



East & South East Asia and Oceania Region



ANNUAL REPORT
2022
COME TOGETHER



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.

23 Member Associations
and Collaborative Partners

3,236 Staff

8,465 Service delivery
points/channels

83% of Member Associations have
at least one youth under 25
on their Board

17% total youth representation across
total MA Governing Board Members
reported by all ESEAOR MAs



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Message from Regional Director

Come Together, Right Here and Right Now, for SRHR and Justice

After two difficult years borne by the pandemic, we started coming together again, physically, in 2022. Although we have learned to adapt our work with Covid 19, and to build back better, there is no substitute for the dynamism of physical encounter.

And we saw that in the IPPF General Assembly (GA) last November in Colombia, where IPPF delegates from 120 countries globally, convened to discuss IPPF's business, the highlight of which is the new 6-year IPPF Strategy called Come Together (2023-2028). You will find Strategy 2028 towards the latter part of this document.

IPPF-ESEAOR delegates – both youth and policy volunteers and Executive Directors, from different countries in the Pacific, South-East Asia and East Asia, actively participated in the 3-day activity – an event that also celebrated the 70th Anniversary of IPPF! Those who could not come because of continued Covid restrictions, joined and participated virtually. (Please see the article about the GA under the Unite and Perform section).

Prior to the General Assembly, we felt the presence of IPPF and of course of the global FP community, when FP/SRHR



leaders and practitioners attended the 4th International Conference on Family Planning held in Pattaya, Thailand. As the event happened in our region, we sent delegates from different MAs and hosted the traditional IPPF Dinner. It was a night to remember as more than 200 delegates showed up – all of them IPPF – for a moment of shared stories, laughter, and global solidarity.

IPPF's message for this global event resonated everywhere: Abortion is Health Care!

We thank PPAT, our Member Association in Thailand, for graciously hosting the IPPF Family.

In this Annual Report, we are highlighting the success of our RESPOND Programme and Humanitarian work in the region. RESPOND stands for the Responding with Essential SRHR Provision and Delivery Mechanisms during Covid-19.

This special project supported by Australian DFAT truly made the difference for IPPF-ESEAOR to meet its annual targets of SRHR services in 2022. As you will find out, ESEAOR MAs collectively surpassed its SRHR services in 2022. Both RESPOND and our Humanitarian services contributed greatly for this.

We are also featuring the 2nd phase of the Niu Vaka Strategy. The first years of the Niu Vaka strategy were very successful in delivering Pacific-focused services and strategies in IPPF's work in the sub-region. With support coming from the Australian and New Zealand Governments, Niu Vaka Phase 2 will continue to be implemented in nine Pacific countries – with possible expansion in Micronesia and Timor Leste.

In 2022, we also witnessed the completion of the 3rd IPPF Accreditation cycle in ESEAOR. It means that despite the challenges posed by the pandemic, we have successfully conducted the accreditation process for all MAs. We are now embarking on the implementation of the 4th cycle – a process that will continue to ensure the compliance of Member Associations to a set of agreed principles and standards of the Federation.

We felt the sense of solidarity and urgency when we met as a global federation in November and when we participated in a global event towards the latter part of 2022. The spirit of collective strength and togetherness for concrete actions resonate louder within ESEAOR and beyond. There are more lessons and stories to be told and shared; more actions to be taken in order to advance Sexual and Reproductive Health and Rights – and Justice.

And we shall continue to come together in 2023.

We have a new Strategy that will bring us together to new heights and places. It is both a strategy and a continuing commitment for Member Associations and IPPF Secretariat to reach people who are excluded and marginalized from receiving quality and people-centered care and for shaping better policies and norms towards gender equality and international solidarity.

We will continue to Come Together to put IPPF resources where it should be and where it is most needed – in fulfilling the sexual and reproductive rights and justice for all. Right here, right now.

