of sexual and reproductive health and rights, adding the group's name to a campaign event or issuing a letter to a public official or decision-maker.

FIGURE 1
OUTCOME 1: PERFORMANCE RESULTS, 2019



* Metric reviewed in IPPF's Midterm Review and will be deleted from IPPF's Performance Dashboard from 2020.

In the next section, we present more details on IPPF's success in advocating for the *Political Declaration on Universal Health Coverage*, and three advocacy case studies from MAs on achieving progress in supporting gender equality for girls in Tanzania, expanding access to safe abortion in North Macedonia and providing free sexual and reproductive health services to young people in Benin.

FIGURE 2 NUMBER OF SUCCESSFUL POLICY INITIATIVES AND/OR LEGISLATIVE CHANGES, BY THEME, 2019

35 <25 Education and services for young people	20 Access to SRH services	19 Promoting gender equality	17 Access to safe and legal abortion
16 Promoting sexual and reproductive rights	9 Budget for SRH, including contraception	8 Preventing sexual and gender-based violence	7 Promoting sexual and gender diversity
6 Access to contraception	2 Ending child marriage	1 Prioritizing SRH in crisis settings	1 Support for people living with HIV

Photo: Karmela Segvic/Italy

INFLUENCING THE POLITICAL DECLARATION ON UNIVERSAL HEALTH COVERAGE

In September 2019, the *Political Declaration on Universal Health Coverage* was adopted by the UN General Assembly. This internationally negotiated Declaration commits all UN Member States to national action on UHC. It represents a landmark for global health and an important step towards achieving the Sustainable Development Goals.

The first high-level change in IPPF's advocacy strategy, the *Advocacy Common Agenda,* is to influence governments and mobilize civil society and grassroots movements to ensure universal access to sexual and reproductive health and rights, especially for under-served populations.

IPPF's key asks that were incorporated in the final Political Declaration were the right to health for all, increased domestic funding for health and strong accountability mechanisms as part of the national implementation of UHC. During months of difficult negotiations, a number of UN Member States challenged consensus by attempting to block language on sexual and reproductive health and rights and opposing commitments related to vulnerable populations, specifically refugees and migrants.

To inform the discussions and influence government positions, IPPF generated support for sexual and reproductive health and rights. At the global level, IPPF Liaison Offices in Geneva and New York advocated directly with UN Member States and organized side events at strategic meetings to generate political debate around IPPF's key asks. At the national level, MAs worked to align and coordinate input into negotiations. In addition, working closely with civil society organizations, including the Civil Society Engagement Mechanism of the UHC2030 partnership, IPPF provided technical advice and information to enable these groups to influence their country representatives. This work focused on the inclusion of language in the Declaration on gender equality and women's empowerment as part of health systems strengthening and reforms.

As a result of the coordinated advocacy efforts across the Federation and in collaboration with strategic partners, sexual and reproductive health and rights were included in the *Political Declaration on Universal Health Coverage*. This means UN Member States recognize sexual and reproductive health and rights as a component of UHC and commit to integrate sexual and reproductive health services into national UHC packages.

> Sexual and reproductive health and rights are an integral part of the right to the highest attainable standard of health.
>
> IPPF key asks on UHC[5]

SUPPORTING GENDER EQUALITY FOR GIRLS

Chama cha Uzazi na Malezi Bora Tanzania (UMATI)

In Tanzania, 36 per cent of girls are married before their 18th birthday.[6] The devastating lifelong consequences are well documented including the impact on girls' health and well-being due to early pregnancy, vulnerability to violence and abuse, and when they are unable to continue their schooling.[7]

The Law of Marriage Act 1971 allowed boys to marry at 18 years and girls at 14 or 15 years, with court or parental consent, respectively.[8] In July 2016, the Tanzanian High Court ruled that marriage under the age of 18 was illegal for all. However, the Attorney General appealed the decision stating that the disparity between boys and girls in the minimum age of marriage was necessary to accommodate customary, traditional and religious values.[9]

In October 2019, the Tanzanian's Court of Appeal upheld the 2016 High Court ruling, rejecting the Attorney General's appeal. Marriage for both boys and girls under the age of 18 years is now prohibited. Chama cha Uzazi na Malezi Bora Tanzania (UMATI) contributed to this achievement as a member of the Tanzania Ending Child Marriage Network (TECMN). This is a coalition of 58 civil society organizations that was launched on the anniversary of the International Day of the Girl Child. The Network aims to increase awareness of the harmful impact of child marriage, advocates for policy reform and strengthens learning and cooperation between organizations working to end child marriage.

As a member of the Network, UMATI partnered with religious leaders and decision-makers during community mobilization activities to raise awareness of the negative consequences of child marriage and early pregnancy. This helped to garner public support to uphold the High Court ruling. Meetings with parliamentarians were held where UMATI advocated for their support to change the law to protect girls from early marriage.

UMATI also trained peer educators, both in and out of school, to deliver comprehensive sexuality education to young people, with a focus on girls' sexual and reproductive health and rights.

The decision by the Tanzanian Court of Appeal to reject the Attorney General's attempt to block the change in law represents significant progress in ending child marriage. It makes clear that the right to religious and cultural freedom cannot prevail over the right to equality and non-discrimination.

However, there is still much work to be done to translate this achievement into reality for girls in Tanzania. UMATI will continue to partner with TECMN and to work closely with decision-makers in government and communities to ensure that the law is reviewed and passed by Parliament.

INCREASING ACCESS TO SAFE ABORTION

Health Education and Research Association (HERA)

In 2013, the government of the Republic of North Macedonia introduced new legislation restricting access to safe abortion care. This included a three-day waiting period and mandatory pre-counselling aimed at deterring women from ending a pregnancy. The law also penalized doctors who did not comply with the restrictions by imposing heavy fines.

Health Education and Research Association (HERA) is one of the leading civil society organizations advocating for changes in abortion legislation in the country and has worked tirelessly to raise awareness of the negative consequences of the law on women's lives.

Employing evidence-based advocacy approaches, HERA influenced political parties during parliamentary elections and organized demonstrations and campaigns using social media. This garnered public and political support for a change in legislation, including from female Members of Parliament who had previously supported the law but now recognized the harmful impact it had on women's health.

Following the publication of the Universal Periodic Review (UPR) recommendations for North Macedonia in January 2019, the Ministry of Health invited HERA to join a working group to review the abortion law. HERA provided technical guidance to ensure new legislation aligns with international human rights conventions and the World Health Organization's technical guidelines for safe abortion.

In March 2019, the Republic of North Macedonia's Parliament passed legislation to extend the right to an abortion on demand up to 12 weeks gestation. Moreover, from 12 to 22 weeks gestation in the case of rape, incest, fetal malformation or for socio-economic reasons, approval from medical professionals is no longer required and administrative obstacles to accessing safe abortion services have been removed. This means that a woman's decision to terminate a pregnancy is validated and supported.

In July 2019, at the session providing an update to the UN Council for Human Rights on the UPR recommendations for North Macedonia, HERA delivered an oral statement advocating for the registration, procurement and distribution of medical abortion pills. This is to ensure their availability as an alternative to surgical abortion and to make modern methods of abortion accessible in a broad range of health facilities. With the support of the working group members, HERA succeeded in advocating for government budget allocation to procure the required medication, and a medical abortion programme is now being piloted in two clinics in the capital city of Skopje.

> HERA delivered an oral statement advocating for the registration, procurement and distribution of medical abortion pills.

MAKING SEXUAL AND REPRODUCTIVE HEALTH SERVICES FREE FOR YOUTH

Association Beninoise pour la Promotion de la Famille (ABPF)

Banikoara is a commune located in the northeastern part of Benin. It is one of the most under-served areas in the country. Recent data reports that 44 per cent of young women aged 20–24 years gave birth before the age of 18, the highest percentage in the country.[10] Only seven per cent of women aged 20–24 use a method of contraception and 13 per cent of girls aged 15–24 have comprehensive knowledge of HIV.[11]

The Association Beninoise pour la Promotion de la Famille (ABPF) has engaged young people in advocacy activities and strengthened their voices in decision-making forums. In 2018, ABPF young ambassadors conducted a survey on the barriers that affect young people's health with a sample of 100 in and out of school youth. The results highlighted limited access to sexual and reproductive health information and services due to opposition from religious leaders and parents, and high costs that make most services unaffordable for young people.

ABPF established a network of young ambassadors from the local community and representatives of different decision-making bodies. With the technical assistance of the IPPF Africa Regional Office, young people were trained on techniques to conduct advocacy activities effectively and supported to develop an advocacy plan.

With financial support from ABPF, the young ambassadors carried out awareness-raising activities targeting religious leaders and parents to reduce community opposition to young people's access to sexual and reproductive health information and services, particularly for contraception and sexually transmitted infection services.

Furthermore, they met with representatives from the municipality and health authorities in the area to highlight the critical importance of ensuring access, availability and affordability of services for young people.

In early 2019, as a result of the advocacy undertaken by the young ambassadors, the local health authority issued an official Service Note to make contraception and sexually transmitted infection services free of charge for young people in all health centres in Banikoara. Following the publication of this Service Note, access to services increased and young people are reporting that they attend health facilities for sexual and reproductive health services, including HIV testing. In addition, the local authority provided a space for ABPF to establish a youth-community centre where young people can access sexual and reproductive health information and support.

> ABPF has engaged young people in advocacy activities and strengthened their voices in decision-making forums.

EMPOWER COMMUNITIES

OUTCOME 2

1 billion
people act freely on their sexual and reproductive health and rights

Priority Objective 3:
Enable young people to access comprehensive sexuality education and realize their sexual rights

Priority Objective 4:
Engage champions, opinion formers and the media to promote health, choice and rights

IPPF empowers people to act freely on their sexual and reproductive health and rights by delivering comprehensive sexuality education (CSE) programmes to young people, providing information through a variety of channels, including both traditional and social media, and running public campaigns to raise awareness, change public attitudes and opinions and mobilize support.

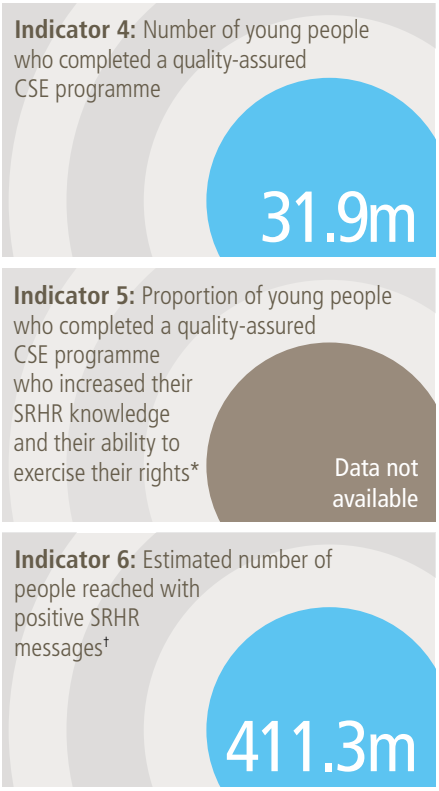
The 2019 results for Outcome 2 are presented in Figure 3. IPPF delivers CSE programmes for young people in schools and in out-of-school settings. In 2019, 31.9 million young people completed a CSE programme, an increase of 1.1 million or four per cent from 2018. This includes 27.0 million youth who received CSE from the China Family Planning Association which represents 85 per cent of the global total. Other MAs that reached significant numbers in 2019 include Burkina Faso, Denmark, Mozambique and the USA. To further expand the provision of CSE, IPPF trained 154,692 educators, including teachers, a three per cent increase from 2018. IPPF also provides targeted support to schools and communities to ensure the inclusion of critical components in CSE curricula.

IPPF reached 411.3 million people with positive messages on sexual and reproductive health and rights through online and offline channels of distribution, including social media, websites, email, leaflets, posters, public events and theatre. This represents an increase of 168.7 million or 70 per cent from 2018. The East and South East Asia and Oceania and Western Hemisphere regions together contributed 82 per cent of the global total, with the largest numbers of people reached in China and the USA. The majority of positive messages are delivered through online channels and at 88 per cent in 2019, this is a significant increase from 70 per cent in 2018. South Asia remains the only region where more people are reached through offline channels (91 per cent), although the Africa region saw its offline messaging increase to 38 per cent in 2019 from 14 per cent in 2018.

Published in 1998, IPPF's first *Youth Manifesto* was ground breaking and led the Federation's progressive approach to working with and for young people. However, over two decades later, a review and update of the Manifesto was imperative. In 2019, over 16,000 young people, with different backgrounds and experiences and from 110 countries, responded to an open online consultation process to revise the Manifesto. The results emphasized the need for access to information and education about sexual and reproductive health, confidential and non-judgemental services, autonomy, realization of rights, freedom to choose and meaningful participation as decision-makers. Young people also demanded investment and policies to promote and support youth leadership in regional and global platforms to share their knowledge and call attention to the sexual and reproductive health and rights issues that directly affect them. The updated *Youth Manifesto – Our bodies, Our lives, Our rights*[12] has now been widely translated into local languages and serves as IPPF's guiding document on meeting the needs of young people and how they want to be engaged in decision-making. The Manifesto underpins the Federation's commitment to a youth-centred approach, shaping new initiatives to increase youth leadership and establishing new IPPF regional youth forums.

Two case studies are presented here on the work of peer educators in Djibouti who provide young people with CSE and information on where to access contraception, and on how CSE can play a role in preventing intimate partner violence in Mexico.

FIGURE 3
OUTCOME 2: PERFORMANCE RESULTS, 2019



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† Metric reviewed in IPPF's Midterm Review and will be deleted from IPPF's Performance Dashboard from 2020.

