



# Shaping our future

Annual Performance Report 2021



# 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 140 countries.

**143**

Member Associations and Collaborative Partners

**20,025**

Staff

**41,085**

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

IPPF has always done the utmost to advance sexual and reproductive health and rights for all. In 2021, IPPF Member Associations (MAs) continued to demonstrate their resilience and adaptability to carry on serving people in spite of the severe disruption caused by the COVID-19 pandemic.

A total of 231.4 million services were delivered, a six per cent increase on 2020. Despite comprising fewer MAs, IPPF recovered more than half the decrease caused the previous year by clinic closures and other restrictions. Couple years of protection (CYP) increased by eight per cent to reach 29 million – higher than in any year prior to the pandemic.

MAs haven't just worked against the clock to reopen static clinics safely. They have also pivoted to reach more clients closer to where they live and work, using mobile clinics and providing services in the community. More than half the MAs that provide services used online or other remote methods to reach clients in 2021, with an estimated total of over six million services delivered digitally.

We remained present and steady in humanitarian crises, providing life-saving care to marginalized and vulnerable people, including sexual and gender-based violence services.

Young people stand at the centre of IPPF and what we do. In 2021, IPPF MAs provided 34.8 million young people with quality-assured comprehensive sexuality education and trained over 100,000 educators to provide comprehensive sexuality education.

In an increasingly polarized world, IPPF MAs were at the forefront of challenging unjust laws and policies that prevent people from realizing their sexual and reproductive rights. Our collective advocacy efforts helped bring about change in abortion laws and policies in Argentina, Benin, Mexico, South Korea and Thailand. Our support led to Botswana becoming the fifth country in Africa to decriminalize same-sex relations. IPPF achieved 121 advocacy wins in 2021 to support or defend sexual and reproductive health and rights and gender equality, of which 18 were at a global level, 25 at a regional level, 54 at a national level and 24 at a sub-national level. The US Administration repealed the Global Gag Rule, but we have not yet achieved its permanent repeal.

And now we have to ready ourselves for a most harmful Supreme Court decision to overturn *Roe v. Wade* that will likely lead to abortion being restricted even in the most extreme cases in 26 US states.

Given the economic climate, IPPF's financial results were exceptional. We did not make use of any of the business support measures made available by the UK Government – and in fact were hard hit by the catastrophic cuts to their official development assistance. Income raised for the year by the Secretariat (US\$164.7 million) fell by only 0.8 per cent (US\$1.4 million) from 2020. Unfortunately, the drop in income was felt more in middle- and lower-income countries, where income raised locally by grant-receiving MAs fell by 12 per cent to US\$190.6 million. With tighter management in a unified Secretariat and less travel, total expenditure (US\$147.3 million) decreased by 7.6 per cent (US\$12.3million) compared to 2020.

This report measures IPPF's performance against our current Strategic Framework, which runs from 2016 to 2022 and is outlined on page 7. Throughout 2021 and the first half of 2022, we have been developing an ambitious new strategy for the period 2023–2028, welcoming ideas and input from across the Federation. This strategy will ensure that we can work more effectively as a Federation to meet the needs of the clients of the future. It reimagines sexual and reproductive health and rights to encompass more than just the basics of 'choice'. And it shapes a pathway to a future that celebrates pleasure, sexuality and bodily autonomy in a just and equal world.

IPPF's outstanding results and successes are due to the resilience, determination and strength of the people who form the Federation. I humbly acknowledge and show immense gratitude for the expertise and courage of our frontline healthcare workers and activists, the MAs that supported sweeping governance reforms and resource allocation changes that strengthened our Federation, and the exceptional support received from funding partners and supporters as we set about this transformation. Thank you for accompanying us.

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

6%↑

increase in services delivered in 2021

8%↑

increase to Couple years of protection (CYP) – higher than in any year prior to the pandemic.





Photo: IPPF/Hannah Maule-ffinck/Sudan

# Our Vision

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

Outcome 1	Outcome 2	Outcome 3	Outcome 4
<p><b>100</b></p> <p>governments respect, protect and fulfil sexual and reproductive rights and gender equality</p>	<p><b>1 billion</b></p> <p>people act freely on their sexual and reproductive health and rights</p>	<p><b>2 billion</b></p> <p>quality integrated sexual and reproductive health services delivered</p>	<p><b>1</b></p> <p>high-performing, accountable and united Federation</p>
<p>Galvanize commitment and secure legislative, policy and practice improvements</p>	<p>Enable young people to access comprehensive sexuality education and realize their sexual rights</p>	<p>Deliver rights-based services including safe abortion and HIV</p>	<p>Enhance operational effectiveness and double national and global income</p>
<p>Engage women and youth leaders as advocates for change</p>	<p>Engage champions, opinion formers and the media to promote health, choice and rights</p>	<p>Enable services through public and private health providers</p>	<p>Grow our volunteer and activist supporter base</p>

# IPPF's Mission

All to lead a locally owned globally connected civil society movement that provides and enables services and champions sexual and reproductive health and rights for all, especially the under-served

# Our Values

Social Inclusion	Volunteerism	Passion	Diversity	Accountability
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# Outcome 1: Champion rights

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



# Outcome 1: Champion rights

During 2021, IPPF continued to engage in advocacy at inter-connected levels – globally, regionally, nationally and locally – as an effective tool to uphold sexual and reproductive rights for all. IPPF leverages the expertise and knowledge of MAs and other partners to identify key issues, shift opinion and foster widespread support among decision-makers, influencers and the general public.

IPPF contributed to a total of 121 policy and legislative changes in support or defence of sexual and reproductive health and rights (SRHR) and gender equality in 2021. That's over two wins a week. 78 of these advocacy wins were due to work carried out by MAs, of which 54 were at the national level and 24 at the sub-national level. A further 43 were recorded by the IPPF Secretariat, with 18 at the global level and 25 regionally. Of the 121 wins, 23 policy and legislative changes related to increasing access to sexual and reproductive health services, 17 promoted sexual and reproductive rights, and 19 focused on preventing sexual and gender-based violence.

Seventeen of IPPF's advocacy wins promoted access to safe and legal abortion, many of them high-profile, hard-fought battles. Case studies on the following pages describe advocacy successes in Benin and Mexico. The situation in the United States is however increasingly of concern. IPPF welcomed President Biden's decision in January 2021 to rescind the Global Gag Rule (GGR). This harmful policy prohibited foreign non-governmental organizations (NGOs) who receive US global health assistance from providing legal abortion services or referrals, while also barring advocacy for abortion law reform – even if carried out with the NGO's own funds. This fuelled an increase in unintended, high-risk pregnancies, unsafe abortions and maternal

## Result 1

# 121

successful policy and/or legislative changes in support or defence of sexual and reproductive health and rights and gender equality

## Result 3

# 552

youth and women's groups supported to take a public action on sexual and reproductive health and rights

deaths, particularly impacting the poorest and most marginalized people. With IPPF MA, Planned Parenthood Federation of America (PPFA), we have been calling for a permanent end to the GGR.

To this end, PPFA worked with champions in Congress to reintroduce the Global Health, Empowerment and Rights Act. Through coordinated coalition efforts, including leadership from PPFA, the bill gained unprecedented support in the House, Senate and from a wide range of organizations. Throughout 2021, PPFA built momentum for a permanent repeal, including instigating a joint statement with IPPF that was signed by over 200 organizations from 88 countries.<sup>1</sup> The MA also secured media coverage and provided timely briefings for policymakers, donors and coalition members. These efforts resulted in the inclusion of language to permanently repeal the Global Gag Rule passed in the House and introduced in the Senate. But disappointingly this was not part of the final spending bill for the fiscal year 2022. Now, with the Supreme Court draft opinion heralding the potential overturning of Roe v Wade, the right to safe, legal abortion is at serious risk in America. Working with PPFA, we will keep fighting for people's liberty, bodily autonomy and rights.



Photo: IPPF/CJ Clarke/India

An important element of IPPF's advocacy work is supporting women's and youth groups to take public action to promote or defend sexual and reproductive health and rights. This includes encouraging groups taking part in demonstrations to advance SRHR; raising a group's awareness of an issue to lead them to make a public statement; or training a group, which then briefs decision-makers on sexual and reproductive health and rights. In 2021, IPPF supported a total of 552 youth and women's groups to take a public action on SRHR, of which 310 were women's groups, 155 were youth groups and 87 were groups supporting both.

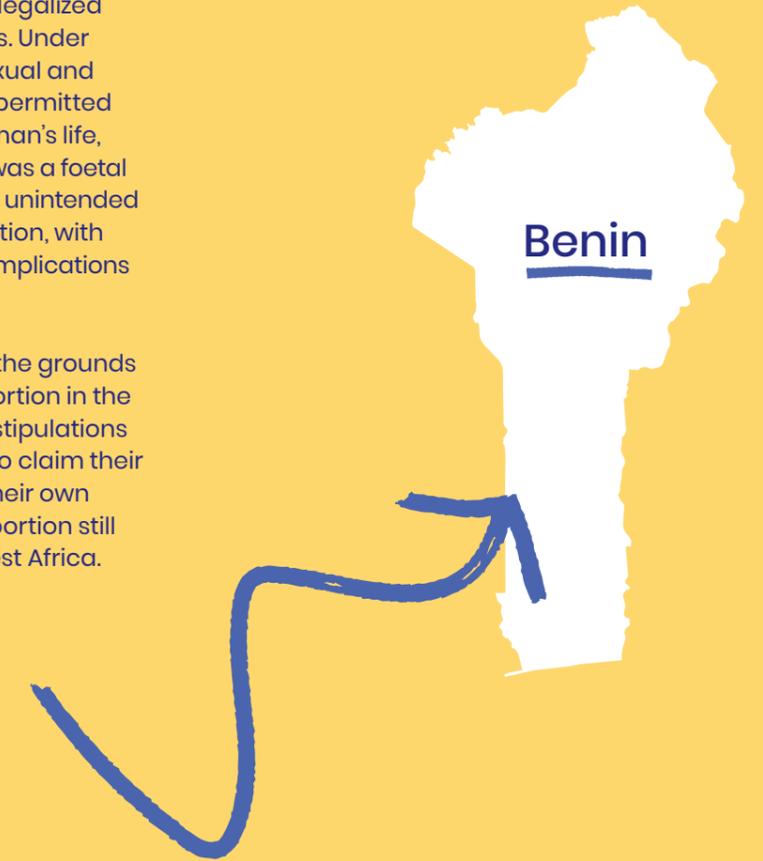
IPPF's Advocacy Common Agenda sets out a joint vision for advocacy across the Federation.<sup>2</sup> The ambitious roadmap aims to bring about national political change, placing accountability at the centre. There are five priority high-level changes to achieve and nine expected results, with six pathways in place. In 2021, a comprehensive mid-term review was carried out to assess progress so far and identify any changes required. It found that IPPF has achieved key milestones towards the overall goals and that the Advocacy Common Agenda has united different parts of the Federation engaged in advocacy to agree on shared priorities. Challenges include the impact of COVID-19 on advocacy: for example, travelling and meeting decision-makers in person has become more difficult. The mid-term review recommended a greater focus on innovation to adapt to new circumstances, increased youth leadership in advocacy and stronger operational planning. IPPF has taken these findings on board and have drawn up a set of detailed recommendations for the Secretariat and MAs to implement.

At the Generation Equality Forum, held in Mexico City and Paris in 2021, IPPF was proud to co-lead the Action Coalition on Bodily Autonomy and Sexual and Reproductive Health and Rights. The coalition agreed bold action on comprehensive sexuality education, abortion and the ability of all people, including women, to make autonomous decisions about their bodies free from coercion, violence and discrimination. IPPF made commitments at the Forum to accelerate universal access to safe abortion care by expanding provision of abortion care, integrating abortion care into humanitarian responses, and advocating for the decriminalization of abortion and the removal of coercive policies and legislation on abortion in 25 countries.<sup>3</sup>

# Securing the right to legal abortion in Benin

In a landmark vote in October 2021, MPs legalized abortion in Benin in most circumstances. Under the previous highly restrictive law on sexual and reproductive health, abortion was only permitted if the pregnancy posed a risk to the woman's life, was a result of rape or incest, or if there was a foetal abnormality. Many women experiencing unintended pregnancy had to resort to unsafe abortion, with the Ministry of Health estimating that complications caused 20 per cent of maternal deaths.

However, new legislation has extended the grounds under which women can access an abortion in the first 12 weeks of pregnancy beyond the stipulations of the Maputo Protocol, enabling them to claim their human right to make decisions about their own bodies. It is a huge step forward, with abortion still highly restricted in most countries in West Africa.



IPPF MA, Association Béninoise pour la Promotion de la Famille (ABPF), was instrumental in changing the law, despite opposition from religious leaders. For many years, ABPF has been a powerful advocate for safe abortion in the country. With support from the David and Lucile Packard Foundation, the MA has reduced the stigma faced by people who seek, provide or support abortion. ABPF has also partnered with the IPPF-hosted Safe Abortion Action Fund to expand access to abortion care. In a recent project, Sa Santé, Ses Choix, supported by Rutgers – IPPF MA in the Netherlands, the MA joined forces with gynaecologists, midwives, female lawyers and high-profile figures in advocating for policymakers to create a favourable environment for access to abortion care.

ABPF secured support from a wide range of partners and decision-makers, especially parliamentarians, to change the law on sexual and reproductive health. The MA implemented various advocacy strategies, including organizing a visit by over twenty MPs to its clinics. As a result, there was greater awareness and support from parliamentarians to sexual and reproductive health and rights, with a commitment to revisit the law.

This was also accompanied by technical workshop, attended by parliamentarians, government officials and women's and youth organizations, during which a roadmap to legal reform was agreed. And in early October 2021, ABPF briefed parliamentarians on key sexual and reproductive health issues, including comprehensive sexuality education.

