



# Strength in Solidarity

Forging Futures, Ensuring Choice

Annual Performance Report 2023



# 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 150 countries.

**150**

Member Associations and Collaborative Partners

**15,378**

Staff

**31,681**

Service delivery points worldwide

## Acknowledgements

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

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

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

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# Foreword

**Last year saw a relentless assault on human rights, leaving many feeling anxious and pessimistic about the prospects for people from all walks of life to come together. It was a year of wartime atrocities livestreamed onto billions of smartphones in real time. And if climate, security and human rights fared poorly, the economy did not do much better and many countries cut their aid budgets.**

Against this backdrop, we launched our new strategy, Come Together, and repurposed our Secretariat through a major reorganization. We now have a Secretariat that has the skills and competencies to best support the implementation of our strategy. And a whole lot more diversity and energy.

As you will see in this report, IPPF Member Associations (MAs) were still able to deliver a total of **222.4 million sexual and reproductive health services** during 2023. We served 71.2 million clients. Pretty impressive in such a challenging year in which we embarked on our strategy and consistent with an income of US\$120.9 million generated by the Secretariat.

A key commitment in our new strategy is to keep improving how we reach those in greatest need. Renewed hostilities between Israel and Hamas, war crimes in Gaza and Sudan and ongoing conflicts in Ukraine, Myanmar, Ethiopia and the Sahel have caused tremendous suffering. In this challenging environment, we reached **12.5 million people in humanitarian settings**, an increase of 26 per cent compared to the previous year.

2023 was marked by the victory of progressive forces in a Polish election where the right to abortion featured very prominently, and in contrast, the passing of the egregious Anti-Homosexuality Act in Uganda. Our work is becoming more polarized. Across regions, autocrats have worked to erode the independence of key institutions vital for protecting human rights. The rights of women and girls and LGBTIQ+ communities faced harsh backlashes in many places, and silence by many

# 115

advocacy wins  
in legislation or  
policy

# 12.5m

people reached  
in humanitarian  
settings

# 222.4m

sexual and  
reproductive health  
services delivered

global north organizations on ‘controversial’ topics is preventing a generation from seeing our issues as relevant. Men’s use of violence persists in the home and by the hands of the state, unabated and unchecked. IPPF’s advocacy work carried out by Member Associations and the Secretariat informed legislative, policy and judicial processes, and is a central plank of our strategy, Come Together. In 2023, IPPF significantly contributed to securing a total of **115 advocacy wins to support or defend sexual and reproductive health and rights in legislation or policy.**

To measure performance against our strategy, IPPF has developed a new Results Framework. This contains 12 indicators that track progress along each of the four pillars of the strategy. Most of the indicators are quantitative, but in three areas we have conducted qualitative impact studies across a sample of MAs so that we can fully capture and understand the work being carried out and the difference it is making.

We transitioned into the first year of our six-year strategic period at a relentless pace. We delivered person-centred care and agitated for sexual and reproductive health, rights and justice for women, girls and marginalized populations. We reached even more people in need of potentially life-saving sexual and reproductive healthcare in humanitarian crises. We built exciting partnerships and supported social movements. We mobilized voters and they turned up at polls in Poland, Spain and elsewhere to vote for their sexual and reproductive rights. We worked to define our values and shape a new brand.

IPPF has again proven itself well-placed to deliver quality sexual and reproductive health services to those most excluded and marginalized, and to those suffering in humanitarian crises. We have demonstrated our resilience, commitment and passion. I remain in awe of the expertise and courage of our frontline healthcare workers and activists and am enormously grateful to all our supporters – without you, we would not have been able to show up as we have. THANK YOU.

In solidarity,

**Dr Alvaro Bermejo**  
Director-General, IPPF



# IPPF's Strategy and Results Framework



**“Let’s come together, for sexual and reproductive dignity for all – for each and every one of us, to the exclusion of none of us, in the interests of all of us.”**

Kate Gilmore  
Chair, Board of Trustees, IPPF

**2023 marks the first year in which IPPF is implementing its ambitious strategy, *Come Together*,<sup>1</sup> which covers the six-year period 2023–2028. Our new strategy comprises four interconnected pillars, three of which face outwards and one inwards. Each pillar contains a goal and three critical pathways: the actions needed to achieve each goal. The pathways are accompanied by specific commitments to be achieved by 2028. Vital cross-cutting areas, such as gender equality, young people, human rights, equity and humanitarian action, run through the entire strategy.**

Under Pillar 1, **Centre Care on People**, IPPF will deliver quality, person-centred care to all who need it, while prioritizing marginalized people. We will focus resources on providing a full range of integrated, affordable sexual and reproductive health services. Under Pillar 2, **Move the Sexuality Agenda**, IPPF will inform policy, change harmful norms and defend rights through feminist action and international solidarity. We will work closely with young people to bring about change. Under Pillar 3, **Solidarity for Change**, we will support social movements, forge deeper alliances, innovate and share research. Under Pillar 4, **Nurture our Federation**, IPPF commits to replenishing the Federation, modernizing systems, challenging discrimination and promoting youth and female leadership.

IPPF has developed a new Results Framework to monitor progress in achieving the goals and commitments laid out in the strategy. It was designed in parallel with the strategy, as part of the extensive consultation with MAs and partners.

We incorporated lessons learnt – positive and negative – from the previous Results Framework (2016–2022). In the past, some indicators were challenging to measure. We were too dependent on a small number of MAs to achieve overall results. In addition, collecting and reporting some data was onerous for MAs. Therefore, in this Results Framework, we have kept the number of indicators to a minimum (just 12) to reduce the burden of data collection and reporting on MAs while tracking results against each of our main strategic pathways.

IPPF is keen to enrich the detail and depth of data, where possible. Since MAs have different resources and data capacities, we have adopted a more nuanced, segmented approach to collecting data. Recognizing that in a large, diverse federation like IPPF, one size does not fit all, not every MA will have to report against all indicators. For some indicators, a small number of MAs will be asked to provide data in greater depth.

Of the 12 indicators, some are new, some have been amended from the previous Results Framework, and some are unchanged. Each pillar of the new strategy is linked to specific indicators (as detailed below and in the diagram on page 58):

- Under Pillar 1, indicators 1–4 relate to service delivery. Indicator 1 not only measures the proportion of MAs providing a broad range of key integrated services, but also quality of care through client satisfaction. Other indicators measure the number of clients served and the number of services provided, broken down by type of service and model of care, and MAs' contribution to national service delivery.
- Under Pillar 2, indicators 5–7 measure the number of advocacy wins, changing attitudes to gender equality and inclusion, as well as the quality and reach of comprehensive sexuality education, youth-centred care and youth engagement.
- Under Pillar 3, indicators 8–10 measure IPPF's contribution to social movements, the number of campaigns delivered, and the proportion of research generated by MA-led Centers of Excellence and Learning.
- Under Pillar 4, indicator 11 tracks the proportion of MAs receiving less than half their total income from one donor. Indicator 12 assesses Secretariat performance.

Most indicators are numeric, however, three relate to impact studies. Indicators 6 and 7 (under Pillar 2) and 8 (under Pillar 3) are based on research studies that will explore complex issues such as shifts in attitudes to gender equality, including preventing sexual and gender-based violence; respectful youth-centred care; and MAs' role in amplifying social movements. We chose this approach to offer greater insight and analysis than that provided by conventional indicators.

To capture a wide range of contexts and experiences, MA selection is based on several factors, including geographic diversity, demographic indicators and their activities. Studies will be conducted two or three times across the six-year strategic period, with lessons learnt shared widely within the Federation and our broader sector.



### Expand Choice

Boost safe abortion & infertility care

Integrate HIV into SRHR package

Expand contraceptive choice



### Widen Access

Reach marginalised communities

Deliver youth-centred care

Grow crisis settings preparedness & care



### Ground Advocacy

Connect advocacy at all levels

Amplify community voices

Monitor commitments



### Shift Norms

Prevent sexual & gender-based violence

Take intersectional & feminist action

Share winning narratives



### Advance Digital & Self Care

Invest in digital health interventions

Dignity in self-care



## CENTER CARE ON PEOPLE

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

## MOVE THE SEXUALITY AGENDA

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



### Act with Youth

Bring youth voices to the fore

Advance comprehensive sexuality education

Engage & influence on social media

### Chart our Identity

Draft federation charter

Renew our brand

Build our culture

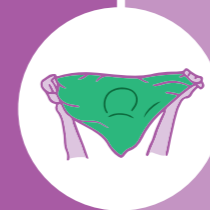


## NURTURE OUR FEDERATION

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

## SOLIDARITY FOR CHANGE

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



### Support Social Movements

Connect capacity

Amplify messages

Re-grant to movements

### Walk the Talk

Challenge discrimination

Embrace gender & sexual diversity

Youth structures & leadership



### Grow our Federation

Find new members

Modernise systems & grow skills

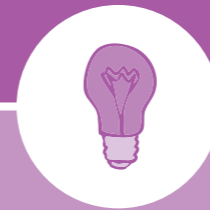
Mobilise resource & diversify income

### Innovate & Share Knowledge

Grow the IPPF centers & funds

Communicate learning

Incubate ideas & tech



### Build Strategic Partnerships

Collaborate across sectors

Build alliances & consortia

Host & support community groups & networks

# Pillar 1

## Center Care on People



Photo: IPPF/Record Media/Yemen

**In a world where attacks on sexual and reproductive health and rights continue to intensify and where conflicts and climate disasters present ever greater challenges, IPPF MAs remain committed to providing person-centred care to the people who need it most. To achieve this, we are following three critical pathways: **expand choice, widen access and advance digital and self-care.****

In our new strategy, MAs made a deliberate decision to focus on areas and people specifically excluded from SRH services and responses. This required adjusting programme approaches and models of care, as well as identifying different, and more challenging, quantitative and qualitative indicators for measuring outcomes and impact.

In 2023, IPPF MAs delivered a total of 222.4 million services to 71.2 million clients which represents a two per cent decrease in the volume of services compared to 2022 overall. This can be accounted for by some service-providing MAs and collaborative partners no longer reporting data because they either left the Federation (Bangladesh, Myanmar and Zimbabwe) or were suspended (Namibia). In addition, IPPF's largest service provider, the MA in Nigeria, recorded a 21 per cent decline in service delivery due in part to disruptions caused by national elections. However, MAs in Sudan (+19 per cent), Pakistan (+25 per cent) and Cameroon (+43 per cent) among others reported significant increases. MAs in the Africa Region contributed 41 per cent of total services in 2023, with Arab World MAs delivering a further 31 per cent.

# Expand Choice



5.9m

abortion-related services

29.1m

STI/RTI services

Our commitment to people making decisions about their bodies, sexuality and reproductive health is of particular relevance at a time when those rights are increasingly under attack. In this challenging context, IPPF delivered 5.9 million abortion-related services in 2023, a significant increase of 17 percent compared to 2022. Of the 614,297 abortions provided, 64 per cent were via medical methods, while 36 per cent were surgical abortions.

IPPF’s new strategy encompasses infertility care, reflecting the importance of serving people in all their diversity and throughout their lifecycle. IPPF MAs provided a total of 1.8 million fertility-related services during 2023, including 161,533 infertility treatment services.

Providing contraceptive choice is an integral part of the quality, person-centred care offered by MAs. In 2023, IPPF delivered 75.7 million contraceptive services of which 36.5 million were contraceptive counselling. Couple years of protection (CYP), the estimated protection from pregnancy provided by contraceptive methods over a one-year period, fell by 34 per cent to 17.5 million. Supply issues were a factor in this decrease for some MAs (for instance, Ethiopia, DRC and India) who did not have their

allocation requests fully met through national and UNFPA commodity mechanisms or received their UNFPA allocation late in the year. Nigeria saw a decline in CYP due to the election-related instability in the country, and a general shortage of condoms. Conflict in Sudan, where a large shipment of supplies was stolen by armed forces, has also had a major impact on total CYP. Long-acting reversible methods accounted for exactly two-thirds (66 per cent) of total CYP, with permanent methods contributing a further seven per cent.

There were some significant increases in CYPs in the MAs of Ghana (+54 per cent), Pakistan (+15 per cent) and Vietnam (+62 per cent) as MAs expanded their demand generation activities and ensured contraceptive commodities security through new local partnerships.

Contraceptive provision by IPPF MAs saved lives, helping to prevent 8.2 million unintended pregnancies and avert 2.5 million unsafe abortions, while saving US \$519 million in direct costs to health systems.

HIV-related services delivered by MAs – comprising counselling, testing, management and treatment of sexually transmitted infections including HIV – rose

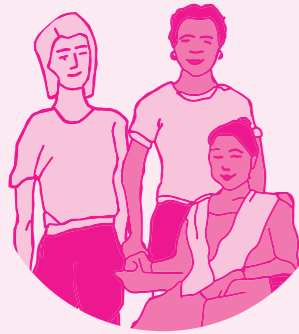
by 11 per cent from 2022, to a total of 52.4 million. IPPF delivered 2.1 million HIV-related treatment and management services in 2023, of which 192,000 involved the provision of anti-retroviral therapy. Our strengthened data collection systems have enabled greater disaggregation of data in 2023, allowing us to track the provision of pre-exposure prophylaxis, post-exposure prophylaxis and the prevention of vertical transmission. STI/RTI services increased from 28.4 million in 2022 to 29.1 million in 2023, including 270,000 vaccinations against HPV and hepatitis.

