IPPF

From choice, a world of possibilities

Delivering universal family planning

Providing for 60 million new users by 2020

Who we are

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

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

Inside this report…

Foreword: at the vanguard of the family planning movement

IPPF has been at the vanguard of rights-based voluntary family planning for over 60 years. Now we are a Federation of 145 Member Associations, working in 170 countries. We run 54,505 service points worldwide delivering over 149.3 million services – including 60.3 million family planning services.

Every year our Member Associations help millions of poor and vulnerable people and together we fight for local, national and global policies that recognize a fundamental human right – universal access to family planning through the fundamental right to sexual and reproductive health.

FP2020 has been a game changer in that fight. It aims to enable 120 million more women and girls to access family planning by 2020 in the world's poorest countries. The historic London Summit on Family Planning in 2012 – and the FP2020 pledges that came out of it – helped focus the minds of leaders around the world on the long-term crisis in funding for family planning. And as the largest civil society provider of family planning, IPPF plays a leadership role – holding governments to account for the pledges they made at the Summit, pushing for family planning and SRHR within the new Sustainable Development Goals national plans whilst strengthening our own delivery. I am delighted to share that the Member Associations of IPPF have reached at least 15 million new users of family planning between 2012 and 2014. IPPF's prioritisation of young people under 25 and the most marginalised groups means that our increased investments in family planning and performance has had the desired effect - reaching new users of family planning across 59 of the 69 FP2020 focus countries.

As we outline in this publication, we aim to do better still and our new pledge is to reach an additional 45 million between 2015 and 2020 – meaning a total FP2020 contribution from IPPF of 60 million new users to family planning.

This ambition is needed because sadly we have a long way to go on Sexual and Reproductive Health.

We have a long way to go.

In 2015, 225 million women will not have access to family planning, resulting in 74 million unplanned pregnancies, ill health and over 290,000 maternal deaths. Maternal mortality is still one of the biggest killers of girls aged 15–19, while sexual and reproductive health remains a distant dream for many of the world's poor and vulnerable people.

IPPF's *Strategic Framework 2016–2022* will make us a high-performing, accountable and united Federation, able to make a real impact as a transformative movement over the next seven years. It will guide national Member Associations and partners in formulating their own country-specific strategies, based on their resources and tailored to serve the most marginalized groups in local contexts.

We pledge and commit our vision, leadership, experience and expertise to the global family planning movement – our commitment to delivering universal family planning is aspirational, visionary and achievable.

Tewodros Melesse
Director-General


ANGELS

Introduction: putting people at the heart of our services

Throughout IPPF's long history we have prided ourselves as a Federation that we put people at the heart of our services. We go out to the women and girls who are the hardest to reach in some of the world's poorest and most marginalized communities.

Since the 2012 London Summit on Family Planning, IPPF has significantly increased the number of our family planning services. In the last three years, we have increased our services and are on track to meet our FP2020 pledge of trebling IPPF services.

In 2014 alone we provided 60.3 million family planning services out of our total of 149.3 million sexual and reproductive health services. We are now reaching more young people than ever before, and last year 45 per cent of all our services went to young people under the age of 25. Eighty-five per cent of our clients are from marginalized and under-served groups.

IPPF will demonstrate our commitment to family planning, and to helping those 225 million people who don't have access to contraception, by renewing our pledge to them and to global leaders.

IPPF will provide 103 million couple years of protection over the next four years, thereby averting 36.2 million unwanted pregnancies and 4.1 million unsafe abortions.

IPPF will deliver services to young people, by pledging to provide 630 million sexual and reproductive health services.

IPPF will continue to work to promote women's empowerment, and to eliminate sexual and gender-based violence, female genital mutilation, and early and forced marriage.

IPPF will build on our new *Strategic Framework 2016–2022* to renew and strengthen our commitment to ensure that every woman and every girl is free to make choices about their sexuality and well-being in a world without discrimination.

IPPF will advocate to governments across the world calling on them to respect, protect and fulfil sexual and reproductive health and rights and gender equality, as well as holding them to account. Through education, empowerment and awareness raising, IPPF will enable people to act on their sexual and reproductive health and rights.

IPPF will deliver quality, rights-based, integrated sexual and reproductive health services, including for family planning, safe abortion and HIV, and support further service provision by public and private health providers.

IPPF will always try to remember that, in among the pledges and the figures, we are helping people – individuals all around the world whose lives change when they have access to our family planning services.

IPPF will focus on the millions of women and girls around the world who still don't have access to the family planning services they need. As the largest civil society provider of family planning, IPPF plays a vital role in helping to reach those girls and women.

IPPF will step up to hold governments to account for the pledges they made at the London Summit on Family Planning.

This report showcases IPPF's innovation and impact as the global leader in family planning services and advocacy.

Investing: in innovation, implementation and impact

IPPF strives to put family planning at the heart of the international development agenda, to ensure that universal access becomes a reality. We believe that when everyone has access to sexual and reproductive health and well-being, the right to bodily integrity, and control over all matters related to their sexuality, sustainable development and gender equality will be realized. Millions of lives have been saved and changed. In many countries, new laws and policies are in place to protect reproductive rights and prevent discrimination against women and girls thanks to IPPF's advocacy.

Investing in people

Sexual and reproductive health services fall well short of needs in low and middle income countries. An estimated 225 million women who want to avoid a pregnancy are not using an effective contraceptive method.[1] If all women who want to avoid a pregnancy used modern contraceptives, and all pregnant women and their newborns received care at the standards recommended by the World Health Organization, the benefits would be dramatic:

- unintended pregnancies would drop by 70 per cent, from 74 million to 22 million per year
- maternal deaths would drop by 67 per cent, from 290,000 to 96,000[2]

Everyone has the right to space and limit their children. Where there is demand for family planning, decision makers have an obligation to meet this need. If they fail to supply this demand, women pay the price of unintended pregnancy and abortions, which can often be unsafe.

Changing political environments tides have threatened hard-won sexual and reproductive rights victories and compromised women's safety and well-being, particularly young women in marginalized communities. Perhaps most significantly, today's is the largest-ever generation of young people – young people are in urgent need of education and employment opportunities, and ill health and poverty remain a reality for far too many.

Despite these challenges, the current development landscape provides unparalleled opportunities to secure a world where all have access to sexual and reproductive health and right and gender equality.

Investing in service delivery

As the largest sexual and reproductive health service delivery network in the world – with more than 54,000 service delivery points, 59 per cent of which are located in peri-urban or rural areas – our voluntary family planning services have global reach and focus on poor, under-served, marginalized, socially-excluded and vulnerable populations and we work in 170 countries. We innovate to serve the considerable unmet family planning needs of millions of women, men and young people around the world by delivering comprehensive, rights-based and integrated services.

We mobilize the international movement to hold governments accountable for the sexual and reproductive health and rights commitments they have made. We deliver services to under-served groups who are not reached by other public or private providers, due to a reluctance to work with marginalized populations, the additional costs involved or lack of the specialized skills needed. These under-served groups are often those with greatest need.

IPPF has committed to significantly increasing the number of family planning services offered – as part of our trebling of services by 2020. This will enable IPPF to reach over **60 million new users of contraception by 2020 in the 69 FP2020 priority countries**.

Investing in advocacy and human rights

Sexual and reproductive rights are human rights; and the human rights of girls and women across social, economic and political life are deeply intertwined and indivisible.

Sexual and reproductive rights include the right to choose whether, when and how many children to have, and the spacing of children; the right to participate in civil, economic, social, cultural and political aspects of society; the right to life, liberty and bodily integrity; the right to privacy, personal and sexual autonomy; and the right to the highest attainable standard of health.

1. Singh S, Darroch JE and Ashford LS (2014) *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014*. New York: Guttmacher.
2. *Ibid.*

When people can obtain reproductive health supplies, and when they have access to good quality health services, education and information to complement these supplies, they are better able to realize their rights.

IPPF has continued resolutely in its role as the leading global advocate for sexual and reproductive health and rights, persuading governments and other key decision makers at national, regional and global levels to promote sexual and reproductive health and rights, to change policies and laws, and to fund programmes and service delivery.

Investing in gender equality

IPPF recognizes that investing in gender equality is absolutely essential. Quality services, information, education and social conditions that allow women to maintain good sexual and reproductive health and realize their sexual and reproductive rights are essential to advance gender equality and enable the empowerment of women and girls. Prioritizing and investing in sexual and reproductive health and rights, including contraceptive services, has the potential to contribute to achieving gender equality which, ultimately, has transformative potential for sustainable development.

IPPF recognizes that barriers in access to services and information, especially for poor women and girls, impact on their ability to exercise free choice and participate meaningfully across social, economic and political life. Sexual and reproductive health and rights services are critical for women and girls to have healthy lives, address violence and power relations in their lives, and open doors to opportunities. On these grounds alone, they must be considered priority interventions. Sexual and reproductive health and rights are important rights in themselves, but can also magnify possibilities for empowering girls and women and for achieving gender equality.

Ensuring universal access to sexual and reproductive health and rights brings positive gains to the health and well-being of women and girls. In some cases, it can mean the difference between life and death. And access to family planning is one of the main pillars of maternal health, and a critical catalyst for reproductive, maternal, newborn, child and adolescent health.

Investing in partnerships, policy and practice for quality

IPPF's *Strategic Framework 2016–2022* is a bold and aspirational vision of what we plan to achieve, and how we will achieve it, over the next seven years. The *Strategic Framework* renews and strengthens our commitment to ensure that women, men and young people are free to make choices about their sexuality and well-being in a world without discrimination, and increase modern contraceptive use. It sets out IPPF's strategy for:

- **Championing rights** By 2022, 100 governments will respect, protect and fulfil sexual and reproductive rights and gender equality.
- **Empowering communities** By 2022, one billion people will act freely on their sexual and reproductive health and rights.
- **Serving people** By 2022, IPPF and our partners will deliver two billion quality, integrated sexual and reproductive health services.
- **Uniting and performing** By 2022, IPPF will be a high-performing, accountable and united Federation.

Family planning and women's economic empowerment

The relationship between sexual and reproductive health and rights and women's economic empowerment can not be understood without first considering the impact and contribution of women's care work to the economy. Care work describes the unpaid reproductive labour that is disproportionately undertaken by women and which includes, but is not limited to, child care, elder care, taking care of ill family members, cooking and cleaning.

Care work is directly linked to sexual and reproductive health and rights on several levels. At the policy level, care work is one of the primary areas where the impacts of gender inequality can be observed in both the private sphere (family) and public sphere (work, education and other services). The level of care work affects women's access to sexual and reproductive health services, both in terms of time burdens as well as practical barriers that directly limit their access to critical services. The reverse is true as well: without access to essential sexual and reproductive health services such as family planning, women cannot choose if and when and how many children to have. This can, in turn, increase their care burden and exacerbate already existing inequalities in women's share of care-giving, as well as the health and economic consequences that result from unplanned and/or frequent pregnancies, such as unsafe abortions, pregnancy complications, and increased rates of maternal and infant mortality.

In our own service delivery outlets, and through partnerships with private and public providers, IPPF will scale up the provision of an essential package of high quality sexual and reproductive health services that are rights-based, client-centred, gender sensitive and youth friendly.

IPPF will deliver rights-based services including for safe abortion and HIV. Millions of women, men and young people around the world still lack access to high quality, rights-based sexual and reproductive health services, including safe abortion and HIV services. Poor quality of care contributes to low utilization of services, which exacerbates poor health and mortality related to sex, reproduction, HIV and reproductive cancers. People in humanitarian settings also face serious barriers to services.

IPPF will ensure that all our service outlets provide high quality services: they must not only provide a minimum, integrated package, but must also be client-centred, rights-based, youth friendly and gender sensitive. Our services will not turn anyone away because of inability to pay, or lack of health personnel, and we will expand access through a diverse range of delivery channels. Through quality improvements we will reinforce our reputation as a health provider that is welcoming to all.

IPPF will strengthen sexual and reproductive health services – including contraceptive services – in humanitarian settings by improving access before, during and after conflict and crisis situations.

We will also invest in technical expertise to support effective reproductive health supply chain management, high quality equipment and infrastructure, and management capacity.

IPPF will enable services through public and private health providers. With an increasing number of health providers offering sexual and reproductive health services, IPPF Member Associations have a distinct role in providing technical assistance. IPPF can ensure that services are responsive to the local community, are client-centred and provide rights-based, supportive care to all.

IPPF will develop new formal partnerships with public and private providers. We will deliver pre- and in-service training for medical personnel, integrated sexual and reproductive health services in partner facilities, and we will strengthen supply chain management and quality of care.

By bringing together a diverse range of service providers, IPPF will assemble a multi-faceted, global network of high quality, rights-based sexual and reproductive health service providers.

Investing in universal access to family planning

The historic London Summit on Family Planning in 2012 – and the FP2020 pledges that came out of it – helped focus the minds of leaders around the world on the long-term crisis in funding for family planning. A ground-breaking effort was launched at the Summit to make affordable, life-saving contraceptive information, services and supplies available to an additional 120 million women and girls in the world's poorest countries by 2020.

IPPF, as the largest sexual and reproductive health service network in the world, wholeheartedly endorses and celebrates this unprecedented global commitment to family planning expressed through the FP2020 pledges. In turn, we pledge and commit our vision, leadership, experience and expertise to helping the global movement to make universal access to comprehensive family planning a reality.

IPPF continues to drive progress towards the key goal of ensuring 120 million more women have access to family planning by 2020. We report specific progress on our pledges:

Between 2012 and 2014, we achieved our ambitious goal to increase access for 15 million new users of modern contraception in 59 of the 69 FP2020 focus countries.

Between 2015 and 2020, IPPF will deliver on its FP2020 pledge to dramatically increase use of modern contraception to reach 45 million new users in FP2020 focus countries. This means that between 2012 and 2020 IPPF will reach 60 million new users to family planning.

In November 2015, we are on target to achieving our goal of doubling services, a milestone towards our commitment to treble our comprehensive sexual and reproductive health services by 2020.

