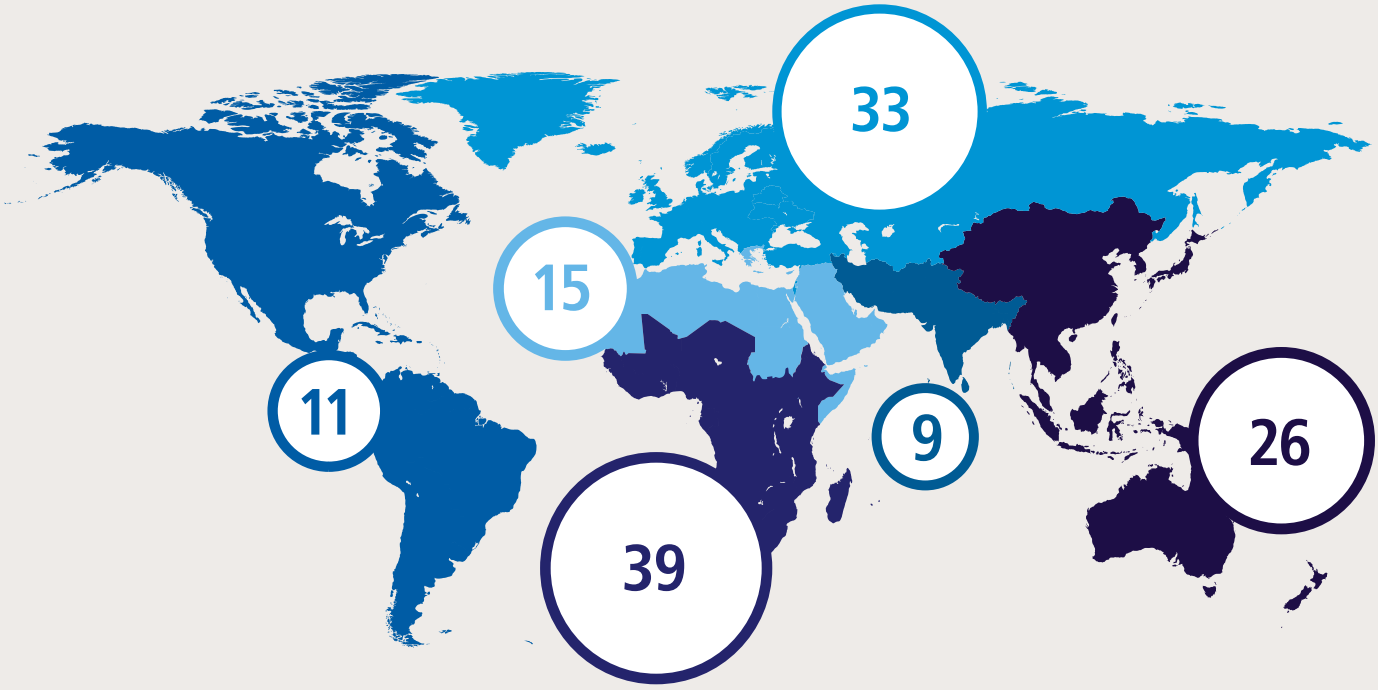
IPPF

ANNUAL PERFORMANCE REPORT 2020

DELIVERING NO MATTER WHAT



WHO WE ARE

The International Planned Parenthood Federation (IPPF) is a global healthcare provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide Federation of national organizations working with and for communities and individuals in more than 140 countries.

133 Member Associations and Collaborative Partners

7 Secretariat offices

33,075 staff

81% of Member Associations have at least one young person on their governing body

87% of Member Associations have a written gender equality policy

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

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

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

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Photo: IPPF/Hannah Maule-ffinch/Lebanon

FOREWORD

IPPF's *Annual Performance Report 2020* summarizes progress made in the fifth year of the *Strategic Framework 2016–2022*[1] and describes the vital work of IPPF as a global service provider and advocate of sexual and reproductive health and rights for all.

We believe we can radically improve performance by unleashing capabilities throughout the Federation. We understand that Member Associations (MAs) are what sets IPPF apart and that putting them at the centre of the Federation is key. But little did we know, at the start of 2020, that COVID-19 would come to test us – and the world – in the way it has.

The COVID-19 pandemic caused significant disruption to frontline services as many of our clinics had to close in the first quarter of the year, staff had to be furloughed and outreach activities had to be interrupted or scaled down. At the same time, we witnessed a global shortage of essential supplies including personal protective equipment (PPE) and contraceptives as manufacturers had to temporarily stop production.

The reformed global Federation governance, and the new, unified Secretariat it enabled, have been critical to helping us get through this pandemic. As this report confirms, the speed with which we could mobilize and allocate emergency resources, the flow of data and information and the reporting back to donors have been unprecedented. And it has generated new confidence in donors.

MAs have shown extraordinary resilience, advocating with their governments for the inclusion of sexual and reproductive health as essential healthcare. Several played a critical role in influencing policy changes to sustain access to services. These included approval of telemedicine, online consultations, home use of medical abortion, and the provision of online comprehensive sexuality education (CSE). In total, IPPF contributed to 136 policy and legislative changes in support or defence of sexual and reproductive health and rights and gender equality.

MAs also adapted their service delivery models. The report presents the move towards online platforms for sustaining the provision of both CSE and sexual and reproductive health care. And it shows the care that was taken to ensure that alternative mechanisms were in place to reach young and vulnerable groups who may not have access to digital technology, including home visits or specific meeting places. Such hybrid and flexible strategies were critical as we saw a significant increase globally in sexual and gender-based violence (SGBV).

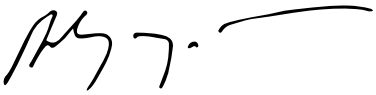
Through their ability to adapt and innovate, MAs were able to mitigate the impact of the pandemic and keep up their performance. From the dramatic impact we saw in March and April, we have built back and have finished the year with a decline in sexual and reproductive health services delivered of only 13 per cent compared to 2019. This is testament to the resilience and adaptation of our front-line healthcare workers and the impact of large service delivery programmes such as the Women's Integrated Sexual Health (WISH) project, funded by the UK Foreign, Commonwealth and Development Office (FCDO), which has contributed to keeping our Couple Years of Protection (CYP) at similar levels to 2019 (26.8 million).

In 2020, an estimated 168.5 million people needed humanitarian assistance and protection – a significant increase on 2019, which was already the highest year in decades – and this number continues to rise. In addition to the challenges of the pandemic, many countries suffered natural disasters and armed conflicts. Supported through IPPF's humanitarian programme and making use of their local presence and partnerships, IPPF MAs provided services to 5.5 million people in crisis settings.

While all this was happening, IPPF was changing. By choice. For choice. In 2020 we implemented the changes agreed at our November 2019 General Assembly. We produced new by-laws and regulations, updated our policies and selected a new Board and Committees.

Thanks to the confidence and hard work of our donors and supporters, our income was at record levels (US$166.1m compared to US$163.7m in 2019). We restructured the Secretariat to ensure greater alignment and efficiency, allowing a six per cent increase in the core resources provided by our generous supporters to flow to the MAs and their front-line services.

We look to 2021 and it is unlikely to be any easier. In many parts of the world, the pandemic shows no signs of abating, and it continues to spotlight the enormous and growing inequalities that are tearing this world apart. But 2020 has shown us, as this report proves, that IPPF will continue to advocate and provide services, no matter what. In 2020 IPPF MAs made it crystal clear to all those who rely on us for care and support: we care about you, no matter what. We will only get stronger. Thank you all for making it possible.



Dr Alvaro Bermejo
Director-General, IPPF

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 fulfil sexual and reproductive rights and gender equality

OUTCOME 2

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

OUTCOME 3

2 billion
quality integrated sexual and reproductive health services delivered

OUTCOME 4

1
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 safe abortion and 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

VOLUNTEERISM

PASSION

DIVERSITY

ACCOUNTABILITY

CHAMPION RIGHTS

OUTCOME 1

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

Priority Objective 1: Galvanize commitment and secure legislative, policy and practice improvements

Priority Objective 2: Engage women and youth leaders as advocates for change

IPPF is a leading global advocate for making sexual and reproductive health and rights a reality for all. In coalition with civil society organizations, IPPF works to achieve legal and policy change in support of its mandate. Figure 1 presents IPPF's 2020 results for Outcome 1 Priority Objectives.

In total, IPPF contributed to 136 policy and legislative changes in support or defence of sexual and reproductive health and rights and gender equality during 2020. Of this total, MAs contributed 23 wins at a subnational level and 82 at a national level. The diversity of themes addressed by IPPF's advocacy efforts is demonstrated in Figure 2.

IPPF conducts advocacy activities in a range of key global fora to support UN Member States to introduce new text or defend against proposed changes to language relating to sexual and reproductive health and rights. Through this approach, IPPF achieved a total of seven global advocacy wins during 2020 including successes on the Political Declaration of the UN Commission on the Status of Women,[2] and the Human Rights Council session resolution on the Elimination of Female Genital Mutilation.[3]

At the regional level, IPPF recorded a total of 23 advocacy wins, comprising 22 in the European Network and one in the ESEAOR region.

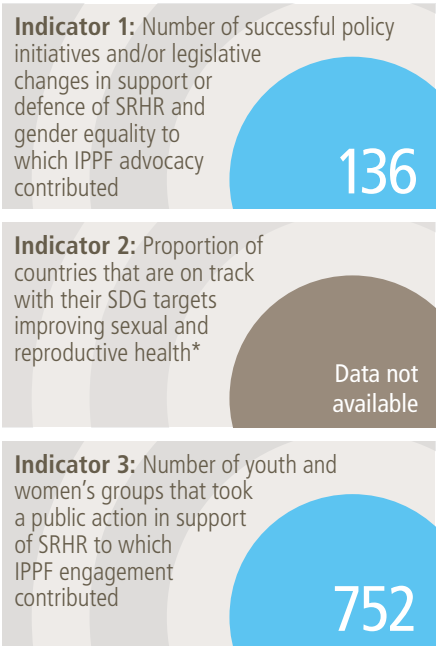
In 2020, IPPF continued to implement the *Advocacy Common Agenda*,[4] aiming to achieve national political change and accountability as well as influence governments to introduce or uphold laws and policies to advance sexual and reproductive health and rights and make international agreements a reality in women's and girls' lives. As part of this strategy, IPPF continued to improve the linkages between its global, regional and country-level advocacy efforts across priority areas including universal access to sexual and reproductive health and rights (SRHR), abortion, comprehensive sexuality education (CSE), sexual and gender-based violence (SGBV) and gender equality.

IPPF continued to adapt its advocacy efforts (despite shrinking space for civil society organizations in many countries), expanded into virtual-based diplomatic and intergovernmental spaces, and maintained an active participation across key processes, resolutions and debates, notably within the UN, European Union and African Union. IPPF continued to support the Movement Accelerator and its three centres working on Opposition, Building Narratives and Social Movements. IPPF also launched a report[5] which offers a detailed analysis of the commitments made by national governments during the Nairobi Summit to mark the 25th anniversary of the International Conference on Population and Development (ICPD).

IPPF maintained its opposition to the Global Gag Rule (before its repeal in January 2021) which prohibited foreign non-governmental organizations (NGOs) who receive US global health assistance from providing legal abortion services or referrals, while also barring advocacy for abortion law reform – even if carried out with the NGO's own funds. In 2017, President Trump expanded the Global Gag Rule, applying it to recipients of any US global health funding. Since then, the policy has contributed to an increase in unintended and high-risk pregnancies and unsafe abortions, culminating in unnecessary maternal deaths. For IPPF, 53 healthcare projects in 32 countries were impacted by the Global Gag Rule, with some MAs losing up to 60 per cent of their funding.

A total of 107 MAs carried out advocacy during 2020 to ensure that national governments live up to their commitments in setting and delivering targets under the

FIGURE 1
OUTCOME 1: PERFORMANCE RESULTS, 2020



* Metric removed from IPPF's Performance Dashboard in 2020.

Sustainable Development Goals. This is a four per cent decrease from 111 in 2019. These activities call on governments to allocate sufficient financial resources for their SDG commitments, and to collect and report results on progress at a national level.

IPPF supported a total of 752 youth and women's groups in 2020 to take public action in support of SRHR, a slight decrease of one per cent from 2019. This includes 168 youth groups, 476 women's groups and 108 groups that support both women and young people.

The next section presents IPPF's success in advocating for SRHR during the COVID-19 pandemic, and in advocating to the European Parliament to condemn Poland's restrictions on abortion and disregard for the rule of law. Two case studies from MAs are also included, on new SGBV courts in Botswana and on support groups for survivors of SGBV in India.