Ensuring people have access to comprehensive, integrated, quality care so that they have real choice is at the heart of IPPF’s strategy. Indicator 1 in the Results Framework captures this by not only measuring clients’ satisfaction with the services delivered, but also the range of essential services available through MA clinics. To qualify, an MA

must score at least +50% on the net promoter score that measures client satisfaction, while also meeting eight criteria for the Integrated Package of Essential Services Plus (IPES+). This requires MAs to provide a range of vital services across different areas, comprising contraception, HIV, sexually transmitted infections, infertility, gynaecology, sexual and gender-based violence, sexual health and well-being, and safe abortion care. IPES+ is a more rigorous set of criteria than IPPF’s previous IPES model. For example, MAs must now be able to provide anti-retroviral therapy or documented referrals for treatment for people living with HIV as well as post-exposure prophylaxis. As a result, only four per cent of MAs currently meet all criteria for this indicator. This data will be used to identify opportunities for capacity building and MAs will be supported to provide the full set of IPES+ services, with the aim of significantly strengthening compliance with the criteria over time.



# Widen Access



IPPF prioritizes reaching those most in need of quality sexual and reproductive healthcare. MAs use mobile clinics, community-based service delivery and subsidized fees to ensure that marginalized people in remote areas have access to the services they need. In 2023, 85 per cent of our clients were marginalized or excluded. IPPF's updated vulnerability assessment guide supports MAs to identify key excluded groups among the people they serve and to use this to track their reach to these communities.

IPPF MAs are often the sole or main national civil society provider of sexual and reproductive healthcare in the countries in which they operate. In 2023, IPPF MAs were the sole national civil society provider of SRH services in 54 countries, and the main provider in a further 19. Under Indicator 4 of the Results Framework, in 2023, MAs provided 11 per cent of contraception as measured through Couple Years of Protection (CYP), aggregated across a sample of 13 countries. MAs also provided an average of 4 per cent of abortion services globally. This demonstrates the vital role MAs play in ensuring under-served people can access sexual and reproductive healthcare.

Providing youth-friendly, tailored services and accessible information is critical to our youth-centred approach. In 2023, just under half (46 per cent) of services provided by IPPF MAs were delivered to people under the age of 25, to an estimated 28.2 million clients. Of these, 9.5 million were aged 10–19, showing MAs' commitment to deliver services to adolescents, who are often unable to access essential, stigma-free and confidential services.

Some of the most marginalized people we reached last year were in humanitarian settings. During conflicts and crises, women and girls face heightened risks, yet sexual and reproductive health needs are often overlooked. In 2023, IPPF MAs delivered life-saving sexual and reproductive healthcare to 12.5 million people in humanitarian settings, an increase of 26 per cent compared to the previous year. See page 16 for an update on our humanitarian work.

# Advance Digital and Self-Care



Since the COVID-19 pandemic, an increasing number of MAs have accelerated the development and implementation of new models of care, leveraging progress in technology and increasing recognition of self-care in sexual and reproductive health. This included providing counselling services online, sharing information via WhatsApp or delivering comprehensive sexuality education to young people via online platforms. IPPF has added digital and telehealth as a separate category in its service data reporting platform, allowing these services to be disaggregated and tracked. In 2023, MAs reported 225,000 digital health services. IPPF is also designing a framework for digital health interventions across the Federation so that existing expertise can be scaled up to support MAs in developing their use of digital technology.

A number of MAs facilitate self-care, which is a crucial part of IPPF's rights-based approach. Empowering women and pregnant people to self-manage abortion puts them at the centre, enabling them to choose whether and how they access support from health workers through the abortion process. In 2023, IPPF MAs provided 20,946 abortion self-care services, encompassing counselling,

provision of medical abortion pills and follow-up support: this represents a remarkable 48 per cent increase from 2022.

In September 2023, a global meeting brought together IPPF Secretariat staff, MAs and partners to share lessons from two major initiatives on abortion: the Global Care Consortium, comprising 13 MAs and partners led by Profamilia the IPPF MA in Colombia, and IPPF's flagship abortion restricted funded programme. Discussions focused on self-care, with participants sharing experiences, including ways to integrate digital health and telemedicine with abortion self-care. Participants also highlighted the critical need to strengthen partnerships with public health institutions, other NGOs, pharmacies, and most importantly, the communities and people we serve.

# IPPF's Humanitarian Programme

Climate change and conflicts are widely expected to result in a massive increase in humanitarian need in the near future, exacerbating gender inequalities and limiting people's access to sexual and reproductive healthcare. The United Nations and partner organizations estimate that nearly 300 million people will require humanitarian assistance and protection in 2024.<sup>2</sup>

Women and girls are disproportionately affected by conflict and humanitarian emergencies, during which they face greater risk of sexual and gender-based violence. Their sexual and reproductive health and rights, and choices, are often severely impacted by a crisis, as these services are unavailable and often deprioritized. During conflict and humanitarian emergencies, spikes in maternal mortality and morbidity occur as well as increased transmission of HIV and other sexually transmitted infections (STIs).

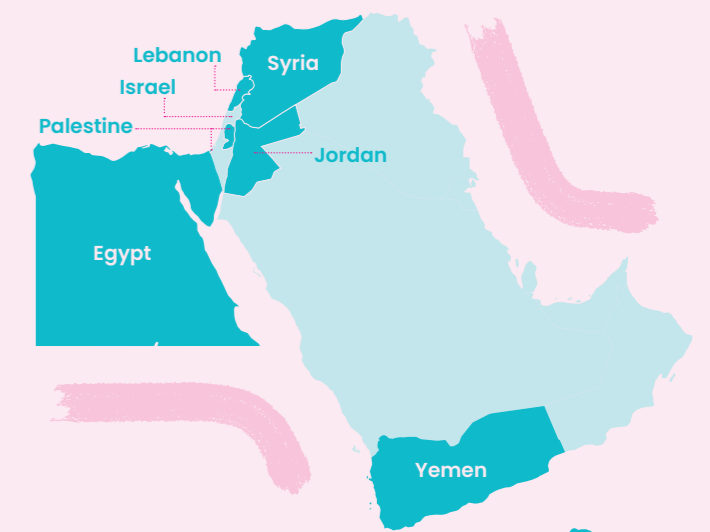
As a locally-led, feminist, humanitarian organization, IPPF continues to build the capacity and readiness of our Member Associations to deliver life-saving sexual and reproductive healthcare. In 2023, our humanitarian reach grew more than ever, responding in 44 countries and reaching over 12.5 million people (a 26 per cent increase compared to 2022) throughout humanitarian and fragile settings.



# Middle East Regional Response

Following the attacks of 7 October 2023 and the escalation of violence in Gaza, IPPF has been working with our local MA in Palestine, the Palestinian Family Planning and Protection Association (PFPPA), to offer support, identify the sexual and reproductive health needs of women and girls in both Gaza and the West Bank and plan for humanitarian support in Gaza once conditions allow. PFPPA's Gaza service centre was destroyed by an airstrike in the first week of fighting in October, but providers nonetheless continued to operate in extreme circumstances. In the West Bank, we have increased support to PFPPA to keep static clinics and mobile clinics operational following the uptick in violence also in this area since October 2023 which has affected MA staff mobility. Stream 3, IPPF's internal humanitarian funding mechanism, supported Open Door, the Israel Family Planning Association, to offer services to displaced Israeli populations, reaching 3,300 people within their first month.

The MAs and partners of the six countries most affected by the escalation of the conflict in the region – Palestine as well as the deepening crisis across Syria, Lebanon, Jordan, Egypt and Yemen – have required intensive support and resources. IPPF has developed contingency plans including logistics and supplies and offered psychological support to MA staff and service providers.



# War in Sudan



Since the start of the brutal armed conflict between the Sudan Armed Forces and the paramilitary Rapid Support Forces in April 2023, conflict-related rape and sexual violence against women and girls in Sudan has significantly increased. Sexual violence in Sudan has led to a surge in unintended pregnancies and STIs. In conflict-affected areas, shortages of supplies, interrupted transportation, power and water supply and attacks on service providers and clients have substantially restricted the accessibility and delivery of crucial sexual and reproductive healthcare.

Since the start of the war, six health facilities run by IPPF MA, Sudan Family Planning Association (SFPA), have suffered unprovoked attacks that have destroyed clinics, supplies, medical files and post-abortion care units. SFPA staff are on the frontline, providing medical and psychological support to women, including clinical management of rape and referrals for survivors of sexual and gender-based violence. In partnership with the Ministry of Health, SFPA has created and shared – via social media – a database including information about operational midwives and health facilities to help women find healthcare providers that are easier and safer to reach. SFPA has also involved community mobilizers, religious leaders and local

Imams, champions, SFPA youth network and peer educators to raise awareness and run educational campaigns on sexual and gender-based violence.

SFPA continues to provide care in areas with a large number of internally displaced persons. Services include clinical management of rape, diagnosis and treatment of HIV and other STIs, antenatal and post-natal care, prevention of unintended pregnancies and post-abortion care. These vital services are available through SFPA's static clinics, mobile clinics, mobile team, community-based distributors and a 24/7 call centre.



# Locally-led Humanitarian Action

Locally-led action is critical for effective humanitarian programming. Our vision is a network of local organizations delivering essential, quality sexual and reproductive healthcare in the face of overwhelming crises.

A core activity for IPPF's humanitarian programme is working with MAs so that they are better prepared to respond to a crisis. This takes place through in-person and remote training in the Minimum Initial Service Package for sexual and reproductive health (a set of life-saving activities to be implemented at the onset of every humanitarian crisis), clinical management of rape, safety and security, sexual and gender-based violence and simulation exercises (SimEx) for crisis response. In 2023, the humanitarian team rolled out 81 trainings, reaching 4,562 staff across the Federation.

In 2023, our internal humanitarian funding mechanism, Stream 3, achieved a greater global reach than ever, responding to 18 crises and reaching 241,389 people. Responses included the war in Ukraine, earthquakes in Syria and Turkey, flooding in Mozambique and Ecuador, a cyclone in Zambia and the Manipur conflict in India.

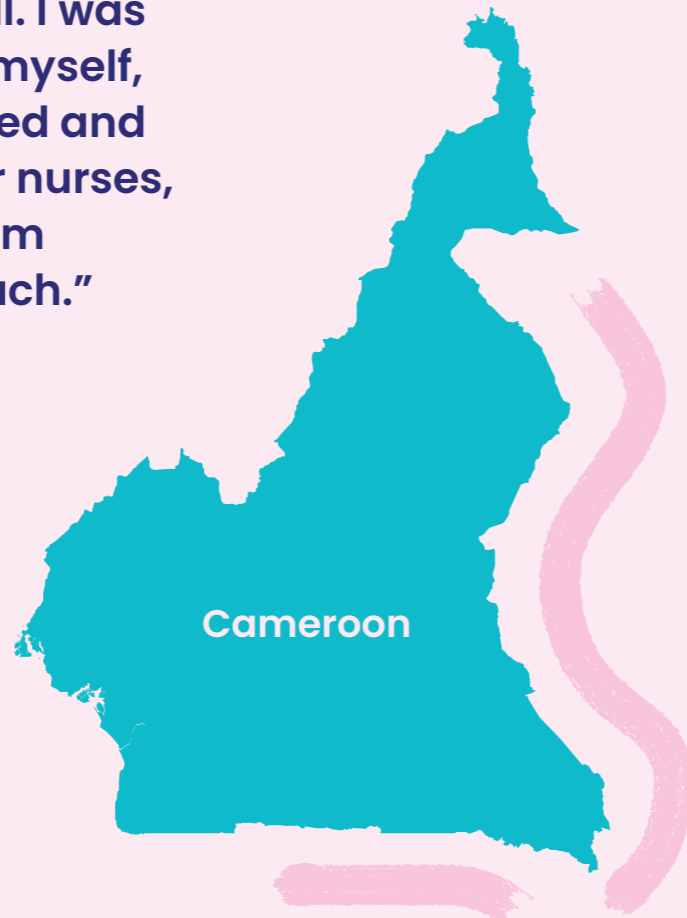
Stream 3 funding is intended to support timely, life-saving sexual and reproductive healthcare in humanitarian settings. As well as a grant of between US\$50,000 and US\$200,000 – depending on the length and the severity of the crisis and other variables – MAs are able to establish local partnerships for service delivery and other key priorities. As an example, during the Cyclone Freddy response, the Family Planning Association of Malawi worked in partnership with agencies including UNFPA and UNICEF, as well as district health officers in each region. IPPF's MA in the Philippines agreed a partnership with Norfil Foundation to expand access to accurate and non-judgmental sexual reproductive health information and services for people with disabilities, while the MA in Vanuatu partnered with the Vanuatu Society for People with Disabilities and VPride (a LGBTIQ+ organisation) during the Tropical Cyclone responses. The sexual and gender-based violence (SGBV) referral pathways were managed in collaboration with the Vanuatu Women's Crisis Centre, Community Against Violence Against Women (CAVAW) which has a presence on each island where the humanitarian teams operated.



# Innovative Approaches to Expand Access to Abortion Self-Care in Cameroon

**“I took advantage of your abortion service and everything went well. I was afraid of the process of doing it myself, but with the information I received and the constant monitoring by your nurses, everything went smoothly and I’m healthy now. Thank you very much.”**

Anonymous client



The restrictive abortion law in Cameroon limits access to quality care. Faced with an unintended pregnancy, many women are forced to resort to unsafe abortion, which puts their lives and health at risk and is often shrouded in secrecy, shame and stigma. Unsafe abortion remains a leading cause of preventable maternal mortality in the country, accounting for around a quarter of all maternal deaths.<sup>3</sup>

To address these challenges, IPPF MA, the Cameroon National Planning Association for Family Welfare (CAMNAFAW) has stepped up delivery of abortion care services. As well as offering care in its clinics, the MA is using innovative approaches to widen access: enabling more women – especially young women – to self-manage medical abortion. Its strategy encompasses:

- Using digital health interventions to facilitate self-care. CAMNAFAW has created several online platforms (Facebook, WhatsApp, hotlines and a website) to provide information, offer counselling and support, refer people to delivery points where they can obtain quality medical abortion pills and ensure follow-up. Through accessible educational talks online, young people gain knowledge and skills.
- A community-based approach including face-to-face awareness-raising talks in and out of school and advocacy with women’s and girls’ groups to mobilize support for abortion care. In addition, CAMNAFAW has not only built partnerships with clinics and community-based organizations that refer clients, but also with pharmacies that dispense medical abortion pills.
- Greater uptake of home-based medical abortion care. Women benefiting from this service are closely monitored by healthcare providers until the final stage. In 2023, 70 per cent of clients who had a medical abortion chose home-based care.