Between 2016 and 2022, IPPF's new *Strategic Framework* will renew and strengthen our commitment to support the rights of women and girls to decide freely and for themselves whether, when and how many children to have. We will deliver comprehensive, quality, rights-based integrated sexual and reproductive health and rights services – including family planning, safe abortion, HIV, sexual and gender-based violence, and cervical cancer – and support further service provision by public and private health providers. We will maximize the number of people we can serve by increasing our operational effectiveness, and increasing national and global income to meet demand.

How IPPF will reach 60 million new users in FP2020 countries...

By meeting the needs of young people

IPPF will meet the sexual and reproductive health needs of young people under the age of 25. As the largest global provider to young people, IPPF pledges to deliver 630 million sexual and reproductive health services to young people by 2020. IPPF has moved from 1 in 6 of its services being provided to young people in 2005 to nearly 1 in 2 of its services being provided to young people in 2014.

How we will achieve this

IPPF is perfectly positioned to deliver services that take young people's perceptions of family planning as the starting point, delivering innovative services that are youth friendly, and that recognize the sensitivities, challenges and barriers to good sexual and reproductive health and service uptake. IPPF believes in providing the information and services that young people need and want, rather than some pre-determined formula of what we think they should have.

By meeting the needs of under-served people

IPPF will serve those who have the greatest need for sexual and reproductive health services, increasing access for poor, marginalized, socially-excluded or under-served groups, and will advocate for the sexual and reproductive health and rights of those groups.

How we will achieve this

IPPF will innovate to increase access to comprehensive, rights-based and integrated sexual and reproductive health services by those who are poor, marginalized or socially excluded. We will deliver services to those who are under-served. We know that many of our clients are not reached by other public or private providers even though they often have the greatest need.

By providing quality integrated services

By taking a rights based approach and placing the client at the centre, it actually achieves better results and leads to increased demand – particularly vital when working in communities where we are the first service provider of family planning. We provide FP counselling to our clients on a broad method mix of contraceptives, and are open about factors such as side effects of the different methods to enable client choice. This is hugely valuable for all clients but especially new users who are more likely to try short term methods at first.

How we will achieve this

IPPF will deliver our rights-based Integrated Package of Essential Services. This will ensure that all clients have access to a quality assured, client oriented, rights-based and integrated package of sexual and reproductive health services, that are also youth friendly and gender sensitive.

By mobilizing civil society

IPPF will build on our role as a leading global civil society advocate and voice for sexual and reproductive health and rights. We will mobilize and convene civil society organizations worldwide to unite in action, to position family planning and access to reproductive health supplies as a key part of each country's national Sustainable Development Goals plans, and to demand accountability through advocacy with governments, regional bodies and multi-lateral organizations.

How we will achieve this

IPPF will work at policy and political levels, continuing to mobilize civil society and governments to improve the legislative, policy, regulatory and financial environment for family planning, and to hold governments accountable. IPPF will play a leadership role in civil society accountability for FP2020 through global, regional and national level civil society partnerships and action to help achieve sustained improvement in health and equitable access to health care.


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IPPF's unique service model: reaching new users with quality client-centred family planning

Increasing access to client-centred, comprehensive, integrated, rights-based and quality family planning services involves offering people accurate, unbiased, comprehensive information on a broad range of family planning methods and services so they can make a voluntary and informed choice. In our service model, quality of care is ensured through effective training and supervision; and equitable access for all is ensured – including people who are disadvantaged and marginalized, discriminated against and hard-to-reach – through innovative services and best practice.

Unique model of delivering rights-based family planning services

Providing family planning services has been at the core of IPPF's work since the Federation was established in 1952.

IPPF places the client at the very centre of everything we do, and ensures that we deliver high impact comprehensive services to every client. Our family planning services focus on poor, under-served, marginalized, socially-excluded and vulnerable populations. Working in 170 countries we innovate to serve the considerable unmet family planning needs for millions of people around the world.

An integral focus of IPPF's family planning programme is to ensure the client's right to access their contraceptive method of choice. This client-centred commitment is met by providing contraceptives through a variety of service delivery points, by implementing a non-refusal policy to ensure that clients have equitable access to family planning services, by providing a holistic approach to service delivery, and by expanding the range of contraceptives to improve client choice and health outcomes. In providing these rights-based services, IPPF also addresses barriers to access through programmes that empower women, involve men as partners to promote shared decision making, advocate for changes to national and district policy and legislation, and promote and uphold sexual and reproductive rights to ensure that the most marginalized and vulnerable people benefit from family planning innovations.

IPPF Member Associations are the lynchpin of the grassroots movement in their respective countries, and offer a rich and unique diversity of approaches. They play a critical role not only as service providers, but also as a significant catalyst to strengthening their country's health system.

Investing where the need is greatest: reaching poor and vulnerable groups

IPPF defines poor, marginalized, socially-excluded and under-served groups in the following way:

- *Poor:* people living on less than US$2 per day.
- *Marginalized:* people who for reasons of poverty, geographical inaccessibility, culture, language, religion, gender, migrant status or other disadvantage, have not benefited from health, education and employment opportunities, and whose sexual and reproductive health needs remain largely unsatisfied.
- *Socially-excluded:* people who are wholly or partially excluded from full participation in the society in which they live.
- *Under-served:* people who are not normally served or well served by established sexual and reproductive health service delivery programmes due to a lack of capacity and/or political will; for example, people living in rural and remote areas, young people, people with a low socio-economic status, unmarried people and others.

The majority of IPPF's unrestricted investments are made in countries with the greatest need for sexual and reproductive health information, education and services. These countries, identified by the Human Development Index as having low or medium levels of human development, have disproportionately high levels of maternal and child mortality, unmet need for contraception, HIV prevalence, and early marriage and childbearing.

In the 73 countries identified as having low or medium levels of human development,[3] and where there is an IPPF Member Association or collaborating partner, the total number of sexual and reproductive health services provided in 2014 reached 122.4 million, an increase of 13 per cent

3 United Nations Development Programme (2014) *Human Development Report 2014. Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience.* New York: UNDP.

from 2013. The most common categories of services provided were contraception, maternal and child health, and HIV-related services.

In 2014, IPPF reached 52.6 million poor and vulnerable service users with sexual and reproductive health services, 3.7 million more than in 2013. The estimated proportion of all service users who are poor and vulnerable is 85 per cent – the highest ever achieved by IPPF.

These results illustrate IPPF's commitment to serving those most in need of sexual and reproductive health services. IPPF has more than 54,000 service delivery points, and 59 per cent of them are located in peri-urban or rural areas. This enables Member Associations to provide information, education and services to people living in hard-to-reach areas where there are few, if any, other service providers.

Member Associations provide services to under-served groups who are not reached by other public or private providers, due to a reluctance to work with such marginalized populations, the additional costs involved or an absence of the specialized skills needed. Such groups are often those with greatest need, and include young people, sex workers, men who have sex with men, people who inject drugs, sexually diverse populations and prisoners.

Reducing inequities in access and use is central to implementing rights-based family planning programmes. Expansion to remote or harder-to-reach areas, however, is often costly. A critical challenge therefore is designing programmes that are equitable but that are also efficient.

IPPF Member Associations have been able to expand their reach by establishing low-cost partnerships with organizations that are located in and work directly with under-served communities. These partnerships are founded on the mutual goal of addressing the needs of the poor and under-served.

Reaching adolescents and young people: transforming IPPF from youth friendly to youth centred

Globally, there are over 1.8 billion young people between the ages of 15 and 24, over 24 per cent of the world's population. This represents the largest generation of young people ever. About nine out of 10 people between the ages of 10 and 24 live in less developed countries.[4]

IPPF is the global leader in adolescent programming and the main service provider to young people aged 10–24 worldwide. Most IPPF Member Associations view the provision of services to young people as one of their primary activities and have the expertise and knowledge

> *"Immediately after my child was born, I found the market family planning booth to receive free services. The services are right in my community and taking family planning has been a good experience. Things have changed in my life because I can now save money and do other things. I tell my friends they must take their family planning!"*
>
> Marie Kamara, 35, Monrovia, Liberia

Delivering programmes aimed at increasing access to family planning services by poor, marginalized, socially-excluded and/or under-served groups

IPPF Member Associations implement programmes to increase access to sexual and reproductive health services by those who are poor, marginalized, socially excluded and/or under-served, and to advocate for the sexual and reproductive health and rights of those groups. Information is collected on the different vulnerable groups targeted by projects, as well as the different types of initiatives undertaken, including subsidized services, specially adapted fee structures, community-based services, and outreach and mobile services.

4 United Nations Population Fund (2014) *State of World Population 2014: Adolescents, Youth and the Transformation of the Future. New York: UNFPA.*

to increase potential demand for and use of services. IPPF is perfectly positioned to deliver services to young people: we recognize the barriers to good sexual and reproductive health, and uptake of family planning, facing young people; we have a proven track record in developing innovative programmes to ensure that adolescent needs are met; we know the most effective distribution channels for contraceptive uptake; we understand at first hand the perceptions of family planning among young people; and our Member Associations appreciate the local sensitivities and challenges related to contraceptive promotion.

IPPF believes that realizing young people's sexual and reproductive health and rights – including access to rights-based family planning – is a cornerstone of social and economic development. Failure to do so is a violation of young people's rights, and a lost opportunity for creating a happier, healthier and better educated population that is also more economically productive.

Over the last ten years, IPPF has focused on the needs of young people, with the proportion of sexual and reproductive health services provided to young people rising from 1 in 6 in 2010 to nearly 1 in 2 in 2014. The most common services accessed by young people in 2014 were contraception (37 per cent), HIV-related services (22 per cent) and gynaecology (10 per cent).

One of the most important quality indicators for youth-friendly services is whether we are providing the information, services and supplies that young people need and want, rather than what we believe they should have.

IPPF believes that young people should be supported and empowered in their decisions relating to sex and sexuality in every way. In practice this means that IPPF responds to young people's changing needs and realities. Transforming IPPF from a youth-friendly to a youth-centred organization is the culmination of an internal reflection of our work with young people for young people.

> *"We educate the youth on sexuality and provide free family planning services. The Family Health Options Kenya centre is open to young people and they are free to come here any time of the day to receive youth-friendly services. They love it here because they feel free to express themselves without fear of being judged. Since its establishment, the centre has, and continues to work closely with religious leaders to help change perceptions among local communities on family planning."*
>
> Maurine Maoni, service provider, Family Health Options Kenya

IPPF's adolescent service delivery in 2014 – the largest global provider of sexual and reproductive health and rights services for adolescents

In 2014, IPPF worked with young people across the world. We delivered 66.6 million sexual and reproductive health services to young people under 25 years, which represents 45 per cent of all IPPF services provided.

IPPF Member Associations are regarded by young people as safe places to seek help about their sexual and reproductive health, and many Associations have a strong presence in the community. This evidence, and our commitment to treble our services by 2020, motivated IPPF to rethink youth programming, so that increases in quantity are matched by improvements in quality. We want to scale up our services in a way that centres on young people and celebrates their sexual rights.

From a principle of not turning young people away, we have evolved to provide opportunities for young people to contribute to decision making and, more recently, supporting them as agents and leaders for social change. Young people now truly have a voice and decision making power in the policies, budgets and programmes of IPPF at all levels; they are advocates at national and international levels, they are peer educators and providers, researchers and leaders in the Federation. We are exploring ways of building on that momentum to ensure that IPPF remains a leader in youth programming and participation.

We believe in a partnership approach between young people and adults, that recognizes young people's potential not only *to be influenced* but, also, to *influence* their own environments. Both aspirational and ambitious, we envision a world in which young people and their rights, needs, realities, opinions, perspectives, aspirations and participation are at the core of all sexual and reproductive health programming.

IPPF understands the critical need to strengthen national health systems to increase access to services for young people and works hard with a diverse range of stakeholders to make this a reality. For example, IPPF

partners with UNESCO in West and South Africa to identify good practice linking sexuality education with services. A number of Member Associations are working with local partners to carry out operational research, including a mapping of available services in specific areas to gain insight into services that young people access and to improve referral systems.

IPPF is at the vanguard of defining and providing youth-friendly services that are non-judgemental, confidential and innovative in engaging young people. IPPF is often seen as responsible for bridging the gap where the public sector does not or cannot provide adolescent reproductive health services appropriately or sensitively, and Member Associations are often the first entry point for young clients.

Experience and research have shown the opportunity to link educational activities with service provision, and peer educators are now increasingly providing contraceptives, including injectables and counselling. Laws can act as barriers to the uptake of sexual and reproductive health services, but they can also facilitate access when they empower young people to make informed decisions about their own sexual health, and create a framework where young people's rights are protected and promoted without discrimination. To promote sexual and reproductive health and rights, and to foster the ability of young people to make informed and free decisions about their health and sexuality, all young people should know where, when and how to access sexual and reproductive health services, including family planning.

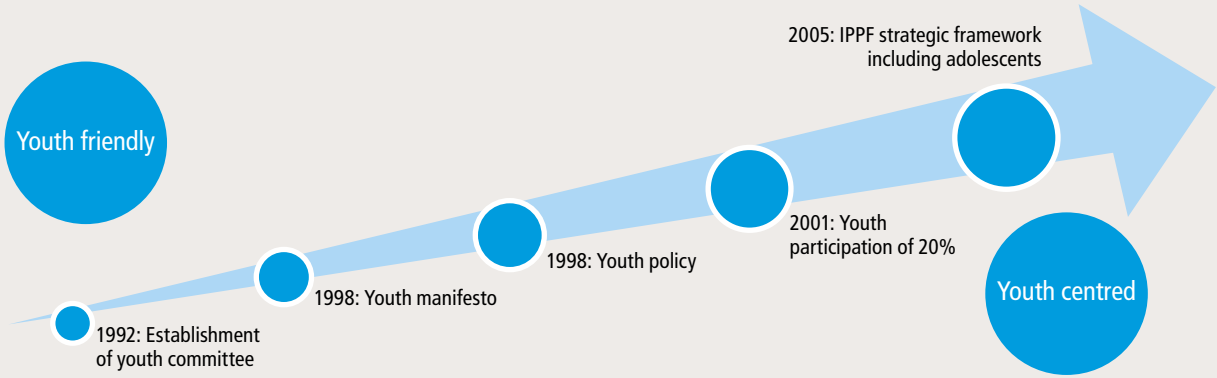
Delivering couple years of protection with broad method mix

The number of couple years of protection provided by IPPF in 2014 increased by 21 per cent to 14.6 million, with:

- 44 per cent provided by short-acting methods
- 42 per cent by reversible long-acting methods
- 14 per cent by permanent methods

These couple years of protection averted an estimated 5.9 million unintended pregnancies and 677,000 unsafe abortions.

