



MIDTERM REVIEW
OF THE IPPF
STRATEGIC FRAMEWORK
2016–2022:
KEY FINDINGS



WHO WE ARE

The International Planned Parenthood Federation (IPPF) is a global healthcare provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide Federation of national organizations working with and for communities and individuals in more than 160 countries.

ACKNOWLEDGEMENTS

We would like to express thanks to the Midterm Review Steering Committee and all Member Association, Regional Office and Central Office volunteers and staff who have contributed to this report.

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¹ Throughout this report, the terminology 'Member Association' (MA) includes IPPF Member Associations and Collaborative Partners.

EXECUTIVE SUMMARY

Between June and September 2019, IPPF conducted a Midterm Review (MTR) of its Strategic Framework 2016–2022 to document and analyse progress made in implementing the Framework between 2016 and 2018.

The MTR was undertaken at a critical point for IPPF. The timing coincided with the tail end of a comprehensive and intense process to develop an IPPF Secretariat Business Plan to provide a roadmap for accelerating the delivery of the Strategic Framework. The Business Plan, which was published in February 2019, articulates an MA-centric approach to achieving the Strategic Framework, identifying key solutions where one or more Member Associations (MAs) can provide the support and technical assistance needed to bring other MAs up to speed. Within this new model, the Secretariat's role is defined as being an architect of cooperation. Significantly, the MTR process also coincided with IPPF's journey to reform its global governance and its resource allocation model, which began in May 2019.

Given the intensity of these processes, the MTR was conceived as a complementary exercise to bring critical reflection on specific areas related to the implementation of the Strategic Framework, specifically: the influence of the Strategic Framework on the work of the Federation; an analysis of performance trends toward the Strategic Framework's Expected Results; a review of the Performance Dashboard used to monitor progress; and a review of the implementation of IPPF's Gender Equality Strategy.

Overall, the results show that the Strategic Framework has had a positive influence in driving MAs and the Secretariat to accelerate their work under the four Outcomes and eight Priority Objectives. However, significant challenges remain that require additional resources and focus, particularly in expanding access to comprehensive sexuality education (CSE) and enabling delivery of sexual and reproductive health services.

The trends analysis of performance toward the 16 Expected Results (ERs) in IPPF's Performance Dashboard showed that by 2018, IPPF had met or exceeded annual targets for four Expected Results of the 10 that have annual indicators, namely: ER1 on advocacy wins, ER8 on couple years of protection (CYP), ER10 on clients recommending our services, and ER12 on income generated by the Secretariat. IPPF was below target in 2018 for the remaining six: ER4 on young people reached with a CSE programme; ER7 on services provided; ER9 on first-time users of modern contraception; ER11 on services enabled; ER13 on locally generated income, and ER14 on performance-based funding.

The findings of the various components of the MTR informed the development of 33 recommendations on how to maximize results achieved by 2022. These have been adopted by the IPPF Directors' Leadership Team and relate to the four Strategic Outcomes. In particular, the recommendations highlight the need to bolster performance under Outcome 2 on CSE and local income generated by Member Associations under Outcome 4, to invest in data collection, analysis and use by rolling out the Data Management Strategy, and to strengthen implementation of the Gender Equality Strategy. These recommendations aim to inform and support IPPF's new business model and Federation-wide reform processes, including the impending restructure of the Secretariat into a Unified Secretariat.

OUR VISION

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



IPPF'S MISSION

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

OUR VALUES

SOCIAL
INCLUSION

VOLUNTEERISM

PASSION

DIVERSITY

ACCOUNTABILITY

INTRODUCTION

In 2015, IPPF's Strategic Framework 2016–2022 was approved by the Governing Council and subsequently presented to the Federation's donors. This Framework sets ambitious targets for IPPF's contribution to ensuring sexual and reproductive health and rights for all through four Outcomes: champion rights, empower communities, serve people, and unite and perform.

Under the umbrella of IPPF's Strategic Framework, Member Associations were expected to develop their own strategic plans, while the Secretariat developed an implementation plan. As such, each entity in the Federation contributes to IPPF's overall progress in implementing the seven-year Framework.

This Midterm Review was designed to document and analyse the progress made by IPPF from 2016 to 2018 in implementing its Strategic Framework. To conduct the MTR, IPPF established a MTR Steering Committee, comprising a Governing Council member, two Member Association Executive Directors, a Regional Director, a young person and a donor representative, supported by the Director of the Performance Division and staff in the Central Office Organizational Learning and Evaluation team. The MTR Steering Committee's terms of reference were to review and provide feedback on the content of the MTR, to garner support for engagement with the MTR process, and to monitor progress in implementing the MTR work plan.

In undertaking the MTR, IPPF surveyed Member Associations and Collaborative Partners, Regional Offices and Central Office to document the influence of the Strategic Framework on their work. Through a comprehensive analysis of survey findings, IPPF was able to capture the principal themes emerging under each

Strategic Outcome on which the Strategic Framework has had a particular influence. They relate to advocacy, comprehensive sexuality education (CSE), enabled sexual and reproductive health service provision, income generation, data management processes, systems and technology, cross-organizational learning, and one united Federation.

IPPF also conducted a comprehensive analysis of performance trends from 2016 to 2018 under each of the 16 Expected Results. This provides a clear view of where progress has been made, where there has been little or no progress, and which IPPF entities are driving results. The trends analysis provided important insights into the areas that require intensified focus and investment.

Building on this analysis, the MTR also presented an opportunity to reassess the Performance Dashboard and its Expected Results for relevance, usefulness and reliability of data as well as the cost and feasibility of data collection at a global level. This report makes several recommendations on how to adjust the Performance Dashboard and puts forward a number of other indicators for consideration by IPPF's Directors' Leadership Team. Finally, IPPF conducted a Gender Equality Strategy Review to analyse organizational performance in achieving gender equality across all four Outcomes.

While it was originally intended that the MTR would also include a financial analysis of resources invested in the four Outcomes alongside a review of the diversity of IPPF's funding, this analysis was not carried out due to various constraints.

The MTR has been undertaken at a significant time for IPPF. Reforms adopted in 2019 are now followed by a process to restructure the IPPF Secretariat into a Unified Secretariat. They will change both how the Federation is governed and how it operates. These recommendations hope to inform and support the Federation-wide reform processes and new business model.

SURVEYS OF MEMBER ASSOCIATIONS AND COLLABORATIVE PARTNERS, REGIONAL OFFICES AND CENTRAL OFFICE

As part of the MTR process, three separate surveys were conducted, with IPPF Member Associations and Collaborative Partners (MAs),² IPPF Regional Offices and the IPPF Central Office, respectively, to assess the influence of the IPPF Strategic Framework 2016–2022 on their work.

METHOD AND DEFINITIONS

Member Associations and Collaborative Partners online survey

IPPF launched an online survey of MAs in June 2019. The response rate was strong, with 117 MAs (or 74 per cent of the total) responding. Eight MAs completed the survey twice. As it was not possible to identify which response was submitted by the Executive Director of the MA, and in order to acknowledge and appreciate all responses submitted, all responses were included in the analysis. Therefore, in total, 125 responses were analysed. It is worth noting that not all questions in the survey were answered by all MAs, so the total number of responses to each question, as presented in this report, varies.

The MA online survey included questions on the following topics:

- The extent to which the IPPF Strategic Framework provides a common goal/clarified vision of IPPF and unites the Federation globally.
- Any changes made by MAs as a result of the Strategic Framework, in relation to areas of work under each of the four Outcomes of the Strategic Framework.
- The type and quality of technical support that MAs have received from their Regional Office since 2016, in relation to areas of work under each of the four Outcomes of the Strategic Framework.
- The extent to which the IPPF accreditation review process has: increased full IPPF Member Associations' sense of belonging to IPPF; strengthened their reputation; strengthened IPPF's reputation; and protects IPPF's reputation by mitigating risk.
- Recommendations for the next three years; what needs to happen to maximize success?



² Throughout this report, the terminology 'Member Association' (MA) includes IPPF Member Associations and Collaborative Partners.

This report uses the terms ‘technical support’, ‘technical assistance’, and ‘capacity building’ interchangeably, as IPPF has no formal definition for these that is understood and applied consistently across the Federation. In practice, the types of initiatives that fall under this category include: exchange visits; toolkits; guidelines; networking; focal point meetings; and hands-on training, among others.

For the purpose of analysis, the term ‘grant receivers’ refers to MAs that receive unrestricted income from IPPF; while ‘non-grant receivers’ refers to MAs that do not receive unrestricted income, although they may receive some restricted income from IPPF.

Regional Office survey

The Regional Office survey was conducted to document the perspectives of IPPF’s six Regional Offices, namely Africa Regional Office, Arab World Regional Office, European Network Regional Office, East and South East Asia and Oceania Regional Office, South Asia Regional Office, and Western Hemisphere Regional Office, on the influence the Strategic Framework has had on their work.

The Regional Office survey was launched in July 2019, through a questionnaire sent to the Regional Directors. While Regional Directors were asked to complete and submit the questionnaire themselves, they were also asked to consult widely with their staff and volunteers.

The Regional Office survey included questions on the following topics:

- The extent to which the IPPF Strategic Framework provides a common goal/clarified vision of IPPF and unites the Federation globally.
- The extent to which the IPPF Strategic Framework helps Regional Offices to provide technical support to MAs more effectively.
- Any changes made by the Regional Office as a result of the Strategic Framework, in relation to areas of work under each of the four Outcomes of the Strategic Framework.
- Recommendations for the next three years; what needs to happen to maximize success?

Central Office survey

The Central Office survey involved three focus group discussions for Central Office staff: one for IPPF management and team directors, and two for all other staff. The discussion groups were split in this way to ensure that all staff felt comfortable expressing their opinions. A member of the Organizational Learning and Evaluation Team facilitated the focus group discussions and another member of the team took notes.

Each of the three focus groups discussed the following questions:

- What are the major influences of the Strategic Framework on IPPF?
- What have been the significant achievements in the Federation since 2016?
- What are your recommendations for the next three years; what needs to happen to maximize success?

Trends analysis of institutional data from 2016–2018

To monitor implementation of the Strategic Framework 2016–2022 and ensure accountability for performance, IPPF developed a Performance Dashboard with 16 Expected Results. Each Expected Result relates to one of the four Outcome Areas of the Strategic Framework. Three of the Outcomes also have numerical targets (Outcomes 1, 2 and 3).