Tomoko Fukuda
Regional Director
IPPF-ESEAOR

Champion Rights



2022 marked the opening of international borders, heralding the turning tide against the COVID-19 pandemic. IPPF remained vigilant in its advocacy of achieving sexual and reproductive health and rights (SRHR) for all. IPPF Member Associations (MAs) continued to work with civil society organization in achieving legal and policy changes on SRHR.

Twelve (12) MAs have contributed to successful policy initiatives and/or legislative changes in support of SRHR and gender equality. A total of twenty-three (23) initiatives have been recorded by ESEAOR in the areas of access to SRHR services including SRHR in crisis settings, safe and legal abortion, comprehensive sexuality education, SRHR services for young people, and preventing sexual and gender-based violence.



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

15 Policies

Indicator 2

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

...

Indicator 3

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

49

This year we had the opportunity to once again come together in person and rally for SRHR at the International Conference on Family Planning which was hosted in our region and held in Pattaya, Thailand. Our conference booth was filled with colourful pride as we discuss sexual pleasure and our voices resonated bravely, "Abortion is Healthcare".

We welcomed greater collaboration with partners and governments as we launched Niu Vaka Pacific Strategy and hosted the FP2030 Asia Pacific Hub. With the new strategic

framework, IPPF has committed to advancing equity and addressing multiple and intersecting forms of discrimination.

2 

Access to Safe and Legal Abortion

Cambodia, New Zealand

5 

Access to SRH Services

Cambodia, Indonesia, New Zealand, Philippines

3 < 25

Education and Services to Young People

China, Indonesia, Kiribati, Philippines

4 

Preventing SGBV

Cambodia, Philippines

1 

Promoting Sexual and Reproductive rights

New Zealand

IPPF ESEAOR welcomes the FP2030 Asia Pacific Regional Hub

In accordance with the Asian and Pacific FP2030 has expanded its regional hub to the Asia Pacific Region, with IPPF ESEAOR

proudly serving as the host. This new hub marks the fourth regional hub for FP2030, following the North America and Europe Hub



FP2030 leaders visit IPPD-ESEAOR. From Left, Vijay Kumar, Chonghee Hwang, Tomoko Fukuda, Samu Dube, Dakshitha Wickremaratne and Gessen Rocas.



FP2030 leaders met with Malaysian government officials and representative from UNFPA-Malaysia in November 2022.

in Washington DC, the East and Southern Africa Hub in Nairobi, Kenya, and the North, West and Central Africa Hub in Abuja, Nigeria. This expansion signifies the ongoing transition of FP2030 from a single secretariat office in the United States to a global support structure with a wider presence.

IPPF ESEAOR was selected by a diverse selection committee consisting of stakeholders from various sectors in the region, reporting to the FP2030 Governing Board. The choice of IPPF ESEAOR was based on their strong connections and expertise in the Asia Pacific region. The strategic location of IPPF ESEAOR will enable the new hub to effectively serve partners across the region and provide timely support to countries regarding commitments, localization, accountability, and the expansion of family planning efforts.

Kate Gilmore, Chair of the Board of Trustees at IPPF, expressed gratitude for the opportunity to host the FP2030 Asia Pacific Hub and highlighted the organization's 70 years of active involvement in the region. Tomoko Fukuda, Regional Director for IPPF ESEAOR, emphasized the vision of the

partnership, which aims to underscore the importance of access to information and contraceptives for women.

The launch of the Asia Pacific Hub represents a crucial step in establishing the FP2030 Global Support Network, a structure aimed at enhancing support, collaboration, and country-led direction within the partnership.

This new FP2030 partnership is the result of meticulous planning and extensive consultations with stakeholders worldwide.

Dr. Samukeliso Dube, the Executive Director of FP2030, emphasized that while preserving the strengths of FP2020 such as its ability to bring together diverse stakeholders, collaborative platforms, focus on reliable data and evidence, and unwavering dedication to the rights and well-being of women and girls, the new partnership also embraces important changes. These changes prioritize country leadership, inclusion, equity, transparency, and mutual accountability, ensuring a more comprehensive and effective approach to achieving the goals of FP2030.