FIGURE 2 NUMBER OF SUCCESSFUL POLICY INITIATIVES AND/OR LEGISLATIVE CHANGES, BY THEME, 2020

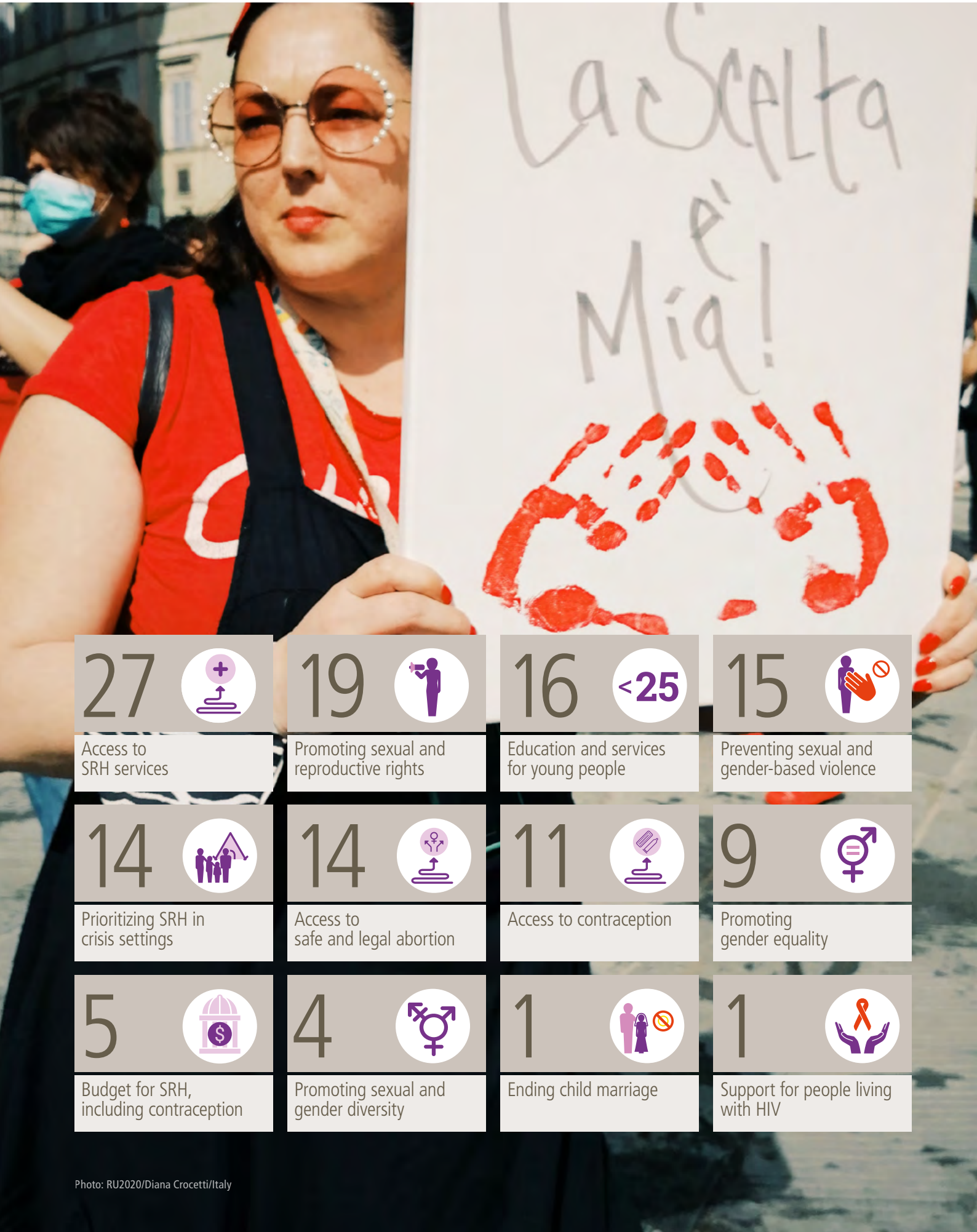


Photo: RU2020/Diana Crocetti/Italy

PROTECTING AND FIGHTING FOR SRHR IN TIMES OF COVID-19

Since the early stages of the COVID-19 pandemic, IPPF and its MAs have been actively engaged in advocacy with their governments as well as regional and international decision makers, and other civil society organizations. The aim is to ensure that access to sexual and reproductive health and rights (SRHR) is safeguarded and available to all, and to counter extremist positions which seek to rob women and girls of their human rights and undermine their ability to access SRHR.

Opponents of SRHR have repeatedly used the COVID-19 pandemic to push back against hard-won gains on women's rights, attempting to restrict access to SRHR. IPPF and its MAs have actively advocated to make sure that SRHR does not become deprioritized in the fight against COVID-19, to ensure the sustainability of service provision and programme delivery as well as to secure long-term investment, funding, and support for SRHR.

A key element of an efficient SRHR response to the pandemic has been advocacy across a range of global resolutions and debates that reflects the important work of MAs to ensure the introduction and approval of telemedicine, online consultations, home use of medical abortion and the provision of online comprehensive sexuality education (CSE). While the approaches were in some cases introduced as temporary measures, they offered an opportunity to pilot solutions for the long term.

Adapting to the challenges of working across virtual and hybrid spaces to carry out advocacy with limited or no access to negotiation sessions, IPPF worked closely with UN Member States and civil society partners to ensure strong language on SRHR and women's and girls' rights in the context of COVID-19. Key achievements of IPPF's advocacy include influencing key resolutions from the European Union, the African Union, the UN Human Rights Council (*Female genital mutilation*[6] and *Elimination of all forms of discrimination against women*[7]) and the UN General Assembly (*Intensification of efforts to prevent and eliminate all forms of violence against women and girls*[8]) in order to highlight women's and girls' specific needs in the context of COVID-19.

Two additional General Assembly resolutions dedicated to women and girls (*Women and Girls and the Response to COVID-19*[9] and *Strengthening National and International Rapid Response to the Impact of COVID-19 on Women and Girls*[10]), as well as the Omnibus resolution on COVID-19, address sexual and reproductive health (SRH) in relation to the pandemic. As part of these efforts, IPPF contributed to the exclusion of language in these resolutions that would have rolled back standards. The opposition proposed qualifiers in the text on the phrase 'sexual and reproductive health', which would have limited its interpretation to that contained within the ICPD and Beijing agendas that were negotiated more than 25 years ago. This would have excluded reproductive rights and would have taken the interpretation of SRH back to where it was in 1994. IPPF alerted Member States to this danger and supported them to successfully stand up against this opposition tactic.

DEFENDING ABORTION RIGHTS IN POLAND

Poland's highly restrictive abortion laws became a near-total abortion ban in 2020: a provision of the 1993 law allowing abortion in cases of foetal abnormalities was ruled unconstitutional by the Polish Constitutional Court in October 2020. IPPF put the full weight of its advocacy resources into challenging the Polish authorities' increasingly repressive stance on sexual and reproductive health and rights (SRHR) by supporting activists in Poland and mobilizing the support of European decision makers, including the European Parliament (EP), which officially condemned the decision of the Polish authorities.

In Poland, the coalition in power rules parliament, while the government has undermined the independence of the judiciary (including the Constitutional Court) and controls the media. As traditional advocacy would be ineffective in this context, IPPF's European Network Regional Office (ENRO) took a radical approach, supporting local social movements and using every available channel to create a coalition of protest despite there being no IPPF MA in Poland. IPPF used its reach to amplify the voices of those in Poland resisting the attacks on reproductive freedom. Working with partners in Brussels, IPPF's coalition to fight the ban included Polish activists and women's rights defenders, other SRHR, human rights and civil society organizations, and a secretariat of parliamentary groups. IPPF helped secure support in the EP by making the link between attacks against SRHR and violations of broader EU values and by reaching out to both traditional allies and the 'movable middle' members of the EP, contacting many individually to gain their backing. This work resulted in two major wins.

The European Parliament Resolution in September 2020 on Poland's breaches of the rule of law strongly condemned attempts by Poland to criminalise CSE and virtually ban access to abortion care. It reaffirmed that comprehensive sexuality education (CSE) and SRHR are fundamental human rights, and that restrictive abortion laws violate women's human rights and can constitute violence against women. It called on Poland to refrain from any further attempts to restrict women's SRHR, linking the rule of law and EU values with respect for SRHR.

A second resolution in October 2020 denounced the virtual ban on access to abortion care which violates women's human rights and the serious breaches of the rule of law in Poland. It condemns the violence against protesters and the decision by Poland to withdraw from the Istanbul Convention to tackle gender-based violence. Finally, it calls on the Commission to support and develop guidelines for Member States to guarantee universal access to sexual and reproductive health services, including abortion.

This process affirms that exists in the European Parliament for women's rights and SRHR, keeps the focus and pressure on Poland and hopefully acts as some level of deterrent for other EU Member States who would seek to follow Poland's lead. These two wins are part of ongoing efforts by IPPF to defend rights and maintain pressure for change in Poland.

NEW SEXUAL AND GENDER-BASED VIOLENCE COURTS IN BOTSWANA

Botswana Family Welfare Association (BOFWA)

In common with many parts of the world, Botswana saw a dramatic rise in cases of sexual and gender-based violence (SGBV) during the COVID-19 lockdown.

Nearly 70 per cent of women in Botswana report that they have experienced physical or sexual abuse – more than double the global average, according to the United Nations Population Fund (UNPFA).[11] Police statistics indicate a spike in cases in 2020 with 2,789 rapes recorded between January and October compared with a total of 2,265 during all of 2019, while Botswana GBV Prevention Support Centre saw admissions to its shelters more than triple between the first and second quarters of 2020.

In response to this rise in abuse a consortium made up of IPPF's local MA Botswana Family Welfare Association (BOFWA), SRHR Africa Trust and Botswana GBV Prevention and Support Centre came together to campaign on the issue and warn policy-makers that lockdown curbs were exacerbating high rates of gender-based violence by trapping women at home with abusers.

Several platforms were used to advance advocacy on SGBV in 2020: the Civil Society Organization Forum, the Parliamentary Portfolio Committee on Youth, Sports, Arts & Culture, partner ministries and local community networks.

After raising awareness, a call was made to the government to set up special courts to address the rapidly increasing number of SGBV cases in the country. In response, in late 2020 Botswana launched 25 gender violence courts – a measure the government hopes will bring swifter justice for victims of sexual and domestic abuse.

Before the special courts were established it could take a frustrating and dangerous length of time to have a case heard. The courts sat between January and March 2021 in Molepolole and Francistown and already about 90 per cent of a long backlog of cases has been cleared.

This success is based on many years of advocacy by BOFWA on SGBV in all age groups. As part of its advocacy work BOFWA engaged with communities, sharing information on sexual and reproductive health and rights, encouraging people to report incidences of SGBV and to take advantage of the new courts. Though the courts have been established, the prevalence of SGBV remains high. BOFWA will increase the number of communities it monitors and continue to use evidence-based advocacy to alert policy-makers to the magnitude of the problem.

Because of this campaigning work, survivors of SGBV can now be more confident that reporting abuse will allow their voices to be heard, in turn encouraging others to speak out and get justice.

SUPPORTING SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE IN INDIA

Family Planning Association of India (FPAI)

Sexual and gender-based violence (SGBV) is often perceived as a private issue and its hidden nature contributes to its normalization in women's lives. Community groups like Shor Dal and the A1 Group in Madhya Pradesh are helping to identify and tackle it through engagement with communities. The Family Planning Association of India (FPAI) has helped both groups develop their work and become self-sustaining.

Shor Dal, meaning 'Make-a-Noise', is a women's collective in Gwalior. Dressed in their signature pink sarees, they visit women living in violent relationships and mediate to stop the violence, protest to make the issue public and support survivors. Thanks to their visibility and unity across caste barriers, they are challenging the normalization of domestic violence. FPAI complements their work by providing legal support to survivors, referring them to the local Family Counselling Centre and deputizing a counsellor at the Superintendent of Police's Office to help women reporting abuse.

Shor Dal also helps women survivors become self-reliant through income-generating beautician and tailoring classes. These, too, are supported by FPAI's Gwalior team who provided them with sewing machines, mirrors and beauty products.

FPAI's Gwalior team has also referred 20 support group members from rural and underprivileged urban areas to work on the Urgent Relief and Just Action (URJA) help desks at police stations. The URJA desks offer an opportunity for women who might otherwise be too frightened to go to a central police station to report violent abuse. The volunteers received training on SGBV issues, identifying survivors, collecting evidence, forming support systems, and legal advice.

In Indore, the A1 Group – made up of survivors of violence – supports abused women through counselling, linking them to refuges, government schemes, and legal help through the District Legal Services Authority. Taking legal action for SGBV is rare in India – only an estimated four per cent of cases end in legal redress.

The FPAI project team in Indore, which comprises three mentors and a project coordinator, has been collaborating with Pardeshipura police station's women's unit to refer SGBV survivors for support and health sessions. Women have been able to access a range of services, including SGBV and HIV services, as well as counselling and referral to safe houses, government schemes, and legal support.

FPAI continues to work with support groups across its 45 branches and programmes to create an enabling environment for women to get the support they need. It is expanding the models provided by Shor Dal and A1 to its other branches in Madhya Pradesh, enrolling more community volunteers to call out SGBV and remind women 'you're not alone'.

EMPOWER COMMUNITIES

OUTCOME 2

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

Priority Objective 3:
Enable young people to access comprehensive sexuality education and realize their sexual rights

Priority Objective 4:
Engage champions, opinion formers and the media to promote health, choice and rights

IPPF is committed to supporting people to make decisions about their sexual and reproductive health and rights (SRHR), and to act freely without coercion. Providing information, and in particular comprehensive sexuality education (CSE) to young people, is at the heart of this strategy. IPPF's 2020 results under Outcome 2 are presented in Figure 3.

IPPF provides CSE sessions in schools and other settings, with MAs forming partnerships and making arrangements that fit local needs while ensuring a rights-based curriculum. In 2020, the COVID-19 pandemic resulted in school closures and lockdowns, hindering the provision of in-person CSE. Many MAs adapted quickly to run CSE sessions online, while others made use of existing peer educator programmes to continue reaching young people without access to digital technology, where possible. In total, IPPF provided 25.5 million young people with CSE during 2020, of which 87 per cent was provided by the China Family Planning Association. Other MAs reaching large numbers of young people in 2020 included Burkina Faso, Ethiopia, and India. According to data from MAs, more than 200,000 of the young people accessing CSE in 2020 participated through digital channels – suggesting that this will increasingly be one of the effective and popular strategies to reach young people beyond the pandemic.

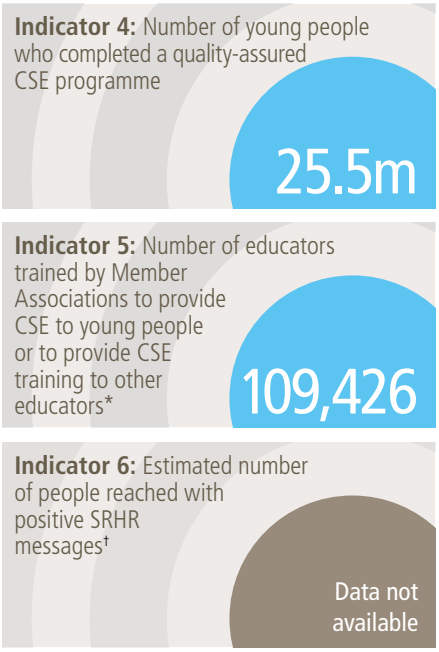
Over 109,000 young people were trained as CSE educators by IPPF MAs in 2020. The majority of these were within the Americas and Caribbean region (35 per cent), the European Network (31 per cent) and the Africa region (24 per cent).