> We refuse to merely be observers of policy and leadership and demand to be meaningfully engaged and recognized as active decision-makers.[13]
>
> IPPF Youth Manifesto

DELIVERING CSE TO YOUNG PEOPLE IN THEIR COMMUNITIES

Association Djiboutienne pour l'Equilibre et la Promotion de la Famille (ADEPF)

Djibouti is a small country with a population of just under one million people and a median age of 26 years.[14] There is a lack of support and access to sexual and reproductive health information and services for young people,[15] and the practice of female genital mutilation remains high at 78 per cent.[16]

The Association Djiboutienne pour l'Equilibre et la Promotion de la Famille (ADEPF) raises awareness about sexual and reproductive health and rights among young people. As CSE is not included in the national school curriculum, ADEPF delivers CSE programmes to hard-to-reach young people in their communities.

In 2019, ADEPF provided 12 hours of training on CSE to 75 new peer educators. ADEPF developed training manuals and held regular group discussions to build their knowledge and confidence. In collaboration with the Ministry of Youth, ADEPF staff, together with 20 selected peer educators, provided a four-day CSE programme to 100 young people in community development centres. The peer educators reached a further 500 young people in their own communities hosting discussions on risk behaviour prevention, gender equality and elimination of violence against women as well as providing information on where to access contraception. To strengthen sexual and reproductive health and rights in Djibouti, peer educators are also engaged in advocacy activities, organizing marches against gender-based violence and meeting policy-makers and government partners to advocate for improved sexual and reproductive health and rights for young people.

Furthermore, to change attitudes and behaviours among men, ADEPF supports a group of 15 men who work closely with the trained peer educators. The network includes fathers and young men from different communities and comprises religious leaders, teachers, police and military personnel. They conduct focus group discussions in their communities to raise awareness of the negative effects of traditional norms and stereotypes related to gender inequality and gender-based violence.

ADEPF also collaborated with the Ministry of Health and UNFPA to initiate sexual and reproductive health service provision in its youth centre. The package of youth-friendly services will include HIV testing, early pregnancy screening and counselling to increase young people's access to these much needed services.

> "Young people don't have access to information at home, at school or in health centres and get information from unreliable sources. We provide them with the information they need."
>
> Peer educator, ADEPF

PREVENTING INTIMATE PARTNER VIOLENCE

Fundación Mexicana para la Planeación Familiar (MEXFAM)

Violence against women is a major public health issue with severe effects on women's physical, mental, sexual and reproductive health. The majority of violence is perpetrated by intimate partners, with almost one-third of women affected.[17] In Mexico, data shows that 44 per cent of women over the age of 15 years have experienced violence by an intimate partner in their current or most recent relationship;[18] 66 per cent reported at least one incident of violence in their lifetime.[19]

CSE programmes can contribute to the prevention of intimate partner violence by influencing knowledge and attitudes of young people.[20] In 2017, Fundación Mexicana para la Planeación Familiar (MEXFAM), in collaboration with IPPF Western Hemisphere Regional Office and the London School of Hygiene and Tropical Medicine, began research on the role of CSE in preventing intimate partner violence.[21] As part of this study, 16 MEXFAM health educators delivered a 20-hour, gender-transformative CSE programme in public schools. Between September 2017 and July 2019, 240 students aged 14 to 17 years completed the programme. Topics included gender norms and roles, relationships, sexuality, intimate partner violence and the imbalance of power between men and women. Information was also provided on contraception and sexually transmitted infections and how to access sexual and reproductive health services.

A longitudinal, quasi-experimental study using qualitative and quantitative approaches was used to assess how CSE could prevent intimate partner violence. These included observation, baseline and endline surveys as well as interviews and focus group discussions with students, teachers and health educators. Students were randomly selected to take part in the intervention. The results showed that participants were able to identify more types of intimate partner violence from an average score of 15.4 at baseline to 17.7 at endline (out of a maximum score of 21). Those who were able to identify where to access support if needed increased from 27 to 69 per cent. There was also a decrease in the proportion of participants who considered violence to be a private matter that should only be resolved within the family.

Teachers involved in the research programme requested support in providing assistance to students affected by violence. In response, MEXFAM developed a new protocol to enable teachers to do this. Pilot testing will begin in 2020 with training for teachers on how to detect and identify potential cases of violence. A referral process for any identified cases will also be established.

> "[A classmate] began to change his way of thinking about [gender roles]. He opened up a lot."
>
> MEXFAM CSE programme student,15

SERVE PEOPLE

OUTCOME 3

2 billion quality, integrated sexual and reproductive health services, delivered by IPPF and partners

Priority Objective 5: Deliver rights-based services including safe abortion and HIV

Priority Objective 6: Enable services through public and private health providers

IPPF remains steadfast in its commitment to deliver an essential package of sexual and reproductive health services that is client-centred, rights-based, gender-sensitive and youth-friendly. IPPF provides information and services to the most under-served, including in humanitarian settings.

Figure 4 presents IPPF's performance results for Outcome 3. A total of 252.3 million clinical services were delivered in 2019, comprising 181.3 million provided directly by MA static clinics, mobile and outreach teams and community-based distributors (Indicator 7) and a further 71.0 million services enabled through partnerships with public and private healthcare facilities (Indicator 11). This is an increase of 29.1 million or 13 per cent from 2018, and 83 per cent were delivered in countries with the greatest need (Figure 5). The biggest contributors were contraceptive, gynaecological, sexually transmitted infection and obstetric services. Many services experienced growth between 2018 and 2019 with the greatest increases in obstetrics (26 per cent), urology (23 per cent) and gynaecology (19 per cent).

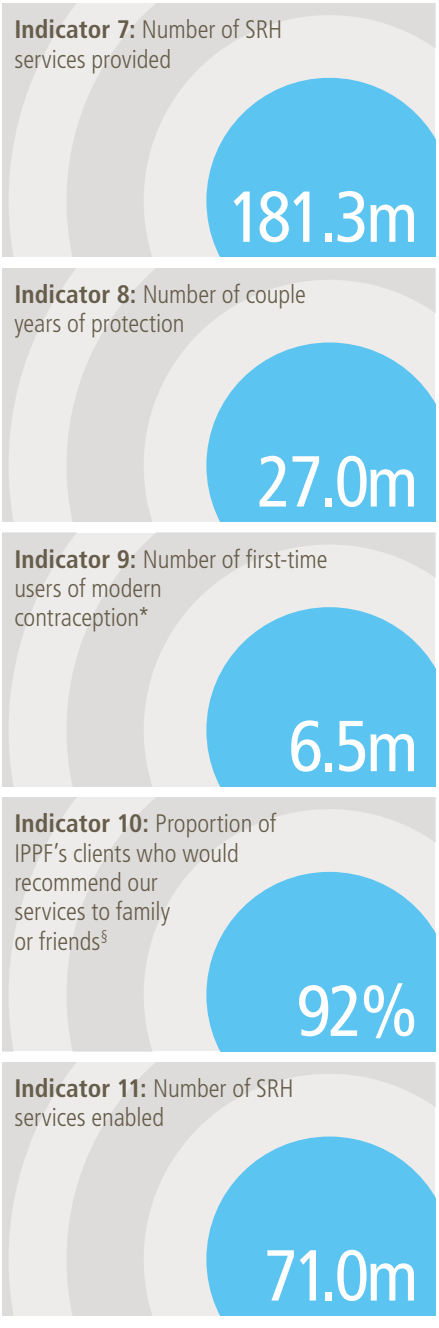
The Africa region continued to deliver the highest proportion of sexual and reproductive health services at 48 per cent, followed by South Asia and Western Hemisphere regions contributing 17 per cent and 14 per cent, respectively. Regions with the largest growth rates between 2018 and 2019 were South Asia (22 per cent), Arab World (20 per cent) and Africa (12 per cent).

With an increase of 2.8 million from 2018, the majority of IPPF's service users (57.5 million or 84 per cent) were poor and vulnerable. This includes 4.6 million people who received healthcare in emergency crises. The largest numbers were served in Syria, Sudan, Democratic Republic of Congo, Chad and Central African Republic. Globally, the number of services delivered to young people in 2019 was 104.8 million or 42 per cent of all services; the most common types comprise contraception, HIV-related paediatrics and gynaecology.

In 2019, IPPF provided 27.0 million couple years of protection (CYP), an increase of 15 per cent from 2018, with implants and intrauterine devices constituting 63 per cent of the total, an increase of four per cent from 2018. The provision of contraception by IPPF averted an estimated 11.8 million unwanted pregnancies and 3.5 million unsafe abortions. The regions contributing the most to CYP were Africa (50 per cent) and Western Hemisphere (26 per cent), with highest rates of growth in South Asia and Africa (31 and 28 per cent, respectively). In the 56 Family Planning 2020 focus countries where IPPF works, there was a significant increase from 6.0 to 6.5 million in the number of first time users of modern contraception from 2018 to 2019. The Africa region contributed 84 per cent of the total with an annual growth rate of seven per cent; the South Asia region provided nine per cent of the total with significant annual increase of 52 per cent. Finally, the proportion of IPPF clients who would recommend services to family or friends remained consistently high at 92 per cent.

The following section provides an overview of IPPF's performance results for Outcome 3 with additional analyses and case studies of Member Associations working in humanitarian crises in Colombia, Malawi and Mozambique, providing post-abortion care in Afghanistan, and reaching under-served populations in the Pacific region.

FIGURE 4
OUTCOME 3: PERFORMANCE RESULTS, 2019



* IPPF reports the number of first-time users from FP2020 focus countries only, as per our published commitment to reach 60 million first-time users between 2012 and 2020.

§ Metric reviewed in IPPF's Midterm Review and will be replaced in IPPF's Performance Dashboard from 2020.

Reaching the under-served

In 2019, sexual and reproductive services were delivered to 57.5 million poor and vulnerable people, an increase of five per cent from 2018 and 84 per cent of all IPPF's service users. This includes 4.6 million people served in humanitarian settings, a decrease of nine per cent from 2018. This is due to reductions in the number of people served in the Central African Republic, Republic of Congo, Democratic Republic of Congo, Iran, Syria and Yemen, in many cases resulting from an increase in violence, insecurity and inaccessibility to remote locations.

IPPF ensures access to information, education and services through its network of service delivery points and programmatic strategies focused on meeting the needs of under-served groups. MAs delivered services in 50,531 service delivery points of which 62 per cent are in peri-urban or rural areas, and 82 per cent are community-based distributors. This reduces barriers to access for people who may otherwise be unable to obtain information and services, including those living in remote, isolated locations who need to travel long distances to obtain healthcare, often an impossibility for many.

Services were provided in 32,246 facilities that are owned by the MAs. To extend reach even further, MAs enabled services by supplying commodities to 10,101 public and private partners as well as establishing formal agreements and providing technical assistance, training, monitoring and evaluation, quality control and commodities to 8,184 Associated Health Facilities. The number of both types of partners has increased significantly from 2018 to 2019; for public and private partners by six per cent, and for Associated Health Facilities by 66 per cent.

8 in 10

of IPPF's service users are poor and vulnerable

4.6m

people served in humanitarian settings

82%

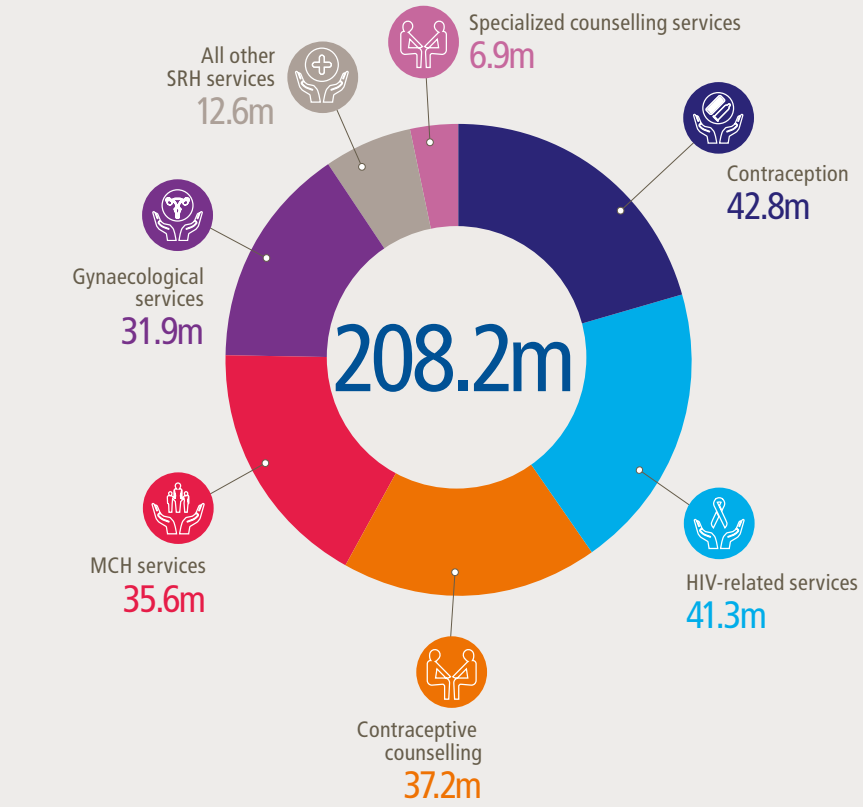
of IPPF-owned service delivery points are community-based distributors

Investing in countries with the greatest need

In Figure 5, the number of sexual and reproductive health services delivered in countries with low or medium levels of human development is presented.[22] In these 61 countries, 83 per cent of all IPPF services were delivered or 208.2 million in total. The largest contributors were contraception, HIV-related, contraceptive counselling, maternal and child health (MCH) and gynaecological services.