In addition, ABPF took part in a committee that revised the legislation, enabling the MA to gain access to influential MPs and government officials. In collaboration with UN organizations, such as UNFPA and WHO, ABPF is also seeking to strengthen the implementation of the new law. Finally, ABPF brought together the press and civil society in a roundtable event to encourage accurate reporting of the new legislation in the media.



# Decriminalizing abortion in Mexico



Photo: IPPF/Brenda Islas/Mexico

In September 2021, Mexico's Supreme Court ruled that punishing women and pregnant people who terminate early pregnancies is unconstitutional. The highest judicial authority in the land voted unanimously to decriminalize abortion in the northern state of Coahuila. Previously, people seeking and providing an abortion could be prosecuted, with penalties ranging from a fine to imprisonment.

Significantly, the Court recognized reproductive autonomy as a human right. The ruling was a watershed moment in Mexico, the world's second largest Catholic country.

The decision is a major victory for feminists and defenders of human rights and reproductive justice. It follows years of advocacy and activism by women's rights movements and civil society organizations, including IPPF MA, Fundación Mexicana para la Planeación Familiar (Mexfam). In 2019, the Supreme Court considered a claim submitted by Mexfam highlighting the failure of the state of Veracruz to decriminalize abortion.



Photo: IPPF/Brenda Islas/Mexico

The MA used rights-based arguments, including from a sexual and reproductive rights and gender equality perspective, to make the case for decriminalization. For over two years, the claim went through the Court. During this period, Mexfam and other civil society organizations put forward arguments and discussed them with the Court's judges. When the Supreme Court ruled in 2021, Mexfam saw that some concepts relating to bodily and reproductive autonomy had been taken on board, illustrating the MA's contribution to the final decision.

The ruling sets an important precedent, which advocates hope will pave the way for decriminalizing abortion across the country and in the region. Yet the battle for reproductive rights is not over, as the decision does not necessarily mean increased availability of quality abortion care. Mexfam and its allies are pushing for the ruling to be observed throughout Mexico.

The MA will pursue litigation to uphold women's rights if they are denied access to abortion care and prosecuted. It is also providing legal support to ministries of health at the state level so that they can offer abortion care. In addition, Mexfam is advocating for more states to decriminalize abortion.



Photo: IPPF/Brenda Islas/Mexico

Photo: IPPF/Brenda Islas/Mexico



**“This historic ruling by the Supreme Court of Mexico is thanks to the feminist movement in Mexico and in the region, who have been relentless in their fight for the law to recognize the dignity and humanity of people seeking access to abortion. This decision will continue the Green Wave ripple effect across the region – we look at Argentina last year and now Mexico and Colombia, these movements give us hope and motivation to continue to fight for sexual and reproductive health and rights for all.”**

— Eugenia López Uribe,  
IPPF Regional Director for the Americas and Caribbean



# The Arab Council for Population and Development

Thanks to its effective partnership with the League of Arab States, IPPF Arab World Regional Office was invited to take part in the third annual session of the Arab Council for Population and Development (ACPD), held in Cairo, Egypt in December 2021.

The ACPD, which was launched in Amman, Jordan in 2019 under the umbrella of the League of Arab States and with the support of IPPF Arab World Region, comprises national heads of population councils and ministers of health. Its remit includes addressing development challenges and population dynamics in the region and accelerating the 2030 Agenda for Sustainable Development.

Photo: IPPF/Samir Abu Elouf/Palestine



# At the meeting of the ACPD last year, the Arab World Regional Office put forward compelling arguments and persuasive statements calling for reproductive health to be integrated into the Council's priorities.

As a result of these advocacy efforts, the ACPD adopted a resolution in its final report regarding capacity building of national population councils and committees in the field of reproductive health. The resolution outlines three actions, which specify collaboration with the IPPF Arab World Region. Namely, the resolution requests the ACPD Secretariat to:

- 1** Prepare, in partnership with UNFPA and IPPF, a document that will be circulated to member states to identify key reproductive health issues and develop proposals for initiatives based on the needs of each country.
- 2** Facilitate, in partnership with IPPF and Partners for Population and Development, a training workshop for staff in national population councils and committees to identify reproductive health issues at national and regional levels.
- 3** Develop, in partnership with IPPF, a guide for young people on reproductive health.

This resolution is highly significant. It provides an entry point for IPPF to work closely with national population councils and committees in identifying reproductive health needs, young people's needs and development issues at the national level and across the region. It also creates a valuable opportunity for the IPPF Arab World Region to help train national population council staff.

This will not only strengthen cooperation between IPPF MAs and national councils and committees, but also foster advocacy to prioritize sexual and reproductive health within national population and development policies. In addition, the guide for young people on reproductive health – instigated and endorsed by the ACPD and IPPF – will serve as a powerful educational and advocacy tool.

Photo: IPPF/Hannah Maule-finch/Sudan



# Advocacy at the UN Human Rights Council

The United Nations Human Rights Council, meeting at its 47th session from 21 June to 14 July 2021, adopted an important resolution on preventing and responding to all forms of violence against women and girls with disabilities.

The resolution highlights the increased risk of violence faced by women and girls with disabilities, including sexual and gender-based violence, reproductive violence such as forced sterilization, forced abortion and forced contraception, and the denial of sexual and reproductive healthcare. It also draws attention to the multiple, intersecting forms of discrimination and violence experienced by women and girls with disabilities in public, private and family settings.

Significantly, the resolution includes a reference to intimate partner violence as one of the most common forms of violence against women. It recognizes that the COVID-19 pandemic has fuelled the risk of violence, including sexual and gender-based violence, domestic violence and intimate partner violence. In addition, the text refers to 'safe abortion when not against national law' instead of 'where'. This matters because it suggests that contexts – rather than countries – determine the circumstances under which women may access safe abortion care.

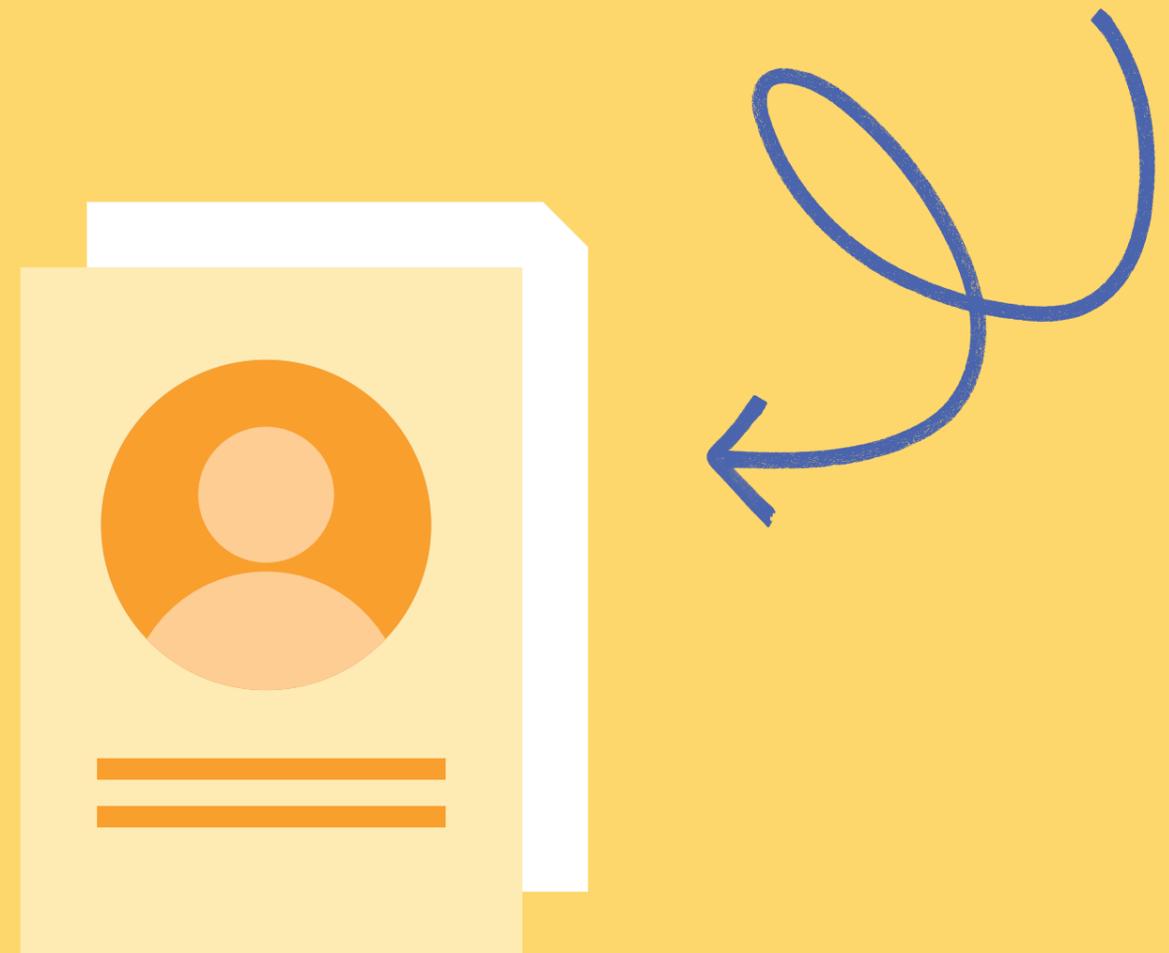




Photo: IPPF/Isabel Corthier/Mozambique

Led by Canada, the resolution was adopted by consensus. This was despite two hostile amendments, tabled by conservative states in an attempt to water down language relating to sexual and reproductive health and reproductive rights and delete a reference to comprehensive sexuality education.

IPPF was actively engaged in the Human Rights Council, working hard to shape the resolution and mobilize support. The Federation followed negotiations closely and provided strategic input and timely comments to strengthen the draft resolution. IPPF held bilateral discussions with Member States, core group members and other civil society organizations, offering evidence, guidance and language suggestions. Working in collaboration with allies, IPPF also helped defend the text against hostile amendments and defeat efforts to oppose progressive language.

The Human Rights Council is the foremost inter-governmental body within the UN responsible for strengthening the promotion and protection of human rights around the globe and addressing human rights violations. Although decisions are not legally binding, they do send important political messages.

Resolutions adopted by the Human Rights Council can be used at national and regional levels to advance a progressive agenda, promote accountability and, ultimately, bring about change. This landmark resolution can be utilized by advocates and human rights defenders to incorporate a rights-based approach to disability and reaffirm sexual and reproductive health and reproductive rights, free from coercion, discrimination and violence.



Photo: IPPF/Kathleen Prior/India



# Outcome 2: Empower communities

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

# Outcome 2: Empower communities

IPPF believes that everyone should be able to make their own informed decisions about their bodies and their sexual and reproductive health. These are basic human rights. Yet around the world people – especially young people – are denied access to accurate, non-judgemental information. That's why delivering quality, rights-based comprehensive sexuality education to young people, especially the most vulnerable and marginalized, is an essential part of our work.

In 2021, IPPF MAs provided comprehensive sexuality education to a total of 34.8 million young people, representing a 36 per cent increase on 2020. While IPPF MA in China contributed 89 per cent of this total, the number of young people who received comprehensive sexuality education in other countries also grew from 3.4 million in 2020 to 4.0 million in 2021: an 18 per cent increase. This growth was partly due to governments around the world easing or removing COVID-19 restrictions, which enabled groups to gather in-person and tuition to take place in schools. Many MAs that shifted to online comprehensive sexuality education during the pandemic continue to see the benefits of remote learning. Sixty-two MAs are providing comprehensive sexuality education virtually, combining online and face-to-face methods to reach the widest audience possible.

## Result 4

# 34.8m

young people completed a quality-assured comprehensive sexuality education programme

## Result 5

# 100,629

people trained by MAs to provide comprehensive sexuality education

During COVID-19 pandemic lockdowns, violence against women, including intimate partner violence, domestic violence and sexual violence, escalated and many women were forced to stay at home with their abusers without access to vital healthcare and support.<sup>4</sup> As we move beyond the most critical phase of the pandemic, sexual and gender-based violence remains a serious problem. But violence against women is not inevitable. Increasingly, comprehensive sexuality education is being recognized as an important tool to tackle sexual and gender-based violence, as it encourages young people to reflect critically on social norms and power dynamics. In 2021, IPPF European Network produced the Safe from Sexual and Gender-based Violence toolkit.<sup>5</sup> Designed by young people, it is aimed at comprehensive sexuality education providers and other professionals working with young people, especially those at risk of violence and discrimination on the basis of their gender or sexual orientation. The toolkit includes valuable theoretical and practical content to help young people prevent and respond to sexual and gender-based violence. Its ultimate goal is to enable young people to enjoy their sexual rights and express their sexuality free from coercion, stigma or shame.



Photo: IPPF/Disha Arora/India



Photo: IPPF EN/Jon Spaul/Macedonia

In 2021, IPPF MAs trained more than 100,000 young people to provide comprehensive sexuality education, eight per cent less than the previous year. Almost half (49 per cent) were trained in the Americas and Caribbean region, 20 per cent in the Africa region and 13 per cent in the European Network.

Recently, IPPF approved a new global gender-transformative youth programme. At its heart lies youth-centred action, including advocacy, building movements, transforming communities and improving access to sexual and reproductive healthcare and education for young people in all their diversity. In line with the Call to Action of IPPF's Youth Manifesto,<sup>6</sup> 'Nothing for us, without us', young people from across the Federation participated in the listening and co-design phases of the programme. This exciting two-year initiative will boost youth activism and be run and led by young people.

# Delivering comprehensive sexuality education in the Philippines after Typhoon Goni

Realizing the sexual and reproductive health and rights of adolescents and young people in a humanitarian crisis is essential. And yet, their needs are often overlooked. During a crisis, adolescents experience the breakdown of family life, schools and communities, and are at heightened risk of violence, sexual abuse and exploitation. Rates of adolescent pregnancy and STIs rise at the same time as access to services is suspended or restricted.