IPPF transformation from youth friendly to youth centred



Innovation in action – Uganda

Outreach camps increase access to family planning services. Family planning services can be successfully integrated with cervical cancer screening projects through the integrated services delivery approach. The cervical cancer rate in Uganda is one of the highest in the world, and poor access to preventive screening services leads to high mortality rates – with about 2,464 deaths each year. In addition, contraceptive prevalence remains very low at only 26 per cent for modern contraceptive methods among married women.

The IPPF Member Association, Reproductive Health Uganda, in partnership with other reproductive health organizations, builds the capacity of health providers in cervical cancer screening and treatment, and maximizes resources by working with lower level health facilities to build on existing government health delivery structures.

Impact Integrated outreach camps have successfully increased access to cervical cancer screening services to women aged 25–49 in under-served communities. Cervical cancer screening is used as an opportunity to counsel women on family planning – the result is that 40 per cent of women screened for cancer also take up a family planning method as new users, particularly long-term methods.

IPPF: family planning services delivered globally in 2014

While IPPF is prioritizing access to rights-based family planning services in the world's poorest countries, we are also working to achieve universal access to contraception across the world. Globally, IPPF delivered 60.2 million contraceptive services through 54,000 service delivery points in 2014; and we reached 8.9 million new users of contraception. In 2014, we also provided 18.7 million contraceptive counselling services, with the majority (89 per cent) being provided in countries with low or medium levels of human development.

Ambitious targets for trebling service provision

At the 2012 London Summit on Family Planning, IPPF made an ambitious commitment to significantly increase the number of family planning services delivered – as part of our trebling of services by 2020. By 2020, IPPF pledged to increase family planning services to save the lives of 54,000 women, averting 46.4 million unintended pregnancies and preventing 12.4 million unsafe abortions, including 553 million services to adolescents. Results from 2014 show significant progress towards achieving this ambitious target.

In the last four years, we have nearly doubled our services and are on track to meet the 2020 goal of trebling IPPF services.

Between 2012 and 2014, IPPF achieved the following in 59 of the 69 FP2020 focus countries:

- expanded access to contraception, by reaching 15 million new users of contraception
- delivered over 20 million couple years of protection
- delivered over 134 million contraceptive services including counciling to people of all ages, of which 55.5 million were delivered to young people under 25

For additional in-depth and statistical presentation of IPPF's achievements in key family planning services in FP2020 focus countries, please see:

- Annex 1: IPPF couple years of protection, 2012–14, in FP2020 focus countries
- Annex 2: IPPF contraceptive services to all ages, and to young people, 2012–14, in FP2020 focus countries
- Annex 3: Key drivers of service delivery expansion identified by focus Member Associations
- Annex 4: IPPF performance results, by region, 2010–14
- Annex 5: IPPF couple years of protection provided, by region, by method, 2010–14
- Annex 6: IPPF sexual and reproductive health services provided, by region, by service type, 2010–14

The number of couple years of protection provided by implants and injectables continued to increase in 2014, with couple years of protection using implants rising by 71 per cent to 2.4 million. Injectables contributed to an increase of 17 per cent from 2013, to 1.9 million. In addition, 10 million more oral contraceptive pills were provided in 2014, increasing the couple years of protection from this method by 33 per cent, to 2.7 million in 2014.

In the Africa and Arab World regions, the couple years of protection increases from 2013 were significant. In Africa, the growth was predominantly due to injectables, intrauterine devices and oral contraceptive pills. In the Arab World, it was due mainly to intrauterine devices and implants.

Globally, there has been an increase in the proportion of Member Associations providing a broad mix of short, long term and emergency contraceptive methods as part of our IPES – from 63 per cent in 2012 to 71 per cent in 2014.

There has been a significant increase in provision of emergency contraception across all regions – from 69 per cent of Member Associations in 2012 to 76 per cent in 2014.

IPPF ensures choice and quality as the starting point for our clients. Through our Member Associations, we provide services using a wide range of service delivery points including static clinics, outreach services through community-based distributors and mobile clinics, private physicians, social marketing outlets, pharmacies, government clinics and other agencies.

We are actively delivering our rights-based Integrated Package of Essential Services. The principle of this Integrated Package is simple: to serve the most pressing needs of our clients.

IPPF developed and implemented the Integrated Package of Essential Services as a framework to assist programme managers to implement a minimum package of essential services. There are eight service categories in the Integrated Package: sexuality counselling, contraception, safe abortion care, sexually transmitted infections and reproductive tract infections, HIV, gynaecological, obstetric and gender-based violence services. The components of each category are illustrated in the diagram on page 21.

This framework ensures that Member Associations provide a balanced contraceptive method mix within all static clinics – both short- and long-acting reversible methods.

The contraceptive component includes counselling, oral contraceptive pills, condoms, injectables, at least one

Services summary, by region, 2014, all Member Associations

Type of service	Africa	Arab World	Europe	East and South East Asia and Oceania	South Asia	Western Hemisphere	Total
Sexual and reproductive health services (including contraception)	68,440,043	7,033,947	1,441,574	17,865,237	25,748,477	28,751,235	149,280,513
Couple years of protection	4,782,919	325,161	41,359	708,758	2,927,656	5,770,382	14,556,235
Sexual and reproductive health services (including contraception) provided to under-25s	31,528,229	3,296,049	820,190	8,537,572	11,292,624	11,090,263	66,564,927
HIV-related services	16,966,369	1,248,493	363,533	2,909,875	4,103,844	6,165,919	31,758,033
Condoms distributed	81,250,006	1,544,291	1,259,872	26,353,371	41,470,715	35,379,501	187,257,756
Abortion-related services	1,234,460	130,814	128,333	408,147	468,291	1,409,838	3,779,883
Estimated percentage of poor and vulnerable clients	91%	86%	57%	80%	88%	74%	**85%**
Proportion of Member Associations providing the Integrated Package of Essential Services	26%	50%	n/a	4%	56%	43%	**30%**

long-acting reversible contraceptive and emergency contraception.

This means IPPF's approach to comprehensive family planning includes:

- delivering a quality assured, client oriented, rights-based and integrated package of sexual and reproductive health services
- offering affordable and accessible services that focus on those who are poor or vulnerable
- ensuring contraceptive and sexual and reproductive health commodity security and promoting under-utilized and new contraceptive technologies
- creating partnerships to strengthen health systems and ensure sustainability
- promoting and advocating for supportive policies to deliver sexual and reproductive health services, including family planning
- strengthening Member Association accountability

What are 'couple years of protection'?

Couple years of protection refers to the total number of years of contraceptive protection provided to a couple, and is reported by method of contraception from data on the numbers of items of contraception distributed. Measurement of couple years of protection is calculated using internationally recognized conversion factors for each method of contraception.

Innovation in action – Kenya

IPPF's Branch Performance Tool enabled the Member Association, Family Health Options Kenya, to identify a clinic in the western part of the country where contraceptive provision was consistently low. Investigating further, management found that the limited availability of commodities, along with myths and misconceptions about contraception and, for some people, the inability to pay for these services were the main reasons for low uptake. As a result, the Association embarked on an improvement plan. In partnership with the Ministry of Health and other stakeholders, the Member Association was able to improve commodity security and affordability, and service providers received training on contraceptive technology with a focus on long-acting and reversible methods. Young contraceptive champions were recruited to disseminate information and make referrals, and social media were used to address the myths and misconceptions about contraception.

Impact The performance of this clinic has improved dramatically, with couple years of protection accelerating from 5,000 in 2013 to nearly 18,000 in 2014, and with implants contributing over 70 per cent of this total. There has also been a reduction in the cost per couple year of protection from US$50 to US$15. The cost-recovery ratio has increased and financial savings are being used to subsidize clinics in poorer areas, and to provide contraception to those clients who cannot afford to pay.

Innovation in action – Bolivia

Centro de Investigación, Educación y Servicios, the Member Association in Bolivia, is a pioneer in the use of electronic health records. Drawing on the evolving needs of the organization, newly available technologies and a commitment to improving health outcomes for service users, the Association re-engineered its data system to create client-based electronic health records. These records incorporate advanced features such as reminders, validation tools and online service user history to support better case management.

Impact There are multiple benefits in having a clinical management system that uses electronic health records. Results from the Association's experience demonstrate that service providers benefit from improved coordination, continuity and quality of care provided, along with increased efficiency in clinic management. For service users, the benefits relate not only to their clinic experience, such as reduced waiting times, but also ultimately in their health outcomes due to improved coordinated care when they consult different providers on different health concerns.

"This electronic health record is both intelligent and dynamic. We can consider, provide follow-up, and address clients' needs in all areas of their health, in order of priority and severity of those need."

Medical provider, Member Association clinic, Bolivia

IPPF's vision for IPES by 2022

1 Systems and processes	2 Results
Information systems	Clinical management information system available in all static clinics and used to provide client-centred care
Performance measurement	Indicator to measure the Integrated Package of Essential Services used throughout all levels of the Federation
Financing	All Member Associations have data on the cost of the Integrated Package of Essential Services
Quality of care	Integrated Package of Essential Services built into all aspects of quality of care system
Health care providers	Skilled providers available in each service delivery point to provide the Integrated Package
Supplies	Essential package of commodities and equipment available
Governance	Integrated Package of Essential Services included in IPPF's accreditation system

3 Outputs
100% compliance of Integrated Package of Essential Services provision at Member Association and static clinic level

4 Outcome
By 2022, 2 billion quality integrated sexual and reproductive health services delivered

Components of the Intergrated Package of Essential Services

1 Counselling

A: Sex and sexuality counselling

or

B: Relationship counselling

2 Contraception

A: Counselling

and

B: Oral contraceptive pills

and

C: Condoms

and

D: Injectables

and

E: At least one long-acting and reversible contraceptive: intrauterine device/system OR implants

and

F: At least one emergency contraceptive method

3 Safe abortion care

A: Pre- and post-abortion counselling

and

B: At least one of:

surgical abortion

or

medical abortion

or

incomplete abortion treatment

4 STIs/RTIs

A: At least one STI/RTI treatment method

or

B: At least one STI/RTI lab test

5 HIV

A: Pre- and/or post-test counselling

and

B: HIV lab tests

6 Gynaecology

A: Manual pelvic examination (auto-qualify if provides Pap smear)

and

B: Manual breast examination

and

C: Pap smear OR other cervical cancer screening method

7 Obstetrics

A: Confirmation of pregnancy

and

B: Prenatal care

8 Gender-based violence

A: Screening for gender-based violence

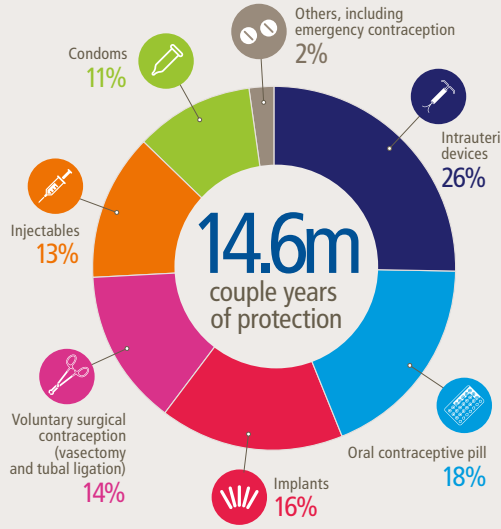
and

B: Referral mechanisms for clinical, psychosocial and protection services

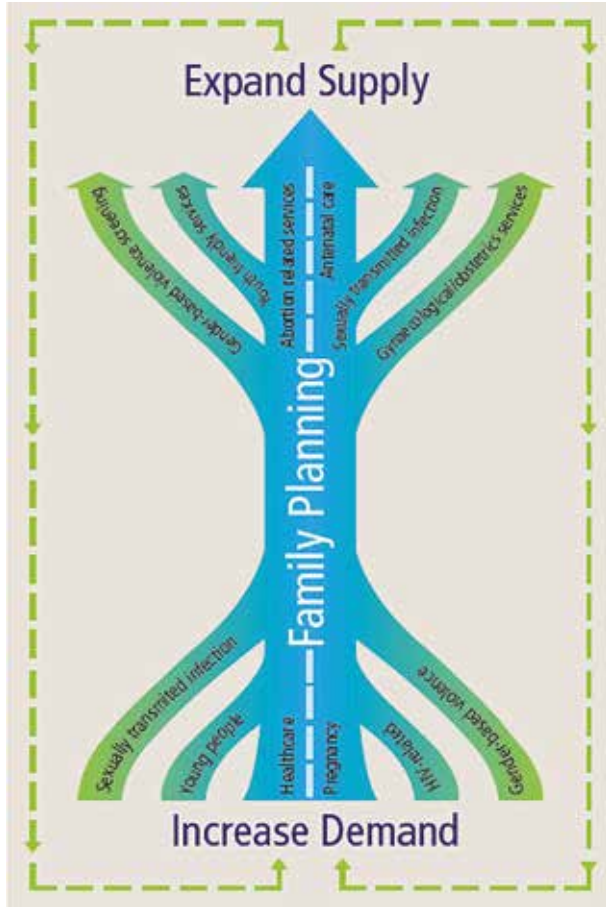
The services in the Package are proven by the World Health Organization to deliver high impact in resource-poor settings and, when combined, these services have the ability to transform the lives of women and girls, and poor and vulnerable populations. The value of the Integrated Package of Essential Services has also been noted by donors and it is increasingly included as an outcome indicator for restricted funding initiatives.

The proportion of Member Associations providing the full Integrated Package of Essential Services in all 8 components increased from 26 per cent in 2013 to 30 per cent in 2014. Providing this package of short-acting, long-acting and emergency contraceptive methods has led to a global increase in total contraceptive uptake: by providing a focused package, the results indicate that programme managers are able to identify gaps in family planning service provision which, in turn, has led to increased contraceptive choice for clients.