The majority of IPPF's unrestricted funding, 75 per cent, was allocated to MAs in countries categorized as having low or medium levels of human development; this is an increase of four per cent from 2018. In allocating unrestricted income across IPPF's six regions, the highest percentages were assigned to Africa, South Asia and Western Hemisphere (46, 16 and 16 per cent, respectively) providing value for money by supporting countries with the greatest unmet needs and the highest rates of maternal and child mortality, incidence of sexually transmitted infections, including HIV, unsafe abortions, violence against women and other indicators of morbidity and mortality related to sexual and reproductive health.

FIGURE 5 NUMBER OF SRH SERVICES DELIVERED IN COUNTRIES WITH LOW OR MEDIUM HUMAN DEVELOPMENT, BY TYPE, 2019



Ensuring reproductive choice

Globally, there are 214 million women with an unmet need for modern contraception.[23] In 2019, IPPF provided 27.0 million couple years of protection (CYP), an increase of 15 per cent from 2018 (Figure 6). This resulted in 11.8 million unintended pregnancies and 3.5 million unsafe abortions averted as well as US$819.7 million in additional health costs saved.* The methods of contraception with the greatest annual growth rates were implants (43 per cent), intrauterine devices (10 per cent), and oral contraceptive pills (eight per cent). Long-acting reversible methods contributed to 63 per cent of total CYP, an increase of four per cent from 2018; short-acting methods decreased by four per cent to 30 per cent of total CYP, and permanent methods remained stable at seven per cent. The contribution of condoms to CYP dropped by two per cent; 280.6 million were distributed in 2019, a decrease of 22.7 million or seven per cent from 2018 with significant reductions in Sudan, Uganda and Zimbabwe. Further analysis is required to assess whether the increase in the provision of long-acting methods contributes to the decline in condom numbers. Nonetheless, ensuring contraceptive choice for women is critical and the requirement for MAs to provide a range of long- and short-acting methods as well as emergency contraception is outlined in IPPF's Integrated Package of Essential Services. This also requires the provision of contraceptive counselling to empower women to decide the best method that meets their individual needs. In 2019, 43.4 million contraceptive counselling services were delivered, an increase of 23 per cent from 2018, with the majority in the Africa and South Asia regions (75 per cent).

Access to safe abortion remains a substantial challenge for many women due to legislative restrictions, social norms and convention, unavailability of commodities, a shortage of skilled providers, cost and a lack of focus on the health and rights of pregnant women, among others. IPPF's work to provide information and services supports women to make their own decisions when facing an unintended pregnancy and to reduce the harmful consequences of unsafe abortion. With an increase of six per cent from 2018, IPPF delivered 5.6 million abortion-related services in 2019 (Table 1), including nearly 1.4 million clinical abortions. The provision of medical abortion continued to rise, by 14 per cent between 2018 and 2019, with significant growth in India, Kenya and Morocco. However, both surgical abortion and treatment for incomplete abortion decreased, by nine and 13 per cent, respectively, with two large MAs, Cuba and Nigeria, contributing to the majority of the decline in numbers.

In a sample of 16 MAs, the proportion of clients accepting a modern method of contraception (excluding condoms or a partner's vasectomy) following an abortion was 88 per cent, with 54 per cent choosing a long-acting reversible method.

FIGURE 6 COUPLE YEARS OF PROTECTION (CYP), BY METHOD, 2019

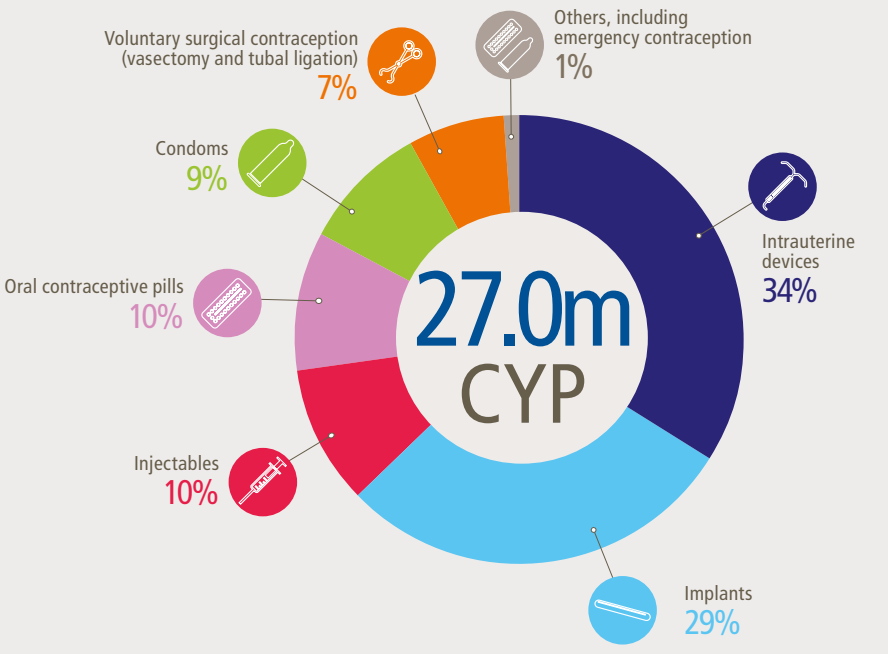


TABLE 1 NUMBER OF ABORTION-RELATED SERVICES DELIVERED, 2017–2019

TYPE OF SERVICE	2017†	2018	2019
Abortion consultation services	1,216,574	1,489,688	**1,640,149**
Pre-abortion counselling	1,292,772	1,408,208	**1,498,870**
Post-abortion counselling	844,032	886,935	**978,396**
Medical abortion	525,682	726,575	**824,415**
Surgical abortion	587,864	656,345	**565,539**
Treatment of incomplete abortion	122,237	122,820	**106,969**
Total	**4,589,161**	**5,290,571**	**5,614,338**

† 2017 data revised for one Member Association following publication of the *Annual Performance Report 2017.*

IPPF's impact, 2019

11.8m unintended pregnancies averted*

3.5m unsafe abortions averted*

US$819.7m in additional health costs saved*

* Using Marie Stopes International's Impact 2 (version 5) estimation model.

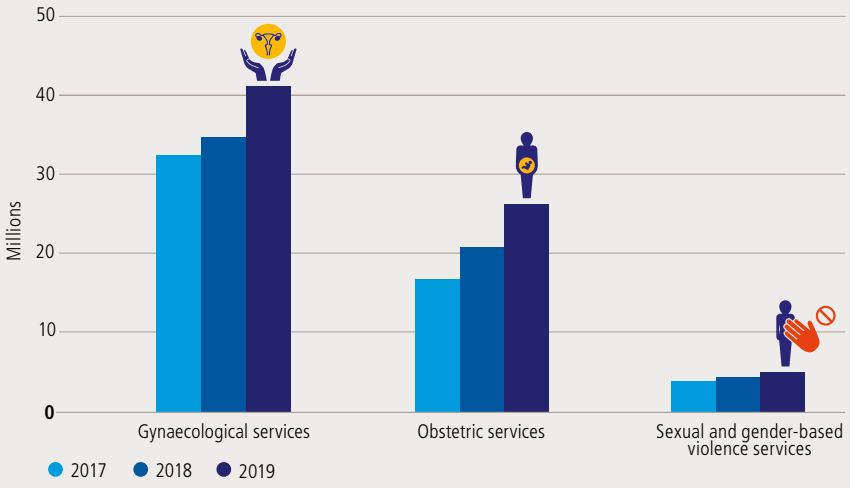
Focusing on the needs of women and girls

An estimated 57.0 million women and girls received sexual and reproductive health services from IPPF in 2019, or 83 per cent of all service users. With limited or no access to information and services, women and girls, especially those living in poverty, are unable to realize their sexual and reproductive rights and are the most vulnerable to harmful and/or fatal consequences. In addition to contraception and abortion-related services, other women-only service types delivered by IPPF comprise gynaecology and obstetrics, and women and girls are also much more likely to experience sexual and gender-based violence. Figure 7 presents three-year trends for these services.

Access to gynaecological services is critical for women and girls to maintain their health and well-being. With increases in all regions, IPPF delivered 41.4 million gynaecological services in 2019, an increase of 6.5 million or 19 per cent from 2018. These include breast and pelvic examinations, biopsies, imaging and cancer screening as well as services related to menstruation. The number of breast and cervical cancer services rose from 18.1 million in 2018 to 19.8 million in 2019, an increase of nine per cent and almost half of the global total of gynaecological services delivered. Obstetrics are essential, and often lifesaving, during and after pregnancy and in childbirth. These services comprise pregnancy testing, pre- and post-natal counselling, ultrasound, vaccinations and delivery. There was a significant increase of 26 per cent in obstetric services between 2018 and 2019 to 26.1 million with the largest growth rates in Syria (93 per cent), Nigeria (59 per cent) and Sudan (48 per cent). The number of sexual and gender-based violence services increased to 4.5 million or 15 per cent from 2018 to 2019; the largest regional contributors were Africa, South Asia and Western Hemisphere. All three regions have high levels of violence against women, including intimate partner violence.

Finally, the number of paediatric services, including preventive vaccinations provided to children under the age of five years, decreased by one per cent to 12.9 million despite growth in four regions (Arab World, European Network, South Asia and Western Hemisphere).

FIGURE 7 NUMBER OF GYNAECOLOGICAL, OBSTETRIC AND SEXUAL AND GENDER-BASED VIOLENCE SERVICES DELIVERED, 2017–2019



Delivering HIV-related services

HIV-related services, as defined by IPPF, include counselling, testing, management and treatment of sexually transmitted infections, including HIV. For the last four years, data shows that the total numbers of HIV-related services have increased due to the growth in services for sexually transmitted infections (other than HIV), whereas the numbers of HIV services have gradually declined. From 2018 to 2019, the number of HIV-related services grew by nine per cent to 51.2 million, with 31.6 million sexually transmitted infection services (an increase of 17 per cent) and 19.6 million HIV services (a decrease of one per cent). The regions contributing to the overall growth were Africa, Western Hemisphere, and East and South East Asia and Oceania; the Africa region alone contributed 53 per cent of all HIV-related services delivered by IPPF in 2019.

The provision of vaccination against human papillomavirus (HPV) and hepatitis A and B rose by 63 per cent from 2018. MAs with major growth in providing these vaccinations include Colombia, South Korea, Sudan and Uganda in 2019.

Meeting young people's needs

IPPF's youth-centred approach requires engagement with policy-makers, religious and community leaders, parents, service providers and young people themselves to promote sexual and reproductive health and rights for all youth. Services are provided in places and at times to increase access. For example, in Pakistan services are available in youth centres and in Tanzania special clinics are held at the weekend to reach more young people. Peer educators also offer some types of sexual and reproductive health services in their communities and provide information on nearby healthcare facilities that are youth friendly.

In 2019, 104.8 million services were delivered to young people, an increase of 9.4 million or 10 per cent from 2018. This represents 42 per cent of all IPPF services with the most common being contraception (37 per cent), HIV-related (21 per cent) and paediatric services (12 per cent). For young women, access to sexual and gender-based services and abortion-related services is also critical and these increased by 10 and four per cent, respectively, from 2018 to 2019.

51.2m

HIV-related services delivered

104.8m

SRH services delivered to young people

<25

PROVIDING SEXUAL AND REPRODUCTIVE HEALTHCARE IN EMERGENCIES

Asociación Pro-Bienestar de la Familia Colombiana (PROFAMILIA)
Family Planning Association of Malawi (FPAM)
Associação Moçambicana para Desenvolvimento da Família (AMODEFA)

In 2019, there were an estimated 131.7 million people in need of humanitarian assistance and protection, largely due to conflicts and extreme climate events.[24] At risk of unwanted pregnancy, sexually transmitted infections, gender-based violence and maternal mortality, women and girls are among the most vulnerable in emergency settings and they urgently need lifesaving sexual and reproductive healthcare.[25] The *Humanitarian Strategy 2018–2022*[26] outlines how IPPF can realize its potential to become the leading global organization for the provision of sexual and reproductive healthcare in protracted and acute emergencies. The IPPF humanitarian programme focuses on three areas: promoting sustainable humanitarian response through localization; ensuring access to lifesaving sexual and reproductive health services, including safe abortion care; and responding to sexual and gender-based violence in emergencies.

Photo: IPPF/Isabel Corthier/Mozambique

IPPF's structure enables humanitarian response to be localized with MAs already operating in situ before, during and after a crisis. To build the capacity of IPPF to operate in emergency settings, Capacity Development Centres in the MAs of Pakistan and Uganda, both with expertise and skills in humanitarian assistance, now provide peer-to-peer support to other MAs. In 2019, IPPF organized a regional training of trainers workshop on comprehensive abortion care. Those trained are now transferring their knowledge to staff in their respective MAs to enable the provision of safe abortion care in humanitarian crises. Training was also provided to MAs to increase knowledge and skills in the provision of sexual and gender-based violence services. Furthermore, IPPF led the advocacy work on prevention and response at a landmark conference on ending sexual and gender-based violence in May 2019. UN Member States and donors were called upon to support national and international programmes that assist sexual and gender-based violence survivors.

