

2021 ANNUAL REPORT

BUILDING BACK BETTER





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. The East & Southeast Asia and Oceania Region (ESEAOR), based in Kuala Lumpur, Malaysia is one of IPPF's six (6) regional offices and has a sub-regional office in Suva, Fiji.

25 Member Associations and Collaborative Partners

3,439 Total Number of Staff

8,194 Service Delivery Points

84% Percentage of members who have at least one youth under 25 in their Board

15.6% Total youth representation across total MA Governing Board Members reported by all ESEAOR MAs

Message from Regional Director

Building Back Better

For us in IPPF-ESEAOR, we want to remember 2021 as the year when we started building back better after a year of COVID-19: a time when we all adapted to new realities in order to serve our clients' SRHR needs.

The use of digital technology played an important factor in reaching out and providing SRHR services during Covid times. In many clinical settings in South East Asia, for instance, online client registration and consultation became the "norm." In the Philippines, Cambodia and Thailand, tele-counselling self-care was promoted and online orders of contraceptives are delivered using e-hailing services such as Grab.

Comprehensive sexuality education became virtual occurrence in Mongolia and Hong Kong. Young people participated in many webinars they organize to discuss positive sexuality and make use of virtual space to get together.

Capacity building activities became virtual as well with many training courses started in 2021. Very excitingly, our Sub-Regional Office in the Pacific (SROP) for instance, rolled-out the virtual CSE for Out of School Youth in the Pacific! There are high expectations that these digital platforms can reach much more young people than with traditional face to face interactions.

We patiently participated in virtual inter-governmental activities and made use of the space available to further the cause of SRHR. Regional and global internal meetings became frequent as well. We never had more opportunities to interact with IPPF colleagues – whether from the Member Association or from other regional and central offices – without contributing to the worsening carbon footprints.

But while digital technology played an important role, the traditional human interaction remains at the core of IPPF volunteers and service providers. Their commitment to serve was not dampened at all by the grave risk of contracting the virus.

IPPF made sure that such commitment is matched with ample safety and security measures.

With the generous support of the Australian Government, Member Associations across 19 countries in ESEAOR and South Asia Regions started implementing a two-year project aimed at returning to its pre-pandemic level of service provision, and maybe more. Called the RESPOND Program, short for **Responding with Essential SRHR Provision and New Delivery Mechanisms**, more creative ways of reaching the clients are being undertaken, whether in clinical or outreach settings, with ample protection for service providers.

Disasters never stopped during Covid and true to its mission, IPPF responded to several humanitarian emergencies in the region. In 2021, IPPF even put more resources available for Members to respond to humanitarian emergencies.

With all these initiatives, the collective performance of ESEAOR Member Associations improved in 2021 – a clear indication that we are building back better because we need to deliver, no matter what.

Tomoko Fukuda
Regional Director, IPPF-ESEAOR



Champion Rights

OUTCOME 1

100 governments respect, protect and fulfill 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 advocate for change

Despite the restricted movements borne by the pandemic, IPPF Member Associations (MAs) continued its advocacy to make sexual and reproductive health and rights a reality for all. Working alongside civil society organizations, MAs worked to achieve legal and policy changes on SRHR-related issues and concerns.

2021 marked the second year of the COVID-19 emergency, and the resulting challenges may have slowed down advocacy work due to movement restrictions. However, IPPF MAs continue to push forward, advocating with governments for the inclusion of sexual and reproductive health as essential healthcare and contributing to the decriminalization of abortion, and influencing legislative changes to ensure sexual and reproductive rights of all persons are protected.

In 2021, six (6) members contributed to successful policy initiatives and/or

legislative changes in support of SRHR and gender equality. Advocacy wins in the region are categorized under universal access to contraception, bodily autonomy and prevention of sexual violence. ESEAOR collectively recorded 13 successful policy initiatives and/or legislative changes.

The next section shows the Member-Associations' collective success in advocating for SRHR during the COVID-19 pandemic. Three case studies from MAs are also included: on telehealth becoming a permanent feature in public health care in Australia; on increased investment in family planning in New Zealand; and on penalizing sexual violence in universities in Indonesia.

Indicator 1

Number of successful policy initiatives and/or legislative changes in support or defence of SRHR and gender equality to which IPPF advocacy contributed

13

Indicator 2

Proportion of countries that are on track with Sustainable Development Goal targets improving sexual and reproductive health

13

Indicator 3

Number of youth and women's groups that took a public action in support of SRHR to which IPPF engagement contributed

55

2021 Advocacy wins



3 Access to SRH services

Australia; Democratic People's Republic of Korea (DPRK)



1 Access to contraception

New Zealand



6 Access to safe and legal abortion

Australia; New Zealand; Thailand



2 Preventing sexual and gender-based violence

Indonesia
Samoa



1 Promoting sexual and gender diversity

New Zealand



Using Telehealth Services to Improve Access to Reproductive and Sexual Healthcare during the Pandemic and Beyond

In Australia, telehealth services were used as an alternative method of health care delivery during the COVID-19 pandemic to reduce the risk of community transmission. Australia already had an established telehealth system and introduced temporary government subsidies to expand access to telehealth during the pandemic.

Family Planning New South Wales relentlessly worked on building a sustainable and accessible network of healthcare services during this period. They promoted the importance of temporary Medicare-funded sexual health and reproductive telehealth services to ensure equity of access to essential health care. Through their telehealth services, they can reach the most vulnerable communities who might not always have access to a General Physician or hospital.

In 2021, they interviewed 23 clients and seven (7) clinicians to understand their experience with telehealth services and identified ways to improve it. The interviews highlighted

that telehealth improves access to sexual and reproductive health services. Telehealth services provide convenience, accessibility, and client comfort, particularly for younger people. Integrating telehealth into healthcare was acceptable to both clinicians and patients. Removing restrictions on Medicare rebates for telehealth consultations would enhance access to sexual and reproductive health.

Family Planning NSW disseminated their findings through conference presentations and peer-reviewed journals and lobbied for the expansion of Medicare-funded telehealth services both at the state and national levels beyond 2021.

In December 2021, the Australian Minister of Health announced that telehealth is now a permanent feature of primary health care. The government is investing over AUD300 million in telehealth services- including reproductive and sexual health- to strengthen universal Medicare and other critical health services, including mental health.



Making the Case for Increased Funding for Family Planning

In October 2020, Family Planning New Zealand (Family Planning) published the Contraceptive Use survey report about what contraception of over 6,700 people use and the types of barriers they faced when using their preferred methods of contraception. The survey received a lot of media attention which gave Family Planning a platform to discuss the importance of access to sexual and reproductive health (SRH) services and to advocate for equitable access to a full range of SRH services for all New Zealanders.

Following the 2020 election, Family Planning developed an innovative Briefing to Incoming Members of Parliament, which contained short messages, graphics, and an interactive option for viewing the information. The briefing was well-circulated and publicised using email campaigning, and hard copies disseminated to MPs. They then hosted meetings with relevant Ministers or Associate Ministers.

Family Planning also developed and distributed fact sheets to Members of three

select committees – Health, Education and Foreign Affairs and Trade – via email containing information about Family Planning services and programmes and the importance of SRH to health, education, and development.

As part of their media outreach, Family Planning reached out to various media outlets. Family Planning also had meetings and shared the research with policymakers in the Department of Prime Minister and Cabinet (DPMC) who implement the Child and Youth Wellbeing Strategy. They exchanged ideas and information about contraception, pregnancy planning, unintended pregnancy, and youth access to services. One of the key messages they impart is that pregnancy planning helps support healthy pregnancies, healthy babies, and healthy young people.

In 2021, Family Planning New Zealand successfully secured a funding increase for their clinical services. The 2021 New Zealand government budget included a \$3.764 million budget increase for Family Planning over four years.