PRIMETIME

A Game Changer: Domestic Resource Mobilization for Family Planning

Wednesday, 16 November 2022 - 19:45 (GMT + 7)

FP>>2030



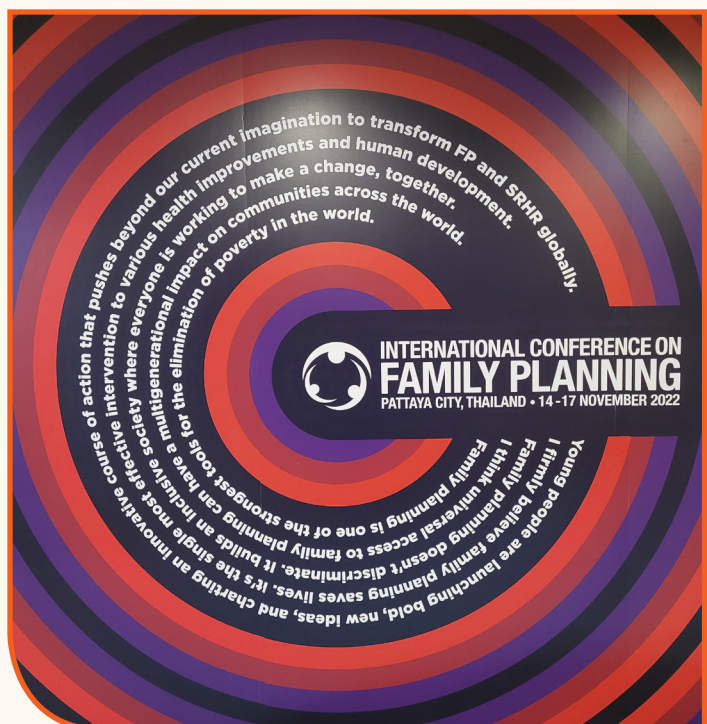
TUNE IN
ICFP2022.ORG/ICFPLIVE

International Conference on Family Planning 2022

Last November in Pattaya City, over 3,000 SRHR advocates, stakeholders, and experts gathered to share research innovations and address global challenges to achieving universal health coverage and access to family planning products and services during the International Conference on Family Planning (ICFP 2022). Co-hosted by the John Hopkins School of Public Health, Thailand's Ministry of Public Health, Royal Thai College of Obstetricians and Gynaecologists, and the Population and Community Development Association, the conference underscored the significance of community involvement in advancing family planning and SRHR objectives, emphasizing the ongoing necessity for collaboration and engagement in achieving these aims.

The conference also showcased the influential role of communities in driving forward the objectives of family planning and sexual and reproductive health and rights (SRHR).

It underscored the significance of ongoing collaboration and active participation as crucial elements for attaining these goals.





