

Gender Equality Strategy and Implementation Plan

Placing gender equality at the heart of
implementing IPPF's Strategic Framework



WHO WE ARE

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

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

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FOREWORD

IPPF was founded 65 years ago by brave and angry women who were determined to improve the lives of women around the world. Ever since, IPPF has been undertaking pioneering work to transform gender norms and bring about gender equality to improve sexual and reproductive health outcomes.

Gender equality is a human right. Ensuring universal access to sexual and reproductive health and rights for all is crucial to achieving gender equality. For gender relations to be transformed, the structures that underpin them have to change. Women and girls and transgender people should be able to lead lives that are free from violence, they should have opportunities to expand their capabilities and have access to a wide range of resources on the same basis as men and boys. Quality services, information, education and social conditions that allow women to maintain good sexual and reproductive health and realise their sexual and reproductive rights are needed to advance gender equality and enable the empowerment of women and girls. Evidence shows that when men and boys are engaged as clients, equal partners and agents of change for gender equality within sexual and reproductive health programmes, transformative change occurs.

Whilst progress has been made, gender inequality, harmful gender norms and stigma are still extensive. Inequality is pervasive and women, girls and transgender people remain disproportionately discriminated against across social, economic and public life. This is a barrier to sustainable development as was highlighted by the inclusion of a stand-alone Sustainable Development Goal that aims to achieve gender equality and empower all women and girls.

IPPF recognizes that investing in gender equality is essential both as a means for fulfilling SRHR and as an end in itself. Sexual and reproductive health and rights will only be achieved when there is gender equality. Conversely, gender equality is only possible when individuals can fully exercise their sexual and reproductive rights. Therefore, overcoming gender inequality is a pre requisite for the achievement of the IPPF Strategic Plan (2016 2022) with inclusion of gender equality as a cross cutting strategy that underpins the IPPF Secretariat Implementation Plan (2016 2019).

This Gender Equality Strategy and Implementation Plan clearly articulates how gender equality can be placed at the heart of implementing IPPF's strategic framework. Its success will require commitment and hard work from every staff member and volunteer across the Federation. To support implementation, Gender Champions will be appointed across the Secretariat and within Member Associations and a resourced Gender Unit will be set up to coordinate implementation and build gender competence.

We know the world we want our children to grow up in – one that is gender equal and gender just where all people, in particular women and girls, are empowered to exercise their rights to make free and informed choices about their sexuality and wellbeing. Let us now work together and put in the hard work to make this a reality.



Tewodros Melesse,
August 2017

PURPOSE AND SCOPE

The achievement of the highest attainable standard of sexual and reproductive health (SRH) is not possible when gender equality and human rights are not respected, protected and fulfilled.¹ IPPF has long recognized this and has been at the forefront of advocating for gender equality since it was founded in 1952.² More recently, overcoming gender inequality has been recognized as a pre-requisite for the achievement of the IPPF Strategic Plan (2016-2022)³ with inclusion of gender equality as a cross-cutting strategy that underpins the IPPF Secretariat Implementation Plan (2016-2019) – see Box 1.

The purposes of this Gender Equality Strategy are as follows:

- Provide the strategic focus and process required to scale up the cross-cutting issue of gender equality – through gender transformative programming – across the different levels of the Federation;
- Support the achievement of the IPPF Strategic Plan (2016-2022) by overcoming gender inequality that affects SRHR outcomes; and
- Articulate how IPPF can become a global leader in advancing gender equality.

This strategy builds on the 2014 Gender Equality Policy and is based upon commitments in the IPPF Secretariat Implementation Plan, and recommendations of a Gender Audit (2016) and a Gender Technical Consultation (March 2017). This document includes a clear implementation plan which outlines the process required to scale up gender equality programming at Member Association level and the support structures needed to enable this within the IPPF Secretariat.

A NOTE ON TERMINOLOGY

Gender roles, identities and expectations are socially, culturally and politically constructed. Expectations about what it means to be a woman, man or transgender can vary over time and depend on context and differ between and within countries. They are also based on the power relations between men, women and those identifying with other gender categories – as well as through the power relations within these groups. Furthermore there is a need to recognise, respect, protect and fulfil the rights of gender non-conforming and non-binary individuals. As the norms, practices and beliefs that sustain gender inequality are a social construct means that change is not only just and desirable, but also possible.⁴

Gender equality means that all people have equality of opportunity and are able to enjoy these equal opportunities so they can realize their full rights and potential. IPPF recognizes that there is diversity in gender, gender identity or expression, and sex characteristics which overlap and interact with other structural elements and social identities such as age, race, wealth, ability, status and sexual orientation. Therefore, throughout this strategy the terminology in 'all their diversity' is used to express that whichever group is mentioned, it includes people in all their aforementioned diversity.

Definitions of key terms are provided in Annex 1.

BOX 1: CROSS-CUTTING ISSUE OF GENDER EQUALITY IN THE IPPF SECRETARIAT IMPLEMENTATION PLAN (2016-2019)

IPPF is committed to the achievement of **gender equality**, because it is a human right; advances **women's and girls' empowerment**; and is interlinked with sexual and reproductive health and rights (SRHR). Across all four outcomes and priority areas, we shall be addressing issues of gender equality. We shall do this by strengthening women's and youth leadership and advocating for laws and policies to eliminate gender inequality. We will actively seek to engage with our partners and diverse activist supporters to champion gender justice by working together to tackle harmful gender norms and practices. Our comprehensive sexuality education programmes will integrate gender, enable the building of safe and respectful relationships and strengthen young people's capacity to champion for gender equality. We will embed a gender sensitive approach in our service delivery and ensure

that overcoming sexual and gender based violence is a key component of integrated and comprehensive programming. We will promote **men and boys'** access to services and engage with them as partners and co-agents of change, to work together with women and girls in reducing violence and achieving gender equality. We will ensure that those who are most impacted by an issue remain in the driving seat and are involved meaningfully and comprehensively in all policies, programmes and activities to advance equality. In recruiting volunteers and activists we shall appeal to those who wish to champion the cause of gender equality while building and strengthening gender competencies among existing ones. In all we do, we shall ensure equitable and meaningful inclusion in all decision-making processes.

SECTION 1: RATIONALE

Gender equality – the concept that all individuals should be treated in a way that ensures equal opportunities and outcomes – is a human right. The highest attainable standard of sexual and reproductive health is not possible without gender equality⁵ and this has been recognized at the level of international policy. For example, the Sustainable Development Goals (SDGs) recognize that sustainable development cannot be achieved without gender equality.⁶ Not only is gender equality a goal in itself – goal five – but there is a specific target within this goal on universal access to SRH (target 5.6), in addition to a target on SRH in the health goal (target 3.7).⁷

The SDGs are not the first time that there has been recognition of the links between gender equality and SRHR. In fact, there are multiple international instruments, policies and declarations providing states with a mandate to develop gender-transformative programmes and policies. These include: the 1994 International Conference on Population and Development (ICPD) Programme of Action;⁸ the Programme of Action of the World Summit on Social Development (1995) and its review held in 2000⁹; the Beijing Platform for Action (1995)¹⁰, the United Nations Commission on the Status of Women (CSW) in 2004 and 2009, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) Action Framework on Women, Girls, Gender Equality and HIV (2009); and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).¹¹

Despite these international commitments, gender remains one of the most fundamental sources of inequality and exclusion in the world. The latest data show that gender inequality is leading to multiple poor SRH outcomes (see Box 2). Addressing gender inequality is a pre-requisite for respecting, protecting and fulfilling the right to sexual and reproductive health.

Achieving gender equality requires working holistically with people in all their diversity. However when developing programmes, it is clear that gender inequality affects different groups of people in different ways.

Gender norms and patriarchal structures are pervasive and affects women and girls' SRHR disproportionately. As the data in Box 2 show, women frequently cannot control decision-making on whether or not they have sex and when they do whether they can use contraception. They have lower status, fewer opportunities and less access to power than men and boys. Therefore, progress towards gender equality requires transformative complementary actions to promote women's rights and empowerment by tackling structural inequality that is embedded in social structures, including addressing gender gaps, unequal policies and discrimination that have historically disadvantaged women and girls and affected their full participation in development.



Humanitarian crises can be particularly devastating on women and girls by increasing their exposure to sexual and gender based violence (SGBV) as well as increasing their risk of morbidity and mortality due to lack of access to a full range of SRH services.¹² Therefore, in all contexts, gender equality work should recognize the capacity of women to decide over their lives and the capacity of women's networks as first responders in the communities they live in.

Gender inequality harms men too. Norms about manhood often encourage men to view health-seeking behaviours as a sign of weakness. These same norms make it more likely that men will take more risks such as drinking excessively and having unprotected sex. This also leads to poor SRH outcomes – such as more men dying from AIDS related illnesses¹³ – which is bad for men and also bad for their sexual partners. In addition, gender norms that promote a heterosexual ideal put lesbian, gay, bisexual and transgender people at increased risk of poor SRH outcomes due to a repressive legal environment, stigma, discrimination and violence.¹⁴

Transgender and intersex people of all ages and in all regions of the world are exposed to violations of their human rights due to their gender identity or expression or sex characteristics. They are discriminated against in the labour market, in schools, in health settings, in their communities, and often mistreated and often disowned by their own families and communities and subjected to mental and physical violence including sexual assault. This is further exacerbated in humanitarian contexts, where these groups are often overlooked by preparedness and response efforts.