Indonesia Criminalises Sexual Violence in University Campuses

Based on a survey conducted by the Indonesian Ministry of Education, Culture, Research and Technology in 2020, as many as 77% of lecturers said that sexual violence had occurred in university campuses. However, 63% did not report these incidents. The National Women's Commission documented that 27% of reported complaints of sexual violence throughout 2015 to 2020 happened in universities (Women During the Shortage in Pandemic: The Rise of Sexual Violence, Cyber Violence, Child Marriages, and the Limitations of Handling in the Midst of Covid-19, A Record of Violence Towards Female in 2020).

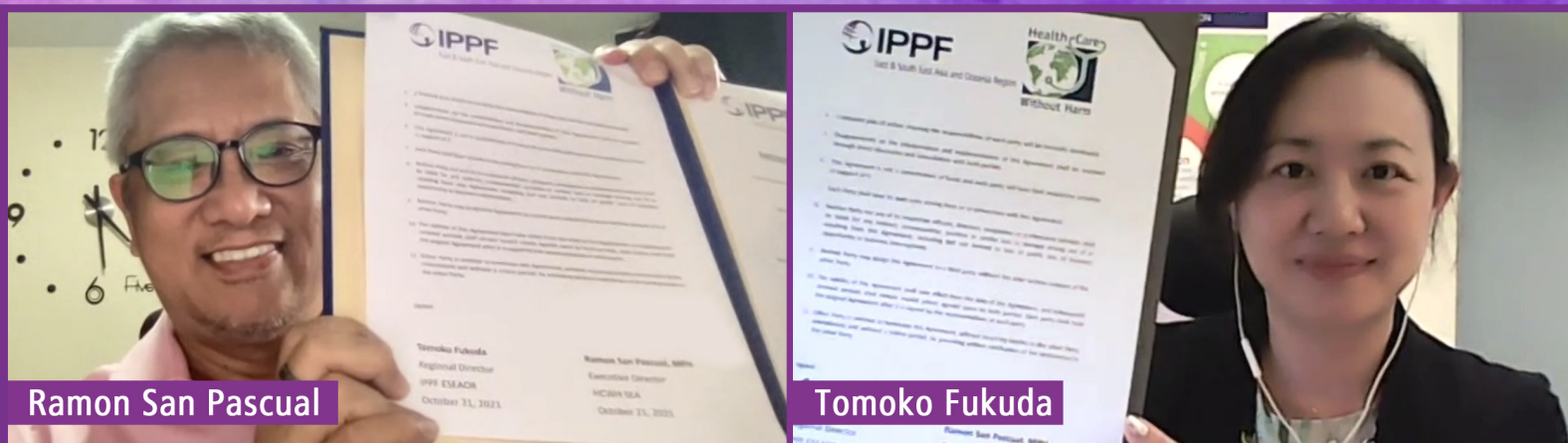
The Perkumpulan Keluarga Berencana Indonesia (PKBI) [Indonesian Planned Parenthood Association (IPPA)] has been active in advocating for the issuance of regulations by the Minister of Education, Culture, Research and Technology (Permendikbudristek). IPPA has contributed to informal discussions on the material draft of the Permendikbudristek and conducted joint advocacy discussions with like-

minded organizations and recommended for criminalization of sexual violence in universities and colleges.

IPPA also influenced a series of online public trials of the draft Permendikbudristek held in Jakarta, Surabaya, and Yogyakarta. IPPA contributed to the harmonization process with the Ministry of Law and Human Rights and the Ministry of Education and Culture. IPPA conducted socialization and discussions regarding the readiness to implement the regulation through their youth centres and the general public, as well as publishing expert opinions on social media and newspapers.

The Ministerial Decree about Prevention and Treatment of Sexual Violence in Higher Education became effective on Aug 30. The Decree outlines 20 acts under sexual violence, carefully extending the umbrella of 'sexual violence' to verbal, non-physical, and digital actions. That is a huge step forward from previous regulations that only considered physical acts as sexual crimes.





Partnership to Promote Gender-Inclusive and Climate-Resilient Health Agenda

Prior to the 26th Meeting of the Conference of the Parties (COP26), countries who signed the United Nations Framework Convention on Climate Change (UNFCCC), IPPF ESEAOR and Health Care Without Harm- Southeast Asia (HCWH) launched a regional partnership to promote a gender-inclusive, climate-resilient health agenda for women and girls across South East Asia and the Pacific.

This regional partnership will provide IPPF-served communities and health facilities with information, skills, and resources on how to advance the climate, gender, sexual and reproductive health agenda. Both IPPF ESEAOR and HCWH will facilitate the exchange of knowledge and tools (advocacy and communication) and will strive to build capacity among their respective constituencies.

This partnership will accelerate action to achieve the full realization of SRHR and gender equality and improve the resilience of communities to changing climates. With this partnership, the two organizations envision cultivating

cross-learning and communications and advancing joint advocacy projects and research opportunities. They hope to address the myriad of climate-related SRHR challenges faced by women and girls in the region.

At the end of 2021, a pilot project in Cambodia and Solomon Islands entitled “Advancing Health and Gender Equity by Building Climate-Resilient and Sustainable Health Facilities and Communities” commenced and will be implemented for ten months.





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

PPF's work is critical in supporting young people to act freely on their sexual and reproductive health and rights. One area that IPPF has prioritised is the provision of comprehensive sexuality education and making information on sexual and reproductive health and rights widely available to young people.

In 2021, ESEAOR provided comprehensive sexuality education to 31 million young people, mostly in, China (China Family Planning Association), Cambodia (Reproductive Health Association of Cambodia), Vietnam (Vietnam Family Planning Association), Australia (Family Planning Alliance Australia), Laos (Promotion of Family Health Association) and Hong Kong (Family planning Association of Hong Kong). More than 19,000 young people who accessed CSE in 2021 do so using the digital platforms. This clearly indicates that digital media is increasingly becoming one of the effective channels to reach young people because of the pandemic.

In 2021, IPPF also released the Report on the Status of Comprehensive Sexuality Education in Asia. The Report was launched in June by IPPF, UNFPA & UNESCO. The CSE review helped MAs to engage in discussions with country partners to identify implementation gaps in implementing CSE programmes. It also helped MAs in improving their CSE programmes and advocacy work. Most of the MAs have been engaging their governments to ensure the roll-out and inclusion of critical CSE components in their respective national curriculum in 2021.

Meanwhile in the Pacific, UNFPA contracted IPPF's Sub-Regional Office in the Pacific (SROP) to undertake a situational analysis of sexuality education in the Republic of Marshall Islands

in 2021. In partnership with UNFPA, SROP has earlier launched the CSE for OSY in the Pacific.

In 2021, Member Associations in the region trained over 71,000 youth peer educators and 7,500 educators on CSE. These trained CSE providers helped us reach 31 million young people with sexuality education.

Empowering young people and promoting youth participation is a principle that IPPF pursues with passion. An increasing number of MAs engaged youth volunteers and staff in service provision. Over 300 young staff are recorded to have been engaged in 2021. 21 MAs also registered presence of young people in their leadership boards.

Indicator 4

Number of young people who completed a quality assured CSE programme

31,004,409

Indicator 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)

7,528

Indicator 6

Estimated number of people reached with positive SRHR messages

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In 2021, ESEAOR provided 6.6 million SRHR services to young people under 25, representing 40% of total services provided. Young people are not only clients and beneficiaries, but young people also have a voice in the decision-making processes in IPPF.

In late 2021, ESEAOR commissioned an analysis of the status of Member Associations' (MAs) youth networks in the region with the aim of understanding the engagement of young people at the regional and MA levels. The members of youth networks and staff from all MAs in the region participated in virtual consultations and completed a survey aimed at assessing the status of youth engagement at the MA level. MA guidance tools were developed to expand youth engagement. These processes have set the stage for ongoing youth engagement at the MA level and were reiterated at the regional level through the Regional Youth Forums undertaken in 2021.