Photo: IPPF/ FPOP/Philippines

In November 2020, Typhoon Goni devastated the central part of the Philippines, causing landfall and heavy floods. A total of 68 health facilities were damaged, homes were destroyed, families displaced and at least 25 people died. Schools served as evacuation centres, depriving young people of their education.

In response, IPPF MA, Family Planning Organization of the Philippines (FPOP), carried out medical missions to maintain access to life-saving sexual and reproductive health services and information.

A range of services including HIV prevention and contraceptive services were provided, with a further focus on delivering antenatal care, postnatal care, counselling, post-partum contraception and information to pregnant and breastfeeding women.

Over a three-month period, and despite COVID-19 restrictions, FPOP delivered sexual and reproductive healthcare through the Minimum Initial Service Package and information to 1,759 vulnerable people, including 747 young people aged 10-24. The MA also distributed 6,240 information, education and communication materials on COVID-19 and sexual and reproductive health and rights.



Photo: IPPF/ FPOP/Philippines

Youth volunteers helped design the humanitarian response and took the lead in delivering comprehensive sexuality education to their peers and community members during medical missions. Young people tailored the modules to address the high rate of adolescent pregnancy in the area. Sessions covered a range of topics, such as antenatal and newborn care; sexual and reproductive healthcare, including contraception; gender-based violence; and STIs, including HIV. Young people weren't the only ones to benefit: their parents also gained valuable knowledge.



Photo: IPPF/ FPOP/Philippines

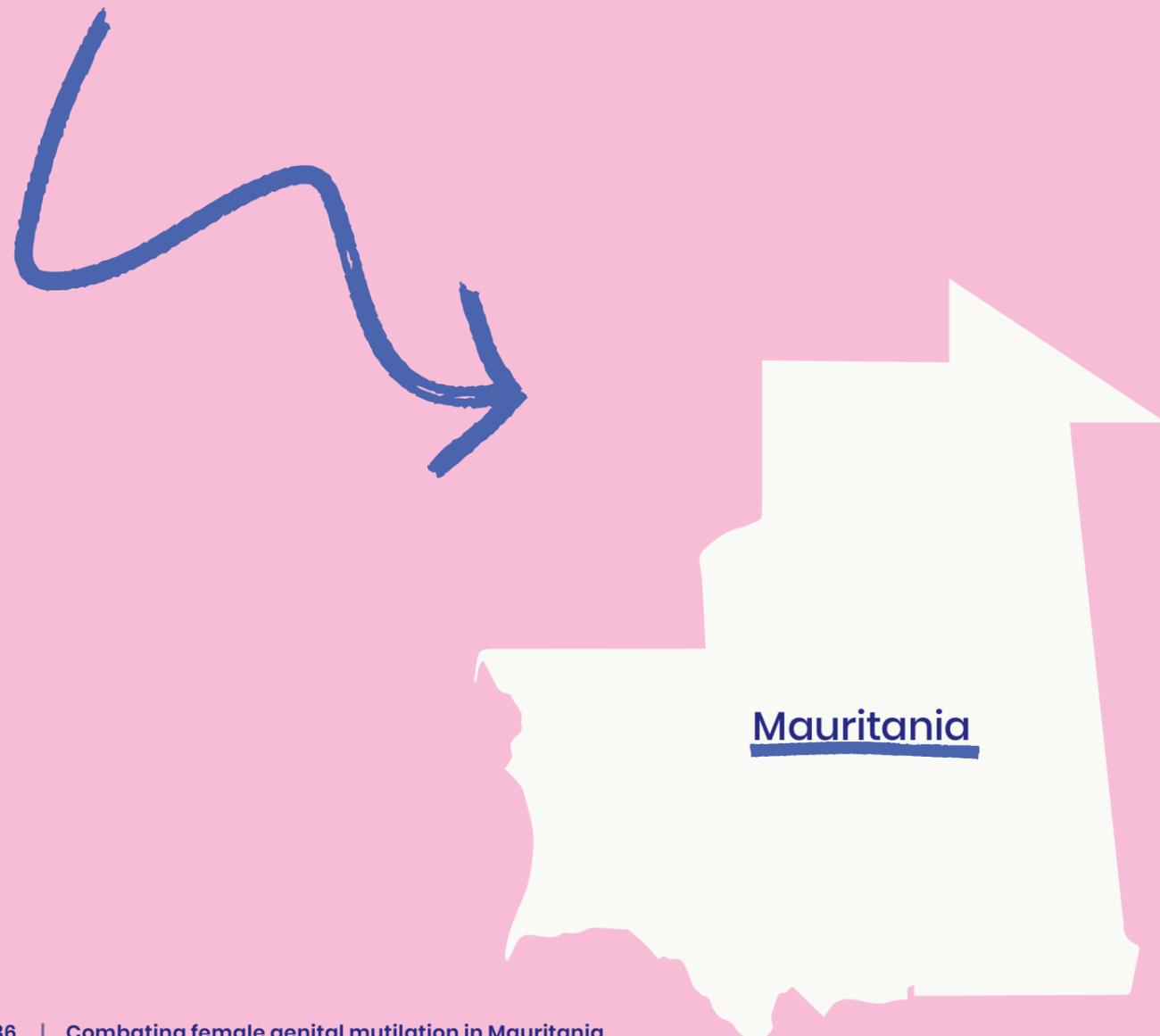
**“During the medical mission with FPOP, I learned a lot of things that changed my perspective about life. I learned that even though all of us experience the same disaster, we don't experience the same level of its effect.”**

— 20-year-old youth volunteer, FPOP



This case study demonstrates that trained young people can play an active role in delivering comprehensive sexuality education in a crisis, increasing the knowledge and awareness of their peers, and helping them to develop the life skills they need to support healthy choices. IPPF has provided useful guidance for the provision of comprehensive sexuality education in protracted humanitarian crises.<sup>6</sup>

# Combating female genital mutilation in Mauritania



About two-thirds of women aged 15-49 have undergone female genital mutilation (FGM) in Mauritania. Despite numerous campaigns, legislation and a fatwa by religious leaders banning it, the practice persists, particularly in rural areas.

Change is possible but it requires action and commitment.

IPPF Member Association, Mauritanian Association for the Promotion of the Family (AMPF), has seen that its fight against gender-based violence, including FGM, is having an impact.

The MA focuses on: Delivering respectful, compassionate care and support for survivors of FGM. This encompasses counselling, screening, medical care, psychosocial support, referrals, income generating activities and hotlines. AMPF reaches the most vulnerable and marginalized women, including Malian refugees in the M'berra camp. Engaging in advocacy and raising awareness within communities to transform the harmful social norms that sustain FGM.

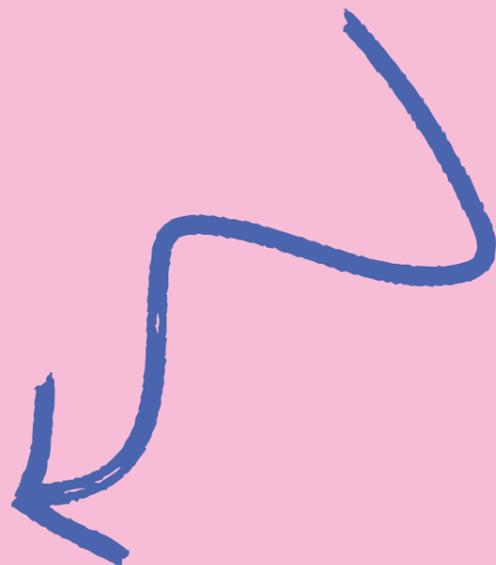


**“Thanks to this project, we have been given an alternative and some money to begin a new occupation different from practicing excision. With this income generating activity, I have been able to buy a sheep and a goat, and the sale of their milk products has helped me take care of my children.”**

— Former practitioner of FGM

**3500**

women provided with information, education and communication materials on FGM



**242**

women who had undergone FGM provided with rights-based medical care in 2021

**25**

health workers trained to offer psychosocial support

**AMPF has achieved impressive results.**

In collaboration with UNFPA, in 2021 AMPF provided rights-based medical care to 242 women who had undergone FGM and trained 25 health workers to offer psychosocial support. The MA also initiated 37 public community declarations to abandon FGM, signifying an important shift towards communities ending this tradition.

In addition, in a programme funded by the Norwegian Agency for Development Cooperation (Norad), AMPF engaged 20 decision-makers to commit to end FGM. The MA delivered information, education and communication materials to 3,500 women. AMPF also offered alternative livelihoods to 25 former practitioners of FGM to encourage them to abandon the practice.

**In recognition of its outstanding work in the field, in October 2021, AMPF, in partnership with IPPF Arab World Regional Office, launched an FGM centre of excellence.**

The centre is based on a model that supports women and girls and equips them with the skills they need to prevent and address sexual- and gender-based violence, as well as engage in advocacy.

The centre of excellence aims to build NGO capacity to end FGM, promote the social and economic empowerment of survivors of FGM, improve the quality of sexual and reproductive healthcare and care for survivors, and conduct evidence-informed advocacy to end the practice. The centre will also offer peer support to MAs in other countries where FGM is widespread, such as Egypt, Mali, Somaliland and Sudan.

# Outcome 3: Serve people

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



# Outcome 3: Serve people

IPPF Member Associations have continued to adapt their service delivery models to the changing yet ongoing challenges of COVID-19. While restrictions and closures have been relaxed in many parts of the world, the pandemic has still been leading to high levels of mortality and morbidity and affecting how MAs operate. Continued supply chain problems and the rise in global inflation have also proved challenging for many MAs.

Service delivery data clearly reflect MAs' resilience, strength and flexibility. A total of 231.4 million services were delivered globally in 2021, a six per cent increase from 2020. This means that most of the fall in service delivery occurring since the start of the COVID-19 pandemic has now been recovered. For the first time, the 2021 figures exclude data from 14 former MAs that were part of the Western Hemisphere Region – if these were included, the total number of services delivered would have been close to 2019 levels. MAs in the Africa region contributed just under half (47 per cent) of all sexual and reproductive health services delivered, while the Arab World region delivered 24 per cent and South Asia region 14 per cent.

A total of 155.7 million services were provided by MAs through a wide range of service delivery points, while 75.7 million services were enabled through partners' health facilities. Significant growth was reported from both mobile clinics and community-based providers, illustrating how MAs have continue to reach out to people where they live and work. Mobile clinics are particularly effective at reaching remote areas and serving marginalized communities, such as people living in urban slums.

## Result 7

# 155.7m

sexual and reproductive health services provided directly by IPPF MAs

## Result 8

# 29.0m

couple years of protection

During 2021, we served more people than ever: an estimated total of 72.2 million. This is an impressive 17 per cent increase compared to 2020. IPPF seeks to ensure equitable access to services, focusing on excluded people who would otherwise be left behind. Of the total number of people we served in 2021, 85 per cent were poor and/or vulnerable, while 45 per cent were under the age of 25.

Sexual and reproductive health needs and rights are often forgotten when disasters, humanitarian crises and conflicts strike, at a time when people, especially women and girls, face greater exposure to sexual violence. In response, in 2021, IPPF expanded its reach

in emergency and disaster situations, serving 6.1 million people in humanitarian settings.

Ensuring person-centred care is the cornerstone of our rights-based approach. This includes delivering a range of services, with a choice of methods; providing skilled, respectful, non-judgemental care for all individuals; and delivering accurate information and counselling. To assess clients' satisfaction with the care they receive, MAs introduced the net promoter score to ask them how likely they would be to recommend the service to someone else. In 2021, this resulted in an average score of 64%.

## Result 9

# 7.3m

first-time users of modern contraception

## Extending contraceptive choice

In 2021, IPPF MAs provided quality contraception to clients at higher rates than ever before. A total of 29.0 million couple years of protection (CYP) – the estimated protection from pregnancy provided by contraceptive methods over a one-year period – was recorded. This is an eight per cent increase over 2020 and a higher level than in 2019 before the COVID-19 pandemic began. This shows how MAs have continued delivering sexual and reproductive healthcare to their clients, using partner networks to expand their reach, with associated health facilities being a vital channel for increased contraceptive provision.

Over half (56 per cent) of total CYP was provided by MAs from the Africa region, while another 24 per cent came from the Arab World region. By delivering a range of contraceptive, IPPF helped people avoid 12.5 million unintended pregnancies and avert 3.8 million unsafe abortions in 2021, saving lives and enabling individuals to realize their reproductive rights. A total of 1.4 million maternal disability adjusted life years were averted and over US\$500 million in direct costs to health systems saved as a result of these services.



Photo: IPPF/Xaume Olleros/Mali

## Delivering abortion care

IPPF MAs delivered a total of 4.5 million abortion-related services in 2021 including 583,000 clinical abortion services relating directly to abortion procedures. The proportion of medical abortions continued to increase, reaching 63 per cent in 2021, up from 57 per cent in 2020. This reflects the growing demand and availability of medical abortion globally and reinforces the importance of offering clients a choice of method.

For the first time, MAs are now able to report the number of services provided that support clients to self-manage their abortions. Self-care is an evidence-based approach that places women, girls and everyone who has the capacity to become pregnant firmly at the centre of the abortion process.<sup>7</sup> Abortion self-care empowers pregnant people to exercise control over their own bodies, overcomes the stigma surrounding abortion and challenges gender norms that limit their autonomy.

MAs and partner organizations in 11 countries are part of the Global Care Consortium, which aims to facilitate abortion self-care by designing and testing innovative, person-centred models of care, reducing stigma and promoting an enabling environment for the self-care approach. The consortium will create a global network for the exchange of information and resources on implementing self-care models. Led by IPPF MA in Colombia, Profamilia, the Global Care Consortium will run until 2023.