Couple years of protection, by method, 2014



* Using Marie Stopes International's Impact 2 estimation model



Standards of quality, assessed as part of IPPF's accreditation system, cover quality of care management as well as the Integrated Package of Essential Services. Compliance for each category in the Package is measured through IPPF's

service statistics, and a Member Association will only be classified as compliant if all eight services are provided. Exceptions are permitted according to the context in which a Member Association is working: for example, legislative constraints, or other providers offering accessible, quality and affordable services.

Investing in quality of care

IPPF's commitment to quality of care is demonstrated through our Quality Assurance Package which also guides Member Associations on establishing the Integrated Package of Essential Services. In 2014, quality of care was included as a key principle for Member Association accreditation, underpinning our continual quest for quality. Evidence from our family planning programme shows that satisfied clients are one of the top three sources of referral for new clients.

Investing in Federation-wide learning: capitalizing on Member Association expertise

Throughout 2014, IPPF continued to invest in and strengthen organizational systems and business processes to support a strong culture of performance, effectiveness, learning and accountability. Being part of a large Federation means that many Member Associations have the opportunity to learn from and share their expertise with others. We introduced a new Branch Performance Tool and placed a greater emphasis on providing extra investment in the Member Associations that were providing more effective services.

Investing in contraceptive security

Urgent action is needed in many countries to resource the supply chain and resolve persistent problems. Despite the evidence that family planning is one of the most cost-effective interventions, few developing countries have achieved contraceptive security. And, in the absence of contraceptive security, interventions to empower women, to improve maternal health, to tackle sexually transmitted infections including HIV, and to advance sustainable development are all undermined.

Contraceptive security

- *Contraceptive security* has been achieved when individuals can choose, obtain and use quality contraceptives whenever they need them.
- *Commodity security f*or a variety of reproductive health supplies is critical to achieving development goals.

The success of family planning policies and programmes depends on it. An effective supply chain ensures the continuous supply of sufficient quantities of high quality contraceptives. It encompasses all that is required – in human, financial and institutional terms – to bridge the gap between product manufacture and product delivery to the end user.

IPPF continues to advocate for affordable pricing for contraceptives and raise awareness and change the attitudes of community, political and public opinion leaders to support sexual and reproductive health and rights for all. In 2014, IPPF successfully called for the expansion of high quality and affordable contraceptives through collaboration with the Reproductive Health Supplies Coalition and plays an integral role in the Coalition – a network of donors, civil society and the private sector, dedicated to achieving global contraceptive security.

IPPF works closely with the Coalition's Advocacy and Accountability Working Group. IPPF has mobilized civil society organizations worldwide to position family planning and access to reproductive health supplies as key to post-2015 messaging.

IPPF is committed to ending reproductive health supplies stock-outs through the following actions:

- we will continue to mainstream advocacy messages on the importance of reproductive health commodity security, to advocate for budget allocations for commodities, and to call for positive changes to policy and regulations to enhance commodity security at national, regional and international levels
- our Member Associations will continue to champion commodity security at country level, to highlight potential stock-outs and, where appropriate, to work with government to build capacity and strengthen systems

Innovation in action

IPPF is helping UNFPA…" from "is advocating to UNFPA to list products by formulation, rather than brand name. This is likely to increase take-up of more **affordable generic products** and create a more sustainable market.

IPPF continues to work with other international partners to ensure that the **price reductions** for implants achieved through the minimum volume guarantees actually reach women needing these products.

IPPF participates in technical groups such as the **High Impact Practices in Family Planning Group** and the **UN Commission on Life-Saving Commodities**, particularly the Implant Technical Reference Team.

IPPF also participates in the UNDP/UNFPA/WHO/World Bank **Special Programme of Research, Development and Research Training in Human Reproduction**, and regularly attends policy committee meetings.

IPPF is a member of the **International Contraceptive Access Foundation** – a partnership that has enabled several Member Associations to obtain access to LNG-IUS – the levonorgestrel-releasing intrauterine system, a hormonal intrauterine contraceptive device. In 2014, the device was supplied to IPPF Member Associations in Curaçao, Dominican Republic, Mongolia, Paraguay, Sri Lanka and St Lucia.

Investing in new contraceptive technologies

IPPF invests in a broad and well-balanced contraceptive mix: this means that clients have access to a choice of short-acting, long-acting, emergency and permanent methods of contraception. In addition, IPPF introduces new contraceptive technologies to meet the needs of under-served communities and address the known barriers to voluntary family planning service uptake of vulnerable populations.

IPPF continues to advocate for affordable pricing for contraceptives, and raise awareness and change the attitudes of community, political and public opinion leaders to support sexual and reproductive health and rights for all. We introduce new contraceptive methodologies to meet the needs of under-served communities and address the known barriers to voluntary family planning service uptake of vulnerable populations. In 2014, IPPF successfully called for the expansion of high quality and affordable contraceptives through a variety of partnerships and channels.

Innovation in action – Democratic Republic of Congo

The Member Association in the Democratic Republic of Congo, Association de Bien-Etre Familial – Naissances Désirables, is exploring ways to increase access to modern methods of contraception. The Member Association has received technical support from its counterpart in Togo, Association Togolaise pour le Bien-Etre Familial, on the provision of injectable contraceptives by community workers.

Impact Following the visit, the Association initiated a pilot programme, training 20 nurses on how to provide injectables in the community setting and equipping them with the necessary supplies and reporting tools. The Democratic Republic of Congo does not have a task-shifting policy like the one in Togo. The Association will therefore use the results from its pilot programme to advocate for national policy change. It will argue that nurses should provide injectable contraceptives as part of community-based distribution to reach more under-served people, and that non-medical personnel should also be trained, equipped and supported to provide injectables in the community, as is the case in Togo.

Piloting Sayana Press

Reproductive Health Uganda, the IPPF Member Association, is working in partnership with PATH to pilot Sayana Press – a self-injection method – with clients receiving services at two urban family planning clinics in Gulu District, with a focus on provision to young people. The research will be instrumental in understanding the appeal of the concept of home and self-injection among younger women, and determine whether women can self-inject Sayana Press competently in an unsupervised setting.

Innovation in action – Burundi

Before 2011, the only method of male contraception available in Burundi was condoms. However, this changed when the Association Burundaise pour le Bien-Etre Familial introduced non-scalpel vasectomy for the first time in the country.

Impact The Member Association successfully overcame initial disinterest and scepticism from local government and potential clients, as well as opposition from religious groups. The Association established effective partnerships with public hospitals, where it trained service providers on counselling clients and vasectomy procedures; established a pool of trainers that continue to train other service providers; and also trained community health workers and peer educators to raise awareness of non-scalpel vasectomy and attract potential clients.

Implants used in 20 Member Associations in collaboration with UNFPA

UNFPA has provided US$1 million to support the set up and scale up to provide contraceptive implants, as part of a well-balanced family planning mix.

Twenty IPPF Member Associations are collaborating in the scheme: their initiatives focus on increasing access to implants by implementing activities on task-sharing, training, demand creation, equipment acquisition and quality assurance.

The fund aims to strengthen the capacity of providers in long-acting reversible contraceptives, provide implants as part of a balanced method mix and increase the number of implants inserted.

In 2014, the Member Association in Uruguay used the funding to support a pilot project in conjunction with the Ministry of Health and in-country UNFPA team to evaluate the acceptability and clinical performance of Jadelle when compared to other contraceptives. Member Associations in Ethiopia and Nepal are expanding access to implants through mobile and outreach activities. The Venezuela Member Association is increasing access to implants to post-partum, multiparous and post-abortion clients. All 20 Associations are training service providers.

Innovation in action – Africa region

The Africa Regional Office has supported nine Member Associations to become designated Learning Centres. These Centres offer training and other forms of technical assistance to organizations, both within and outside the Federation. Based at the Member Associations of Cameroon, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Mozambique, Swaziland, Togo and Uganda, the Learning Centres promote peer-to-peer learning by transferring expertise in how to design innovative programmes.

Impact These Member Associations consistently demonstrate their capacity to deliver quality sexual and reproductive health information and services, and have the expertise, skills and systems to provide technical support to other Member Associations.

Investing in sustainability: driving innovation to deliver family planning to the most vulnerable

Since 2013, IPPF's US$2 million Catalytic Fund has been increasing access to sexual and reproductive health information and services – including family planning – in the 42 focus countries. Member Associations are provided with one-off investments to kick-start service growth up to 2020 and beyond. Examples of projects include investment in the commodity supply chain in Afghanistan; and training community-based providers and strengthening the referral system in India.

The Member Association in Mexico submitted a proposal to the Catalytic Fund to increase service delivery by identifying and investing in its core business units and disinvesting in its other activities. Nine sites with the greatest potential to become income generators based on their infrastructure, staff, equipment, service numbers and location were selected. After primary analysis, the Association decided to focus its attention mainly on the following specialties: general medicine, gynaecology, paediatrics, ultrasound, colposcopy and laboratory facilities. The funds would then be invested in two ways: 1) to establish a revolving fund to replace medical equipment in the chosen clinics; and 2) to provide financial support through cross-subsidies for the social programmes – community-based services and youth services.

This investment is projected to lead to a 30 per cent increase in sexual and reproductive health services for the nine focus clinics. The Association's proposal focuses on prioritizing its core competencies to become sustainable, while continuing its positive action for the young and under-served.

Investing in humanitarian responses

The SPRINT Initiative is the humanitarian stream of IPPF. It aims to increase access to the Minimum Initial Service Package for Reproductive Health, a set of priority life-saving sexual and reproductive health services to be put in place for forcibly displaced populations in humanitarian settings. SPRINT takes an innovative approach by empowering multi-sectoral country coordination teams to take the lead in mainstreaming the Minimum Initial Service Package into the country's emergency management cycle. This holistic approach ensures continuity and sustainability of access to services throughout the different phases of an emergency in disaster-prone and fragile States.

IPPF's presence on the ground through our Member Associations means that we can quickly offer services and experts to the affected areas and reach those most in need, immediately after a crisis erupts.

Innovation in action – Syria

War affects men and women differently. It is estimated that tens of thousands of women and girls around the world are subjected to sexual assault in conflict situations each year. Sexual and gender-based violence can occur at any time: as a weapon of war, during flight, during displacement, in the country of asylum, even during repatriation. And Syria's conflict is no different.

When Syria's state of emergency began in 2011, one of the first organizations to respond was the IPPF Member Association, the Syrian Family Planning Association. Against all odds, the Association is helping to fill the gaps in a health service ravaged by war, through mobile clinics in the most affected areas, including in Damascus, Aleppo and Homs, supported by UNFPA.

Fear of violence is, of course, not the only fear that women and girls have to face in conflict and humanitarian disasters. Problems related to sexual and reproductive health are the leading cause of death and ill health globally for women of childbearing age. In wartime, this vulnerability increases exponentially, as access to services decreases.

Impact Family planning provided through mobile clinics remains an important service for people who have already suffered too many other tragedies. The Member Association continues to respond as the crisis evolves, training humanitarian workers to deal with pregnancy, childbirth and reproductive health.

Innovation in action – Liberia

The 2014 Ebola epidemic is the largest in history, predominantly affecting Guinea, Liberia and Sierra Leone. In responding to the epidemic, the priority of the Planned Parenthood Association of Liberia was to ensure that it could continue delivering rights-based services during the epidemic. In addition, the Ministry of Health asked the Member Association to serve on the Social Mobilization Committee of the National Task Force on Ebola. Most health facilities were closed to all but emergency and Ebola-related cases; and myths and misconceptions about Ebola led to poor compliance with infection control, in turn leading to reduced care.

Impact Despite these challenges, the Association introduced measures to ensure services were delivered and, at the same time, supported the national effort to contain and ultimately eradicate Ebola. Mobile clinic sites and market booths offered vital services as most other health facilities were closed. The Association's community health workers played an important role by continuing to provide health services in affected communities.

Sadly, the Member Association lost two youth mentors and 20 volunteers to Ebola due to contact with infected relatives.

Innovation in action – Nepal

On 25 April 2015, a powerful earthquake devastated Nepal. The IPPF Member Association, Family Planning Association of Nepal, was there on the ground, immediately helping to protect and support women and girls at risk from the aftermath of the disaster. On 29 April, the Ministry of Home Affairs reported 5,006 deaths and 10,194 injured people, and estimated that 2.8 million Nepali people were displaced.

In disasters such as these, the human rights of all those who are affected must be catered to and protected by the provision of essential sexual and reproductive health care services.

Impact Many of the Association's facilities were damaged and its staff and volunteers were affected too. Despite this, and in collaboration with the SPRINT Emergency Response Manager, the Member Association made a rapid assessment of the humanitarian needs and set up mobile camps, mobilizing doctors, nurses and counsellors to reach people in the camps, and sourcing medicines and commodities for use in the camps.

Enabling services through public and private health providers: the Social Enterprise Acceleration Programme

The Social Enterprise Acceleration Programme is a three-year pilot that enables IPPF to develop social entrepreneurship as an innovative financing option and will support Member Associations to increase their financial resilience – an exciting experiment that will enable them to explore how social enterprise approaches can be used to finance health service delivery. IPPF defines 'social enterprise' as any organization that uses business strategies to create social value for all, especially the poorest and most vulnerable, and economic value to achieve its mission.

The programme has three components:

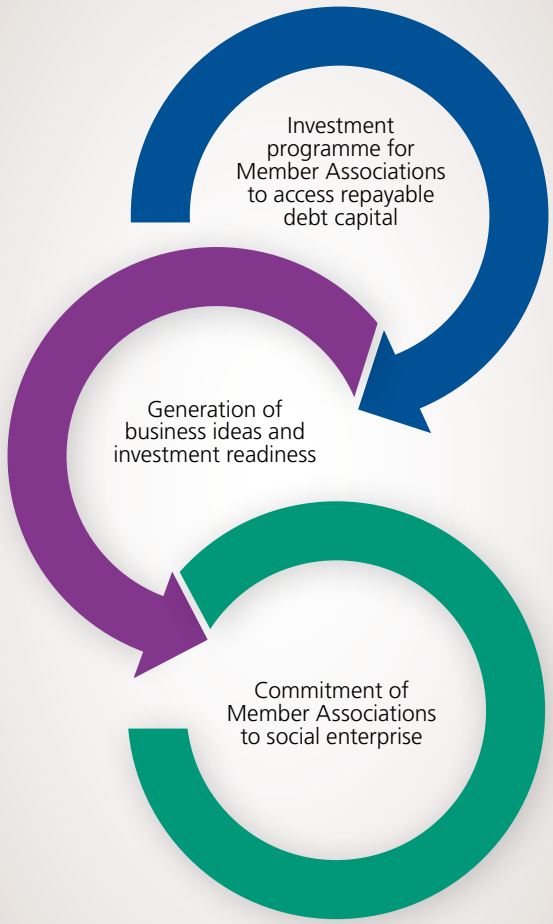
Component 1 – *Member Association commitment to the social enterprise experiment.* This component will support Member Associations to strengthen the commitment of their boards, staff and volunteers to adopt innovative financing models. This component will increase the awareness and institutional, organizational and human capacity of Member Associations to take advantage of opportunities in social entrepreneurship within the Federation.