What MAs are doing in 2021

China	CFPA extended its CSE programme in 332 new colleges, with more than 3 million college students participating in CSE training. CFPA also held the 6th National College Students' AIDS Prevention Knowledge Contest, which attracted 2.58 million college students from more than 3,000 colleges in China. Besides face-to-face training for young people, CFPA also conducted online sessions on youth-friendly family relationships with 3.5 million parents.
Cook Islands	CIFWA strengthened its partnership with the Tereora College, by securing a clinic and space for student activities
Fiji	RFHAF strengthened its partnership with the Ministry of Health and Medical Services Pacific during their response to Cyclone Yasa. In partnership with the Ministry of Health & Medical Services, Ministry of Youth and Sports and Medical Services Pacific, RFHAF also managed to conduct over 100 community based SRHR awareness sessions, 9 primary school visits, and implement 82 mobile clinic outreaches.
Hong Kong	FPAHK launched an educational programme including a video contest, inviting youth to create videos to promote messages on preventing sexual harassment among ethnic minorities.
Indonesia	IPPA youth were involved in the global agenda (IPPF) as resource persons and participants in meetings related to SRHR.
Kiribati	KFHA served a total of 3,259 clients and provided 15,442 SRH services and 9,385 non-SRH Services through their clinical mobile outreach programme.
Malaysia	FRHAM Youth Committee engaged with schools and universities to reach out to students and introduced SRHR information through online webinars.
Mongolia	MFWA trained 200 peer educators and reached out to more than 27,000 young people with SRH information through its youth centres. 14,000 young people were trained on CSE online. MFWA also implemented a project called "Little Doctor" to educate children on SRH.
Samoa	Was involved in the development of the first guide on SGBV and child protection referral pathways, 'Samoa Inter-Agency Essential Services Guide for Responding to GBV and Child Protection'.
Solomon Islands	SIPPA has an MoU with People with Disability Solomon Islands (PWDSI), allowing them to continue supporting people with disability in its program implementation and providing clinical services.

- 31 m - Number of young people who completed quality CSE programmes
- 71,036 - Number of youth peer educators trained
- 7,528 - Number of educators trained to provide CSE
- 1,954,770 - Number of youth clients served
- 6.6 m - Number of services provided to young people
- 21 - Number of MAs with Governing Board composed of 20% young people
- 332 - Number of young staff members in ESEAOR MAs



Regional Youth Activities in the Pacific

Pacific CSE Regional Sharing and Learning Forum

The hybrid forum brought virtually and physically together over 700 participants from Pacific governments, academia, regional partners, civil society, youth led organisations and young people from 13 Pacific Islands countries and was opened by the Minister of Education of Kiribati. This meeting showcased best practices in CSE implementation and new accelerators for achieving SDG (Sustainable Development Goal) targets related to universal access to SRHR. The Forum saw a strong call to governments for a renewed commitments to accelerate CSE. The event was broadcast widely by Fiji TV and its online platform that reached majority of Pacific countries.

Publication of Out-of-School Comprehensive Sexuality Education in the Pacific Report

This study provided an overview of CSE programs for OSY in nine Pacific Island countries, including assessment results of the quality of education and information delivered. The study is expected to inform future curriculum development in the Pacific and support organisations delivering CSE and ensure that they are providing information that meets the needs of young people. The resource has been published in the University of South Pacific's Library, UNESCO – health education resources, UNFPA and IPPF publications. The publication has been issued an ISBN number recognizing the document as an official publication for IPPF SROP's youth work.





Case Study: RHAC Digital Health Intervention on CSE

Many MAs introduced or scaled-up innovative strategies, including using social media and apps for information and services, as well as increasing the frequency of home visits for those not able to access digital channels. The Cambodian MA, Reproductive Health Association of Cambodia (RHAC), provide youth-friendly information channels via Facebook and Telegram. They use these platforms as tools to disseminate education, information, and entertainment on comprehensive sexuality education (CSE). Users can access information, share it with their networks, and confidentially contact a RHAC counsellor.

RHAC has also adapted and dubbed five (5) educational videos for the Cambodian context by working closely with the AMAZE video team. At community levels, RHAC activist groups (Youth Activists and Women Champions) encourage the participants to subscribe to or interact with our information channels when facilitating education sessions. RHAC is also collaborating with 30 schools in the areas to register 6,000 students and mobilise those youngsters to attend our virtual CSE sessions using AMAZE videos through Google Meet digital format.



IPPA's Assistance Program for Children in Need of Legal Aid

The Indonesian Planned Parenthood Association (IPPA) has been providing an assistance programme for children in need of legal aid (Children in Conflict with Law or Children in Prison) since 2012. Children in Conflict with Law (CICL) are the children who are entangled in legal problems and are staying in Correctional Institution for Children.

The objective of the assistance is to help these children get access or exercise their basic rights such as the right to education (Open School), the right to health (Sexual Reproductive Health Services) and receive administration services as citizens.

IPPA is helping the CICL to finish their education. IPPA also provides Health Services to ensure the health of these children.

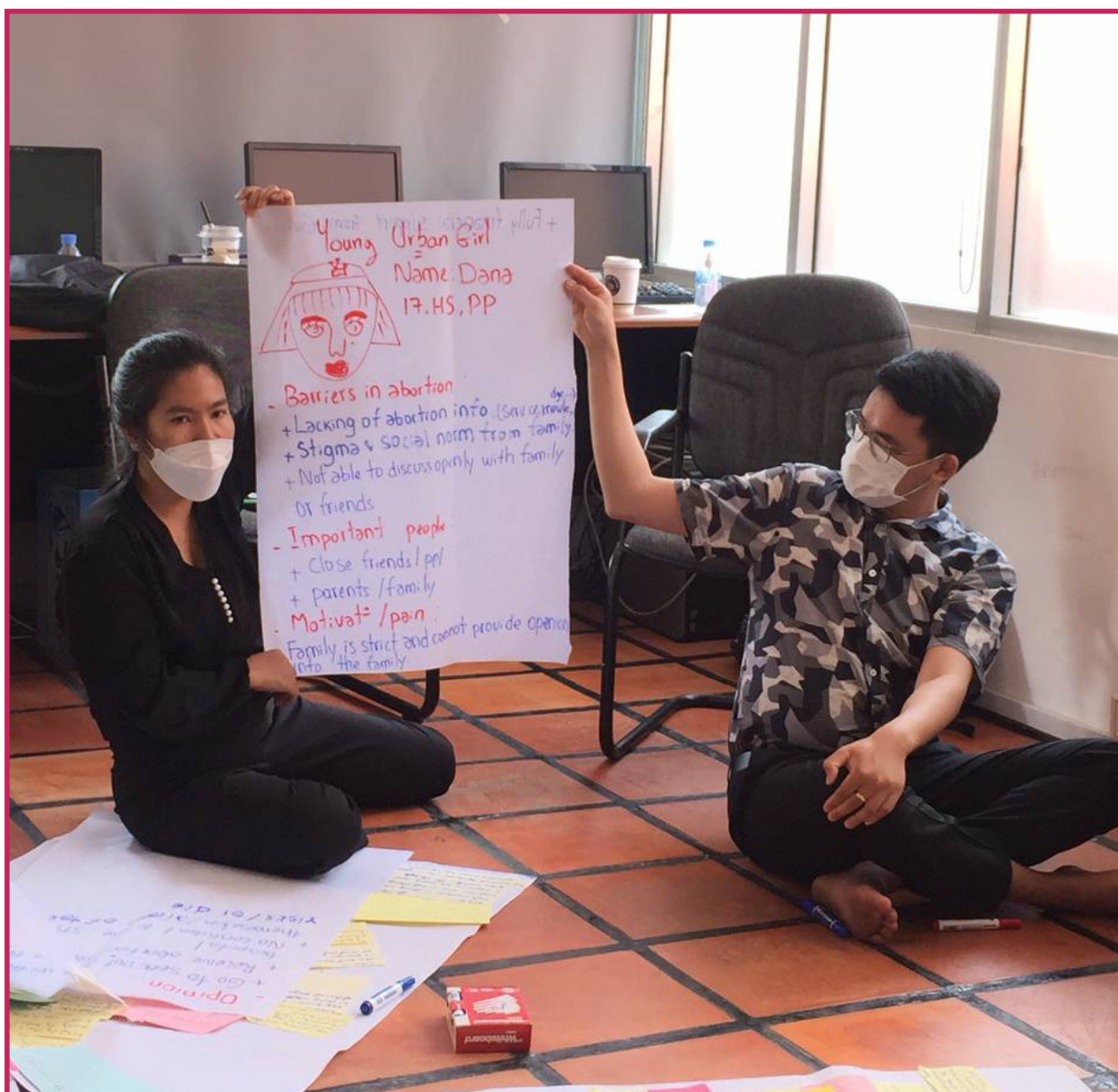
What does IPPA do in assisting the children? IPPA assists in obtaining the children's citizen IDs when they turn 17; they also assist in registering children's data to their respective Family Cards, after having been "removed" by their families; IPPA also promotes and engages

relevant sectors in society on the need to respect the children's basic rights.