The new World Health Organization Abortion Care Guideline, released in March 2022 and developed with input from IPPF, represents the latest evidence-based best practice in abortion care.<sup>8</sup> It brings together over 50 recommendations spanning clinical practice, service delivery and legal and policy interventions, all firmly grounded in principles of human rights. The guideline contains clear recommendations on simple primary care level interventions, including task sharing by a wider range of health workers and ensuring access to medical abortion pills. For the first time, WHO guidelines cover the use of telemedicine to support access to medical abortion care. IPPF will ensure that these new guidelines are widely implemented and used, both within IPPF and by governments and partners, to expand access to quality, person-centred abortion care and create an enabling environment for abortion care.

### Result 10

# 64%

average Net Promoter Score for client satisfaction

### Result 11

# 75.7m

sexual and reproductive health services enabled

### Result 17

# 6.1m

clients served in humanitarian settings

## Addressing the needs of women and girls

IPPF served an estimated total of 59.3 million women and girls during 2021, making up 82 per cent of total clients. Obstetric services, covering essential care required before, during and after pregnancy and childbirth, increased from 20.6 million to 25.7 million between 2020 and 2021. The Arab World region was responsible for most of this growth and now provides 51 per cent of all IPPF's obstetric services globally. IPPF also delivered 31.2 million gynaecological services during 2021, of which the Africa region provided 38 per cent and the Arab World region 30 per cent. These services comprise breast and pelvic examinations, biopsies, diagnostic imaging and cancer screening, and menstruation-related services.

Since the onset of the pandemic, sexual and gender-based violence has escalated around the world. COVID-19 has intensified gender discrimination and increased the vulnerability of women and girls and LGBT+ people to violence and abuse. In response, IPPF provided a total of 5.0 million sexual and gender-based violence services, comprising screening and counselling: an increase of 11 per cent over 2020.

## Reaching under-served people and youth

IPPF MAs are committed to reaching marginalized communities who would not otherwise be able to access services. The proportion of services provided through mobile, outreach and community-based channels rose from 24 per cent in 2020 to 28 per cent in 2021. And the estimated total of poor and vulnerable people we served increased substantially from 50 million to 61.5 million.

In 2021, IPPF delivered 98.7 million services to young people under the age of 25 – that's 43 per cent of all services. We provided sexual and reproductive healthcare to an estimated 32.3 million young people in 2021, empowering them to determine their own futures.

## Delivering HIV care

Under IPPF's broad definition of HIV-related services, which encompasses counselling, testing, management and treatment of sexually transmitted infections including HIV, services delivered rose significantly from 41.3 million in 2020 to 51.4 million in 2021. This was driven by increased HIV counselling (25 per cent rise) and testing (34 per cent rise), although growth was reported across all categories. Pre-exposure prophylaxis, post-exposure prophylaxis and prevention of mother-to-child transmission of HIV increased by 8 per cent from 2020 to 2021, while provision of antiretroviral therapy for people living with HIV went up by 20 per cent. MAs in the Africa region were responsible for the largest increase in HIV-related services; this region now delivers just over half (54 per cent) of IPPF's global total.



Photo: IPPF/Brenda Islas/Mexico

# IPPF's Humanitarian Programme in 2021

Women and girls are among the most vulnerable in humanitarian settings and their sexual and reproductive health and choices are often severely impacted by a crisis. IPPF's humanitarian programme is in a unique position to respond to the needs of women and girls in crisis settings as our Member Associations are established, local, autonomous organizations.



Photo: IPPF/Hannah Maule-ffinch/Sudan

# 6.1m

humanitarian clients reached in 2021

This also means we can bridge the humanitarian-development nexus during the preparedness phase for humanitarian response, and recovery.

The IPPF humanitarian strategy focuses on four overarching priority areas: promoting localized humanitarian action; ensuring access to lifesaving sexual and reproductive health services, including safe abortion care; responding to sexual and gender-based violence in emergencies and responding to the intersection of the climate crisis and sexual and reproductive healthcare.

In 2021, IPPF launched the new Stream 3 funding mechanism; core funding designed to enable our MAs to respond to crisis in a timely manner. Along with our other humanitarian projects and programming, our humanitarian reach grew more in 2021 than any previous year, responding to crises in an unprecedented 42 countries across acute and protracted settings.

These pages show a sample of the responses the Humanitarian Programme delivered in 2021:

## COVID-19 response

Papua New Guinea



Photo: IPPF/Kalo Fainu/Papua New Guinea

COVID-19 impacted maternal and reproductive outcomes as resources were prioritised to address the pandemic and access to services severely restricted.

The Papua New Guinea Family Health Association (PNGFHA) has been working to mitigate the impact of COVID-19 on SRH related mortality and morbidity through their response which ran from July 2020 through to October 2021, reaching a total of 38,339 people with 147,508 services. The response team consisted of midwives, health extension officers, nursing officers and community health workers. Other outreach support staff included youth volunteers who assisted with awareness-raising.

## Cyclone Seroja and the Kalimantan flood response

Indonesia

Indonesia was struck by a series of disasters in early 2021, caused by Tropical Cyclone Seroja, including flash floods and landslides which swept the East Nusa Tenggara Province in April 2021. Thousands of lives, as well as infrastructure, were affected by these disasters. The Indonesia Planned Parenthood Association (IPPA) responded by setting up a static clinic in the affected area.

IPPA reached people in 39 villages in four sub-districts, providing medical services through static clinics (SRH tents), mobile clinics as well as digital approaches for health education and promotion and psychological support. As part of the response to Cyclone Seroja, a total of 13,371 services were provided to 8,686 clients, with a further 18,966 services provided to 11,090 clients through the subsequent earthquake and flooding response.



Indonesia

Photo: IPPF/Jenny Frans Pongrangga/Indonesia

# Tigray Crisis

Ethiopia

In the Northern Ethiopian regions of Tigray, Amhara and Afar, an estimated 5.2 million people are in dire need of humanitarian assistance, and an estimated 3.5 million people from these regions have been displaced since the conflict broke out in November 2020. The number of refugees further increased as fighting intensified in late 2021. IPPF launched a regional humanitarian response to the Tigray crisis, including assisting refugees who have fled to neighbouring countries Sudan and Djibouti.

Sudan currently hosts 59,511 refugees who fled from the civil war in Tigray. The country's already weak health system has been stretched by the ongoing COVID-19 pandemic, further challenging the ability to cope with the arrival of high numbers of Ethiopian refugees. In one of the camps, Um Rakuba, which hosts 19,073 refugees, the Sudan Family Planning Association has established a sexual and reproductive health clinic. As of 1 March 2022, this response had reached 2,112 clients with clinical SRH services.



Photo: IPPF/Hannah Maule-ffinch/Sudan

In Ethiopia, the insecure operating environment initially impeded the efforts of the Family Guidance Association of Ethiopia (FGAE) to provide humanitarian assistance to displaced populations.

A field assessment on the safety and security of the implementation areas, the towns of Dessie and Kombolcha, was conducted. Based on the findings, a security management plan was developed, and humanitarian safety and security training was provided for all field and project staff. The response commenced at the end of October 2021. More than 450 IDPs have received sexual and reproductive health and sexual and gender-based violence services in FGAE clinics and outreach sites, and medical and emergency supplies including sanitary materials were distributed.



# Escalation in hostilities in the Gaza Strip

On 10 May 2021, an escalation of hostilities in the Gaza Strip resulted in more than 220 fatalities, the demolition of buildings, and over 75,000 internally displaced people. At the time there were an estimated 87,000 pregnant women in Gaza. 60 per cent of the Ministry of Health clinics were forced to close, whilst only 16 of the 22 UNRWA primary health care clinics remained open.

Between 1 June and 30 September 2021, PFPPA's staff and project team successfully reached 802 homes in Gaza through their humanitarian response. 5,219 women and girls were provided with essential sexual and reproductive healthcare in their homes, such as contraceptives, HIV and STI testing, counselling (including pre and post abortion counselling) and prenatal care. The response also included youth volunteers to look after children, allowing the medical team to provide private services to women undisturbed.

Gaza Strip, Palestine



# 802

homes in Gaza reached

# 5,219

women and girls were provided with essential sexual and reproductive healthcare in their homes



Photo: IPPF/Samar Abu Elouf/Palestine

# Saving lives from cervical cancer in Togo



Globally, cervical cancer is the fourth most common cancer among women. The vast majority of deaths (90 per cent) occur in low- and middle-income countries, where many women face barriers in accessing vaccination, screening and treatment.<sup>9</sup> And yet, cervical cancer is largely preventable. When detected early, and treated effectively and promptly, it can be cured.

In Togo, IPPF MA, Association Togolaise pour le Bien-Etre Familial (ATBEF), is saving women's lives from cervical cancer.

In 2017, with the support of the IPPF Japan Trust Fund, ATBEF pioneered a low-cost, community-based programme combining screening and treatment of pre-cancerous lesions. The MA trained service providers at two of its four clinics and used mobile clinic campaigns to reach women in remote, rural areas.



**16,218**

women ATBEF screened

**349**

pre-cancerous lesions diagnosed

**60**

treated using thermal ablation

Building on this considerable success, ATBEF launched a second project in July 2020 aimed at scaling up prevention nationally and making services more affordable. ATBEF expanded screening and treatment in all four of its clinics. The MA distributed leaflets and posters within communities and used radio to increase awareness of the importance of cervical cancer screening, disseminating information to 16,000 women from July 2020 to June 2021. ATBEF also delivered cervical cancer prevention services to just under 11,000 women in this period.

With the support of the Bill & Melinda Gates Foundation, the MA introduced a new technique – thermal ablation – a safe, effective and inexpensive method to treat pre-cancerous lesions. The lightweight, portable device is more user-friendly than cryotherapy, which requires a heavy gas cylinder, and is therefore more suitable for mobile and outreach services. An additional benefit is that thermal ablation can be provided by primary healthcare workers, such as trained midwives and medical assistants – not only doctors. In September 2021, a team from Uganda trained ten service providers in the use of thermal ablation. From January to December 2021, ATBEF screened 16,218 women and diagnosed 349 pre-cancerous lesions, 60 of which were treated using thermal ablation.

ATBEF has also scaled up screening and treatment in its mobile clinics and plans to work with partners in advocating for more government resources to end preventable deaths from cervical cancer, including a human papillomavirus rollout programme.

**11,000**

women received cervical cancer prevention services

**“Clients preferred thermal ablation to cryotherapy. Thank you to IPPF for bringing this innovation to our country. We are the first to implement this type of treatment in Togo. This technique is simple, easy to use and transport, especially in hard-to-reach areas.”**

— Dr Bingo M’Bortche,  
Head of Medical Division, ATBEF



Photo: IPPF/Xaume Olleros/Togo



# Digital health platforms expand access to abortion self-care in Cambodia



Photo: IPPF/Omar Havana/Cambodia

Evidence shows that self-managed medical abortion is safe and effective up to 12 weeks of pregnancy.<sup>10,11</sup> Enabling women and girls to make informed decisions about their health and take control of their own bodies can also be empowering.

A holistic approach to abortion self-care encompasses delivering accurate, accessible information; facilitating access to quality medical abortion pills; and providing care and support if requested. Digital health interventions enable access to abortion self-care and are often popular with young people, as they offer privacy and confidentiality.

During the COVID-19 pandemic, IPPF MA, Reproductive Health Association of Cambodia (RHAC), harnessed digital health technology to increase access to quality self-managed medical abortion and information. RHAC used Facebook and Telegram to provide information and counselling about abortion self-care, as well as platforms such as Google Meet and texts featuring hotline contact numbers. Trained youth activists and champions promoted the digital platforms within their communities and networks, fostering awareness of self-managed medical abortion and supporting their peers to access quality abortion care.

“The digital platform is very helpful to ensure wide dissemination and access to information. I’ve learnt a lot from digital content such as posters and video clips and I’ve shared links on abortion and hotline counselling topics.”