Component 2 – *Member Association investment readiness*. This component will support Member Associations to ensure they are investment-ready: that they have sound, tested business ideas, supported by market information, and advanced by carefully considered business and financial plans. This component will increase the readiness of Member Associations to establish, develop and operate social enterprises.

Component 3 – *Access to financial resources.* This component will enable Member Associations to secure debt capital on preferential terms that will match their own investments

in establishing social enterprises. This component will increase access to the financial resources needed to grow successful social enterprises.

The social enterprise model



Innovation in action – Nigeria

Expanding geographic coverage in urban slums and under-served areas increases access to quality family planning services. The Planned Parenthood Federation of Nigeria (the IPPF Member Association) adopted a 'cluster model' to expand geographic coverage in urban slums and under-served areas, and increase access to quality family planning services.

This innovative model links existing providers within an area through effective referrals. The Planned Parenthood Federation created partnerships between five clinics within a 20km radius, including private providers and government clinics, community-based distributors, faith-based organizations and the Member Association. One of the clinics (usually the Association's) acts as a comprehensive health facility, while the others serve as feeders, referring clients who need more specialized services. Each cluster has a leader to coordinate logistic supplies, data capture, handling of fees and training.

Impact The cluster model transformed the Member Association from simply being *a provider* of services to being an *enabler of service provision* by building institutional and human capacity to provide services across a network of clinics. It now has 230 clinics, from a baseline of 15 in 2008, and has seen its number of clients rise by 693 per cent and the number of couple years of protection increase by 219 per cent.

Innovation in action – Colombia

Colombia's middle-income status masks the acute needs of millions of citizens still trapped in poverty. Rising GDP and the growing health provider role of national government has led to an exodus of international donors from Latin America, and the public health system is still too weak to provide universal, quality sexual and reproductive health services. Profamilia, the Member Association in Colombia, therefore developed a social enterprise model that generates surplus through sales of services and products.

Impact The key benefits are that the revenue provides a sustainable source of surplus to subsidize services for vulnerable populations; an increased sense of staff ownership for the financial health of the Association; and staff build capacity to use budgets efficiently and improve their management practices. Competition with private providers also spurs the Member Association to make investments in quality care for the most vulnerable, including facilities, human resources and health technology.

Innovation in action – Cambodia

In Cambodia, thousands of young women from rural areas move to cities to work in factories. These women often do not know where to go for sexual and reproductive health services and, for many, the services remain inaccessible due to cost or limited opening hours. The Reproductive Health Association of Cambodia is responding to this unmet need by providing information and free services to women working in factories and has established formal partnerships with 30 factories in three major urban areas. Member Association staff deliver interactive and fun health fairs at lunchtime to provide information on sexual and reproductive health.

Impact The factory workers are given vouchers that they can redeem at Association clinics for a range of free sexual and reproductive health services including contraception, post-abortion care, cervical cancer screening and treatment, and HIV counselling and testing, and referrals for treatment and care. Since the young women work six days a week in the factories, the Member Association has adapted its opening times to ensure clinics are open on Sundays during the workers' time off.

Cost-effective private sector partnerships expand access to permanent methods

Partnering with private providers that already have the infrastructure, as well as the trust and respect of the community, is a cost-effective approach to increasing access to quality family planning services in poor and remote settings.

Since 1977, the Member Association in Honduras has partnered with private providers to expand access to quality voluntary surgical sterilization services. Rather than expanding its own clinical infrastructure, the Association identifies and supports providers that are located in an area where voluntary sterilization services are not available, are well respected by the community and have a basic operating room.

The Member Association provides a range of support including training, quality assurance, demand creation, and evaluation of client satisfaction and well-being. Since 2005, this partnership model has supported the provision of 22,680 services, translating into a total of 226,800 couple years of protection.

Working with mid-level private providers to expand family planning access

Rahnuma-Family Planning Association of Pakistan is increasing access to voluntary family planning services through social franchising with private practitioners in peri-urban and rural areas. This cost-effective strategy has enabled 30 private practitioners to provide additional reproductive health services.

Socio-cultural and geographical barriers, lack of trained providers and irregular contraceptive supplies all contribute to the low family planning prevalence in Pakistan, at 27 per cent. While private providers currently deliver 75 per cent of health services in the country, only 15 per cent of family planning services are provided through this channel. This presents an enormous opportunity to expand the service offer of these providers.

The Association currently has 2,131 local partnerships with doctors, female health workers and community midwives, all of whom are qualified medical professionals who enjoy the respect and trust of their community.

Advocacy: creating change from the grassroots to the global

In 2014, the Federation implemented its largest-ever international advocacy programme, building on our global role as a leading civil society voice. IPPF's advocacy includes resisting powerful opposition groups driven by political, religious and cultural forces, and defending hard-won positions in support of sexual and reproductive health and rights.

Leading advocate on family planning

IPPF is a global leader in family planning service delivery and advocacy, and has been at the vanguard of delivering comprehensive voluntary family planning services for over 60 years. IPPF is the global and regional convener and mobilizer of civil society organizations that advocate for public, political and financial commitments to voluntary family planning. In 2014, IPPF continued to unite a global movement to improve the health status of poor and under-served women and girls, and men and boys, through an enabling family planning policy environment and access to a range of cost-effective, high impact health services.

At the 2012 London Summit on Family Planning, IPPF committed to mobilizing civil society and governments to improve the legislative, policy, regulatory and financial environment for family planning and mobilizing the international movement to hold governments accountable. In addition, IPPF committed to improving the advocacy capacity of Member Associations in at least 40 of the 69 Summit priority countries to advance rights-based family planning, within a comprehensive approach to sexual and reproductive health.

Impact of advocacy achievements

IPPF has surpassed many of our ambitious advocacy targets. In 2014, IPPF worked hard to influence governments and other key decision makers around the world. Member Associations and collaborating partners in 55 countries contributed to 81 changes in policy or legislation that support or defend sexual and reproductive health and rights, and that cover a range of themes.

At regional and global levels, IPPF's advocacy contributed to 18 changes, of which 12 were advances in safeguarding sexual and reproductive health and rights and gender equality in the new Sustainable Development Goals.

At national level, IPPF Member Associations are actively engaging in advocacy to urge governments to deliver programme, service and policy commitments for family planning, in line with FP2020 goals. Included with this publication are key 'Focus on Family Planning' fact files that showcase IPPF Member Association family planning service delivery, proactive advocacy with key partners, and action-oriented suggestions for governments to catalyze FP2020 commitments. Member Associations showcased are Bangladesh, Ghana, India, Indonesia, Kenya, Pakistan, Philippines, Senegal, Zambia and Zimbabwe.

Advocacy and access

Member Associations achieved 27 advocacy 'wins' in 2014 relating to increased national budget allocations for family planning, access to contraception, and the sexual and reproductive health and rights of vulnerable people.

Innovation in action – Pakistan

The IPPF Member Association, Rahnuma-Family Planning Association of Pakistan, is part of Pakistan's national FP2020 Champions Group. Rahnuma has agreements with national and provincial ministries, and implements maternal and newborn child health programmes in the provinces of Balochistan, Punjab and Sindh. These programmes support service delivery and family planning in line with the national government's commitment to FP2020. Working with other civil society organizations, the Member Association advocated for more family planning services with the provincial governments of Khyber Pakhtunkhwa, Punjab and Sindh. Together, these three provinces account for more than 85 per cent of the total population of Pakistan.

Impact As a result, the provincial governments have incorporated commitments on family planning into their draft population policies and other influential policy documents; increased budgetary lines for contraception in both 2013–14 and 2014–15; allocated resources to procure contraceptives; established and reconfigured health delivery points to strengthen service reach; and increased their targets for contraceptive prevalence rates.

Advocacy and the right to contraception

IPPF worked to increase Member Association capacity to advocate on sexual rights – including access to family planning – through the Universal Periodic Review Mechanism. IPPF supported Member Associations to press their governments for change, including training for Member Associations from Albania, Austria, Bosnia-Herzegovina, Bulgaria, Estonia, Kazakhstan, Spain and Tajikistan to use the Universal Periodic Review process. Most recently, two of these Member Associations submitted shadow reports that will be reviewed by the Human Rights Council over the next year. The Macedonian and Bulgarian Member Associations also attended the adoption of their respective country Universal Periodic Review reports in Geneva and made oral statements on the recommendations that were adopted or rejected.

Violations of sexual rights in Indonesia

A stakeholder submission to the Universal Periodic Review by the Indonesian Planned Parenthood Association draws attention to severe violations of young people's sexual rights. Among wide-ranging recommendations, the Member Association calls for action to tackle child marriage and forced marriage (the average age of marriage is 15 years old); highlighted the laws, policies, norms and religious values that prohibit sexuality education, and deny all reproductive health services to unmarried people (which means that many of the two million abortions performed annually are by unskilled providers in unsafe conditions); and a law on pornography passed in 2008 that has been used to criminalize women's and girls' sexuality: this law also considers educational material on sexual and reproductive health to be pornography.[5]

5 Indonesian Planned Parenthood Association and The Sexual Rights Initiative (2012) *UPR Submission on Young People's Sexual and Reproductive Rights in Indonesia*. Available at <http://sexualrightsinitiative.com/wp-content/uploads/Indonesia-UPR-13-IPPA.pdf> Accessed 9 September 2015.

Advocacy to change the law in the Philippines

Civil society organizations, in collaboration with progressive legislators and government officials, have been campaigning in the Philippines for over 10 years to enact a comprehensive national law aimed at providing a full range of sexual and reproductive health services and information. For the past four Congresses, anti-reproductive health legislators, with the collusion of the Roman Catholic hierarchy, have been successful in blocking the passage of the Bill.

The Family Planning Organization of the Philippines made a stakeholder submission to the Universal Periodic Review in which the Member Association highlights the urgent need for the passage of a comprehensive reproductive health law and policy to provide a full range of family planning methods and services; to provide mandatory age-appropriate sexuality education; to enable an adequate number of midwives to provide support to pregnant women in every municipality; and to conduct a review into maternal mortality.[6]

6 Family Planning Organization of the Philippines and The Sexual Rights Initiative (2012) *UPR Submission on the Right to Sexual and Reproductive Health in the Philippines.* Available at <http://sexualrightsinitiative.com/wp-content/uploads/Philippines-UPR-13-FPOP.pdf> Accessed 9 September 2015.

Connecting the dots: integrating approaches to accountability

Service level accountability, such as increasing client feedback on quality of services received, has the potential to increase contraceptive uptake and use.

As a partner in the USAID-funded Evidence Project, IPPF has begun research into how social accountability mechanisms can increase access to contraceptive services. There is a long tradition of citizen and civil society participation and engagement in programme planning, design and implementation, both to ensure that health needs are met and that governments and service providers perform as required. Drawing on this tradition, there are a number of family planning and reproductive health accountability initiatives currently taking place at global, national and service levels. Many of these initiatives fall into three broad categories: tracking donor and government financial commitments; tracking national programme implementation; and tracking service delivery outcomes.[7]

The practical examples (outlined on the left, and on the next two pages) explore social accountability and identify ways to connect and coordinate the different levels of accountability to expand the reach and impact of partners' efforts. By better 'connecting the dots' – and adopting a strategic and system-wide approach to accountability – we could be more effective at influencing the implementation of policies and better policy outcomes and, ultimately, bring about systemic change.

7 Boydell V and Keesbury J (2014) *Social Accountability: What are the Lessons for Improving Family Planning and Reproductive Health Programs? A Review of the Literature. Working Paper.* Washington, DC: Population Council, Evidence Project.

Using evidence from policy and financial expenditure tracking to hold European donors accountable to international family planning commitments

European civil society uses expenditure tracking data on European donor support to hold governments accountable to their commitments.

Innovation Since 2009, the Countdown 2015 Europe Consortium, led by IPPF European Network, has been gathering data on policy and financial family planning and reproductive health expenditure tracking in 12 European donor countries. Consortium partners had first-hand knowledge of their local settings, and wanted to place financial trends within this wider context to 'match' policy commitments from their governments with funding allocations, a key component of advocacy and accountability. A dedicated web-based platform presents financial and policy data, where all data can be changed in 'real time'. It tracks the past year's financial expenditure, and provides reflections on future budgets.

Impact This process of collecting data themselves, aligned to national reporting and coding systems, not only allows civil society organizations to have the most up-to-date and nationally owned data available for monitoring, but also to build trusted contacts and communication channels with various government departments, which contributes to monitoring effectively and acting fast when policy commitments do not match expenditures on family planning and reproductive health. The approach has also led to enhanced citizen engagement in health budget consultations and prioritization with a focus on family planning budget lines.

Joining Voices: collecting evidence to track government action

The London Summit on Family Planning culminated in a series of pledges, with donor and recipient countries committing to increasing financial and political support for family planning by 2020. To date, over 30 countries in Africa and Asia have now made FP2020 commitments. However, without civil society engaging in accountability, ensuring that family planning remains a priority on the national and international agenda, government commitments may slip. IPPF's Joining Voices project plays an important role in supporting global civil society on family planning advocacy, helping to ensure that governments in the South deliver on their FP2020 commitments.