One of IPPA's achievements was the signing of a cooperation agreement with the Ministry of Law and Human Rights (c.q Director-General of Penitentiary) to provide integrated assistance programs for children and women in special correctional institutions.

Assistance for the CICL has been implemented by IPPA Youth (Youth Centers). These youths receive capacity building programs to empower their skills in assisting the CICL, including ways to provide counselling. The objective is for IPPA Youth to have an effective communication and build trust with these children.



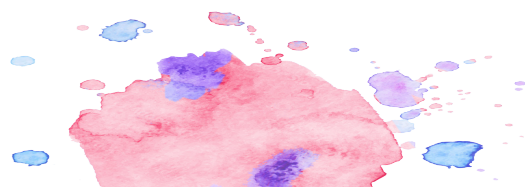


The aim of this effort to restore the children's self-confidence and build optimistic perspective. To bring back these children to their families, IPPA innovated a self-acceptance programme implemented through Family Forums and Community Forums – the goal is to drive families and communities to openly accept the children and provide moral and material support for them to continue their life.

The assistance programme for these CICL is available in 16 IPPA working areas, namely in the provinces of Riau, Jambi, South Sumatra, Bengkulu, Lampung, Yogyakarta,

DKI Jakarta, West Java, Central Java, East Java, East Nusa Tenggara, East Kalimantan, Central Kalimantan, South Kalimantan, North Sulawesi, and South Sulawesi.

Based on the positive response of the beneficiaries and of the Director-General of Penitentiary, the Assistance Program was included in IPPA's Strategic Plan. In this way, the programme continues even if funding has ended for this project.



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

2021 was a very challenging year for many countries in ESEAOR. Waves of COVID-19 resulted to multiple lockdowns, travel restrictions, disruption in health system and supply chain issues that made medical supplies and commodities expensive and short in supply. Despite the challenges of COVID-19, ESEAOR MAs continued to make progress in their efforts to deliver quality integrated SRH services and to reach the marginalized population by expanding partnership with external health facilities, utilizing digital health interventions and adapting innovative approaches to their existing service delivery models. Many MAs integrated self-care and door-to-door SRH services to the national COVID Response

In 2021, 17 million SRH services were delivered by ESEAOR MAs, an increase of eight percent (8%) from the previous year. An estimated 12.7 million SRH services were provided directly through service delivery points such as static clinics, mobile/outreach teams, and community-based providers. 4.3 million SRH services were enabled through MAs' partner health facilities.

The remarkable increase in SRH services via mobile clinics and associated health facilities highlights the MAs' priorities and commitment to increasing its reach to

marginalized population. Such was a result of an expanded outreach programme and rigorous partnership building with local health agencies. In 2021, the total estimated clients served registered 5.2 million, with more than 65 percent (3.3 m) identified as poor and vulnerable. A total of 57,147 clients were served during humanitarian emergencies.

ESEAOR MAs are using an integrated approach in delivering their services to ensure availability of the essential SRH services during the pandemic. Reported SRH service statistics in 2021 are classified to: 30% of total SRH services

are contraceptive services, 18.3% are related to Sexually Transmitted Infections (STIs); Gynaecology (17.1%), HIV/AIDS (10.4%), Specialized SRH services (sexuality/relationship counselling and GBVs) (9.8%), Obstetric Services (6.6%) and Abortion services (3.1%).

Despite supply chain problems and rise in global inflation issues, ESEAOR MAs continued to deliver wide range of quality contraceptives and services to the needy clients in 2021. Records





will show that a total of 719,277 couple year of protection (CYP) was achieved, a 5 per cent increase from 2020. Condoms accounts for 39% followed by IUD (34%), Implants (12%), Oral (9%), Injectable (5%), Voluntary Surgical Contraception (VSC) (1%) and other methods including emergency contraception (0.32%).

Indicator 7

Number of SRH services provided assured CSE programme

12,721,976

Indicator 8

Number of couple years of protection

719,277

Indicator 9

Number of first-time users of modern contraception

86,927

Indicator 10

IPPF clients who would recommend our services to family or friends as measured through the Net Promoter Score Methodology

66%

Indicator 11

Number of SRH services enabled

4,293,979

A total of 86,927 first-time users of modern contraception was reached in 10 FP2020 focus countries within ESEAOR. The total contraception provided in 2021 averted 272,686 unwanted pregnancies and 39,508 unsafe abortions.

For the Net Promoter Score – a tool to capture client recommendation on clinic services-ESEAOR MAs got 66 percent average net score across 8 reporting MAs in 2021 (scoring is based on 1-10 scale). The client recommendation through feedback and existing interviews by the rest of MAs continued to register 88 percent.

8,194 Service delivery points in 2021

5,194,800 Total number of people who received services in 2021

6 in 10 IPPF clients are poor and vulnerable



Comprehensive Abortion Care using Digital Health in Thailand

Female migrant workers (FMWs) in Thailand struggle to access comprehensive abortion care (CAC) due to lack of information, language barriers, abortion stigma and costly/unsafe transportation options. Transportation is a major barrier. Medical abortion services can only be provided in clinics. Information obtained through interviews reveal that migrant women and girls prefer to receive safe abortion care from clinics that are far from their communities. Lack of available and affordable transportation led to incidences of unsafe abortion, a major contributor to maternal death and disability.

Given such context, the Planned Parenthood Association of Thailand (PPAT) implemented a 'Pilot End-to-End Referral System to Increase Female Migrant Workers' Access to Comprehensive Abortion Care' project via the Grand Challenges Canada Grant. PAT set up a community-based end-to-end referral system for CAC and other SRH services that include a hotline centre, a network of migrant community health volunteers (MCHVs) and partnerships with local e-hailing and transport companies.

A dedicated hotline was secured by the project. The established hotline call centre '1452' provides information and consultation on family planning and abortion in 4 languages- Thai, Myanmar, Laotian and Cambodian. Through this hotline, female migrant workers were able to access information and consultation on safe

abortion care and access a referral system to receive further treatment in friendly and safe infirmaries.

Since the start of the project in March 2021, PPAT has trained 73 Migrant Community Health Volunteers (MCHVs). PPAT also supported the trained MCHVs to conduct 105 mini focus group discussions on SRHR, family planning and safe abortion care among a total of 2,106 female migrant workers and family members.

FMWs needing CAC services (identified and referred by the MCHVs via hotline or community outreach sessions) are provided transportation services to the nearest PPAT clinic in Bangkok, located 2 hours away from Samutsakorn, the area where the Project is being implemented.

The project will end in early 2023.

Partnership for SRH Services and Information for Factory Workers in Vietnam

The Partnership for SRH Services and Information for Factory Workers' or 'PASSION FOR WORK' is a 2-year project funded by Japan Trust Fund (JTF) and is intended to improve the sexual and reproductive health of factory workers in Vietnam. It is being implemented by the Vietnam Family Planning Association (VINAFA) in partnership with six factories in three provinces (Hue, Da Nang and Binh Duong).