Annual targets were set for the majority of these indicators and the results have been gathered and published each year in IPPF’s Annual Performance Report. This MTR considers the three years of data reported thus far (2016–2018) and analyses the performance for each indicator. Where data can be broken down further, the MTR carried out a more detailed analysis to investigate trends and identify areas of interest or concern.

For six Expected Results, no annual targets were set as the data were collected for the first time in 2016. Annual targets and the final Expected Result were to be finalized only when the data were sufficiently stable to estimate future trends. Also, some targets for Expected Results are measured on a cumulative basis (e.g. number of sexual and reproductive health services provided) whereas others have a 2022 endline target to demonstrate performance (e.g. number of volunteers, in order to avoid double counting the same volunteers over multiple years).

PRINCIPAL FINDINGS AND PERFORMANCE TRENDS ANALYSIS

The principal findings for each Strategic Outcome are based on an analysis of the major themes emerging from the responses provided by the MAs, Regional Offices and Central Office on how the Strategic Framework has influenced their work. These are presented alongside the analysis of performance trends for the Expected Results under each Outcome.

TABLE 1: SUMMARY OF PROGRESS FOR THE 16 EXPECTED RESULTS (ER), 2016–2018

		PROGRESS AGAINST TARGET	
ER1	1,000 successful policy initiatives and/or legislative changes in support or defence of SRHR and gender equality to which IPPF advocacy contributed	124%	On track
ER2	70 per cent of countries are on track with their post-2015 targets improving sexual and reproductive rights	-	N/A
ER3	5,000 youth/women's organizations take a public action on SRHR to which IPPF engagement contributed	-	N/A
ER4	500 million young people completed a quality-assured CSE programme (delivered or enabled by Member Association volunteers or staff)	66%	Not on track
ER5	75% of those who completed CSE increase their SRHR knowledge and their ability to exercise their sexual rights	-	N/A
ER6	1.5 billion people reached with positive SRHR messages in 2022	-	N/A
ER7	1.5 billion SRH services provided	92%	Not on track
ER8	150 million couple years of protection	108%	On track
ER9	60 million first-time users of modern contraception (2012–2020)	86%	Not on track
ER10	85% of IPPF's clients would recommend our services	109%	On track
ER11	500 million SRH services enabled	92%	Not on track
ER12	Income generated by the Secretariat is doubled to US\$232.4 million	100%	On track
ER13	Income generated locally by grant-receiving Member Associations is doubled to US\$522.2 million	84%	Not on track
ER14	20% of unrestricted funding used to reward Member Associations through a performance-based funding system (by 2019)	90%	Not on track
ER15	2 million IPPF volunteers	-	N/A
ER16	3 million IPPF activists	-	N/A

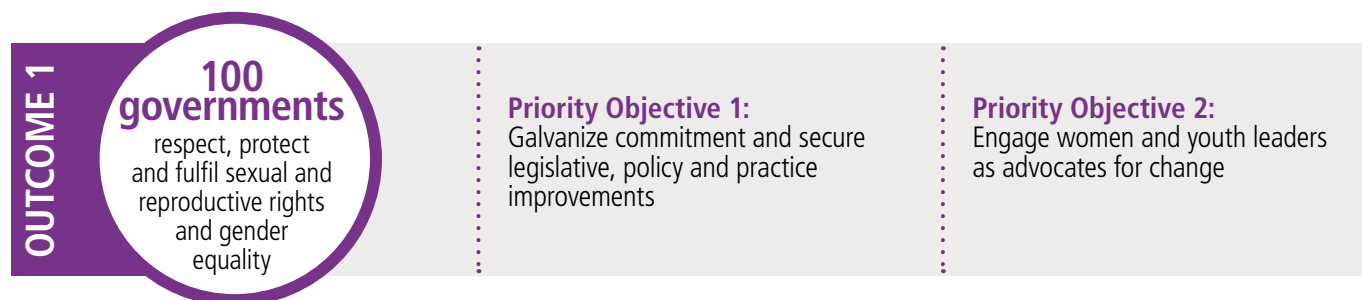
N/A – no annual targets

On track – 100% of target or above

Not on track – <100% of target achieved

NB: Targets for Outcomes 1 and 2 are not directly measurable from the Expected Results data. This means that at the end of the Strategic Framework 2016–2022, we will not be able to state whether these Outcomes have been achieved.

CHAMPION RIGHTS



The Strategic Framework made a significant contribution to IPPF’s advocacy efforts. Just over half of the 51 MAs that responded to this survey question stated that they had either started to target key institutions to advocate for and support sexual and reproductive health and rights since 2016, or that they had increased their work in this area. Similarly, 60 per cent agreed that they were now working to influence regional and international advocacy processes more than they were prior to 2016, and 53 per cent said they felt that they had received high-quality support from Regional Offices in this regard. However, only 37 per cent of MAs that responded believed that their Regional Office had provided high-quality technical assistance to support and foster parliamentarians to generate and/or implement political commitments in support of sexual and reproductive health and rights.

Regional Offices also reported that the Strategic Framework has had a positive influence on their work to influence regional and/or international processes, as all report working on this significantly more since 2016, with the exception of the European Network who have worked

on this to the same extent as before. Both the Arab World and Western Hemisphere Regional Offices have been targeting key regional and/or international institutions to advocate for and support sexual and reproductive health and rights significantly more since 2016, while Africa, Europe, East and South East Asia and Oceania, and South Asia Regional Offices have been working on this to the same extent as before. During the same period, three Regional Offices (Europe, East and South East Asia and Oceania and Western Hemisphere) have increased the support they provide to MAs to target and foster parliamentarians to generate and/or implement sexual and reproductive health and rights political commitments, while the other three Regional Offices have worked on this to the same extent as before. Some of the Regional Office respondents explain that a lack of resources and a lack of interest from regional leadership have affected their ability to target key regional and/or international institutions. Also, many MAs reported being fearful of being perceived as critical of their government, as this could result in reduced public sector funding.

EXPECTED RESULT 1

1,000 successful policy initiatives and/or legislative changes in support or defence of sexual and reproductive health and rights and gender equality to which IPPF’s advocacy contributed

STATUS: ON TRACK

Total advocacy wins are comfortably ahead of annual targets and have been so in each year of the Strategic Framework. The 2016 and 2018 results were both higher than any single year of targets for this indicator. This puts IPPF on track to surpass the cumulative projection of 1,000 advocacy wins by 2022 if current performance is maintained.

TABLE 2: ANNUAL RESULTS AGAINST TARGETS FOR SUCCESSFUL POLICY INITIATIVES AND/OR LEGISLATIVE CHANGES IN SUPPORT OR DEFENCE OF SRHR AND GENDER EQUALITY TO WHICH IPPF ADVOCACY CONTRIBUTED

	2016	2017	2018	2019	2020	2021	2022
Total advocacy wins	175	146	163				
Targets	120	130	140	145	150	155	160

	CUMULATIVE TOTAL TO 2018	OVERALL TOTAL TO 2022
Total advocacy wins	484	Estimate: 1,136
Targets	390	1,000

Disaggregating the data by region shows that two regions drive performance against this result: Europe, which contributes 42 per cent of all advocacy wins (MA and Regional Office), followed by Western Hemisphere, which contributes 31 per cent. The other regions contributed as follows: Africa 10 per cent; East and South East Asia and Oceania eight per cent; Arab World five per cent; and South Asia five per cent.

EXPECTED RESULT 2

70 per cent of countries are on track with their Sustainable Development Goal (SDG) targets improving sexual and reproductive rights and gender equality

**STATUS: NO RESULTS REPORTED**

IPPF developed the Strategic Framework during the SDG negotiation process. While at the time IPPF expected that country-level targets would be set for the SDGs, this was not the final outcome when the SDG process was concluded in September 2015. As such, it is not possible to measure this indicator, and the ER will be removed from IPPF's Performance Dashboard.

EXPECTED RESULT 3

5,000 youth/women's organizations have taken public action in support of SRHR to which IPPF engagement contributed

**STATUS: NO ANNUAL TARGETS SET**

The number of youth and women's groups taking public action on sexual and reproductive health and rights issues has increased each year of the Strategic Framework. No annual targets were published for this indicator.

TABLE 3: ANNUAL RESULTS FOR NUMBER OF YOUTH/WOMEN'S ORGANIZATIONS THAT TOOK A PUBLIC ACTION ON SRHR TO WHICH IPPF ENGAGEMENT CONTRIBUTED

	2016	2017	2018
Total youth and women's groups	661	1,015	1,038

TABLE 4: TOP 10 MA CONTRIBUTORS TO ER3 IN 2018

	MA	YOUTH AND WOMEN'S GROUPS	% OF OVERALL MA TOTAL 2018
1	Sudan	91	13%
2	Palestine	79	11%
3	Dominican Republic	49	7%
4=	Georgia	34	5%
4=	Tunisia	34	5%
6	Algeria	32	5%
7	Chile	27	4%
8	Peru	25	4%
9	Pakistan	22	3%
10	North Macedonia	17	2%
	Total for top 10	410	59%

SUMMARY OF RECOMMENDATIONS FOR OUTCOME 1

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

EMPOWER COMMUNITIES

OUTCOME 2

1 billion

people act freely on their sexual and reproductive health and rights

Priority Objective 3:

Enable young people to access comprehensive sexuality education and realize their sexual rights

Priority Objective 4:

Engage champions, opinion formers and the media to promote health, choice and rights

Out of all eight of the Strategic Framework's Priority Objectives, MAs think that both they, and the Federation, have made the most progress since 2016 in enabling young people to access comprehensive sexuality education (CSE) and realize their sexual rights (Priority Objective 3). Overall, MAs reported that the Strategic Framework has had a positive influence on their work to support access to CSE by young people, both in and out of school. Sixty per cent of the 58 MAs that responded to this survey question are either working on CSE significantly more since 2016, or were not working on this before 2016 but are now. These results, however, showed notable variation across MAs based on the size of the IPPF core grant received: 86 per cent of all MAs that received more than the median of US\$205,000 reported that they were working on CSE significantly more since 2016, while this was true for only 56 per cent of those receiving a smaller grant, and for only 17 per cent of those receiving no grant.