As part of IPPF's *Business Plan*,[12] progress was made on several youth-focused initiatives during 2020. FPA India led the design of a new Social Venture Fund which will play a catalytic role in fostering innovation and enabling entrepreneurship among the MAs and their partners globally. This was initiated with an Innovation Challenge, supporting 15 start-ups and youth innovators to identify technological solutions to sexual and reproductive health-related problems prioritized by young people. Solutions presented included a multilingual app-based CSE programme, a rapid test for very early detection of pregnancy, non-invasive point-of-care diagnostic tests for detecting polycystic ovary syndrome and ovulation monitoring, and eco-friendly solutions to dispose of sanitary pads. Given the enormous potential for innovation in the SRHR sector, the use of technology offers a multitude of opportunities to promote youth sexual and reproductive health, awareness on sex and sexuality, prevention of unintended pregnancies and better management of menstrual hygiene and menstruation-related disorders in young girls.

Another key component of the *Business Plan* is the establishment of IPPF CSE Centres of Excellence led by Rutgers, IPPF's MA in the Netherlands. Working in three regional centres in Togo, Colombia and Ghana, the project is organized around two pillars. Pillar one supports the MAs' self-directed service delivery, education and communication engagement in their own countries, while pillar two covers activities aimed at enabling others to implement and scale up services and education through the provision of technical assistance, sharing best practices, and knowledge production at national and regional levels. Thus far, its activities have included the development of a national app and e-learning course in Togo, accredited by the Ministry of Education, research into institutionalizing sexuality education, adapting sexuality education curricula, and digitalization of CSE in the Global South. The focus of their activities in 2021 will be on establishing regional knowledge exchange networks to increase their capacity to support others and generate knowledge.

The following two case studies demonstrate adaptations made by MAs in designing and providing CSE during the COVID-19 pandemic. The first of these looks at an initiative set up by the MA in Palestine, using Zoom to reach young people who cannot attend CSE in person. The second, in Ghana, explores how the MA identified new ways to provide CSE during the pandemic.

FIGURE 3
OUTCOME 2: PERFORMANCE RESULTS, 2020



* Metric revised as part of Performance Dashboard review in 2020.

† Metric removed from IPPF's Performance Dashboard in 2020.

DELIVERING CSE ONLINE IN PALESTINE

Palestinian Family Planning and Protection Association (PFPPA)

Young people in Palestine have been affected by the closure of social spaces resulting from the pandemic, including community centres and health clinics. Many young people have lost their jobs due to business shutdowns, and with schools and universities forced to close, they could not access essential sexual and reproductive health (SRH) information and services in safe and youth-friendly settings.

As COVID-19 spread, the Palestinian Family Planning and Protection Association (PFPPA) was forced to cancel all its outreach activities and training courses. It immediately switched its youth services and comprehensive sexuality education (CSE) sessions to digital platforms. Using 70 peer educators, it ran digital sexuality education sessions in the West Bank and Gaza via Zoom and WhatsApp groups through contacts with local youth community-based organizations and networks. Over 280 digital CSE sessions were conducted in 2020, reaching over 4,600 young people with an average of 14 participants per session.

Everyone involved, from staff to young people, had to quickly adapt to this new way of providing and accessing information and much learning was done in the process. The team observed that running afternoon and scheduled sessions maximized attendance. Keeping peer educators engaged and committed to the programme in these difficult circumstances required active inputs and follow-up. Connectivity was a challenge due to internet capacity, so the team adapted and ran staggered sessions at times to suit volunteers, peer educators and network availability. It was also noted that the younger generation (between the ages of 17 and 22) preferred Zoom, as they could discuss issues directly, with breakout rooms allocated to specific themes.

Digital delivery has enabled PFPPA to reach a greater number of young people than its geographical scope normally allowed. To build on the success of this approach, PFPPA is finalizing a mobile app to access SRH, sexual and gender-based violence and CSE information which will be launched in May 2021. The app will also aim to encourage greater youth participation in all areas of PFPPA's work.

Feedback from providers showed a need for clear guidelines to be developed for delivering digital CSE, to identify and standardize best practices from this innovative approach. The experience of this initiative showed that digital CSE is likely to be most effective when run alongside online classes during normal school hours and should complement, not replace, face-to-face service delivery. This shows that digtial CSE is a viable and effective means of reaching young people and has an important role to play in future provision.

> "It is great to know more about how your body changes from a scientific point of view."
>
> CSE session participant

SUPPORTING YOUTH-CENTRED PROGRAMMES IN TOGO

Association Togolaise pour le Bien-Etre Familial (ATBEF)

In common with many countries in West Africa, adolescents and young people constitute a significant proportion of the Togolese population, with 60 per cent of people aged under 25.[13] This youthful population faces daily challenges in accessing sexual and reproductive health (SRH) information and services, leading to high rates of early pregnancy and unsafe abortion.

In response to this situation, in 2020 Association Togolaise pour le Bien-Etre Familial (ATBEF) was established as a Centre of Excellence on Youth Centred Programming backed by IPPF, the Togolese Ministry of Health and a local NGO, Agir pour la Planification Familiale. Support was also provided by IPPF's MA in the Netherlands, Rutgers, which hosts the Global Comprehensive Sexuality Education (CSE) Centre as part of IPPF's *Business Plan*.

As a Centre of Excellence, ATBEF has a two-pronged approach: increasing uptake of quality rights-based, youth-focused SRH information and services, while at the same time strengthening the knowledge and expertise of other civil society organizations and IPPF MAs in the region to improve the lives of young people.

Acting as a mentor and drawing on its own good practice, the ATBEF Centre of Excellence has been piloting, testing, and implementing youth-focused and scalable programmes and strategies. The results have been impressive.

In its first year, ATBEF's Centre of Excellence provided 52,491 SRH services to young people and adolescents, 67 per cent of them young women and girls. As part of its commitment to supporting young people in today's changing digital environment, it also launched a mobile app, 'InfoAdoJeunes', offering information and free consultations, and set up a free online training platform on CSE. Since the launch of the app in May 2020, 945 users have benefited from teleconsultation services while 842 have accessed telecounselling. A total of 400 users accessed the training platform to subscribe to the online CSE course between June and December 2020. ATBEF also trained 1,100 teachers and community religious leaders in CSE, strengthened youth programmes in eight clinics and trained healthcare providers in delivering youth-friendly services.

Being a Centre of Excellence has consolidated ATBEF's position as a regional leader in the areas of CSE, youth-friendly services and community awareness, and will help shape the way IPPF MAs work in the future. The MAs in Côte d'Ivoire, the Democratic Republic of Congo, Central African Republic, Madagascar and Burundi have already benefited from the Centre's technical support.

ATBEF's Centre of Excellence will continue to systematise its knowledge in order to share the latest thinking and best practice in SRHR both in Togo and throughout West Africa.

SERVE PEOPLE

OUTCOME 3

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

Priority Objective 5: Deliver rights-based services including safe abortion and HIV

Priority Objective 6: Enable services through public and private health providers

IPPF MAs faced unprecented challenges in 2020 in the delivery of sexual and reproductive health (SRH) services due to the COVID-19 pandemic. Lockdowns and travel restrictions in most countries hampered MA operations and resulted in clinics closing at least temporarily in two-thirds of MAs, and outreach programmes being scaled down. Many governments did not categorize sexual and reproductive health (SRH) as essential which further restricted access to services, while fear of visiting health facilities prevented many seeking services. 78 MAs also reported that they experienced problems in procuring SRH commodities. Despite these challenges, they adapted their programmes and developed new strategies to sustain services including in humanitarian settings.

In 2020, IPPF delivered a total of 218.5 million SRH services globally (Figure 4). This comprised 143.2 million services provided directly from static clinics, mobile and outreach teams, and community-based providers, as well as 75.2 million services enabled through partner health facilities. This represents an overall decrease of 13 per cent from 2019 and reflects the significant impact that COVID-19 had on health programmes around the world. MAs quickly pivoted their service delivery to meet clients' needs, including conducting counselling sessions remotely. As a result, the number of contraceptive counselling services increased slightly from 2019, while performance in all other service delivery categories declined. The Africa region continued to be the largest contributor to IPPF's performance against this indicator, delivering 48 per cent of all SRH services. The South Asia region contributed 20 per cent and the Arab World region 13 per cent. Despite the overall decline, the South Asia region reported growth in the number of SRH services delivered, with a three per cent increase compared to 2019.

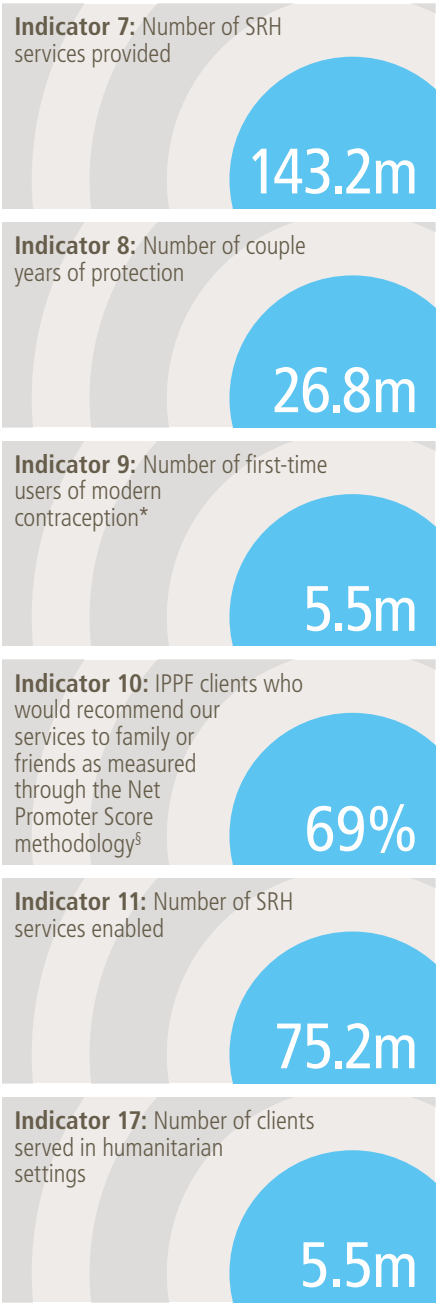
IPPF continued to reach under-served people during the COVID-19 pandemic. An estimated 82 per cent of clients provided with sexual and reproductive health services in 2020 were poor and/or vulnerable. Furthermore, 48 per cent of clients were under the age of 25, an increase from 39 per cent in 2019. In many countries, disruptions caused by COVID-19 were compounded by natural disasters and conflicts. A total of 5.5 million clients were served in humanitarian settings during 2020, an 18 per cent increase compared to 2019.

MAs delivered 26.8 million couple years of protection (CYP) in 2020. This is a minimal one per cent reduction from 2019, demonstrating how MAs have adjusted to the changing situation and continued to meet clients' contraceptive needs, as well as the impact of targeted investment through large service delivery programmes such as the Women's Integrated Sexual Health programme in Africa and South Asia. IPPF's contraceptive provision averted 11.5 million unwanted pregnancies and 3.4 million unsafe abortions. The Africa region contributed the majority of the CYP in 2020 (55 per cent of the total), followed by South Asia (18 per cent) and the Americas and the Caribbean (15 per cent). IPPF reached a total of 5.5 million new users of contraception in the 53 MAs working in Family Planning 2020 focus countries, down from 6.6 million in 2019.

Following the *Strategic Framework Midterm Review*'s[14] recommendation, IPPF introduced the Net Promoter Score to measure client satisfaction. This method, which is now being used across a sample of 21 MAs, asks clients to say how likely they would be to recommend the service they received on a 1-to-10 scale and resulted in an average net score of 69% across the 21 MAs.

The following section analyses IPPF's performance results in greater detail.

FIGURE 4
OUTCOME 3: PERFORMANCE RESULTS, 2020



* IPPF reports the number of first-time users from FP2020 focus countries only, as per our published commitment to reach 60 million first-time users between 2012 and 2020.

§ Metric revised as part of Performance Dashboard review in 2020.

Case studies then outline how IPPF has responded to humanitarian crises, and how MAs have used technology to provide services remotely.

Reaching the under-served

IPPF provided SRH services to an estimated 50.7 million poor and vulnerable people in 2020, while the number of clients served in humanitarian settings increased from 4.6 million in 2019 to 5.5 million in 2020, of which 63 per cent were in the Arab World region, with large numbers also reached in Chad and Central African Republic.

IPPF's network of service delivery points covers wide areas of the countries where MAs operate, so that people in remote and rural areas can access high-quality SRH services. In 2020, IPPF delivered services through 49,007 service delivery points, of which 44 per cent were in rural areas and 14 per cent in peri-urban locations. Of the 31,202 service points owned and operated by MAs, 85 per cent were community-based distributors. This model of service delivery was particularly important in ensuring ongoing access to SRH services during clinic closures and restrictions on movement due to COVID-19. MAs expanded their reach even further by supplying commodities to 10,174 public and private providers. They also provided technical assistance, oversight, quality control and commodities to 7,618 public and private clinics through formal agreements. Notably, the number of services enabled through these partner clinics increased by six per cent from 2019, illustrating how MAs expanded access to sexual and reproductive services through a variety of service delivery models adapted to local contexts and relevant to clients' needs, especially important in times of crisis.