Innovation A set of user-friendly accountability tools has been developed in partnership with civil society organizations. The pledging tool tracks government progress on meeting pledges under the three key commitments: policy/political, programme/service delivery and financial. With this tool, organizations identify gaps and provide insight on what governments should do to improve their commitments. The results from the tracking tool are translated into easy-to-understand factsheets and shared with over 1,000 civil society organizations.

Impact The pledge tracking tool enables civil society to take steps to address the needs of vulnerable groups and work collaboratively with other organizations on a shared advocacy agenda for improved accountability. The tool gives civil society the power to monitor government progress. It is user friendly and allows organizations to build collaboration and devise practical tactics that bring about tangible change to increase access to voluntary family planning.

Tracking service delivery outcomes in Tanzania

This model highlights efforts in Tanzania to track service delivery outcomes at service level and identifies what types of outcomes can be achieved.

Innovation Research shows that contraceptive use increases when service quality is improved. Interventions that address client perceptions of quality – despite being influenced by personal, social and cultural factors – improve the client's ability to access services, use contraception correctly, and report method satisfaction and continuation.

Sema Nasi – Kiswahili for 'Talk to Us' – is a mobile phone-based system, developed and tested as a social accountability tool in Tanzania to support quality family planning service delivery.

Impact Sema Nasi works to empower clients' voices, and enhance service provider and institutional responsiveness towards quality care. Using text messaging on a palm card supplied by providers, clients accessing family planning services provide feedback on quality of care received against measurable indicators.

Findings have potential implications for use by service providers, to inform quality improvement strategies, in turn increasing client uptake; by civil society, to inform advocacy plans relating to quality of care; and by government, to achieve a greater understanding of clients' experiences in accessing family planning services and to advance client rights.

Innovation in action

- Through successful advocacy, the Family Planning Association of Nepal celebrated the first-ever Family Planning Day on 18 September 2014, helping to put family planning back on the priority list.
- Association de Bien-Etre Familial – Naissances Désirables of the Democratic Republic of Congo collaborated with local networks to convince the government to allocate its first-ever funding for purchase of contraceptives in 2013. Procurement previously depended solely on donor support.
- Tonga Family Health Association delivered technical input to revise the national youth strategy. The Association's advocacy secured a specific sexual and reproductive health objective for young people.
- In 2014, the government of Uganda launched its US$200 million official Costed Implementation Plan for Family Planning 2015–20 to increase the modern contraceptive prevalence rate to 50 per cent by 2020. The Member Association, Reproductive Health Uganda, convened and led a youth group and an expert group to provide feedback; the Association's activities ensured that young people's needs and a rights-based approach to family planning programmes were included in the Plan, and that the Plan was fully costed.
- Monday 28 September 2015 saw the launch of Family Planning Week in Ghana, with the National Population Council collaborating with the Ghana Health Service to launch the National Condom and Lubricant Strategy and the Costed Implementation Plan for Family Planning 2020. The IPPF Member Association – Planned Parenthood Association of Ghana – played an instrumental role in the Family Planning Week.

Working strategically to advocate and influence

Wherever we are in the world – from the grassroots to the global – we work strategically with national governments, multi-lateral organizations and with other civil society organizations to influence, mobilize and improve the legislative, policy, regulatory and financial environment for family planning.

During the 2012 London Summit on Family Planning, IPPF mobilized the international movement to hold governments accountable through its role as Co-Vice Chair of the **Stakeholder Group**.

IPPF is continuing to lead civil society participation in FP2020: our Director-General, Tewodros Melesse, represents the Federation on the **FP2020 Reference Group**. IPPF actively engages in international working groups and country engagement. We also facilitate a Listserv with a regular newsletter reaching civil society organizations in over 100 countries, and advocate for increased access to rights-based family planning services.

IPPF works in partnership with **Advance Family Planning** to increase the financial investment and political commitment needed to ensure access to quality, voluntary family planning through evidence-based advocacy. Advance Family Planning is an advocacy initiative in which 20 partner organizations, including IPPF, work with civil society leaders, government officials, service providers and individual family planning champions to achieve the goal of the Family Planning 2020 partnership. IPPF advises and collaborates in Advance Family Planning through national and global advocacy for family planning.

In partnership with the **Reproductive Health Supplies Coalition**, IPPF is convening civil society to position

funding for reproductive health supplies as a critical element in the new development financing architecture. IPPF has been actively advocating for reproductive health to be included in the Global Financing Facility. We are supporting five national advocates to call for the inclusion of reproductive health supplies in national financing processes.

IPPF action all around the world has contributed to the post-2015 **Sustainable Development Goals**. 'Transforming our World: The 2030 Agenda for Sustainable Development' is the blueprint for the post-2015 sustainable development framework. The Agenda represents a win for women and girls. It will address the priorities of the 225 million women who currently have an unmet need for access to modern contraception, women who will finally be able to make decisions about their family, their body and their future.

IPPF successfully advocates for progressive language to be included in UN documents, and supports Member Associations to participate in the **United Nations processes**, and hold their governments to account on key issues related to sexual and reproductive health and rights-based family planning.

IPPF has a Liaison Office in the **African Union** headquarters in Addis Ababa that plays a critical role in influencing policy processes at the African Union and the United Nations Economic Commission for Africa. The African Union has requested the IPPF Africa Regional Office to work with civil society organizations across Africa to conduct a review of the Maputo Plan of Action, Africa's policy framework for universal access to comprehensive sexual and reproductive health services, including family planning.

IPPF works strategically with national governments and multi-lateral organizations, and with other civil society organizations to influence in the **BRICS** countries. More than 42 per cent of the world's population live in the five BRICS countries of Brazil, Russia, India, China and South Africa, which means that the policies and views of governments in these countries are critical for the health and well-being of billions of people. IPPF works in BRICS countries in partnership with civil society organizations, including Member Associations, to raise awareness among the leaders and policy makers of the importance of sexual and reproductive health and rights.

Advocacy to keep governments on track

Reproductive rights are human rights; 54 per cent of Member Associations monitor obligations made by their governments in the international human rights treaties that they have ratified.

Through our advocacy, we influence and support enabling environments to increase high quality, affordable sexual and reproductive health services, and for governments to be accountable for the pledges that they made at the London Summit on Family Planning. IPPF Member Associations regularly hold their governments to account by ensuring that citizens know their rights, by monitoring and tracking to ensure that people's rights are being delivered, and by supporting constructive engagement among citizens, services and government officials to address barriers and challenges.

Partnership with the government of India

In 2013, the government of India became a donor to IPPF for the first time and, in addition, invited the Family Planning Association of India to become a partner with the National Rural Health Mission, the largest flagship programme of the Ministry of Health and Family Welfare, and be part of the national response to quality family planning services for the most under-served populations. The government's commitment to universal access to provide quality family planning services demonstrates that comprehensive contraceptive choices, and the ability to act on these choices, are the two most important considerations of a larger reproductive rights entitlement.

New strategic framework: from vision to reality

Full implementation of our new Strategic Framework 2016–2022 will begin in January 2016 and IPPF is excited about moving into the next ambitious phase of our history. Our new strategy focuses on four key outcomes: 100 governments respect, protect and fulfil sexual and reproductive rights and gender equality; one billion people act freely on their sexual and reproductive health and rights; two billion quality integrated sexual and reproductive health services delivered; and a high-performing, accountable and united Federation.

Our movement for change: our bold and aspirational vision

IIPPF's *Strategic Framework 2016–2022* is a bold and aspirational vision of what we plan to achieve, and how we will achieve it. It sets out IPPF's strategy for trebling service provision over the seven years up to 2020, together with our goals and ambitions and how we plan to achieve them.

Our strategy responds to social, political and demographic global trends. These include the expectations and potential of the largest-ever generation of young people; ongoing, significant social and economic inequalities, including discrimination against girls and women; and opposition that threatens gains in human rights.

We will focus our extra efforts initially on a sub-set of 42 grant-receiving Member Associations. Through work with these Associations to determine opportunities for and drivers of increased service provision, four recurring themes have been identified. These four themes are:

- expanding the range of service delivery channels to take services to under-served communities
- offering an expanded range of integrated services within our existing service delivery points
- increasing the focus on young people
- working in partnership to achieve the first three

Championing rights

By 2022, 100 governments will respect, protect and fulfil sexual and reproductive rights and gender equality.

IPPF will champion sexual and reproductive rights and gender equality through direct advocacy with governments and regional institutions, and by partnering and supporting civil society advocates and leaders, particularly girls and women, by:

- galvanizing commitment and securing legislative, policy and practice improvements
- engaging women and youth leaders as advocates for change

Empowering communities

By 2022, one billion people will act freely on their sexual and reproductive health and rights.

IPPF will focus on expanding access to and quality of comprehensive sexuality education around the world, by:

- enabling young people to access comprehensive sexuality education and realizing their sexual rights
- engaging champions, opinion formers and the media to promote health, choice and rights

Serving people

By 2022, IPPF and our partners will deliver two billion quality, integrated sexual and reproductive health services.

In our own service delivery outlets and through partnerships with private and public providers, IPPF will scale up the provision of an essential package of high quality sexual and reproductive health services that are rights based, client centred, gender sensitive and youth friendly, by:

- delivering rights-based services including for safe abortion and HIV
- enabling services through public and private health providers

Uniting and performing

By 2022, IPPF will be a high-performing, accountable and united Federation.

IPPF is evolving its structures and systems to adapt to changing environments, and at the same time we return to our roots – to reinvest in the volunteer-led activist movements that created IPPF in the first place. This fusion of innovation and timeless, grassroots energy will ensure that IPPF is the best it can be, by:

- enhancing operational effectiveness and doubling national and global income
- growing our volunteer and activist supporter base

Moving forward: at the helm of the sexual and reproductive health and rights movement

IPPF's work is demanded and delivered by communities: this groundswell of grassroots support gives legitimacy and is the foundation of our political advocacy.

IPPF will ensure that all our service outlets provide high quality services: they must not only provide a minimum, integrated package, but must also be client-centred, rights-based, youth friendly and gender sensitive. Our services will not turn anyone away because of inability to pay, or lack of health personnel, and we will expand access through a diverse range of delivery channels. Through quality improvements we will reinforce our reputation as a health provider that is welcoming to all.

We are committed to continuously improving efficiency and effectiveness. At the national level, we aim to share the learning and best practice from the Member Associations that are the most efficient and, globally, we plan to roll out the new systems across the Federation. These initiatives include improved clinic management systems, the introduction of performance-based funding, global procurement for commodities, systems to identify opportunities to reduce operational costs, improved information systems at local and global levels, and benchmarking studies. Some of these measures have already played a part in enabling our grant-receiving Member Associations to increase services between 2010 and 2012 by 26 per cent.

Achieving our mission

Implemented together, these plans will enable us to move forward as a united Federation to achieve our mission where all people are free to make choices about their sexuality and well-being, in a world without discrimination. With our new strategic framework, IPPF is equipped to move forward and deliver on our promises. At the helm of the sexual and reproductive health and rights movement, we will help unite the global actions and achievements of sexual and reproductive health champions to realize a step change in sexual and reproductive health and rights around the world.

OUR VISION

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

IPPF

OUTCOME 1

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

OUTCOME 2

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

OUTCOME 3

2 billion
quality integrated sexual and reproductive health services delivered

OUTCOME 4

A high performing, accountable and united Federation

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

IPPF'S MISSION

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

OUR VALUES

SOCIAL INCLUSION

DIVERSITY

PASSION

VOLUNTEERISM

ACCOUNTABILITY

OUR PRIORITIES FOR THE NEXT SEVEN YEARS

Recommendations

IPPF calls for the following action, to achieve our vision of delivering universal family planning to all.

1. Investing in family planning

IPPF calls for increased global investment in family planning.

We know that by investing in family planning, lives are saved.

If all of the 225 million women and girls who want to avoid a pregnancy were able to use modern contraception, and all pregnant women and their newborns received care at the standards recommended by the World Health Organization, the benefits would be dramatic. Unintended pregnancies would drop by 70 per cent from 74 million to 22 million per year, and maternal deaths would drop by 67 per cent from 290,000 to 96,000.

Last year the number of couple years of protection provided by IPPF increased by 21 per cent to 14.6 million, with 44 per cent provided by short-acting methods, 42 per cent by reversible long-acting methods and 14 per cent by permanent methods. These couple years of protection averted an estimated 5.9 million unintended pregnancies and 677,000 unsafe abortions.

2. Investing in service delivery

IPPF calls for governments and donors to invest more in service delivery.

We need to make sure that the millions of women and girls around the world who want to have access to family planning are able to get the services they require.

IPPF has the largest service delivery network in the world with more than 54,000 service delivery points – almost 60 per cent of these are located in peri-urban or rural areas.

Last year we delivered 149.3 million sexual and reproductive health services. Almost 62 million people received services from IPPF and 85 per cent of those people were from marginalized and under-served groups. In order to meet the needs of those who are hardest to reach across the world we need to ensure that there is funding available to support clinics and service delivery points.

IPPF has committed to significantly increase the number of family planning services provided as part of a trebling of services by 2020. This will enable us to reach 60 million additional users by 2020, but to achieve that we need to make sure financial support is available.

We are calling on governments and donors to make the funding available for family planning that they pledged at the London Summit on Family Planning in 2012.

3. Investing in young people

IPPF calls on governments to invest more in young people, the largest-ever generation of young people.

There are now more young people on the planet than ever before. There are almost 1.8 billion young people between the ages of 10 and 24, and the youth population is growing fastest in the poorest nations.

Almost one in two of our services is now directed at young people. In 2014, 45 per cent of our services were provided to young people under the age of 25. At IPPF we recognize the importance not only of ensuring that those young people have access to sexual and reproductive health services, but we also need to make sure that they are empowered when it comes to sexual health. IPPF works hard to engage young people as equal partners. Almost 70 per cent of our Member Associations now have at least one staff member who is under 25 years old. Almost 85 per cent of IPPF Member Associations have at least one young person on their governing board.

4. Investing in civil society

IPPF calls for more to be invested to support civil society to ensure its voice is heard, individually and collectively.

IPPF has been a force for change among civil society organizations. We have worked hard to make sure that the voices of civil society have been heard at both national and global levels. We believe that investing in civil society accelerates progress when it comes to sexual and reproductive health and rights.