— Malay, 15-year-old youth champion



Photo: IPPF/Omar Havana/Cambodia

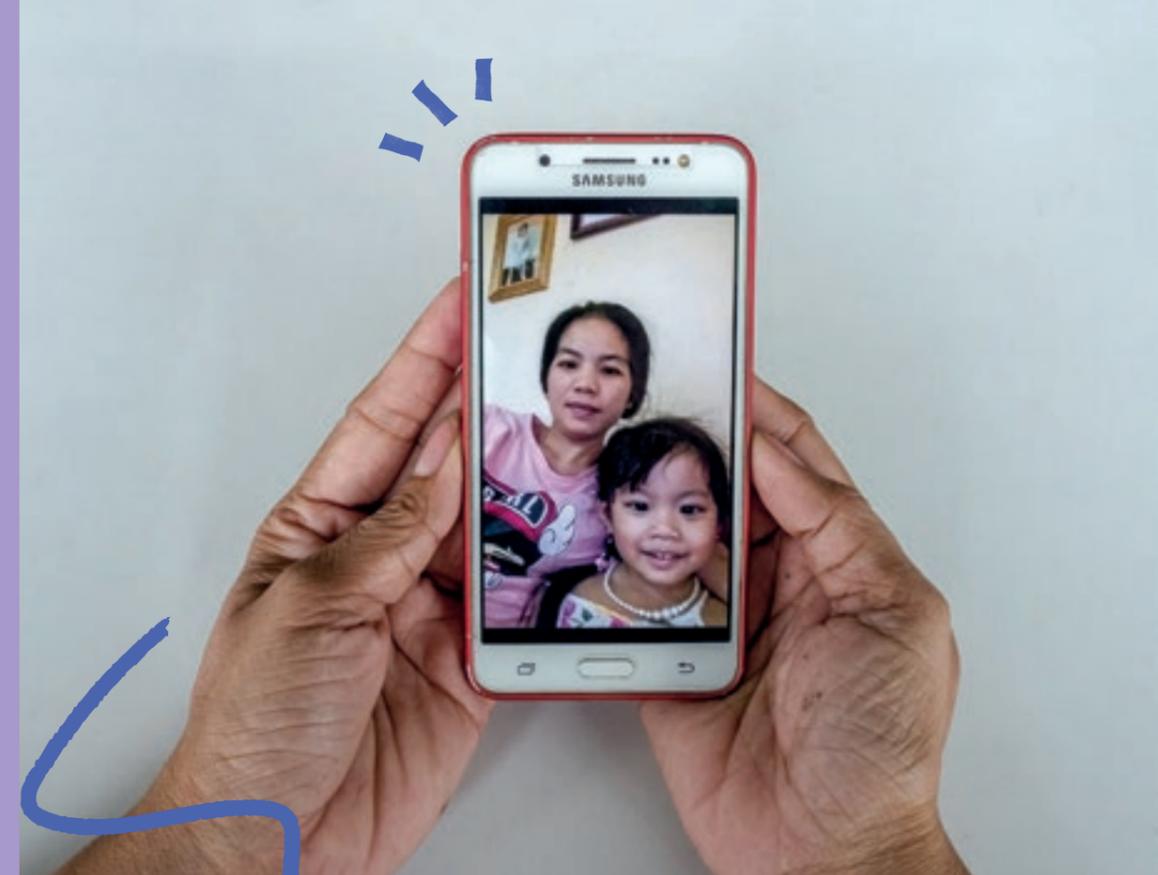


Photo: IPPF/Omar Havana/Cambodia

22,955

people reached with social media content related to self-managed abortion

RHAC produced 83 pieces of social media content related to self-managed abortion, which reached 22,955 people. Women’s champions and youth activists held over 500 in-person education sessions which 4,400 people participated in, as well as 37 online sessions, and booklets and flyers with information on self-managed abortions were distributed to young people.

4,400

people participated in an in-person education session



Photo: IPPF/Omar Havana/Cambodia

To expand access to abortion self-care, the MA worked closely with health centres, hospitals and pharmacists, and operated three hotlines.

Between August and December 2021, RHAC supported 232 women and girls to access self-managed medical abortion care and information. Health centre providers and RHAC hotline counsellors provided follow-up, with findings suggesting that abortion self-care is a safe and effective option for women and girls. Feedback from a random sample of women and girls who accessed self-managed medical abortion care showed that the vast majority reported a positive experience.

RHAC has shared its valuable knowledge and experiences with MAs in Cameroon and Ghana to foster peer learning. IPPF’s IMAP Statement on Abortion Self-Care provides further guidance on this approach.<sup>12</sup>

# Outcome 4: Unite and perform

A high-performing, accountable  
and united Federation



# Outcome 4: Unite and perform

IPPF generated a total income of US\$164.7 million across the Secretariat in 2021. This represents a slight reduction from US\$166.1 million in 2020, reflecting an increasingly difficult funding environment in which sexual and reproductive health and rights is competing for limited donor funds with COVID-19 responses and other sectors. The severe cuts made to the UK official development assistance budget also affected the Secretariat's income.

Member Associations receive restricted and unrestricted funding from IPPF to carry out their activities, but they also raise their own funds through a variety of channels including client fees, commodity sales and provision of training. In addition, they mobilize income from local and national governments and international donors. In 2021, MAs raised a total of US\$190.6 million; this is a 12 per cent decrease overall from 2020, but that is largely because some MAs, having resigned from IPPF following Western Hemisphere Regional Office's departure, no longer contribute towards this total. More than 80 per cent of MAs raised at least half their total income from local sources, as opposed to IPPF unrestricted grants. This is an increase on 2020 and demonstrates how the IPPF Secretariat has been working with MAs to diversify income sources to reduce MAs' dependence on IPPF grants and promote sustainability.

## Result 12

# \$164.7m

total income generated by the Secretariat

## Result 13

# \$190.6m

raised locally by unrestricted grant-receiving MAs

## Result 14

# 8%

of unrestricted funding used to reward MAs through a performance-based funding system

Following the restructure carried out in 2020 to unite the Secretariat, in December 2021 the IPPF Board of Trustees approved the 2022 Secretariat Business Plan. For the first time, this brings together all activities across the Secretariat into a consolidated plan and budget. Previously, different Secretariat offices used separate planning and budgeting systems, operating at a different depth of detail. Integrating these was a challenging process, which required extensive consultations, but the rewards will be clear moving forwards. From 2023 onwards, a three-year budgeting cycle will be put in place to allow more strategic planning and long-term thinking. This is part of ongoing efforts to build a unified, mutually accountable Federation that can work together to deliver impact in the future.

2021 marked the final year of IPPF's old model of allocating resources to MAs. From 2022, most unrestricted funding (known as Stream 1) is shared using a formula that takes into account a range of relevant criteria such as country needs including population size and levels of poverty, and MAs' performance. This will be a fairer, more transparent and responsive system, which will help ensure that funding reaches those people most in need.



Photo: IPPF/Georgina Goodwin/Burundi

## Result 15

# 316,240

IPPF volunteers

## Result 18

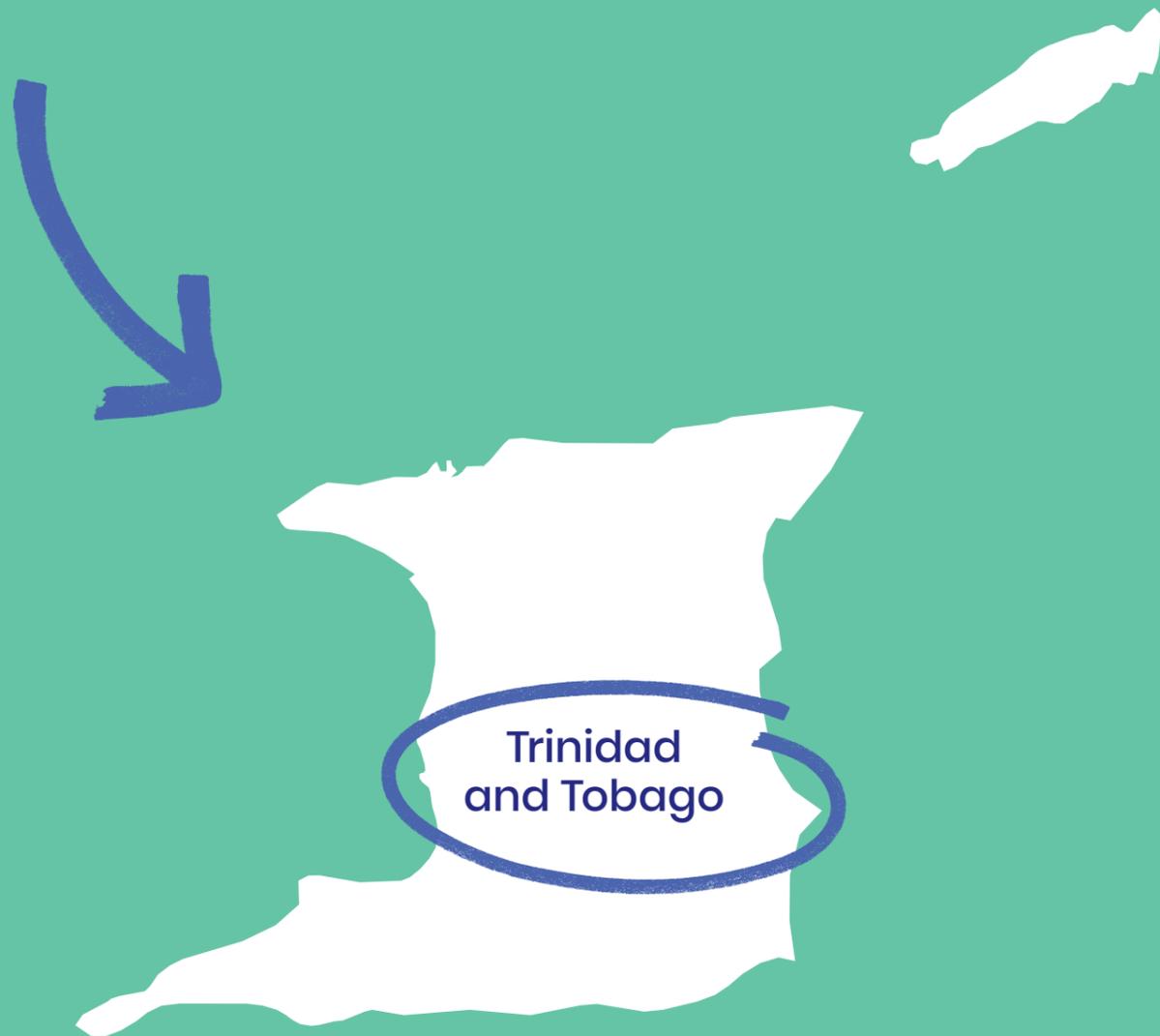
# 81%

MAs receiving no more than 50% of their income from IPPF unrestricted grant

For 2022 a one-year funding settlement is in place, and from 2023 onwards a three-year cycle will be initiated. This will align with the Secretariat planning process as well as allowing MAs to plan with greater confidence and reduce the volatility of their income. The remainder of the unrestricted funding to MAs will be allocated through two further channels. Stream 2, also known as the Strategic Fund, provides funding for cross-cutting priorities such as self-managed abortion or gender-transformative youth programming, selected annually for the Federation as a whole, while Stream 3 covers humanitarian emergencies. In 2021, eight per cent of IPPF's unrestricted income was distributed using a performance-based funding system, up from six per cent in 2020.

Over 316,000 active volunteers supported MAs in 2021, enriching the work of IPPF. Volunteers are at the heart of our Federation and fulfil a wide range of roles across MAs, including peer educators, community health workers, medical professionals, Board members, fundraisers and advocates.

# Optimizing clinic management information systems in the Caribbean



Across the Federation, we are continuously striving to better capture, store, analyze and use client data in our clinics. This will improve organizational efficiency and ultimately enhance quality of care for the people we serve. Many MAs have chosen OpenEMR software as their clinic management information system because it is flexible, low-cost and user-friendly, and IPPF staff can provide technical support and advice.

IPPF MA, Family Planning Association of Trinidad and Tobago (FPATT), has used OpenEMR for some time in all its service delivery points. In their static clinics, all data – from “clerical to clinical” – are recorded in real time; this means they can also be accessed in real time.



**“Since our clinical staff are trained in the system, we were able to continue with the data entry because of course with performance-based funding every single statistic counts. And even in those down times, we were still able to update our system whilst not being in a physical clinic. So the OpenEMR really did work in our favour with telehealth.”**

— FPATT team member



Photo: IPPF/Anton Nixon/Barbados

In 2021, the benefits of using Open EMR became apparent. When COVID-19 restrictions limited access to life-saving sexual and reproductive health services, OpenEMR enabled FPATT to ensure continuity of care.

All providers, including those working from home and delivering care via telemedicine, could access and record clients' data through OpenEMR. Clients' test results for Pap smears, for example, could be uploaded onto the system and consultations offered to clients.

The software has other advantages too. Different providers can use and update OpenEMR at the same time, which promotes collaboration and quick decision-making. And because all data are stored in one place and easily accessed by providers, clients can be tracked even if they receive care from another clinic.



Photo: IPPF/Ryan Riley/Jamaica



OpenEMR is the main data collection system underpinning the new Caribbean Observatory on Sexual and Reproductive Health and Rights, which is supported by UNFPA and led by IPPF MA, Caribbean Family Planning Affiliation. Launched in September 2021, the Observatory advocates for stronger policy and programmatic links between sexual and reproductive health and rights and prevention of gender-based violence in the region. It also generates evidence, monitors relevant indicators and reports on progress in advancing an integrated approach.

About two-thirds of the civil society organizations taking part in the Caribbean Observatory already use OpenEMR to capture and analyse accurate, disaggregated data on sexual and reproductive health and rights. Others are considering adopting the software. OpenEMR will collect daily data, enabling key indicators to be updated on a monthly basis. The Caribbean Observatory will also set up an interactive knowledge platform, comprising a website and social media channels, which will communicate information and progress in the region.

# Ensuring a steady supply of commodities



Photo: IPPF/Anton Nixon/Barbados



Photo: IPPF/Samar Abu Elouf/Palestine

IPPF ensures that MAs can access quality commodities to respond to local needs. This includes the procurement and distribution of life-saving medical products, particularly sexual and reproductive health commodities, including medical abortion and contraceptives. Various supply mechanisms are used to support MAs, such as international and local procurements and allocation of subsidized supplies through global partnerships such as UNFPA.



Photo: IPPF EN/Jon Spaul/Macedonia

In addition to routine supplies, we have established a long-term agreement with Sun Pharma, for the medical abortion combi-pack that combines mifepristone and misoprostol.

In North Macedonia, this contract enabled IPPF to secure access to medical abortion with the support of the Ministry of Health and the MA, Health Education and Research Association (HERA). The combi-pack was delivered at a fixed price far below the market rate and without volume requirements.



Securing equal access to commodities is critical so that all MAs – whether large or small, and wherever they are located – can order products for the same price and within the same time frame, regardless of volume.

This isn't straightforward. Challenges include tiered pricing mechanisms, volume requirements, manufacturers' limited production capacity, regulatory hurdles in destination countries and lack of funds to fully meet MAs' needs.

IPPF aims to overcome these challenges by working through a third-party procurement agent to manage our supply chain. The agent procures commodities from IPPF's contracted manufacturers, ensures quality control and provides a state-of-the-art warehouse for storage and distribution services. This resulted in significantly improved delivery times and valuable cost savings.



In the Caribbean, the supply chain team reached an agreement with the ICA Foundation to establish a logistics hub in Antigua.