Gender equality cannot be addressed in isolation. Successful gender equality programming requires a holistic approach which also address intersecting structural elements and social identities, and also understands and responds to the indivisibility of the full range of human rights. To understand and achieve gender equality, gender must be viewed through an intersectional lens. Identities that intersect with gender include age, race, wealth, ability, status and sexual orientation. A gender transformative approach requires awareness of and overcoming other layers of stigma, oppression and discrimination associated with these other social determinants.

BOX 2: DATA ON GENDER EQUALITY AND SRHR

- 19 per cent of women between 15 and 49 years of age said they had experienced physical and/or sexual violence by an intimate partner in the 12 months prior to the survey.
- Just over 1 in 4 women between 20 and 24 years of age reported that they were married before 18 years of age.
- In 30 countries with representative data, survey data indicate that more than 1 in 3 girls between 15 and 19 years of age have undergone the harmful practice of female genital mutilation.
- Only 52 per cent of women between 15 and 49 years of age who are married or in union make their own decisions about consensual sexual relations and use of contraceptives and health services.
- Women's participation in single or lower houses of national parliaments reached 23.4 per cent in 2017, just 10 percentage points higher than in 2000.
- Women are still underrepresented in managerial positions with fewer than a third of senior- and middle-management positions held by women.
- Gender norms, as they affect both women and men, underpin the HIV epidemic. In 2016, HIV acquisition was 44% higher among adolescent girls and young women (aged 15 -24 years) than among men in the same age group. Due to greater risk-taking and poor uptake of health services, men living with HIV are much less likely to get tested for HIV or access and adhere to treatment, and are more likely to die of AIDS-related causes than their female counterparts.
- In humanitarian disasters, women are fourteen times more likely to die or be injured and was caused by existing social inequalities; in countries where women and men enjoy equal rights, the number of deaths were not significantly different between men and women.
- Transgender people are one of the groups most affected by the HIV epidemic and are 49 times more likely to be living with HIV than the general population.
- About 10 per cent of the world's population live with disabilities, and frequently encounter a myriad of physical and social obstacles. They often lack the opportunities of the mainstream population and are usually among the most marginalized in society, especially in disaster settings. Girls and women of all ages with any form of disability are among the more vulnerable and marginalized of society.

Sources: UN (2017) Report of the Secretary-General, "Progress towards the Sustainable Development Goals" <https://sustainabledevelopment.un.org/sdg5>; UNAIDS (2017) Ending AIDS: progress towards the 90–90–90 targets http://www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf; Peterson, K. (2007). "Reaching Out to Women When Disaster Strikes." Soroptimist White Paper, <http://www.soroptimist.org/>; The gendered nature of natural disasters: the impact of catastrophic events on the gender gap in life expectancy, 1981–2002, Thomas Plumper, Eric Neumayer, London School of Economics [http://eprints.lse.ac.uk/3040/1/Gendered_nature_of_natural_disasters_\(LSERO\).pdf](http://eprints.lse.ac.uk/3040/1/Gendered_nature_of_natural_disasters_(LSERO).pdf); UNAIDS (2016) 'Prevention Gap Report', http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf; UN Women (2017) Women with disabilities, <http://www.un.org/womenwatch/enable/>

SECTION 2: IPPF AND GENDER EQUALITY

IPPF was founded in 1952 by a handful of brave and angry women who were determined to work across different cultures, traditions, laws and religious beliefs to improve the lives of women around the world.¹⁵ For more than 60 years, IPPF has been undertaking pioneering work to transform gender norms and bring about gender equality to directly and indirectly improve SRH outcomes. Realizing ones' SRHR means that individuals have the right and means to make decisions about their reproductive lives and sexuality, free from violence, coercion and discrimination – this can only be achieved when there is gender equality. Conversely, gender equality is only possible when individuals can fully exercise their sexual and reproductive rights. The denial of these rights can therefore be seen as both a cause and consequence of gender inequality.

IPPF recognizes that investing in gender equality is essential both as a means for fulfilling SRHR and as an end in itself.¹⁶ This commitment to gender equality is framed within a human rights approach and outlined in the 2014 Gender Equality Policy and the current Strategic Framework (2016-2022).¹⁷ The IPPF Secretariat Implementation Plan (2016-2019) highlights gender equality as an essential cross-cutting area that must be addressed if goals within the IPPF Strategic Framework are to be achieved. This Gender Equality Strategy – and accompanying implementation plan – articulate how IPPF can become a global leader in advancing gender equality.

As this Strategy builds upon the IPPF Gender Equality Policy (2014), the same definition of gender equality has been adopted, namely:

“Gender equality means equality of opportunity for women, men, intersex and transgender people to realize their full rights and potential. It signifies an aspiration to transform structural inequalities, behaviour patterns and social norms, leading to social change and sustainable development. Gender equality requires specific strategies aimed at eliminating gender inequities.”¹⁸

This is a broad and inclusive definition of gender equality which recognizes that people in all their diversity, are entitled to live in a gender equal world where they are free to make informed decisions regarding their lives, their bodies and their SRHR.

This Gender Equality Strategy is based upon an expressed commitment in the IPPF Secretariat Implementation Plan and recommendations of a Gender Technical Consultation (March 2017) and the findings of a Gender Audit (2016).¹⁹ These include:

- 1. Significant work already underway but evaluation of impact needed.** At Member Association, Regional Office and Central Office levels, significant efforts and resources have been invested to achieve gender equality in areas such as comprehensive sexuality education (CSE); eradication of harmful gender practices; development and improvement of institutional policies; advocacy; SGBV prevention, mitigation and response; men and boys' engagement; youth programming; training and tool development; and humanitarian responses. However, information sharing about this work is poor and there have been very few external evaluations or impact assessments to ascertain what is working best and should be scaled up, and what is not and should be changed.
- 2. Well positioned to become a global leader in advancing gender equality with the right strategic investment and focus.** As a global Federation, IPPF is well positioned to bring together other partners to work on gender equality. IPPF has the opportunity to leverage its history, size, structure, and global reach to support use of global instruments – such as human rights treaties – at the national level, to advocate for gender equality in a culturally sensitive way, and work within communities to bring about societal change.
- 3. Routine gender equality data collection tools should be developed to support programming.** Current data collection tools in use by IPPF do not adequately capture gender equality objectives and outcomes and there is a lack of disaggregation of service statistics by gender.
- 4. Staff need better competency on gender equality.** Staff at different levels of the Federation need shared understanding of gender equality in order to enable different strategies and solutions in programming and advocacy.
- 5. Need a focused well-coordinated and resourced response.** A clear and focused strategy for scaling up successful gender transformative programming across the Federation is required to ensure that gender inequality does not undermine the achievement of the ambitious SRHR goals laid out in the IPPF Strategic Framework (2016-2022). For this response to be successful, it will require both financial and human resources.

This Gender Equality Strategy provides a clear approach to addressing issues of gender equality across all four outcomes and priority areas in the IPPF Strategic Framework (2016-2022). Implementation of this strategy shall go hand in hand with the implementation of the four outcomes and the other two cross-cutting areas: a youth-centred approach, and reaching underserved, vulnerable and marginalized populations.

SECTION 3: THE STRATEGY

VISION

The overall vision of the IPPF Gender equality strategy is

“A gender equal and gender just world where all people, in particular women and girls, are empowered to exercise their rights to make free and informed choices about their sexuality and well-being.”

CONCEPTUAL BASIS

The strategy is guided by three conceptual frameworks:

- 1. A gender equality continuum** takes into account the multi-dimensional structural barriers that prevent women and other marginalized groups from exercising their social, political and economic rights. This continuum acknowledges specific, contextual features that affect individuals and responds to the different ways in which gender inequality intersects with other characteristics that may lead to discrimination and/or vulnerability, such as age, race, wealth, ability, status and sexual orientation. This continuum is used to examine whether programmes are gender aware and actively seek to transform the power dynamics and structures that serve to reinforce gendered inequalities.
- 2. The ecological model** considers the complex interplay between individual, relationship, community, and societal levels. This model allows us to understand the range of factors that impact gender equality.
- 3. The life course approach** considers individuals, in all their diversity, throughout their entire lives, taking into account the different challenges they may face at different stages of their lives and how those are affected by the sociocultural context in which they live.

Further information on each of these conceptual frameworks can be found in Annex 2.

OUTCOMES

Outcome 1: Governments promote, respect and protect gender equality and women’s empowerment to fulfil sexual and reproductive rights (SRR)

Gender equality will never be achieved without political commitment for gender equality and the protection of human rights of all citizens, especially women and girls in all their diversity. Harmful social norms and practices will not change merely because a government says so, but legislation against gender inequality, harmful gender practices and SGBV – and ensuring these laws are upheld – is a necessary step. The key components required for achieving outcome this include:

Non-discriminatory legislation in place on gender equality and SRHR. Legislation will be comprehensive and include individuals in all their diversity, with special attention to women and girls. While the focus will potentially differ from country-to-country, the legislation will include relevant critical gender equality issues such as equal opportunities in the workplace, third party consent laws, SGBV, female genital mutilation (FGM), child marriage, CSE and transgender rights.

Sufficient resources allocated for gender programming including budget lines at national level. National commitment to gender equality is demonstrated by budget allocations at national level in order to implement relevant gender-transformative strategies and ensure relevant laws are upheld. This will involve a gender perspective included in the planning and implementation of government programmes in all government departments.

National health data disaggregated by sex and age and published at least annually. National sex and age disaggregated data will be published annually and will be used to show where gender inequalities exist in access to healthcare, employment and education, among other areas. Where possible, sub-national data should also be made available. This data is vital for understanding the context, including assessing progress and developing appropriate interventions.