8 in 10

of IPPF's service users are poor and vulnerable

5.5m

people served in humanitarian settings

85%

of IPPF-owned service delivery points are community-based distributors

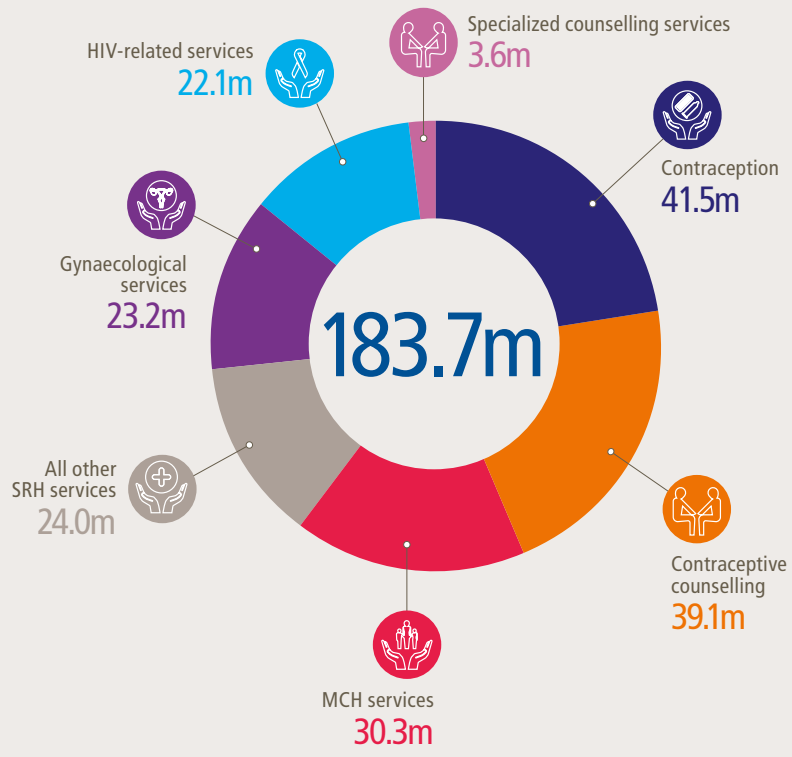
- <25 Young people
- People who use drugs
- Sex workers
- People living with HIV
- People in crisis settings
- Sexually and gender diverse groups
- Survivors of gender-based violence
- People with disabilities

Investing in countries with the greatest need

Figure 5 shows the number of SRH services delivered in countries with low or medium levels of human development during 2020[15]. This represents 84 per cent of the global total, up from 83 per cent in 2019. The most significant service categories were contraceptive provision, contraceptive counselling, maternal and child health (MCH) services, gynaecological services and HIV-related services.

73 per cent of IPPF's unrestricted funding was directed towards MAs working in countries categorized as having low or medium levels of development. On a regional basis, 44 per cent of unrestricted grants were directed to MAs in the Africa region, 19 per cent in the South Asia region and 16 per cent to MAs in the Americas and Caribbean region. This reflected IPPF's continued focus on delivering quality services in countries with the greatest unmet need for contraception, highest maternal and child mortality rates, and other key SRH needs.

FIGURE 5 NUMBER OF SRH SERVICES DELIVERED IN COUNTRIES WITH LOW OR MEDIUM HUMAN DEVELOPMENT, BY TYPE, 2020



Ensuring reproductive choice

In 2020, IPPF provided 26.8 million couple years of protection (CYP) through contraception, maintaining a similar level to 2019 thanks to the ability of MAs to adapt to the COVID-19 crisis and sustain essential care. 69 MAs reported providing telemedicine, including virtual counselling, consultation and follow-up, and online prescriptions, while 53 MAs offered home-based care or door delivery of SRH commodities. In addition, the strong performance of the Women's Integrated Sexual Health programme which targeted support for populations with the greatest needs, countered the impact of the pandemic on some of IPPF's largest service providing MAs.

The proportion of CYP provided through long-acting reversible methods increased from 63 per cent in 2019 to 66 per cent in 2020 (Figure 6), driven by increases in Democratic Republic of Congo, Nigeria, Pakistan, and Sudan. The share of CYP from short-acting methods rose from 30 per cent to 31 per cent and the proportion from permanent methods fell from seven per cent to three per cent. The quantity of CYP from contraceptive implants increased by 27 per cent compared to 2019 and CYP from injectables increased by 15 per cent. CYP from the provision of IUDs fell by 16 per cent, as a result of large MA providers of IUDs not reporting data in 2020. Total CYP rose in the Africa, South Asia and Arab World regions (by nine per cent, 16 per cent and 66 per cent, respectively) and fell in IPPF's other regions. Contraceptive counselling is a key part of IPPF's approach to ensure free and informed choice, and the total number of these services, 43.4 million, was fractionally above the 2019 figures.

In response to COVID-19, MAs developed new approaches to reach women with safe and quality abortion information and care. New models of service delivery include telemedicine for abortion consultation and counselling, and home-based provision of medical abortion. In some countries, use of these models was possible because of national policy changes that MAs advocated for. Many MAs also shifted from a clinic-only system of abortion care to a more flexible approach that supports women to decide whether to have in-clinic care or to partially or wholly self-manage their abortion with support from a healthcare worker.

A total of 4.4 million abortion-related services were provided (Table 1). This 22 per cent decrease from 2019 is attributable to data not being available from Cuba, a large provider of abortion-related services. Excluding that data, abortion-related services delivered was in line with previous performance. 41 per cent of abortion-related services were delivered in the Africa region, and 23 per cent in the Americas and Caribbean. Increased availability and acceptability of medical abortion contributed to a rise in the proportion of abortion services provided with this method – from 52 per

FIGURE 6 COUPLE YEARS OF PROTECTION (CYP), BY METHOD, 2020

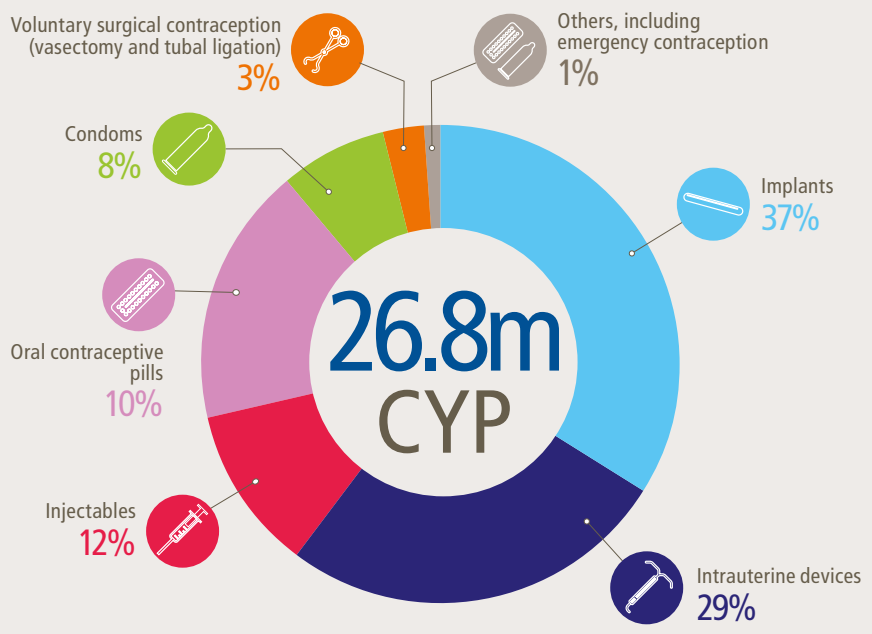


TABLE 1 NUMBER OF ABORTION-RELATED SERVICES DELIVERED, 2018–2020

TYPE OF SERVICE	2018	2019	2020
Abortion consultation services	1,489,688	1,640,149	**1,268,059**
Pre-abortion counselling	1,408,208	1,498,870	**1,215,943**
Post-abortion counselling	886,935	978,396	**619,388**
Medical abortion	726,575	824,415	**672,961**
Surgical abortion	656,345	565,539	**447,935**
Treatment of incomplete abortion	122,820	106,969	**130,498**
Total	**5,290,571**	**5,614,338**	**4,354,784**

IPPF's impact, 2020

11.5m unintended pregnancies averted*

3.4m unsafe abortions averted*

US$600.4m in additional health costs saved*

* Using Marie Stopes International's Impact 2 (version 5) estimation model.

cent in 2019 to 57 per cent in 2020. Large increases in medical abortion provision were reported in Nigeria, Ethiopia, and Pakistan.

In a sample of 16 MAs, the proportion of clients accepting a modern method of contraception (excluding condoms or a partner's vasectomy) following an abortion was 93 per cent, with 56 per cent choosing a long-acting reversible method.

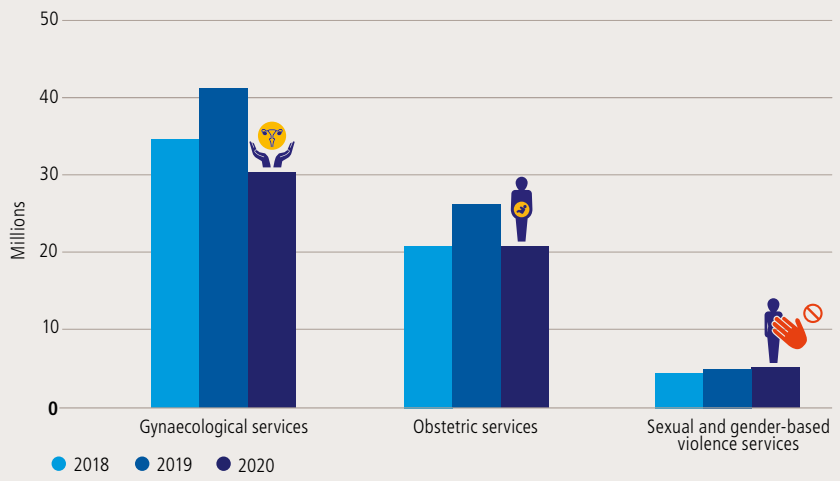
Focusing on the needs of women and girls

In 2020, an estimated 86 per cent of IPPF's clients were women and girls, a total of 52.9 million globally. Figure 7 shows three-year trends for three categories of female-specific services delivered by MAs. Despite declines in gynaecological and obstetric services, which resulted from the restrictions on movement, the number of services relating to sexual and gender-based violence (SGBV) increased from 2019. This reflects both the growing rates of SGBV during the disruptive social conditions of the pandemic, and the commitment of MAs to reach women and girls in need.

Access to gynaecological and obstetric services is of critical importance to women's health and well-being and these services represent a key part of IPPF's MAs' work. IPPF delivered a total of 30.2 million gynaecological services in 2020. This service category comprises breast and pelvic examinations, biopsies, diagnostic imaging and cancer screening, and menstruation-related services. The Africa region was the largest contributor with 40 per cent of the global total of gynaecological services delivered, while the Americas and Caribbean region contributed 19 per cent and the South Asia region 17 per cent. Declines were mostly observed in consultations, examinations and pre- and post-test counselling.

The number of obstetric services delivered also decreased year-on-year, from 26.1 million in 2019 to 20.6 million in 2020. This category covers essential services required before, during and after pregnancy and in childbirth, including pregnancy testing, prenatal and post-natal counselling, vaccinations, sonography, and delivery. The South Asia region reported an increase in obstetric service provision, but all other regions reported decreases. These results reflect the challenge of reaching clients during the pandemic, particularly for services that are more difficult to provide remotely.

FIGURE 7 NUMBER OF GYNAECOLOGICAL, OBSTETRIC AND SEXUAL AND GENDER-BASED VIOLENCE SERVICES DELIVERED, 2017–2019



Delivering HIV-related services

IPPF uses a broad definition of HIV-related services, encompassing counselling, testing, management, and treatment of sexually transmitted infections (STIs) including HIV. With 41.3 million services delivered in 2020, HIV-related care, including STIs, remains one of the main service categories for MAs. The number of HIV-related services delivered declined by 19 per cent. All six IPPF regions recorded a decrease in HIV-related service delivery, reflecting the widespread difficulty of delivering in-person care during the pandemic. The number of services related to STIs other than HIV had been rising steadily over the previous few years but declined by 25 per cent year-on-year, while services focusing specifically on HIV decreased by 10 per cent. Some of the largest decreases were reported for STI pre- and post-test counselling, and in STI lab tests. The Africa region delivered 52 per cent of the total of HIV-related services, the South Asia region contributed 16 per cent and the Americas and the Caribbean region 15 per cent.

Meeting young people's needs

Young people are at the centre of IPPF's programmes, and MAs maintained this focus during the pandemic to take account of the extra needs and vulnerability of those under 25. A total of 98.2 million services were delivered to young people during 2020. Although this is a six per cent decrease from the previous year, the proportion of services provided to young people rose to 45 per cent, higher than at any other point during the current *Strategic Framework* period. An estimated 29.6 million clients under the age of 25 were provided with sexual and reproductive health services during 2020.

Many of the existing approaches used to reach young people, such as through trained peer educators and youth centres, rely on being able to gather in groups and meet in person, which was often not possible in 2020. Many MAs introduced or scaled up innovative strategies including use of social media and apps for information and services, as well as increased frequency of home visits for those not able to access digital channels.

41.3m

HIV-related services delivered

98.2m

SRH services delivered to young people

<25

PROVIDING SEXUAL AND REPRODUCTIVE HEALTHCARE IN EMERGENCIES


Photo: IPPF/Rob Rickman/Fiji

In 2020, an estimated 168.5 million people needed humanitarian assistance and protection[16] – significantly up on 2019, which was already the highest year in decades. As in previous years, conflict and natural disasters caused the most serious emergency situations during 2020, but COVID-19 exacerbated humanitarian crises and created additional challenges for IPPF's MAs. At risk of unwanted pregnancy, sexually transmitted infections (STIs), gender-based violence and maternal mortality, women and girls are among the most vulnerable in crises. So too are people of different sexual orientation, gender identity and expression, who may also be equally at risk of violence and denied access to care during crises. Working through its network of grassroots organizations, IPPF's humanitarian programme is in a unique position to respond to the reproductive and sexual health needs of women, girls and other vulnerable groups in crisis settings.