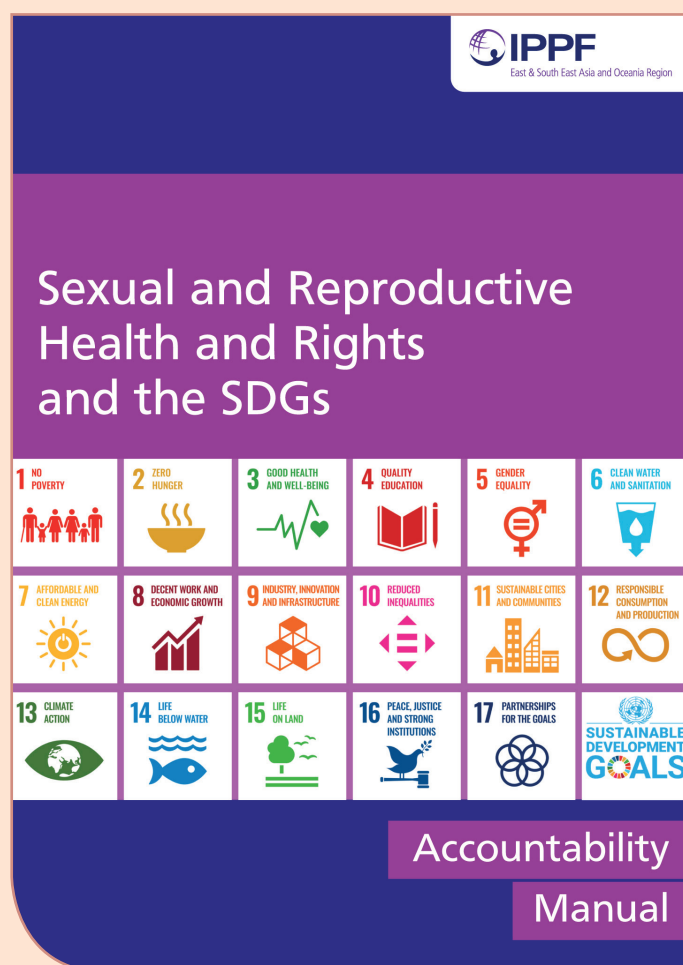
Overall key learnings from ICFP2022 included the power of partnerships in advancing the goals of family planning and SRHR, the importance of engaging youth as leaders and advocates, the value of hybrid and virtual events for expanding networking and community building opportunities, the need for diverse voices to be heard and included in conversations, and the importance of takeaways and action items to continue the momentum beyond the conference.

Sustainable Development Goals Accountability Manual

In 2022, IPPF ESEAOR developed a Sustainable Development Goals (SDG) Accountability Manual (<https://www.esaor.ippf.org/resource/sdg-accountability-manual>) that seeks to support civil society to hold their government accountable for commitments made in the 2030 Agenda for Sustainable Development (the 2030 Agenda). This provides information on how to link the work of our Member Associations (MAs) in Sexual and Reproductive Health and Rights (SRHR) to the SDGs.

An online training on the manual was conducted in November 8, 2022 to highlight the linkages between SRHR and the SDGs, and gain familiarity with the tools. Face-to-face trainings are planned for 2023 to support MA capacity to engage in national, regional and global platforms for the 2030 Agenda.

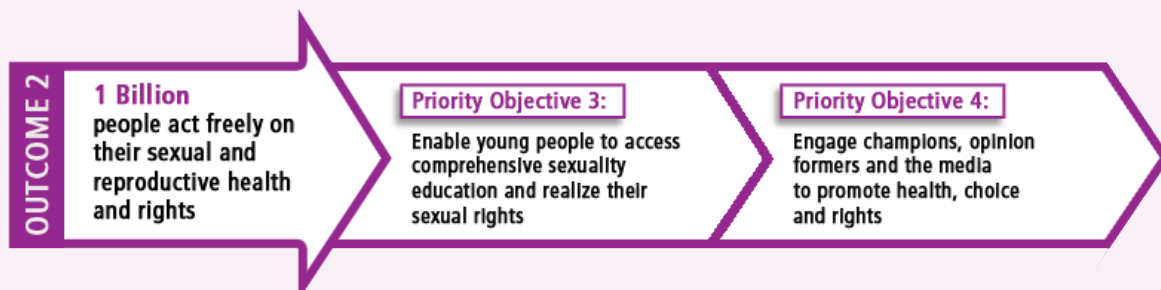
The Sustainable Development Goals Accountability Manual is available here
<https://www.esaor.ippf.org/resource/sdg-accountability-manual>





Empower Communities

Empower Communities



The International Planned Parenthood Federation (IPPF) plays a critical role in supporting young people's sexual and reproductive health and rights in the East and South-East Asia and Oceania Region (ESEAOR). With the world's population projected to reach 9.7 billion by 2050, it is imperative to ensure young people have access to accurate information and comprehensive sexuality education (CSE) to enable them to make informed decisions about their sexual and reproductive health.