The project focuses on improving the SRH outcomes of factory workers by increasing their access to SRHR information and services. This is done through partnerships with factory owners to ensure that the workers, who are also migrants, stay healthy and their SRH outcomes are improved. Studies and previous experience show that when the health of workers improves, their overall productivity also improves.

The partnership with factory owners includes the provision of affordable services and comprehensive SRHR information for the workers. By providing these, the project will help workers to have choices that will lead to reduction of unintended pregnancies and unsafe abortions, as well as the prevention of sexually transmitted infections and maternal mortality. As a result, the factories will have healthy workers who are empowered to exercise choices which will contribute to productivity.

The project also extends its services to the communities of the migrant workers. Accessible



and quality SRH services and information are also provided to the families. Access to information and services and linkages to the health system will improve health outcomes of the migrants' home communities. It is hoped that this will contribute to filling the urban-rural SRHR gap and reduce SRHR vulnerabilities of the underserved rural communities.

All these are carried out in partnership with the public health clinics.

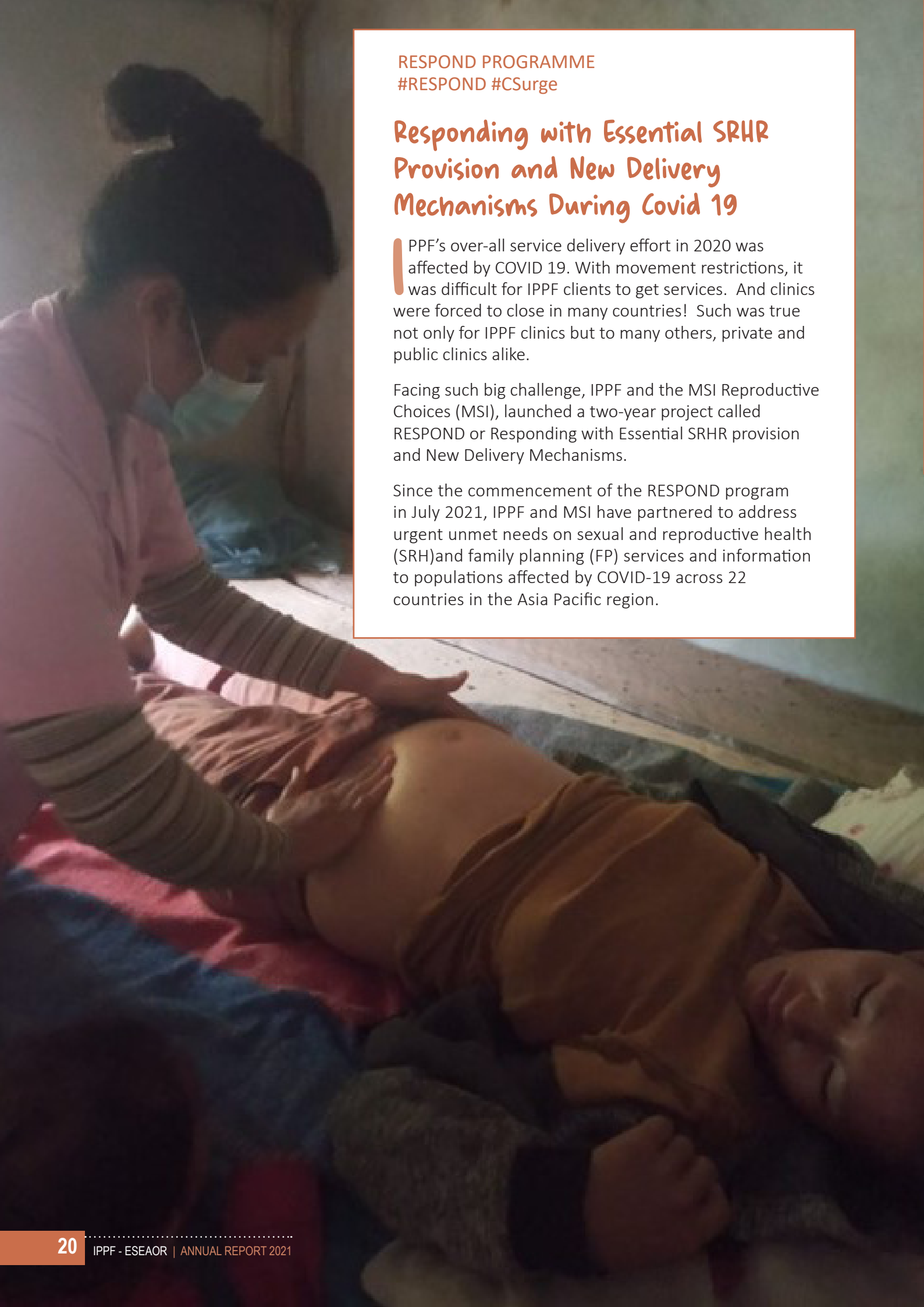


Responding with Essential SRHR Provision and New Delivery Mechanisms During Covid 19

PPF's over-all service delivery effort in 2020 was affected by COVID 19. With movement restrictions, it was difficult for IPPF clients to get services. And clinics were forced to close in many countries! Such was true not only for IPPF clinics but to many others, private and public clinics alike.

Facing such big challenge, IPPF and the MSI Reproductive Choices (MSI), launched a two-year project called RESPOND or Responding with Essential SRHR provision and New Delivery Mechanisms.

Since the commencement of the RESPOND program in July 2021, IPPF and MSI have partnered to address urgent unmet needs on sexual and reproductive health (SRH) and family planning (FP) services and information to populations affected by COVID-19 across 22 countries in the Asia Pacific region.





RESPOND is funded by the Australian Government to enhance Sexual and Reproductive Health & Rights (SRHR) and access to quality healthcare services for populations impacted by the COVID-19 pandemic- one of the fastest-moving global public health crisis in a century that has caused significant mortality and morbidity- whilst creating additional obstacles in women's access to important, lifesaving SRH services.

In the Asia Pacific region, the impact of COVID-19 is very evident as SRH care became erratically available and access to is become very difficult. The pandemic has magnified many of the underlying vulnerabilities within the region, including lack of basic infrastructure, exposure to climate hazards, limited access to services as well as ongoing budget and political impasses. All these changes threaten women's and girls' lives, their health and progress in their education, economic empowerment and gender equality efforts.

Some examples: In Samoa, FP visits fell by 47%. In Cambodia, more women (24%) than men (17%) were reportedly unable to access medical care when needed. Since the start of the COVID-19 pandemic, there has been a significant reduction in the uptake of maternal and new-

born health services. The COVID-19 pandemic has led to disruptions in supply chains nationally, regionally and globally, including contraceptives and essential medical supplies. Despite many contraceptives manufactured in the region, emerging issues included reports of stock-outs and procurement challenges.

One of the objectives and main activities of RESPOND is making sure there is access to high-quality and equitable SRH services through established service delivery channels. This will ensure the continuity of SRH services and hopefully reach vulnerable, underserved and isolated communities. Another activity carried out by RESPOND is capacity strengthening of health care providers (staff, private and public sector) in order to provide quality comprehensive SRH services and COVID-19 response.

Recognising the growing levels of SGBV (United Nations calls it "the shadow pandemic") and acknowledging the amplification of entrenched social and gender inequalities across Asia and the Pacific region, IPPF increased its efforts to address SGBV issues and implement specific interventions for the prevention of SGBV and frontline service provision for survivors.



As a part of its key outputs, RESPOND was able to strengthen the provision of Sexual and Gender Based Violence (SGBV) services and referral pathways for survivors. The program is also focused on strengthening supply of essential SRH and infection prevention commodities and supplies and expanding contraceptive social marketing.

During the pandemic, many women and girls were unable to access healthcare and put them and others at grave risk of spreading disease. IPPF responded by introducing digital health services. Through RESPOND, Member-Associations carried out or scaled-up telemedicine and increasingly made available SRH self-care services through IPPF's broad network of community-based distributors (CBDs). CBDs ensured efficient delivery of short acting FP services to clients at their homes through direct community or home-to-home service deliveries in underserved areas.