IPPF's humanitarian programme focuses on three main areas: promoting localised humanitarian action; ensuring access to lifesaving sexual and reproductive health services, including safe abortion care; and responding to sexual and gender-based violence in emergencies. It is fast becoming a global leader in the provision through its local affiliates of sexual and reproductive healthcare in protracted and acute emergencies.

In Uganda, Reproductive Health Uganda (RHU) has been providing sexual and reproductive healthcare to vulnerable populations in the Northern Region, including in refugee camps on the border of South Sudan. In 2020, RHU opened a clinic in Adjumani, West Nile region, to expand its services to the country's largest refugee population. The clinic reached 14,917 clients with family planning, STI management and cervical cancer screening services.

COVID-19 is affecting the entire world, but spreads especially rapidly in areas with poor health infrastructure and living conditions, malnutrition, and water-borne diseases. During 2020, the IPPF humanitarian programme worked with colleagues across the Secretariat to boost preparedness and response. This included training on the use of personal protective equipment, reducing exposure to the virus in service delivery points and building early warning systems and local capacity.

To support MAs struggling to ensure continuity of services in crisis settings due to closed clinics, stock shortages and disruption in the supply chain, IPPF's humanitarian programme conducted nine responses in the Asia and Pacific regions under the SPRINT Project, reaching 567,198 beneficiaries.

Afghanistan was particularly vulnerable to COVID-19 due to the lack of properly equipped medical facilities and trained personnel, compounded by the impact of 40 years of war. Responding to restrictions on movement and women's fear of accessing health facilities, the Afghan Family Guidance Association (AFGA) started providing services through community midwives – reaching 229,105 people and distributing 500 clean delivery kits to pregnant women. In addition, a total of 66,172 clients received family planning services in their homes through 50 midwives in the four most COVID-19 affected provinces.

In addition to the challenges of the pandemic, many countries suffered natural disasters in 2020. In April, Tropical Cyclone Harold struck Vanuatu, Fiji, and Tonga while all three countries were under government-mandated states of emergency – severely hampering stock acquisition, information gathering and movement. IPPF's MAs in these countries, supported by the Australian government, provided lifesaving SRH care in the hardest-hit communities, reaching a total of 7,863 beneficiaries.

> In 2020, IPPF provided SRH services to 5.5 million people in humanitarian settings

PROVIDING SERVICES REMOTELY IN SUDAN

Sudan Family Planning Association (SFPA)

Sudan's people face many challenges – ongoing military conflict, poverty and the impact of economic sanctions – all of which have had a huge impact on the health system, especially on already-limited SRH services. Added to this, 70 per cent of the population live in rural areas, eight per cent are nomads, five per cent are IDPs,[17] and another five per cent are refugees,[18] which means much of the country is hard to reach.

When COVID-19 struck and a government lockdown was imposed the Sudan Family Planning Association (SFPA) had to cease many of its usual activities. Knowing that a majority of the population (74 per cent) had phones,[19] SFPA decided to use telemedicine to continue its SRH services, and established a call centre.

Working with the Ministry of Health, the Sudanese Society of Obstetrics & Gynaecology and the International Red Crescent, SFPA created a centralized call centre under a single dedicated phone number.

The goal was to ensure continued access to SRH services, particularly for vulnerable groups including rural populations, women and girls, nomads and displaced people.

Working closely with Sudan's largest telecommunications provider, the centre was promoted through SMS blasts, radio and social media, and also by word of mouth via a network of community leaders. The centre started with four trained physicians and quickly expanded to 14 in order to handle the volume of calls. All physicians received an SRH refresher course and training on call centre technology, effective phone communication, and psychological first aid.

Callers were screened, provided with counselling and either offered a home visit by community workers, or referred to the nearest available SPFA, state or private clinic.

A complementary WhatsApp/SMS system was set up to allow clients to ask questions, and receive prescriptions and test results. Between April and October 2020 the call centre handled 89,000 calls, 4,450 people received counselling, and 9,900 clients received face-to-face services.

Overall, the call centre has had many positive outcomes, including expanding SFPA's coverage from 11 states to countrywide. This has enabled SFPA to continue providing essential SRH services during the pandemic with improved responsiveness to changing client needs. The call centre data shows some notable new trends, such as men talking about their sexual problems and engaging in reproductive health issues; women talking about their loss of libido (usually this is not an issue Sudanese women talk about); young girls feeling free to ask about their reproductive rights; people living with HIV asking for advice on how to protect their partners from transmission and condom usage; and women with long-standing symptoms being able to access healthcare without fearing the financial cost.

ACCESS TO SAFE ABORTION THROUGH TELEMEDICINE

Asociación Pro-Bienestar de la Familia Colombiana (Profamilia)
Fundación Mexicana para la Planeación Familiar (MEXFAM)

The impact of lockdown in 2020 due to the COVID-19 pandemic affected the ability of women to access essential sexual and reproductive health (SRH) services. IPPF's MAs in Colombia and Mexico rapidly identified new ways to adapt to circumstances in which face-to-face service delivery was difficult or impossible, in particular the adoption of a telemedicine approach.

IPPF's COVID-19 impact survey in March 2020 indicated that in Colombia, women's access to sexual and reproductive healthcare was reduced by around 25 per cent due to the lockdown. Even in normal times, there are huge health inequalities and stigma around abortion in Colombia, but in lockdown, cases of gender-based violence increased, and access to contraception and safe abortion care became even more difficult. Profamilia quickly adapted, implementing a telemedicine pilot in May 2020 to ensure abortion care routes remained open.

Using feedback from the pilot, telemedicine was implemented across Profamilia clinics during late 2020, providing self-managed abortion services even in remote regions with low health service coverage. The telemedicine care strategy also provided comprehensive counselling for women, including on sexual violence and psychological well-being. A new microsite called *Mia* is in development to help clients access support for self-managed abortion care faster.

In Mexico, MEXFAM also made swift changes to its women's healthcare services in response to lockdown, moving to a telemedicine model for legal and safe access to abortion in rural and indigenous community settings. In some areas internet connectivity challenges presented a barrier. To address this issue in the state of Oaxaca, a healthcare service point was established at the MEXFAM Ixtaltepec clinic, where reliable technological infrastructure was already in place.

Abortion care through telemedicine has been received positively by the community. The ability to provide timely support to women and girls, in these times of crisis, meant that MEXFAM was recognized as a trusted service provider and therefore was recommended informally by clients and local abortion rights networks. Studies conducted by MEXFAM have shown that it is feasible to roll out telemedicine in other locations and expand it to other areas of SRH.

In both Mexico and Colombia, telemedicine only goes so far. Many clients struggle to find the privacy to access telemedicine services when living in crowded accommodation or when suffering intimate partner violence, and others still have worries about the timeliness and quality of care received through virtual means. Poverty, internet connectivity, staffing and political or religious opposition remain barriers to be overcome, but MEXFAM and Profamilia's experience has shown that telemedicine offers safety for service providers, helps demystify the abortion process for clients, and protects their safety and anonymity.

UNITE AND PERFORM

OUTCOME 4

1
high-performing, accountable and united Federation

Priority Objective 7:
Enhance operational effectiveness and double national and global income

Priority Objective 8:
Grow our volunteer and activist supporter base

IPPF's Outcome 4 performance results for 2020 are displayed in Figure 8. Total income generated across the Secretariat was US$166.1 million in 2020, an increase from an equivalent figure of US$163.7m in 2019. (The previously reported total for 2019 was US$191.5m, but this included income channelled through the former Western Hemisphere Regional Office and is therefore not an exact comparison.) 44 per cent of unrestricted income allocated to MAs was provided to the Africa region and 19 per cent to the South Asia region.

A performance-based funding system was used for the distribution of six per cent of IPPF's unrestricted income in 2020. During this year, plans were developed for a new resource allocation model which will be implemented in stages over the next two years. Beginning in 2022, at least 80 per cent of unrestricted funding will be allocated through Stream 1 of the new system. This will use a formula which takes into account country need, MA performance, population, and other relevant factors to assign funding to MAs in priority countries. This flexible and transparent approach will allow IPPF to more effectively support MAs to provide vital care to those who need it. Funding for MAs to take advantage of strategic opportunities and emerging local needs, and to address emergency and crisis situations, will be allocated through Streams 2 and 3 of the resource allocation model respectively.

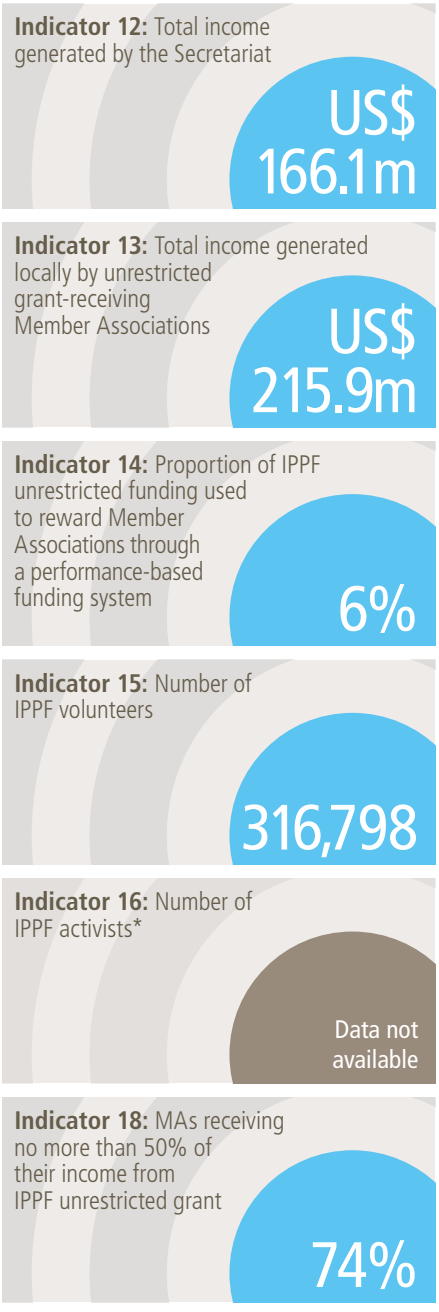
MAs generate income via a range of different sources. This includes activity such as income from client fees, commodity sales, and the provision of training, as well as income from local and national governments and international donors. In total, grant-receiving MAs generated $215.9m in 2020, down 14 per cent from 2019.

This decrease can, at least in part, be attributed to the reduction in client numbers and the difficulty in conducting normal operations during the COVID-19 pandemic. A total of 74 per cent of grant-receiving MAs generated more than half of their income from local sources as opposed to IPPF unrestricted grants. IPPF works closely with MAs as part of a Global Income Generation Strategy to support greater diversity of sources of funding among MAs, and hence greater sustainability

In 2020, IPPF MAs reported over 316,000 active volunteers , which represents a small increase on 2019. This reflects volunteers' commitment to the mission and actions of the MAs, whether they are supporting as nurses, midwives, doctors, educators, community workers, fundraisers, or in many other essential roles. Without the hard work, expertise and time of volunteers, MAs would not be able to serve their clients or their communities to the same extent, and their ability to adapt and innovate during the COVID-19 pandemic would have been compromised.

Social enterprise – comprising income generated through fees, sales and training provision – made up 54 per cent of total MA income in 2020, a small increase from the 53 per cent reported in 2019. The intensification of social enterprise activities to generate income is a key priority and supported by IPPF's Social Enterprise Hub, which is hosted by the Family Planning Association of Sri Lanka (FPASL). We take a deeper look at the Social Enterprise Hub's work in the case study on the following page. The second case study looks at IPPF's group of Member Associations with International Programmes (MAIPs), and their work to generate and disburse donor funds in priority countries.

FIGURE 8
OUTCOME 4: PERFORMANCE RESULTS, 2019



* Metric removed from IPPF's Performance Dashboard in 2020.

MEMBER ASSOCIATIONS WITH INTERNATIONAL PROGRAMMES

A number of IPPF MAs not only conduct activities in their own countries but also develop and implement programmes in other countries with high need. Known as Member Associations with International Programmes (MAIPs), they channel donor funds and their own sources of income to support vital work to promote sexual and reproductive health and rights (SRHR), often working in partnership with the IPPF MAs based in the countries where projects are run.

MAIPs are located where several of IPPF's strategic government donors are based and have strong partnerships with their governments to advance national development cooperation objectives around SRHR and gender equality. MAIPs are also leading SRHR organizations in their home countries with considerable international development, advocacy and income generation expertise that benefits the wider Federation.

IPPF MAs in Australia, Denmark, Finland, Japan, New Zealand, the Netherlands, Norway, Sweden and the USA currently make up the MAIPs group which collaborates as an open informal network.

During 2020, MAIPs supported a range of programmes covering a variety of thematic areas. For example Rutgers, IPPF's MA in the Netherlands, supported at least eight different projects working with six IPPF MAs in Indonesia, Ethiopia, Malawi, Ghana, Uganda and Burkina Faso. These focused on the implementation of youth-friendly services, prevention of SGBV and safe abortion. Family Planning NSW, one of the state organizations comprising the Australian MA – the Family Planning Alliance of Australia – works in partnership with other MAs across the Pacific including in Papua New Guinea, Solomon Islands, Fiji, Vanuatu and Tuvalu to combat cervical cancer and promote comprehensive sexuality education and access to contraception.

Each of the MAIPs has specific areas of expertise, and being part of IPPF helps them to identify opportunities for collaboration and partnership. For example, IPPF's Danish MA, DFPA, worked closely with the Secretariat on developing IPPF's climate change policy and position on SRHR and the climate crisis, while Sex og Politikk, IPPF's MA in Norway, is working with over 10 MAs on advocating for the sexual and reproductive rights of people with diverse sexual orientations, gender identities or expressions, and sex characteristics.

In total, IPPF's MAIPs directed over US$7m to IPPF MAs during 2020 as part of their international work, as well as more than US$6m to other civil society organizations. This was largely raised from international donors and national governments, but also includes funds raised from individual donors and the corporate sector. This demonstrates how MAIPs add value to IPPF's global work by broadening the reach of the Federation.