IPPF ESEAOR has been working to increase access to CSE and disseminate information on sexual and reproductive health and rights (SRHR). In 2022, IPPF ESEAOR provided CSE to 28.8 million young people, with majority provided by the China Family Planning Association (CFPA). Other Member Associations (MAs) in the region, such as Reproductive Health Association Cambodia (RHAC), The Promotion of Family Health Association of Lao PDR (PFHA), Vietnam Family Planning Association (VINAFA), and Family Planning Organization of the Philippines (FPOP), also reached a significant number of young people through their CSE programs.

IPPF ESEAOR MAs have been diligently working to ensure the inclusion of critical CSE components in their national curriculum. In 2022, IPPF ESEAOR MAs trained over 6,914 youth peer educators and 2,861 teachers.

This proactive approach to providing young people with access to accurate information regarding their sexual and reproductive health is commendable.

In 2022, IPPF ESEAOR collaborated with **The Pleasure Project** to conduct a training workshop for members of ESEAOR youth networks and youth officers on a pleasure-based sexual health approach to SRH and its application to youth SRHR programming. The training workshop was hosted by the Philippines MA, FPOP, and eight ESEAOR MAs participated. The partnership between ESEAOR and The Pleasure Project aims to ground youth programming work into a pleasure-based approach. IPPF ESEAOR and The Pleasure Project jointly developed a guide, **"A guide to the 'Why' and 'How' of Pleasure-Based Sexual Health in Youth Programming,"** created in consultation with MAs and members of the youth networks. The goal of the



Indicator 4

Number of young people who completed a quality assured CSE programme

28,834,273

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)

9,775

Indicator 6

Estimated number of people reached with positive SRHR messages

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guidance was to provide valuable resources and evidence for adopting a pleasure-based approach to youth sexual health programming, as well as examining how to integrate pleasure-based youth programming within the framework of IPPF's Youth-led and Gender-Transformation SRHR Programme. This collaboration highlights IPPF's commitment to continuously innovating and improving its programming to provide the best possible support for young people.

IPPF ESEAOR is passionate about empowering young people and promoting youth participation at all levels. An increasing number of MAs involve youth volunteers and staff in service provision, with 226 youth staff members. In 2022, ESEAOR provided 7.24 million SRHR services to young people under 25, representing 40% of total services provided by IPPF ESEAOR MAs. This is a significant accomplishment and a testament to the organization's commitment to ensuring that

young people in the region have access to the services they need to exercise their sexual and reproductive health and rights.

In addition to providing services, many MAs introduced or scaled up innovative strategies to reach young people, including using social media for information and services and increasing the frequency of home visits for those unable to access digital channels. This shows that IPPF ESEAOR is aware of the unique challenges young people face when accessing information and services and is committed to finding innovative solutions to these challenges.

It is also worth noting that young people are not only clients and beneficiaries but also have a voice and decision-making role at all levels of governance in IPPF. There were 11 MAs in ESEAOR with their governing board composed of 20% young people. This is an excellent example of IPPF's commitment to youth participation and ensuring that young people have a say in the decisions that affect them.