This strategy has proved highly successful. In 2023, CAMNAFAW facilitated abortions through self-care to 925 people, and home abortion services to 2,945 people. This is in addition to the 29,957 induced abortion services provided by the MA through its 36 clinics. During 2023, 48 per cent of CAMNAFAW’s abortion services were provided to young people and the MA also reached 21,767 young people online and 17,896 young people in the community with comprehensive sexuality education sessions including information about unintended pregnancy.

These results show that women are increasingly seeking new approaches to manage their abortion, including self-care. Abortion self-care extends choice, and, as such, is an integral part of IPPF’s person-centred model that supports and empowers women, girls and everyone who has the capacity to become pregnant.<sup>4</sup> Self-managed medical abortion is safe and effective,<sup>5</sup> upholds dignity and privacy, and can bust the stigma surrounding abortion, particularly for young and marginalized people.

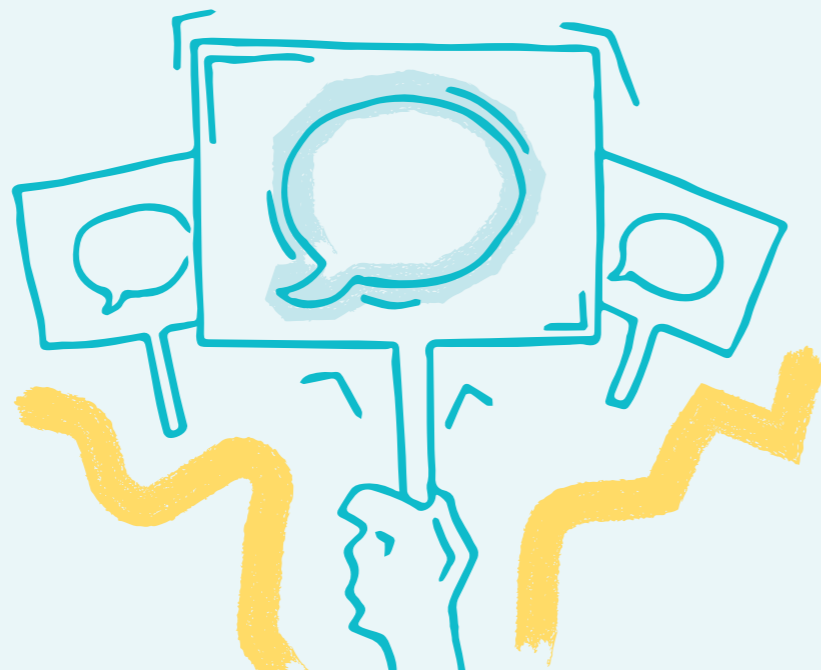


Photo: IPPF/Xaume Olleros/Cameroon

# Pillar 2

## Move the Sexuality Agenda

As the global anti-rights movement seeks to reverse hard-won gains in sexual and reproductive health and gender equality, IPPF continues to fight to secure societal and legislative change. We want all people to exercise their rights to make their own decisions about their bodies and their sexual and reproductive health, to access the information they need, and to live their lives to the full. To that end, under this pillar we will follow three critical pathways: **ground advocacy**, **shift norms** and **act with youth**.



## Ground Advocacy



Across the globe, IPPF champions sexual and reproductive rights, influencing decision-makers, shaping policies and holding governments to account. IPPF contributed to a total of 115 policy and legislative changes in support or defence of sexual and reproductive health and rights in 2023. Of these wins, 91 related to advocacy activities carried out by MAs, with 77 relating to national-level changes and 14 at the sub-national level. The IPPF Secretariat contributed to a further 24 changes; 11 of these were at the global level and 13 regionally.

As well as effecting positive change to law and policy that secures sexual and reproductive rights, IPPF's advocacy activities also focus on preventing potentially negative changes that may restrict rights. This is particularly important in the current environment, in which an emboldened opposition is pushing to enact illiberal, repressive legislation in a number of countries around the world. In 2023, 106 of IPPF's advocacy wins related to positive change, while nine blocked a negative change from occurring.



Photo: IPPF/Hannah Maule-finch/Hungary



# Shift Norms



Rigid gender roles and expectations uphold male privilege, reinforce inequality and drive sexual and gender-based violence. In order to change harmful social norms and attitudes towards sexuality and gender, IPPF is committed to crafting winning narratives and delivering compelling messages through online and offline communications channels. Two of IPPF's Centers and Funds have been essential to this work: the **Winning Narratives Centre**, based in IPPF European Network Regional Office, and the **Countering Opposition Centre**, hosted by Planned Parenthood Global.

The Winning Narratives Centre aimed to create sustained, broad public support for sexual and reproductive health and rights and gender equality by targeting the 'moveable middle' of public opinion through value-based messaging. In 2023, this centre mainstreamed its work – first piloted in 2022 – monitoring and researching anti-gender, anti-rights discourses and developing counter-narratives. It expanded targeted audience segmentation and tested messages as well as providing support to MAs in Indonesia, Mexico and Spain on developing their own narratives.

The Countering Opposition Centre consolidated work carried out in 2022 on creating awareness and training MAs. It supported HERA, the MA in North Macedonia, which was facing opposition attacks

and smear campaigns. Through the East Africa Opposition Mitigation and Advocacy Strategy, the centre also worked closely with IPPF Africa Regional Office to support MAs in the region, which are experiencing severe attacks on sexual and reproductive health and rights. Both these centres completed their work in July 2023, while additional resources and approaches have been identified as part of IPPF's alignment with its new strategy.

Combating sexual and gender-based violence is a crucial element of IPPF's work to shift harmful norms, as is embedding these changes in law and policy. In 2023, IPPF's advocacy efforts delivered 12 policy or legislative changes relating to sexual and gender-based violence. IPPF MAs also delivered 3.5 million services relating to sexual and gender-based violence, with key contributions from MAs in Pakistan, Colombia and Morocco. We have revised the definitions for sexual and gender-based violence services to allow us to better track and understand how MAs are providing effective first-line support for survivors and appropriate referrals to clinical, psychosocial and protection services.

# Act with Youth



All young people have the right to clear, accurate information about their bodies, relationships, sex, sexuality and reproductive health. Education empowers them to make responsible choices about their own lives and bodies and to develop respectful relationships. However, this right is under threat, as coordinated and well funded opposition groups step up disinformation campaigns to attack comprehensive sexuality education provision and promote an anti-gender ideology based on patriarchal values. In response, IPPF MAs are at the forefront of providing evidence-based comprehensive sexuality education to young people in and out of school. In 2023, MAs delivered quality comprehensive sexuality education to a total of 36.5 million young people, a four per cent increase compared to 2022. Nine of our advocacy successes in 2023 related to education for young people.

Youth-centred care is essential to enable young people to access the tailored, non-judgemental services they require. In 2023, 46 per cent of all sexual and reproductive health services were provided to young people under the age of 25. Globally, 14 per cent of clients were adolescents between the ages of 10 and 19, and this proportion was higher in countries such as Cameroon (22 per cent), Syria (22 per cent) and South Sudan (24 per cent).

In the new Results Framework, IPPF has taken an alternative approach with three indicators. Rather than measure achievement through numerical results alone, we are conducting research studies in three areas of work, looking at the differences made across a sample of MAs. Within Pillar 2, we are using this approach to explore gender equality and inclusion (Indicator 6), and the quality, reach and impact of comprehensive sexuality education, access to youth-centred care and progress in youth engagement in the Federation (Indicator 7). The results of the first phase of these studies are detailed in the following sections.



Photo: IPPF/SFPA



# Shifts in perception and attitudes in relation to gender equality and inclusion across the Federation and the communities we serve

IPPF’s study for Indicator 6 aimed to deepen understanding of the approaches used to promote gender equality and inclusion under the current strategy. We focused on identifying barriers and enablers faced by Member Associations, the tools and resources used, support needs and specific approaches to assist survivors of sexual and gender-based violence, particularly in humanitarian contexts.

Data was collected through a desk review of relevant documents and interviews with stakeholders from the IPPF Secretariat and representatives of four MAs: Association pour le Bien-Etre Familial/Naissances Désirables (ABEF-ND, Democratic Republic of the Congo), Association Mauritanienne pour la Promotion de la Famille (AMPF, Mauritania), Fundación Mexicana para la Planeación Familiar (Mexfam, Mexico) and the Family Planning Association of Nepal (FPAN, Nepal). The next rounds of research for Indicator 6 will also include the perspectives of community members and partner organizations at the country level.

*If we can provide assistance locally, we do it. We have some counsellors. And [we do it through the helpline], that's where we do the referrals. And if it's something that we can't deal with institutionally, we make the referral. We have a catalogue of allied people and institutions to be able to make referrals.*

MA representative

## Key findings

**Most MAs have worked for decades in the sexual and reproductive health and rights field, earning high levels of trust from their partners and communities.** This long-standing presence helps them establish effective working relationships with a wide range of public and private partners, including government agencies, UN bodies, civil society organizations and international NGOs. These partnerships enhance the visibility and impact of their messages and interventions.

**MAs engage closely with their peers, champions and community networks, providing support to small community-based organizations in the form of capacity building or institutional strengthening.**

This community focus is essential to address the multiple, intersecting forms of social discrimination and inequality experienced by some individuals when accessing sexual and reproductive healthcare. For instance, Mexfam’s youth programme provides a broad range of services beyond sexual and reproductive health, addressing young people’s holistic needs. ABEF-ND supports organizations of people with disabilities to integrate prevention of sexual abuse and exploitation into their activities.



*We have been facing problems to provide services to marginalized groups of people because there are some communities still where we need to make people know that they have the right to good reproductive health, to come and do their normal check-ups, to conceive a baby when they want or not to conceive. It is up to them.*

MA representative



**Societal and cultural norms and legal frameworks that are not supportive of sexual and reproductive health and rights present significant obstacles to gender equality and inclusion.** One crucial approach to address these challenges is advocacy by MAs to improve the legal framework relating to sexual and reproductive health and rights in their countries, including combating norms that violate the rights of people with diverse sexual orientations, gender identities, gender expressions and sex characteristics. For example, FPAN’s policy and advocacy efforts in Nepal have recently contributed to the legal recognition of same-sex marriage. Additionally, MAs aim to raise awareness of existing laws that are often overlooked or unknown by those who could benefit from them. This is illustrated by ABEF-ND’s efforts to promote awareness of a law passed in 2022 that grants survivors of sexual and gender-based violence the right to compensation from a dedicated reparation fund.

**MAs strive to prevent female genital mutilation (FGM),** a practice often justified by religious arguments. In Mauritania, IPPF’s reference centre on FGM has successfully lobbied religious leaders of different faiths to issue public statements denouncing FGM as a harmful practice. This approach leverages the influence of religious leaders to change community attitudes towards FGM. These efforts contributed to 45 villages in Mauritania declaring that they would abandon the practice.

**MAs generate and use quality evidence to enhance the effectiveness of their work to improve gender equality and inclusion.** Mexfam relies extensively on participatory action research to adapt its work, inform its social programmes and develop content for its communication activities. ABEF-ND regularly monitors data to promote learning, and FPAN has recently begun to disaggregate data by gender to better understand the impact of its work. The IPPF Arab World Regional Office supports the reference centre on FGM in Mauritania to generate and disseminate knowledge on FGM and position itself as a thought leader on this issue.

**MAs employ comprehensive strategies to support survivors of sexual and gender-based violence and combat the social norms that sustain it.** Prevention and awareness-raising activities are conducted in schools, communities and marketplaces, covering topics such as sexual abuse, FGM and reproductive coercion. In the Democratic Republic of the Congo, ABEF-ND refers survivors to partner organizations for psychological, medical and legal support as well as community reintegration. Mexfam is adapting its approaches to combat new forms of violence, such as digital violence, by providing remote support through social media and helplines.

The strong focus on gender equality and diversity in IPPF’s strategy, Come Together, aligns with MAs’ own priorities and efforts. Despite facing significant barriers, MAs continue to advance gender equality and inclusion through innovative strategies.

# Quality, reach and impact of comprehensive sexuality education, youth-centred care and progress in youth engagement in the Federation

Indicator 7 encompasses the quality, reach and impact of comprehensive sexuality education and access to youth-centred care across the Federation. Over 30 interviews were carried out with staff and youth volunteers from four MAs (Albanian Center for Population and Development, Family Planning Association of Malawi, Samoa Family Health Association and Association Tunisienne de la Santé de la Reproduction in Tunisia) and their partner organizations, as well as staff from the Secretariat.

This initial phase of the study focused on establishing a baseline in the first year of IPPF's strategy, with impact to be fully measured across subsequent phases. Youth engagement will be considered in future assessments, once young people within IPPF have defined youth engagement and agreed the terms of the investigation.

## Key findings

**Comprehensive sexuality education within IPPF is designed and delivered according to a rights-based approach, guided by IPPF's comprehensive sexuality education framework<sup>6</sup> and national or regional curricula and guidelines.** In some countries, MAs train teachers and provide information for comprehensive sexuality education in schools. The coverage of essential components varies according to the context, facilitator's knowledge, delivery platform and intended audience.

### MAs deliver comprehensive, integrated sexual and reproductive healthcare to young people.

This is underpinned by IPPF's Client-Centred Clinical Guidelines<sup>7</sup> and delivered through youth-focused outreach and peer models as well as youth-friendly providers in clinics.