Regional Offices also reported that the focus on CSE within the Strategic Framework had provided an opportunity to prioritize this work. The European Network, East and South East Asia and Oceania, South Asia and Western Hemisphere Regional Offices all reported that they have been supporting MAs to increase access to CSE by young people, in and out of school, significantly more since 2016. The focus on CSE by Regional Offices is also reflected in the quality of technical support that MAs describe receiving from their Regional Offices. Over 60 per cent of the 56 MAs that responded to this survey question reported receiving high-quality technical support on CSE

from their Regional Office since 2016. For those MAs with a below average level of core funding from IPPF (i.e. less than US\$205,000 in 2018 for the respondents), this perception was 76 per cent. All but one of the MAs that responded from the Western Hemisphere Region agreed that they received high-quality technical support on CSE, but only around half of those in East and South East Asia and Oceania or South Asia did.

Regional Offices emphasized that, since the local political context sometimes prevents CSE being delivered in schools, digital technology should be further used to increase young people's access to CSE outside the school setting. Both the MAs and Regional Offices stated that IPPF should continue to deliver rights-based and quality sexual and reproductive health services for vulnerable populations alongside CSE programmes in order to maximize the results of the Strategic Framework. Key areas of work that require increased focus include: the varying quality of MA CSE programmes; using digital technology to provide CSE; and delivering CSE in contexts where governments and movements are opposed to CSE. Increased performance in CSE provision by MAs appears to be dependent on having targeted resources for this purpose. For example, the MAs in Mozambique and Togo had become some of the strongest performers in the Federation for CSE when supported and funded by restricted projects, only for their results to decrease once that support ended. This suggests that significant increases in performance are possible if the necessary resources are in place.

EXPECTED RESULT 4

500 million young people completed a quality-assured CSE programme (delivered or enabled by Member Association volunteers or staff)

**STATUS: NOT ON TRACK**

Performance against yearly targets for this indicator is not on track, with a broadly flat trend and no increases recorded since 2016. A current estimate based on progress so far shows a total of almost 230 million by 2022, which is well below the 500 million target.

TABLE 5: ANNUAL RESULTS AGAINST TARGETS FOR NUMBER OF YOUNG PEOPLE WHO COMPLETED A QUALITY-ASSURED CSE PROGRAMME

	2016	2017	2018	2019	2020	2021	2022
Total CSE participants	28,113,230	31,346,870	30,802,589				
Targets	36,900,000	44,500,000	54,500,000	66,200,000	80,500,000	97,800,000	118,800,000
	CUMULATIVE TOTAL TO 2018			OVERALL TOTAL TO 2022			
Total CSE participants	90,262,689			Estimated: 229,771,018			
Targets	135,900,000			500,000,000			

That said, existing CSE provision is heavily weighted toward the performance of the MA in China, which provides 88 per cent of all CSE in 2018 (Table 6).

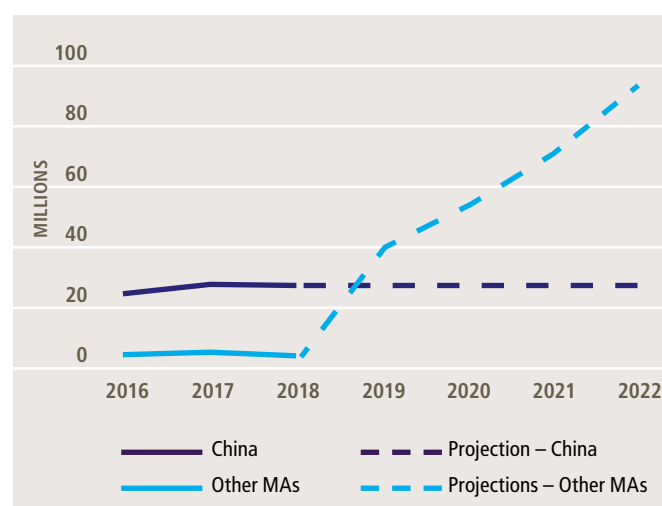
TABLE 6: TOP 10 MA PERFORMERS IN PROVISION OF CSE PROGRAMMES IN 2018

	MA	YOUNG PEOPLE PROVIDED WITH CSE	% OF OVERALL MA TOTAL 2018
1	China	26,974,125	87.6%
2	Mozambique	400,093	1.3%
3	USA	339,318	1.1%
4	Burkina Faso	286,812	0.9%
5	Sierra Leone	226,239	0.7%
6	India	194,970	0.6%
7	Germany	183,187	0.6%
8	Zambia	133,177	0.4%
9	Kenya	119,052	0.4%
10	Togo	97,417	0.3%
	Total for top 10	28,954,390	94.0%

If the MA in China cannot significantly increase CSE provision but instead maintains existing performance, meeting the endline target will require all other MAs to grow their performance exponentially, out of proportion to previous years (Figure 1).

When the indicator was developed, 'CSE enabled' was included to attempt to collect data on the number of young people that had completed a CSE programme delivered by non-IPPF educators that had been trained by MAs. At a global level, it is impossible to measure this metric. There are challenges in access to data from third-party sources (for example, schools) as well as the issue of how to ensure the quality of the CSE programmes delivered. To date, no data on enabled CSE provision has been collected. However, IPPF does collect data on the number of educators trained by MAs to deliver CSE and in 2018, over 150,000 educators were trained.

FIGURE 1: REQUIRED PERFORMANCE FROM NON-CHINA MAs



EXPECTED RESULT 5

75% of those who completed CSE increase their SRHR knowledge and their ability to exercise their sexual rights



STATUS: NO RESULTS REPORTED

IPPF tested a methodology for this indicator in numerous countries. However, the indicator is problematic as it is not possible to measure and combine an increase in ability to exercise rights *and* an increase in knowledge into one indicator. Furthermore, resources are currently unavailable for implementing a methodology to collect this data at a global level in all MAs providing CSE.

EXPECTED RESULT 6

1.5 billion people reached with positive SRHR messages in 2022



STATUS: NO ANNUAL TARGETS SET

Performance on this indicator has increased year-on-year, with a sharp rise from 2017 to 2018.

TABLE 7: ANNUAL RESULTS FOR NUMBER OF PEOPLE REACHED WITH POSITIVE SRHR MESSAGES

	2016	2017	2018	2019	2020	2021	2022
Total positive messages	112,516,902	140,443,427	242,605,911				

Table 8 shows the top 10 MA performers in the number of people reached with positive messages through CSE and each MA's individual contribution. For ER6, the top 10 contribute 74 per cent of the total, with the USA alone contributing 41 per cent.

TABLE 8: TOP 10 MA CONTRIBUTORS TO ER6 IN 2018

	MA	NUMBER OF PEOPLE REACHED WITH POSITIVE MESSAGES	% OF OVERALL MA TOTAL 2018
1	USA	98,100,000	41%
2	Guatemala	16,000,000	7%
3	Peru	14,412,563	6%
4	Colombia	12,397,821	5%
5	Sudan	10,346,525	4%
6	DRC	10,103,800	4%
7	Thailand	4,983,480	2%
8	Netherlands	3,213,083	1%
9	China	3,030,000	1%
10	Bolivia	2,995,268	1%
	Total for top 10	175,582,540	74%

SUMMARY OF RECOMMENDATIONS FOR OUTCOME 2

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

SERVE PEOPLE

OUTCOME 3

2 billion

quality, integrated
sexual and
reproductive health
services delivered

Priority Objective 5:

Deliver rights-based services
including for safe abortion and HIV

Priority Objective 6:

Enable services through public
and private health providers

The Central Office and some Regional Offices commented that the Strategic Framework has encouraged MAs to develop formal partnerships with private and public providers of sexual and reproductive health services in order to enable service provision. They reported that this is due to the inclusion of an Expected Result and ambitious target for sexual and reproductive health services enabled within the Strategic Framework's Performance Dashboard. Some Regional Offices (Africa, Arab World and Western Hemisphere) also reported that they have prioritized technical support for MAs to develop formal partnerships with private and public providers of sexual and reproductive health services significantly more since 2016, and although the East and South East Asia and Oceania Regional Office was not working on this before 2016, they are now.

MAs also reported that the Strategic Framework has created an opportunity for them to develop formal partnerships with private and public providers. Nearly 60 per cent of the 56 MAs that responded to the survey question are either working on this significantly more since 2016, or were not working on this before 2016 but are now. These are concentrated among MAs with higher incomes, with 76 per cent of those with above average total income (i.e. more than US\$205,000 in 2018)

reporting an increase in work on formal partnerships with private and public providers. Despite this, MAs said they think that they have made low levels of progress in this area. This is reflected in their responses around technical support provided by the Regional Offices on establishing partnerships. Less than half of the MAs that responded to this question reported receiving high-quality technical support from their Regional Office on this Priority Objective, of which none were non-grant receivers. This figure is higher (67 per cent) in the Africa Region.

Both the Central and Regional Offices recognized that the IPPF Secretariat has a role to play in terms of providing technical support for MAs to increase their partnerships with external organizations in order to maximize the overall results of the Strategic Framework. For example, the Secretariat itself could increase its partnerships with other international organizations, such as UN agencies, to provide MAs with the opportunity to work with these organizations on the ground and expand their programmes. Therefore, while enabling sexual and reproductive health services is a key strategy highlighted in the Strategic Framework, MAs would benefit from increased technical support from the IPPF Secretariat on this area of work.



EXPECTED RESULT 7**1.5 billion SRH services provided****STATUS: NOT ON TRACK**

While the number of sexual and reproductive health services provided by IPPF has increased each year, the rate of increase is below what is required to meet the annual targets. Actuals to date reach 92 per cent of the cumulative targets for 2016–2018. This indicates that meeting the

endline target would only be in reach with a significant scale-up in service delivery. However, the rate of growth slowed significantly in 2018 across most service categories, including contraceptive and non-contraceptive services.

TABLE 9: ANNUAL RESULTS AGAINST TARGETS FOR NUMBER OF SRH SERVICES PROVIDED

	2016	2017	2018	2019	2020	2021	2022
Total SRH services provided	145,078,890	164,136,012	168,114,158				
Targets	155,900,000	172,300,000	190,400,000	210,400,000	232,500,000	256,900,000	281,600,000

	CUMULATIVE TOTAL TO 2018	OVERALL TOTAL TO 2022
Total SRH services provided	477,329,060	Estimate: 1,276,300,000
Targets	518,600,000	1,500,000,000

Non-contraceptive services, including abortion-related, HIV-related, gynaecology, obstetrics, specialized counselling and paediatrics, make up the majority of the total sexual and reproductive health services provided and have contributed most of the growth since 2016. While most service categories generally increased year-on-year, the notable exception has been in the provision HIV services.