The hub will receive the intrauterine system contraceptive device LNG-IUS, which is donated by the Foundation, arrange customs clearance, store the product in its warehouse and distribute it to other Caribbean destinations. IPPF firmly believes that this model can be expanded to improve access to a wider range of health commodities in the region.

Photo: IPPF/Amanda Elliot/Trinidad & Tobago

# Updates from IPPF



Photo: IPPF/Jenny Frans Pangrango/Indo

# Harnessing the potential of digital health

Digital technology offers exciting opportunities for us to reach our clients, including the most marginalized people, and expand access to life-saving healthcare and information. Digital health interventions (DHIs) consist of digital channels (e.g. social media platforms, telemedicine, hotlines, texts and apps) as well as the content shared through these channels (e.g. information, counselling, facilitated care or comprehensive sexuality education).



Digital health technology isn't entirely new. We have used websites, social media and apps for some time to disseminate information, education and communication.

Some IPPF MAs successfully used telemedicine to increase access to vital sexual and reproductive healthcare. Interactive, engaging digital platforms complement traditional delivery of comprehensive sexuality education in schools. MAs also find text messages and social media platforms an effective way to reach target audiences in campaigns and advocacy.

### MAs use a diverse range of DHIs.

During COVID-19 restrictions in India, Sudan and Pakistan, Family Planning Association of India, Sudan Family Planning Association and Rahnuma Family Planning Association of Pakistan each provided telemedicine including pre- and post-abortion counselling, contraceptive counselling and services.

Toll-free phone calls and WhatsApp were used to contact clients. Women who chose medical abortion or needed treatment for incomplete abortion received quality care, support and follow-up, and in each country, clients were satisfied with this innovative and convenient care model.

The COVID-19 pandemic has, however, triggered a rapid surge in the popularity and use of DHIs.

As clinics closed or limited their opening times and people had to stay at home, MAs showed flexibility in using digital platforms to maintain contact with clients and deliver services and information.

This approach has become increasingly important in our work and will be sustained as one of our service delivery models to ensure care is responsive to clients' needs.



Photo: IPPF/Tommy Trenchard/Malawi



Photo: IPPF/Georgina Goodwin/Burundi

**“I love that the hotline on the blogsite is always available for me when I call. It really helps because as a young person, I dread going to health facilities because I feel like there’s always that judgmental feeling from service providers. However, with the Youth Connect chat, I’ve been able to speak freely about my concerns comfortably and receive good advice without judgment.”**

— Aisha, 23-year-old, Abuja



Photo: IPPF/Xaume Olleros/Cameroon



Photo: Panos Pictures/george osodi/Nigeria

In Nigeria, IPPF MA, Planned Parenthood Federation of Nigeria (PPFN), used various digital and online platforms including texts, Facebook, WhatsApp, Instagram, Twitter, Zoom and telephone calls to sustain provision of information and care during the pandemic. The platforms were used to deliver live interactive information and educational sessions, consultations and to make referrals. Clients who needed more services or who were not comfortable receiving care online were linked to PPFN or partner clinics. The MA also developed the Youth Connect website, in collaboration with young people.<sup>13</sup>



**In the Americas and Caribbean region, digital counselling services were a key strategy to reach clients during lockdown.**

Famia Planea Aruba offered an online platform for enquiries, with pre-written replies to frequently asked questions to allow efficient and rapid responses, as well as respectful and confidential counselling for more complex cases. In Peru, INPPARES also provided online counselling, support and follow-up including referrals to in-person services.

The benefits of harnessing digital health technology are clear. MAs are able to extend reach: both in terms of geographic scope and attaining hard-to-reach groups. DHIs have the potential to increase equity by reaching under-served groups, particularly young people. Due to the stigma young people face, many of them prefer to access services, information and counselling online rather than be seen visiting a health facility. Comprehensive sexuality education online often appeals to young people, as it can be fun and accessible as well as informative. And DHIs do not need to be high-tech. Low-cost, low-tech solutions, for example a hotline that does not require internet access, can further increase equity.



Photo: IPPF/Tommy Trenchard/Malawi

## Yet there are important factors to consider when using digital health technology.

The digital divide remains a significant challenge, with poor and vulnerable people, those living in rural areas, refugees, and people less likely to have access to mobile phones and the internet. It is therefore essential to keep clients' needs and perspectives front and central when developing a DHI. Actively engaging a diverse range of people, including young people, women and girls, and people with disabilities in the design of an app will ultimately enhance its acceptability and use.



Quality of care is paramount, as it is when delivering face-to-face services. This means, for example, checking that pre-abortion counselling provided through a hotline follows the same standards as counselling offered in a clinic and making sure that client follow-up is done routinely. Ensuring data security and confidentiality is also vital. MAs need to be aware of laws and policies that restrict online access to contraception and safe abortion. Finally, securing adequate, sustainable funding for digital health platforms is challenging.

In short, digital health technology is an important tool that complements – rather than replaces – in-person care. After a rapid transition to DHIs, the Secretariat is now supporting MAs to learn from each other in navigating this relatively new digital space. This includes documenting and sharing best practices. The Secretariat is also considering how the data collected through DHIs will be incorporated in existing data management and reporting systems, and how DHIs can be integrated into quality of care frameworks. Recently, the Secretariat issued useful guidance for MAs on how best to implement DHIs as we look ahead to a post-COVID-19 world.<sup>14,15</sup>



Photo: IPPF/Hannah Maule-ffinch/Lebanon



Photo: IPPF/Akuma Oloros/Berlin

# 62

MAs provided comprehensive sexuality education virtually during 2021

# Centers and Funds update



IPPF's Business Plan: A Roadmap to Transform IPPF identified six solutions to accelerate implementation of the Strategic Framework in areas where progress lagged behind. In 2019, we launched a series of initiatives to catalyse action in these six solution areas, develop and share best practice, and enhance learning. These Centers and Funds – as they are known within IPPF – will be active until the end of 2022.



## The Centers of Excellence on Comprehensive Sexuality Education.

The global centre of excellence on CSE, which is led by Rutgers, IPPF's Netherlands MA, works alongside three regional centers of excellence, based in Colombia, Ghana and Togo. They are hosted by Profamilia, supporting the Americas and the Caribbean; Planned Parenthood Association of Ghana, supporting Anglophone Africa; and the Association Togolaise pour le Bien-Etre Familial, supporting Francophone Africa. The centers promote knowledge and learning around comprehensive sexuality education and rights-based, youth-centred services. They share their expertise and experience with other MAs and civil society organizations, institutions, peer educators, activists and decision-makers. Their impact extends beyond Colombia, Ghana and Togo as they demonstrate their thought leadership on youth sexual and reproductive health and rights throughout Africa and Latin America.

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## The Youth Social Venture Fund

Hosted by the Family Planning Association of India (FPA India), the Youth Social Venture Fund harnesses technology to improve existing solutions and find new ways to address the challenges young people face in realizing their sexual and reproductive health and rights. The fund will create opportunities and foster an enabling environment for young entrepreneurs, start-ups and technology innovators globally to develop sustainable solutions that can be scaled up. FPA India is working with MAs to identify young innovators with an idea or prototype, train the selected MAs to mentor the young people and run a virtual immersion programme to nurture promising solutions. The fund will not only help successful applicants to use technology in expanding young people's access to sexual and reproductive healthcare and information, but also forge linkages between MAs and institutions of local technology and higher education.

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## The Global Youth Connect Platform

Currently in the start-up phase, the virtual electronic platform, which is hosted by the IPPF MA in Uganda (Reproductive Health Uganda), will serve as a one-stop-shop for IPPF's youth volunteers. It aims to strengthen global coordination around youth participation and leadership and facilitate communication between IPPF's youth networks. The platform has three functions: collating, sharing and discussing best practice for youth participation, including tools, standards, policies and ideas; connecting and amplifying IPPF channels for youth communication; and identifying and sharing opportunities to advance the Federation's youth-centred approach, such as training, grants and advocacy forums.

## The Humanitarian Capacity Development Center

The center will significantly boost the ability of IPPF MAs to respond rapidly to crises, ensuring that vital sexual and reproductive health needs and rights are not overlooked in emergency situations. Hosted by Rahnuma – Family Planning Association of Pakistan and Reproductive Health Uganda, the center builds the capacity of MAs in countries affected by protracted crises or in countries hosting large numbers of people from ongoing crises. This will enable MAs to scale up provision of quality sexual and reproductive healthcare that meets the standards of the Minimum Initial Service Package (MISP) and deliver life-saving MISP services within 72 hours of a spike in a humanitarian emergency or in response to a new acute crisis, such as a flood, cyclone or disease epidemic.

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## The Women in Leadership Fund

IPPF is committed to building diverse leadership that includes women, girls and young people, at all levels of the Federation. The fund offers scholarships to women in leadership positions to participate in the prestigious International Masters Programme for Managers. It will address the biases and barriers that curtail women's professional growth, helping them to improve their knowledge, develop successful career paths and reach their full potential. Scholarships are open to women occupying leadership positions within IPPF at mid or senior level in operational, strategic or governance roles. Staff from four MAs have been selected to take part in this programme.

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## The Winning Narratives Center, Countering Opposition Center and Social Movements Center

Together, these three centers – hosted respectively by the European Network Regional Office, Planned Parenthood Global and the Association Marocaine de Planification Familiale – constitute IPPF's global Movement Accelerator Programme, described on page 86.

# Movement Accelerator Platform



In recent years, we have witnessed a concerted attack on abortion, contraception, gender equality, LGBTI rights and comprehensive sexuality education, as populist governments and socially conservative groups attempt to roll back hard-won gains in sexual and reproductive rights.

This so-called 'anti-gender' movement, which is well-organized and well-funded, is gaining ground at national, regional and global levels.

Faced with this backlash, our movement must step up its game. To defend and advance social justice, equality and rights for all, we need to widen public support and build coalitions. IPPF has therefore launched a global Movement Accelerator Platform to drive progressive change through research, innovation and learning in support of local responses. The platform, which furthers IPPF's Advocacy Common Agenda<sup>16</sup>, comprises three centres of excellence:

- 1** Winning narratives – based in Brussels and hosted by European Network Regional Office.
- 2** Countering the opposition – based in Washington and hosted by Planned Parenthood Global.
- 3** Social movements – based in Rabat and hosted by the Moroccan Family Planning Association.



Photo: IPPF/Gert Izeti/Albania

The countering opposition centre aims to ensure that MAs and partners have increased, more agile access to information, resources and strategies to neutralize attacks. Core activities include monitoring anti-gender discourse online, sharing intelligence and devising counter-narratives. An internal rapid response mechanism assesses opposition threats and helps formulate an effective response. This includes providing technical assistance to MAs and partners and conducting advocacy, campaigning and press work. The centre also helps MAs to develop much-needed physical and digital security strategies. In Burkina Faso, IPPF is working with a network of organizations to prevent attacks relating to gender-based violence. And IPPF MAs in Zambia and Peru are joining forces to mitigate the impact of the opposition on comprehensive sexuality education.

IPPF created the social movements centre to amplify and coordinate movements and support grassroots activists, equipping them with research, resources and skills. In addition, the centre increases the visibility of activists by coordinating international solidarity actions and promoting media coverage. In Palestine, IPPF works with activists who united to campaign against violence against women. In Poland, since the near total ban on abortion in October 2020, IPPF has provided funding and technical assistance to support the Women's Strike.

### The winning narratives centre supports MAs and partners to reframe the debate around shared values.

This entails understanding the 'movable middle' in each country (people who are receptive to being swayed), monitoring narrative trends and creating powerful messages that resonate with people's values. The centre has developed useful resources, including interactive webinars and e-learning for MAs, Secretariat Offices and partners, and fostered peer learning. It has helped to craft winning narratives that have shifted the public discourse on sexual and reproductive health and rights: in Mexico, for example, this approach was fundamental in reducing the stigma surrounding abortion. And in Malta, IPPF campaigns for reproductive justice in partnership with the Voice for Choice coalition of civil society organizations.

# Fostering solidarity and learning is at the heart of our approach. We know that it is essential to learn from each other, coordinate responses and show solidarity across borders and sectors.