### MAs create linkages between the provision of comprehensive sexuality education and delivery of services to young people, with the approaches used varying according to circumstances.

For example, in Malawi, in-school comprehensive sexuality education lessons are paired with a mobile service unit set up by the MA close to the school, allowing students to access services and products following the session. Outreach campaigns and events targeted at young people involve providing information on sexual and reproductive health and rights, followed by increasing the availability of integrated, youth-friendly health services via mobile outreach vans staffed by a team of healthcare providers.

*If the youth hasn't had the courage to ask before, when we have gone back to the school for a second time, we have noticed a change in their interaction, they have started asking more and seeking more information. This is what I like. And at the same time, I have noticed teachers and directors to welcome us, being more open to take information from us and to demand from us to deliver our services.*

Comprehensive sexuality education educator

**Assessing the contribution these approaches make in quantitative terms is an avenue for MAs to pursue further.** Some young people participating in comprehensive sexuality education sessions become youth volunteers or peer educators for the MA, supporting the uptake of youth-centred care among their peers.

**Youth leadership is seen as a vital element of delivering comprehensive sexuality education, particularly peer educators, with youth clubs, youth councils and national or regional youth networks all playing an important role.** In some settings, peer educators distribute contraceptive methods and connect their peers to youth-centred care.

**MAs face multiple challenges in the course of delivering this work.** Stigma is a key issue, with the national policy and social environment acting as both an enabling and limiting factor in MAs' ability to deliver comprehensive sexuality education. For some MAs, the implementation of comprehensive sexuality education guidelines by the government makes it straightforward to widen provision and they are heavily involved in delivering the curriculum. However, certain topics – in particular, sexuality and pleasure – are stigmatized. Some MAs find that compromises on content may be necessary, especially for in-school materials, due to cultural sensitivities and discomfort from the community, parents or teachers.

**Funding challenges include the predictability and sustainability of resources, and the tendency towards 'project-ization,' leading to comprehensive sexuality education becoming siloed in a project rather than fully integrated across the MA's programmatic work.** Reaching marginalized and excluded young people is an additional challenge, with rural youth being one of the hardest groups to reach with comprehensive sexuality education and services.

**A number of MAs in the study use innovative approaches such as digital platforms, especially social media, to reach young people with information about sexual and reproductive health and rights.** Reaching out beyond health facilities, using peer educators and lay providers, is also seen as a crucial way to provide comprehensive sexuality education and youth-centred care to

those young people who would otherwise not be able to access services and information. MAs also recommend strengthening the meaningful engagement of young people in all stages of the design, delivery and implementation of comprehensive sexuality education and youth-centred care.

*[Youth] are consulted, but they are not fully informed and fully participate in decision-making. Consultation is not enough in decision-making, it's good to consult, but their ideas should be taken into consideration when making decisions.*

Youth volunteer

IPPF's strategy, Come Together, is seen as a guide that sets standards for MAs, although those involved in this study felt that it was too early to see specific progress resulting from the new Strategy in 2023. MAs understand the importance of a Federation like IPPF setting clear strategic directions and welcome increased Federation-wide exchange of knowledge and skills.

*The new strategy is really going to play a very big role in the work that the Member Association is going to be doing moving forward...We have our youth grouping, our youth volunteers, how best can we improve their ability, their capacities with regards to delivering comprehensive sexuality education amongst themselves, their peers, but also to other youth groupings and youth networks that these young people interact or network with at district level or lower community levels. So, we really feel that this strategy is really going to change or shape our comprehensive sexuality education programming for the greater good in the long run.*

MA representative



# Decriminalizing Same-Sex Relations

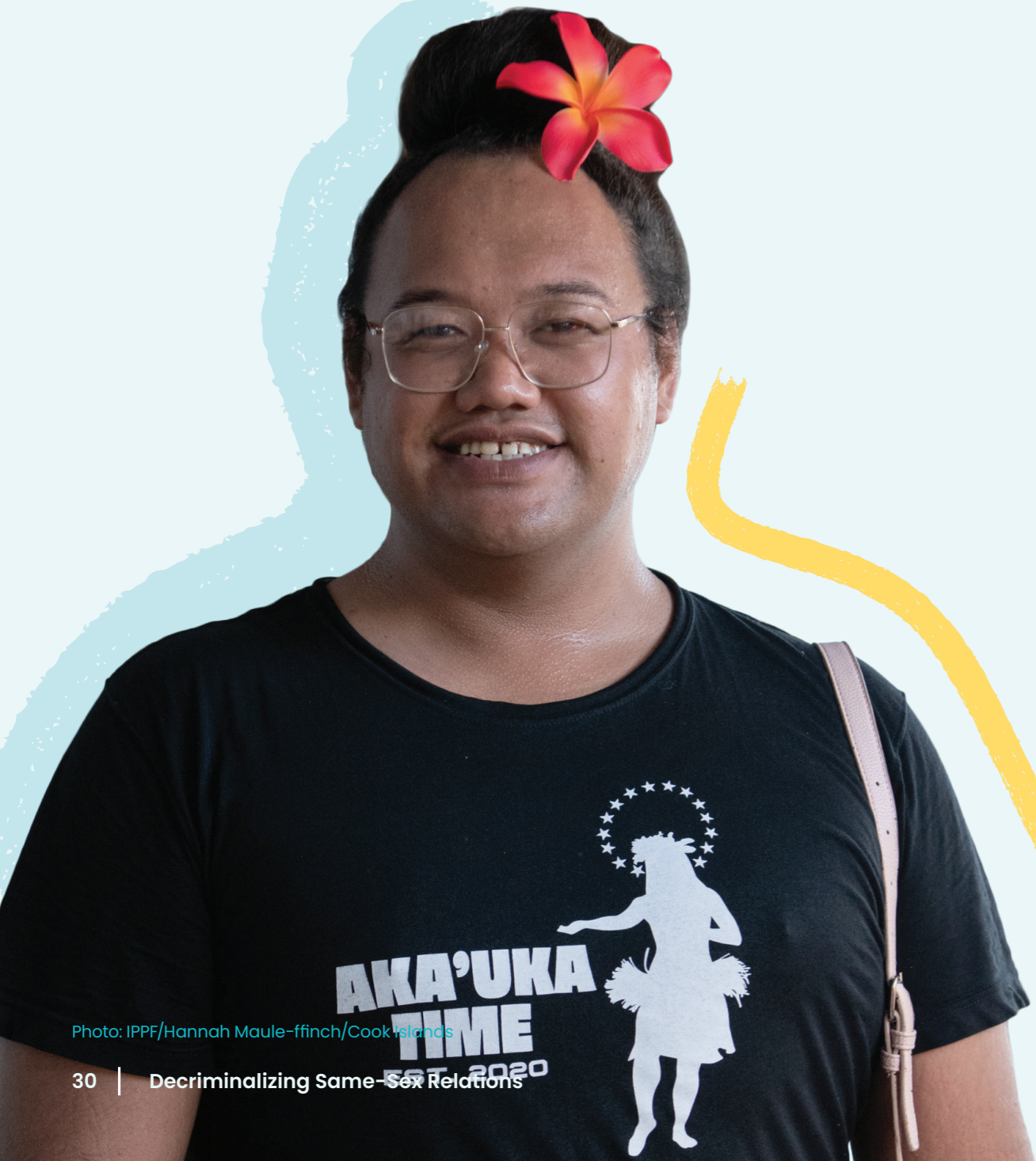


Photo: IPPF/Hannah Maule-ffinch/Cook Islands

**“The public uproar was amazing. Business owners, members of the general public, basically everyone was outraged the government was going to do this. The government truly underestimated the public. Everybody had an opinion, social media was flooded, and pride flags started going up overnight.”**

Dean Tangata  
Humanitarian Focal Point, CIFWA and President, Pride Cook Islands

Around the world, opposition groups are stepping up coordinated attempts to threaten sexual and reproductive health and rights and gender equality. In Uganda, President Yoweri Museveni signed into law the draconian Anti-Homosexuality Act in May 2023, prompting widespread condemnation.

But IPPF is fighting back. At the forefront of coalitions of civil society organizations, MAs are standing up for human rights. In the Cook Islands and Mauritius, MAs were instrumental in overturning legislation that criminalized same-sex relations.

In April 2023, in a major victory for the LGBTIQ+ community, the Parliament of the Cook Islands removed laws from the Crimes Act that prohibited consensual sexual acts between men. Advocacy by IPPF MA, the Cook Islands Family Welfare Association (CIFWA), contributed significantly to this landmark decision. For over ten years, the MA has engaged with policymakers, including drafting a formal submission on decriminalization to the Crown Law Office, facilitating consultations and presenting submissions to parliamentary hearings. CIFWA has also collaborated with local LGBTIQ+ organizations, the Te Tiare Association and Pride Cook Islands, to mobilize a groundswell of public opinion in favour of law reform.

Nearly half the countries that criminalize same-sex relations are in Africa,<sup>8</sup> bucking the global trend towards decriminalization. However, attitudes are slowly changing. In Mauritius, the Supreme Court decriminalized same-sex relations<sup>9</sup> in October 2023, ruling that the laws banning gay sex were unconstitutional, reflecting a colonial era rather than indigenous values. IPPF MA, Mauritius Family Planning and Welfare Association, collaborated with local NGOs – including Collectif Arc-en-Ciel that supported the individual who brought the lawsuit – building their capacity on sexual and reproductive health and rights. The MA also created a platform for LGBTIQ+ groups to amplify their voices in local and national meetings.

The Cook Islands and Mauritius have joined a growing movement of countries that are making progress in protecting human rights for all, including LGBTIQ+ people. These examples show that by forging alliances and strategic partnerships, sustained advocacy can bring about positive change for marginalized communities.



# Crackdown on LGBTIQ+ Rights in Uganda

**“The IPPF Africa Region vehemently condemns the Anti-Homosexuality Act 2023, which targets the LGBTIQ+ community and their allies in Uganda. This law marks a sorrowful day for Uganda and its people. Targeting a community based solely on their shared characteristics is extremely dangerous and an undeniable violation of human rights. Instead, we should strive to empower all members of our society to be positive contributors, rather than driving them into hiding and marginalization.”**

Marie-Evelyne Petrus-Barry  
Africa Regional Director, IPPF



Under international human rights law, all people – regardless of their sexual orientation or gender identity and expression – are protected against discrimination. However, around the world, a relentless effort to rollback hard won sexual and reproductive rights is gaining pace. Anti-rights movements, with funding from extremist groups in the USA, EU, and Russia are attempting to erode gains in rights and gender equality in Africa. And, in some cases, despite concerted efforts by advocates and activists, they are succeeding.

In April 2024, Uganda’s Constitutional Court upheld one of the strictest anti-LGBTIQ+ laws in the world. Same-sex relations were already illegal in the country, with LGBTIQ+ people routinely experiencing discrimination and harassment. But the highly controversial Anti-Homosexuality Act goes further: anyone convicted of homosexuality now faces a sentence of up to life imprisonment. Passed by Parliament in March 2023 and approved by President Yoweri Museveni in May 2023, the repressive legislation bans any form of same-sex sexual relations as well as “promotion” of homosexuality.

This punitive law will have far-reaching repercussions for LGBTIQ+ people, their families and communities. It violates many fundamental human rights, including the rights to non-discrimination, privacy and freedom of opinion and expression. The law also contravenes the rights to bodily autonomy and the highest attainable standard of health.

The draconian law has already fuelled stigma and discrimination against marginalized communities. Since March 2023, IPPF has witnessed an escalation in violent attacks, arrests and harassment against LGBTIQ+ people. Civic space is shrinking, as civil society organizations that defend LGBTIQ+ rights are being threatened. Emboldened by the law, hate speech targeting LGBTIQ+ individuals and their allies is increasing.

Inevitably, this hostile environment will deter LGBTIQ+ people from accessing vital sexual and reproductive healthcare and information, including HIV prevention, testing and treatment, STI testing and contraception. Health workers will be obstructed from providing quality care in a safe, confidential setting. As such, the law will restrict uptake of life-saving services and undermine the country’s HIV response.

IPPF is deeply concerned about this blatant assault on human rights as well as attempts to pass anti-LGBTIQ+ legislation across the continent and globally. We remain inspired by the courage of human rights defenders, advocates and activists in Uganda who are fighting the law despite the risks. We stand in solidarity with the LGBTIQ+ community and allies in Uganda and worldwide. IPPF will keep advocating for the sexual and reproductive health and rights of all, against regressive laws that curtail people’s human rights and freedom.





# Advocacy at the UN Human Rights Council on Maternal Mortality

Every two minutes, a woman dies from preventable causes related to pregnancy and childbirth.<sup>10</sup> Making maternal health and motherhood safe is a human rights imperative.



Photo: IPPF/Hannah Maule-ffinch/Thailand

In October 2023, the UN Human Rights Council passed an important resolution on preventable maternal mortality and morbidity and human rights. Led by Colombia, Estonia and New Zealand, the resolution was adopted by consensus after challenging negotiations. In the resolution, the Council urges all states to eliminate preventable maternal mortality and morbidity; respect, protect and fulfil sexual and reproductive health and reproductive rights; and guarantee universal access to sexual and reproductive health services, evidence-based comprehensive sexuality education and safe, effective methods of modern contraception.

This resolution goes further than the 2021 resolution on the same subject. Not only does it retain important language on bodily autonomy and safe abortion, but it also refers to comprehensive sexuality education and sexual and reproductive health and reproductive rights without qualifying the text, as previously. The resolution includes new references to obstetric violence and post-abortion care. Significantly, a new paragraph notes the leading causes of maternal mortality identified by WHO, including unsafe abortion.

Five hostile amendments were tabled in an attempt to weaken language on abortion and sexual and reproductive health and reproductive rights, as

well as delete references to bodily autonomy and comprehensive sexuality education. All were soundly defeated.