MAIPs will continue to play an important role as a key partner to lead high-quality SRHR programmes in priority countries and to mobilize political and financial support for SRHR.

PROMOTING SOCIAL ENTERPRISE ACROSS IPPF

Social enterprise (SE) is key in supporting IPPF's aim of increasing MAs' sustainability through raising their locally generated income.

To help promote successful SE models the Secretariat established the Social Enterprise Acceleration Programme (SEAP), led by a Hub hosted in the Family Planning Association of Sri Lanka (FPASL). The Hub is dedicated to supporting IPPF MAs in order to create: 'A resilient Federation that excels in using commercial practices to build SE models that are financially sustainable and complement other income streams to ensure sexual and reproductive health and rights for all.'

The SE Hub provides support to MAs as follows:

1. **Funding:** including seed grants for 12 MAs to support SE initiatives. Additional grants to the value of US$200,000 are planned for 2021.
2. **Online technical assistance:** the Hub developed a range of easy-to-use online tools to support various SE activities, which are regularly reviewed and enhanced.
3. **An e-commerce store for IPPF MAs:** enabling them to access their country's mass market online. Free to use, it offers each MA a dedicated webpage to sell and market their products and services.
4. **Capacity building and technical assistance:** the Hub engages with the MAs in a variety of ways from one-to-one meetings to in-country visits and global and regional business webinars.
5. **Promoting an empowering mindset:** the Hub uses all IPPF's communication channels to share best practice and SE success stories.

At the start of 2020, the Hub was working with 17 MAs – and is still actively supporting 13 – with their SE business models.

As of December 2020 the Hub had supported nearly 30 MAs in developing their enterprises, across a diverse range of activities from the manufacture of sanitary towels in India, marketing contraceptives in Botswana, and a publications and SRH training institute in Ghana.

These activities contributed to enhancing the MAs' sustainability through income generation while allowing any surplus to be reinvested in support of SRHR in local communities.

The Hub was able to support MAs whose business operations were severely affected during the COVID-19 pandemic. This assistance will continue in 2021 and will allow MAs to implement and scale up innovative strategies and start-ups that can increase financial sustainability and also sustain essential SRH services during the pandemic and beyond.

TRANSFORMING IPPF

IPPF launched an ambitious review of its governance and operating structures in 2019. In spite of disruptions throughout 2020, the reform process has continued and new structures for both governance and the operation of IPPF's Secretariat are now in place.

IPPF GOVERNANCE REFORM

Following the extraordinary General Assembly meeting in New Delhi in November 2019, IPPF agreed to:

- establish a General Assembly of MAs as its highest governing body
- replace IPPF's Governing Council with a skills-based Board of Trustees, and
- refresh the system for allocating IPPF's unrestricted resources through a stream-based model

The newly formed Board of Trustees met for the first time in May 2020, immediately following the final meeting of the Governing Council. The Board is made up of nine trustees from MAs and six who are external to IPPF, all of whom are selected to ensure a range of skills, experience and diversity. A number of committees have been created, including a Nominations and Governance Committee to recruit Board members and evaluate Board performance.

During 2020, a legal review and update of IPPF's regulations, by-laws, and policies has been carried out to reflect the new structures. Guidelines have been developed for a new resource allocation system to more fairly share funds across the Federation. This is formed of three streams of which the largest, Stream 1, is now determined by a formula which takes into account country need, population, MA performance, and other factors. The new resource allocation model will take effect in 2022.

In line with the reform principles, the transition process is underpinned by open, timely and transparent communications with MAs and staff, while a new global Staff Association has also been formed to give staff a voice across the entire Secretariat.

> "In the space of 12 months our Federation has transformed itself from within. It has designed, agreed and now implemented the most sweeping changes to how it is governed and how it is run."
>
> Alvaro Bermejo, IPPF Director-General

UNIFIED SECRETARIAT

Following the recommendations from the 2019 General Assembly, a restructure of IPPF's Secretariat was carried out in 2020. The intention of this was to make the running of the Secretariat less 'top-down' and align it with the needs of MAs.

It is intended that the new structure of decentralized global teams working across different geographies should help break down barriers to communication and build a truly unified Secretariat. In addition, by using smarter management systems IPPF can mobilize teams of expert staff wherever they are based to manage projects. This has reduced duplication of functions across the organization and positioned IPPF to respond quickly to the unfolding COVID-19 crisis.

These moves will create a cost-effective and efficient Secretariat that allows more income to be directed to MAs so they can support the poor, marginalized and under-served people that IPPF exists to help.

A NEW IPPF IN THE AMERICAS

In a surprising move, IPPF's Western Hemisphere region decided to withdraw from the Federation on 31 July 2020. The remaining IPPF membership expressed a desire to move forward with a reformed IPPF presence in the Americas and, "affirmed its ongoing commitment to meeting the pressing SRHR needs in the Americas and the Federation's unswerving commitment to leaving no one behind".

Following this resolution, a cross-Secretariat Americas Working Group laid out a road map for a regional support structure based in the Americas, centred on the MAs.

The reformed IPPF presence in the region will see:

- The Americas and Caribbean Regional Office (ACRO) based in Bogota, Colombia together with an office based in Port of Spain in Trinidad and Tobago, to be closer to the Caribbean members.
- A new Regional Director and new Regional Head of Operations based in Bogota.
- A Deputy Regional Director, based in Port of Spain.

10 MAs from the former Western Hemisphere region have joined the new Regional Office, and work is well under way to identify new members in the countries where IPPF no longer has a formal presence.

SAFEGUARDING UPDATE

In 2020, IPPF continued to use the IPPF SafeReport service to manage safeguarding concerns and other incident reporting.

In 2020 IPPF continued to use the IPPF SafeReport service to manage safeguarding concerns and other incident reporting.

The service is managed by Expolink, an external company, and can be used by anyone who wishes to make a complaint including staff, volunteers, clients, beneficiaries, and members of the public. Complaints can be made by phone, email, mobile app, or through a website, and multiple languages are supported. By the end of 2020, a total of 155 complaints had been submitted to IPPF SafeReport, of which 89 were related to the IPPF Secretariat and 66 to MAs. Of these reports, 43 concerned bullying, harassment, and victimisation, 41 related to employment and workplace matters, and 40 were categorized under fraud and malpractice. During 2020, 71 concerns were closed, of which 25 per cent were substantiated, six per cent partly substantiated, 63 per cent unsubstantiated and six per cent retracted.

A total of 11 reports up to the end of 2020 were safeguarding concerns, representing seven per cent of the total incident report caseload. Three concerns related to sexual exploitation and/or abuse, three related to other forms of abuse and five related to sexual harassment. Of the 11 safeguarding concerns reported, six were reported in relation to MAs and the other five in relation to the IPPF Secretariat. Six safeguarding concerns were closed, of which four were substantiated and two were not. Five safeguarding concerns remained open at the end of 2020.

The roll-out of IPPF's Safeguarding Framework was extended to the European Network Regional Office and grant-receiving MAs in that region. Sensitisation sessions were provided to the Arab World Regional Office and ESEAOR, and to the new Board of Trustees. The latter offered clarity for trustees about the IPPF Safeguarding Framework and the safeguarding-related governance responsibilities of the Board, in accordance with the expectations of the Charity Commission and the UK's Foreign, Commonwealth & Development Office (FCDO).

In 2021, a key priority for the Safeguarding Team is capacity building across the Federation on the topics of safeguarding and incident management, to be delivered through three main initiatives. A new IPPF Safeguarding Training Pack will raise awareness of the four pillars of IPPF's Safeguarding Framework – Prevent, Report, Respond, and Governance & Accountability. A new safeguarding and incident managing microsite/hub will provide a 'go-to' hub for safeguarding and incident management, offering an increasing bank of information, data, and resources. Finally, the launch of a new and improved IPPF SafeReport service will ensure that it is trusted and used effectively by IPPF clients and beneficiaries.

IPPF'S ANTI-RACISM INITIATIVE

The murder of George Floyd and the emergence of the Black Lives Matter movement in 2020 sharply highlighted racial injustice across the world in its many forms and crystallized a need for change.

IPPF works globally, with staff drawn from every part of every continent, but this reach does not allow it to be complacent about its approach to tackling racism and the colonial legacy. Like all international NGOs, IPPF is not immune from racism and needs to live up to its social justice principles and show solidarity with every person it works with, in everything it does, internally and externally.

IPPF launched a Programme of Action on Anti-Racism in 2020. This included an audit of relations within the Secretariat and between the Secretariat and MAs; a review of gaps in organizational structure and a report with recommendations for action to be published by mid-2021. Secretariat survey results and interviews have found that staff have experienced systemic racism across the Secretariat and this research will be used to identify ways in which IPPF needs to change.

IPPF engaged a consulting firm to administer the review in an objective way. They developed and conducted a staff survey which helped assess the nature, scale, and human impact of racism and harassment at IPPF's Secretariat. A second survey will be conducted with MAs to identify issues in the relationship between the Secretariat and MAs. Working groups comprising staff at all levels, including members of the newly formed Staff Association Committee, will also feed into this process.

The audit process includes anonymous and confidential surveys and one-on-one interviews with members of the Secretariat and MAs. This work will advance a rigorous and open dialogue on how the Secretariat can become a safer and more inclusive employer; a positive force for the empowerment of women and their communities in developing countries; and transform unequal and biased relationships among staff, between the London office and the Regional Offices, the Secretariat and MAs, service providers and receivers, and developing countries.

IPPF will use these results to develop plan of action to truly make the IPPF Secretariat a progressive, safe, and discrimination-free organization for all people.

COVID-19 TASK FORCE

Since its inception, IPPF's COVID-19 Task Force has been working on building a resilient SRHR ecosystem for IPPF's Member Associations.

This work has been structured around four pillars:

1: Ensuring continued provision of essential SRH services

2: Protecting, promoting and advancing SRHR

3: Building resilience among IPPF MAs to manage disruptions

4: Promoting evidence gathering and shared learning

DATA COLLECTION AND INFORMATION SHARING

The IPPF Task Force collected data from MAs in three successive surveys in March, May/June and November 2020. The initial focus was to assess the impact of COVID-19 on MAs' operations, staffing and service delivery.

Their longer term goal was to ensure continuity of SRH services, protect the SRHR agenda and build resilience to weather future disruptions. The last round of data focused on innovations and adaptations made by MAs to their programmes in response to the pandemic and the potential to adopt them long term. The survey results and guidance were posted on a microsite and on project management app Slack, allowing MAs to connect and access resources and information.

ADVOCACY AND COMMUNICATION

Since January 2020, MAs have been proactive in ensuring continued provision of essential SRH services and protecting against threats to sexual and reproductive rights. Key advocacy asks were developed for MAs to tailor to their specific geographies and audiences. Advocacy good practices were shared, promoting learning and policy engagement which contributed to significant policy and legislative changes.

The Task Force has been hosting webinars for MAs and has raised the visibility of SRHR needs in the context of COVID-19 in regional and international forums. A strong online presence – reaffirming the importance of SRHR throughout the pandemic – has been maintained via IPPF websites, media, and social media presence.

FUNDING, COMMODITIES, AND NEW LOGISTIC PARTNERSHIPS

Thanks to its swift and coordinated action, IPPF was able to raise more than US$4 million for its COVID-19 response and enabled the release of over US$3 million in existing emergency funding to 70 MAs facing major disruptions.

Essential PPE and reproductive health commodities were procured and delivered to MAs most in need. New and innovative logistic partnerships were established to realize this, among others with the Nobel peace prize-winning World Food Programme. Through these partnerships, IPPF managed to supply MAs in hard-to-reach locations including Yemen, Syria, Somaliland and Sierra Leone. In addition, more than 50 individual staff or volunteers directly impacted by COVID-19 were supported through an internal solidarity fund.

With support from IPPF's member in China, the China Family Planning Association, another four MAs were provided with N95 respirators, medical grade masks, surgical gowns, and thermometers in the early days of the pandemic.

MEMBER ASSOCIATION INNOVATIONS

MAs adapted quickly and used telemedicine to ensure the continued provision of SRH information, counselling, consultation and follow-up care and referrals in 69 countries including Aruba, Australia, Estonia, Georgia, India, Sudan and the Philippines.

57 MAs also developed digital comprehensive sexuality education (CSE) programmes through WhatsApp, Skype and other social media channels. Thanks to the IPPF COVID-19 grant project, IPPF's MA in Comoros (ASCOBEF) developed its own CSE mobile app.

Ensuring no one is left behind, other MAs in Vietnam, Cameroon, Pakistan, Dominica, Thailand, and elsewhere reached clients in lockdown through home/doorstep delivery of SRH services and supplies, including contraceptives, pregnancy test kits, or medical abortion medication.

KEY LEARNING FROM IPPF COVID-19 RESPONSE:

- Adaptive programming and building organizational resilience is key to mitigating the impact of the crisis.
- The impact of the crisis on sexual behaviour and relationships and therefore the need for SRHR is shifting and will need close monitoring for IPPF's response to remain relevant.

PRIORITIES AND FUTURE PLANS INCLUDE:

- Supporting MAs who reported critical impairment to their operations.
- Building on innovative strategies to ensure long-term changes to MA service delivery models, so that they can continue to be responsive to clients' needs.
- Continued emphasis on access to affordable and quality reproductive health supplies and effective supply chains.

NEXT STEPS

There is no respite. This year will be as challenging as 2020. Will we be able to rebuild better or will we allow the inequities to deepen any further?

IPPF will keep pushing for feminist leadership that drives green economic regeneration and builds with greater equity. MAs are still facing significant disruptions due to COVID-19 and need support to build and sustain their programmatic innovations and adaptations developed in 2020. In the face of this pandemic, we made significant progress in this area, a step change that previously felt impossible. No doubt there will be greater attention paid to global health; we will make sure it includes but goes beyond pandemic preparedness to achieve universal health coverage with sexual and reproductive health as an essential component.