During 2019, the deepening economic and political crisis in Venezuela led to a severe reduction in the income of many households and a sharp deterioration in water, power and health services, prompting many to flee to neighbouring Colombia. Venezuelan refugees and migrants required effective and timely access to sexual and reproductive health services comprising contraception, safe abortion care, sexually transmitted infection testing and treatment, maternal and child healthcare, and screening and counselling for sexual and gender-based violence survivors. The Asociación Pro-Bienestar de la Familia Colombiana, PROFAMILIA, implemented 16 projects to meet the needs of both refugee and host communities. In 2019, 60,562 people received services including 1,158 women who accessed safe abortion care. More than half a million people (514,424) were reached with information, education and communication activities.

IPPF also responds to natural, rapid onset disasters. In 2019, Mozambique experienced one of the worst cyclones to hit Southern Africa when Tropical Cyclone Idai made landfall on the city of Beira in central Mozambique on 14 March. With sustained winds of up to 185 kilometres per hour and torrential rains, the cyclone caused widespread destruction across Malawi and Mozambique.

The Family Planning Association of Malawi (FPAM) and Associação Moçambicana para Desenvolvimento da Família (AMODEFA) provided humanitarian assistance after Cyclone Idai via mobile outreach teams working in camps for the internally displaced. During the response, FPAM and AMODEFA provided a modern method of contraception to 2,241 clients and 20,257 clients, respectively. In total, FPAM and AMODEFA reached 56,791 people affected by the cyclone with sexual and reproductive health services.

> "I approach the topic in a special way to sensitize my community about sexual and reproductive health and rights."
>
> Emerson, MA responder, AMODEFA

EXPANDING ACCESS TO POST-ABORTION CARE

Afghan Family Guidance Association (AFGA)

Afghanistan has the tenth highest maternal mortality ratio in the world and the highest in the South Asia region.[27] Along with obstructed labour and haemorrhage, unsafe abortion is a main cause of maternal mortality,[28] although there is currently no reliable data on the incidence of spontaneous, incomplete and unsafe abortions.[29]

In 2017, the Ministry of Public Health undertook a revision of the post-abortion care guidelines. The Afghan Family Guidance Association (AFGA) was one of the lead technical partners, sharing field-based evidence and advocating for the inclusion of a rights-based approach to the provision of post-abortion care. One of the key recommendations to support the expansion of these services was to use misoprostol to treat incomplete abortion.

Following the revision of the guidelines, AFGA began providing medical and surgical post-abortion care services in two of its static clinics in the Kabul and Mazar provinces. In another six facilities, AFGA also provides medical treatment of incomplete abortion. A partnership between AFGA and the government was established to refer clients in need of post-abortion care services to AFGA healthcare facilities. Referrals are made by community-based health workers and from both public and private providers.

When uptake of the post-abortion care services remained low, AFGA adopted a three-pronged approach to increase its capacity, to ensure commodity security of misoprostol, and to raise awareness and demand for the services. Firstly, AFGA trained eight service providers on values clarification and harm reduction principles, and on the revised government guidelines. Secondly, although misoprostol is on the government's essential drugs list, it could only be dispensed in government-approved clinics. With a Memorandum of Understanding between AFGA and the Ministry of Public Health, the supply of misoprostol to the MA's health facilities was secured, significantly increasing clinical capacity to provide this service. Finally, demand for the services was increased through outreach community awareness and mobilization sessions, and with 71 trained health workers referring clients for post-abortion care services.

In 2019, AFGA provided 11,097 post-abortion counselling services and 4,077 post-abortion treatment services, an increase of 35 per cent from 2018. Of these, 3,016 were to manage post-abortion complications and 1,061 to treat incomplete abortion. In 2019, 45 per cent of these services were provided to young people and the uptake of modern contraception by post-abortion clients was 90 per cent.

Based on the success of this programme, AFGA is now expanding the provision of post-abortion care services to two new sites in the Herat and Kabul provinces.

REACHING UNDER-SERVED COMMUNITIES IN THE PACIFIC

Countries in the Pacific region have some of the poorest health and social development indicators and highest levels of unmet need for contraception in the world.[30] Accessing quality sexual and reproductive health information and services is extremely challenging for populations living in remote and isolated communities. This is due to multiple factors including: a lack of healthcare facilities available; the prohibitive cost of transport; weak health systems; limited numbers of skilled health workers; myths and misconceptions about sexual and reproductive health and rights; opposition and a lack of commodity supplies.

IPPF's landmark *Niu Vaka Pacific Strategy 2019–2022*[31] aims to increase the capacity of MAs to provide quality services and to expand reach in their communities, especially to marginalized and vulnerable groups. For example, Vanuatu Family Health Association operates on two of the most populated islands and by offering clinics for infants and children, the MA is able to reach new mothers and women of childbearing age to offer sexual and reproductive health services, including contraception. Papua New Guinea Family Health Association (PNGFHA) manages several Associated Health Facilities that are owned by the government. These clinics provide a range of health services and are an important entry point for new clients in need of sexual and reproductive health information and services. This partnership also provides an opportunity for PNGFHA to work closely with the government to improve understanding and strengthen support for sexual and reproductive health and rights at a national level.

In the Pacific region, mobile outreach is an essential approach to reach and build trust with isolated communities living in remote areas. In 2019, 120,705 sexual and reproductive health services were delivered by mobile outreach teams, an increase of 35 per cent from 2018. The implementation of a range of strategies in the Pacific has increased demand and access to services and resulted in a 95 per cent increase in the number of clients visiting MA facilities for the first time from 7,823 in 2018 to 15,223 in 2019.

The Pacific Strategy emphasizes the importance of providing high-quality services. In 2019, health workers received refresher training on long-acting reversible contraception to ensure this option can be offered to clients. Quality of care reviews focused on the provision of services to young people, marginalized communities and people living with disabilities. Clinics were adapted and upgraded to ensure high standards of disability access.

Data management systems and processes have been strengthened in 2019 with increased levels of investment and expertise. Services can now be tracked by client and MAs are utilizing data for decision-making, for example, to avoid stockouts of sexual and reproductive health commodities, and to organize outreach trips more effectively. The IPPF Sub-Regional Office for the Pacific has also provided technical assistance in strategic planning and workplan development so that MAs are able to set their own priorities based on local context and needs and to allocate budget accordingly.

UNITE AND PERFORM

OUTCOME 4

1
high-performing, accountable and united Federation

Priority Objective 7:
Enhance operational effectiveness and double national and global income

Priority Objective 8:
Grow our volunteer and activist supporter base

Figure 8 presents IPPF's Outcome 4 performance results for 2019. The total income generated by the Secretariat increased to US$191.5 million from US$133.0 million in 2018, a significant growth of 44 per cent. This reflects an 85 per cent increase in restricted income and a three per cent increase in unrestricted income. IPPF's resource allocation system invests the majority of unrestricted income in countries with greatest need; in 2019, 48 per cent was assigned to the Africa region and 16 per cent each to the South Asia and Western Hemisphere regions. In 2019, 75 per cent of IPPF's unrestricted income was allocated to countries with low or medium levels of human development.[32]

MAs generate income in their local context through diverse funding streams such as national and international sources, sales of commodities and client fees. In 2019, unrestricted grant-receiving MAs generated a total income of US$252.1 million. This represents a five per cent decrease from 2018, predominantly due to reduced income in several large MAs, including Cambodia, Colombia and Zimbabwe.

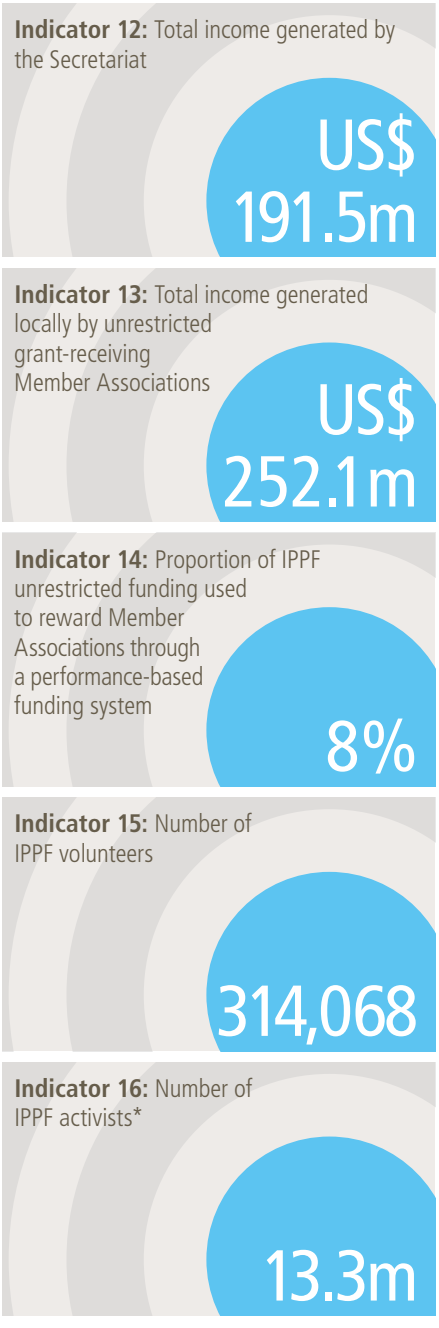
One important component of local income generation by MAs is social enterprise and in 2019, 53 per cent of income was raised through this type of activity. The IPPF Social Enterprise Hub, based in the Family Planning Association of Sri Lanka (FPASL), was established in 2017 to support other MAs to develop and expand their social enterprise activities to generate income. By leveraging its own experience of building a strong social enterprise programme, FPASL has been able to share knowledge and experience with other MAs. Since its launch, the Social Enterprise Hub has provided technical assistance, seed funding, coaching and training to 19 MAs.

IPPF's performance-based funding system rewards MAs based on the performance of their advocacy and education programmes as well as the delivery of sexual and reproductive health services. The proportion of IPPF unrestricted funding awarded to MAs through this system decreased from nine to eight per cent between 2018 and 2019 in the five regions where it is implemented.

In 2019, the number of IPPF volunteers rose to over 314,000, an increase of 20 per cent from 2018. Volunteer educators, nurses, midwives, medical doctors, legal advisers, community workers, fundraisers and many others provide invaluable support to IPPF to achieve its mission and purpose. Furthermore, the number of IPPF activists increased by eight per cent to reach 13.3 million. By participating in campaigns or demonstrations, sharing positive messages on social media, educating and empowering individuals and addressing public officials by letter writing or in meetings, activists take action to achieve political and social change in support of sexual and reproductive health and rights.

On the next page, two successful initiatives are presented. The first describes how utilizing heat maps to locate areas of high-density poverty and service delivery points supports the development of programme strategies to deliver sexual and reproductive health services to the poorest people. The second outlines the Federation-wide consultation process to develop IPPF's first global strategy on data management to facilitate decision-making, improve performance, strengthen accountability and support all data managers and users across the Federation.

FIGURE 8
OUTCOME 4: PERFORMANCE RESULTS, 2019



* Metric reviewed in IPPF's Midterm Review and will be deleted from IPPF's Performance Dashboard from 2020.

POVERTY HEAT MAPS: ENSURING ACCESS TO SERVICES FOR THE POOREST

Poverty can impact negatively on sexual and reproductive health and wellbeing due to a lack of affordable services and limited access to facilities and/or commodities. IPPF has developed poverty heat maps, produced by overlaying poverty data with population data, to pinpoint areas of high-density poverty. The maps can then be used to inform strategies to provide sexual and reproductive health services to people living on less than US$1.25 a day.

Eight MAs have already produced poverty heat maps in each of their countries and have collected accurate geolocation data for all their service delivery points. The location of health facilities across the country is often determined by government; however, by overlaying heat maps with the location of service delivery points, MAs can determine which of their facilities are closest to the areas of greatest need. This means that informed decisions can be made to reach poor people with much-needed sexual and reproductive health services.

A free, open source mobile data platform, Kobo Collect, is being used to collect data. An accompanying guide explaining how to do this has been translated into three languages and 14 MAs are now using the guide to input data on the geographical locations of their service delivery points.

The MAs in Tanzania and Uganda have collected the GPS coordinates of their health facilities and are now able to analyse how well they are aligned to areas with high density poverty. With this information, the service delivery teams are able to adapt their strategies to increase demand and delivery of sexual and reproductive health services. The approaches include a transport voucher scheme for young or poor clients to enable travel to IPPF facilities as well as locating new service delivery points in high density poverty areas via outreach teams. Community health workers have activity-based performance objectives, for example, the number of household visits or community mobilization visits conducted. In addition, the cluster model is being expanded with multiple service delivery points linked in one cluster with a comprehensive facility at its centre. This approach ensures availability of a wide range of sexual and reproductive health services within the geographical area covered by the cluster to ensure access for those with greatest need.

Different strategies are being explored and tested to ensure the most effective site-specific approaches are implemented. These will be evaluated through client exit interviews to see which work best in reaching people living in different target areas.

Furthermore, the IPPF Quality of Care tool has been reviewed and refined to ensure that it is simple, user friendly, clinically oriented and adaptable to all service delivery models, including Associated Health Facilities and mobile outreach. In 2020, the tool will be integrated with DHIS2, IPPF's data management platform, so that MAs will be able to monitor trends of individual service delivery points and identify where support is needed to enhance levels of performance.

UNLOCKING THE POTENTIAL OF IPPF'S INSTITUTIONAL DATA

IPPF's first *Data Management Strategy* was finalized in 2019. The purpose is to guide the design, implementation and use of data systems throughout the Federation. This represents a significant step forward in how data is managed in IPPF and will enable consistent and integrated practice, leading to stronger data systems that support all areas of our work.

The *Data Management Strategy* was created with the engagement of staff from MAs and the Secretariat and with the support of external consultants. Expertise was provided from across a broad range of teams comprising institutional data, health information systems, programmes/technical and information systems and technology. This participatory process produced a comprehensive and detailed strategy and implementation plan that will meet the needs of all data managers and users across the Federation.