IPPF had substantial input to the resolution, coordinating efforts between the global advocacy team and Profamilia, MA in Colombia. To shape and support the resolution, Profamilia worked closely at the national level, while IPPF engaged with the UN missions of Colombia, Estonia and New Zealand in Geneva. We informed the zero draft and provided arguments, data and agreed language to Member States. During negotiations, IPPF advocated for key points, countered false narratives put forward by opposition organizations and defended the text against hostile amendments. In addition, IPPF co-drafted and co-sponsored a joint civil society statement on abortion at the Human Rights Council to mark International Safe Abortion Day on 28 September.

While not legally binding on its Member States, UN resolutions nevertheless have considerable political force. They are powerful tools that reaffirm commitment to international treaties. As such, they can and should be used at national and regional levels to advance sexual and reproductive health and rights.



Photo: IPPF/Mauritania

# Pillar 3

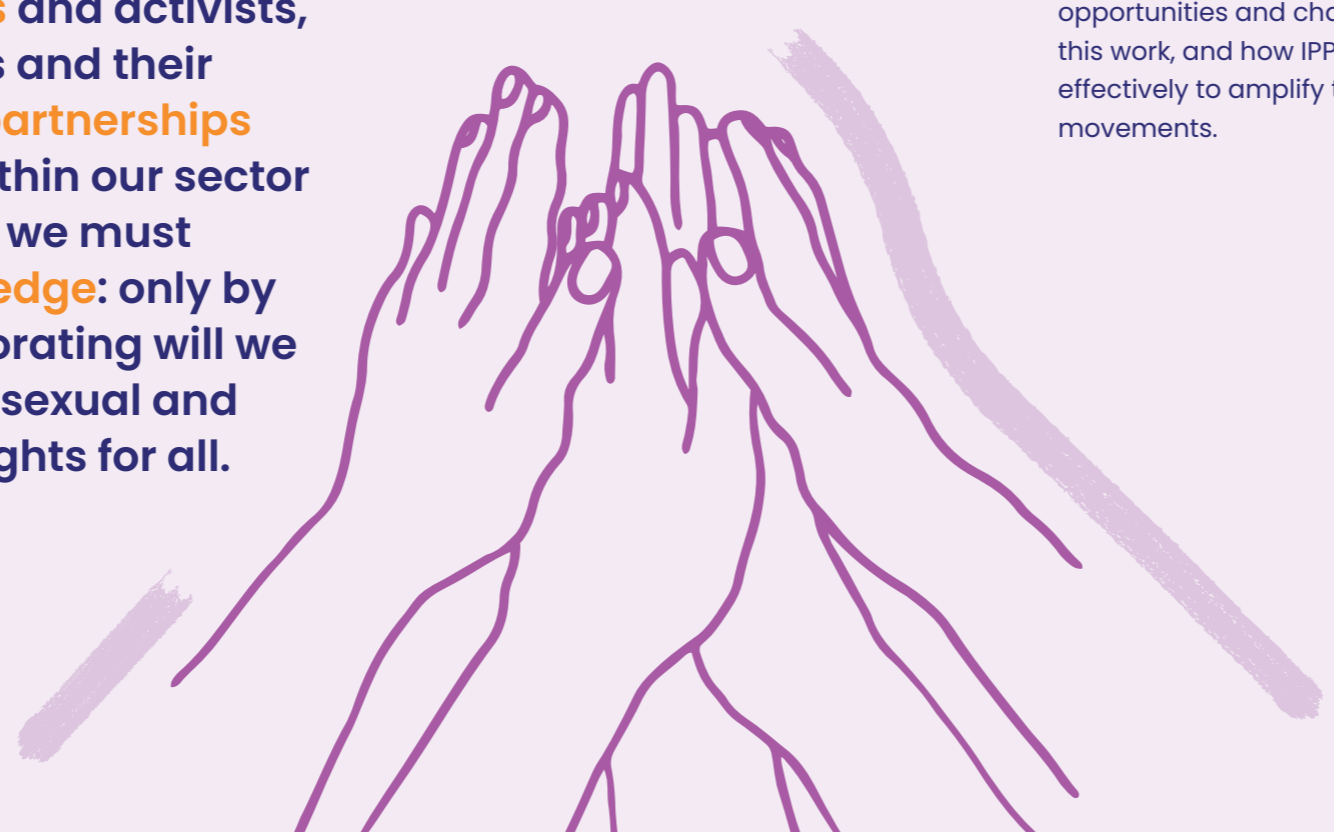
## Solidarity for Change

Opposition to sexual and reproductive health and rights and gender equality is growing more confident and coordinated – with the impact seen in countries such as the United States and Uganda, both online and face-to-face. Therefore, IPPF must stand firmly in solidarity with all groups and networks fighting for rights and for change. This means we must **support social movements** and activists, **amplifying their messages and their work**, and **build strategic partnerships** with organizations both within our sector and outside. It also means we must **innovate and share knowledge**: only by experimenting and collaborating will we find new ways to advance sexual and reproductive health and rights for all.

## Support Social Movements

A key priority of our strategy is to reach beyond the boundaries of the Federation and work with social movements and activists in support of sexual and reproductive health and rights. IPPF has reconfigured the Secretariat structure and created new roles to bring the disruptive energy of social movements into the heart of the Federation. One of the research study indicators in the Results Framework looks at IPPF's engagement with social movements and activists, identifying some of the opportunities and challenges faced in approaching this work, and how IPPF can position itself most effectively to amplify the vital role of social movements.

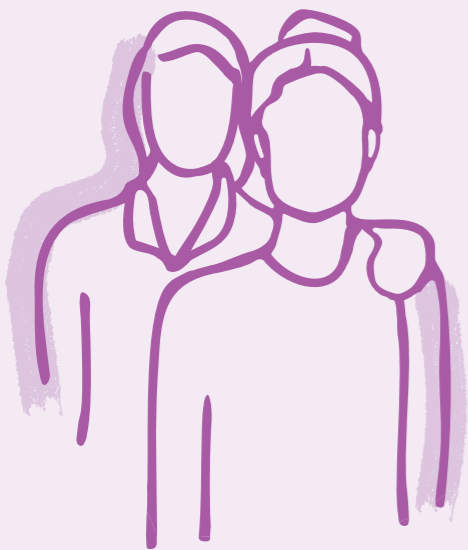
As part of this work, IPPF supports and defends activists inside and outside the Federation who may encounter danger including physical threats due to their action. In 2023, the LGBTIQ+ Safety and Security project identified ten organizations from around the world, including MAs and other activist groups IPPF partners with, who address LGBTIQ+ issues in a conservative environment and as a result face risks. The project conducted a context analysis to understand key threats and risks facing IPPF's country partners, and carried out security and safeguarding assessments for each MA or partner. This offers IPPF a better understanding of the safety and security needs of our partners at the national level, with a focus on LGBTIQ+ activists, social movements, and the MAs who work with them, as well as MAs who are considered as activist organisations in this area themselves.





# Build Strategic Partnerships

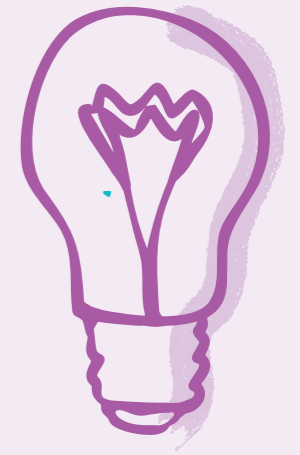
Faced with an organized, well-funded opposition, IPPF cannot hope to defend sexual and reproductive rights, let alone make gains in new areas, without forming strong, broad coalitions. This entails working with other organizations in the field of sexual and reproductive health and rights, as well as those external to the sector for one-off campaigns, ongoing activities and longer-term partnerships, and at all levels from individual MAs to the entire Federation.



Public campaigns are a key part of IPPF's strategy to win support for sexual and reproductive rights and bring about real change. We know that the impact of campaigns is greatly amplified by collaboration with other organizations whose aims are aligned, but who may have different skills and the ability to reach other target audiences with their messages. In 2023, IPPF led or participated in 48 public campaigns on a wide variety of themes including SGBV, access to sexual and reproductive health services, abortion and sexual and gender diversity. Of these, 28 involved collaboration with other sexual and reproductive health and rights organizations, while 12 involved working with organizations from outside the sector. Colectivo Rebellía, IPPF's MA in Bolivia, led the 'Estamos' ('We Are') campaign which produced videos and held events to position LGBTIQ+ populations as equal members of society and to raise the visibility of the issue.

The MA in Jamaica, Jamaica Family Planning Association, worked in coordination with the country's National Family Planning Board on a campaign to counter sexual and gender-based violence. The MA helped to produce short videos to raise awareness on violence in the home.

# Innovate and Share Knowledge



IPPF's Centers and Funds are a set of initiatives hosted by Member Associations or the Secretariat, aimed at accelerating progress in vital areas. These enable IPPF to harness existing skills and expertise across the Federation and share effective, innovative practices by disseminating knowledge. They also help to direct resources and funding for research-related activities to areas more in need of support. In 2023, 56 per cent of research and evidence initiatives generated by MA-led centres of learning were based in the global south.

The **Centre of Excellence on Comprehensive Sexuality Education** is hosted across four reference centres in the Netherlands, Colombia, Ghana and Togo. In 2023, these centres provided technical support to other MAs on comprehensive sexuality education, developed online platforms to deliver comprehensive sexuality education and brought together communities of practice to share knowledge and experiences.

The **Sexual and Gender Diversity Centre** was hosted by Sex og Politikk, IPPF MA in Norway. In 2023, this centre conducted meetings in the Arab World, South Asia and East and South East Asia and Oceania regions, which were used to establish regional networks for LGBTIQ+ organizations and discuss gender-affirming, trans-friendly health care. The meetings also enabled MAs to identify healthcare needs and opportunities, share best practices and learn from each other.

At the **Centre of Excellence for the Elimination of Female Genital Mutilation**, based in Mauritania, IPPF's MA Association Mauritanienne pour la Promotion de la Famille (AMPF) is developing a strategy to eliminate the practice, which they will implement together with MAs in Africa and South-East Asia. Through the centre, AMPF produces information and educational materials on FGM and delivers care, guidance and counselling to survivors.

Finally, the **Social Enterprise Acceleration Programme** is based in IPPF's MA in Sri Lanka, Family Planning Association of Sri Lanka. More information on this centre can be found in the case study on page 45.

# IPPF's contribution in supporting social movements and defending activists



IPPF's study for Indicator 8 focused on the approaches used by MAs to engage with social movements and activists (referred to here as 'social movement actors'). Research sought to identify the barriers and enablers faced by Member Associations and Collaborative Partners in working with these groups and gather learning on how MAs/Collaborative Partners and social movement actors can work together effectively towards common aims. Importantly, given the context in which IPPF and partners work, the study also explored what measures are in place and what is needed to ensure service providers and social movement actors are protected from violence and harassment.

Data was collected through a desk review of relevant documents and interviews with stakeholders from the Secretariat and representatives of MAs in three countries and social movement actors in one country. In subsequent rounds of research for Indicator 8, we will broaden the perspectives of social movement actors.

## Key findings

**MAs use a number of modalities to engage with social movement actors, including:**

- Service delivery (education and awareness-raising, providing healthcare and peer counselling) for marginalized communities, including partnering with community-based organizations that have links and/or provide specific services (psychosocial or sexual and reproductive health) to these community members.
- Technical expertise and support related to sexual and reproductive health and rights.
- Capacity exchange with partner organizations in areas such as organizational strengthening, grant acquisition, training, workshops, mentorship, advocacy skills and strategies and evidence-informed approaches.
- Connecting community-based organizations and communities, especially those with marginalized identities, with government at national and local level, and with other organizations that can provide support, for example, legal advice. This can be in the form of facilitating 'a seat at the table' for partners or amplifying their voices.
- Jointly developing and implementing projects and leading networks or coalitions where advocacy goals are shared at national, local and regional levels.

**MAs' track record, technical expertise in sexual and reproductive health and rights and strong networks in-country give them credibility and facilitate their work with social movements.**

The networks MAs have with national and sub-national government bodies provide them with strategic access to advocacy spaces. They use these long-standing networks to keep their finger on the pulse of progress towards advocacy goals as well as threats, to get buy-in from other actors and to mobilize support for issues. This strengthens knowledge exchange between MAs and social movement actors and builds collective capacity for advocacy actions, for example, policy briefs, influencing policymakers, education and public awareness-raising.

**MAs/Collaborative Partners may not be recognized as operating in the advocacy space due to their positioning as 'family planning service delivery' rather than 'sexual and reproductive health and rights advocacy' organizations.**

MAs act strategically when positioning themselves in the advocacy space. They seek to carefully balance their relationships and reputation in order to protect funding and support from national authorities and, crucially, to ensure that they do not jeopardize their ability to continue providing critical services, particularly to marginalized communities. MAs that mainly focus on service provision are less likely to adopt a more outspoken role, which social movement actors and activists may occupy, such as challenging authority, claiming rights and criticizing the government, as they need to maintain a balanced relationship with the government.

**We need to strengthen the approach to security to ensure that MAs/Collaborative Partners and the social movement actors they collaborate with are protected from violence and harassment.**

MAs have not consistently put in place measures to protect their own staff, including clinical staff, and volunteers from physical and psychological violence, harassment and online threats by opposition groups. MAs also do not consistently recognize or address threats faced by social movement actors they partner with. In some cases, this is due to MAs not being fully aware of the need to put these measures in place. In other cases, they tend to address safety and security on an ad-hoc basis as threats arise rather than having an established approach.