Over one-third of governments at the Special Session on the International Conference on Population and Development at the UN General Assembly last year had an IPPF Member Association on their delegation; we have new advocacy offices at the Africa Union, United Nations and soon in Geneva; and we helped establish the new BRICS Meetings of Ministers Responsible for Population Matters.

IPPF works strategically with national governments and multi-lateral organizations, and with other civil society organizations to influence in the BRICS countries. More than 42 per cent of the world's population live in the five BRICS countries – Brazil, Russia, India, China and South Africa. This means that the policies and views of governments in these countries are critical for the health and well-being of billions of people.

IPPF works in BRICS countries in partnership with civil society organizations, including Member Associations, to raise awareness among the leaders and policy makers of the importance of sexual and reproductive health and rights.

We believe we have made a major contribution to the inclusion of targets on family planning and sexual and reproductive health in the Sustainable Development Goals despite significant opposition to sexual and reproductive health and rights.

We are one of the largest global organizations providing sexual and reproductive health services. In our *Strategic Framework 2016–2022*, which sets out IPPF's work for the next seven years, we are strengthening our commitment to family planning, by delivering 2 billion quality integrated sexual and reproductive health services.

5. Supporting the Sustainable Development Goals

IPPF calls on governments to take action to turn the commitments made in the Sustainable Development Goals into reality.

Family planning is essential to achieving national and international development goals. IPPF action all around the world has contributed to the post-2015 Sustainable Development Goals. 'Transforming our World: The 2030 Agenda for Sustainable Development' is the blueprint for the post-2015 sustainable development framework.

The Agenda represents a win for women and girls. It will address the priorities of the 225 million women who currently have an unmet need for access to modern contraception, women who will finally be able to make decisions about their family, their body and their future.

Now we need to see concrete action from governments to assess what gaps need filling in their own countries, and the steps they will take to design programmes that will deliver family planning services.

We also need to hold governments to account to deliver their commitments in the Sustainable Development Goals and national goals, working together as a collective worldwide movement to ensure that family planning is high on the global agenda.

IPPF is also aware that to increase uptake of contraceptive services we must also increase demand, expand supply and improve performance.

6. Investing in an integrated approach

IPPF calls for a comprehensive and integrated approach to family planning.

IPPF offers a unique model of delivering rights-based family planning services. We need to make sure that family planning is delivered within an integrated sexual and reproductive health framework that ensures that women and girls can make choices about their sexuality in all its many facets.

Increasing access to client-centred, comprehensive, integrated, rights-based and quality family planning services involves offering people accurate, unbiased and comprehensive information on a broad range of family planning methods and services. This will enable people to make a voluntary and informed choice. In our service model, quality of care is ensured through effective training and supervision; and equitable access for all is ensured – including people who are disadvantaged and marginalized, discriminated against and hard to reach – through innovative services and best practice.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PHARMACY
DUKA LA DAWA
PHARMACY

Annexes

Annex 1: IPPF couple years of protection, 2012–14, in FP2020 focus countries

	2012	2013	2014	Cumulative
AFRICA	2,301,922	2,568,163	4,744,500	9,614,584
Benin	46,672	70,924	93,236	210,832
Burkina Faso	29,220	43,237	86,706	159,162
Burundi	29,859	30,201	32,409	92,470
Cameroon	5,205	9,417	34,580	49,203
Central African Republic	10,147	5,444	14,111	29,702
Chad	8,997	4,230	3,942	17,168
Comoros	3,129	1,503	2,265	6,897
Congo	13,232	7,765	10,956	31,954
Congo, Dem. Republic	234,837	260,562	184,848	680,246
Côte d'Ivoire	62,809	73,675	86,492	222,977
Ethiopia	133,874	206,788	319,903	660,565
Ghana	64,012	64,497	89,534	218,043
Guinea-Bissau	12,197	14,680	32,326	59,203
Guinea-Conakry	76,605	19,117	20,432	116,154
Kenya	77,553	67,865	103,654	249,073
Lesotho	11,408	14,269	11,387	37,064
Liberia	35,361	43,253	17,787	96,401
Madagascar	24,644	25,172	26,778	76,594
Malawi	49,040	59,444	66,123	174,607
Mali	41,796	77,984	111,266	231,047
Mozambique	13,069	16,897	34,022	63,988
Niger	4,950	5,073	3,342	13,365
Nigeria	541,282	1,024,676	982,726	2,548,684
Sao Tome & Principe	2,998	3,091	3,058	9,147
Senegal	14,368	14,129	15,483	43,979
Sierra Leone	6,827	6,499	20,012	33,337
Tanzania	22,997	31,278	100,028	154,303
Togo	23,843	37,515	42,001	103,359
Uganda	225,949	244,527	282,006	752,482
Zambia	29,089	37,080	54,556	120,724
Zimbabwe	445,953	47,372	1,858,531	2,351,855

	2012	2013	2014	Cumulative
ARAB WORLD	223,446	179,653	239,516	642,615
Egypt	109,670	117,567	123,966	351,203
Mauritania	11,161	12,124	21,873	45,158
Palestine	9,387	10,220	9,651	29,257
Sudan	93,207	39,596	83,770	216,573
Yemen	22	145	257	424
EUROPEAN NETWORK	4,448	4,424	4,099	12,971
Kyrgyzstan	3,452	3,850	2,844	10,146
Tajikistan	996	574	1,255	2,825
EAST AND SOUTH EAST ASIA AND OCEANIA	554,961	550,622	513,263	1,618,847
Cambodia	127,440	134,630	92,049	354,118
Indonesia	37,830	102,817	112,173	252,820
Korea, Dem. People's Rep of	79,696	80,880	84,320	244,897
Laos	12,160	18,940	9,651	40,751
Mongolia	2,177	2,732	3,986	8,895
Myanmar	9,420	10,860	6,078	26,358
Papua New Guinea	301	330	655	1,286
Philippines	49,620	48,135	95,871	193,626
Solomon Islands	4,123	2,609	5,851	12,584
Vietnam	232,194	148,689	102,630	483,513
SOUTH ASIA	1,720,963	2,776,878	2,927,282	7,425,123
Afghanistan	17,927	18,935	28,598	65,460
Bangladesh	359,539	446,711	429,004	1,235,254
Bhutan		2	5	6
India	218,073	767,886	770,406	1,756,365
Nepal	148,492	302,714	278,440	729,647
Pakistan	604,637	846,392	999,923	2,450,953
Sri Lanka	372,295	394,237	420,906	1,187,438
WESTERN HEMISPHERE	384,692	274,417	239,023	898,132
Bolivia	52,114	55,509	58,754	166,377
Haiti	13,533	11,557	16,361	41,451
Honduras	307,899	200,045	163,908	671,853
Nicaragua	11,146	7,306		18,452
Grand total	5,190,433	6,354,157	8,667,682	20,212,272

Annex 2: IPPF contraceptive services to all ages, and to young people, 2012–14, in FP2020 focus countries

Services and referrals	All contraceptive services (all ages)				Contraceptive services (young people below 25)			
	2012	2013	2014	Cumulative all ages	2012	2013	2014	Cumulative (below 25)
AFRICA	23,948,169	30,024,533	32,164,247	86,136,949	6,999,577	17,508,272	13,338,511	37,846,360
Benin	336,750	353,413	513,290	1,203,453	135,261	151,076	240,286	526,623
Burkina Faso	227,116	340,253	395,936	963,305	92,742	161,552	157,064	411,358
Burundi	130,458	128,580	171,357	430,395	40,770	49,555	73,299	163,624
Cameroon	54,515	347,675	912,333	1,314,523	21,173	34,488	327,559	383,220
Central African Republic	127,143	215,289	130,751	473,183	63,633	46,861	56,054	166,548
Chad	34,284	52,162	230,748	317,194	12,862	34,227	42,413	89,502
Comoros	27,036	23,477	22,264	72,777	10,560	8,321	7,724	26,605
Congo	27,835	28,983	18,030	74,848	11,085	5,491	2,760	19,336
Congo, Dem. Republic	1,918,323	3,234,620	3,756,147	8,909,090	424,305	1,429,377	855,009	2,708,691
Côte d'Ivoire	281,871	424,263	484,888	1,191,022	99,820	181,281	239,171	520,272
Ethiopia	1,055,886	1,111,494	1,269,386	3,436,766	638,595	631,475	685,793	1,955,863
Ghana	669,213	673,596	1,200,077	2,542,886	369,499	275,976	620,492	1,265,967
Guinea-Bissau	90,025	1,060,939	104,609	1,255,573	37,367	979,686	66,859	1,083,912
Guinea-Conakry	441,146	74,661	132,994	648,801	226,291	33,839	67,247	327,377
Kenya	315,866	349,273	420,010	1,085,149	71,562	86,783	100,233	258,578
Lesotho	45,476	143,418	74,005	262,899	9,479	43,598	19,459	72,536
Liberia	257,741	899,476	266,674	1,423,891	164,973	140,020	109,532	414,525
Madagascar	126,393	139,491	171,614	437,498	50,581	47,508	68,512	166,601
Malawi	308,792	347,305	488,890	1,144,987	223,851	191,211	248,832	663,894
Mali	402,972	808,286	913,487	2,124,745	192,242	415,595	593,287	1,201,124
Mozambique	1,001,359	917,046	1,854,713	3,773,118	331,235	543,667	936,073	1,810,975
Niger	47,856	217,232	107,785	372,873	12,813	28,686	29,917	71,416
Nigeria	11,078,288	15,659,866	15,225,593	41,963,747	2,418,446	10,864,215	6,165,064	19,447,725
Sao Tome & Principe	64,235	70,877	99,002	234,114	40,053	41,228	48,263	129,544
Senegal	49,291	425,380	465,276	939,947	12,710	98,775	193,355	304,840
Sierra Leone	214,002	101,605	360,040	675,647	107,458	54,914	148,167	310,539
Tanzania	519,668	187,552	738,705	1,445,925	291,255	97,942	347,597	736,794
Togo	334,404	715,343	586,922	1,636,669	129,941	279,503	394,873	804,317
Uganda	773,981	722,327	820,064	2,316,372	621,703	462,629	393,728	1,478,060
Zambia	109,648	159,709	191,266	460,623	58,180	84,643	93,328	236,151
Zimbabwe	2,876,596	90,942	37,391	3,004,929	79,132	4,150	6,561	89,843

Services and referrals	All contraceptive services (all ages)				Contraceptive services (young people below 25)			
	2012	2013	2014	Cumulative all ages	2012	2013	2014	Cumulative (below 25)
ARAB WORLD	405,543	414,907	522,070	1,342,520	145,422	148,679	215,310	509,411
Egypt	256,553	185,636	184,706	626,895	79,922	68,656	62,702	211,280
Mauritania	32,622	48,044	62,111	142,777	11,283	17,774	25,143	54,200
Palestine	24,211	41,692	71,258	137,161	4,115	10,054	37,166	51,335
Sudan	91,850	138,658	203,327	433,835	50,047	51,922	90,171	192,140
Yemen	307	877	668	1,852	55	273	128	456
EUROPEAN NETWORK	14,705	31,571	19,634	65,910	6,477	16,382	9,063	31,922
Kyrgyzstan	13,329	28,673	16,303	58,305	6,037	15,394	7,102	28,533
Tajikistan	1,376	2,898	3,331	7,605	440	988	1,961	3,389
EAST AND SOUTH EAST ASIA AND OCEANIA	3,632,897	5,480,737	5,393,672	14,507,306	716,302	1,727,121	1,832,347	4,275,770
Cambodia	1,678,308	1,591,697	799,848	4,069,853	85,021	77,905	70,716	233,642
Indonesia	43,689	340,142	61,510	445,341	8,990	65,749	14,639	89,378
Korea, Dem. People's Rep of	117,700	116,490	122,063	356,253	2,292	3,102	3,807	9,201
Laos	55,539	80,856	69,116	205,511	15,994	31,305	23,246	70,545
Mongolia	14,983	14,956	10,617	40,556	5,637	8,255	2,329	16,221
Myanmar	59,375	42,710	50,561	152,646	4,616	16,043	19,576	40,235
Papua New Guinea	1,914	1,252	17,885	21,051	420	358	68	846
Philippines	90,389	203,487	291,789	585,665	28,104	70,866	86,537	185,507
Solomon Islands	37,391	41,034	39,750	118,175	10,497	29,114	13,229	52,840
Vietnam	1,533,609	3,048,113	3,930,533	8,512,255	554,731	1,424,424	1,598,200	3,577,355
SOUTH ASIA	9,293,430	10,969,333	10,085,840	30,348,603	3,831,918	4,464,534	3,877,271	12,173,723
Afghanistan	352,199	381,682	277,861	1,011,742	147,139	156,280	125,708	429,127
Bangladesh	3,942,550	4,073,814	2,816,043	10,832,407	1,827,819	1,918,284	1,288,566	5,034,669
Bhutan		90	7	97		24		24
India	2,597,662	3,550,881	3,546,008	9,694,551	1,129,972	1,538,722	1,536,976	4,205,670
Nepal	1,139,377	1,575,652	1,592,847	4,307,876	432,456	574,264	611,190	1,617,910
Pakistan	1,229,565	1,236,063	1,724,964	4,190,592	286,051	246,231	287,347	819,629
Sri Lanka	32,077	151,151	128,110	311,338	8,481	30,729	27,484	66,694
WESTERN HEMISPHERE	328,191	689,557	639,851	1,657,599	133,437	359,213	208,580	701,230
Bolivia	129,461	257,234	337,408	724,103	43,850	128,571	85,200	257,621
Haiti	100,063	106,722	162,145	368,930	47,126	46,714	72,125	165,965
Honduras	84,171	311,653	140,298	536,122	35,594	176,589	51,255	263,438
Nicaragua	14,496	13,948		28,444	6,867	7,339		14,206
Grand total	37,622,935	47,610,638	48,825,314	134,058,887	11,833,133	24,224,201	19,481,082	55,538,416

Annex 3: Key drivers of service delivery expansion identified by FP2020 focus Member Associations