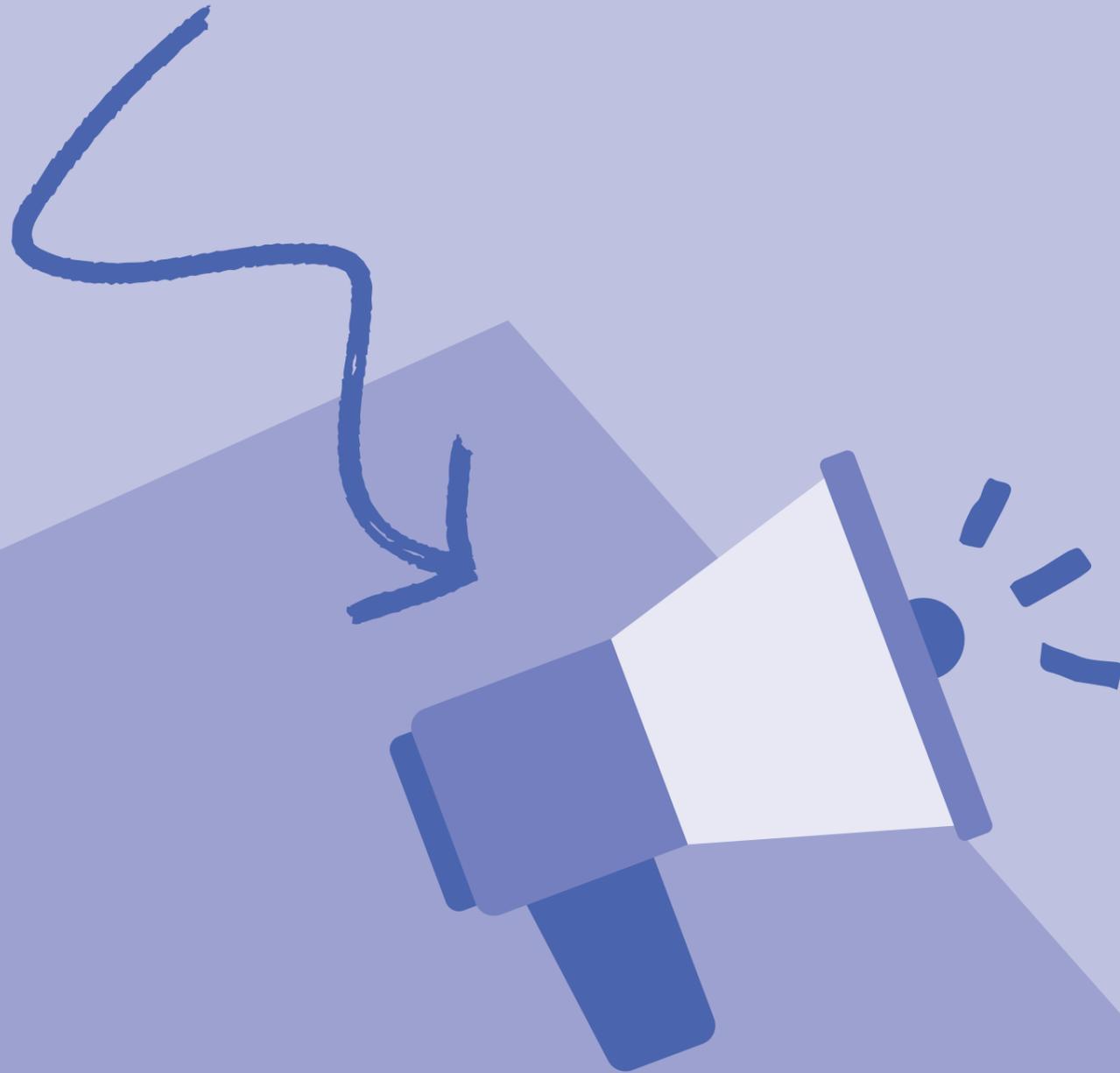


Photo: IPPF/Hannah Maule-ffinckh/Palestine

We are also setting up a think tank at the countering opposition centre to share intelligence and offer guidance.

In 2022, we will accelerate the impact of this vital work. The winning narratives centre plans to carry out research on gender ideology and pilot an innovative visual framing approach. The countering opposition centre will implement its opposition curriculum around the world and hold a dynamic Opposition Summit in July 2022. And the social movements centre will provide technical support and conduct workshops on key cross-cutting issues. Together, we envision a world that respects and embraces equality: a world in which everyone can realize their human rights.

# IPPF's Anti Racism Programme of Action



IPPF's Anti-Racism Programme of Action continued its work in 2021 to identify and address issues of racism and colonialism within the Federation. This had been initiated in 2020, precipitated by the Black Lives Matter movement but also triggered by awareness that concerns of racism had been raised within IPPF. For the Federation to live up to its values, a thorough and critical examination of existing attitudes and power relations was necessary.

**The report concluded that colonial legacies were still present in the Federation, that staff experienced and witnessed racism and discrimination, both interpersonal and institutional, and that IPPF's policies and processes were not currently adequate to address these or ensure accountability.**



## Anti Racism

Member Associations also expressed concerns about power imbalances within the Federation and the ways in which these reinforce neo-colonial structures.

Key recommendations from the report included setting up an anti-racism taskforce, conducting training for Secretariat staff, ensuring equitable employment opportunities and pay gap monitoring, and ensuring that anti-racism, anti-discrimination and intersectionality are part of IPPF's core mission. IPPF's high level governance and leadership groups accepted these findings and reiterated their commitment to creating a work environment that is free from discrimination, from prejudice and from marginalization.

Following the delivery of the report, the existing anti-racism working group was expanded to include staff from all IPPF Secretariat offices.

They work towards the goals of the anti-racism agenda for the Federation and developed a plan to ensure an inclusive and safe environment for all Secretariat staff. The group has been actively working to further understand the enablers and barriers to diversity and inclusion through engagement with activists and external experts. A Board sub-committee has also been established to provide high-level oversight.

The anti-racism working group has developed an action plan for 2022, with clear priorities based on the report's recommendations including anti-racism training for all Secretariat staff. These actions represent the first steps in a multi-year process and will enable IPPF to explore and identify other areas for improvement in the coming years, with the ultimate goal of becoming an anti-racist organisation that everyone is happy and proud to work for.

# Safeguarding and Incident Management

IPPF continued to develop its safeguarding and incident management processes during 2021, making sure that staff, volunteers and clients can raise concerns and that these can be resolved in a timely and effective manner, with the aim of providing a safe environment for all IPPF staff, clients, volunteers and partners.

A new version of the IPPF SafeReport system, which allows confidential reports of concerns and incidents, was launched in April 2021.

This included better streamlined categories of concern, and voluntary equal opportunities monitoring for all reporters. An escalation protocol was developed to facilitate compliance with the reporting requirements of donors and the UK Charity Commission.

A new Safeguarding Training Pack was rolled out across the Federation in a series of 16 events through which a total of 228 MA and Secretariat staff were trained as trainers, while general safeguarding training and resource dissemination sensitisation training was also delivered throughout the year. A new Secretariat staff safeguarding induction package was launched in October 2021 and a total of 79 new staff members received this induction during the year.

An audit of IPPF's safeguarding and incident management functions has been carried out. The auditors noted that improvements had been made over the past year and that the foundation for an effective incident management framework was in place. Further action was recommended to ensure that effective processes were embedded across the Federation.



A new version of the IPPF SafeReport system was launched in April 2021



A total of 45 concerns were reported through the IPPF SafeReport system in 2021, while 95 were closed during the year. Overall, a cumulative total of 200 incidents were reported since the launch of the system in 2019, of which 35 remain open.

Overall, a cumulative total of 200 incidents were reported since the launch of the system in 2019

**200**

incidents reported

**228**

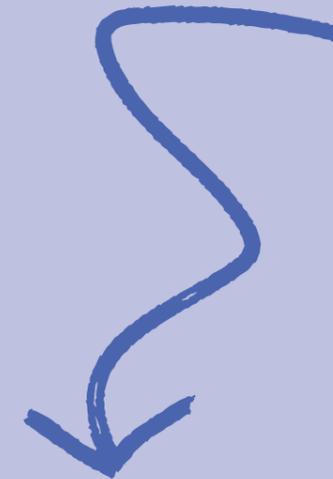
MA and Secretariat staff trained as trainers

This represents a significant improvement from our previous report, with 74 cases cleared from the backlog of reports made in 2020 and 2019. A total of 17 of the cumulative total cases (9 per cent) were related to safeguarding concerns, of which five (11 per cent) were reported during 2021, down from seven in 2020. All five safeguarding reports in 2021 related to Member Associations. Of these safeguarding reports, one concerned sexual exploitation and/or abuse; three related to sexual harassment; and one related to other forms of abuse.

In 2022, IPPF will develop a new approach to learn lessons from safeguarding experiences, so that learning becomes a regular exercise and improvements can be implemented on an ongoing basis. Lessons already identified include the need to formalize incident management responsibilities in job descriptions and HR documentation; and to support incident coordinators with further training.

**79**

new staff members received safeguarding induction



# IPPF's next Strategy



# A new era: IPPF's next strategy



As we approach the end of IPPF's current Strategic Framework (2016–2022), we are developing the next strategy that will cover the period 2023–2028. IPPF is committed to making this exciting process inclusive and participatory. The new strategy will be bold and progressive. It will reflect IPPF's diversity and articulate the Federation's shared goals, ambitions and vision.

**“It is an historic opportunity to reorient and reposition IPPF so that we truly stand out for standing up for an intersectional philosophy on love, intimacy, sex, pleasure and care. [It is] a chance to re-think how we work and relate to each other.”**

— IPPF's Board of Trustees

MAs around the world have contributed their ideas, views, creativity and passion. A rights-based, gender-transformative approach is at the centre of the process, which draws upon feminist participatory action research.

Led by IPPF's Strategy, Investment and Policy Committee, the journey began in December 2020, with the launch of the new strategy planned for November 2022, to coincide with the Federation's 70th anniversary.





Photo: IPPF/Xaume Olleros/Cameroon

# Phase 1

In the first co-initiation phase (December 2020 – May 2021), IPPF commissioned extensive research to inform the framework.

We wanted to analyse trends, identify the clients of the future ('the youth of 2030 and beyond') and shed light on their sexual and reproductive health needs and aspirations. IPPF reviewed current performance and global reach in delivering sexual and reproductive healthcare, evaluating achievements and challenges.

We assessed the contribution of MAs to national sexual and reproductive healthcare delivery and designed an interactive map showing contraceptive use and unmet need globally. In addition, IPPF sought MAs' perspectives and experiences in implementing the existing strategic framework so that lessons learnt could be applied to the next one.

# Phase 2



The second phase, listening and visioning, was pivotal. Our goal was to listen and understand the lived realities of the people we serve before mapping out trends.

From June to November 2021, IPPF held in-depth discussions to decide the direction and priorities. We actively encouraged lively debate and dissent, broadening our reach to listen to communities whose voices had not previously been amplified. MAs responded to questionnaires and led 24 roundtable discussions to spark new thinking about sexual and reproductive health and rights. At regional and youth forums, IPPF held a series of visioning sessions in which participants imagined what success would look like in 2030. In total, several thousand people from over 120 countries contributed. The main themes that emerged were captured in synthesis reports and visual mind maps to inform the draft strategy.

In an attempt to frame sexual and reproductive health and rights using sex-positive language, IPPF invited people to say what love, sex, intimacy, care and pleasure meant to them. Using social media, with the hashtag **#NewSexSlang**, IPPF reached more than four million young people from 15 countries and received over 800 entries.



Photo: IPPF/Anton Nixon/Barbados

# Phase 3

In the third phase – co-creating – between December 2021 and July 2022, a first draft of the strategy was produced and disseminated for feedback.



Photo: IPPF/Marko Risovic/Serbia

This early draft will undergo extensive consultation and re-writing. At the same time, IPPF is developing a Results Framework, in collaboration with donors and partners, which includes new, meaningful indicators to reflect strategic outcomes and priorities.

The Board will review the strategy in June 2022 before putting it to a non-binding vote among MAS in July. And then IPPF's next strategic framework, which re-imagines sexual and reproductive health and rights for all in the 21st century, will be launched in November 2022, following approval by IPPF's General Assembly.



Photo: IPPF/Ryan Riley/Jamaica

# Annexes

## Annex A: Number of successful policy initiatives and/or legislative changes, by country, 2021

## Annex B: IPPF's Performance Dashboard results, 2016–2021

## Annex A

Country	Number of changes	Country	Number of changes	Country	Number of changes
Americans and Caribbean		Africa		Arab World	
Colombia	2	Benin	2	Egypt	5
Mexico	5	Botswana	1	Morocco	2
Peru	1	Comoros	1	Pakistan	1
		Ghana	1	Sudan	3
		Mali	2	Tunisia	2
		Mauritius	1		
		Nigeria	1		
		Tanzania	1		
		Uganda	2		

Country	Number of changes	Country	Number of changes	Country	Number of changes
Europe		East & South East Asia & Oceania		South Asia	
Albania	4	Australia	6	Nepal	1
Belgium	5	Democratic People's Republic of Korea	1		
Bosnia and Herzegovina	1	Indonesia	1		
Denmark	1	New Zealand	3		
Kazakhstan	1	Samoa	1		
Latvia	1	Thailand	1		
Lithuania	1				
North Macedonia	7				
Norway	1				
Serbia Republic of	1				
Slovakia	1				
Spain	2				
Sweden	5				

# Annex B

**Table B1:**  
IPPF's Performance Dashboard - Global Performance Results, 2016-2021

	2016 baseline	2017 results	2018 results	2019 results	2020 results	2021 results	2021 targets	Percentage of target achieved	MAs reporting	Secretariat offices reporting
<b>Outcome 1 Indicators</b>										
1	175	146	163	141	136	121	155	78%	34	3
3	661	1015	1038	756	752	552	n/a	n/a	52	3
<b>Outcome 2 Indicators</b>										
4	28,113,231	31,346,872	30,802,589	31,948,606	25,547,744	34,760,824	35,200,000	99%	118	
5	9,296	115,021	150,641	154,692	109,426	100,629	n/a	n/a	96	
<b>Outcome 3 Indicators</b>										
7	145,076,890	164,136,012	169,114,158	181,337,879	143,247,609	155,715,990	256,900,000	61%	111	
8	18,776,343	21,065,169	23,476,137	27,015,108	26,756,387	29,037,517	23,900,000	121%	107	
9	6,336,091	6,102,204	6,043,082	6,553,838	5,513,335	7,276,821	8,613,810	84%	50	
10	..	..	..	..	69%	64%	n/a	n/a	27	
11	37,383,977	44,709,391	55,085,126	70,967,492	75,219,407	75,695,722	95,200,000	80%	48	
17	..	3,131,094	5,083,448	4,638,513	5,469,096	6,071,485	n/a	n/a	44	
<b>Outcome 4 Indicators</b>										
12	130,391,389	125,081,940	132,960,014	191,467,154	165,950,500	164,725,000	234,204,030	70%	109	7
13	291,198,069	291,747,796	264,262,874	252,089,810	215,859,796	190,864,081	484,900,000	39%	109	6
14	6%	5%	9%	8%	5%	8%	20%	40%	128	
15	172,279	232,881	261,573	314,068	316,798	316,240	n/a	n/a	109	
18	82%	82%	76%	79%	74%	81%	n/a	n/a	109	

**Table B2**  
Outcome 1: Performance Results, by region, 2016, 2020 and 2021

		Year	ACR	AR	AWR	EN	ESEAOR	SARO	CO	Total
<b>Outcome 1 Indicators</b>										
1	Number of successful policy initiatives and/or legislative changes in support or defence of SRHR and gender equality to which IPPF advocacy contributed	2021	8	12	15	54	13	1	18	121
		2020	18	14	4	61	22	10	7	136
		2016	53	11	5	71	17	11	7	175
3	Number of youth and women's groups that took a public action in support of SRHR to which IPPF engagement contributed	2021	28	23	125	110	47	37	182	552
		2020	81	36	115	92	49	31	348	752
		2016	234	22	133	177	47	29	19	661

**Table B3**  
Outcome 2: Performance Results, by region, 2016, 2020 and 2021

		Year	ACR	AR	AWR	EN	ESEAOR	SARO	CO	Total
<b>Outcome 2 Indicators</b>										
4	Number of young people who completed a quality-assured comprehensive sexuality education (CSE)	2021	339,361	2,273,636	147,313	613,047	31,004,409	383,058	n/a	34,760,824
		2020	413,729	1,812,477	64,112	528,573	22,407,908	320,946	n/a	25,547,744
		2016	428,193	2,238,789	41,608	239,033	25,019,365	146,242	n/a	28,113,230
5	Number of educators trained by Member Associations to provide CSE to young people or to provide CSE training to other educators (training of trainers)	2021	49,112	19,733	5,986	12,560	7,528	5,710	n/a	100,629
		2020	38,514	26,397	745	33,726	6,236	3,808	n/a	109,426
		2016	6,130	88	130	2,734	214	0	n/a	9,296

**Note on the data**

In 2021, IPPF's MA in Pakistan (Rahnuma – Family Planning Association of Pakistan) transferred from the South Asia region to the Arab World region. As a result, data for 2021 is not necessarily consistent with prior years for these two regions.