**A number of measures can be put in place to bolster support for and engagement with social movements.**

This includes increasing dedicated technical resources, fostering cross-learning and establishing spaces for sharing experiences. Implementing clear, context-specific strategies for MAs/Collaborative Partners to support social movements and prioritizing direct engagement with activists would help to strengthen regional and global support. Additionally, leveraging IPPF's global network to connect social movement actors with influential stakeholders can amplify their impact. Collectively, these measures will enable IPPF to provide more robust and sustained support for social movements, driving coordinated and powerful advocacy efforts globally.

# Partnerships to Expand Access to Abortion Care in Mexico



Photo: IPPF Americas and the Caribbean

In September 2023, Mexico's Supreme Court decriminalized abortion, removing it from the federal penal code. The Court unanimously ruled that laws prohibiting abortion were unconstitutional and a violation of human rights.

This momentous decision is a major victory for abortion rights activists. Previously, even in the Mexican states that had decriminalized abortion, federal healthcare providers could not legally offer abortion services. However, the ruling means that all federal health facilities must provide abortion care to anyone who requests it and, importantly, people seeking or providing an abortion will be protected against criminal charges.

The feminist organization, Grupo de Información en Reproducción Elegida (GIRE), brought the legal challenge, with the support of advocates, activists and civil society organizations including IPPF MA, Mexfam. The MA played a key role in creating a supportive environment for the court ruling, advocating for the removal of barriers to abortion care at both the state and federal level.

Mexfam collaborated with GIRE in expanding the legal framework to promote access to safe abortion care in the country. In the states of Hidalgo and Veracruz, advocacy activities included developing abortion guidelines for health workers, officials, civil society organizations and people seeking abortions, as well as conducting training.

The MA also participated in producing and disseminating training materials for staff in federal health facilities in Hidalgo and Guerrero to reduce stigma surrounding abortion. In addition, as an active member of civil society, the MA has submitted evidence, advocating for guaranteed access to safe abortion. Since the Court ruling, Mexfam has fostered understanding via [social media](#) of what the ruling means in practice for women and people with the capacity to get pregnant.

These victories are hard-fought. The journey to expand access to abortion care can take years and is not without its challenges. For MAs, success requires perseverance, collaboration and coordination with grassroots activists and partners, with each contributing their expertise, experience and unique approaches.



# Campaigning to Improve Young People's Health and Wellbeing in North Macedonia



Globally, COVID-19 had a major impact on access to essential healthcare.<sup>11</sup> In most European countries, the pandemic disrupted the delivery of health services, including sexual and reproductive healthcare and mental health services. Young people were among those hardest hit. Weaknesses in health systems were laid bare, exposing the fact that countries are unprepared for the next pandemic.

The Health Education and Research Association (HERA), IPPF MA in North Macedonia, created a powerful campaign in 2023 to learn from COVID-19 and promote access to youth-centred sexual and reproductive healthcare and information.

Drawing on data from a national survey, HERA highlighted the challenges faced by young people during the COVID-19 crisis in accessing sexual and reproductive healthcare and information as well as mental health services. To raise awareness, the MA – working closely with young people – communicated compelling messages on billboards and social media. The primary audiences were young people, policymakers and decision-makers, followed by the general public.

Young people were at the heart of this work: taking the lead as researchers, members of the project task force and focus groups, advocates and campaigners. They helped devise the campaign slogan – ‘For the next crisis, no reprise’ – with six topics covering: access to sexual and reproductive health information, access to sexual and reproductive health services, bullying and lack of comprehensive sexuality education, digital violence and online safety, mental health, and access to contraception. Young people were invited to share their experiences; for example, how hard it was to find accurate information about sexual and reproductive health because they were ‘drowning in an ocean of information about the virus’.

Six billboards were placed near key institutions and political parties for a two-week period in May–June 2023. Young people shared their personal stories on Facebook, with each post featuring an infographic to illustrate the issue or propose a solution.

The reach was impressive: the billboards were seen by around 250,000 people and the campaign reached 61,015 people on Facebook. Since then, the MA has continued engaging with policymakers, including being invited to contribute to the national strategy for sexual and reproductive health and rights.



# Pillar 4

## Nurture our Federation

The fourth pillar is about us, the Federation. The focus is on our values, efficiency, and sustainability. It is about building a better Federation that is able to cope with the demands of the 21st century and deliver our ambitious strategy.

To Nurture our Federation, we follow three critical pathways: chart our identity, grow our Federation and walk the talk.



## Chart our Identity



As part of ongoing efforts to renew the Federation, in 2023, an identity initiative was launched to map out changes to how IPPF defines itself. This comprises a charter of values for the Federation and the IPPF rebrand. The charter of values – defined by MAs and the Secretariat – will express who IPPF is at its core and what beliefs motivate its work: it defines “the heart” of the Federation. The IPPF rebrand will reflect this as “the face” we want to show to the world.

We have engaged in intensive consultations, discussions and research on this topic. In 2023, over 900 stakeholders from over 120 countries across all IPPF regions were consulted via mixed methods. This involved 34 digital consultations across the four IPPF languages, including webinars, focus groups, youth spaces, a survey, ten face-to-face consultations in eight languages with MA staff, volunteers, young people and local communities, and 12 in-depth one-on-one interviews with key subject experts.

From the highly participatory discussions, IPPF drew up a shortlist of six possible values, with suggested definitions and associated actions. People who were consulted clearly expressed the desire to have a Federation that is passionate about sexual and reproductive health, rights and justice, that embraces diversity and equity, that is committed to being transformational, that acts in solidarity with others, that is courageous and demonstrates integrity in all its work. Consultations on the rebrand generated strong consensus on a direction that emphasizes IPPF as a Federation that advances sexual and reproductive rights across the globe. People wanted a brand that underlines the power of solidarity and community to make changes in all spaces and the momentum of small actions adding up to a movement that impacts us all.

In 2024, IPPF will consult with experts and visionary change makers to map out the future of sexual and reproductive health, rights and justice and IPPF’s role in the world. And we will explore the implications of a potential new name. This entails returning to MAs for Federation-wide consultations and buy-in, with the final outcomes ready for the November 2025 General Assembly in Indonesia.

# Grow our Federation



MAs' financial sustainability is essential for the long-term health of the Federation. Therefore, the Secretariat not only supports MAs to increase their income but also to widen their funding base. In 2023, out of the MAs which reported their funding sources, 66 per cent received less than 50 per cent of their total income from a single donor. This is a new indicator in IPPF's Results Framework, which will be monitored across the duration of the six-year strategy to encourage increased diversity in funding mobilized by MAs. In an increasingly challenging funding environment, the total income raised by the Secretariat in 2023 was US\$120.9 million.

Growing the membership of the Federation is vital to ensure that IPPF can keep playing a leading role in promoting sexual and reproductive health and rights where the need is greatest. Work is underway to map priority countries – where indicators such as unmet needs for contraception are highest and where the anti-gender/anti-rights movement is threatening sexual and reproductive rights – to identify where establishing a new IPPF presence would have the greatest impact.

To ensure that the existing membership can hold the Secretariat accountable and identify

areas where it can better meet the needs of MAs, the Secretariat Accountability Mechanism was launched in the second half of 2023. This survey covered seven accountability areas, including technical leadership and capacity sharing, efficiency and communication, and governance and leadership, which were assessed against four criteria: timeliness, relevance, quality and effectiveness. Results from the survey are being analysed and a management response and action plan will be developed.

To function effectively as a Federation, IPPF requires high-quality systems. In 2023, the Secretariat underwent a profound transformation, aligning its new structure and capabilities to best deliver the strategy. Following this process, IPPF is now streamlining systems to boost efficiency, improve access to crucial data and underpin the support offered to MAs by the Secretariat. Indicator 12 of the Results Framework measures this work through the Secretariat Efficiency Score, a compilation of 10 sub-indicators tracking various aspects of the Secretariat's work. Four of these, which are based on data already collected, are reported in this year's Results Framework; the remaining six will be based on key performance indicators aligned with Secretariat plans.

# Walk the Talk



The way we operate and communicate as a Federation is a crucial part of living by our values. This means actively challenging discrimination and racism in all their forms, championing gender equality and supporting sexual diversity in our work, within IPPF and beyond. IPPF's Anti-Racism Working Group, described on page 54, is steering this critical work. Our safeguarding and incident management teams continue to investigate complaints, deliver training and build a zero-tolerance approach to safeguarding-related harm across the Federation. Training on safeguarding was provided to 61 staff across three MAs and induction training was delivered to 111 new Secretariat staff. In 2023, seven new safeguarding cases were recorded and five were closed, while 58 new cases across five other subject matters were reported to our reporting mechanism IPPF SafeReport and 75 were closed.

During 2023, the Secretariat was reorganised to align its structure with the strategy – to work more closely and effectively with MAs, to increase youth representation and to develop stronger partnerships with grassroots organisations and communities. New MA-facing posts known as Architects of Cooperation (AoCs), supported by Business Analysts and led by a dedicated director in each region, were created to act as key liaison points between the Secretariat and MAs. Each

AoC supports five to eight MAs and many have a technical or thematic speciality they can apply to their work with their cluster of MAs and the wider Federation. AoCs broker access, seek out opportunities, and raise the profile of MAs in the Secretariat, ensuring MA capacities and knowledge are shared and their needs and voices are at the centre of our work. To strengthen our engagement with grassroots organisations and activists, new Community Engagement and Partnerships posts have been established. These will allow us to build strategic partnerships with marginalised and excluded groups, bringing external perspectives and experiences into the Federation and actively questioning IPPF's own hierarchies and power structures.

Our values are underpinned by a commitment to youth leadership at all levels, which is essential to embed the change we need. IPPF has therefore recruited a cohort of youth networkers to be champions for youth-centred action in the Secretariat and amplify youth voices, as well as supporting MAs to develop their own youth networks and support youth-led programming. Our update on page 56 provides details of the work carried out by the Kyrgyzstan MA to foster youth leadership.



# Ensuring Alignment with IPPF's Strategy



Photo: IPPF/Hannah Maule-finch/Maldives



Photo: IPPF/Isabel Corthier/Mozambique

To advance sexual and reproductive health, rights and justice for those who are left behind, we need to bring about real change. Our new strategy, *Come Together (2023–2028)*, which was unanimously adopted by IPPF Member Associations in November 2022, articulates how we will do this. However, the challenge ahead lies in putting our strategy into action. This requires the buy-in and commitment of the united Federation: the Secretariat and, crucially, MAs across the globe.

In January 2023, the Secretariat kickstarted this process by recruiting staff and initiating discussions on rebranding IPPF and developing a charter to affirm common values. The priority was to ensure all MAs operationalise the strategy and Results Framework, adapting the way they work accordingly. The Secretariat worked with MAs to update their own national strategies to align with the critical pathways set out in *Come Together*. National strategies should not replicate the shared IPPF strategy; rather, they should respond to national needs and be informed by key stakeholders, including local communities.

The Secretariat put forward 12 focal areas – core thematic issues such as abortion care, marginalized populations, harmful laws and norms, and sustainability – to measure the extent to which MAs' strategies and business plans harmonized with IPPF's strategy. Alignment was scored

across the 12 focal areas, which helped identify where additional support and accompaniment was required.

Between August and October 2023, the Secretariat facilitated six regional workshops on strategic alignment to bring MAs at the core of this process of organizational and strategic change. Attended by senior MA team members and youth volunteers, the meetings promoted a sense of shared ownership, engagement and accountability. One session focused on moving out of "our comfort zone". MAs performed dramas to bring to life vital issues affecting marginalized communities, including abortion rights, LGBTIQ+ rights and sex workers' rights, sparking debate on the importance of pushing boundaries and pledging radical change. Following the workshops, all MAs drew up strategic alignment plans outlining specific objectives they had defined. To ensure achievements against strategic commitments and objectives are measured, training was provided on the indicators and methodologies set out in the new Results Framework.

We are continuing the process of strategic alignment this year, with ongoing efforts to leverage and build MA capacities and share best practices. In 2025–26, a mid-term review will allow IPPF to not only learn from over two years of implementation of *Come Together*, but also to identify and address any challenges and opportunities.



# Rooting Out Racism

**“Together, through genuine dedication and united efforts, we can create a world where fairness, opportunity and equality prevail for all. With collaborative efforts, we can turn the tide against discrimination, shaping a world where every voice is heard and valued. Let’s stand together against discrimination, embracing diversity as the key to sustainable development.”**

Norma Yeeting  
Executive Director, Kiribati Family Health Association



**“We need to go beyond an individual commitment. We need an institutional commitment that raises awareness, provides guidance and generates knowledge. We need internal culture change. Diversity begins at home.”**

Marta Royo  
Executive Director, Profamilia

To embody our values, uphold social justice for all and protect human rights, we need to actively confront racism within the Federation. Fundamentally, this requires shifting power dynamics and transforming norms. It means challenging bias, strengthening accountability, empowering staff and having open, honest conversations.

Examining and addressing racism and colonial legacies within IPPF is often uncomfortable. It is not easy – nor should it be.

Our commitment to recognize and dismantle racism is included in the strategy, *Come Together. Walk the Talk* – one of the three pathways in Pillar 4, *Nurture our Federation* – outlines how we will tackle the interconnected forms of racism and discrimination within IPPF and beyond. Our important work in this area is known as the Anti-Racism Programme of Action.

In August 2023, IPPF’s Anti-Racism Working Group met to move the programme forward. The group developed a theory of change that sets out the priority areas for action needed to transform the Federation:

- Ensuring access to equitable opportunities for IPPF staff and volunteers, alongside embedding anti-racism in recruitment and induction practices.

- Championing anti-racist sexual and reproductive health programming and intersectionality as core IPPF values, positioning IPPF as a global leader in this field.
- Incorporating anti-racism measures in IPPF’s safeguarding policies to create a safe, respectful and supportive environment for staff and volunteers.
- Promoting decolonization in research to amplify voices from the Global South, coupled with developing anti-racist language and terminology.