Mechanisms in place to meaningfully engage Civil Society Organisations (CSOs) in promoting and advancing gender equality and SRHR. Advocacy will ensure that CSOs are granted space in public debates, technical working groups and decision-making processes related to gender equality and SRHR. Civil society should use these opportunities to support and critically assess proposed plans, budgets and SRHR-related strategies to ensure they are gender transformative and include community representation, especially from women and young people in all their diversity.

Outcome 2: All people, especially women and girls, youth and other marginalized groups are empowered and have agency to realize their SRHR

Governments and CSOs play a crucial role in ensuring people – especially women and girls, youth and other marginalized groups – are empowered and have agency to realize their SRHR. However, without the meaningful engagement of these individuals and recognition of their inherent capacities, the battle is only half won. The key components required for achieving this outcome include:

All people know their SRR and are empowered to demand and exercise them. Individuals will never be able to demand rights that they are not aware are theirs to demand. Thus, information will be made available to everyone – especially women and girls and other marginalized groups – so that they may realize their sexual and reproductive rights and respect the rights of others. The mechanisms used to share this information include: gender-transformative comprehensive sexuality education (CSE) for young people; community mobilization and movement building activities in partnership with community-based organizations; and working with the media.

Women and girls, in all their diversity, are empowered. For women and girls, a supportive legal environment and knowledge of their sexual and reproductive rights are not sufficient to realize these rights. This is particularly true for women and girls who do not conform to traditional notions of femininity such as lesbian, bisexual and transgender women who face higher levels of discrimination. Women and girls in all their diversity will be empowered as individuals to take control over their lives and their bodies free from violence and stigma. Ways of doing this include: meaningful participation; stronger representation in decision-making roles in political, economic and private spheres; increased access to and control over resources – including through economic empowerment. Adolescent girls and young women will be identified, trained and mentored as leaders and engaged and empowered to build networks and movements as advocates for

change. Responses to humanitarian crises will include a specific focus on women's empowerment to overcome exacerbated, pre-existing gender-based discrimination and inequalities.

Men and boys in all their diversity are engaged as clients, partners and agents of change. Men and boys in all their diversity will actively participate in challenging and transforming harmful gender norms. In addition to discrimination against women and girls, harmful interpretations of 'masculinity' are associated with lower health-seeking behaviour and greater risk taking among men and boys. This places some groups at higher risk of discrimination and sexual violence, such as gay and bisexual men and other men who have sex with men, transgender men, male prisoners and male migrants. Men and boys will be engaged as agents of positive change in changing unequal power relations especially in areas such as promoting gender equitable fatherhood, advocating against discriminatory laws and policies and changing attitudes and behaviours that are a cause and consequence of sexual violence and intimate partner violence. Transforming harmful gender norms and engaging men as clients, partners, and agents of change will therefore support gender equality, increase sexual and reproductive health-seeking behaviour among men, increase shared responsibility for sexual and reproductive health – including the use of condoms – and reduce the perpetration of sexual and gender-based violence.

Harmful gender practices are eliminated. As long as women, girls and other marginalized groups are subjected to harmful practices such as child, early and forced marriage, female genital mutilation, honour killing, forced sterilization, corrective surgery for intersex infants, and medicalization of transgender individuals, they will never be able to fully enjoy their SRHR. Eliminating these harmful practices allows women, girls and other marginalized groups to have control over their bodies and be free to make decisions about their SRHR and their lives. This component is associated to a demand for legislation to end harmful practices and then ensuring the legislation is enacted by providing access to legal support and redress for those whose rights are violated as covered in Outcome 1.



Outcome 3: Quality integrated gender and rights-based services delivered without discrimination

Access to, and uptake of, an integrated package of gender-sensitive and stigma free SRH services play a key role in facilitating equal enjoyment of the right to health and addressing the specific and diverse needs of women, girls and other marginalized groups throughout their lives. This integrated package means a client can be provided with all the SRH services they require – contraception, safe abortion, HIV counselling and testing, SGBV screening and support, etc – in one visit. The key components required for achieving this outcome include:

Healthcare providers and support staff provide gender-sensitive and stigma-free client-centred SRH services. All staff will be trained and capable of providing quality integrated gender-sensitive and rights-based services without any discrimination. To ensure this, systems and organizational policies will be put in place to ensure they have the necessary skills and knowledge. They will include ensuring all new staff receive gender sensitization training, all staff receive regular refresher training, and all staff are aware of gender equality policies and the latest resources.

A variety of quality service delivery models in place that meet diverse client needs. A variety of service delivery models will be put in place to meet the diverse SRH needs of IPPF clients such as community-based service delivery or extended opening hours for some groups. Health facilities will be stigma-free and youth friendly to ensure that clients in all their diversity feel comfortable and are able to access services. Sufficient resources (staff, funds, commodities, equipment) will be made available to ensure a wide range of integrated quality SRH services can be provided. As IPPF Member Associations cannot necessarily provide every SRH service for the diverse population it serves, strong referral systems will be put in place to ensure continuity of care, in both crisis and non-crisis settings.

Client-based data routinely collected and disaggregated by sex and age. To guide effective service delivery, sex- and age-disaggregated data will be routinely available through data collection systems that are client-based instead of service-based. Service delivery will be informed by client-based sex- and age-disaggregated data.

Sexual and gender-based violence are prevented and survivors supported. Action will be taken to prevent SGBV from occurring, including scaling up work at the community level. This will include work with men and boys, women affected by violence and women's support networks. Quality integrated SGBV services will be provided in every IPPF Member Association clinic as part of the IPPF Integrated Package of Initial Services and referral systems will be improved to ensure a comprehensive service for SGBV survivors. Gender-based violence interventions will be integrated

within all humanitarian programmes – as a core component of the Minimum Initial Service Package – with a focus on reducing risk, promoting resilience and aiding recovery.²⁰

Outcome 4: A gender-transformative, accountable and unified Federation.

IPPF's commitment as a rights-based, gender-transformative organization will only be successful if this commitment is adopted and implemented at every level of the Federation. For this to be achieved, IPPF policies and programmes will need to be gender transformative. These efforts will be supported by Gender Champions – individual staff members across the Federation who are particularly passionate about gender issues and are given the mandate to champion gender equality and provide ongoing gender training. Management, staff and volunteers shall be held accountable to their commitment to gender equality and SRHR. This will require a unified response, supported by Gender Champions, to create and maintain a gender-transformative organization. It will also require working with other structures and communities such as the IPPF Sexual Diversity Network, the Humanitarian Cluster, IPPF Youth movements and IPPF+, together with partner organizations. The key components required for achieving this outcome include:

Gender-transformative policies, systems and institutional culture in place. IPPF's daily internal work will be gender transformative through formal systems that ensure that all institutional policies take gender into account. Staff shall be trained to conduct an annual gender review to ensure policies are implemented in a gender transformative way and a gender audit will be conducted every three years. This will require setting up a Gender Unit to guide the process and resourcing of programmes, systems and policies that support gender transformative change such as supportive HR policies on parental leave, flexible working arrangements, sexual harassment, bullying and career progression.

Highly skilled workforce and volunteer base are continually developing and promoting gender transformative programmes across the Federation. IPPF staff and volunteers are the heart of the organization, and will be knowledgeable and sensitized on gender issues so they can bring a gender transformative approach into all of their work, such as resource mobilization, programme management and internal and external communications. They will be supported by Gender Champions.

Measurement systems routinely assess gender-transformative work and staff share lessons learned. Routine measurement systems, including an Annual Programme and Budget (APB) Gender Assessment Tool, a Proposal Development Gender Assessment, measurable indicators to monitor the implementation of this strategy, and sharing of current and past initiatives on gender will be put into place. These will be

developed in conjunction with the Organizational Learning and Evaluation Department. This will be complemented by external evaluations and impact assessments on larger gender transformative programmes to learn from them in order to scale up what works and stop doing what does not.

Budgeting at all levels of the Federation takes gender equality into account. A specific budget line created at all levels of the Federation to fund specific work on gender equality. This will include IPPF Member Association Annual Programme and Budgets (APBs), as well as budget allocation for gender equality work within each Secretariat office. Member Associations will be provided with a menu of possible activities for each programmatic focus area to support preparation of their APBs. Fully implementing the strategy will require the raising of new financial resources. This will be led by Resource Mobilization and New Business Development through the inclusion of a percentage for Gender Equality programming in every proposal and raising new funds from existing and new donors.



GUIDING PRINCIPLES

The following principles will guide the implementation of the strategy:

We aim to transform. IPPF recognizes that sustainable change is only achieved by transforming gender norms and patriarchal structures that affect people's ability to participate equally and freely in society (see Annex 2 for more details).

We are guided by evidence. IPPF programmes and actions are based on years of experience in the field and lessons learned. They are informed by, and build upon, research, policy and best practice approaches to gender equality.

We believe in local solutions. What works in one country or community context to transform the lives of women, girls, transgender and intersex individuals, and other marginalized groups will not necessarily have the same impact in others. Strategies to advance gender equality and women's rights must be adapted to each context to break down harmful practices and beliefs. IPPF relies on experienced staff around the world, and use of the latest evidence to help with this process.