The Africa Region is the biggest regional contributor overall (providing 40 per cent of the total sexual and reproductive health services in 2018) but saw a drop of nearly 7.3 million services between 2017 and 2018. This Region also reported a sharp increase of over 7 million in the indicator for ER11 (services enabled), and there may have been some effective reclassification from services provided by MA-owned service delivery points to those enabled by partner organizations with support from the MAs. The South Asia Region saw significant increases in service delivery between 2017 and 2018, of over 5.1 million.

When the data are analysed at the MA level, it is worth noting that service provision is largely correlated, meaning that MAs showing growth in services typically do so across a range of service categories. Table 10 shows the top 10 MA performers in the number of services provided and each MA's individual contribution. For ER7, the top 10 contribute 51 per cent of the total IPPF result.

TABLE 10: TOP 10 MA PERFORMERS IN THE NUMBER OF SERVICES PROVIDED IN 2018

	MA	SERVICES PROVIDED	% OF OVERALL MA TOTAL 2018
1	Nigeria	20,864,151	12%
2	India	10,418,881	6%
3	USA	9,812,145	6%
4	Pakistan	8,329,779	5%
5	Sudan	7,647,878	5%
6	Syria	6,680,866	4%
7	Cuba	6,193,661	4%
8	DRC	5,956,368	4%
9	Ethiopia	5,696,421	3%
10	Uganda	4,968,197	3%
	Total for top 10	86,568,347	51%

EXPECTED RESULT 8**150 million couple years of protection (CYP)**

Performance is well ahead of the targets for the provision of CYP, with performance in 2018 surpassing the 2020 targets. Growth has been steady and consistent. The cumulative total of CYP is comfortably ahead of targets and well on course to meet the total of 150 million by 2022.

This strong performance is driven by the rapid growth in provision of long-term contraceptive methods (including IUDs, injectables and implants). Long-term methods now account for more than 50 per cent of total CYP, with IUDs and implants representing the largest and fastest growing

STATUS: ON TRACK

contributors to total CYP. No other methods have made comparable gains and some, such as oral pills, have slightly declined. Permanent methods have also decreased over the course of the Strategic Framework so far, and contribute a small and shrinking proportion of total CYP.

When method mix is analysed by region, the Africa Region is the largest contributor to long-acting methods, having overtaken the Western Hemisphere Region in 2016. Almost all permanent methods are provided by the South Asia and Western Hemisphere Regions, but the provision of permanent methods has declined in both.

TABLE 11: ANNUAL RESULTS AGAINST TARGETS FOR NUMBER OF CYP

	2016	2017	2018	2019	2020	2021	2022
Total CYP	18,776,343	21,065,169	23,476,137				
Targets	18,700,000	19,600,000	20,600,000	21,600,000	22,700,000	23,900,000	25,000,000
	CUMULATIVE TOTAL TO 2018			OVERALL TOTAL TO 2022			
Total CYP	63,317,649			Estimate: 180,628,989			
Targets	58,900,000			152,100,000			

Table 12 shows the top 10 MA performers in the number of CYP delivered and each MA's individual contribution. For ER8, the top 10 contribute 74 per cent of the total IPPF result.

TABLE 12: TOP 10 MA PERFORMERS IN THE NUMBER OF CYP DELIVERED IN 2018

	MA	CYP DELIVERED	% OF OVERALL MA TOTAL 2018
1	Nigeria	3,949,629	17%
2	Cuba	2,935,421	13%
3	Zimbabwe	2,187,189	9%
4	Colombia	2,087,795	9%
5	Pakistan	1,683,419	7%
6	USA	1,287,497	5%
7	Ethiopia	1,005,184	4%
8	Sudan	963,391	4%
9	Uganda	730,990	3%
10	India	633,170	3%
	Total for top 10	17,463,684	74%

EXPECTED RESULT 9**60 million first-time users of modern contraception****STATUS: NOT ON TRACK**

This indicator derives from IPPF's FP2020 commitment. As such, the projection is based on a 2012 start date and a 2020 end date. Only data from the FP2020 focus countries are included.

As seen in Table 13, the number of first-time users has remained broadly stable, trending down slightly since 2016. As increases in projected totals from 2016 onward have not been matched by improved performance, the cumulative total of first-time users is below target. The

current investment in contraceptive provision through the DFID-funded Women's Integrated Sexual Health (WISH) programme (designed to fulfil 22 per cent of the UK's FP2020 commitment to ensure access to modern contraceptives), among other initiatives across the Federation, may support growth in this indicator in 2019 and beyond. However, reaching the cumulative 2020 target remains challenging.

TABLE 13: ANNUAL RESULTS AGAINST TARGETS FOR NUMBER OF FIRST-TIME USERS OF MODERN CONTRACEPTION

	2012	2013	2014	2015	2016	2017	2018	2019	2020
Total first-time users	4,275,754	4,856,273	5,468,589	5,991,545	6,336,091	6,102,204	6,043,082		
Targets	4,275,754	4,856,273	5,468,589	5,991,545	6,560,742	7,184,012	7,866,493	8,613,810	9,432,122
	CUMULATIVE TOTAL TO 2018				OVERALL TOTAL TO 2020				
Total first-time users	18,481,377				Estimate: 51,159,702				
Targets	21,386,596				60,249,340				

NB: The data used for each MA is a derived figure to adjust for inconsistencies in submitted data. Targets for the years 2012–15 equate to actuals for calculation purposes.

Table 14 shows the top 10 MA performers in the number of first-time users of modern contraception and each MA's individual contribution. For ER9, the top 10 contribute 83 per cent of the total IPPF result, with Nigeria alone providing 36 per cent of the total.

TABLE 14: TOP 10 MA PERFORMERS IN THE NUMBER OF FIRST-TIME USERS OF MODERN CONTRACEPTION

	MA	FIRST-TIME USERS	% OF OVERALL MA TOTAL 2018
1	Nigeria	2,155,533	36%
2	DRC	978,085	16%
3	Chad	582,094	10%
4	Ethiopia	319,073	5%
5	Sudan	300,140	5%
6	Mozambique	156,599	3%
7	India	148,738	2%
8	Sierra Leone	144,225	2%
9	Togo	118,754	2%
10	Malawi	114,999	2%
	Total for top 10	2,862,2707	83%

EXPECTED RESULT 10**85 per cent of IPPF's clients would recommend our services**
 **STATUS: ON TRACK**

This indicator is comfortably above the 85 per cent target, having remained stable between 90 and 93 per cent between 2016 and 2018. All regions reported at least 89

per cent satisfaction in 2018. The results show that the indicator is not sufficiently sensitive to illustrate any change in IPPF's global performance from year to year.

TABLE 15: ANNUAL RESULTS AGAINST TARGETS FOR PERCENTAGE OF IPPF'S CLIENTS WHO WOULD RECOMMEND OUR SERVICES

	2016	2017	2018	2019	2020	2021	2022
% of clients who would recommend	90%	92%	93%				
Targets	85%	85%	85%	85%	85%	85%	85%

IPPF has adapted and piloted the use of the Net Promoter Score methodology, a simple beneficiary feedback tool to capture clients' experience through one question about how likely clients are to recommend the service to family/friends. When analysed in combination with data on client populations (by age, gender, poverty status, etc.)

and type of service, the Net Promoter Score methodology gives insight into how services are meeting the needs of specific populations. As such, it will be used to replace this indicator to provide a more nuanced understanding of client satisfaction and to guide MAs on how to improve client satisfaction.

EXPECTED RESULT 11**500 million SRH services enabled**
 **STATUS: NOT ON TRACK**

Performance against this indicator is improving each year but remains consistently below targets. While the cumulative performance is only narrowly below the projected total for 2018, the rate of growth projected for 2019 onward is steep, requiring significant acceleration to meet these figures.

From a regional perspective, most services enabled are in the Africa Region, which saw a sharp increase in 2018. The Arab World and South Asia Regions have also increased the numbers of services enabled, while the East and South East Asia and Oceania Region has reported decreasing numbers of services enabled.

TABLE 16: ANNUAL RESULTS AGAINST TARGETS FOR NUMBER OF SERVICES ENABLED

	2016	2017	2018	2019	2020	2021	2022
Total services enabled	37,383,977	44,709,391	55,085,126				
Targets	41,600,000	49,100,000	58,000,000	68,400,000	80,700,000	95,200,000	112,400,000
	CUMULATIVE TOTAL TO 2018			OVERALL TOTAL TO 2022			
Total services enabled	137,178,494			Estimated: 461,276,348			
Targets	148,700,000			505,400,000			

As shown in Table 17, the top 10 MA performers for enabled services contributed 91 per cent of the total IPPF result, with Nigeria alone providing 45 per cent of the total.

TABLE 17: TOP 10 MA PERFORMERS IN THE NUMBER OF SERVICES ENABLED IN 2018

	MA	SERVICES ENABLED	% OF OVERALL MA TOTAL 2018
1	Nigeria	24,673,509	45%
2	Ethiopia	7,183,725	13%
3	Sudan	5,095,587	9%
4	Pakistan	4,317,677	8%
5	Uganda	2,464,436	4%
6	India	1,976,299	4%
7	Vietnam	1,362,458	2%
8	Mozambique	1,262,773	2%
9	DRC	1,108,583	2%
10	Cameroon	639,808	1%
	Total for top 10	50,084,855	91%

It is also useful to look at **total services delivered**, that is, services provided (ER7) plus services enabled (ER11), to gain an overall sense of the impact made by IPPF MAs in ensuring availability of sexual and reproductive health services from

both MA-owned service delivery points and other public and private facilities that are supported significantly by MAs (Associated Health Facilities). Services delivered in selected service categories are presented in Table 18.

TABLE 18: TOTAL SERVICES DELIVERED, 2016–2018

SERVICE CATEGORY	2016	2017	2018	INCREASE 2016–18
Abortion-related	4,765,040	4,589,161	5,290,571	15.3%
Contraception	71,876,401	77,059,812	81,199,831	5.4%
Gynaecology	25,121,644	32,479,928	34,514,484	6.3%
Obstetrics	14,160,994	16,535,781	20,682,474	25.1%
Paediatrics	8,081,347	11,954,643	13,104,205	9.6%
STI/RTI (excluding HIV)	20,959,711	24,984,530	27,022,784	8.2%
HIV	21,020,287	21,616,065	19,787,852	-8.5%
Specialized counselling (including sexual and gender-based violence)	8,110,177	9,674,187	10,635,840	9.9%

All of these service categories, apart from HIV, show growth between 2016 and 2018, including significant increases in obstetrics, abortion and specialized counselling services. The level of STI/RTI services delivered has also grown strongly, while HIV services have declined.