Presented to all IPPF regional offices in late 2023, the Anti-Racism Programme of Action has prompted discussions on the historical dimensions of racism within IPPF, various manifestations of racism and discrimination, and anti-racist approaches that can be applied to human rights advocacy. At the South Asia regional meeting, participants shared their experiences of racism and joined in sessions such as a power walk to gain a deeper understanding of the impact of racism.

The journey to becoming an anti-racist organization takes time. It is not a one-off initiative: it requires ongoing reflection and learning. In 2024, we will roll out online training in anti-racism across the Federation and engage with MAs in identifying ways to decolonize research. Throughout the year, we will advance the Anti-Racism Programme of Action, promoting social justice, inclusivity and equity within IPPF and beyond.



# Championing Youth Leadership in Kyrgyzstan

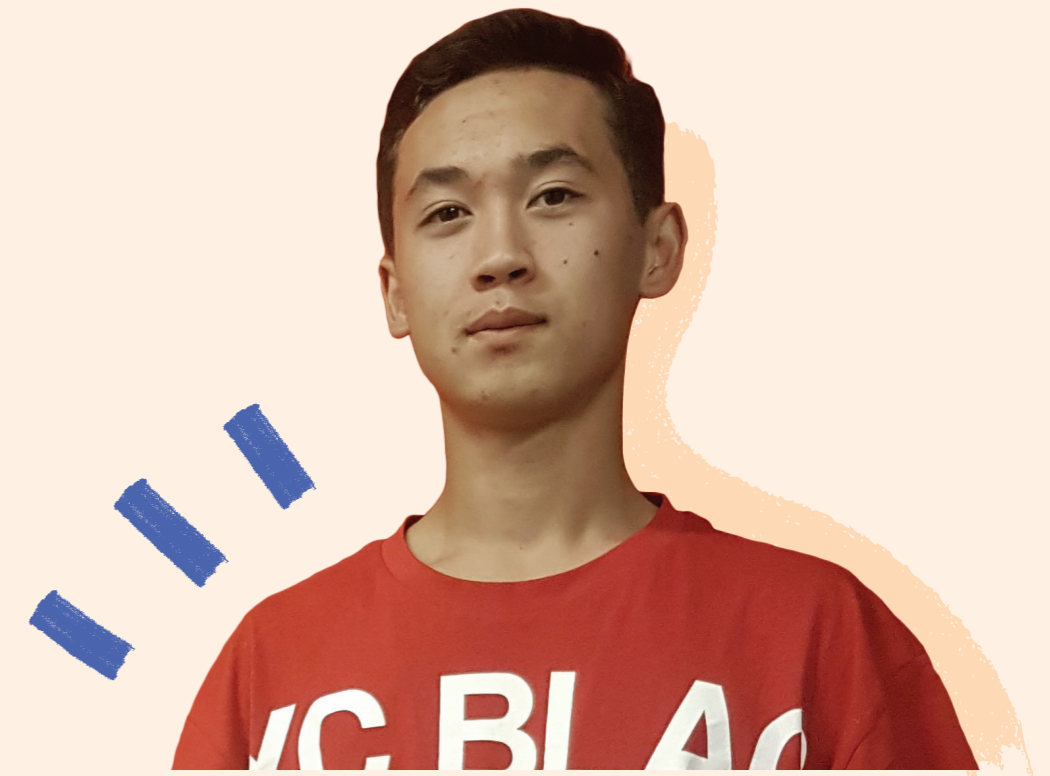


Photo: Erbol/Reproductive Health Alliance of Kyrgyzstan

Promoting youth leadership is a crucial element of volunteerism within IPPF and a priority action under Pillar 4 (Nurture our Federation) of our six-year strategy, Come Together.

IPPF MA, Reproductive Health Alliance of Kyrgyzstan (RHAK), is fully committed to fostering youth leadership in the country. The MA undertakes a wide range of activities, including supporting the establishment of youth groups and strengthening young people's capacity to provide comprehensive sexuality education, influence decision-making and develop social media content to promote sexual and reproductive health and rights.

In 2023, RHAK trained 165 peer educators in sexual and reproductive health and rights. The young people delivered comprehensive sexuality education sessions to their peers, empowering them to understand their rights, equipping them with the skills needed to make informed decisions about their bodies and facilitating access to youth-friendly services. In 2023, peer educators reached a remarkable total of 12,310 young people across the country.

RHAK builds young people's capacity as advocates so that they can speak out on issues that matter to them, such as HIV prevention and comprehensive sexuality education. With the support of the Pact/UNAIDS, the MA set up a network of youth organizations, known as the Youth Coalition. RHAK's

involvement in the Youth Coalition and YSAFE (IPPF's network of young volunteers in Central Asia and Europe) created a platform for young people to contribute to high-level discussions on sexual and reproductive health and rights. After undergoing training in advocacy, the Youth Coalition put forward a series of recommendations aimed at policymakers and donors, calling for young people to have a greater voice in shaping national policies on HIV prevention and health. Decision-makers pledged to respond to young people's needs and involve them in designing, implementing, monitoring and evaluating health programmes.

In addition, in collaboration with YSAFE, young volunteers from RHAK were trained to develop social media strategies. Using innovative digital approaches, young people created accessible podcasts, social media posts, TikTok videos, Instagram stories, comics and animated videos to promote sexual and reproductive health and rights to a wider audience.

In Kyrgyzstan, RHAK is playing a vital role in supporting the next generation of leaders. When we invest in young people by building their skills and unlocking opportunities, everyone benefits. This not only nurtures young people's development, but also strengthens the work of MAs and the entire Federation, while creating ripple effects across society.



# Scaling Up Social Enterprise



As core funding for sexual and reproductive healthcare becomes increasingly uncertain, building resilient MAs that can generate income, reduce their dependence on donors and achieve financial and organizational sustainability is crucial. Several MAs are therefore diversifying their funding sources through social enterprise.

IPPF's Social Enterprise Acceleration Programme (SEAP) was set up to strengthen MAs' capacity to apply entrepreneurial best practices in the health sector with the aim of delivering social value and improving lives. One of our Centers and Funds, it is hosted by The Family Planning Association of Sri Lanka (FPASL), whose dedicated team is known as the Social Enterprise Hub.

FPASL shares its expertise and experience of successful social enterprise, promoting learning across the Federation. In 2023, 24 MAs benefited from the Social Enterprise Hub's technical support and resources. Highlights included:



Photo: IPPF/Tommy Trenchard/Malawi

- Seed grants to support three MAs' social enterprise projects in the period July 2023 – June 2024. Grants were awarded to MAs in Bhutan, Palestine and Trinidad and Tobago to support a range of projects, including traditional handicrafts led by women survivors of SGBV and laboratory services.
- Online capacity building workshops to share knowledge, experience and tips on building a strong business. Thirty people from 16 affiliated organizations from all six IPPF regions took part in an advanced two-week workshop, which equipped participants with the skills to develop their start-up ideas and expand their social enterprise projects.
- Face-to-face technical assistance visits by the Social Enterprise Hub. Onsite visits provide a valuable opportunity for the FPASL team to understand firsthand the local challenges and factors affecting businesses, and tailor their support accordingly. In 2023, the Hub conducted site visits to six MAs in Ghana, Kenya, Laos, Nepal, Philippines and Somaliland, offering technical support and capacity building.

Plans for 2024 are aligned with IPPF's strategy and include tailored technical assistance, focused support for nine MAs that have shown the greatest potential for growth and an online global workshop to enhance business acumen. In addition, the Social Enterprise Hub will support MAs to use its e-commerce store, Planet361°, where they can sell their products and services and, ultimately, deliver social impact.

Family Planning Association of Trinidad and Tobago (FPATT) is one example of an MA supported through SEAP which has successfully taken a social enterprise approach. Recognising a gap in the market between free but overcrowded public health, and expensive private care, FPATT launched a new diagnostic clinic. The clinic provides integrated sexual and reproductive health services including the early detection and therefore treatment of reproductive cancers, offers an economical alternative to private healthcare and addresses the access gap for marginalized populations. The clinic recouped its costs in the first year of operation and continues to offer a sustainable income source to the MA.



# Annex A

## IPPF's Results Framework 2023–28

### CENTER CARE ON PEOPLE



Expand Choice  
Widen Access  
Advance Digital & Self Care

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

### MOVE THE SEXUALITY AGENDA



Ground Advocacy  
Shift Norms  
Act with Youth

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

### SOLIDARITY FOR CHANGE



Support Social Movements  
Build Strategic Partnerships  
Innovate & Share Knowledge

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

### NURTURE OUR FEDERATION



Walk the Talk  
Chart our Identity  
Grow our Federation

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

Pillar 1 Center Care on People		MAs reporting	2023 result	2022 result	% change
1	Proportion of [service providing] MAs/CPs providing IPES-plus AND meeting quality standards	109	4%	n/a	n/a
2	<b>Number of clients served by type of services and model of care</b>				
	Total clients	109	71,431,400	71,546,413	-1%
	<i>of which:</i>				
	Aged 10–19	109	9,838,994	10,019,051	-2%
	Aged 10–24	109	28,227,132	27,751,040	2%
	Poor and marginalised	109	60,672,123	61,728,357	-2%
	Female	109	58,737,811	59,976,224	-2%
	Served in humanitarian contexts	44	12,511,533	9,959,295	26%
3	<b>Number of services provided by type of services and model of care</b>				
	Total services	109	222,428,995	226,907,307	-2%
	<i>of which:</i>				
	Aged 10–24	109	102,113,394	100,981,569	1%
	Self-care	12	20,889	14,037	49%
	Digital health interventions (DHI)	18	225,389	No data	n/a
4	<b>Aggregated proportion of MAs'/CPs' contribution to the national SRH services provided in their countries</b>				
	Proportion of contraception provided by IPPF MAs*	13	10.8%	n/a	n/a
	Proportion of abortion services provided by IPPF MAs**	52	3.9%	n/a	n/a

Pillar 2 Move the Sexuality Agenda		MAs reporting	2023 result	2022 result
5	Number of successful policy initiatives and legislative changes in support or defence of SRHR	44	115	150
6	Shifts in perception and attitudes in relation to gender equality and inclusion across the Federation and the communities we serve	4	Results of study reported on page 26	n/a
7	Quality, reach and impact of CSE, youth-centred care, and progress in youth engagement in the Federation	4	Results of study reported on page 28	n/a

Pillar 3 Solidarity for Change		MAs reporting	2023 result	2022 result
8	IPPF's contribution in supporting social movements and defending activists	4	Results of study reported on page 42	n/a
9	Number of intra- and inter-sector campaigns delivered by the federation in support or defence of SRHR, through a diversity and decolonization lens.	20	48	n/a
10	Proportion of research and evidence initiatives generated by MA-led centres of learning that are from the global south	9	56%	n/a

Pillar 4 Nurture our Federation		MAs reporting	2023 result	2022 result
11	Proportion MAs/CPs receiving less than 50% of their income from one single donor	56	66%	n/a
12	Overall Secretariat Efficiency Score	-		n/a

# Annex B

## Services and CYP

**Table B1**  
Number of sexual and reproductive health services delivered, by region, by service type, 2022 and 2023

Service category	Year	ACR	AR	AWR	EN	ESEAOR	SAR	Total
Contraceptive Services	2023	4,141,885	37,616,512	22,766,448	208,330	5,485,616	5,481,421	75,700,212
	2022	4,336,549	51,087,581	10,104,238	197,554	6,273,833	8,947,681	80,947,436
STI/RTI	2023	5,363,698	12,545,869	4,436,856	269,490	3,439,537	3,011,577	29,067,027
	2022	4,830,761	13,054,260	3,825,059	205,616	3,504,090	3,017,654	28,437,440
Obstetrics	2023	1,618,270	6,975,172	16,194,205	27,622	841,314	2,927,252	28,583,835
	2022	1,425,483	5,168,311	16,014,914	19,916	1,250,166	4,360,074	28,238,864
Gynaecology	2023	2,763,727	9,489,572	9,525,111	146,112	2,575,607	3,562,593	28,062,722
	2022	2,859,583	10,878,628	7,729,267	83,970	3,214,945	3,529,323	28,295,716
HIV/AIDS	2023	1,117,210	15,074,294	2,425,058	176,498	1,714,308	2,835,708	23,343,076
	2022	1,035,819	10,417,796	2,787,085	146,518	1,820,115	2,535,195	18,742,528
Paediatrics	2023	19,531	1,752,401	7,996,683	766	167,792	2,439,303	12,376,476
	2022	37,136	1,967,036	8,057,770	850	243,492	2,886,339	13,192,623
Specialised SRH	2023	540,540	1,804,140	2,750,231	307,619	1,814,608	1,001,765	8,218,903
	2022	596,992	4,664,636	1,644,557	86,018	1,767,195	934,098	9,693,496
Abortion	2023	1,360,441	2,345,679	1,341,386	123,354	528,911	198,513	5,898,284
	2022	1,201,298	1,966,179	799,563	128,808	572,490	361,731	5,030,069
Urology	2023	427,265	1,363,817	2,765,534	5,035	271,071	753,694	5,586,416
	2022	478,565	469,665	2,201,212	5,609	389,095	728,599	4,272,745
SRH Other	2023	83,682	708,542	1,057,799	47,694	44,183	1,855,668	3,797,568
	2022	70,666	932,244	4,744,181	133,293	71,547	1,592,831	7,544,762
Subfertility	2023	136,582	418,560	1,013,386	4,282	112,510	109,156	1,794,476
	2022	132,254	813,920	1,126,195	2,929	238,608	181,965	2,495,871
Total	2023	17,572,831	90,094,558	72,272,697	1,316,802	16,995,457	24,176,650	222,428,995
	2022	17,005,106	101,420,256	59,034,041	1,011,081	19,345,576	29,075,490	226,891,550
Number of responses	2023	(n=18)	(n=34)	(n=12)	(n=17)	(n=22)	(n=6)	(n=109)
	2022	(n=17)	(n=37)	(n=12)	(n=19)	(n=24)	(n=7)	(n=116)