In Cambodia for instance, partnership was established and strengthened with community health volunteers/workers under the Ministry of Health (MoH) with the intent of expanding reach. They also partnered with pharmacies for home delivery of commodities.

In Laos, Indonesia and the Philippines, service provision and clinic operations were disrupted because of Covid. Under the RESPOND initiative,

IPPF conducted a service mapping of its static clinics in the three countries and developed a plan of action in order to enable static clinics to provide a full range of SRHR services to communities.

Through RESPOND, Member Associations also initiated awareness raising activities such as health and service using multiple media platforms. Through this initiative, a variety of approaches and communication channels are being employed to ensure that women, girls, men and boys have access to comprehensive SRH and rights-based information. This strategy is being executed via radio, TV, SMS, and social media platforms (Instagram, Facebook, Twitter, WhatsApp, TikTok, etc.). RESPOND's communication activities helped people to access SRH information through digital platforms.

In countries where both MSI and IPPF are present, MSI and IPPF MAs are working closely together on the ground to establish cross-organisation referrals to increase access to SRHR.

The project has seen tremendous progress in the past 6 months. RESPOND's upcoming priorities in 2022 are Country Monitoring and Technical Support visits, expanding Telemedicine services, strengthening SGBV capacity, improving Quality of Care with Alternative Service Channels and strengthening lessons learned with knowledge sharing across country partners.



Humanitarian Responses in 2021

Women and girls are among the most vulnerable in humanitarian settings and their sexual and reproductive health and choices are often severely impacted by a crisis. The IPPF's humanitarian programme is in a unique position to respond to the needs of women and girls in crisis settings as majority of its Member Associations are very well established locally (with presence in major locations) and highly connected with various actors in society. They are also autonomous organisations. This also means that Member-Associations can easily bridge the humanitarian and development nexus during the preparedness phase for humanitarian response and recovery.

The IPPF humanitarian strategy focuses on four overarching priorities: promote localised humanitarian action; ensure access to lifesaving sexual and reproductive health services, including safe abortion care; respond to sexual and gender-based violence in emergencies and respond to the intersection of the climate crisis and sexual and reproductive healthcare.

In 2021, IPPF launched the new Stream 3 funding mechanism- a core funding mechanism designed to enable Member Associations to respond to crisis in a

timely manner. Along with our other humanitarian projects and programming, IPPF's humanitarian reach grew more in 2021 than any previous years, responding to an unprecedented 20 crises across acute and protracted settings.

Below are some of the humanitarian responses delivered in ESEAOR in 2021:



COVID-19 response, Papua New Guinea

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



Cyclone Seroja and the Kalimantan flood response, Indonesia

Indonesia was struck by a series of disasters in early 2021, caused by Tropical Cyclone Seroja, including flash floods and landslides which swept the East Nusa Tenggara Province in April 2021. Thousands of lives, as well as infrastructure, were affected by these disasters. The Indonesia Planned Parenthood Association (IPPA), responded to the disasters by setting up a static clinic in Raerobo Village in Sabu Liae. IPPA was able to reach people in 39 villages in four sub-districts, providing medical services through static clinics (SRH tents), mobile clinics as well as digital approaches for health education and promotion and psychological support. The response to Cyclone Seroja provided 13,371 services to 8,686 clients, whilst the subsequent earthquake and flooding response provided 18,966 services to 11,090 clients.

Humanitarian Responses in 2021

Nature of Emergency	Country	Member Association	Approved Budget US\$	Duration
Civil Unrest	Afghanistan	AFGA	199,089	15 October – 15 April 2022 (NCE granted)
Nagorno-Kabakh	Armenia	Women's Resource Center NGO	30,000	1 April – 1 December 2021
Colombia - Venezuela Refugees Crisis	Colombia	Profamilia	100,000	11 October 2021 – 30 August 2022 (NCE granted)
Refugees Influx from Tigray	Djibouti	ADEPF	53,472	15 September 2021 – 14 March 2022
Volcano Eruption	Democratic Republic of Congo (DRC)	ABEF	100,000	1 August 2021 – 1 February 2022
Tigray	Ethiopia	FGAE	66,109	31 October 2021 – 15 November 2022 (NCE granted)
Earthquake	Haiti	SOFA	73,500	12 January 2021 – 31 March 2022 (NCE granted)
COVID-19 Response	India	FPAI	71,755	1 June – 30 November 2021
Chennai Flood	India	FPAI	27,280	8 December 2021 – 8 March 2022
Kerala Flood 2021	India	FPAI	29,868	15 November 2021 – 15 February 2022
Seroja Typhoon	Indonesia	IPPA	76,287	19 April – 19 August 2021
Earthquake (West Sulawesi) Flood and Landslide (Kalimantan)	Indonesia	IPPA	161,210 (SPRINT 3)	15 March – 15 August 2021
Earthquake (West Sulawesi) Flood and Landslide (Kalimantan)	Indonesia	IPPA	49,987 (STREAM 3)	5 February – 5 April 2021
Cabo Delgado	Mozambique	AMODEFA	82,032	25 June – 25 December 2021
COVID-19 Response	Nepal	FPAN	75,203	1 June – 30 November 2021
Balochistan Earthquake	Pakistan	FPAP	95,378	15 October – 15 January 2021
CE COVID-19 Response	Papua New Guinea (PNG)	PNGFHA	185,085	5 May – 30 October 2021
Volcano Eruption	St Vincent	SVPPA	50,000	25 April – 24 July 2021
Inter-communal Fighting	Palestine Territories	PFPPA	59,890	1 June – 31 August 2021
Refugees Influx from Tigray	Sudan	SFPA	90,479	8 December 2021 – 31 March 2022



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

Since 2019, IPPF has been undergoing organisational transformation that require the conduct of many activities and programmes under Outcome 4: Unite and Perform. These activities are designed to establish IPPF as a high performing Federation, with the ultimate goal of enabling Member Associations (MAs) to have good governance and infusing modern organisational concepts into staff thinking.

Major initiatives in 2021 include the implementation of the new IPPF Resource Allocation Model. It will be recalled that the 2019 Reform included two major things: Federation Governance and Resource Allocation. After a successful process, a new Resource Allocation Model was introduced in 2020. IPPF begun implementing the said resource allocation model in 2021 that covers all fund receiving MAs beginning 2022.

Another major and global initiative that started in 2021 is the so-called of MA Reform, which is anchored on the need to reform governance in member-associations so that they will become more effective and efficient. The process includes analysing existing structures, systems, and processes (Phase 1); and developing an action plan for governance reform (Phase 2).

In November 2020, IPPF addressed issues of racism and colonialism within the Federation by engaging a consultant to develop an Anti-Racism Program of Action. A study and survey were conducted that covers racism, power dynamics, opportunity equity, and institutional culture, including trust and belonging, within the Secretariat. By the end of 2021, the Federation established a Board of Trustees Anti-Racism Sub-Committee that drafted and disseminated the

Board's Statement on Anti-Racism. Within the Secretariat, an Anti-Racism Committee was also formed to address issues of anti-racism concerns.

Indicator 12

Total income generated by the Secretariat (US\$)

\$ 164.7m

Indicator 13

Total income generated locally by unrestricted grant-receiving Member Associations (US\$)

\$26.4m

Indicator 14

Proportion of IPPF unrestricted funding used to reward Member Associations through a performance-based funding system

2.4%

Indicator 15

Number of IPPF volunteers

48, 184

Indicator 16

Number of IPPF activists

...

It is the position of IPPF for staff and volunteers to work or volunteer in a safe, harm-free and positive environment. IPPF beneficiaries and clients also have the right to access and receive services in an environment they feel safe, and where they are treated with dignity and respect. IPPF is committed to creating this environment. In 2021, the Federation continued to develop and improve its safeguarding and incident management functions, making sure that staff, volunteers, and clients are able to raise concerns and have them resolved in a timely and effective manner. IPPF launched the full Safeguarding Training module in October 2021 to ensure that everyone has a safe surrounding within the Federation.