The vision of the *Data Management Strategy* is 'A high performing Federation where quality data is a critical asset that drives decision-making and learning to ensure sexual and reproductive health and rights for all.' With six values underpinning the global strategy, it provides a framework for institutional data management to support improved accountability and performance. There are four results areas, as follows:

- **Data governance:** all stakeholders understand and act on well-established policies and procedures within their roles and responsibilities to collect, manage and protect the data of the Federation
- **Data quality:** all data is accurate, complete, timely, reliable, consistent and fit for purpose with the required level of disaggregation to allow meaningful analysis and verification
- **Data access:** all stakeholders have timely access to relevant quality data in the right format for specific use, understand what data they require, know where it is stored and have the capacity to extract it for meaningful use
- **Data use:** all stakeholders effectively interpret and utilize data proactively for decision-making and learning

Implementation of the *Data Management Strategy* will begin during 2020. A three-year implementation plan outlines the activities to be undertaken in each of the results areas. These include: establishing a data governance committee; formulating a code of conduct for data protection; developing a culture of valuing and using data; creating and regularly updating a data dictionary and data standards guide; capacity building of staff; ensuring interoperability and integration of data management systems; and increasing access to and engagement with data by all stakeholders.

> A high performing Federation where quality data [...] drives decision-making and learning.

KEY FINDINGS OF IPPF'S MIDTERM REVIEW

In 2019, IPPF conducted a Midterm Review of its *Strategic Framework 2016–2022* to document and analyse progress made in implementing the Framework between 2016 and 2018.[33]

IPPF/Isabel Corthier/Mozambique

The Midterm Review was undertaken at a critical time for the Federation, coinciding both with the completion of IPPF's *Business Plan* and the journey to reform global governance and our resource allocation model. Given the complexity and comprehensiveness of these processes, the Midterm Review was conceived as a complementary exercise to add value in specific areas. It provided the opportunity to reflect on the extent to which the *Strategic Framework* has influenced the work of the Federation, analyse trends in performance between 2016 and 2018, review the Performance Dashboard and assess implementation of IPPF's *Gender Equality Strategy*.[34] The methodology involved surveys of MAs and the Secretariat with a focus on changes made as a result of the *Strategic Framework*, support provided to MAs to implement programmes under each of the four Outcome areas and recommendations for the next three years to maximize success. The *Gender Equality Strategy* review comprised an MA survey, key informant interviews and site visits to four MAs.

A comprehensive analysis of survey findings revealed principal themes emerging where the *Strategic Framework* had a particular influence. Overall, the results show that the Framework had a positive influence in driving MAs and the Secretariat to accelerate their work under the four Outcomes and eight Priority Objectives, particularly for those areas where the effort has been accompanied by investment in resources and high-level commitment. However, significant challenges remain that require additional focus, investment and technical expertise. The summary presented below highlights key findings and the detailed results analyses can be found in the final report.[35]

For Outcome 1, the *Strategic Framework* has made a significant contribution to IPPF's advocacy efforts. Responses from more than half of MAs show that they have started targeting key institutions and also increased focus to influence regional and international advocacy processes since 2016. Success is evidenced by the numbers of advocacy wins at subnational, national, regional and global levels, and over a range of thematic areas, including gender equality, preventing sexual and gender-based violence, education and services for young people, and government budget allocation for sexual and reproductive health. MAs, however, require increased support to tackle the challenge and/or perceived conflict of advocating for sexual and reproductive health and rights when they receive funding from their governments. MAs also require support to successfully defend against attacks from the opposition.

With respect to Outcome 2, MAs felt strongly that the Federation has made considerable progress in delivering CSE programmes to young people. Sixty per cent of MAs stated that they are working on CSE significantly more now or began working on this

KEY FINDINGS OF IPPF'S MIDTERM REVIEW CONTINUED

for the first time since 2016, with some MAs being able to invest dedicated resources to deliver CSE programmes to more young people. However, global performance targets on the numbers of young people who have completed a CSE programme have not been reached during the period from 2016 to 2018.

There is a strong sense among MAs that empowering women and girls is their core business and where considerable progress has been made since 2016. Strengthened partnerships with women's rights networks have contributed to empowering women and girls, as evidenced by the steadily increasing number of youth and women's groups that took public action in support of sexual and reproductive health and rights. However, MAs report that less progress has been made in working with men and boys to transform gender norms and prevent sexual and gender-based violence and discrimination against women.

Under Outcome 3, MAs agree that the *Strategic Framework* created opportunities for them to develop formal partnerships with private and public healthcare providers, with 60 per cent working on this for the first time or significantly more since 2016. Nevertheless, the level of progress in the number of sexual and reproductive health services enabled was lower than expected between 2016 and 2018. Respondents recognize that access to a high-quality, gender-sensitive integrated package of sexual and reproductive health services is key to addressing the specific and diverse health needs of different people. Forty-one per cent of MAs stated that they were working significantly more on gender-sensitive service provision, and 42 per cent had increased focus to ensure sexual and gender-based violence services are provided in all service delivery points. However, this is an area where significant progress has not yet been achieved.

Outcome 4, a high performing, accountable and united Federation, is not possible without effective mainstreaming of gender equality at all levels. A critical indicator is the gender balance of staff, particularly in senior management. The data shows diversity across the Federation. At MA level, 60 per cent of Executive Directors are female and 39 per cent are male; 66 per cent have a majority of women in senior management teams, while 23 per cent have more men. Five MAs have all-male leadership teams. For the Secretariat offices, 54 percent of senior management is female, however, there is considerable variation across offices. The gender pay gap is also an important indicator of gender equality. In 2018, only four Secretariat offices and four MAs had calculated their gender pay gap with a range of 0.8 to 8.1 per cent.

As a result of the *Strategic Framework*, considerable investment was made in new business development in the Secretariat, with corresponding results in income generation. Between 2017 and 2019, the IPPF Secretariat won six bids worth US$235 million. However, external challenges in generating global income and the shifting funding environment stress the need to significantly increase income generated by MAs. Nearly 60 per cent of MAs reported a positive influence of the *Strategic Framework* on generating income locally, including social enterprise, although there is awareness that progress is lacking and more support and effort are needed.

The *Strategic Framework* priority to enhance operational effectiveness has resulted in an increased focus on data collection and management processes, systems and technology. Nonetheless, more investment is vital to implement IPPF's *Data Management Strategy* to improve performance and ensure accountability. Nearly two-thirds of MAs reported that they are working on this area for the first time or significantly more since 2016. Similarly, intensifying cross-organizational learning, including provision of technical assistance by MAs, is seen as critical to maximize the results of the *Strategic Framework*. Finally, both the IPPF accreditation system and the *Strategic Framework* have strengthened the sense of unity and belonging to the organization. Ninety-six per cent of MAs agreed that the *Strategic Framework* provided a common goal and clarified vision for IPPF.

The Midterm Review also presented an opportunity to revise the Performance Dashboard. Each Expected Result was assessed for relevance, usefulness and reliability as well as the cost and feasibility of data collection at a global level. Consequently, five Expected Results were removed and two new ones added (Annex C, Table C1). Furthermore, to monitor progress on critical issues that were not covered in the Performance Dashboard, additional indicators will be included. For example, the number of IPPF service users who are poor and vulnerable will be reintroduced, after review of the methodology used previously, and a new indicator on gender equality will be developed. Other indicators will also be considered: for example, the proportion of MAs providing the full Integrated Package of Essential Services in static clinics; the financial sustainability of Member Associations, including the proportion of their income derived from social enterprise; the number of abortion-related and HIV-related services delivered, and the number of people served in humanitarian settings. Following the Midterm Review and analysis of performance trends for 2016 to 2019, annual targets for all Expected Results will be adjusted and finalized accordingly.

The Midterm Review findings informed the development of 33 recommendations on how to maximize results achieved by 2022 (Annex C). These were adopted by the IPPF Directors' Leadership Team in March 2020. In summary, they highlight the need to:

- develop and implement innovative approaches in specific programmatic areas, for example, advocacy, CSE and partnerships with public and private healthcare facilities
- increase focus on local income generated by MAs
- invest in organizational processes, systems and technology, including data management and cross-organizational learning
- institutionalize gender equality

The Midterm Review has been undertaken at a significant time for IPPF and the recommendations aim to inform and support Federation-wide reforms, implementation of the *Business Plan* and building IPPF's unified Secretariat.

IPPF SAFEREPORT

IPPF SafeReport is our external incident reporting service that provides a safe space to report concerns or complaints about IPPF, without fear of retaliation.

www.ippf.org/ippfsafereport

Launched in March 2019, IPPF SafeReport is a confidential service available for anyone who wants to make a complaint about IPPF. This includes volunteers, staff, clients, beneficiaries or other members of the public.

Operated by Expolink, an external company, IPPF SafeReport can be used to raise concerns about all types of exploitation and abuse, bullying and harassment, fraud, malpractice and issues relating to any service provided by IPPF. Complaints can be made by phone, mobile phone application, email or by uploading a report directly onto the Expolink website. To reduce barriers to reporting, phone calls are provided free and in the official languages of the countries with MAs. Written complaints can be reported in Arabic, English, French or Spanish.

In 2019, a total of 74 incident reports were submitted to IPPF SafeReport. Of these, 55 per cent concerned the IPPF Secretariat and 39 per cent related to MAs. When analysed by region, 49 per cent of all reports came from the Arab World Region and 27 per cent from the Africa Region. Of the Secretariat cases, 71 per cent related to the Arab World Regional Office. Of the MA cases, 52 per cent were from the Africa Region (Figure 9).

More than half of all reports related to issues arising within the workplace; employment matters accounted for 28 per cent while bullying, harassment and victimization concerned 23 per cent of reports. Fraud and malpractice, mostly of a financial nature, accounted for 18 and 16 per cent, respectively. Two incidents of sexual harassment and one of sexual abuse of children and vulnerable adults were reported (Figure 10).

Of the 74 complaints made, only five cases were closed by the end of 2019, accounting for a closure rate of seven per cent. IPPF has since focused more resources on ensuring successful progression and closure of cases with a further 24 closed by the end of April 2020.

The data from cases relating to the Secretariat indicates continuing issues related to organizational culture and a safe working environment. The data also shows that cases from MAs are likely to be under-reported with only low numbers of fraud and safeguarding of children and vulnerable adults cases being submitted to date.

In 2019, IPPF recruited staff with safeguarding expertise, provided staff training across the Secretariat and strengthened the safeguarding policy framework. Furthermore, an Independent Complaints Panel comprised of members who are external to the Federation was established. The Panel is tasked to deal with complaints against volunteers or staff at the highest level of the organization and was engaged to review one case during 2019. All these efforts contribute to improving organizational culture and ensuring the safety of everyone who has contact with IPPF.

FIGURE 9 NUMBER OF INCIDENTS REPORTED, BY IPPF ENTITY, 2019

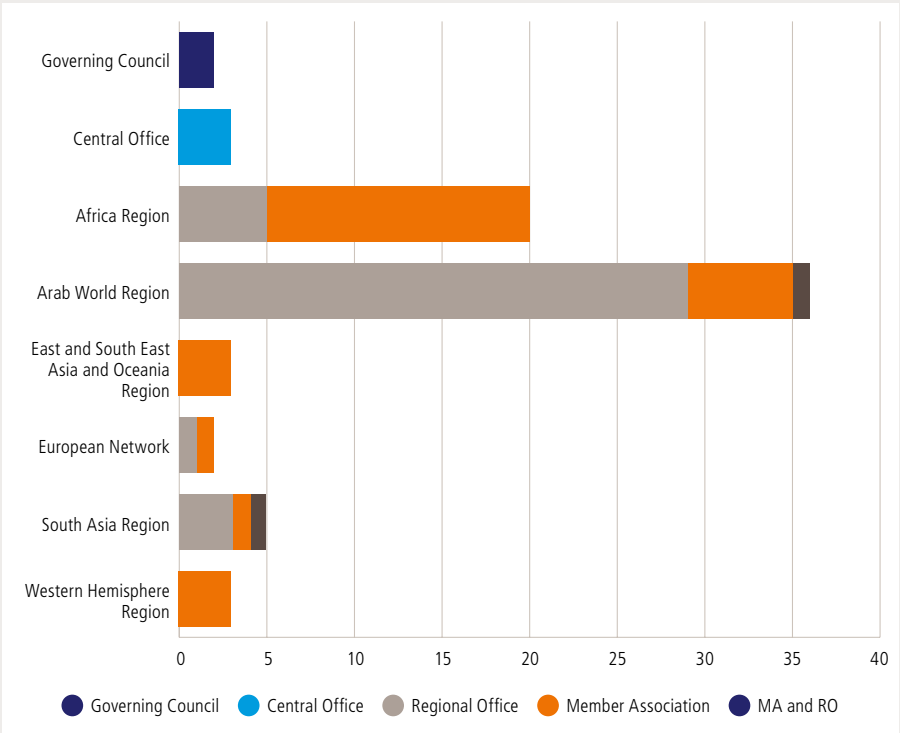
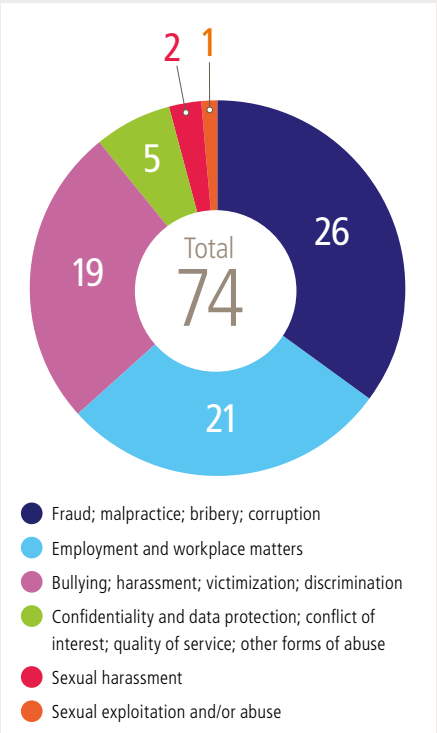


FIGURE 10 NUMBER OF INCIDENTS REPORTED, BY TYPE, 2019



BUSINESS PLAN: A ROADMAP TO TRANSFORM IPPF

Our goal is to improve performance by driving business planning, changing behaviour and unleashing capabilities throughout the Federation.