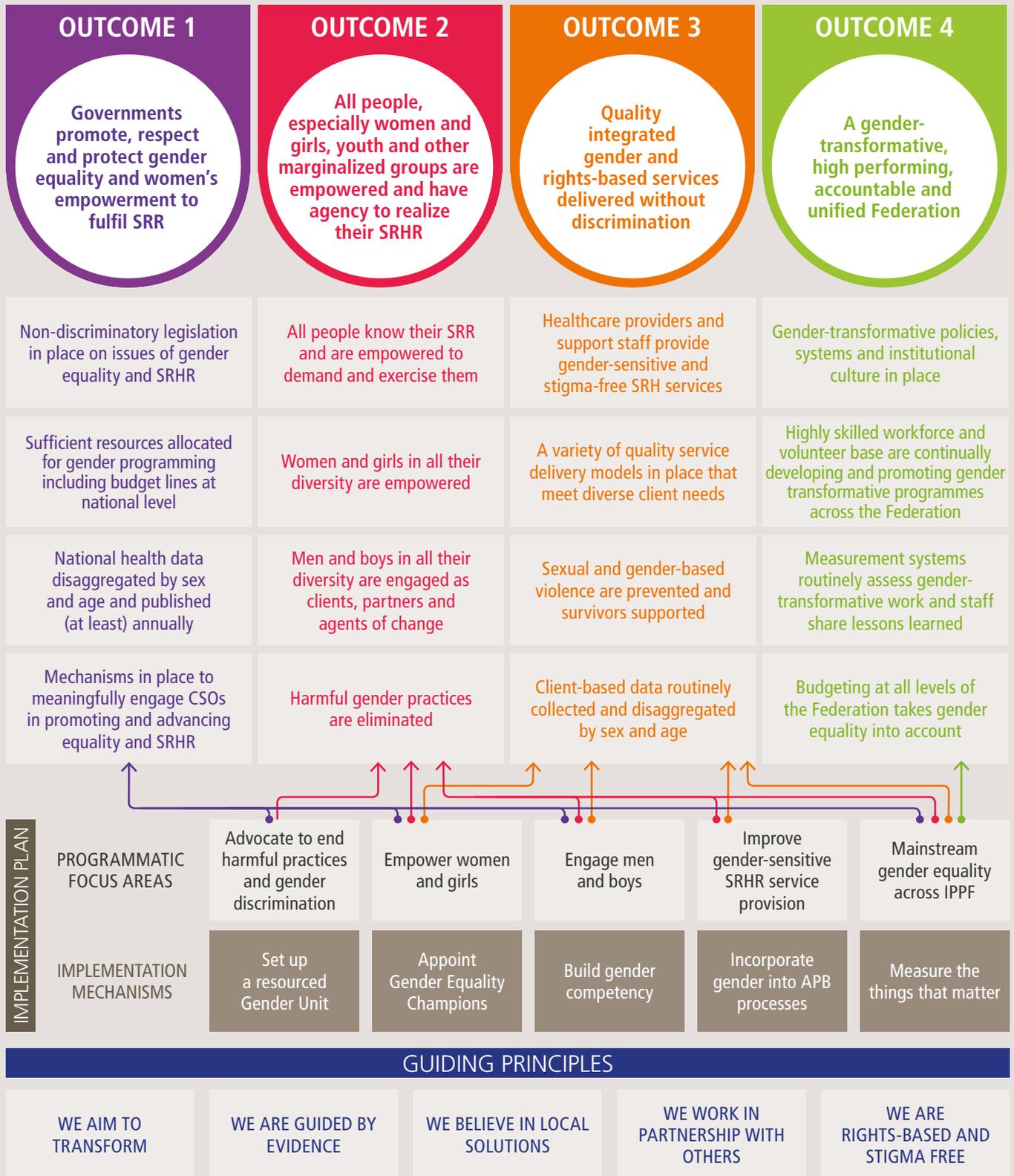
We work in partnership with others. IPPF knows that partnerships and collaborations at all levels are crucial to provide leadership and support to change harmful gender norms, policies and practices. IPPF also knows that it is the community – children, young people and adults, in all of their diversity – who should lead and shape the response to improving gender equality. We must begin by listening to beneficiaries and base gender-transformative work on their experiences.

We are rights-based and stigma-free. IPPF believes that gender equality is a human right. Without it, women, girls and other marginalized populations cannot participate freely in society, they cannot have control over their lives and their bodies. IPPF work on gender equality must support human rights and gender equity, uphold and respect confidentiality, be stigma-free, respect culture, and promote the values of choice, dignity, diversity and equality. Every person is equally respected regardless of age, race, wealth, ability, status, sexual orientation, gender identity or expression, and sex characteristics.²¹

IPPF GENDER EQUALITY STRATEGY



A GENDER EQUAL AND GENDER JUST WORLD WHERE ALL PEOPLE, IN PARTICULAR WOMEN AND GIRLS, ARE EMPOWERED TO EXERCISE THEIR RIGHTS TO MAKE FREE AND INFORMED CHOICES ABOUT THEIR SEXUALITY AND WELLBEING



SECTION 4: IMPLEMENTING THE STRATEGY

The following implementation plan has been developed to guide the operationalization of the IPPF Gender Equality Strategy. This implementation plan outlines five (5) programmatic focus areas and five (5) implementation strategies which – if the necessary resources of expertise, effort and funding are invested – will support the achievement of IPPF Strategic Framework 2016-2022.

For this cross-cutting Gender Equality Strategy to be successful, it will require the support of all managers, staff and volunteers

– from across the Federation as well as sufficient financial investment, effort and expertise. The Director of the Central Office Programmes Division – in consultation with the IPPF Directors' Leadership Team – will be accountable for its successful implementation, will be responsible for ensuring the required financial resources are raised and allocated and will play a key role overseeing the promotion, roll out and buy in of the Gender Equality Strategy.

IMPLEMENTATION PLAN	PROGRAMMATIC FOCUS AREAS	Advocate to end harmful practices and gender discrimination	Empower women and girls	Engage men and boys	Improve gender-sensitive SRHR service provision	Mainstream gender equality across IPPF
	IMPLEMENTATION MECHANISMS	Set up a resourced Gender Unit	Appoint Gender Equality Champions	Build gender competency	Incorporate gender into APB processes	Measure the things that matter

PROGRAMMATIC FOCUS AREAS

1. Advocate to end harmful practices and gender discrimination

This focus area supports the achievement of both Outcomes 1 and 2. Activities will be led by the advocacy teams within Secretariat offices with technical support provided by Gender Advisors.

As part of IPPF's advocacy work on SRHR, global advocacy will take place to ensure international frameworks specifically support gender equality, overcome gender discrimination and combat harmful gender practices such as female genital mutilation and early and forced marriage. IPPF will advocate as needed for sufficient resources to be allocated for national gender programming, for the publishing of national sex- and age-disaggregated SRHR-related data, and for the provision of gender-sensitive comprehensive sexuality education for young people.

Member Associations will receive support from the IPPF Secretariat to equip themselves to advocate for changing laws and policies at the national level. IPPF will build strategic international, regional and national coalitions and partnerships with other organizations working in this area to support the achievement of gender equality and will create mechanisms for the meaningful engagement of civil society organizations (CSOs) in promoting and advancing gender equality and SRHR. IPPF will support Member Associations to generate and document evidence on how men and boys can best be engaged to contribute to eliminating harmful gender practices such as female genital mutilation and early and forced marriage.

2. Empower women and girls

This focus area supports the achievement of Outcomes 1, 2 and 3. Activities will be led by Gender Advisors with support from Secretariat Communications Teams.

For more than 60 years, IPPF has been working to empower women and girls; transform harmful gender norms; and bring about gender equality to improve SRHR outcomes. IPPF recognizes that women and girls are disproportionately affected by gender inequality all over the world and this intersects with other structural elements and social identities such as age, race, wealth, ability, status and sexual orientation. Therefore voice, agency, meaningful participation and empowerment of women and girls are all essential for gender equality to be achieved.

This programme focus area will focus on activities that ensure meaningful participation and empower women and girls in the social, economic, political and health spheres. Programmes that identify, train and support adolescent girls and young women will engage and empower adolescent girls and youth coalitions and networks as advocates for change. Women in leadership will be engaged as role models and mentors for younger women. Member Associations will empower women and girls in humanitarian settings by building safety-net mechanisms, advocating, using disaggregated data on sex, age and (dis)ability, and linking with disaster management mechanisms.

IPPF will strengthen partnerships with women's rights networks to promote women's decision making and enhance women's

empowerment. IPPF Member Associations will strengthen their work with government ministries of health and gender – as well as ministries of development, planning and finance – to support and scale up initiatives and strategies to empower women. IPPF will also collaborate with the private sector to promote the implementation of fair parental leave practices, back-to-work programmes, and flexible working.

Operational research will be conducted on successful models of women's economic empowerment and its connection and impact on SRHR outcomes with a view to strengthening the evidence base. Community outreach programmes and service provision will be strengthened – in particular those that aim to reduce sexual and gender-based violence and to build adolescent girls and women's agency. This will include working with men as partners and agents of change (see below). Member Associations will implement social and behaviour change communication projects, using evidence-based communications tools, to tackle harmful gender norms and will be conducted in partnership with mass media and local opinion leaders.

3. Engage men and boys

This focus area supports the achievement of Outcomes 1, 2 and 3.

Activities will be led by Gender Advisors with support from others in the Technical Division.

IPPF is committed to engaging men and boys in all their diversity, as clients, partners and agents of change.³¹ In addition, IPPF recognizes that gender norms that value a heterosexual ideal put lesbian, gay, bisexual and transgender people at increased risk of poor SRH outcomes due to a repressive legal environment, stigma, discrimination and violence.

Activities in this programmatic focus area include engaging men in positions of power and influence to bring about legal and policy reforms that support gender equality, overcome gender discrimination and combat harmful gender practices. IPPF will create and strengthen partnerships and alliances with communities programmes (e.g. SASA! Stepping Stones, One Man Can) and regional and international networks or groups (e.g. Men Engage Alliance). At the national level, support will be provided to Member Association initiatives that engage progressive men and boys' alliances for gender equality.