As Covid spread rapidly in 2021, IPPF responded well with generous support from the Australian Government's Department of Foreign Affairs and Trade (DFAT). Aside from funding the RESPOND Program, they also funded Fiji Vaccine Roll Out through Sub-Regional Office in the Pacific. Through this project, the Family Health Association of Fiji (RFHAF) activated their volunteer base, many of whom are retired health workers, to support Fiji vaccination teams. Almost a hundred RFHAF volunteers were mobilized to conduct community outreach and to support client registration and data collection during vaccine distribution events from May to August 2021.

Update on the IPPF Board of Trustees (BoT)

The members of the IPPF Board of Trustees (BoT) and other Committees are composed of Volunteers (from MAs) and external persons. Selection of members must comply with IPPF's core principles of gender parity (at least 50% women) and youth participation (20% of BoT must come from the youth). Board members are recruited based on a skillset prescribed by the IPPF Nomination and Governance Committee, an entity that reports to the IPPF General Assembly.

ESEAOR is proud to introduce the following MA volunteers selected to sit on the IPPF Board and other Committees:

- Board of Trustees- Mr Andreas Prager (FPNZ) since September 2021.
- Membership Committee- Ms May Thazin Myint (MMCWA) since November 2020.
- Finance, Audit and Risk Committee- Dr Maisarah Ahmad (FRHAM) since July 2020.
- Policy, Strategy and Investment Committee - Ms Guo Yueping, Youth (CFPA) since November 2020.

MA Governance Strengthening Programme

In May 2020, IPPF launched the pilot of an MA Governance Strengthening Programme, through which IPPF will work with the MAs in strengthening organizational governance.

The 1st nine (9) Members Associations selected to undertake MA Governance Strengthening are: Cameroon, Denmark, India, Malaysia, Mozambique, Palestine, Pakistan, Sri Lanka and Uganda. This first initiative was funded through a grant from the Chinese Government.

The 2nd batch of MAs were selected in January 2021 and the project was launched in March 2021 with six (6) MAs from Afghanistan, Fiji, Indonesia, Mali, Morocco and Nigeria. The 2nd round was funded by the Australian Government

The 3rd round was made in May 2021 and launched in June 2021, with eight (8) additional MAs from Jamaica, Lesotho, Malawi, Maldives, Mexico, Sudan, Tunisia

and Vanuatu, selected to undergo an MA Governance Strengthening Programme. This time it was funded by the Global Affairs Canada.

The Global MA Governance Strengthening Programme is designed for implementation in two phases- analytical (Phase 1) and implementation (Phase 2).

Two online roundtable discussions were organised to discuss governance strengthening and share key learnings from reform processes. Both roundtables were attended by the IPPF Chair (who gave the opening remarks) and the IPPF Director-General. The sessions were attended by Presidents, young board members and Executive Directors from the participating MAs as well as the consultants from the three rounds. MAs are at the different stages of the initiative.

Change name

The Member Association in DPRK is now called the Family Health Association of Korea (FHAK). Formerly known as the Korea Family Planning & Maternal Child Health Association of the Democratic People's Republic of Korea (KFP & MCHA), the change of name was effectively introduced to ESEAOR in November 2021.

Accreditation

Associate Membership Renewal

Renewal of Associate Membership status was granted to Family Planning Alliance Australia (FPAA) and Papua New Guinea Family Health Association (PNGFHA) during the December 2021 meeting of the Board of Trustees. The status will be re-visited after 2022.

Accreditation Status in ESEAOR

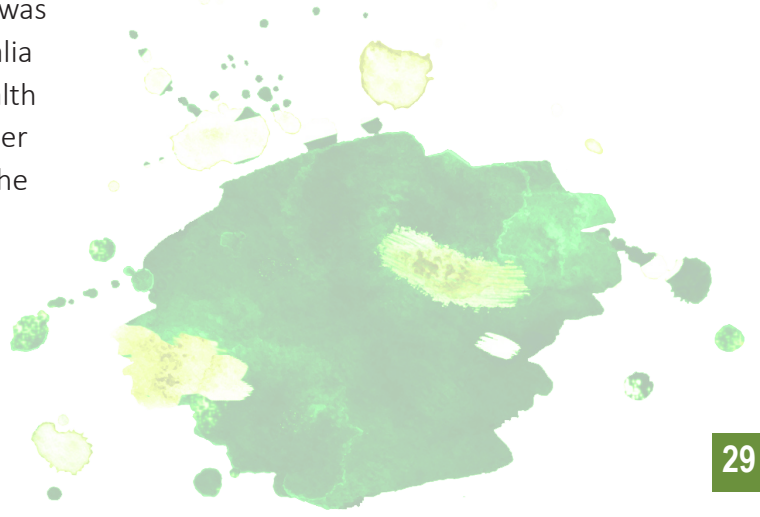
Every five years, Member-Associations undergo a process of (re-) accreditation based on 10 principles of set of standards approved by the Federation. The principles are:

- Open and democratic
- Well-governed
- Strategic and progressive
- Transparent and accountable
- Well-managed
- Financially healthy
- A good employer
- Committed to results
- Committed to quality
- A leading non-governmental organization in its country

Currently, ESEAOR MAs are in the 3rd Accreditation Cycle. Hampered by Covid 19, several virtual accreditation reviews were conducted by the Regional Office in 2021. Five (5) MAs have undergone virtual reviews. These are: Cook Islands Family Welfare Association (CIFWA), China Family Planning Association (CFPA), Family Planning Association of Hong Kong (FPAHK), Kiribati Family Health Association (KFHA) and Samoa Family Health Association (SFHA).

These MAs are set to comply with all the standards within a year of the accreditation review. They are expected to achieve (re) accreditation in 2022.

Meanwhile, the MAs from Indonesia (IPPA) and South Korea (KoPHWA) are also on course to complete the remaining standards. Both MAs underwent accreditation review in 2020.



Snapshots of virtual accreditation reviews (Cook Islands, Hong Kong and Samoa)



Snapshots of virtual accreditation reviews



Membership Committee member, Ms May Thazin Myint was an observer at the VAR of SFHA.



ESEAOR Opportunity Grants

Below are the new and on-going Opportunity Grants provided by ESEAOR to its Members in 2020-2021:

Member Association	Project Title	Duration	Project Cost
PFHA	Improving the quality of care of Health Centres in Laungnamtha and Bokeo Province (I-CARE)	1 November 2020 – 31 October 2021	USD 28,500
KFP&MCHA	Strengthening Associated Health Facilities in DPRK	1 November 2020 – 31 October 2021	USD 30,000
MMCWA	Strengthening the service delivery and data management system of MMCWA	1 November 2020 – 31 October 2021	USD 20,490
IPPA	Improving IPPA's Electronic Clinical Management System	1 December 2020 – 30 November 2022	USD 22,770
FPOP	Ensuring contraceptive security for program sustainability	1 November 2020 – 31 December 2021	USD 30,000
MFWA	Strengthening the SRH services, counselling, and information through associated clinics	1 November 2020 – 1 November 2021	USD 29,805
PPAT	Better Health Better Care for Female Sex Workers	1 December 2020 – 30 November 2022	USD 30,000
KoPHWA	Strengthening cooperation and solidarity among association for advocacy and accountability in SRHR	1 November 2020 – 1 June 2021	USD 30,000
RFHAF	Setting up of RFHAF Bula Wellness Facility	1 November 2020 – 31 January 2021	USD 30,000
SFHA	Scaling up the cross-cutting issue of gender equality through gender transformative programming	1 November 2020 – 31 October 2021	USD 26,065
CIFWA	Supporting professionals in delivery of SGBV skills and services	1 December 2020 – 31 December 2021	USD 25,200

Stream 2- Opportunity Grants 2021:

Member Association	Project Title	Duration	Project Cost
Japan (JOICFP)	Establishing the first Advocacy Coalition on SRHR in Japan	1 October 2021 – 30 September 2022	USD 30,000
RHAC	Advancing Health and Gender Equity by Building Climate-Resilient and Sustainable Health Facilities and Communities in Cambodia and Solomon Islands	1 December 2021 – 31 December 2022	USD 30,000
SIPPA	Advancing Health and Gender Equity by Building Climate-Resilient and Sustainable Health Facilities and Communities in Cambodia and Solomon Islands	1 December 2021 – 31 December 2022	USD 30,000

Member Associations Sources of Income (2020 and 2021)

TOTAL INCOME	Year 2021 US\$	Year 2020 US\$	Variance US\$	% Variance
Sources:				
INTERNATIONAL	5,090,349	4,806,021	284,329	6%
NATIONAL	21,273,572	21,719,024	-445,452	-2%
IPPF				
▪ UNRESTRICTED	3,885,582	3,930,552	-44,970	-1%
▪ RESTRICTED	4,463,062	2,584,975	1,878,087	73%
TOTAL	34,712,566	33,040,572	1,671,993	5%

Total MA income increased by 5% in 2021. This is mainly due to the increase of 73% in the IPPF restricted funds, from 2.6m in year 2020 to 4.5m in year 2021.