Due to rounding, numbers presented throughout this report's annexes may not add up precisely to the totals indicated and percentages may not sum to 100.

**Table B4**

Outcome 3: Performance Results, by region, 2016, 2020 and 2021

		Year	ACR	AR	AWR	EN	ESEAOR	SARO	CO	Total
<b>Outcome 3 Indicators</b>										
7	Number of SRH services provided	2021	17,242,159	59,082,377	39,608,597	1,068,207	12,721,976	25,992,674	n/a	155,715,990
		2020	22,561,550	55,619,351	19,928,690	1,071,785	12,104,214	31,962,019	n/a	143,247,609
		2016	30,198,359	68,753,974	11,672,439	1,562,581	13,947,674	18,943,863	n/a	145,078,890
8	Number of couple years of protection	2021	3,564,225	16,150,382	6,943,453	18,524	719,277	1,641,657	n/a	29,037,517
		2020	4,054,064	14,622,019	2,475,289	19,093	682,869	4,903,053	n/a	26,756,387
		2016	6,678,636	7,770,541	955,758	49,680	679,485	2,642,243	n/a	18,776,343
9	Number of first-time users of modern contraception	2021	0	6,007,364	904,764	1,154	86,927	276,612	n/a	7,276,821
		2020	18,404	4,220,206	592,155	696	93,226	588,648	n/a	5,513,335
		2016	30,044	5,300,920	309,261	669	347,384	347,813	n/a	6,336,091
10	IPPF clients who would recommend our services to family or friends as measured through the Net Promoter Score methodology	2021	69%	64%	9%	59%	66%	67%	n/a	64%
		2020	81%	46%	n/a	n/a	65%	63%	n/a	69%
		2016	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
11	Number of SRH services enabled	2021	255,336	50,714,207	15,508,425	28,603	4,293,979	4,895,172	n/a	75,695,722
		2020	679,800	49,810,365	9,415,008	28,474	3,694,392	11,591,368	n/a	75,219,407
		2016	441,387	29,951,314	2,074,995	36,212	1,056,158	3,823,911	n/a	37,383,977
17	Number of clients served in humanitarian settings	2021	177,772	1,530,545	3,711,855	20,333	57,147	573,833	n/a	6,071,485
		2020	313,643	674,360	3,424,363	17,678	64,789	974,692	n/a	5,469,525
		2016	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

**Table B5**

Outcome 4: Performance Results, by region, 2016, 2020 and 2021

		Year	ACR	AR	AWR	EN	ESEAOR	SARO	CO	Total
<b>Outcome 4 Indicators</b>										
12	Total income generated by the Secretariat (US\$)	2021								164,725,000
		2020				n/a				166,144,000
		2016								130,391,389
13	Total income generated locally by unrestricted grant-receiving Member Associations (US\$)	2021	75,171,772	61,830,386	9,100,632	4,942,356	26,363,921	13,455,013	n/a	190,864,081
		2020	108,170,449	49,884,144	24,222,189	4,489,323	10,454,931	18,638,761	n/a	215,859,796
		2016	149,979,959	65,638,161	5,341,111	4,481,212	51,280,444	14,477,182	n/a	291,198,069
14	Proportion of IPPF unrestricted funding used to reward Member Associations through a performance-based funding system	2021	9%	10%	6%	5%	2%	7%	n/a	8%
		2020	0%	9%	0%	7%	3%	8%	n/a	5%
		2016	8%	4%	0%	7%	3%	10%	n/a	6%
15	Number of IPPF volunteers	2021	33,175	46,043	66,532	15,335	48,184	106,971	n/a	316,240
		2020	38,996	41,832	7,525	12,995	45,310	170,140	n/a	316,798
		2016	48,298	46,199	6,584	10,317	45,389	15,492	n/a	172,279
18	MAs receiving no more than 50% of their income from IPPF unrestricted grant	2021	93%	82%	43%	77%	95%	88%	n/a	81%
		2020	77%	77%	69%	77%	55%	100%	n/a	74%
		2016	94%	85%	62%	77%	74%	86%	n/a	83%
17	Number of clients served in humanitarian settings	2021	177,772	1,530,545	3,711,855	20,333	57,147	573,833	n/a	6,071,485
		2020	313,643	674,360	3,424,363	17,678	64,789	974,692	n/a	5,469,525
		2016	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Number of couple years of protection provided, by region, by method, 2016, 2020 and 2021

Method	Year	ACR	AR	AWR	EN	ESEAOR	SARO	Total
Implants	2021	1,417,601	7,490,598	1,280,701	250	88,059	88,229	10,365,438
	2020	1,466,306	6,935,843	1,323,261	220	70,259	126,431	9,922,320
	2016	1,145,216	2,437,908	130,877	7,015	79,297	79,124	3,879,437
Intrauterine devices	2021	713,159	3,130,709	4,637,845	9,921	240,573	208,462	8,940,669
	2020	969,887	2,941,244	554,857	10,102	226,015	3,049,883	7,751,988
	2016	2,651,157	1,424,628	497,477	19,347	199,679	1,348,074	6,140,362
Injectables	2021	345,692	2,299,268	291,150	65	32,739	126,533	3,095,447
	2020	448,426	2,085,397	193,245	70	36,255	374,965	3,138,357
	2016	653,097	1,065,356	31,080	89	49,564	155,627	1,954,813
Oral contraceptive pills	2021	270,104	1,730,259	508,191	744	66,081	366,605	2,941,984
	2020	473,149	1,347,087	339,078	1,302	59,969	530,050	2,750,634
	2016	567,218	1,480,745	251,840	3,097	66,528	222,066	2,591,494
Condoms	2021	161,330	1,435,968	145,110	7,288	281,750	308,071	2,339,517
	2020	143,915	1,229,102	63,647	7,071	279,049	373,906	2,096,691
	2016	293,596	1,272,659	43,482	18,867	270,315	195,263	2,094,182
Voluntary surgical contraception (vasectomy and tubal ligation)	2021	591,560	54,560	74,260	80	7,740	434,265	1,162,465
	2020	484,760	75,890	0	140	9,140	347,638	917,568
	2016	1,245,480	76,880	0	480	12,760	537,612	1,873,212
Emergency contraception	2021	31,105	7,895	6,138	98	1,045	109,492	155,773
	2020	30,418	5,924	1,154	77	997	100,180	138,751
	2016	81,228	9,143	557	671	1,126	104,477	197,202
Other hormonal methods	2021	33,672	367	0	31	357	0	34,427
	2020	37,135	682	0	51	346	0	38,214
	2016	40,445	58	0	66	90	0	40,659
Other barrier methods	2021	1	759	58	47	933	0	1,798
	2020	70	850	47	61	839	0	1,865
	2016	1,200	3,166	445	49	126	0	4,986
Total	2021	3,564,224	16,150,383	6,943,453	18,524	719,277	1,641,657	29,037,518
	2020	4,054,064	14,622,019	2,475,289	19,093	682,869	4,903,053	26,756,387
	2016	6,678,637	7,770,543	955,758	49,681	679,485	2,642,243	18,776,347
Number of responses	2021	(n=13)	(n=36)	(n=12)	(n=14)	(n=25)	(n=7)	(n=107)
	2020	(n=24)	(n=37)	(n=10)	(n=17)	(n=25)	(n=8)	(n=121)
	2016	(n=27)	(n=39)	(n=11)	(n=19)	(n=25)	(n=8)	(n=130)

**Table B4**  
Outcome 3: Performance Results, by region, 2016, 2020 and 2021

Method	Year	ACR	AR	AWR	EN	ESEAOR	SARO	Total
Contraceptive (including counselling)	2021	5,014,629	54,500,447	13,659,460	253,983	5,094,227	9,003,340	87,526,086
	2020	6,063,510	56,670,238	7,593,706	224,450	5,034,724	14,828,648	90,415,276
	2016	8,980,338	47,748,224	2,989,983	374,277	5,890,895	5,892,684	71,876,401
Gynaecological	2021	3,441,247	11,894,515	9,422,254	84,840	2,917,530	3,427,438	31,187,824
	2020	5,644,109	12,147,049	4,114,012	65,100	3,075,082	5,144,616	30,189,968
	2016	8,529,057	9,156,910	2,323,176	150,763	1,837,816	3,123,922	25,121,644
STI/RTI (excluding HIV)	2021	4,548,519	13,587,341	4,018,565	236,718	3,114,933	3,112,874	28,618,950
	2020	5,003,210	10,448,925	1,322,897	241,704	2,830,520	3,812,653	23,659,909
	2016	5,046,217	10,138,284	1,082,883	339,554	2,223,562	2,129,211	20,959,711
Obstetric	2021	1,488,623	5,713,702	13,064,467	15,363	1,116,762	4,326,343	25,725,260
	2020	2,058,910	4,608,429	5,771,717	19,751	879,623	7,309,912	20,648,342
	2016	2,189,092	4,472,388	2,344,244	43,323	1,068,801	4,043,146	14,160,994
HIV (excluding STI/RTI)	2021	928,093	14,053,111	3,103,695	155,292	1,772,058	2,766,852	22,779,101
	2020	1,243,098	11,031,548	1,353,063	138,576	932,716	2,980,117	17,679,118
	2016	1,269,277	14,740,366	1,610,558	200,989	719,289	2,479,808	21,020,287
Specialized counselling	2021	559,527	3,967,703	1,885,786	212,762	1,669,098	2,895,484	11,190,360
	2020	1,214,680	3,765,661	908,943	144,228	1,651,561	2,136,584	9,821,657
	2016	1,281,102	3,550,259	561,118	336,731	1,372,224	1,008,743	8,110,177
Paediatric	2021	58,850	1,974,459	5,183,252	601	266,830	2,897,286	10,381,278
	2020	226,834	2,158,414	6,256,175	364	328,771	3,543,769	12,514,327
	2016	555,470	2,897,906	2,028,557	5,947	820,613	1,772,854	8,081,347
Abortion-related	2021	819,820	1,962,169	703,184	123,744	526,968	406,127	4,542,012
	2020	994,248	1,783,523	270,929	94,949	531,130	680,005	4,354,784
	2016	1,923,701	1,548,283	187,291	115,299	548,281	442,185	4,765,040
Urological	2021	467,914	475,887	2,029,657	5,617	264,703	657,414	3,901,192
	2020	487,235	716,897	504,599	7,177	237,214	1,388,229	3,341,351
	2016	455,699	491,187	172,755	1,671	43,654	485,690	1,650,656
SRH medical	2021	48,894	958,875	1,139,618	6,283	62,108	1,233,964	3,449,742
	2020	64,964	1,387,011	923,708	161,661	122,965	1,185,823	3,846,132
	2016	73,213	3,116,699	269,110	5,294	380,033	1,094,769	4,939,118
Infertility	2021	121,379	708,375	907,084	1,607	210,738	160,724	2,109,907
	2020	240,552	712,021	323,949	2,299	174,300	543,031	1,996,152
	2016	336,580	844,782	177,759	24,945	98,664	294,762	1,777,492
Total	2021	17,497,495	109,796,584	55,117,022	1,096,810	17,015,955	30,887,846	231,411,712
	2020	23,241,350	105,429,716	29,343,698	1,100,259	15,798,606	43,553,387	218,467,016
	2016	30,639,746	98,705,288	13,747,434	1,598,793	15,003,832	22,767,774	182,462,867
Number of responses	2021	(n=15)	(n=36)	(n=11)	(n=16)	(n=25)	(n=8)	(n=111)
	2020	(n=24)	(n=37)	(n=11)	(n=20)	(n=25)	(n=9)	(n=126)
	2016	(n=27)	(n=40)	(n=11)	(n=19)	(n=25)	(n=8)	(n=130)

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## Our vision

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

## Our mission

Building on a proud history of nearly 70 years of achievement, we commit to lead a locally owned, globally connected civil society movement that provides and enables healthcare and champions sexual and reproductive health and rights for all, especially the under-served.



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