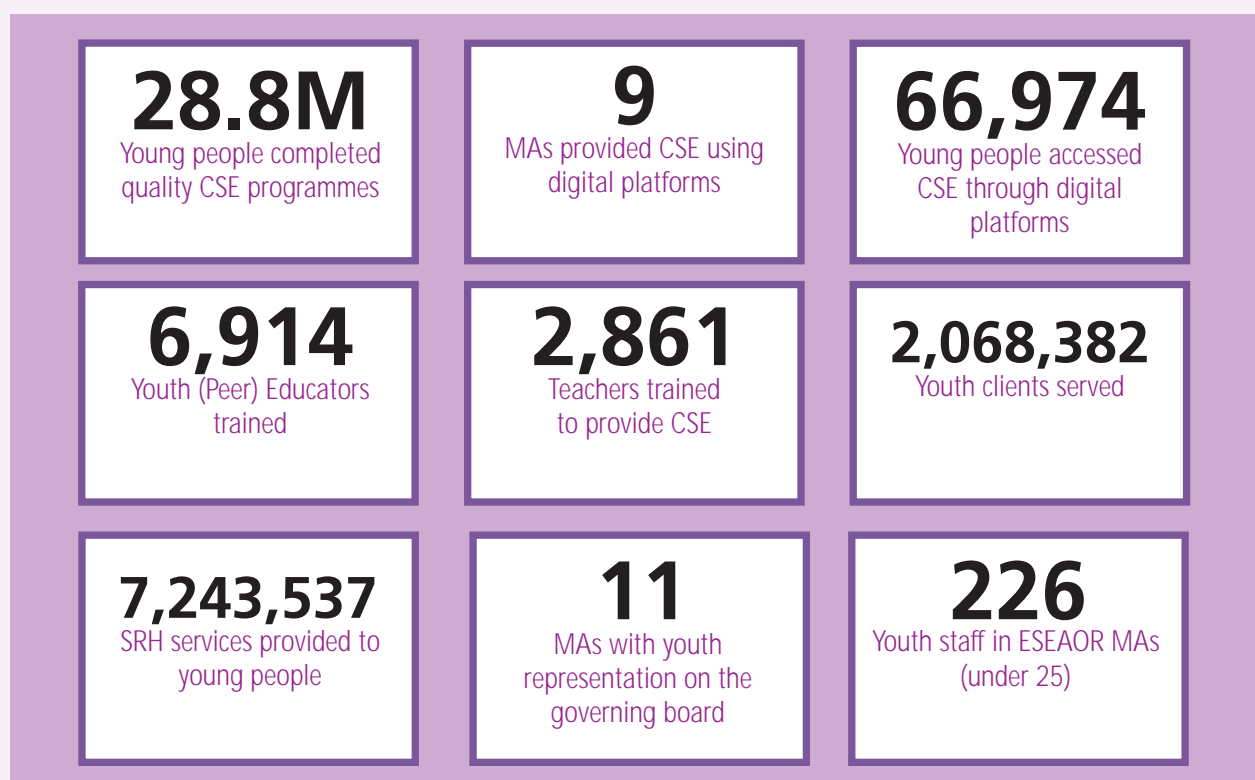
To further empower young people and promote youth participation, IPPF ESEAOR co-developed a **Guideline on Youth Participation and Youth-Centered Approach** <https://eseaor.ippf.org/resource/guideline-youth-participation-and-youth-centred-approach> with MAs and members of the youth networks. This guidance document provides simple and synthesized guidance for the MAs on implementing, improving, and expanding youth participation and youth-centered approaches (YCA) in the Member Associations (MAs) in ESEAOR. The chapters presented in the document provide a wide range of guidance to help the MAs promote a culture and climate that encourages youth participation at all levels. This is a critical step in ensuring that young people have a meaningful role in decision-making processes and are empowered to exercise their sexual and reproductive health and rights.

Several activities have been undertaken in 2022 to reactivate the **Youth SRHR Network in East & South East Asia and Pacific (YSNAP)**. YSNAP is a youth-led network of volunteers from youth networks or youth groups of Member Associations (MAs), Associated Members, and Collaborative Partners in the East South East Asia and Oceania Region (ESEAOR), supported by IPPF ESEAOR Regional Office. The Terms of Reference (TOR) were created for the regional youth network and national youth networks to engage young people in the MAs. An interim Steering Committee (SC) was formed as the governing body of YSNAP, comprising nine youth representatives. This body was tasked with managing YSNAP in its first months of reactivation before the SC mandated by the TOR was appointed by the Regional Youth Forum.