SUMMARY OF RECOMMENDATIONS FOR OUTCOME 3

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



UNITE AND PERFORM

OUTCOME 4

1

high-performing,
accountable and united
Federation

Priority Objective 7:

Enhance operational effectiveness and double national and global income

Priority Objective 8:

Grow our volunteer and activist supporter base

INCOME GENERATION

Respondents from the IPPF Central Office reported that there has been a considerable focus and investment in new business development at the Central Office to generate global income in response to the Strategic Framework's Priority Objectives to enhance operational effectiveness and increase national and global income. IPPF established New Business Development and Institutional Delivery teams at Central Office, resulting in a considerable improvement in the value of bids won, with an income of US\$235 million generated between 2017 and 2019.

However, there is a clear recognition across the IPPF Secretariat of the external challenges in generating global income, while there are differing opinions as to whether these challenges have been sufficiently addressed. For example, the reinstatement of the Global Gag Rule in January 2017 meant the loss of USAID funding, and this has severely disrupted the work of some MAs. However, the reinstatement of the Global Gag Rule is always a potential threat, and the Federation needs to prepare for such loss in funding with sustainability plans to reduce critical loss in income due to the Global Gag Rule. Furthermore, the shifting funding environment has led to reduced core income in favour of restricted funds, although this trend began prior to the Strategic Framework.

Increasing locally-generated income remains a challenge for IPPF MAs, despite the emphasis in the Strategic Framework and their active efforts. Nearly 60 per cent of the 57 MAs that responded to the survey question report that the Strategic Framework had a positive influence on their work to increase the level of income generated locally (although only 17 per cent of non-grant receivers agreed), indicating that they are either working on this significantly more since 2016 or were not working on this before 2016 but are now. However, only 37 per cent of the 36 MAs that responded to the survey question agreed that the Strategic Framework has helped them to mobilize financial resources. MAs believe that they have made low levels of progress since 2016 in enhancing operational effectiveness and increasing national and global income.

Regional Offices in Africa, Arab World, Europe, East and South East Asia and Oceania, and South Asia reported that they provided significantly more technical support for MAs to increase their level of locally generated income since 2016. However, only 29 per cent of the 26 MAs that responded to the survey question reported receiving high-quality technical support from Regional Offices on this. MAs receiving significant levels of income from IPPF were slightly more likely to report they had received high-quality technical support, at 50 per cent for those in the highest decile for unrestricted funding from IPPF. These results vary widely by Region, from 75 per cent agreement among Arab World MAs that responded, to 10 per cent in South Asia and 12 per cent in East and South East Asia and Oceania. Of the MAs not receiving grants from IPPF, the majority reported that they did not receive any technical support from Regional Offices in relation to generating local income, and those that did judged it not to be of high quality.

In relation to social enterprise, both Central and Regional Offices reported that the Strategic Framework has encouraged MAs to engage in social enterprise activities. Social enterprise now has increased visibility across the Federation, due to the Social Enterprise Hub established within the Family Planning Association of Sri Lanka. Furthermore, the Regional Offices in Africa, Arab World and Western Hemisphere have been providing technical support for MAs to increase their social enterprise income significantly more since 2016, and although the European Network was not working on this before 2016, they are now.

However, only 53 per cent of the 50 MAs that responded to the question reported that they are working on social enterprise significantly more since 2016, or that they were not working on this before 2016 but are now. This rises to 76 per cent for MAs with an above average proportion of their income from social enterprise. Furthermore, only 25 per cent of the 23 MAs that responded to the question report receiving high-quality technical support from their Regional Office on increasing income from social enterprise.

MAs said that to maximize the results of the Strategic Framework, IPPF should focus on mobilizing resources and supporting MAs to do the same. Regional Offices also referred to the need to provide technical support to MAs to improve their financial sustainability, including

through social enterprise. A key recommendation from Regional Offices was to ensure their capacity to be able to provide technical assistance to MAs to generate local income and to guarantee the sustainability of the Social Enterprise Hub.

EXPECTED RESULT 12

Income generated by the Secretariat is doubled to US\$232.4 million

 STATUS: ON TRACK

In 2018, income generated by the IPPF Secretariat was above the annual target. However, annual targets set for 2019 to 2022 represent a large increase, which will be challenging to reach based on current trends.

TABLE 19: ANNUAL RESULTS AGAINST TARGETS FOR INCOME GENERATED BY THE SECRETARIAT (US\$)

	2016	2017	2018	2019	2020	2021	2022
Total Secretariat income	130,391,389	125,081,940	132,960,014				
Targets	132,810,198	125,074,000	129,480,060	199,499,708	205,871,114	234,204,030	227,329,492
	CUMULATIVE TOTAL TO 2018			OVERALL TOTAL TO 2022			
Total Secretariat income	388,433,343			1,168,000,000			
Targets	387,364,258			1,254,268,602			

EXPECTED RESULT 13

Income generated locally by unrestricted grant-receiving Member Associations is doubled to US\$522.2 million

 STATUS: NOT ON TRACK

A decrease in 2018 saw this indicator fall well below trend, having been already below the required rate of increase in 2016 and 2017. Income generated by MAs dropped in four of the six Regions (except Arab World and South Asia) between 2017 and 2018. The major contributors to the

decrease were the China MA with US\$14.9 million less local income in 2018 compared to 2017 (54 per cent of the total global decrease); the Indonesia MA, with a US\$6.7 million decrease (24 per cent of the total); and the Ethiopia MA with a US\$3.6 million decrease (13 per cent of the total).

TABLE 20: ANNUAL RESULTS AGAINST TARGETS FOR INCOME GENERATED LOCALLY BY UNRESTRICTED GRANT-RECEIVING MEMBER ASSOCIATIONS (US\$)

	2016	2017	2018	2019	2020	2021	2022
Total local income	291,293,721	291,747,796	264,262,875				
Targets	298,400,000	335,700,000	373,000,000	410,300,000	447,600,000	484,900,000	522,200,000
	CUMULATIVE TOTAL TO 2018			OVERALL TOTAL TO 2022			
Total local income	847,304,392			Estimate: 2,196,392,792			
Targets	1,007,100,000			2,872,100,000			

SUMMARY OF RECOMMENDATIONS FOR OUTCOME 4: INCOME GENERATION

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



EXPECTED RESULT 14

20 per cent of IPPF unrestricted funding used to reward Member Associations through a performance-based funding system

**STATUS: NOT ON TRACK**

Some progress was made in 2018 in increasing the proportion of unrestricted IPPF funding allocated through the performance-based funding system to nine per cent, just below the 10 per cent projection. The 2019 target of 20 per cent is significantly more challenging and will not be reached unless significant progress is made.

NB: Figures for ER14 exclude the Arab World Region.

TABLE 21: ANNUAL RESULTS AGAINST TARGETS FOR PERCENTAGE OF UNRESTRICTED FUNDING USED TO REWARD MEMBER ASSOCIATIONS THROUGH A PERFORMANCE-BASED FUNDING SYSTEM

	2016	2017	2018	2019	2020	2021	2022
% of unrestricted funding awarded through PBF	6%	5%	9%				
Targets	10%	10%	10%	20%	20%	20%	20%

EXPECTED RESULT 15

2 million IPPF volunteers

**STATUS: NO ANNUAL TARGETS SET**

In order to avoid potential double counting of volunteers from year to year, this indicator has an endline target of two million in 2022. While the number of volunteers reported has steadily increased year by year, if IPPF were to continue at the current rate of growth to 2022, their number would remain well below the target.

TABLE 22: ANNUAL RESULTS FOR NUMBER OF IPPF VOLUNTEERS

	2016	2017	2018
Total volunteers	172,279	232,881	261,573

Of these volunteers, nearly half (47 per cent) come from three MAs (India, Pakistan and the USA), and 70 per cent come from the top 10 MA performers.

TABLE 23: TOP 10 MA PERFORMERS IN THE NUMBER OF VOLUNTEERS

	MA	VOLUNTEERS	% OF OVERALL MA TOTAL 2018
1	India	53,437	20%
2	Pakistan	38,726	15%
3	USA	30,518	12%
4	Ethiopia	19,311	7%
5	Nepal	12,912	5%
6	Bangladesh	8,925	3%
7	Guatemala	7,138	3%
8	Myanmar	4,377	2%
9	China	4,202	2%
10	Uganda	4,068	2%
	Total for top 10	183,614	70%

EXPECTED RESULT 16**3 million IPPF activists****STATUS: NO ANNUAL TARGETS SET**

The number of activists reported has steadily increased year by year. In order to avoid potential double counting of activists from year to year, this indicator has an endline target of three million in 2022. However, this target has been easily reached in each of the three years of reporting (from 2016 to 2018). This is due to the MA in the USA having large numbers of activists: for example, in 2018 this MA provided 98.7 per cent of the global total.

TABLE 24: ANNUAL RESULTS FOR NUMBER OF IPPF ACTIVISTS

	2016	2017	2018
Total number of activists	10,154,353	11,200,237	12,249,651

TABLE 25: TOP 10 MA PERFORMERS IN THE NUMBER OF ACTIVISTS

TOP 10 MAS 2018	MA	ACTIVISTS	% OF OVERALL MA TOTAL 2018
1	USA	12,000,000	98.7%
2	Argentina	58,880	0.5%
3	Pakistan	42,219	0.3%
4	Romania	7,000	0.1%
5	Philippines	4,756	0.0%
6	Sweden	4,000	0.0%
7	Chile	3,949	0.0%
8	China	3,696	0.0%
9	DPR Korea	3,009	0.0%
10	Sierra Leone	2,497	0.0%
	Total for top 10	12,130,006	99.8%



DATA MANAGEMENT PROCESSES, SYSTEMS AND TECHNOLOGY

Both the Central and Regional Offices reported that the Strategic Framework's priority to enhance operational effectiveness and increase national and global income has encouraged investment in data collection and management systems and processes, both at the Secretariat level and among MAs. The IPPF Performance Dashboard, together with its ambitious targets, has increased focus on robust processes to measure results and demonstrate performance. For example, the Regional Offices in Africa, Europe, East and South East Asia and Oceania, South Asia and the Western Hemisphere have all reported strengthening their data management processes, systems and technology significantly more since 2016. This has resulted in improved data systems, including use of DHIS2 (IPPF's performance data management system) and the development of a Data Management Strategy. Investment in data management has also significantly enhanced IPPF's ability to generate both unrestricted and restricted income by MAs and the Secretariat.