At the global, regional and national levels, IPPF will develop programmes to tackle harmful gender norms through media campaigns that promote positive gender images and role models, and which highlight the benefits of gender equitable relationships for men. These programmes will specifically tackle gender norms that lead to the perpetration of SGBV, higher risk taking and lower health-seeking behaviour among men for SRHR and HIV services.

This low health-seeking behaviour is associated with poor sexual health outcomes for men and their sexual partners as well as higher HIV-related morbidity. Member Associations will be encouraged to scale up SRH services – including HIV-related services – that are aimed at men, based on promising practices identified across the Federation.

Transforming harmful gender norms requires an integrated approach that works with women and men both separately and together. Therefore, the implementation plans for this programmatic focus area should be closely related to, and work in tandem with the implementation plans for the focus area to empower women and girls.

4. Improve gender-sensitive SRHR health service provision

This focus area supports the achievement of Outcomes 2 and 3.

Activities will be led by the Comprehensive Service Delivery manager, in close collaboration with Gender Advisors.

Access to and uptake of a high-quality gender-sensitive integrated package of stigma-free SRHR services play a key role in facilitating equal enjoyment of the right to health and addressing the specific and diverse needs of women, girls and other vulnerable groups throughout their lives. This gender-sensitive integrated package means a client can access all the SRHR services they require, such as contraception, comprehensive abortion services, HIV counselling and testing, and SGBV screening and referrals, within one visit.

Improving gender-sensitive service provision requires training and sensitizing healthcare providers and support staff on the provision of such services without any discrimination. Member Associations will set up systems and organizational policies to ensure that all new staff receive gender sensitization training, all staff receive regular refresher training, and all staff are aware of gender equality policies and the latest available resources that support the implementation of these policies, including checklists, guidelines and processes. A variety of service delivery models will be put in place to meet the diverse SRH needs of IPPF clients such as community-based service delivery or extended opening hours for some groups. Health facilities will be youth-friendly and stigma-free to ensure that clients in all their diversity feel comfortable and are able to access services. Sufficient resources (staff, funds, commodities, equipment) will be made available to ensure a wide range of integrated quality SRH services can be provided. As IPPF Member Associations cannot necessarily provide every SRH service for the diverse population it serves, strong referral systems will be put place to ensure continuity of care, in both crisis and non-crisis settings.

IPPF will focus particular attention on strengthening quality SGBV services as part of the integrated package of essential services. Service providers will be given extra training and systems will be put in place to ensure SGBV services are integrated with HIV testing and emergency contraception where needed. Member Associations will provide these services in adherence with ethical guidelines and they will uphold systems that guarantee clients their rights to confidential, effective and right-based processes for addressing SGBV. Referral systems will be strengthened to ensure continuity of care for SGBV survivors including ongoing psycho-social support. Member Associations will establish partnerships with other organizations working on SGBV so a comprehensive package of SGBV services can be provided, including access to legal support. Activities to support the prevention of SGBV – particularly at community level – will also be scaled up. Gender-based violence interventions will be integrated within all humanitarian programmes – including as a core component of the Minimum Essential Service Package – with a focus on responding to violence when it happens and reducing risk, promoting resilience and aiding recovery.

5. Mainstream gender equality across IPPF

This focus area supports the achievement of Outcomes 1, 2, 3 and 4.

Activities will be led by Gender Advisors, in close collaboration with the Directors Leadership Team and the Organizational Learning and Evaluation Division.

Mainstreaming gender equality across IPPF policies, programmes and structures is important because gender disparities often serve as additional social, economic and bureaucratic barriers to how individuals promote and protect their sexual and reproductive health and rights. Individual employees also have different needs and experiences related to gender and experience gender-based discrimination in a variety of forms. IPPF seeks to be transformative in addressing these gender-specific differences and the underlying structural inequalities that sustain them across all of our policies, programmes and services. Enabling environments must be created for everyone to be able to influence and benefit from policies, programmes and services.

Mainstreaming gender equality across IPPF will require internal commitment at all levels. This will be achieved by building on the findings of the gender audit to put gender-transformative policies and systems in place. These systems will include an annual gender review to ensure policies are implemented in a gender-transformative way and upskilling and sensitizing existing staff and volunteers on gender issues. Gender champions will be appointed across the Federation to support gender equality training. These champions will be knowledgeable and passionate voices for gender equality and gender-transformative programming. All new staff will receive gender induction training and existing staff will be required to attend a refresher course every two years. Member Associations will be provided with guidelines, manuals and tools to support the implementation of gender work in practice.

IPPF will improve its measurement systems to routinely assess gender transformative work, share lessons learned and collect client-based sex- and age-disaggregated data. These measurement systems will include scaling up of HMIS2 rollout, an Annual Programme and Budget (APB) Gender Assessment Tool. This will be complemented by external evaluations and impact assessments on larger gender transformative programmes to learn from them in order to scale up what works and stop doing what does not. A gender audit will be conducted again in 2019 to measure the impact of this work.

IPPF expects that parties at all levels of the Federation will establish specific budget lines to fund a programme of work on gender equality. This will include IPPF Member Association Annual Programme and Budgets (APBs), as well as budget allocation for gender equality work across Secretariat offices. Member Associations will be provided with a menu of possible activities for each programmatic focus area to support preparation of their APBs. Fully implementing the strategy will require fundraising for new financial resources. This will be led by Resource Mobilization and New Business Development through the inclusion of a percentage for Gender Equality programming in every proposal and raising new funds from existing and new donors.



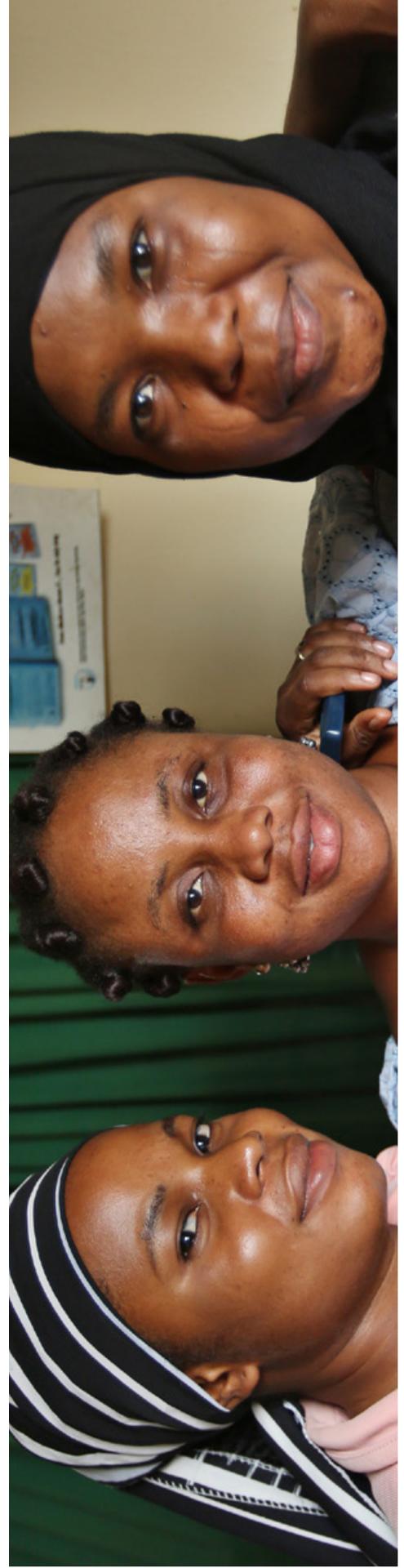
MEMBER ASSOCIATION IMPLEMENTATION ACTIVITIES

To implement the Gender Equality Strategy every Member Association will implement activities for all five programmatic focus areas. A list of possible activities for each of the programmatic focus areas are included in Table 1. Each Member Association is not expected to undertake every activity on the list but their response should be context-based and within the laws of the country. Technical support should be sought from the relevant Secretariat office if required.