IPPF ESEAOR has also partnered with **SafeHands** to host virtual **Stories 4 Change: Digital Storytelling for SRHR (S4C) workshops**. The goal of these workshops was to leverage the power of young people's storytelling to enhance sexual and reproductive health and rights (SRHR) for all. By putting

cameras into the hands of young people, the workshop enabled them to document their stories and experiences regarding SRHR. The S4C workshop built the skills of young people by layering communication and storytelling, participatory photography, and community engagement while developing the digital literacy skills that young people need for the future. The workshop brought together 16 young people from 8 MAs in ESEAOR.

IPPF ESEAOR's work in supporting young people to exercise their sexual and reproductive health and rights is commendable. From providing CSE to millions of young people, collaborating with The Pleasure Project to create innovative programming, empowering young people to participate in decision-making processes, and promoting youth participation, IPPF ESEAOR is making significant strides in ensuring that young people have access to the information and services they need to achieve their full potential. Their commitment to innovation and continuous improvement is a testament to their dedication to providing the best possible support for young people.





Serve People

Serve People



2022 was the year when the COVID-19 pandemic and humanitarian disasters continued to pose key challenges for the provision of SRH care in ESEAOR, mostly affecting MAs in the Pacific. Despite these challenging circumstances, many ESEAOR MAs have continued to demonstrate their commitment to delivering quality integrated SRH care and expanding their reach to clients through the enhanced implementation of resilient service delivery models, effective public-private partnerships, and outreach programs.

In 2022, ESEAOR MAs delivered **19.3 million** SRH services through its **8,465 service delivery points**, with an increase of **14%** from the previous year. On another note, the total SRH numbers for 2022 indicated a recovery of SRH service delivery programs in ESEAOR, reaching 96% when compared to the pre-COVID situation of 20 million in 2019. Among the total SRH services in 2022, up to **75% (14.4 million)** are provided by MA-managed service delivery outlets, such as static clinics, mobile clinics, and community-based distributors, whereas the remaining **25% (4.9 million)** are facilitated through MA partnered health facilities. Services via static, mobile and associated clinics shows significant increase in 2022 with the implementation of restricted projects (RESPOND, IPPF Japanese Trust Fund etc), expanded associated clinics/health facilities and enhanced implementation of hybrid service

deliver models (a combination of in-person and online/remote (digital and non-digital) services).

Many ESEAOR MAs exerted significant effort to expand their reach to clients during 2022. The estimated number of SRH clients served by ESEAOR MAs surpassed **5.4 million**, representing a **4% increase** from the previous year. Notably, over **67% (3.6 million)** of the total clients served by ESEAOR were classified as poor and vulnerable, mostly accessing services through MA community-based distributors (2 million), followed by Associated Clinics, Mobile, and Static Clinics. The upward trend in reaching poor and vulnerable clients via MA mobile/outreach programs and partnered health facilities in 2022 highlights the effectiveness of these interventions in enhancing access for marginalized and underserved populations.

In 2022, ESEAOR MAs have continued to prioritize the quality client-centred care through provision of quality, integrated and right-based approach. The proportion of essential SRH services shows **Contraceptive Services (33%)** as the main and entry point to other SRH services followed by **STI/RTI (18%)**, **Gynecology (17%)**, **Specialized SRH services (GBV, Sexuality) (9%)**, **HIV/AIDS (9%)**, **Obstetric (7%)**, **Abortion (3%)** and **Subfertility (1%)**. Through the Net Promoter Score – a quality assessment tool to capture client recommendation on clinic

services, ESEAOR MAs got 65% average net score across nine (9) reporting MAs in 2022. In other words, 65% of IPPF ESEAOR clients will promote and recommend the clinic SRH services to their family or friends.

More than **865,077 Couple Years of Protection (CYP) achieved in 2022** through MA provision of contraceptive services and commodities.. This marked a significant 12% increase compared to 2021, which was made possible by MAs expanding their contraceptive services and securing commodities through restricted projects such as RESPOND. The number of first-time users of contraception reached by all ESEAOR MAs in 2022 is **382,846, with 34% increase from 2021**. The main increase is attributed to community-based distributors and mobile/outreach activities, where MAs received additional funding through restricted projects to enhance their programs aimed at reaching marginalized communities.