IPPF MAs also reported that the Strategic Framework has had a positive influence on their work to strengthen data management processes, systems and technology. Nearly two-thirds of the 63 MAs that responded to the survey question are working on this significantly more since the start of the Strategic Framework in 2016, or were not working on this before 2016 but are now. This number increases to 77 per cent of those MAs that receive an above average proportion of their income from IPPF (i.e. above 29 per cent of their total income for this group of respondents).

Furthermore, Regional Offices in East and South East Asia and Oceania, South Asia and the Western Hemisphere reported that they have been providing technical support for MAs to strengthen their data management processes, systems and technology significantly more since 2016. Their support is acknowledged by the 51 MAs (55 per cent of those that responded to the survey question) that report high-quality technical support from their Regional Offices in relation to strengthening data management processes, systems and technology; among respondents from the Western Hemisphere Region, the proportion reporting high-quality technical support was almost 80 per cent.

Both the Secretariat and MAs recognize the importance of effective data management processes, systems and technology, and report that further investment is critical to improve efficiencies in data collection, governance, analysis and use. This is needed to empower the Federation to make sound management decisions internally as well as meeting current and future donors' needs for data on performance. Furthermore, investment in data supports the Strategic Framework's client-centred approach, which requires access to client-based data to improve client care, the quality of service provision and programme effectiveness. It will also ensure access to data on the number of clients served by IPPF for the purpose of analysis and utilization at regional and global levels.

SUMMARY OF RECOMMENDATIONS FOR OUTCOME 4: DATA MANAGEMENT PROCESSES, SYSTEMS AND TECHNOLOGY

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

CROSS-ORGANIZATIONAL LEARNING

The Central and Regional Offices reported that the Strategic Framework has not been adequately resourced to enable cross-organizational learning. While the previous Framework (for 2010–2015) focused on five specific technical areas (Adolescents, HIV and AIDS, Abortion, Access, Advocacy), the current Framework promotes an integrated approach to sexual and reproductive health and rights. This has resulted in fewer staff employed at the Secretariat who have technical responsibilities aligned with specific areas of expertise, although MAs continue to require and request technical support. A priority action that MAs report needing IPPF support on is capacity building; 85 per cent of the 78 MAs that responded to the survey question see the role of the Secretariat as a ‘provider of technical assistance/capacity building’, although this was true for just 41 per cent of non-grant receiving MAs.

The Central and Regional Offices also refer to the existence of considerable expertise across the Federation. Their responses suggest that MAs with specific technical expertise should be identified and encouraged to provide technical assistance to other MAs, with the Secretariat adopting a facilitative role. In addition, knowledge management and learning and development systems and processes should be established to support cross-organizational learning. MAs want to see increased coordination between MAs, and between MAs and Regional Offices, to maximize the results of the Strategic Framework.

Ninety per cent of the 85 MAs that responded to the survey question see the role of the Secretariat as ‘setting standards’; and 88 per cent of the 83 MAs that responded to the survey question see the role of the Secretariat as ‘partner’. Notably, every non-grant receiving respondent agreed that the Secretariat plays the role of ‘partner’ to MAs.

There is clearly agreement among the Secretariat and MAs that technical expertise exists across the Federation at all levels, and that this expertise should be leveraged through new support strategies. This will require the transformation of IPPF into a learning organization built on trust, transparency and accountability. Knowledge should flow freely through a collaborative ecosystem that maximizes efficiencies.

SUMMARY OF RECOMMENDATIONS FOR OUTCOME 4: CROSS-ORGANIZATIONAL LEARNING

21. Create a Federation-wide approach to knowledge and learning by adopting an IPPF Knowledge Management Framework to provide the architecture under which a learning organization can be achieved and the necessary culture, skills and competencies, processes and systems created.
22. Create a structure with clear roles and accountabilities for knowledge and learning and include a function that acts as a connector of IPPF Member Associations and the Secretariat.
23. Increase investment in research and emerging best practices in evaluation to ensure that a holistic approach to measuring performance and its impact is central to the culture of IPPF and adopted by the Federation as a whole.

ONE UNITED FEDERATION

The results of the Member Associations and Collaborative Partners online survey demonstrate that IPPF MAs have a sense of unity and belonging to one organization. Both the IPPF accreditation review process and the Strategic Framework have reinforced this by providing a common goal and set of standards that MAs can work towards. Across all regions, most IPPF members agree that the IPPF accreditation review process has increased their sense of belonging (84 per cent), strengthened their own (81 per cent) and IPPF's (82 per cent) reputation, and protected IPPF's reputation by mitigating risk (81 per cent). Furthermore, 96 per cent of the 93 MAs that responded to the survey question agreed that the Strategic Framework provides a common goal and clarified vision of IPPF.

All Regional Offices also agreed that the Strategic Framework has provided a common goal and clarified vision of IPPF, and nearly all agreed that the Strategic Framework has united the Federation globally. The Central Office respondents reported that the Strategic Framework has provided a common language that unites the Federation, with all volunteers and employees based in IPPF MAs, Regional Offices and Central Office now familiar with the Strategic Framework's Outcome areas and working towards common objectives.

However, across the Federation, many agree that governance and resource allocation reform measures should be put in place. A priority action that MAs think IPPF should start to do in order to maximize the results of the Strategic Framework is to implement the reform processes regarding governance and resource allocation. Respondents from the Central Office and many of the Regional Offices added that the reform process presents an opportunity to address some of the internal challenges to implementing the Strategic Framework, including a lack of accountability and transparency across the Federation. Furthermore, they want to see the Federation operate as one organization, with all six regions working together, instead of in competition.

SUMMARY OF RECOMMENDATIONS FOR OUTCOME 4: ONE UNITED FEDERATION

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

RECOMMENDATIONS ARISING ON ORGANIZATIONAL PERFORMANCE, BASED ON THE PERFORMANCE TRENDS ANALYSIS:

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

STRATEGIC FRAMEWORK 2016–2022 PERFORMANCE DASHBOARD REVIEW

As part of the MTR process, IPPF conducted a review of the IPPF Strategic Framework 2016–2022 Performance Dashboard.

This involved extensive consultation with technical experts to review and, where relevant, propose revisions. Once the Dashboard is finalized, IPPF will then reevaluate annual

targets. This will include assessing whether the Expected Results are to be measured cumulatively over the seven-year period or as an endline result for 2022 to assess progress in implementing the Strategic Framework. The values of a number of Expected Results will be adjusted accordingly.³

Table 26 presents the results of this review and recommended decisions for the Performance Dashboard.

TABLE 26: RECOMMENDATIONS FOR THE PERFORMANCE DASHBOARD

EXPECTED RESULT (ER) INDICATOR	DECISION	NOTES
ER1 Number of successful policy initiatives and/or legislative changes in support or defence of SRHR and gender equality to which IPPF advocacy contributed	KEEP	The detailed definition of this ER will be amended to make clear which regional bodies count for the purposes of making policy initiatives or legislative changes.
ER2 Proportion of countries that are on track with their SDG targets improving sexual and reproductive health	REMOVE	This ER is not measurable as country-level SDG targets were not set.
ER3 Number of youth and women's groups that took a public action in support of SRHR to which IPPF engagement contributed	KEEP	The detailed definition of this indicator will be amended to make it clear that a broad definition of 'youth and women's group' applies. Requires an endline target for 2022 to avoid double counting youth and women's groups that took action in previous years.
ER4 Number of young people who completed a quality assured CSE programme delivered by Member Association volunteers or staff	KEEP	
ER5 Proportion of young people who completed a quality assured CSE programme who increased their SRHR knowledge and their ability to exercise their rights	REMOVE	Quality and influence of CSE on knowledge and ability to exercise rights are not measurable at a global level. This will be replaced with the indicator below.
Number of educators trained by Member Associations to provide CSE to young people or to provide CSE training to other educators (training of trainers)	ADD	IPPF already collects this data, and so this is straightforward to implement. The indicator does not tell us how much CSE is enabled by IPPF training, but gives an idea of the potential while being much easier to count.
ER6 Estimated number of people reached with positive messages	REMOVE	This is not a sensitive measure of performance and it places a significant burden on MAs in terms of data collection as well as during the review and cleaning process. The actual results to date fluctuate highly, and the data cannot be used to assess progress in achieving the Outcome 2 target.

³ In some cases, this will require changing the wording of an Expected Result, and for those with revised targets, the numbers will also alter.

EXPECTED RESULT (ER) INDICATOR		DECISION	NOTES
ER7	Number of SRH services provided	KEEP	
ER8	Number of couple years of protection	KEEP	
ER9	Number of first-time users of modern contraception	KEEP	This indicator is linked to IPPF's FP2020 commitments. These expire in 2020. Many donors are interested in this and it is required, with additional data collection, to count the number of additional users. As such, a decision will need to be made around whether to keep this indicator as is, and/or begin collecting data on additional users post-2020.
ER10	Proportion of IPPF clients who would recommend our services to family or friends	REMOVE	This is not a sensitive measure of performance. It does not easily trigger feedback loops within MAs, and global results are already at 93 per cent satisfaction with little room for improvement. This will be replaced with the indicator below which has recently been tested in several MAs.
	IPPF clients who would recommend our services to family or friends as measured through the Net Promoter Score methodology	ADD	This indicator will be further piloted in a sample of MAs and then scaled up.
ER11	Number of SRH services enabled	KEEP	
ER12	Total income generated by the Secretariat	KEEP	This indicator will change to be a cumulative metric, derived from the annual targets, rather than endline as originally devised. This will allow IPPF to include the income generated by the Secretariat in all the years between 2016 and 2022.
ER13	Total income generated locally by unrestricted grant-receiving Member Associations	KEEP	This indicator will change to be a cumulative metric derived from the annual targets, rather than endline as originally devised. This will allow IPPF to include the income generated by Member Associations in all the years between 2016 and 2022.
ER14	Proportion of IPPF unrestricted funding used to reward Member Associations through a performance-based funding system	KEEP	This indicator will remain in place until IPPF's performance-based funding process is reformed as part of global resource allocation changes.
ER15	Number of IPPF volunteers	KEEP	
ER16	Number of IPPF activists	REMOVE	This is not a useful indicator as it has an unclear definition, overlaps with ER6 and ER15, and 98.7 per cent of the 2018 total was reported by one MA (USA).