TABLE 1: INDICATIVE MEMBER ASSOCIATION IMPLEMENTATION ACTIVITIES

Advocate to end harmful practices & gender discrimination	Empower women and girls	Engage men and boys	Improve gender-sensitive SRH service provision	Mainstream gender equality
<p>Assess national policies, laws and statutes on gender equality and harmful gender practices and highlight those that need to be amended / improved and advocate for this improvement</p> <p>Establish national partnerships with human rights, women's and other civil society organizations.</p> <p>Advocate for existing gender equality laws to be enforced</p> <p>Work with national stakeholders including with governments to improve gender equality</p> <p>Advocate for the implementation of CSE for young people especially young girls</p> <p>Engage men who are in positions of power and influence to bring about legal and policy reforms that support gender equality, overcome gender discrimination and combat harmful gender practices</p> <p>Engage with community and religious leaders to change harmful gender perceptions and bring about gender equality</p>	<p>Provide women's leadership training and engage women in leadership as role models and mentors for younger women</p> <p>Engage and support adolescent girls and young women through provision of information, education, training and micro-credit opportunities</p> <p>Empower communities on gender related issues to defend and demand their rights</p> <p>In humanitarian situations, assist women and girls by building gender-sensitive safety-net mechanisms and linking with disaster management mechanisms</p> <p>Strengthen capacity of girls and youth networks and movements as agents for change for gender equality</p> <p>Research if there is a gender pay gap in national institutions and if so, advocate for gender equal pay</p> <p>Strengthen partnerships with women's rights movements and progressive men and boys alliances for gender equality</p> <p>Partner with government ministries of health and gender – as well as ministries of development, planning and finance – to support and scale up women's empowerment</p>	<p>Develop and roll out a comprehensive integrated SRH package for men and boys in all their diversity and make available in appropriate spaces such as health facilities, workplaces and in the community</p> <p>Promote demand creation strategies and innovative service delivery mechanisms to improve health-seeking behaviour among men e.g. community outreach, male focused IEC materials, and demand creation strategies that use social media and e-health</p> <p>Strengthen community support groups for men. This could include fathers support groups, 'buddy systems' and adherence support groups</p> <p>Scale up community based gender-transformative programmes to change harmful gender norms that lead to an increase in risky behaviour and/or violence</p> <p>Increase couples counselling and testing for HIV and encourage male attendance at antenatal care services</p> <p>Engage men as agents of change to reduce sexual and gender based violence</p> <p>Identify local and national role models who could become a champion for positive masculinities</p>	<p>Train healthcare providers and support staff to provide integrated gender-sensitive and stigma free client-centred SRH services</p> <p>Set up systems and policies to ensure all new staff receive gender sensitisation training and all staff receive regular refresher training.</p> <p>Promote latest guidelines and make use of gender tools from IPPF</p> <p>Ensure core SGBV services provided at all service delivery points and improve referral systems and partnerships to ensure a continuum of quality of care and comprehensive services for SGBV survivors including ongoing psycho-social, legal and other support</p> <p>Scale up activities to prevent SGBV, especially at the community level</p>	<p>Appoint gender champion(s)</p> <p>Strengthen gender competency of all existing and new staff (using tools provided by IPPF)</p> <p>Conduct an annual gender review to ensure policies are implemented in a gender-transformative way</p> <p>Identify systems gaps to be fulfilled as per requirements in IPPF's gender equality policy and people strategy</p> <p>Conduct a Gender audit every three years</p> <p>IPPF annual programme and budget submissions include at least one activity under each programmatic area in the Gender Equality Strategy</p> <p>Capture and disseminate new evidence on gender equality – including external evaluations of existing programmes – to ensure inclusive programmes and services</p>

Advocate to end harmful practices & gender discrimination	Empower women and girls	Engage men and boys	Improve gender-sensitive SRH service provision	Mainstream gender equality
<p>Advocate government for sufficient resources to be allocated for gender programming include budget lines at national and local levels</p> <p>Advocate for national health data to be disaggregated by age and sex</p> <p>Get involved in national accountability mechanisms to ensure the proper implementation of international commitment on gender equality</p>	<p>Through media campaigns, promote positive gender images and highlight the benefits of gender equitable relationships for women and men in their diversity</p> <p>Support implementation of comprehensive sexuality education programming for young people, especially adolescent girls</p> <p>Collaborate with private sector to promote the implementation of fair parental leave practices, back-to-work programmes and flexible working</p> <p>Build women's voice and agency by strengthening community outreach programmes and ensuring meaningful participation</p> <p>Engage local opinion leaders and mass media to implement social and behaviour change communication projects to tackle harmful gender norms</p> <p>Conduct research on successful models of women's social, economic and political empowerment and its connection and impact on SRHR outcomes</p>	<p>Engage religious, cultural and traditional leaders at all levels as agents of change within the male spaces they often occupy</p> <p>Support young men and boys, both in and out of school, to model positive masculinity from an early age through both comprehensive sexuality education programmes and through community-based programmes</p> <p>Generate and document evidence on how men and boys can best be engaged to contribute to eliminating harmful gender practices</p> <p>Build partnerships with civil society organizations working to engage men and boys to support gender equality</p>	<p>In humanitarian programmes, integrate SGBV interventions with a focus on reducing risk, promoting resilience and aiding recovery</p> <p>Put in place a variety of gender-sensitive service delivery models to meet the diverse SRH needs of IPPF clients, such as community based service delivery or extended opening hours</p> <p>Routinely collect client-based data which is disaggregated by sex and age</p>	<p>Ensure gender equality is integrated into IPPF human resource policy framework and detailed policies, including the areas of recruitment, training, staff development, promotion, performance appraisal, and work and family issues</p> <p>Review all existing policies to ensure they gender-transformative</p> <p>Ensure equal pay between men and women of the same rank within the organization</p>



SECRETARIAT IMPLEMENTATION MECHANISMS

Implementation of the Gender Equality Strategy will involve a change from 'business as usual'. Five implementation mechanisms – some of which have been mentioned above – will be put in place to ensure the implementation of the programmatic interventions which in turn will support the achievement of the four outcomes, and ultimately the achievement of the IPPF Strategic Framework 2016-2022.

1. Set up a resourced Gender Unit: Successful implementation of the Gender Equality strategy requires the investment of resources – in particular sufficient levels of staffing and financial resources. This Gender Unit will both technically lead and provide overall coordination for the Gender Equality Strategy across the Federation. This Gender Unit will be a coordinating point for IPPFs cross-cutting gender equality work, with designated desks across different teams, departments and Secretariat offices.

2. Appoint Gender Equality Champions: Gender Equality Champions will be appointed to support the roll-out of the strategy and the mainstreaming of Gender Equality within the Federation. They will be staff who are already passionate about gender equality and they will be given training, support and authority to champion gender equality issues. To give them time to work on gender equality issues, they will be given dispensation by their manager to spend 10 per cent of their time championing gender equality within their division, office or organization and will be included as one of their performance objectives. This may include training and supporting others to do the same. It is envisaged that one champion will be appointed per division in Central Office and one per division in each Regional Office. Initially they will be trained as needed and will form a reconvened Gender Advisory Group. Gender Equality Champions will also be appointed in 18-20 identified 'fast-track' Member Associations; IPPF will support these Member Associations to dedicate focused time and resources to fast-track the implementation of the Gender Equality Strategy.

3. Build gender competency: One of the findings of the 2016 Gender Audit was that capacity on gender issues needs to be built at all levels of the Federation. To support this, all new staff will receive gender induction training run by the Gender Unit or the Gender Champion. For existing staff, a mixture of training modalities will be used such as workplace training workshops and an accompanying online assessment on gender equality. This course will be frequently updated and all Secretariat staff will be expected to complete and pass this course at least once every two years. The development of these training materials will be led by the Gender Unit, participatorily developed and disseminated across the Federation. Gender Champions will support the enforcement of this and will also organize lunchtime talks and learning days on gender equality topics to keep staff up to date with the latest programming ideas and best practice.

4. Incorporate gender into Annual Programme and Budget (APB) processes: Successful implementation of the gender equality strategy will rely on the availability of a corresponding budget. Therefore, IPPF will establish a requirement that all levels of the Federation must plan and budget for activities that directly support the implementation of the Gender Equality Strategy. This will include amending Member Associations' APB templates and guidance to ensure Member Associations are undertaking at least one activity for each of the five programmatic focus areas. Teams in the Secretariat offices will be required to undertake work on the programmatic focus area that is most relevant to them. An APB gender assessment tool will be developed to support monitoring of this implementation strategy.

5. Measuring the things that matter: It is often said that 'what doesn't get measured doesn't get done'. Therefore, collecting meaningful data about IPPF's gender work is essential to generate strong evidence and promote ongoing learning and highlight achievements. The Gender team and the Organizational Learning and Evaluation Division will collaborate to improve measurement systems to routinely assess gender-transformative work, share lessons learned and work towards more routine collection of client-based, sex- and age-disaggregated data. Initially, this will involve finalizing the Monitoring and Evaluation framework for this implementation plan and setting ambitious but realistic targets. Internal data collection methods will be complemented by external evaluations and impact assessments on larger gender-transformative programmes to learn from them in order to scale up what works and stop doing what does not. A gender audit will be conducted again in 2019 to measure progress in this outcome.



SECTION 5: BENCHMARKS FOR SUCCESS

IPPF recognizes – as highlighted in the gender audit recommendations – that data collection systems must be strengthened to provide strong evidence and learning about IPPF’s gender work and achievements. The following table is currently a list of suggested indicators which will be finalised

in collaboration with the IPPF Organizational Learning and Evaluation (OLE) Department as part of the initial stages in operationalising the implementation plan. Once finalised a baseline and targets will also be added.