				KEY	Rated first	1	Rated second	2	Rated third	3
Region	**Member association**	Mobile services	Expanding package of services	Community-based services	Social franchising	Public-private partnerships	Youth-friendly services	Integration of existing services	Expansion of static clinics	
Africa Region	Benin	2			3			1		
	Burkina Faso	1		2	3					
	Burundi	1	2							
	Democratic Republic of Congo	1		3				2		
	Ethiopia	2			1		3			
	Ghana	2			1		3			
	Kenya	2		1						
	Liberia	2						1		
	Nigeria			2				3	1	
	Senegal	3			1					
	Togo	2						1		
	Uganda	1		3				2		
Arab World Region	Egypt		1			3	2			
	Mauritania	2	1							
	Morrocco			1		3	2			
	Palestine	2	1			3				
	Syria	2	1							
European Network	Kyrgyzstan		2				3		1	
South Asia Region	Afghanistan	3				1				
	India	2	3						1	
	Nepal	3		1			2			
	Pakistan	1	3		2					
	Sri Lanka	1	3					2		
Western Hemisphere Region	Bolivia		2				3		1	
	Brazil					1	3			
	Columbia					1	2			
	El Salvador		2	1						
	Honduras								1	
	Mexico			2		3	1			
	Peru				1	3			2	
	Number of Member Associations that selected each driver	**20**	**11**	**10**	**8**	**8**	**8**	**7**	**6**	

Annex 4: IPPF performance results, by region, 2010–14, all Member Associations

Indicator	Year	Africa Region	Arab World Region	European Network	East and South East Asia and Oceania	South Asia	Western Hemisphere	Total
Number of sexual and reproductive health services provided	**2014**	**68,440,043**	**7,033,947**	**1,441,574**	**17,865,237**	**25,748,477**	**28,751,235**	**149,280,513**
	2013	56,224,075	5,324,128	1,513,632	18,503,983	22,954,892	32,222,952	136,743,662
	2010	29,968,031	1,930,746	1,506,577	9,493,922	14,664,943	30,668,160	88,232,379
Number of couple years of protection	**2014**	**4,782,919**	**325,161**	**41,359**	**708,758**	**2,927,656**	**5,770,382**	**14,556,235**
	2013	2,612,058	236,825	44,087	720,455	2,778,020	5,687,013	12,078,458
	2010	1,102,342	269,789	36,136	834,726	1,903,573	4,781,999	8,928,565
Number of sexual and reproductive health services provided to young people (under 25 years) (as a % of all services provided)	**2014**	**31,528,229 (46%)**	**3,296,049 (47%)**	**820,190 (56%)**	**8,537,572 (48%)**	**11,292,624 (44%)**	**11,090,263 (39%)**	**66,564,927 (45%)**
	2013	31,648,417 (56%)	2,469,046 (46%)	741,829 (49%)	7,491,076 (40%)	10,619,393 (47%)	13,264,128 (41%)	66,233,889 (48%)
	2010	11,317,560 (38%)	424,714 (22%)	779,239 (52%)	2,382,796 (33%)	6,882,495 (47%)	9,214,640 (30%)	31,001,444 (35%)
Number of abortion-related services provided	**2014**	**1,234,460**	**130,814**	**128,333**	**408,147**	**468,291**	**1,409,838**	**3,779,883**
	2013	542,659	84,603	107,591	278,138	382,454	1,561,325	2,956,770
	2010	165,161	40,149	101,806	169,098	500,816	793,869	1,770,899
Number of HIV-related services provided	**2014**	**16,966,369**	**1,248,493**	**363,533**	**2,909,875**	**4,103,844**	**6,165,919**	**31,758,033**
	2013	10,816,060	927,296	294,321	2,831,187	3,041,772	6,829,869	24,740,505
	2010	3,786,620	283,963	203,939	1,380,321	1,587,416	5,048,516	12,290,775
Estimated number of IPPF clients who are poor and vulnerable (as a % of all clients)	**2014**	**27,130,781 (91%)**	**2,613,076 (86%)**	**1,463,017 (57%)**	**7,814,164 (80%)**	**8,226,905 (88%)**	**5,334,712 (74%)**	**52,582,655 (85%)**
	2013	21,647,085 (83%)	2,354,933 (85%)	1,391,101 (60%)	8,378,044 (76%)	9,422,826 (88%)	5,655,969 (78%)	48,849,958 (81%)
	2010	4,640,396 (73%)	347,441 (49%)	478,508 (30%)	6,894,071 (77%)	5,780,588 (82%)	5,746,949 (68%)	23,887,953 (72%)
Proportion of Member Associations providing the Integrated Package of Essential Services	**2014**	**26%**	**50%**	**n/a†**	**4%**	**56%**	**43%**	**30%**
	2013	13%	45%	n/a†	0%	56%	50%	26%
	2010	5%	0%	n/a†	4%	13%	15%	7%
Number of young people (below 25 years of age) who completed a comprehensive sexuality education programme delivered by Member Association staff	**2014**	**591,554**	**1,043**	**473,997**	**22,381,707**	**212,849**	**1,573,019**	**25,234,169**
	2013	873,340	1,689	437,939	22,447,386	162,712	1,176,516	25,099,582
	2010	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Annex 5: IPPF number of couple years of protection provided, by region, by method, 2010–14, all Member Associations

Type of method	Year	Africa Region	Arab World Region	European Network	East and South East Asia and Oceania	South Asia	Western Hemisphere	Total
Number of responses	**2014**	**(n=38)**	**(n=10)**	**(n=20)**	**(n=24)**	**(n=9)**	**(n=26)**	**(n=127)**
	2013	(n=39)	(n=11)	(n=20)	(n=26)	(n=9)	(n=29)	(n=134)
	2010	(n=37)	(n=9)	(n=18)	(n=22)	(n=8)	(n=27)	(n=121)
Intrauterine devices	**2014**	**443,255**	**242,124**	**23,443**	**242,058**	**960,374**	**1,791,135**	**3,702,389**
	2013	396,051	192,349	22,209	207,166	797,980	1,746,698	3,362,453
	2010	236,998	235,258	9,531	213,573	443,213	1,604,423	2,742,996
Oral contraceptive pill	**2014**	**1,399,568**	**33,683**	**5,249**	**60,177**	**427,103**	**743,339**	**2,669,119**
	2013	578,948	18,826	6,369	152,463	455,862	800,430	2,012,899
	2010	156,677	20,214	2,191	125,498	370,609	545,658	1,220,847
Implants	**2014**	**1,296,345**	**21,833**	**544**	**54,394**	**109,188**	**909,864**	**2,392,168**
	2013	481,480	9,339	6,799	39,251	99,745	758,851	1,395,465
	2010	133,076	385	3,477	16,610	13,911	197,905	365,364
Voluntary surgical contraception (vasectomy and tubal ligation)	**2014**	**67,230**	**-**	**290**	**76,060**	**738,398**	**1,193,420**	**2,075,398**
	2013	40,670	-	180	32,450	757,815	1,199,120	2,030,235
	2010	13,210	-	3,760	33,220	530,833	1,258,620	1,839,643
Injectables	**2014**	**891,297**	**13,050**	**628**	**54,353**	**258,008**	**653,649**	**1,870,985**
	2013	658,311	10,342	29	63,257	237,221	636,373	1,605,534
	2010	289,276	7,271	46	75,021	171,968	428,810	972,392
Condoms	**2014**	**677,083**	**12,869**	**10,499**	**219,611**	**345,589**	**294,829**	**1,560,481**
	2013	451,314	5,101	7,671	224,150	348,513	331,506	1,368,256
	2010	261,970	5,247	15,613	368,052	311,215	622,026	1,584,123
Emergency contraception	**2014**	**6,915**	**509**	**513**	**1,162**	**88,997**	**90,688**	**188,783**
	2013	3,868	41	365	1,093	80,883	120,467	206,717
	2010	1,303	391	86	1,287	61,825	122,960	187,852
Other hormonal methods	**2014**	**109**	**-**	**96**	**58**	**-**	**70,458**	**70,721**
	2013	19	-	265	46	-	93,388	93,718
	2010	15	-	-	90	-	689	794
Other barrier methods	**2014**	**1,116**	**1,092**	**98**	**884**	**-**	**23,000**	**26,191**
	2013	1,396	827	200	578	-	179	3,180
	2010	9,816	1,022	1,434	1,375	-	907	14,554
Total	**2014**	**4,782,919**	**325,161**	**41,359**	**708,758**	**2,927,656**	**5,770,382**	**14,556,235**
	2013	2,612,058	236,825	44,087	720,455	2,778,020	5,687,013	12,078,457
	2010	1,102,341	269,788	36,138	834,726	1,903,574	4,781,998	8,928,565

Annex 6: IPPF number of sexual and reproductive health services provided, by region, by service type, 2010–14, all Member Associations

Type of service	Year	Africa Region	Arab World Region	European Network	East and South East Asia and Oceania	South Asia	Western Hemisphere	Total
Number of responses	**2014**	**(n=38)**	**(n=11)**	**(n=21)**	**(n=25)**	**(n=9)**	**(n=27)**	**(n=131)**
	2013	(n=39)	(n=11)	(n=20)	(n=26)	(n=9)	(n=29)	(n=134)
	2010	(n=37)	(n=9)	(n=18)	(n=22)	(n=8)	(n=27)	(n=121)
Contraceptive (including counselling)	**2014**	**33,077,706**	**1,059,860**	**366,073**	**6,794,082**	**10,093,135**	**8,879,481**	**60,270,337**
	2013	30,599,413	795,843	413,444	6,886,842	10,983,863	10,279,728	59,959,133
	2010	16,817,092	634,570	324,929	4,621,885	7,909,074	13,506,032	43,813,582
Gynaecological	**2014**	**5,705,374**	**1,539,829**	**144,073**	**1,538,828**	**2,923,278**	**7,558,157**	**19,409,539**
	2013	3,893,087	1,192,483	194,176	1,722,947	1,844,284	8,492,873	17,339,850
	2010	450,223	381,383	88,872	1,115,931	900,651	7,023,958	9,961,018
Sexually transmitted infections/reproductive tract infections	**2014**	**6,153,417**	**612,330**	**223,126**	**1,984,749**	**2,034,447**	**5,102,624**	**16,110,693**
	2013	3,196,533	468,709	145,257	1,763,451	1,399,150	5,208,620	12,181,720
	2010	444,918	111,195	74,734	741,253	756,790	3,924,661	6,053,551
HIV and AIDS (excluding sexually transmitted infections/ reproductive tract infections)	**2014**	**10,812,952**	**636,163**	**140,407**	**925,126**	**2,069,397**	**1,063,295**	**15,647,340**
	2013	7,619,527	458,587	149,064	1,067,736	1,642,622	1,621,249	12,558,785
	2010	3,341,702	172,768	129,205	639,068	830,626	1,123,855	6,237,224
Obstetric	**2014**	**3,297,813**	**1,748,052**	**40,089**	**869,957**	**3,953,816**	**2,251,975**	**12,161,702**
	2013	2,392,488	1,013,722	48,505	1,542,596	2,504,204	2,436,668	9,938,183
	2010	770,240	289,563	19,428	810,009	1,450,436	2,836,314	6,175,990
Paediatric	**2014**	**2,069,909**	**687,164**	**1,152**	**3,093,629**	**1,848,229**	**496,585**	**8,196,668**
	2013	1,569,934	739,501	234	3,185,489	1,735,221	516,824	7,747,203
	2010	261,267	35,891	230	77,559	856,439	277,427	1,508,813
Sexual and reproductive health: medical	**2014**	**3,798,828**	**64,501**	**6,366**	**687,815**	**1,245,149**	**421,095**	**6,223,754**
	2013	3,757,839	177,395	3,431	646,304	958,808	541,399	6,085,176
	2010	4,561,180	28,891	10,208	336,304	497,681	106,808	5,541,072
Specialized counselling	**2014**	**1,526,113**	**401,584**	**382,703**	**1,449,818**	**757,900**	**1,098,244**	**5,616,362**
	2013	2,195,596	292,024	439,247	1,306,898	1,338,975	1,091,277	6,664,017
	2010	3,082,671	223,702	753,106	914,430	867,061	802,455	6,643,425
Abortion-related	**2014**	**1,234,460**	**130,814**	**128,333**	**408,147**	**468,291**	**1,409,838**	**3,779,883**
	2013	542,659	84,603	107,591	278,138	382,454	1,561,325	2,956,770
	2010	165,161	40,149	101,806	169,098	500,816	793,869	1,770,899
Infertility	**2014**	**579,471**	**84,273**	**7,310**	**74,288**	**155,294**	**78,725**	**979,361**
	2013	301,688	53,772	9,842	59,174	135,927	72,139	632,542
	2010	9,370	2,448	202	31,370	2,594	221,708	267,692
Urological	**2014**	**184,000**	**69,377**	**1,942**	**38,798**	**199,541**	**391,216**	**884,874**
	2013	155,311	47,489	2,841	44,408	29,384	400,850	680,283
	2010	64,207	10,186	3,857	37,015	92,775	51,073	259,113
Total	**2014**	**68,440,043**	**7,033,947**	**1,441,574**	**17,865,237**	**25,748,477**	**28,751,235**	**149,280,513**
	2013	56,224,075	5,324,128	1,513,632	18,503,983	22,954,892	32,222,952	136,743,662
	2010	29,968,031	1,930,746	1,506,577	9,493,922	14,664,943	30,668,160	88,232,379

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

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4 Newhams Row, London SE1 3UZ, UK
tel +44 (0)20 7939 8200
fax +44 (0)20 7939 8300
web www.ippf.org
email info@ippf.org

UK Registered Charity No. 229476
Edited and typeset by
Brooke Boyanton
Creative Design Officer (IPPF)

IPPF has been at the vanguard of rights-based voluntary family planning for over 60 years.

Our new Strategic Framework 2016–2022 will make us a high-performing, accountable and united Federation, able to make a real impact as a sexual and reproductive health and rights movement over the next seven years. It will guide national Member Associations and partners in formulating their own country-specific strategies, based on their resources and tailored to serve the most marginalized groups in local contexts.

This report showcases IPPF's innovation and impact as the global leader in family planning services and advocacy.

Working together as a global Federation, we will achieve our goal of providing access to human rights-based family planning for 60 million new users by 2020, wherever they live, and whatever their circumstances. IPPF pledges and commits our vision, leadership, experience and expertise to lead the global movement to make universal access to comprehensive family planning a reality.