Other additional indicators to be considered for inclusion in the Performance Dashboard include:

- number (per cent of all clients) of IPPF service users who are poor and vulnerable
- number of people served in humanitarian setting
- proportion of MAs providing a full Integrated Package of Services (IPES) in static clinics (requires individual clinic data)
- MA financial sustainability (for example, the dependency of MAs on IPPF unrestricted income as a proportion of locally generated income)
- proportion of MA income derived from social enterprise
- gender equality-related indicator (precise indicator to be discussed)

Data on all these suggested indicators (with the exception of the gender equality-related indicator) are already collected and reported to IPPF by MAs. This means that developing targets for future years can be supported by an analysis of previous performance.

Following the MTR, and in consultation with a broad range of technical experts, annual targets will be revised as needed and additional indicators may be included in the Performance Dashboard.

RECOMMENDATIONS ARISING IN RELATION TO IPPF'S PERFORMANCE DASHBOARD

28. Adopt the amendments to the Performance Dashboard.

29. Review the Vulnerability Methodology and invest in financial and human resources as well as technical expertise to ensure it is effectively applied across the Federation.

GENDER EQUALITY STRATEGY REVIEW

INTRODUCTION

The 2017 IPPF Gender Equality Strategy and Implementation Plan outlines how the cross-cutting area of gender equality can be implemented within the current IPPF Strategic Framework 2016–2022. As part of the MTR, the Gender Equality Strategy was included to review the overall performance and challenges experienced in achieving gender equality as a cross-cutting issue in each of the four outcomes of the IPPF Strategic Framework 2016–2022 as well as to assess the implementation of the gender equality strategy and challenges in fulfilling its commitments.

What follows is a summary of the review and its principal findings. The full report is available upon request.

METHOD

A range of qualitative and quantitative methodologies were used, including a desk review of IPPF documentation, an online questionnaire sent to IPPF MAs and Secretariat Offices, 27 key informant interviews with staff at all levels of the Federation and in every IPPF Region, and four site visits to IPPF MAs (India, Palestine, Uganda, and Uruguay). The data were then analysed, aggregated and triangulated in order to identify common themes, successes, challenges and gaps.

GLOSSARY

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-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.



RESULTS

Understanding of gender equality and link to sexual and reproductive health and rights

Among the survey respondents, the primary understanding of gender equality was equal opportunities. Some respondents also talked about the importance of looking at power, and others mentioned the link between gender equality and gender identity.

IPPF staff clearly saw the overt link between gender inequality and poor sexual and reproductive health and rights outcomes. They stated that it was impossible to effectively work on sexual and reproductive health and rights without being aware of and addressing gender inequality – in other words, incorporating a gender lens into their work.

Knowledge and perceptions of the strategy and commitment to implementation

Although survey and interview respondents generally knew about the Gender Equality Strategy, it needs to be better promoted. Perceptions of the strategy were primarily positive, with respondents indicating that it: helps them to locate how gender equality fits within the broader IPPF Strategic Framework; provides inspiration for an extra push on gender; and gives a common understanding of gender equality. There were just two respondents (7 per cent, n=27) with negative comments; these said that they felt the strategy could have included more on sexual orientation.⁴ Five respondents (19 per cent, n=27) said the strategy had made little difference to their work as this was what they were already doing.

Perceptions were mixed as to whether there is commitment or not to gender equality within IPPF. It appears that while there is verbal commitment at many levels, gender equality needs to be clearly institutionalized and mainstreamed to ensure that IPPF ‘practises what it preaches’.

Influence of the strategy on implementation of the IPPF Strategic Framework

Respondents highlighted several ways that the strategy has influenced and supported the implementation of IPPF’s Strategic Framework. These included: i) building understanding of gender equality and inspiring action; ii) guiding programming, due to the clear implementation plan; iii) influencing the development of other strategies, including the Humanitarian Strategy, the Advocacy Common Agenda, and the Pacific Strategy; and iv) being an entry point to promoting sexual and reproductive health and rights in the areas of humanitarian response, universal health coverage and CSE. In implementing the IPPF Strategic Framework going forward, the cross-cutting areas of youth, gender equality and reaching the under-served need to be better linked through an inclusive approach to ensure no one is left behind regardless of age, sex, race, ethnicity, sexual orientation, gender identity, disability, etc.

Progress on gender equality within Outcome 1: Advocacy

Outcome 1 of the IPPF Strategic Framework is one place that gender equality is specifically mentioned – namely that 100 governments respect, protect and fulfil sexual and reproductive rights and gender equality. Policy ‘wins’ increased in number from 17 to 39 between 2016 and 2018 for both gender equality and preventing sexual and gender-based violence.

⁴ The Gender Equality Strategy links closely to the other cross-cutting areas for the Strategic Framework, including reaching the under-served, which is where specific work on different key and vulnerable populations is situated.

Progress on gender equality within Outcome 2: Empowering women and girls and engaging men and boys

Women and girls face a disproportionate burden of gender inequality and this inequality both increases their risk of poor sexual and reproductive health and rights outcomes and affects access to and uptake of sexual and reproductive health services. While MAs mentioned this area as the one where they had made the most progress since 2016, in both the interviews and country visits respondents rarely talked about empowering women and girls. When questioned specifically on this, the main reason given for not talking about empowering women and girls was that this is their core business and something they do every day.

A key part of working on gender equality is effectively engaging men and boys in all their diversity, as clients, partners and agents of change through providing a comprehensive package of services for men and through gender transformative programmes. IPPF and the United Nations Population Fund (UNFPA) jointly launched a Global Sexual and Reproductive Health Package for Men and Boys in 2017. IPPF has also supported several innovative projects in working with men and boys, such as the Innovation Programme and the Rutgers-supported Prevention+ programme. However, MAs rated this theme as the one they have made the least progress in since 2016 and that requires further focus.

Gender equality is ‘the golden thread’ through the IPPF CSE programme, and supporting implementation of CSE programming for young people was the biggest area of growth reported by MAs. However, CSE still needs strengthening across the Federation, and using gender equality as an entry point is a good opportunity to do this.

Progress on gender equality within Outcome 3: Gender-sensitive service provision

Applying a gender lens to service delivery – i.e. being aware of how gender inequality affects access to and uptake of sexual and reproductive health services – is important to maximizing access to sexual and reproductive health services. This includes ensuring that clinic protocols are gender sensitive and that service providers are trained and sensitized to provide services without discrimination, regardless of gender identity, sexual orientation, age or ability. Respondents also mentioned the importance of ensuring that clinic hours take into consideration different groups of individuals so they can access the services, and putting mechanisms in place to ensure that the poorest are not prohibited from accessing services due to inability to pay.

The provision of services for women who have experienced sexual and gender-based violence (SGBV) has grown by 15 per cent between 2016 and 2018, to 3.9 million services delivered in 2018. Simultaneously, the number of MAs (n=138) providing the core SGBV services (screening and referrals) as part of the IPES package has grown from 83 to 89. However, it is still the second lowest IPES element provided by MAs, after safe abortion care. While 103 MAs reported providing SGBV services, 76 per cent of the total number is provided by just seven MAs. SGBV services make up less than one per cent of services provided for 87 MAs. Preventing sexual violence and responding to the needs of survivors is also a critical component of the Minimum Initial Services Package (MISP) for Reproductive Health in humanitarian response, given that one in five women living in humanitarian crisis or armed conflict have experienced sexual violence. However, as with the IPES, clinical care for survivors of SGBV is one of the elements of the MISP that is least implemented in practice. As IPPF increasingly works in the humanitarian space, it needs to scale up its ability to address SGBV and its harmful consequences on sexual and reproductive health and rights.

Progress on gender equality within Outcome 4: Mainstreaming gender

The findings around key areas that show whether gender equality is being institutionalized within each level of the Federation are as follows:

- Gender balance:** One of the most visible ways of checking the extent to which gender equality is promoted across the Federation is the gender balance of the senior management. While a majority globally were female, 23 per cent of MAs have a majority male senior management (including five MAs with 100 per cent male senior management), most of these in East Africa or the Arab World. At the Secretariat level, 54 per cent of senior managers are female but this ranges from 14 per cent in the Africa Region to 100 per cent in the European Network. These figures show that in some parts of the Federation there is still work to be done to bring about gender equality at senior management level.
- Gender pay gap:** There was some confusion in the survey responses about the need to conduct a gender pay gap analysis where there is pay equality legislation. A country can have this legislation, yet the median salary for men and women can still be very different and a pay gap analysis allows these differences to be unmasked. Four Secretariat Offices and four MAs have completed a pay gap analysis since 2016. The results ranged from no pay gap in Profamilia Colombia and the European Network Regional Office, to a small pay gap in Western Hemisphere Regional Office at 0.8 per cent in 2018, to a larger pay gap of 8.1 per cent in 2018 in Central Office (although this was smaller than 11.6 per cent in 2017).
- Gender transformative policies:** It is important to have a process where all human resources policies and procedures are routinely developed and reviewed for gender equality to ensure that they use appropriate language and are not advantaging or disadvantaging one gender disproportionately. This has been done successfully, for example, in Profamilia Colombia by integrating gender expertise specifically in their human resources department.
- Gender Champions:** Gender Champions are staff members appointed by senior management who are knowledgeable and passionate voices for gender equality and gender transformative programming and are tasked with supporting gender equality training. Six out of seven Secretariat Offices said they had Gender Champions, as did 53 per cent (n=100) of MAs. Responses showed that there was a big jump in the number of Gender Champions appointed from 2017 onwards. It is unclear whether Gender Champions have been properly capacitated and enabled to play this role, or whether they are doing this successfully. What is clear is that many are overstretched and competing priorities present a huge challenge.
- Building capacity among staff:** Gender equality capacity building is not routine across Secretariat and MA staff, and the training that is provided is done on an ad hoc basis. While training is helpful to take people on that journey toward gender equality, any building of gender competency needs to look at a variety of approaches spread over a longer period of time.
- Building capacity of MAs:** Every Regional Office has been working to strengthen MA capacity on gender equality through sharing the strategy electronically, regional capacity-building workshops, capacity-building visits, and working more in depth with some MAs using existing opportunities. MAs rated the quality of support received very differently, with some rating it highly and others not. It appears that this is due to capacity building on gender equality being provided in an ad hoc, rather than a strategic way.
- Allocated budget for gender equality:** A good indicator of how well gender equality has been mainstreamed – and the level of commitment to doing so – is the resources made available to support its implementation. There is no dedicated Secretariat budget to support the implementation of the Gender Equality Strategy and the funding that has been received to advance the gender equality work in the Federation since the strategy was developed in 2017 has been sporadic. This has hampered implementation at all levels of the Federation. Five of the Regional Offices have been actively encouraging the use of Annual Programme and Budget funds for gender equality work, but it is currently unknown what activities are being funded and to what amount.