Advocate to end harmful practices and gender discrimination	Empower women and girls	Engage men and boys	Improve gender-sensitive SRHR service provision	Mainstream gender equality across IPPF
<p>Increased number of successful national policy initiatives and/ or legislative changes in support of gender equality to which IPPF advocacy contributed*</p> <p>Increased number of countries with a budget line at national and/ or local level for Gender Equality activities†</p> <p>Increased number of countries that published health data disaggregated by age and sex in the past year†</p> <p>Increased number of partnerships with human rights, women’s and other civil society organizations to promote and advance gender equality†</p>	<p>Increased number of young people who have completed a quality-assured CSE programme (delivered or enabled by Member Association volunteers or staff)*</p> <p>Increased number of adolescent girls and young women provided with leadership training†</p> <p>Increased number of adolescent girls and young women meaningfully participating in key national, regional and global platforms†</p> <p>Increased number of adolescent girls and young women leading national initiatives†</p> <p>Increased proportion of women who have access to and control over financial and other economic resources†</p> <p>Increased number of local opinion leaders engaged to tackle harmful gender norms†</p> <p>Increased percentage of currently married women aged 15–49 years who make a decision about their own health care either by themselves or jointly with their partners†</p> <p>Decreased prevalence of recent intimate partner violence (IPV)†</p> <p>Decreased prevalence of female genital mutilation†</p> <p>Decreased proportion of young women (20-24) who were married before age 15 years†</p>	<p>Increased proportion of Member Associations with a comprehensive integrated SRH package available for men and boys†</p> <p>Increased number of community support groups for men†</p> <p>Increased number of people engaged in community based gender-transformation programmes to change harmful gender norms†</p> <p>Increased number of couple counselling and testing for HIV provided†</p> <p>Number of young men and boys engaged in programmes to model positive masculinity†</p> <p>Increased number of male role models to challenge sexual and gender based violence†</p> <p>Fewer women/girls experiencing incidents of sexual violence per 10,000 population of the emergency area over a specific time period†</p>	<p>Increased number and proportion of service providers trained to identify, screen, refer, and care for SGBV survivors†</p> <p>Increased proportion of IPPF’s clients that would recommend our services*</p> <p>All Member Associations meet Integrated Package of Essential Services criteria for provision of sexual and gender based violence services at all service delivery points*</p> <p>Increased number of humanitarian responses that includes sexual and gender based violence services in the minimum initial service package†</p> <p>Increased number of sexual and gender based violence services provided†</p> <p>Increased proportion of MAs that have client record keeping systems that capture sex and age of clients†</p> <p>Increased proportion of MAs that report client-based, sex- and age-disaggregated data to the IPPF Secretariat at least once per year†</p>	<p>All secretariat offices to have reviewed all existing policies to ensure they are gender transformative.†</p> <p>Annual gender review undertaken at all Secretariat offices and findings are shared.†</p> <p>Gender champions appointed within each division at each Secretariat office.†</p> <p>Increased number of Member Associations with an appointed Gender Champion.†</p> <p>Increased proportion of staff across the Secretariat that have undertaken training on gender transformative programming in the past two years†</p> <p>Increased proportion of new staff across the Secretariat that have completed a Gender induction.†</p> <p>Increased number of MAs that completed the Annual Programme and Budget (APB) Gender Assessment Tool.†</p> <p>Increased number of MAs that have a specified budget line for gender equality programmes.†</p> <p>Increased level of funding spent on gender equality programmes at IPPF.†</p>

* Indicator adapted from IPPF Implementation Plan (2016-2019)

† Suggested indicator – baseline, targets and measurement criteria need to be reviewed and set with support from IPPF OLE colleagues

SECTION 6: WHERE TO BEGIN

Operationalizing this implementation plan will involve a series of activities at both the Secretariat and Member Association level. An indicative – but not exclusive list – of initial activities for the remainder of 2017 are as follows:ⁱ

SECRETARIAT NEXT STEPS

1. Share the strategy across the Federation both by email and through a webinar
2. Appoint a Gender Champion in the Organizational Learning and Evaluation department to support the development of an agreed measurable Monitoring and Evaluation framework for this Implementation Plan and set ambitious but realistic targets
3. Appoint a Gender Champion within the Central Office Finance Department to cost the implementation of the Gender Equality Implementation plan.
4. Appoint a Gender Champion within Resource Mobilization who is tasked with using the Gender Equality Strategy to mobilize new resources among new and existing donors. Also agree on and add a fixed percentage to be added to all new funding bids for work on gender equality.
5. Include a separate budget line at all levels of the Federation specifically for activities that support the implementation of the Gender Equality Strategy. This will include amending MA Annual Programme and Budget templates and guidance to ensure Member Associations are undertaking at least one activity for each of the five programmatic focus areas.
6. Set up a Gender Unit
7. Develop and disseminate training materials for the Gender Induction Training and Gender Workplace Training.
8. Appoint Gender Champions across the Federation – one per champion will be appointed per division in Central Office and in each division in each Regional Office. Convene a meeting of these Gender Advisors to provide a training of trainers on the Gender workplace training, and develop a 2018 action plan.
9. Identify 18-20 ‘fast-track’ Member Associations where focused time and resources will be invested in fast-tracking the implementation of the gender equality strategy. Appoint a gender champion for each identified Member Association.
10. Secretariat offices review the levels and types of gender inequality in their region and – with support from the Gender Unit – develop region-specific suggested activities and an annual workplan for 2018 that support the implementation of the Gender Equality Strategy.

MEMBER ASSOCIATION NEXT STEPS

1. Share Gender Equality Strategy with all staff and at a staff meeting discuss how to proceed with implementing it within the Member Association.
2. Appoint a Gender Champion and inform the regional office who this Gender Champion is.
3. Review current programmes – using an IPPF Gender Assessment Tool – to assess whether they are gender transformative and highlight existing gaps.
4. Based on national need, existing gaps and current opportunities in Member Association programmes, develop an action plan (in collaboration with Regional Office Champion).
5. Include activities in 2018 Annual Programme and Budget submissions and also seek other funding sources.

ⁱ NOTE: These lists are not provided in any particular order. It is also likely that many of the activities will take place simultaneously.



ANNEX 1: GLOSSARY OF TERMS

This annex provides a glossary of key terms used in the Gender Equality Strategy. The majority of these definitions are taken from the 2014 IPPF Gender Equality Policy²² and the IPPF Implementation Plan (2016-2019).²³

- **Agency** refers to the capacity of individuals to act independently and to make their own free choices.
- **Champions** can be identified as ‘friends in high places’ or ‘allies’ or ‘insiders’. Champions are prepared to be either publicly identified with your issue or to guide you on how to influence decision-making. Champions are those that support you and are in a position to effect change. Champions do not necessarily have to be high profile but you need to be sure they are willing to speak to decision makers on our issues. Champions can simultaneously be partners, advocacy targets, resource people or gatekeepers.
- **Comprehensive Sexuality Education (CSE)** seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. It views ‘sexuality’ holistically and within the context of emotional and social development. It recognizes that information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values. CSE can be delivered both in and out of school settings.
- **Empowerment** is based on the idea that giving people knowledge, skills, authority and opportunity, as well as holding them responsible and accountable for outcomes of their actions, will contribute to them becoming more motivated and competent to take control of their lives.
- **Gender** refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context- and time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context.²⁴
- **Gender-based violence (GBV)** is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.²⁵
- **Gender equality** means equality of opportunity for women, men, intersex and transgender people to realize their full rights and potential. It signifies an aspiration to transform structural inequalities, behaviour patterns and social norms, leading to social change and sustainable development. Gender equality requires specific strategies aimed at eliminating gender inequities.
- **Gender equity** means justice and fairness. It is the process and gender equality is the result of that process. Gender equity recognizes that women, men, intersex and transgender individuals have different needs and historical and social disadvantages that hinder them from otherwise operating on a level playing field. Equity leads to equality.
- **Gender harmful practices** are particular forms of violence against women, girls and individuals who do not comply with binary gender definitions, which are defended on the basis of tradition, culture, religion or superstition by some community members (e.g. female genital mutilation).
- **Gender identity** refers to an individual’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. It includes both the personal sense of the body, which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical, or other means, and other expressions of gender, including dress, speech, and mannerisms. The gender identity of intersex and transgender individuals does not always match the sex assigned to them at birth. Transgender individuals generally choose to dress and present themselves as the gender with which they identify, rather than their birth-assigned sex. They may or may not choose to alter their body physically through hormones or surgery. Intersex and transgender people should be treated as the gender with which they identify, and referred to by their chosen name and pronoun.
- **Gender-transformative** policies and programmes aim to change gender norms and promote relationships that are fair and just. Gender-transformative programming aims to build equitable social norms and structures; advance individual gender-equitable behaviour; transform gender roles; create more gender equitable relationships and advocate for policy and legislative change to support equitable social systems.²⁶
- **Humanitarian** situations are those in which many lives are in danger of harm or death due to conflict or natural disasters. IPPF responds in these situations by providing essential sexual and reproductive health services.

- **Integrated sexual and reproductive health services** are services offered and delivered to clients within an overall package that ensures the needs of the client are addressed. The package of SRH services include: counselling, contraception, safe abortion care, sexually transmitted infections (STIs)/ reproductive tract infections (RTIs), HIV, gynaecology, prenatal care, and gender-based violence.
- **Intersectionality** is a concept often used to describe the ways in which oppressive institutions (ageism, racism, sexism, homophobia, transphobia, ableism, xenophobia, classism, etc.) are interconnected and cannot be examined in isolation. This concept acknowledges that individuals experience themselves and the world through different lenses, and similarly different identities affect the way individuals are viewed in society. For example, a poor black woman living with HIV and a disability has multiple identities and these identities will affect the way she is treated in society and how she accesses social, legal and SRHR services.
- **Intersex** refers to people whose biological makeup (genetic, hormonal and physical features) are neither exclusively male nor exclusively female, but are typically both at once or not clearly defined as either. These features can manifest themselves in secondary sexual characteristics such as muscle mass, hair distribution, breasts and stature; primary sexual characteristics such as reproductive organs and genitalia; and/or in chromosomal structures and hormones.
- **Marginalized** describes people who are wholly or partially excluded from full participation in the society in which they live, and have not benefited from education, employment or other opportunities because of their age, race, gender, wealth, ability, status, sexual orientation or other factor.
- **Quality of care** in IPPF means the delivery of services in a way that addresses the rights of clients as well as the needs of providers. Clients have the right to information and sexual and reproductive health services. They have the right to choice, safety, privacy, confidentiality, dignity and comfort when receiving services, continuity of care, and opinion. Providers also have certain needs that must be met to enable and empower them to provide quality services. These include training, information, adequate physical and organizational infrastructure, supplies, guidance, respect from clients and managers, encouragement from supervisors, feedback concerning their performance, and freedom to express their opinions concerning the quality of services they provide.
- **Sexual orientation** refers to each person's capacity for emotional, physical and sexual attraction to, and intimate and sexual relations with, individuals of a different sex (heterosexual) or the same sex (homosexual) or more than one sex (bisexual).
- **Sexual rights** are a component of human rights. They are an evolving set of entitlements related to sexuality that contribute to the freedom, equality and dignity of all people, and they cannot be ignored.
- **Sexual violence** is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. A wider range of sexually violent acts can take place in different circumstances and settings.²⁷
- **Transgender** is an umbrella term referring to individuals whose gender identity and expression does not conform to norms and expectations traditionally associated with their sex assigned at birth. Transgender individuals may self-identify as transgender, female, male, transwoman or transman, transsexual, hijra, kathoey, waria or one of many other transgender identities, and may express their genders in a variety of masculine, feminine and/or androgynous ways.
- **Under-served** describes people who are not normally or adequately reached by sexual and reproductive health programmes due to lack of political will and/or institutional capacity. This includes people who are wholly or partially excluded from full participation in the society in which they live because of stigma and discrimination. For example, in most countries young people have a higher unmet need for sexual and reproductive health services compared to adults, and are therefore categorized as under served.