In December 2018, the IPPF Governing Council approved *A Roadmap to Transform IPPF*[36] to improve performance and achieve the ambitious targets set in IPPF's *Strategic Framework 2016–2022*. This *Business Plan* provides focus in terms of strategy and direction with six solution areas requiring increased effort and investment. These are:

- **Solution 1: build the movement** so that decision-makers reframe the debate, national movements are effective and digital strategies influence public opinion in support of sexual and reproductive health and rights
- **Solution 2: reclaim the space, counter opposition** to coordinate and respond with proactive and reactive strategies to neutralize attacks and gain ground
- **Solution 3: enable and empower young people** so that they can realize their rights and access sexual and reproductive health services and comprehensive sexuality education
- **Solution 4: build MA capacity** to ensure that MAs are effective, influential and responsive to the sexual and reproductive health and rights needs of the communities they serve
- **Solution 5: address the sexual and reproductive health and rights of crisis-affected people** by ensuring access to timely, quality and lifesaving sexual and reproductive health services provided in humanitarian settings
- **Solution 6: develop leaders, boost culture** so that IPPF has a diverse and high performing leadership and culture which delivers the global strategy

During the first three months of 2019, the design of the implementation plans was finalized for each solution area. In consultation with MAs and key stakeholders, it was decided that the *Business Plan* would predominantly be implemented by a series of specialized IPPF Solutions Centres. The hosting role for these Centres would be put out to internal tender to all MAs and Regional offices.

In March 2019, the *Business Plan* was formally launched at a two-day event in the Central Office and broadcast to the wider Federation. The event allowed space and time for discussions on the wider social and organizational drivers that influenced the focus of the new *Business Plan*.

The competitive tendering process to host each of the Centres took place between April and September 2019. A total of 56 different Federation entities expressed an interest in hosting a Centre. The final applications were assessed by an independent review panel that awarded a total of seven tenders. The successful tenders were:

- Social Movements Centre – hosted by the Association Marocaine de Planification Familiale
- Winning Narratives Centre – hosted by ANIS, the Collaborative Partner in Brazil, in partnership with the European Network Regional Office
- Countering Opposition Centre – hosted jointly by the Western Hemisphere Regional Office and the Planned Parenthood Federation of America
- Comprehensive Sexuality Education Centre – hosted by Rutgers in the Netherlands with three Sub-Centres in the MAs of Bolivia, Kenya and Togo
- Social Venture Fund concept and market research – developed by Family Planning Association of India
- Youth Participation and Leadership Centre – supported by the Africa Regional Office
- Humanitarian Capacity Development Centre – hosted jointly by Rahnuma-Family Planning Association of Pakistan and Reproductive Health Uganda

The Centres have results frameworks that are linked to the IPPF Performance Dashboard and through a set of cross-cutting indicators based on the core objectives of the *Business Plan* (Table 2 presents the long-term outcomes). All the Centres commenced their six-month inception period in October 2019 and progress reports will be submitted in 2020.

TABLE 2 **IPPF *BUSINESS PLAN* OUTCOMES**

LONG-TERM OUTCOME	TO IMPROVE PERFORMANCE BY CLOSING TARGETED DELIVERY GAPS, CHANGING BEHAVIOUR AND UNLEASHING CAPABILITIES THROUGHOUT THE FEDERATION		
***Business Plan* Outcomes**	By 2021, more than six global or inter-regional Centres are established in key and developing areas of operations.	By end 2021, at least 50 per cent of total income for the Centres will be funded through restricted funds sourced globally, regionally or nationally.	By end 2021, at least 80 MAs will have collaborated with, received services or support from a *Business Plan* Centre.

IPPF REFORM: CHANGING FOR CHOICE, BY CHOICE

Undertaking a radical reform process will ensure that IPPF is better positioned to deliver its ambitious *Strategic Framework 2016–2022.*

In May 2019, IPPF faced a governance crisis that spurred calls for reform from across the Federation. This prompted IPPF's Governing Council to take decisive action to initiate a reform process to address the underlying causes of the crisis.

The Governing Council appointed an Executive Committee (Panel ExCo) to oversee the first phase of reform and requested the establishment of two independent Commissions, the first to review IPPF's governance structure and the second to review the process of allocating unrestricted income to MAs and the Secretariat. Over several months, both Commissions engaged with IPPF volunteers and staff and other stakeholders in a transparent and participatory process to gather suggestions and listen to concerns. Furthermore, desk reviews of governance models adopted by similar international non-governmental organizations were undertaken; interviews with key individuals in these organizations also provided additional input.

In October 2019, the Commissions submitted their final recommendations for transforming IPPF's governance to a member-led, accountable and agile structure, and for remodelling IPPF's system for allocating unrestricted funding in a more transparent and strategic manner.

Following the Governing Council's mandate that the proposals be approved first by the IPPF Membership, Panel ExCo convened a Global Youth Forum and a General Assembly of IPPF MAs to discuss the recommendations for reform and decide on the future of the Federation. These meetings took place in New Delhi, India on 28 November and from 29–30 November, respectively. At the General Assembly, 326 delegates (consisting of MA Presidents, Executive Directors and young people) from 122 MAs (93 per cent) participated in person.

This group reached a historic consensus on a change agenda for IPPF, calling for the creation of:

1. a governance structure that is directly accountable to the membership and the people IPPF serves by:
    - establishing a General Assembly as the highest decision-making authority of IPPF
    - replacing the current Governing Council with a 15-member, skills-based Board of Trustees
    - establishing five Standing Committees, including a Nominations and Governance Committee to recruit the trustees
    - transforming Regional Councils from governing bodies into Regional Forums and Regional Youth Forums that are knowledge and learning exchange platforms
2. a stream-based model for allocating unrestricted funding that is more strategic, transparent and accountable, as follows:
    - Stream 1 – accelerating the response to support both MAs and the Secretariat, using a new formula for allocations to MAs
    - Stream 2 – a Strategic Fund for competitive, proposal-based awards for MAs to develop strategic initiatives
    - Stream 3 – an Initial Emergency Response Fund to provide support for MAs to respond to humanitarian crises

These recommendations were unanimously endorsed by IPPF's Governing Council at its meeting immediately following the General Assembly. To ensure the swift and effective implementation of the reforms agreed, the Governing Council appointed a Transition Committee to lead Phase 2 of IPPF's reform process. Final recommendations to complete the transition to a new governance structure were approved at the Governing Council meeting in May 2020.

Being young and belonging to such a great federation as IPPF is a big step and a great opportunity for our future family and professional future, since IPPF also involves young people in all these programmes and policies. Young people are an engine of reform, and they should join the Board of Trustees. I hope that they will be able to express their needs in matters of sexuality.

Hayathe Ayeva, Togo

The youth today have the potential to achieve their goals and are capable of being creative. Today we, as IPPF volunteers, are in need of becoming active participants and contributors in the transition process of IPPF as decision-makers. We must do that to voice our requests and needs, to express our message in this transition, to be influential leaders in our communities and societies, and become equal partners in shaping the future of IPPF.

Diana Al-Fallaha, Syria

NEXT STEPS

IPPF's *Strategic Framework 2016–2022* remains critically relevant when millions of people around the world are still unable to realize their sexual and reproductive health and rights.

IPPF is unwavering in its determination to make a positive and sustained impact on people's lives. The vital transformation of IPPF will ensure that we are an organization that is fit for purpose; this is being achieved by building a unified Secretariat, making governance and resource allocation reforms, implementing the *Business Plan* and ensuring the safety of all who have contact with the Federation.

The initial response of IPPF to the coronavirus disease (COVID-19) crisis has generated critical insight into the impact on the sexual and reproductive health and rights ecosystem and the challenges this community now faces. The deep and severe stress inflicted has highlighted the links between health, development and social care. Innovative approaches such as mHealth, telemedicine and the use of existing digital platforms to deliver sexual and reproductive health information and services have spearheaded IPPF's COVID-19 response. Continued efforts to expand and adopt innovative approaches in delivering rights-based services for all populations is a key focus for 2020 and beyond. Furthermore, IPPF will continue to advocate for sustained investments in interconnected systems to ensure universal and equitable access to quality healthcare.

IPPF is currently undertaking a review of the structure and cost of the Secretariat to ensure that it is dynamic and accountable, supports MAs effectively and makes optimal use of resources. The new structure will also facilitate and underpin the MA-centric approach across the Federation. The process to create a unified Secretariat will involve extensive consultation with Secretariat staff and respond to input provided by MAs and external stakeholders. An Advisory Committee, with staff from the Secretariat, two MA Executive Directors and an external Chair, will provide critical challenge to the proposals developed. Furthermore, IPPF management has endorsed the first-ever Staff Association to act as a representative body of all staff in the Secretariat, and to engage with IPPF leadership on issues such as staff well-being and governance.

Work on IPPF reform has continued apace. A Transition Committee, appointed by the Governing Council, led the process with support from the IPPF Secretariat. Governing Council elected members of the new Board of Trustees and the Nominations and Governance Committee in May 2020. IPPF policies, bylaws, regulations and regional constitutions have been adapted or developed in line with the reforms agreed and legal requirements. These were also approved. The Transition Committee will organize an induction programme for the trustees and the first meeting will be held in July 2020. Furthermore, a pilot to strengthen national governance will be implemented with 10 MAs, building on best practice from around the Federation. The Transition Committee has also supported further development of the new resource allocation model (with three streams of funding – page 22) proposed at the General Assembly. With external technical expertise, a detailed proposal for the first stream will be submitted to the new Board of Trustees at the meeting in July with a formula to allocate unrestricted funding to MAs. This formula will respond to the General Assembly's recommendation for a process that is transparent, needs based and context specific. Funding to MAs will be allocated on a three-year cycle to begin in 2023. For the other two streams, the approaches and criteria for awarding grants to MAs are being developed, the first of which will be made in 2021. In addition, a budget and workplan for the unified Secretariat will be reviewed by the Board in November 2020 for 2021 expenditure.

IPPF is undertaking a learning review of the implementation of its *Business Plan* to assess the development and early operationalization of the new Solutions Centres against the principles of MA-centricity, adaptability and pace, and mutual accountability. The Centres are in the early stages of implementation so the review does not entail an evaluation of performance but examines how the application of the principles has enabled or hindered the approach to implement the *Business Plan*. The approach involves a survey with stakeholders, including staff of the Centres, and key informant interviews. The results will be used to highlight successes and challenges faced as well as any adaptations needed to ensure that the *Business Plan* achieves its aim of transforming IPPF. The findings will also be used to guide decisions on designing IPPF's unified Secretariat.

IPPF will strengthen implementation of its safeguarding policy framework with a range of activities to build the capacity of staff who are responsible for incident coordination, and also to develop resources to support investigations, incident management and safeguarding more broadly. These resources will be made available to MAs and the Secretariat. Innovative approaches that utilize new technologies will be tested to make resources more interactive and technical assistance more accessible.

In 2020, work will begin to design the approach to develop IPPF's next Strategic Framework for 2023 and beyond. Results from the recent Midterm Review clearly indicated the importance of the current Framework in uniting the Federation by providing a common language and clear vision and objectives for all entities of IPPF. The design process will reflect on the experience of developing the previous Framework with a focus on what worked well and what didn't work well. Lessons will also be drawn from IPPF staff who have participated in strategic planning in other organizations as well as a review of the different ways of approaching strategic development implemented by peer organizations.

There are challenging times ahead, but with a reformed IPPF that is agile, effective and influential, and that operates with clear purpose and resolve, we will remain steadfast and dedicated to accomplishing our mission.