We are encouraged that as we move ahead with governance reform (now focused on supporting the MAs in their efforts to optimize governance and accountability) we will be launching an Advancement of Women in Leadership Scholarship. It will enhance career pathways for women, offer an academic route for leaders at mid and senior levels and build on the diverse leadership across the Federation. This and a renewed effort to support the development and implementation of new, agile performance and management systems to help modernize the Secretariat and MAs will keep us busy through the year.

We are most excited by the launch of a Member Association-led consortium working towards "Enabling and Delivering a Gender-Transformative Programme on Medical Abortion Self-Care". We are delighted to see the speed at which we are re-establishing our programming footprint in Latin America and the Caribbean with the new Regional Office across Colombia and Trinidad and Tobago.

We are very much looking forward to a disruptive, inclusive process to design our new Strategy for 2023–2028. As one of the largest global providers of SRHR, and a force for progressive policy change and rights, IPPF has a responsibility to deliver a strategic framework that will confront, rethink and reimagine the idea of sexual and reproductive health and rights for all.

IPPF welcomed the news of President Biden's decision to repeal the harmful Global Gag Rule which contributed to an increase in unintended and high-risk pregnancies, and unsafe abortions – culminating in unnecessary maternal deaths. We will not rest till we get a permanent repeal that prevents it from coming back with every Republican administration.

But we know we will continue to operate in a difficult environment. Austerity and increasing demand for services in the countries most affected by COVID-19 and the brutal decision made by the UK government to significantly cut their aid budget, including already promised funding for sexual and reproductive health services, present enormous challenges. The significant loss of funding for IPPF – totalling around £72 million (approximately US$100 million) – will mean massive reductions to the UK's flagship WISH (Women's Integrated Sexual Health) programme. Without additional funding, IPPF will be forced to close services in Afghanistan, Bangladesh, Zambia, Mozambique, Zimbabwe, Cote d'Ivoire, Cameroon, Uganda, Mozambique, Nepal and Lebanon, and may be forced to close services in an additional nine countries, withdrawing support for SRH services from approximately 4,500 service delivery points globally. Sadly, it will also mean the loss of over 480 IPPF staff supporting SRH service delivery in these UK FCDO supported countries. Equally, the cuts to UNFPA Supplies will result in significant contraceptive commodity gaps, making it more difficult for our MAs to source affordable contraceptives and other reproductive health supplies and maintain sustainability of services.

The Generation Equality Forum, to be held in Paris in June 2021, provides an opportunity to signal the strength of our intent to challenge power imbalances with a deeper feminist, gender-transformative and inclusive lens. Sexual and reproductive rights will again be at the centre and suffer the attacks of those seduced by macho politics. Those who stand in the way of reproductive freedom will find us ready: IPPF will continue to advocate and provide services, no matter what anyone does to try and stop us. We will only get stronger.

IPPF/ MBK/Poland

ANNEXES

Annex A: Number of successful policy initiatives and/or legislative changes, by country, 2020

Annex B: IPPF's Performance Dashboard results, 2016–2020

KEY

n/a	not applicable
-	zero
..	data not available

Photo: IPPF/Xaume Olleros/Mali

ANNEX A: NUMBER OF SUCCESSFUL POLICY INITIATIVES AND/OR LEGISLATIVE CHANGES, BY COUNTRY, 2020

COUNTRY	Number of changes
AMERICAS AND CARIBBEAN	
Bolivia	2
Colombia	7
Dominican Republic	4
Ecuador	1
Panama	1
Paraguay	1
Peru	1
Uruguay	1

COUNTRY	Number of changes
AFRICA	
Benin	1
Botswana	1
Mauritius	3
Niger	1
Sao Tome and Principe	1
Togo	1
Uganda	5
Zimbabwe	1
ARAB WORLD	
Morocco	3
Sudan	1

COUNTRY	Number of changes
EUROPE	
Albania	5
Belgium	4
Bosnia and Herzegovina	3
Bulgaria	2
Denmark	1
Finland	1
Kazakhstan	4
Kyrgyzstan	3
Netherlands	1
North Macedonia	3
Norway	2
Romania	1
Serbia Republic of	1
Spain	2
Sweden	2
Tajikistan	2
Ukraine	2

COUNTRY	Number of changes
EAST & SOUTH EAST ASIA & OCEANIA	
Australia	1
Cambodia	2
China	1
Democratic People's Republic of Korea	1
Fiji	1
Indonesia	4
Japan	1
Malaysia	1
Mongolia	1
New Zealand	3
Philippines	1
Solomon Islands	1
Thailand	2
Tonga	1
SOUTH ASIA	
Bhutan	2
India	2
Nepal	5
Pakistan	1

ANNEX B: IPPF'S PERFORMANCE DASHBOARD RESULTS, 2016–2020

TABLE B.1: IPPF'S PERFORMANCE DASHBOARD – GLOBAL PERFORMANCE RESULTS, 2016–2020		2016 baseline results	2017 results	2018 results	2019 results	2020 results	2020 targets	Percentage of target achieved	Number of MAs reporting 2020	Number of Secretariat offices reporting 2020
OUTCOME 1 INDICATORS										
1	Number of successful policy initiatives and/or legislative changes in support or defence of SRHR and gender equality to which IPPF advocacy contributed	175	146	163	141	**136**	**150**	**91%**	53	3
3	Number of youth and women's groups that took a public action in support of SRHR to which IPPF engagement contributed	661	1,015	1,038	756	**752**	**n/a**	**n/a**	62	2
OUTCOME 2 INDICATORS										
4	Number of young people who completed a quality-assured CSE programme	28,113,230	31,346,872	30,802,589	31,948,606	**25,547,744**	**33,500,000**	**76%**	129	n/a
5	Number of educators trained by Member Associations to provide CSE to young people or to provide CSE training to other educators (training of trainers)	9,296	115,021	150,641	154,692	**109,426**	**162,427**	**67%**	100	n/a
OUTCOME 3 INDICATORS										
7	Number of SRH services provided	145,078,890	164,136,012	168,114,158	181,337,879	**143,247,609**	**232,500,000**	**62%**	124	n/a
8	Number of couple years of protection	18,776,343	21,065,169	23,476,137	27,015,108	**26,756,387**	**22,700,000**	**118%**	121	n/a
9	Number of first-time users of modern contraception	6,336,091	6,102,204	6,043,082	6,553,838	**5,513,335**	**7,866,493**	**70%**	53	n/a
10	IPPF clients who would recommend our services to family or friends as measured through the Net Promoter Score methodology	..	..	..	..	**69%**	**n/a**	**n/a**	21	n/a
11	Number of SRH services enabled	37,383,977	44,709,391	55,085,126	70,967,492	**75,219,407**	**80,700,000**	**93%**	60	n/a
17	Number of clients served in humanitarian settings	..	3,131,094	5,083,448	4,638,513	**5,469,525**	**5,100,000**	**107%**	51	n/a
OUTCOME 4 INDICATORS										
12	Total income generated by the Secretariat (US$)	130,391,389	125,081,940	132,960,014	191,467,154	**166,144,000**	**205,871,114**	**81%**	n/a	1
13	Total income generated locally by unrestricted grant-receiving Member Associations (US$)	291,198,069	291,747,796	264,262,874	252,089,810	**215,859,796**	**447,600,000**	**48%**	124	n/a
14	Proportion of IPPF unrestricted funding used to reward Member Associations through a performance-based funding system	6%	5%	9%	8%	**6%**	**20%**	**30%**	n/a	4
15	Number of IPPF volunteers	172,279	232,881	261,573	314,068	**316,798**	**n/a**	**n/a**	138	n/a
18	MAs receiving no more than 50% of their income from IPPF unrestricted grant	82%	82%	76%	79%	**74%**	**80%**	**93%**	124	n/a

TABLE B.2 **OUTCOME 1: PERFORMANCE RESULTS, BY REGION, 2016, 2019 AND 2020**

OUTCOME 1 INDICATORS		Year	ACR	AR	AWR	EN	ESEAOR	SARO	CO	Total
1	Number of successful policy initiatives and/or legislative changes in support or defence of SRHR and gender equality to which IPPF advocacy contributed	**2020**	**18**	**14**	**4**	**61**	**22**	**10**	**7**	**136**
		2019	36	20	8	46	15	4	12	141
		2016	53	11	5	71	17	11	7	175
3	Number of youth and women's groups that took a public action in support of SRHR to which IPPF engagement contributed	**2020**	**81**	**36**	**115**	**92**	**49**	**31**	**348**	**752**
		2019	374	17	94	123	73	43	32	756
		2016	234	22	133	177	47	29	19	661

TABLE B.3 **OUTCOME 2: PERFORMANCE RESULTS, BY REGION, 2016, 2019 AND 2020**

OUTCOME 2 INDICATORS		Year	ACR	AR	AWR	EN	ESEAOR	SARO	CO	Total
4	Number of young people who completed a quality-assured CSE programme	**2020**	**413,729**	**1,812,477**	**64,112**	**528,573**	**22,407,908**	**320,946**	**n/a**	**25,547,744**
		2019	774,808	2,385,916	56,966	1,039,408	27,314,636	376,872	n/a	31,948,606
		2016	428,193	2,238,789	41,608	239,033	25,019,365	146,242	n/a	28,113,230
5	Number of educators trained by Member Associations to provide CSE to young people or to provide CSE training to other educators (training of trainers)	**2020**	**38,514**	**26,397**	**745**	**33,726**	**6,236**	**3,808**	**n/a**	**109,426**
		2019	85,188	20,120	987	25,564	13,311	9,522	n/a	154,692
		2016	6,130	88	130	2,734	214	0	n/a	9,296

Photo: IPPF/Rosa Panggabean/Indonesia

TABLE B.4 **OUTCOME 3: PERFORMANCE RESULTS, BY REGION, 2016, 2019 AND 2020**

OUTCOME 3 INDICATORS		Year	ACR	AR	AWR	EN	ESEAOR	SARO	CO	Total
7	Number of SRH services provided	**2020**	**22,561,550**	**55,619,351**	**19,928,690**	**1,071,785**	**12,104,214**	**31,962,019**	**n/a**	**143,247,609**
		2019	35,690,863	71,096,506	23,081,472	1,273,005	18,221,125	31,974,908	n/a	181,337,879
		2016	30,198,359	68,753,974	11,672,439	1,562,581	13,947,674	18,943,863	n/a	145,078,890
8	Number of couple years of protection	**2020**	**4,054,064**	**14,622,019**	**2,475,289**	**19,093**	**682,869**	**4,903,053**	**n/a**	**26,756,387**
		2019	6,920,335	13,468,722	1,495,114	51,031	862,178	4,217,727	n/a	27,015,108
		2016	6,678,636	7,770,541	955,758	49,680	679,485	2,642,243	n/a	18,776,343
9	Number of first-time users of modern contraception	**2020**	**18,404**	**4,220,206**	**592,155**	**696**	**93,226**	**588,648**	**n/a**	**5,513,335**
		2019	4,030	5,532,214	319,217	1,080	135,039	562,260	n/a	6,553,838
		2016	30,044	5,300,920	309,261	669	347,384	347,813	n/a	6,336,091
10	IPPF clients who would recommend our services to family or friends as measured through the Net Promoter Score methodology	**2020**	**81%**	**46%**	**n/a**	**n/a**	**65%**	**63%**	**n/a**	**69%**
		2019	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		2016	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
11	Number of SRH services enabled	**2020**	**679,800**	**49,810,365**	**9,415,008**	**28,474**	**3,694,392**	**11,591,368**	**n/a**	**75,219,407**
		2019	860,300	49,352,515	8,237,713	44,902	1,964,004	10,508,058	n/a	70,967,492
		2016	441,387	29,951,314	2,074,995	36,212	1,056,158	3,823,911	n/a	37,383,977
17	Number of clients served in humanitarian settings	**2020**	**313,643**	**674,360**	**3,424,363**	**17,678**	**64,789**	**974,692**	**n/a**	**5,469,525**
		2019	39,258	204,642	2,049,948	2,313,049	10,355	21,261	n/a	4,638,513
		2016	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

TABLE B.5 **OUTCOME 4: PERFORMANCE RESULTS, BY REGION, 2016, 2019 AND 2020**

OUTCOME 4 INDICATORS		Year	ACR	AR	AWR	EN	ESEAOR	SARO	CO	Total
12	Total income generated by the Secretariat (US$)	**2020**								**166,144,000**
		2019			Not applicable by regional breakdown*					191,467,154
		2016								130,391,389
13	Total income generated locally by unrestricted grant-receiving Member Associations (US$)	**2020**	**108,170,449**	**49,884,144**	**24,222,189**	**4,489,323**	**10,454,931**	**18,638,761**	**n/a**	**215,859,796**
		2019	131,967,523	54,342,623	10,620,398	3,281,238	34,306,992	14,907,173	n/a	249,425,947
		2016	149,979,959	65,638,161	5,341,111	4,481,212	51,280,444	14,477,182	n/a	291,198,069
14	Proportion of IPPF unrestricted funding used to reward Member Associations through a performance-based funding system	**2020**	**0%**	**9%**	**0%**	**7%**	**3%**	**8%**	**n/a**	**6%**
		2019	16%	9%	0%	3%	3%	8%	n/a	8%
		2016	8%	4%	0%	7%	3%	10%	n/a	6%
15	Number of IPPF volunteers	**2020**	**38,996**	**41,832**	**7,525**	**12,995**	**45,310**	**170,140**	**n/a**	**316,798**
		2019	57,865	49,471	6,904	12,551	27,770	159,507	n/a	314,068
		2016	48,298	46,199	6,584	10,317	45,389	15,492	n/a	172,279
18	MAs receiving no more than 50% of their income from IPPF unrestricted grant	**2020**	**77%**	**77%**	**69%**	**77%**	**55%**	**100%**	**n/a**	**74%**
		2019	81%	77%	69%	85%	72%	100%	n/a	79%
		2016	94%	85%	62%	77%	74%	86%	n/a	83%

* While resource mobilization is supported by all Secretariat offices, income generated by the IPPF Secretariat is reported at the local level for the Federation as a whole.