ANNEX 2: CONCEPTUAL FRAMEWORKS GUIDING OUR STRATEGY

GENDER EQUALITY CONTINUUM²⁸

The continuum provides two categories: *gender blind*; and *gender aware*. An important prerequisite for all gender-integrated interventions is to be gender aware.

The Gender Equality Continuum takes users from gender blind to gender aware programmes, towards the goal of equality and better development outcomes (see diagram below). Awareness of the gender context is often a result of a pre-programme/policy gender analysis. 'Gender aware' contexts allow program staff to consciously address gender constraints and opportunities, and plan their gender objectives.

Exploitative Gender Programmes/Policies are programmes/policies which intentionally or unintentionally reinforce or take advantage of gender inequalities and stereotypes in pursuit of project outcome, or whose approach exacerbates inequalities. This approach is harmful and can undermine the objectives of the programme in the long run. For example, a contraceptive programme that requires a man to give permission for a woman to access certain contraceptive services would be considered exploitative as it reinforces negative gender norms.

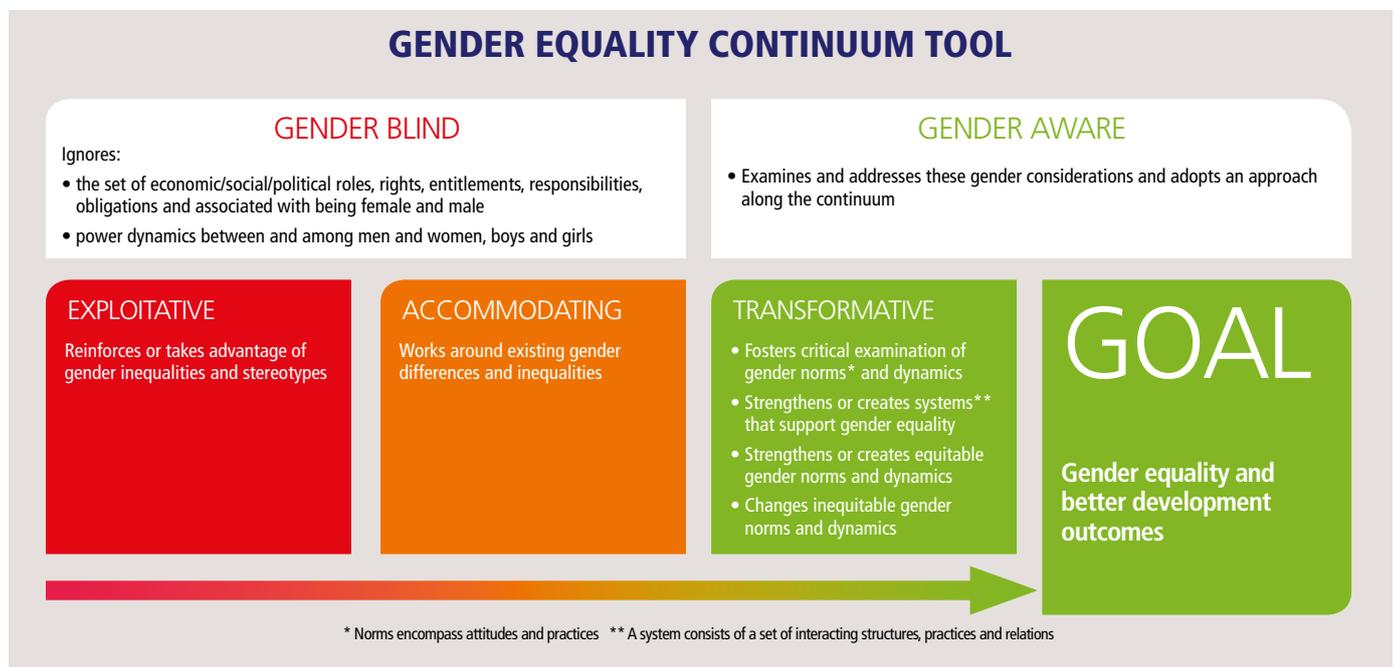
Accommodating Gender Programmes/Policies acknowledge but work around gender differences and inequalities to achieve project objectives. Although this approach may result in short term benefits and realization of outcomes, it does not attempt to reduce gender inequality or address the gender systems that contribute to the differences and inequalities. For example, it is recognized in a community that gender based violence is

stopping women from accessing SRHR services however no actions are taken to mitigate for this, for example increasing the level of counselling and support services available.

Transformative Gender Programming includes policies and programmes that seek to transform gender relations to promote equality and achieve programme objectives. This approach attempts to promote gender equality by: 1) fostering critical examination of inequalities and gender roles, norms and dynamics, 2) recognizing and strengthening positive norms that support equality and an enabling environment, 3) promoting the relative position of women, girls and marginalized groups, and transforming the underlying social structures, policies and broadly held social norms that perpetuate gender inequalities. For example, a project that works with communities, training men and women on women's rights and women's bodily integrity with the aim to empower women to be able to make decisions about their own life and body in areas wider than just contraceptive use. Strategies could include training women as community health volunteers or leaders.

Most importantly, programme/policy planners and managers should follow two gender integration principles:

1. First, **under no circumstances should programmes/policies adopt an exploitative approach** since one of the fundamental principles of development is to 'do no harm'.
2. Second, **the overall objective of gender integration is to move toward gender-transformative programmes/policies**, thus gradually challenging existing gender inequities and promoting positive changes in gender roles, norms, and power dynamics.



THE ECOLOGICAL MODEL²⁹

The ecological model considers the complex interplay between individual, relationship, community, and societal factors. It allows us to understand the range of factors that may impact gender equality:

- At the individual level, it helps us to identify biological and personal history factors. Some of these factors are age, education, income and location.
- At the relationship level, it examines how close relationships impact gender equality. For example, by increasing a woman's risk of experiencing violence. A person's closest social circle, peers, partners and family members influences their behaviour and contributes to their range of experience and the opportunity to enjoy their rights.
- At community level, it explores the settings, such as schools, workplaces, and neighbourhoods, in which social relationships occur and seek to identify the characteristics of these settings that create barriers to gender equality.
- At societal level, it looks at the broad societal factors that help create a climate in which gender inequality is supported.

THE LIFE COURSE APPROACH³⁰

Our approach to working on gender and health is to consider an individual's health and well-being from a holistic, life-course approach. Promoting good health through the life-course cuts across all areas of IPPFs work including the health of women before, during and after pregnancy, and of newborns, children, adolescents, and older people, taking into account environmental risks, social determinants of health, gender, equity, and human rights.

The life course approach considers individuals, in all their diversity, throughout their entire lives, taking into account the different challenges they may face at different stages of their lives and how those are affected by the sociocultural context in which they live. Thus, it takes a comprehensive look at the social structure and the gender system and the implications it has for sexual and reproductive health and rights throughout the different stages of life: infancy and childhood, adolescence, adulthood, and older age. The health of women in adulthood and old age, for instance, depends directly upon their health during their childhood and adolescence; how harmful practices have affected her throughout different stages (e.g. female genital mutilation performed during childhood; child marriage); and whether they received the necessary healthcare during those times (e.g. access to safe abortion, access to contraceptives).



ENDNOTES

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- 9 See paragraphs 7, 47 and 56 of the Programme of Action of the World Summit for Social Development, and paragraphs 15, 49, 56 and 80 of the outcome of the twenty-fourth special session of the General Assembly on Further Initiatives for Social Development.
- 10 See paragraphs 1, 3, 40, 72, 83b, 107c, 108e, 120 and 179 of the Beijing Platform for Action.
- 11 Article 5 of CEDAW calls on governments to target cultural norms that dictate the domestic sphere as being for women and the public sphere for men: (a) To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women; (b) To ensure that family education includes a proper understanding of maternity as a social function and the recognition of the common responsibility of men and women in the upbringing and development of their children, it being understood that the interest of the children is the primordial consideration in all cases.
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- 30 WHO (2000) A life course approach to health. Available from: http://www.who.int/ageing/publications/lifecourse/alc_lifecourse_training_en.pdf Accessed 5 July 2017
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The achievement of the highest attainable standard of sexual and reproductive health is not possible when gender equality and human rights are not respected, protected and fulfilled. This Gender Equality Strategy provides the strategic focus and process required to scale up gender equality – through gender-transformative programming – across the Federation. It supports the achievement of the IPPF Strategic Plan (2016-2022) and articulates how IPPF can become a global leader in advancing gender equality.

4 Newhams Row, London SE1 3UZ
United Kingdom

tel +44 (0)20 7939 8200

fax +44 (0)20 7939 8300

web www.ippf.org

email info@ippf.org

UK Registered Charity No. 229476



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