ANNEXES

Annex A: Number of successful policy initiatives and/or legislative changes, by country, 2019

Annex B: IPPF's Performance Dashboard results, 2016–2019

Annex C: Midterm Review recommendations

KEY

n/a	not applicable
-	zero
..	data not available

Photo: IPPF/Kathleen Prior/India

ANNEX A: NUMBER OF SUCCESSFUL POLICY INITIATIVES AND/OR LEGISLATIVE CHANGES, BY COUNTRY, 2019

COUNTRY	Number of changes
AFRICA	
Benin	1
Botswana	1
Burkina Faso	1
Cape Verde	1
Cote d'Ivoire	1
Kenya	4
Mozambique	1
Tanzania	1
Uganda	5
Zimbabwe	2
ARAB WORLD	
Egypt	5
Palestine	1
Sudan	1

COUNTRY	Number of changes
EUROPE	
Albania	3
Belgium	2
Bosnia and Herzegovina	4
Bulgaria	1
Finland	1
Israel	1
Kazakhstan	1
Netherlands	2
Norway	1
Republic of North Macedonia	6
Serbia	3
Sweden	5
Tajikistan	4
Ukraine	1

COUNTRY	Number of changes
EAST & SOUTH EAST ASIA & OCEANIA	
Australia	1
China	1
Democratic People's Republic of Korea	1
Indonesia	3
New Zealand	2
Philippines	4
Republic of Korea	1
Thailand	1
Tonga	1
SOUTH ASIA	
India	1
Nepal	1
Pakistan	2

COUNTRY	Number of changes
WESTERN HEMISPHERE	
Argentina	3
Bolivia	6
Brazil	1
Chile	2
Colombia	7
Dominican Republic	3
Guyana	1
Mexico	2
Paraguay	1
Peru	2
Trinidad and Tobago	1
United States of America	3
Uruguay	1

ANNEX B: IPPF'S PERFORMANCE DASHBOARD RESULTS, 2016–2019

TABLE B1: IPPF'S PERFORMANCE DASHBOARD – GLOBAL PERFORMANCE RESULTS, 2016–2019*		2016 baseline results	2017 results	2018 results	2019 results	2019 targets	Percentage of target achieved	Number of MAs reporting 2019	Number of Secretariat offices reporting 2019
OUTCOME 1 INDICATORS									
1	Number of successful policy initiatives and/or legislative changes in support or defence of SRHR and gender equality to which IPPF advocacy contributed	175	146	163	**141**	**145**	**97%**	52	5
2	Proportion of countries that are on track with Sustainable Development Goal targets improving sexual and reproductive health**	..	..	..	**..**	**n/a**	**n/a**	n/a	n/a
3	Number of youth and women's groups that took a public action in support of SRHR to which IPPF engagement contributed	661	1,015	1,038	**756**	**n/a**	**n/a**	67	5
OUTCOME 2 INDICATORS									
4	Number of young people who completed a quality-assured CSE programme	28,113,230	31,346,870	30,802,589	**31,948,606**	**66,200,000**	**48%**	136	n/a
5	Proportion of young people who completed a quality-assured CSE programme who increased their SRHR knowledge and their ability to exercise their rights†	..	..	..	**..**	**n/a**	**n/a**	n/a	n/a
6	Estimated number of people reached with positive SRHR messages**	112,516,902	140,443,427	242,605,911	**411,290,906**	**n/a**	**n/a**	140	5
OUTCOME 3 INDICATORS									
7	Number of SRH services provided	145,078,890	164,136,012	168,114,158	**181,337,879**	**210,400,000**	**86%**	130	n/a
8	Number of couple years of protection	18,776,343	21,065,169	23,476,137	**27,015,108**	**21,600,000**	**125%**	125	n/a
9	Number of first-time users of modern contraception	6,336,091	6,102,204	6,043,082	**6,553,838**	**8,613,810**	**76%**	56	n/a
10	Proportion of IPPF's clients who would recommend our services to family or friends†	90%	92%	93%	**92%**	**85%**	**108%**	94	n/a
11	Number of SRH services enabled	37,383,977	44,709,391	55,085,126	**70,967,492**	**68,400,000**	**104%**	55	n/a
OUTCOME 4 INDICATORS									
12	Total income generated by the Secretariat (US$)	130,391,389	125,081,940	132,960,014	**191,467,154**	**199,499,708**	**96%**	n/a	7
13	Total income generated locally by unrestricted grant-receiving Member Associations (US$)	291,198,069	291,747,796	264,262,874	**252,089,810**	**410,300,000**	**61%**	131	n/a
14	Proportion of IPPF unrestricted funding used to reward Member Associations through a performance-based funding system	6%	5%	9%	**8%**	**20%**	**41%**	n/a	5
15	Number of IPPF volunteers	172,279	232,881	261,573	**314,068**	**n/a**	**n/a**	145	n/a
16	Number of IPPF activists**	10,154,353	11,200,237	12,251,237	**13,298,045**	**n/a**	**n/a**	123	4

* Due to rounding, numbers presented throughout these annexes may not add up precisely to the totals indicated and percentages may not sum to 100.
** Metric reviewed in IPPF's Midterm Review and will be deleted from IPPF's Performance Dashboard from 2020.
† Metric reviewed in IPPF's Midterm Review and will be replaced in IPPF's Performance Dashboard from 2020.

TABLE B.2 **OUTCOME 1: PERFORMANCE RESULTS, BY REGION, 2016, 2018 AND 2019**

OUTCOME 1 INDICATORS		Year	AR	AWR	EN	ESEAOR	SAR	WHR	CO	Total
1	Number of successful policy initiatives and/or legislative changes in support or defence of SRHR and gender equality to which IPPF advocacy contributed	**2019**	**20**	**8**	**46**	**15**	**4**	**36**	**12**	**141**
		2018	14	8	66	11	7	53	4	163
		2016	11	5	71	17	11	53	7	175
2	Proportion of countries that are on track with their Sustainable Development Goal targets improving sexual and reproductive health	n/a*								
3	Number of youth and women's groups that took a public action in support of SRHR to which IPPF engagement contributed	**2019**	**17**	**94**	**123**	**73**	**43**	**374**	**32**	**756**
		2018	28	274	125	85	39	472	15	1,038
		2016	22	133	177	47	29	234	19	661

TABLE B.3 **OUTCOME 2: PERFORMANCE RESULTS, BY REGION, 2016, 2018 AND 2019**

OUTCOME 2 INDICATORS		Year	AR	AWR	EN	ESEAOR	SAR	WHR	CO	Total
4	Number of young people who completed a quality-assured CSE programme	**2019**	**2,385,916**	**56,966**	**1,039,408**	**27,314,636**	**376,872**	**774,808**	**n/a**	**31,948,606**
		2018	1,829,953	134,576	298,061	27,375,587	413,395	751,018	n/a	30,802,589
		2016	2,238,789	41,608	239,033	25,019,365	146,242	428,193	n/a	28,113,230
5	Proportion of young people who completed a quality-assured CSE programme who increased their SRHR knowledge and their ability to exercise their rights	n/a*								
6	Estimated number of people reached with positive SRHR messages	**2019**	**32,864,866**	**2,972,349**	**24,411,690**	**127,796,219**	**10,298,996**	**210,137,787**	**2,809,000**	**411,290,906**
		2018	22,940,165	13,656,576	23,475,836	20,317,019	4,577,750	155,030,843	2,607,722	242,605,911
		2016	13,042,195	1,215,088	20,045,247	11,187,889	2,663,735	62,122,748	2,240,000	112,516,902

TABLE B.4 **OUTCOME 3: PERFORMANCE RESULTS, BY REGION, 2016, 2018 AND 2019**

	OUTCOME 3 INDICATORS	Year	AR	AWR	EN	ESEAOR	SAR	WHR	CO	Total
7	Number of SRH services provided	**2019**	**71,096,506**	**23,081,472**	**1,273,005**	**18,221,125**	**31,974,908**	**35,690,863**	**n/a**	**181,337,879**
		2018	67,418,505	20,479,211	1,355,155	17,258,410	28,271,745	33,331,132	n/a	168,114,158
		2016	68,753,974	11,672,439	1,562,581	13,947,674	18,943,863	30,198,359	n/a	145,078,890
8	Number of couple years of protection	**2019**	**13,468,722**	**1,495,114**	**51,031**	**862,178**	**4,217,727**	**6,920,335**	**n/a**	**27,015,108**
		2018	10,498,297	1,401,619	50,545	897,045	3,213,046	7,415,586	n/a	23,476,137
		2016	7,770,541	955,758	49,680	679,485	2,642,243	6,678,636	n/a	18,776,343
9	Number of first-time users of modern contraception	**2019**	**5,532,214**	**319,217**	**1,080**	**135,039**	**562,260**	**4,030**	**n/a**	**6,553,838**
		2018	5,159,478	316,907	910	182,513	370,695	12,579	n/a	6,043,082
		2016	5,300,920	309,261	669	347,384	347,813	30,044	n/a	6,336,091
10	Proportion of IPPF's clients who would recommend our services to family or friends	**2019**	**92%**	**97%**	**93%**	**88%**	**96%**	**92%**	**n/a**	**92%**
		2018	93%	97%	94%	89%	94%	94%	n/a	93%
		2016	92%	94%	92%	83%	86%	91%	n/a	90%
11	Number of SRH services enabled	**2019**	**49,352,515**	**8,237,713**	**44,902**	**1,964,004**	**10,508,058**	**860,300**	**n/a**	**70,967,492**
		2018	40,541,931	5,578,264	48,941	1,908,040	6,444,799	563,151	n/a	55,085,126
		2016	29,951,314	2,074,995	36,212	1,056,158	3,823,911	441,387	n/a	37,383,977

TABLE B.5 **OUTCOME 4: PERFORMANCE RESULTS, BY REGION, 2016, 2018 AND 2019**

	OUTCOME 4 INDICATORS	Year	AR	AWR	EN	ESEAOR	SAR	WHR	CO	Total
12	Total income generated by the Secretariat (US$)	**2019**								**191,467,154**
		2018				Not applicable by regional breakdown*				132,960,014
		2016								130,391,389
13	Total income generated locally by unrestricted grant-receiving Member Associations (US$)	**2019**	**54,342,623**	**10,620,398**	**3,281,238**	**34,306,992**	**17,571,035**	**131,967,523**	**n/a**	**252,089,810**
		2018	56,656,276	10,325,029	4,916,470	35,229,752	15,277,748	141,857,599	n/a	264,262,874
		2016	65,638,161	5,341,111	4,481,212	51,280,444	14,477,182	149,979,959	n/a	291,198,069
14	Proportion of IPPF unrestricted funding used to reward Member Associations through a performance-based funding system	**2019**	**9%**	**0%**	**3%**	**3%**	**8%**	**16%**	**n/a**	**8%**
		2018	10%	0%	7%	6%	9%	10%	n/a	9%
		2016	4%	0%	7%	3%	10%	8%	n/a	6%
15	Number of IPPF volunteers	**2019**	**49,471**	**6,904**	**12,551**	**27,770**	**159,507**	**57,865**	**n/a**	**314,068**
		2018	48,114	6,661	12,711	26,679	117,778	49,630	n/a	261,573
		2016	46,199	6,584	10,317	45,389	15,492	48,298	n/a	172,279
16	Number of IPPF activists	**2019**	**13,876**	**3,050**	**12,466**	**15,283**	**80,846**	**13,168,908**	**3,616**	**13,298,045**
		2018	7,726	4,390	18,164	14,148	42,928	12,152,006	11,875	12,251,237
		2016	6,253	2,610	9,872	8,885	2,797	10,118,205	5,731	10,154,353

* While resource mobilization is supported by all Secretariat offices, income generated by the IPPF Secretariat is reported at the global level for the Federation as a whole.

TABLE B.6 NUMBER OF COUPLE YEARS OF PROTECTION PROVIDED, BY REGION, BY METHOD, 2016, 2018 AND 2019

TYPE OF METHOD	Year	AR	AWR	EN	ESEAOR	SAR	WHR	Total
Intrauterine devices	**2019**	**2,821,711**	**715,312**	**27,396**	**333,882**	**2,507,778**	**2,801,043**	**9,207,121**
	2018	2,363,908	727,134	25,357	286,714	1,629,467	3,329,116	8,361,696
	2016	1,424,628	497,477	19,347	199,679	1,348,074	2,651,157	6,140,362
Implants	**2019**	**5,772,064**	**346,716**	**11,700**	**97,952**	**99,493**	**1,505,806**	**7,833,732**
	2018	3,578,547	251,637	9,738	122,257	125,248	1,377,860	5,465,286
	2016	2,437,908	130,877	7,015	79,297	79,124	1,145,216	3,879,437
Oral contraceptive pills	**2019**	**1,566,691**	**318,406**	**2,046**	**57,455**	**390,017**	**459,212**	**2,793,826**
	2018	1,425,541	215,800	2,002	64,440	347,391	523,253	2,578,426
	2016	1,480,745	251,840	3,097	66,528	222,066	567,218	2,591,494
Injectables	**2019**	**1,908,392**	**65,332**	**100**	**49,283**	**243,853**	**452,700**	**2,719,659**
	2018	1,626,122	74,254	89	52,057	224,205	606,300	2,583,026
	2016	1,065,356	31,080	89	49,564	155,627	653,097	1,954,813
Condoms	**2019**	**1,296,295**	**48,811**	**8,875**	**311,158**	**353,897**	**319,313**	**2,338,349**
	2018	1,447,039	130,575	12,783	331,440	300,467	303,244	2,525,547
	2016	1,272,659	43,482	18,867	270,315	195,263	293,596	2,094,180
Voluntary surgical contraception (vasectomy and tubal ligation)	**2019**	**74,410**	**-**	**690**	**10,980**	**518,354**	**1,304,650**	**1,909,084**
	2018	49,610	-	360	38,490	472,830	1,165,350	1,726,640
	2016	76,880	-	480	12,760	537,612	1,245,480	1,873,212
Emergency contraception	**2019**	**27,123**	**491**	**103**	**1,257**	**104,335**	**35,584**	**168,892**
	2018	6,562	2,181	108	1,417	113,438	72,227	195,932
	2016	9,143	557	671	1,126	104,477	81,228	197,201
Other hormonal methods	**2019**	**914**	**-**	**53**	**147**	**-**	**41,766**	**42,879**
	2018	21	-	58	100	-	38,237	38,416
	2016	58	-	66	90	-	40,445	40,659
Other barrier methods	**2019**	**1,121**	**46**	**68**	**65**	**-**	**260**	**1,560**
	2018	949	39	51	130	-	-	1,169
	2016	3,166	445	49	126	-	1,200	4,986
TOTAL	**2019**	**13,468,720**	**1,495,114**	**51,031**	**862,178**	**4,217,727**	**6,920,334**	**27,015,103**
	2018	10,498,297	1,401,619	50,545	897,045	3,213,046	7,415,586	23,476,137
	2016	7,770,541	955,758	49,680	679,485	2,642,243	6,678,636	18,776,343
Number of responses	**2019**	**(n=37)**	**(n=11)**	**(n=16)**	**(n=25)**	**(n=9)**	**(n=27)**	**(n=125)**
	2018	(n=39)	(n=11)	(n=19)	(n=24)	(n=9)	(n=27)	(n=129)
	2016	(n=39)	(n=11)	(n=19)	(n=25)	(n=8)	(n=27)	(n=130)