MONITORING PROGRESS

Collecting meaningful data about IPPF's gender equality work is essential in monitoring progress, highlighting achievements, identifying gaps and promoting ongoing learning. However, respondents pointed to the lack of specific indicators, gender-disaggregated data and data collection tools as the biggest challenges for monitoring progress of the Gender Equality Strategy and Implementation Plan.

There is a lack of disaggregated data for the currently collected routine indicators, both in the service statistics and the Performance Dashboard indicators. Also, there are no indicators that measure whether anything is gender transformative, whether anything IPPF is doing is improving gender equality, or the extent to which gender equality has been mainstreamed within the Federation (Outcome 4).

From a restricted project perspective, there was a reported lack of indicators on gender equality included in project implementation plans and measurement frameworks. Indicators – such as gender scales – need to be used to ensure projects can measure at baseline and endline how gender-related behaviours, norms and attitudes have changed over time.

Assessment tools, conducted at set intervals (for example every three years), will provide valuable data around the mainstreaming of gender within the organization. Existing tools – such as the existing quality of care assessments –

can be used to measure the gender sensitivity of services, for example. The Gender Assessment Tool published in June 2019 provides a compendium of tools to do this and will give a useful baseline for MAs, supporting and guiding implementation. A sub-component of this – the Gender Audit – has been used successfully by three Secretariat Offices since 2016 to better understand where the current successes and gaps are on institutionalizing gender equality.

A frequently repeated opinion from staff across the Federation is that the accreditation framework needs to be revised to have stronger standards and checks on gender equality. This includes adding requirements under Principle 7: A Good Employer for policies to be gender-transformative and for at least 50 per cent of senior management to be women. A check also needs to be included requiring a gender audit to be conducted every three years, as stipulated in the IPPF Gender Equality Policy approved by the Governing Council in 2014.

PARTNERSHIPS

Building partnerships at the national level with government, civil society and service providers strengthens the gender equality work of IPPF, creates more avenues for advocacy, and can provide opportunities for promotion and expansion of MA services. International partnerships differed for each Secretariat Office and have supported advocacy, programming and fundraising.



DESIRED FUTURE FOCUS AND SUPPORT REQUIRED TO ACHIEVE THIS

Interview respondents gave suggestions on several areas that need to change or be improved by 2022 to ensure that gender equality is incorporated into their work and that the goals of the Gender Equality Strategy and Implementation Plan can be achieved.

Ninety-six per cent (n=27) of interview respondents talked about the need to institutionalize gender equality by embedding it into the organization's DNA. Key action areas identified were: i) ensuring policies and procedures are gender transformative; ii) having champions at the highest level; iii) setting up a coordination mechanism to advance gender equality; iv) building the capacity of staff; v) building the capacity of MAs – including through an MA-centric approach; vi) better incorporating gender equality indicators into existing routine measurement processes; vii) increasing the use of practical assessment tools; and viii) including more gender equality requirements within the accreditation framework.

The programmatic priorities most frequently mentioned were: strengthening national level advocacy for policies that support all aspects of gender equality; better engaging men and boys as clients, partners and agents

of change; empowering women and girls through building more female leaders and stronger partnerships with women's rights movements; reducing SGBV; and incorporating gender equality into CSE programmes.

The support requested to achieve the above included: institutional support to ensure there is commitment, and the necessary policy, procedures and systems in place; increasing the number of staff working specifically on gender equality, while also building the capacity of all staff and volunteers; and the necessary financial support for taking forward programming, providing technical assistance and mainstreaming gender equality.

It was noted that investing financially in the Implementation Plan of the Gender Equality Strategy will kick off a positive virtuous cycle – investing in gender equality capacity will support fundraising for gender equality capacity and programming, which in turn will support IPPF's gender equality work. These funds can come from restricted or core funding: all restricted proposals should have a gender equality lens included, and core funding mechanisms – such as the Annual Programme Budget process – should be used to increase work on gender equality.



CONCLUSIONS AND RECOMMENDATIONS

Based on the findings of this MTR, the following 10 recommendations outline a series of realistic, concrete and sustainable actions that can be taken to address the gaps identified, meet the goals of the IPPF Gender Equality Strategy and support the achievement of IPPF Strategic Framework targets. These are summarized in recommendations 30–33 of the report.

1. Embed gender equality into IPPF's organizational DNA

IPPF's culture – reflected in the systems, processes and structure of the organization – needs to embed the core value of gender equality. This organizational transformation is only possible with strong and sustained commitment from all levels of the Federation, but particularly from the highest level of management. In this way, IPPF can bring about a gender-equal and gender-just world where all people, including women and girls, are empowered to exercise their rights and to make free and informed choices about their sexuality and well-being.

2. Set up a new gender equality coordination mechanism

Gender equality is a large cross-cutting area that is currently severely understaffed across the Federation. A gender equality coordination mechanism is needed that ensures the gender equality work has direction, drive, strategy, focus and expertise. This mechanism should be headed by a new director-level post (under the Director of Programmes) at Central Office who coordinates – through matrix management – Gender Advisers in each region. This coordination mechanism will ensure that gender equality is institutionalized, and the Director appointed has the authority and mandate to implement the recommendations of this MTR as well as the Implementation Plan of the Gender Equality Strategy.

3. Fund the implementation of the Gender Equality Strategy

Investing financially in implementing the Gender Equality Strategy will provide a good return on investment as it will kick off a positive virtuous cycle – investing in gender equality capacity will support fundraising for gender equality capacity and programming, which in turn will support IPPF's gender equality work. As gender equality and sexual and reproductive health and rights are intimately linked, this will also have a huge positive impact on sexual and reproductive health and rights outcomes. The implementation of the Gender Equality Strategy needs to be fully funded – whether through core funding or by seeking specific donor funding to do this.

4. Capacity building of all staff on gender equality

There should be a constant rolling orientation programme on gender equality that is systematized, with the required induction training and refresher training supported by Human Resources. This training should cover everyone, whatever their role or department. It should be an ongoing programme as gender equality is not something learnt through a one-off training situation, but rather is something that needs to be built over time.

5. Make use of an MA-centred approach to build the capacity of MAs

Operationalize a mechanism to share expertise directly between MAs to allow for a swifter building of capacity across the Federation. To ensure this capacity building is sustainable, the mechanism should ensure that the MAs providing support are suitably compensated for their time and any out-of-pocket expenses. It will also need to be well coordinated and have competency checks in place to ensure quality.

6. Institutionalize gender equality

Gender equality is not just for programme staff, implemented through a project or reliant on one gender ‘champion’. Gender equality needs to be built into the policies and systems of the organization, for example through regular pay gap reviews as well as routine reviews of policies and procedures conducted by a gender expert to assess how gender transformative they are.

7. Integrate gender equality into programmatic priorities

Gender equality must be intentionally integrated into each of the strategic Outcomes of the IPPF Strategic Framework. More specifically, IPPF needs to scale up provision of SGBV services, including in humanitarian settings. Other opportunities for improvement include empowering women and girls through community-based opportunities, delivering sexual and reproductive health services targeted for men and boys, and better incorporating gender equality into CSE programmes.

8. Improve routine monitoring

To capture the gender equality work that is happening and the gaps that remain, further indicators for gender equality need to be included in the Performance Dashboard and Expected Results, and existing indicators and service statistics must be disaggregated by gender. IPPF should also periodically implement tools, including those in the Gender Assessment Tool, to assess the current state of gender mainstreaming and gender transformative programming at all levels of the Federation.

9. Further integrate gender equality into the accreditation framework

To build better accountability on gender equality, and to provide standards on being gender transformative for MAs to strive for, the accreditation framework needs to be revised to have stronger standards and checks on gender equality. This includes adding requirements under Principle 7: a Good Employer for policies to be gender transformative and for at least 50 per cent of senior management to be female. A check also needs to be included requiring a gender audit to be conducted every three years, as stipulated in the IPPF Gender Equality Policy approved by the Governing Council in 2014.



MIDTERM REVIEW RECOMMENDATIONS

The following recommendations are based on the findings of the Midterm Review.

IPPF Directors' Leadership Team should:

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

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

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

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

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

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

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

Income generation

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

Data management processes, systems and technology

18. Adopt IPPF's Data Management Strategy where data is seen as a critical asset that drives decision-making and learning to improve performance and ensure accountability. Invest financial and human resources as well as technical expertise to ensure its effective implementation.

19. Develop and implement Solution 7 of IPPF's Business Plan on systems to support effective data collection, analysis, reporting and utilization across the Federation.
20. Invest financial and human resources as well as technical expertise in the implementation of high-quality data management systems, including clinic management information systems (CMIS) for MA-owned static clinics, and solutions for data management in other types of service delivery points as well as in other programme areas. This will enable the collection of data on the number, gender and age of clients reached by IPPF to ensure access to data needed by Member Associations to implement a client-centred approach.

Cross-organizational learning

21. Create a Federation-wide approach to knowledge and learning by adopting a Knowledge Management Framework to provide the architecture under which a learning organization can be achieved and the necessary culture, skills and competencies, processes and systems created.
22. Create a structure with clear roles and accountabilities for knowledge and learning and include a function that acts as a connector of IPPF Member Associations and the Secretariat.
23. Increase investment in research and emerging best practices in evaluation to ensure that a holistic approach to measuring performance and its impact is central to the culture of IPPF and adopted by the Federation as a whole.

One united Federation

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

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

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

In relation to IPPF's Performance Dashboard

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

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

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



LOCALLY OWNED GLOBALLY CONNECTED: A MOVEMENT FOR CHANGE

OUR VISION

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

OUR MISSION

Building on a proud history of more than 65 years of achievement, we commit to lead a locally owned, globally connected civil society movement that provides and enables healthcare and champions sexual and reproductive health and rights for all, especially the under-served.



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