In 2021, IPPF contributed 24.1% of total MA incomes. Incomes received from

international donors shows a 14.7% increase in 2021. Meanwhile, 61.3% of the total MA incomes were generated nationally through projects, contributions from local governments, fundraising, and other sources.

Annex A – ESEAOR Performance Results 2020–2021

IPPF ESEAOR PERFORMANCE RESULT 2020-2021							
OUTCOME 1 - CHAMPION RIGHTS							
REGIONAL PERFORMANCE RESULT S		2021 results	2020 results	% change 2020-21	2021 Target	% of target achieved	ESEAOR contribution to global
1	Number of successful policy initiatives and/or legislative changes in support or defence of SRHR and gender equality to which IPPF advocacy contributed (n=6)	13	22	-41%	25	52%	11%
3	Number of youth and women's groups that took a public action in support of SRHR to which IPPF engagement contributed	47	49	-4%	2,937	1.6%	9%
OUTCOME 2 - EMPOWER COMMUNITIES							
4	Number of young people who completed a quality-assured comprehensive sexuality education (CSE)	31mil	22.4mil	38%	29.4mil	105%	89%
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)	7,528	6,236	21%	n/a	n/a	7%
OUTCOME 3 - SERVE PEOPLE							
7	Number of SRH service provided	12.7mil	12.1mil	5%	21.3mil	60%	8%
8	Number of couple years of protection	719,277	682,868	5%	985,466	73%	2%
9	Number of first-time users of modern contraception (FP2020 countries, n=10)	86,927	93,226	-7%	457,379	19%	1%
10	IPPF clients who would recommend our services to family or friends as measured through the Net Promoter Score methodology	66%	65%	1%	n/a	n/a	64% (global average)
11	Number of SRH services enabled	4.3mil	3.7mil	16%	2.1mil	209%	6%
17	Number of clients served in humanitarian settings	57,147	64,789	-12%	n/a	n/a	1%
OUTCOME 4 - UNITE AND PERFORM							
12	Total income generated by the Secretariat (US\$) <i>in million</i>	164.7mil	166.6mil	-1%	234.2	n/a	n/a (no regional data)
13	Total income generated locally by unrestricted grant-receiving Member Associations (US\$)	26.4mil	26.5mil	-1%	57.1mil	46%	14%
14	Proportion of IPPF unrestricted funding used to reward Member Associations through a performance-based funding system	2%	3%	-33%	3%	67%	8% (global average)
15	Number of IPPF volunteers	48,184	45,310	6%	59,470	81%	14%
18	MA's receiving no more than 50% of their income from IPPF unrestricted grant	95%	55%	73%	n/a	n/a	81% (global average)

Staff of IPPF ESEOR Secretariat as of May 2022

Tomoko Fukuda

ESEOR Regional Director

Suhana Alia Zulkipli

*Executive Assistant
to the Regional Director*

Finance and Operations

Vijay Kumar

Director of Finance & Operations

Juliana A. Moses

*Senior Governance & Accreditation
Officer*

Mahadi Yaacob

Finance Manager

Samuel Mandiwana

Safeguarding Manager

Pauziah Ali

Senior Human Resource Officer

Suzanne Azavedo

Senior Finance Officer

Indira Kumari

Purushothaman

Finance Officer

Mohd Anuarden Latif

IT & Admin Officer

Nur Naqib Aliff Aziz

Admin Assistant

Khong Jen Shien

Security Cum Office Caretaker

Murtafiah Mat Rawi

Housekeeping

Strategic Partnership, Advocacy & External Affairs

Gessen Rocas

*Director of Strategic Partnership,
Advocacy & External Affairs*

Natassha Kaur

*Senior Advocacy & External
Relations Officer*

Navreena Levan

Communications Officer

Ti Lian Lin

*Capacity Building and Learning
Adviser
-Winning Narratives Centre*

Programmes and Performance

Dr. Jameel Zamir

*Director of Programmes and
Performance*

Brayant Gonzales

*Senior Programme Officer, Youth &
Comprehensive Sexuality Education*

Dr. Sai Nay Lynn Aung

*Senior Programme Officer,
Integrated Service Delivery*

Greg Gray

*RESPOND Lead Programme
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*Monitoring & Evaluation Manager
(RESPOND)*

Chee Phune Tho

Finance Manager (RESPOND)

Sub Regional Office in the Pacific (SROP)

Chris Golden

Director Programmes & Operations

Michael Sami

*Organisational Development
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(Compliance Unit)*

Filo Buliruarua

Senior HR/Administration Officer

Dolli Kumar

Senior Finance Officer

Mela Nabou

Administration Assistant

Maria Rasalato

Finance Assistant

Fazleen Nisha

Capacity Development Officer

Filipe Nagera

PIRMCCM Secretariat

Kim Tilbury

Senior Programme Manager

Aarti Mala

Senior Programme Officer

Jack Martin

Youth/CSE Officer

Sera Vulavou

Senior M&E Officer

Jofiliti Veikoso

Advocacy Officer

Swastika Chand

Project Coordinator (Fiji Vaccine)

Humanitarian Team

The Humanitarian Team is part of the IPPF Global Team. The following Humanitarian Staff are stationed in ESEAOR offices in Kuala Lumpur and Suva

Dr. Robyn Drysdale
Deputy Director (Suva)

Dr. Sophaganine Ty
SRH Advisor (Suva)

Robert Verebasaga
Programme Advisor (Suva)

Aggie Dawainavesi
Capacity Development & Partnership Advisor (Suva)

Irene Dawa
Gender & Inclusion Advisor (Suva)

Alice Janvrin
Technical Lead (Kuala Lumpur)

Maryline Nyaboga
Senior SRH Advisor (Kuala Lumpur)

Rajrattan Lokhande
Senior M&E Advisor (Kuala Lumpur)

Dr Clare Hollowell
*Senior SGBV Advisor
(Kuala Lumpur)*

Nerida Williams
*Senior Communications Advisor
(Kuala Lumpur)*

Yukari Horii
*SPRINT Programme Manager
(Kuala Lumpur)*

IPPF ESEAOR Member Associations

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1. Australia

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2. Cambodia

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3. China

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4. Cook Islands

Cook Islands Family Welfare Association (CIFWA)
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5. Dem. People's Republic of Korea

Family Health Association of Korea (FHAK)
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6. Hong Kong

The Family Planning Association of Hong Kong (FPAHK)
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7. Philippines

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8. Malaysia

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9. Indonesia

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10. Japan

Japan Family Planning Association (JFPA)
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Japan

Chairman: Mr. Hiroyuki Mitsuhashi
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11. Kiribati

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12. Republic of Korea

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13. Mongolia

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14. Myanmar

Myanmar Maternal and Child Welfare Association (MMCWA)
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15. New Zealand

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16. Papua New Guinea

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17. Thailand

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18. Lao

The Promotion of Family Health Association of Lao PDR (PFHA)
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