TABLE B.7 NUMBER OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES DELIVERED, BY REGION, BY SERVICE TYPE, 2016, 2018 AND 2019

TYPE OF SERVICE	Year	AR	AWR	EN	ESEAOR	SAR	WHR	Total
Contraceptive (including counselling)	**2019**	**58,096,359**	**5,882,549**	**322,443**	**6,269,194**	**12,611,304**	**10,650,139**	**93,831,988**
	2018	50,045,161	4,524,416	328,607	6,928,236	9,323,181	10,050,229	81,199,830
	2016	47,748,224	2,989,983	374,277	5,890,895	5,892,684	8,980,338	71,876,401
Gynaecological	**2019**	**16,582,639**	**4,814,897**	**109,798**	**4,165,235**	**5,648,404**	**9,733,424**	**41,054,397**
	2018	14,447,215	3,611,393	93,304	2,920,188	4,468,395	8,973,989	34,514,484
	2016	9,156,910	2,323,176	150,763	1,837,816	3,123,922	8,529,057	25,121,644
STI/RTI (excluding HIV)	**2019**	**15,196,433**	**1,980,926**	**228,556**	**3,716,210**	**3,890,338**	**6,564,819**	**31,577,282**
	2018	11,912,116	1,596,641	370,756	3,351,612	3,941,885	5,849,774	27,022,784
	2016	10,138,284	1,082,883	339,554	2,223,562	2,129,211	5,046,217	20,959,711
Obstetric	**2019**	**5,632,180**	**10,150,994**	**45,916**	**1,169,867**	**6,743,325**	**2,368,571**	**26,110,853**
	2018	5,504,357	6,612,507	9,587	968,536	5,196,101	2,391,386	20,682,474
	2016	4,472,388	2,344,244	43,323	1,068,801	4,043,146	2,189,092	14,160,994
HIV (excluding STI/RTI)	**2019**	**11,791,869**	**1,608,007**	**162,184**	**1,077,941**	**3,284,911**	**1,686,764**	**19,611,676**
	2018	10,828,649	3,316,358	199,196	992,656	2,944,293	1,506,700	19,787,852
	2016	14,740,366	1,610,558	200,989	719,289	2,479,808	1,269,277	21,020,287
Paediatric	**2019**	**3,203,573**	**4,751,229**	**992**	**762,520**	**3,771,124**	**473,377**	**12,962,815**
	2018	4,190,427	3,767,149	902	1,181,769	3,521,063	442,895	13,104,205
	2016	2,897,906	2,028,557	5,947	820,613	1,772,854	555,470	8,081,347
Specialized counselling	**2019**	**4,038,166**	**753,111**	**283,765**	**1,690,927**	**2,163,217**	**1,575,491**	**10,504,677**
	2018	4,757,661	857,384	277,790	1,646,853	1,639,158	1,456,994	10,635,840
	2016	3,550,259	561,118	336,731	1,372,224	1,008,743	1,281,102	8,110,177
Abortion-related	**2019**	**1,429,251**	**329,241**	**128,391**	**642,551**	**742,928**	**2,341,976**	**5,614,338**
	2018	1,338,294	329,895	115,343	659,178	585,720	2,262,141	5,290,571
	2016	1,548,283	187,291	115,299	548,281	442,185	1,923,701	4,765,040
SRH medical	**2019**	**2,220,590**	**172,560**	**18,415**	**150,368**	**1,833,335**	**104,670**	**4,499,938**
	2018	2,701,488	445,580	3,473	151,977	1,858,240	106,045	5,266,803
	2016	3,116,699	269,110	5,294	380,033	1,094,769	73,213	4,939,118
Urological	**2019**	**949,964**	**575,763**	**11,618**	**325,415**	**1,271,867**	**610,606**	**3,745,233**
	2018	1,078,683	538,834	1,760	168,586	833,267	421,901	3,043,031
	2016	491,187	172,755	1,671	43,654	485,690	455,699	1,650,656
Infertility	**2019**	**1,307,997**	**299,908**	**5,829**	**214,901**	**522,213**	**441,326**	**2,792,174**
	2018	1,156,385	457,318	3,378	196,859	405,241	432,229	2,651,410
	2016	844,782	177,759	24,945	98,664	294,762	336,580	1,777,492
TOTAL	**2019**	**120,449,021**	**31,319,185**	**1,317,907**	**20,185,129**	**42,482,966**	**36,551,163**	**252,305,371**
	2018	107,960,436	26,057,475	1,404,096	19,166,450	34,716,544	33,894,283	223,199,284
	2016	98,705,288	13,747,434	1,598,793	15,003,832	22,767,774	30,639,746	182,462,867
Number of responses	**2019**	**(n=37)**	**(n=11)**	**(n=21)**	**(n=25)**	**(n=9)**	**(n=27)**	**(n=130)**
	2018	(n=39)	(n=11)	(n=23)	(n=25)	(n=9)	(n=26)	(n=133)
	2016	(n=40)	(n=11)	(n=19)	(n=25)	(n=8)	(n=27)	(n=130)

ANNEX C:

MIDTERM REVIEW RECOMMENDATIONS

The following recommendations are based on the findings of the Midterm Review and were approved by IPPF's Directors' Leadership Team in March 2020.

IPPF Directors' Leadership Team should:

In relation to Outcome 1, *100 governments respect, protect and fulfil sexual and reproductive rights and gender equality*

1. Invest financial and human resources as well as technical expertise to strengthen advocacy performance in those MAs and Regional Offices where performance to date has been low and where the potential for success is high.
2. Provide support to MAs to manage the challenge and/or perceived conflict of advocating for sexual and reproductive health and rights where governments provide funding to the MAs.
3. Increase investment in advocacy to enable a more effective response to attacks from opposition, ensuring no duplication of effort.
4. Give strategic consideration to new and innovative partnerships in advocacy, beyond the current model, to maximize the impact of advocacy efforts.

In relation to Outcome 2, *1 billion people to act freely on their sexual and reproductive health and rights*

5. Revise downward the CSE target for ER4.
6. Continue investing in financial and human resources as well as technical expertise to strengthen CSE in those MAs where the shift in performance would not otherwise happen, including by exploring digital technology solutions to increase access to and reach of CSE.
7. Increase investment in advocacy to counter opposition to CSE from hostile governments and movements.
8. Continue strengthening the link between youth-friendly service provision and CSE.
9. Increase investment in advocacy and support to governments to include CSE in national curricula.
10. Develop and implement robust methodology to measure outcomes of IPPF's CSE programmes.

In relation to Outcome 3, *2 billion quality integrated sexual and reproductive health services delivered*

11. Embed a mechanism for the collection and dissemination of good practice in the Women's Integrated Sexual Health (WISH) project partnerships so that these can be adapted and adopted for the benefit of the entire organization and beyond the restricted project.
12. Strengthen support to MAs to establish successful partnerships with Associated Health Facilities.
13. Ensure effective rollout of IPPF's Quality of Care Toolkit to ensure minimum standards are upheld in Associated Health Facilities as well as MA-owned service delivery points.

In relation to Outcome 4, *A high-performing, accountable and united Federation*

Income generation

14. Strengthen support for local income generation by MAs, including support for social enterprise, to ensure their financial sustainability and resilience by increasing their capacity to mobilize resources and develop new business. This should be done both through strengthened Secretariat support as well as strengthened MA–MA support.
15. Ensure effective implementation of IPPF's *Global Income Generation Strategy*.
16. Ensure the sustainability of IPPF's Social Enterprise Hub.
17. Given that this did not take place within this Midterm Review, carry out the financial analysis of IPPF funds to understand which areas are being prioritized for financial investment and the diversity of Secretariat income.

Data management processes, systems and technology

18. Adopt IPPF's *Data Management Strategy* where data is seen as a critical asset that drives decision-making and learning to improve performance and ensure accountability. Invest financial and human resources as well as technical expertise to ensure its effective implementation.
19. Develop and implement Solution 7 of IPPF's *Business Plan* on systems to support effective data collection, analysis, reporting and utilization across the Federation.
20. Invest financial and human resources as well as technical expertise in the implementation of high-quality data management systems, including clinic management information systems (CMIS) for MA-owned static clinics, and solutions for data management in other types of service delivery points as well as in other programme areas. This will enable the collection of data on the number, gender and age of clients reached by IPPF to ensure access to data needed by MAs to implement a client-centred approach.

Cross-organizational learning

21. Create a Federation-wide approach to knowledge and learning by adopting a Knowledge Management Framework to provide the architecture under which a learning organization can be achieved and the necessary culture, skills and competencies, processes and systems created.
22. Create a structure with clear roles and accountabilities for knowledge and learning and include a function that acts as a connector of MAs and the Secretariat.

ANNEX C CONTINUED

23. Increase investment in research and emerging best practices in evaluation to ensure that a holistic approach to measuring performance and its impact is central to the culture of IPPF and adopted by the Federation as a whole.

One united Federation

24. Develop a new Strategic Framework to succeed the *Strategic Framework 2016–2022* to preserve the mechanism that successfully unites the Federation. Ensure the new Performance Dashboard targets are based on trends analysis of previous performance and reflect the diversity of the work of the Federation.

In relation to organizational performance, based on the performance trends analysis

25. Review and change the projections of Expected Results, as appropriate.
26. Agree projections for new Expected Results based on trends from 2016–19.
27. Consider how to most effectively communicate messages around Strategic Framework Outcomes.

In relation to IPPF's Performance Dashboard

28. Adopt the amendments to the Performance Dashboard (Table 3).
29. Review the Vulnerability Methodology and invest in financial and human resources as well as technical expertise to ensure it is effectively applied across the Federation.

In relation to the implementation of IPPF's *Gender Equality Strategy*

30. Ensure that gender equality is institutionalized and an integral part of the organizational culture.
31. Ensure effective integration of gender-transformative programming under each outcome of the Strategic Framework utilizing an MA-centric approach to strengthen the capacity of MAs.
32. Ensure robust monitoring of the institutionalization of gender equality, also by including gender equality indicators on the Performance Dashboard.
33. Invest in financial and human resources as well as technical expertise to ensure effective implementation of the *Gender Equality Strategy*.

TABLE 3: **IPPF'S REVISED PERFORMANCE DASHBOARD (2020–2022)***

EXPECTED RESULT (ER) INDICATORS	
ER1	Number of successful policy initiatives and/or legislative changes in support or defence of SRHR and gender equality to which IPPF advocacy contributed
ER2	Number of youth and women's groups that took a public action in support of SRHR to which IPPF engagement contributed
ER3	Number of young people who completed a quality assured CSE programme delivered by Member Association volunteers or staff
ER4	Number of educators trained by Member Associations to provide CSE to young people or to provide CSE training to other educators (training of trainers)
ER5	Number of SRH services provided
ER6	Number of couple years of protection
ER7	Number of first-time users of modern contraception
ER8	IPPF clients who would recommend our services to family or friends as measured through the Net Promoter Score methodology
ER9	Number of SRH services enabled
ER10	Total income generated by the Secretariat
ER11	Total income generated locally by unrestricted grant-receiving Member Associations
ER12	Proportion of IPPF unrestricted funding used to reward Member Associations through a performance-based funding system
ER13	Number of IPPF volunteers

* Additional Expected Results will be considered for inclusion in the revised Performance Dashboard 2020–2022.

IPPF/Omar Havana/Cambodia

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KEY ABBREVIATIONS

ABPF	Association Beninoise pour la Promotion de la Famille
ADEPF	Association Djiboutienne pour l'Equilibre et la Promotion de la Famille
AFGA	Afghan Family Guidance Association
AMODEFA	Associação Moçambicana para Desenvolvimento da Família
AR	Africa region, IPPF
AWR	Arab World region, IPPF
CMIS	Clinic Management Information Systems
CSE	Comprehensive Sexuality Education
CYP	Couple Years of Protection
EN	European Network, IPPF
ESEAOR	East and South East Asia and Oceania region, IPPF
FGM	Female Genital Mutilation
FPAM	Family Planning Association of Malawi
FPASL	Family Planning Association of Sri Lanka
GPS	Global Positioning System
HERA	Health Education and Research Association
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
MA	Member Associations and Collaborative Partners
MCH	Maternal and Child Health
MEXFAM	Fundación Mexicana para la Planeación Familiar
PNGFHA	Papua New Guinea Family Health Association
PROFAMILIA	Asociación Pro-Bienestar de la Familia Colombiana
RTI	Reproductive Tract Infection
SAR	South Asia region, IPPF
SDG	Sustainable Development Goals
SE	Social Enterprise
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UHC	Universal Health Coverage
UMATI	Chama cha Uzazi na Malezi Bora Tanzania
UN	United Nations
UNFPA	United Nations Population Fund
UPR	Universal Periodic Review
VFHA	Vanuatu Family Health Association
WHR	Western Hemisphere region, IPPF

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With your support, millions of people, especially the poorest and most vulnerable, are able to realize their sexual and reproductive health and rights. Without your generosity, this would not be possible.

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