**Table B2**  
Number of couple years of protection provided, by region, by method, 2022 and 2023

Method	Year	ACR	AR	AWR	EN	ESEAOR	SAR	Total
Implant	2023	1,313,713	4,975,773	240,179	1,048	79,683	91,561	6,701,957
	2022	1,325,775	6,276,377	1,521,856	1,035	116,403	97,607	9,339,053
Intrauterine devices	2023	861,293	1,995,189	1,665,431	23,544	250,770	133,677	4,929,904
	2022	1,000,992	3,075,581	2,632,689	22,231	342,735	176,765	7,250,993
Injectables	2023	580,815	1,087,575	115,275	141	29,728	68,765	1,882,299
	2022	898,566	2,272,809	109,031	115	43,459	184,435	3,508,415
Oral contraceptives pills	2023	404,970	363,784	268,563	559	99,360	179,130	1,316,366
	2022	430,946	1,591,496	451,297	909	68,144	308,036	2,850,828
Condoms	2023	225,859	448,804	60,842	6,337	299,043	259,874	1,300,759
	2022	205,186	1,313,494	78,385	6,242	274,192	331,710	2,209,209
Voluntary surgical contraception (vasectomy and tubal ligation)	2023	794,860	39,770	79,860	420	15,616	249,561	1,180,087
	2022	732,720	48,370	40,990	100	17,850	366,249	1,206,279
Emergency Contraception	2023	34,144	14,379	4,669	93	590	96,424	150,299
	2022	33,017	8,369	6,172	72	1,092	84,282	133,004
Other hormonal methods	2023	31,961	0	10	36	321	0	32,327
	2022	33,912	0	0	35	322	0	34,269
Other barrier methods	2023	1	358	20	33	797	0	1,209
	2022	1	582	60	37	881	0	1,561
Total	2023	4,247,616	8,925,632	2,434,849	32,211	775,908	1,078,992	17,495,207
	2022	4,661,115	14,587,078	4,840,480	30,776	865,078	1,549,084	26,533,611
Number of responses	2023	(n=18)	(n=34)	(n=12)	(n=14)	(n=22)	(n=6)	(n=106)
	2022	(n=16)	(n=37)	(n=12)	(n=15)	(n=24)	(n=7)	(n=111)



# Annex C

## Indicator 12: Secretariat Efficiency Score

### Component detail: components measured in 2023

	Component	2022	2023	Result
1	Total number of MAs or CPs in top 25 countries with lowest HDI or highest SRHR unmet need	86%	86%	No change
7	Proportion of MAs/CPs with 80% or more static clinics with Clinic Management Information Systems including client-based electronic health records	83%	89%	Improvement
8	Proportion of unrestricted Secretariat income allocated to youth-led programming/ interventions	No data	1%	n/a
9	Overall financial resource mobilized	\$121.8m	\$120.9m	No change (<1%)

### Component detail: components measured via KPIs (2024 baseline)

Year	KPI	Measure
<b>Component 2: HR systems strengthening</b>		
2024	<ul style="list-style-type: none"> <li>Identify and implement a new payroll system for the Secretariat.</li> <li>Identify a new human resources information system (HRIS) and start implementation across Secretariat.</li> <li>Set up a staff survey and culture tool to enable better insights and activity on engagement.</li> </ul>	<ul style="list-style-type: none"> <li>30% of Secretariat offices adopt the new payroll system.</li> <li>Consultation conducted on user experience for performance.</li> <li>Complete staff survey and share results with leaders</li> </ul>
2025	<ul style="list-style-type: none"> <li>Complete implementation of global payroll system.</li> <li>Implementation of new HRIS and integration with payroll, recruitment, onboarding, performance management, IPPF Academy and finance.</li> </ul>	<ul style="list-style-type: none"> <li>100% of Secretariat offices adopt and report through new payroll system.</li> <li>80% contractual compliance to tax and law in all countries.</li> </ul>
2026	<ul style="list-style-type: none"> <li>Drive automation and improvement of systems to manage HR processes efficiently, including resource management.</li> <li>Drive usage through effective comms and engagement campaign.</li> </ul>	<ul style="list-style-type: none"> <li>60% usage of new HRIS for all recruitment, onboarding and core HR</li> </ul>
2027	<ul style="list-style-type: none"> <li>Drive automation and improvement of systems to manage HR processes efficiently, including resource management.</li> <li>Drive usage through effective comms and engagement campaign.</li> </ul>	<ul style="list-style-type: none"> <li>80% compliance and usage of HRIS</li> </ul>
2028	<ul style="list-style-type: none"> <li>Well-functioning HRIS with a Learning management system and talent processes</li> </ul>	<ul style="list-style-type: none"> <li>90% compliance and usage of HRIS</li> </ul>

<b>Component 3: Finance systems strengthening</b>		
2024	<ul style="list-style-type: none"> <li>Phase 1: Improvement of financial planning, budgeting, accounting and reporting for the secretariat.</li> </ul>	<ul style="list-style-type: none"> <li>75% achievement of Phase 1 objectives.</li> <li>Feedback on user experience collected and used to drive continuous improvements in systems</li> </ul>
2025	<ul style="list-style-type: none"> <li>Phase 2: Improvement of financial planning, budgeting, accounting and reporting for the secretariat.</li> </ul>	<ul style="list-style-type: none"> <li>80% achievement of Phase 2 objectives.</li> <li>Feedback on user experience collected and used to drive continuous improvements in systems</li> </ul>
2026	<ul style="list-style-type: none"> <li>Phase 3: Improvement of financial planning, budgeting, accounting and reporting for the secretariat.</li> </ul>	<ul style="list-style-type: none"> <li>80% achievement of Phase 3 objectives.</li> <li>Feedback on user experience collected and used to drive continuous improvements in systems</li> </ul>
2027	<ul style="list-style-type: none"> <li>Phase 4: Improvement of financial planning, budgeting, accounting and reporting for the secretariat.</li> </ul>	<ul style="list-style-type: none"> <li>80% achievement of objectives.</li> <li>Feedback on user experience collected and used to drive continuous improvements in systems</li> </ul>
2028	<ul style="list-style-type: none"> <li>All new solutions stabilised ensuring greater efficiency in overseeing budgets, accounts and forecasts, vendors, travel being undertaken across the secretariat.</li> <li>Clear documentation of policies, accounting treatment and processes set up within the secretariat – ensuring ease of handover between teams, as and when required.</li> </ul>	<ul style="list-style-type: none"> <li>95% achievement of objectives of all phases.</li> <li>Feedback on user experience collected and used to drive continuous improvements in systems (as demonstrated by tracking progress against an action plan based on user feedback).</li> </ul>

<b>Component 4: IT systems strengthening</b>		
2024	<ul style="list-style-type: none"> <li>Phase I: Revamping the IT environment by adopting cloud first approach, embracing modern software technologies for enhanced security, efficient user experience aimed at streamlining data governance and maximizing impact.</li> </ul>	<ul style="list-style-type: none"> <li>50% achievement of overall objective</li> <li>Feedback on user experience collected and used to drive continuous improvements in systems (as demonstrated by tracking progress against an action plan based on user feedback).</li> </ul>
2025	<ul style="list-style-type: none"> <li>Phase II: Revamping the IT environment by adopting cloud first approach, embracing modern software technologies for enhanced security, efficient user experience aimed at streamlining data governance and maximizing impact.</li> </ul>	<ul style="list-style-type: none"> <li>70% achievement of overall objective</li> <li>Feedback on user experience collected and used to drive continuous improvements in systems (as demonstrated by tracking progress against an action plan based on user feedback).</li> </ul>
2026	<ul style="list-style-type: none"> <li>Phase III: Revamping the IT environment by adopting cloud first approach, embracing modern software technologies for enhanced security, efficient user experience aimed at streamlining data governance and maximizing impact.</li> </ul>	<ul style="list-style-type: none"> <li>80% achievement of overall objective</li> <li>Feedback on user experience collected and used to drive continuous improvements in systems (as demonstrated by tracking progress against an action plan based on user feedback).</li> </ul>
2027	<ul style="list-style-type: none"> <li>Phase IV: Revamping the IT environment by adopting cloud first approach, embracing modern software technologies for enhanced security, efficient user experience aimed at streamlining data governance and maximizing impact.</li> </ul>	<ul style="list-style-type: none"> <li>90% achievement of overall objective</li> <li>Feedback on user experience collected and used to drive continuous improvements in systems (as demonstrated by tracking progress against an action plan based on user feedback).</li> </ul>
2028	<ul style="list-style-type: none"> <li>Stabilise all IT solutions, hardware, networks, and security systems Cultivate a culture of continuous improvement and adaptation to stay ahead of evolving technology trends, market dynamics, &amp; customer expectation. Explore emerging technologies to drive innovation and gain a competitive edge.</li> </ul>	<ul style="list-style-type: none"> <li>95% achievement of objectives of all phases</li> <li>Feedback on user experience collected and used to drive continuous improvements in systems (as demonstrated by tracking progress against an action plan based on user feedback).</li> </ul>

<b>Component 5: Data systems strengthening</b>		
2024	<ul style="list-style-type: none"> <li>Number of MAs implementing Enhanced Data Reporting (providing service statistics data via extract for import)</li> </ul>	<ul style="list-style-type: none"> <li>30 MAs</li> </ul>
2025		<ul style="list-style-type: none"> <li>36 MAs</li> </ul>
2026		<ul style="list-style-type: none"> <li>44 MAs</li> </ul>
2027		<ul style="list-style-type: none"> <li>52 MAs</li> </ul>
2028		<ul style="list-style-type: none"> <li>60 MAs</li> </ul>

Component 6: Learning systems strengthening		
2024	<ul style="list-style-type: none"> <li>Completion rate of mandatory training modules through the IPPF Academy</li> </ul>	<ul style="list-style-type: none"> <li>60% completion of mandatory training modules for Secretariat staff</li> </ul>
2025	<ul style="list-style-type: none"> <li>IPPF academy upgraded and customized to meet Secretariat and MA needs</li> </ul>	<ul style="list-style-type: none"> <li>User needs analysis and subsequent system upgrades completed.</li> <li>75% completion of mandatory training modules for Secretariat staff.</li> <li>Plan developed and rolled out for MA engagement / usage of IPPF Academy.</li> </ul>
2026	<ul style="list-style-type: none"> <li>IPPF Academy integrated with HR system and performance management system</li> </ul>	<ul style="list-style-type: none"> <li>System integration complete with</li> <li>80% completion of mandatory training modules for Secretariat staff</li> </ul>
2027	<ul style="list-style-type: none"> <li>IPPF academy is consistently used by IPPF staff and MAs</li> </ul>	<ul style="list-style-type: none"> <li>50% user adoption rate of secretariat.</li> <li>MA usage as per targets in MA engagement plan.</li> <li>90% completion of mandatory training modules for Secretariat staff</li> </ul>
2028	<ul style="list-style-type: none"> <li>User adoption rate of IPPF Academy by Secretariat and MAs</li> </ul>	<ul style="list-style-type: none"> <li>70% user adoption rate of secretariat.</li> <li>MA usage as per targets in MA engagement plan</li> <li>90% completion of mandatory training modules for Secretariat staff</li> </ul>

Component 10: Progress in anti-racism and anti-discrimination programme of action		
2024	<ul style="list-style-type: none"> <li>Launch of online anti-racism course on Academy</li> <li>Review of HR policies and processes to make them more inclusive and anti-racist</li> </ul>	<ul style="list-style-type: none"> <li>70% of employees complete anti-racism e-learning.</li> <li>80% of feedback forms are positive about AR learning sessions</li> <li>Review and approval of 5 HR policies to make them more inclusive</li> </ul>
2025	<ul style="list-style-type: none"> <li>Inclusive language guide completed and rolled out in all Secretariat languages</li> <li>Aspirations for AR agreed and tracked through a plan of activities</li> <li>Functioning Anti-racism Sub-committee of the BoT to oversee activities in the plan</li> <li>Regular communications regarding anti-racism and anti-discrimination efforts through SharePoint, Townhalls, MA forum, intersectional collaboration with IPPF Pride and gender work.</li> </ul>	<ul style="list-style-type: none"> <li>Language guide distributed across Secretariat and MAs</li> <li>Anti-racism plan finalised and disseminated</li> <li>AR BoT sub-committee working with regular meetings</li> </ul>
2026	<ul style="list-style-type: none"> <li>Anti-racism learning curriculum included as part of induction and as a refresher course</li> <li>Regular learning events on anti-racism held for Secretariat and MAs</li> <li>Affiliation group feeding back to IPPF</li> <li>Refreshed Anti-racism plan developed following GA</li> </ul>	<ul style="list-style-type: none"> <li>50% staff complete Anti-racism learning within 6 months of joining IPPF</li> <li>Feedback from affiliation group for AR in the Secretariat reflected in anti-racism plan</li> <li>Refreshed anti-racism plan activities developed and disseminated</li> </ul>
2027	<ul style="list-style-type: none"> <li>Anti-racism learning curriculum as part of induction</li> </ul>	<ul style="list-style-type: none"> <li>60% of staff complete Anti-racism learning within 6 months of joining IPPF</li> <li>Anti-racism activities implemented according to plan</li> </ul>
2028	<ul style="list-style-type: none"> <li>Anti-racism learning curriculum as part of induction</li> </ul>	<ul style="list-style-type: none"> <li>70% of staff complete Anti-racism learning within 6 months of joining IPPF</li> <li>Anti-racism activities implemented according to plan</li> </ul>

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