TABLE B.6 NUMBER OF COUPLE YEARS OF PROTECTION PROVIDED, BY REGION, BY METHOD, 2016, 2019 AND 2020

TYPE OF METHOD	Year	ACR	AR	AWR	EN	ESEAOR	SARO	Total
Implants	**2020**	**1,466,306**	**6,935,843**	**1,323,261**	**220**	**70,259**	**126,431**	**9,922,320**
	2019	1,505,806	5,772,064	346,716	11,700	97,952	99,493	7,833,732
	2016	1,145,216	2,437,908	130,877	7,015	79,297	79,124	3,879,437
Intrauterine devices	**2020**	**969,887**	**2,941,244**	**554,857**	**10,102**	**226,015**	**3,049,883**	**7,751,988**
	2019	2,801,043	2,821,711	715,312	27,396	333,882	2,507,778	9,207,121
	2016	2,651,157	1,424,628	497,477	19,347	199,679	1,348,074	6,140,362
Injectables	**2020**	**448,426**	**2,085,397**	**193,245**	**70**	**36,255**	**374,965**	**3,138,357**
	2019	452,700	1,908,392	65,332	100	49,283	243,853	2,719,659
	2016	653,097	1,065,356	31,080	89	49,564	155,627	1,954,813
Oral contraceptive pills	**2020**	**473,149**	**1,347,087**	**339,078**	**1,302**	**59,969**	**530,050**	**2,750,634**
	2019	459,212	1,566,691	318,406	2,046	57,455	390,017	2,793,826
	2016	567,218	1,480,745	251,840	3,097	66,528	222,066	2,591,494
Condoms	**2020**	**143,915**	**1,229,102**	**63,647**	**7,071**	**279,049**	**373,906**	**2,096,691**
	2019	319,313	1,296,295	48,811	8,875	311,158	353,897	2,338,349
	2016	293,596	1,272,659	43,482	18,867	270,315	195,263	2,094,182
Voluntary surgical contraception (vasectomy and tubal ligation)	**2020**	**484,760**	**75,890**	**0**	**140**	**9,140**	**347,638**	**917,568**
	2019	1,304,650	74,410	0	690	10,980	518,354	1,909,084
	2016	1,245,480	76,880	0	480	12,760	537,612	1,873,212
Emergency contraception	**2020**	**30,418**	**5,924**	**1,154**	**77**	**997**	**100,180**	**138,751**
	2019	35,584	27,123	491	103	1,257	104,335	168,892
	2016	81,228	9,143	557	671	1,126	104,477	197,202
Other hormonal methods	**2020**	**37,135**	**682**	**0**	**51**	**346**	**0**	**38,214**
	2019	41,766	914	0	53	147	0	42,879
	2016	40,445	58	0	66	90	0	40,659
Other barrier methods	**2020**	**70**	**850**	**47**	**61**	**839**	**0**	**1,865**
	2019	260	1,121	46	68	65	0	1,560
	2016	1,200	3,166	445	49	126	0	4,986
TOTAL	**2020**	**4,054,064**	**14,622,019**	**2,475,289**	**19,093**	**682,869**	**4,903,053**	**26,756,387**
	2019	6,920,334	13,468,720	1,495,114	51,031	862,178	4,217,727	27,015,103
	2016	6,678,637	7,770,543	955,758	49,681	679,485	2,642,243	18,776,347
Number of responses	**2020**	**(n=24)**	**(n=37)**	**(n=10)**	**(n=17)**	**(n=25)**	**(n=8)**	**(n=121)**
	2019	(n=27)	(n=37)	(n=11)	(n=16)	(n=25)	(n=9)	(n=125)
	2016	(n=27)	(n=39)	(n=11)	(n=19)	(n=25)	(n=8)	(n=129)

TABLE B.7 NUMBER OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES DELIVERED, BY REGION, BY SERVICE TYPE, 2016, 2019 AND 2020

TYPE OF SERVICE	Year	ACR	AR	AWR	EN	ESEAOR	SAR	Total
Contraceptive (including counselling)	**2020**	**6,063,510**	**56,670,238**	**7,593,706**	**224,450**	**5,034,724**	**14,828,648**	**90,415,276**
	2019	10,650,139	58,096,359	5,882,549	322,443	6,269,194	12,611,304	93,831,988
	2016	8,980,338	47,748,224	2,989,983	374,277	5,890,895	5,892,684	71,876,401
Gynaecological	**2020**	**5,644,109**	**12,147,049**	**4,114,012**	**65,100**	**3,075,082**	**5,144,616**	**30,189,968**
	2019	9,733,424	16,582,639	4,814,897	109,798	4,165,235	5,648,404	41,054,397
	2016	8,529,057	9,156,910	2,323,176	150,763	1,837,816	3,123,922	25,121,644
STI/RTI (excluding HIV)	**2020**	**5,003,210**	**10,448,925**	**1,322,897**	**241,704**	**2,830,520**	**3,812,653**	**23,659,909**
	2019	6,564,819	15,196,433	1,980,926	228,556	3,716,210	3,890,338	31,577,282
	2016	5,046,217	10,138,284	1,082,883	339,554	2,223,562	2,129,211	20,959,711
Obstetric	**2020**	**2,058,910**	**4,608,429**	**5,771,717**	**19,751**	**879,623**	**7,309,912**	**20,648,342**
	2019	2,368,571	5,632,180	10,150,994	45,916	1,169,867	6,743,325	26,110,853
	2016	2,189,092	4,472,388	2,344,244	43,323	1,068,801	4,043,146	14,160,994
HIV (excluding STI/RTI)	**2020**	**1,243,098**	**11,031,548**	**1,353,063**	**138,576**	**932,716**	**2,980,117**	**17,679,118**
	2019	1,686,764	11,791,869	1,608,007	162,184	1,077,941	3,284,911	19,611,676
	2016	1,269,277	14,740,366	1,610,558	200,989	719,289	2,479,808	21,020,287
Paediatric	**2020**	**226,834**	**2,158,414**	**6,256,175**	**364**	**328,771**	**3,543,769**	**12,514,327**
	2019	473,377	3,203,573	4,751,229	992	762,520	3,771,124	12,962,815
	2016	555,470	2,897,906	2,028,557	5,947	820,613	1,772,854	8,081,347
Specialized counselling	**2020**	**1,214,680**	**3,765,661**	**908,943**	**144,228**	**1,651,561**	**2,136,584**	**9,821,657**
	2019	1,575,491	4,038,166	753,111	283,765	1,690,927	2,163,217	10,504,677
	2016	1,281,102	3,550,259	561,118	336,731	1,372,224	1,008,743	8,110,177
Abortion-related	**2020**	**994,248**	**1,783,523**	**270,929**	**94,949**	**531,130**	**680,005**	**4,354,784**
	2019	2,341,976	1,429,251	329,241	128,391	642,551	742,928	5,614,338
	2016	1,923,701	1,548,283	187,291	115,299	548,281	442,185	4,765,040
SRH medical	**2020**	**64,964**	**1,387,011**	**923,708**	**161,661**	**122,965**	**1,185,823**	**3,846,132**
	2019	104,670	2,220,590	172,560	18,415	150,368	1,833,335	4,499,938
	2016	73,213	3,116,699	269,110	5,294	380,033	1,094,769	4,939,118
Urological	**2020**	**487,235**	**716,897**	**504,599**	**7,177**	**237,214**	**1,388,229**	**3,341,351**
	2019	610,606	949,964	575,763	11,618	325,415	1,271,867	3,745,233
	2016	455,699	491,187	172,755	1,671	43,654	485,690	1,650,656
Infertility	**2020**	**240,552**	**712,021**	**323,949**	**2,299**	**174,300**	**543,031**	**1,996,152**
	2019	441,326	1,307,997	299,908	5,829	214,901	522,213	2,792,174
	2016	336,580	844,782	177,759	24,945	98,664	294,762	1,777,492
TOTAL	**2020**	**23,241,350**	**105,429,716**	**29,343,698**	**1,100,259**	**15,798,606**	**43,553,387**	**218,467,016**
	2019	36,551,163	120,449,021	31,319,185	1,317,907	20,185,129	42,482,966	252,305,371
	2016	30,639,746	98,705,288	13,747,434	1,598,793	15,003,832	22,767,774	182,462,867
Number of responses	**2020**	**(n=24)**	**(n=37)**	**(n=11)**	**(n=20)**	**(n=25)**	**(n=9)**	**(n=126)**
	2019	(n=27)	(n=37)	(n=11)	(n=21)	(n=25)	(n=9)	(n=130)
	2016	(n=27)	(n=40)	(n=11)	(n=19)	(n=25)	(n=8)	(n=130)

Photo: IPPF/Disha Arora/India

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NOTE ON THE DATA

Data reported under the Americas and Caribbean region includes MAs which resigned from the Western Hemisphere region during 2020. Data relating to the former Western Hemisphere Regional Office has not been included.

Several Expected Result indicators were added, removed or revised as part of the Midterm Review of the Performance Dashboard carried out in 2020. The changes were as follows:

- **EXPECTED RESULT 2: Proportion of countries that are on track with their SDG targets improving sexual and reproductive health** was removed.
- The projected results for **EXPECTED RESULT 4: Number of young people who completed a quality-assured CSE programme** was revised as the assumptions underpinning the previous projections were not valid.
- **EXPECTED RESULT 5: Proportion of young people who completed a quality-assured CSE programme who increased their SRHR knowledge and their ability to exercise their rights** was revised. This was replaced with **Number of educators trained by Member Associations to provide CSE to young people or to provide CSE training to other educators**.
- **EXPECTED RESULT 6: Estimated number of people reached with positive SRHR messages** was removed.
- **EXPECTED RESULT 10: Proportion of IPPF's clients who would recommend our services to family or friends** was revised. This was replaced with **IPPF clients who would recommend our services to family or friends as measured through the Net Promoter Score methodology**.
- **EXPECTED RESULT 16: Number of IPPF activists** was removed.
- **EXPECTED RESULT 17: Number of clients served in humanitarian settings** was added to the Performance Dashboard.
- **EXPECTED RESULT 18: MAs receiving no more than 50% of their income from IPPF unrestricted grant** was added to the Performance Dashboard.

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

KEY ABBREVIATIONS

ACR	Americas and Caribbean region, IPPF
AFGA	Afghanistan Family Guidance Association
AR	Africa region, IPPF
ASCOBEF	Association Comorienne pour le Bien-Etre de la Famille
ATBEF	Association Togolaise pour le Bien-Etre Familial
AWR	Arab World region, IPPF
BOFWA	Botswana Family Welfare Association
CSE	Comprehensive Sexuality Education
CYP	Couple Years of Protection
DFPA	Danish Family Planning Association
EN	European Network, IPPF
EP	European Parliament
ESEAOR	East and South East Asia and Oceania region, IPPF
FCDO	United Kingdom Foreign, Commonwealth and Development Office
FPAI	Family Planning Association of India
FPASL	Family Planning Association of Sri Lanka
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
SEAP	Social Enterprise Acceleration Programme
MA	Member Associations and Collaborative Partners
MAIPs	Member Associations with International Programmes
MEXFAM	Fundación Mexicana para la Planeación Familiar
NGO	Non-Governmental Organization
PFPPA	Palestinian Family Planning and Protection Association
PPAG	Planned Parenthood Association of Ghana
PROFAMILIA	Asociación Pro-Bienestar de la Familia Colombiana
RHU	Reproductive Health Uganda
RTI	Reproductive Tract Infection
SDGs	Sustainable Development Goals
SFPA	Sudan Family Planning Association
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UN	United Nations
UNFPA	United Nations Population Fund
WISH	Women's Integrated Sexual Health programme

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With your support, millions of people, especially the poorest and most vulnerable, are able to realize their sexual and reproductive health and rights. Without your generosity, this would not be possible.

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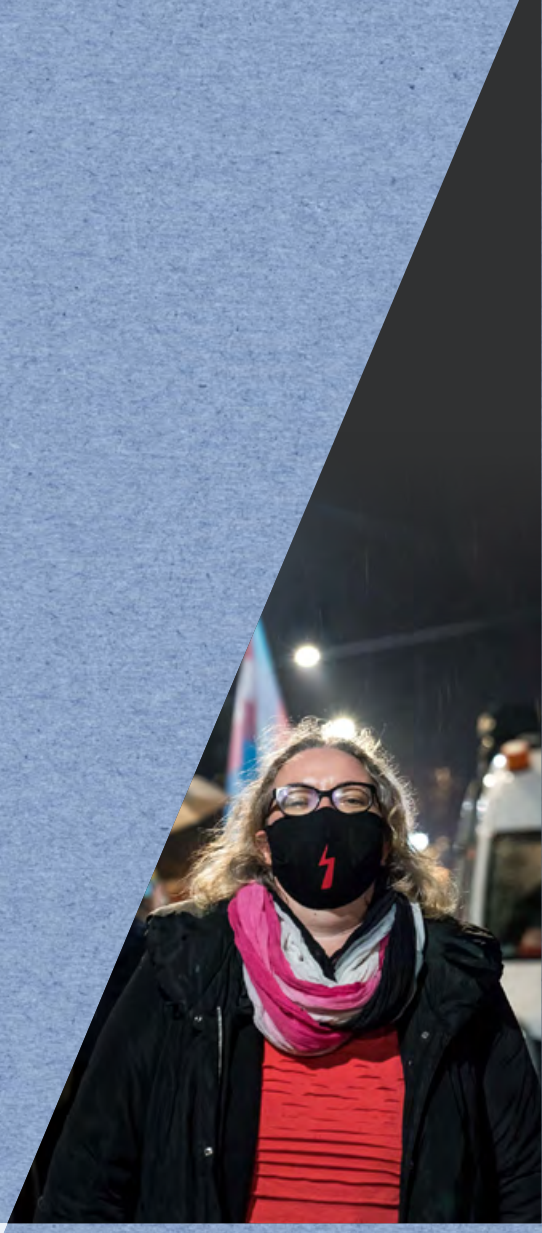
LOCALLY OWNED GLOBALLY CONNECTED: A MOVEMENT FOR CHANGE



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

OUR MISSION

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

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