In 2022, the COVID-19 pandemic continued to impact the Pacific region and some MAs in Asia. Despite these challenges, ESEAOR MAs displayed remarkable resilience and adaptability in their ongoing commitment to serving people through the use of DHI. A notable development was observed when comparing to 2021, as the number of MAs with DHI increased to 15 in 2022, up from 13 in the previous year. This expansion included services such as comprehensive sexuality education (CSE) and self-care medical abortion provision.



Indicator 7

Number of SRH services provided

14,373,930

Indicator 8

Number of couple years of protection

865,077

Indicator 9

Number of first-time users of modern contraception

115,929

Indicator 10

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

65%

Indicator 11

Number of SRH services enabled

4,971,646

Indicator 12

Number of clients served in humanitarian settings

47,587

Outcome 3 – Topline statistics

5.4M

Estimated SRH clients served

67% (3.6 m)

are poor & vulnerable clients. (7/10)

76% (4.1 m)

are female clients. (8/10)

38% (2.1 m)

are youth clients (4/10)

1% (47,587)

are clients served in humanitarian contexts. (1 in every 100 clients)

19.3M

SRH service delivered by 24 ESEAOR MAs

14.4 million

SRH services provided via MAs' owned service delivery points.

4.9 million

SRH services enabled partnered health facilities.

865,077

Couple Year of Protection achieved

115,929

First Time Users from FP 2020 countries

219,472

for all 24 countries

65%

of IPPF clients in ESEAOR who would recommend our services to family or friends as measured through the Net Promoter Score methodology

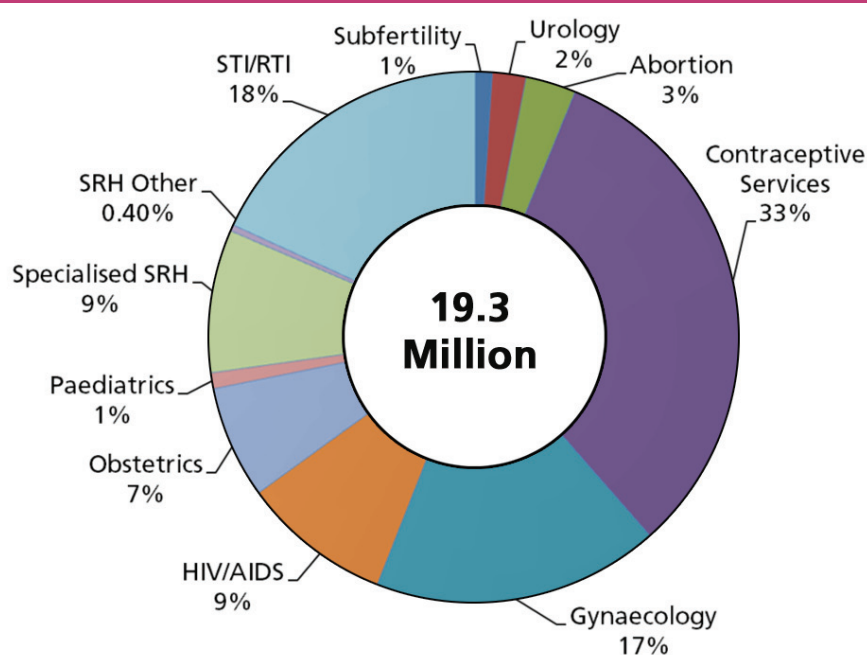
115,929

Service Delivery Points (31% rural, 9% peri-urban, 60% urban)

82%

total SDPs are CBDs

Comprehensive Integrated SRH Care Services by ESEAOR MAs 2022



Accelerating provision of quality integrated SRH services through static and mobile clinics in DPRK

The Family Health Association of Korea has implemented the project “Accelerating provision of quality integrated SRH services through static and mobile clinics”, supported by IPPF ESEAOR’s restricted grants between July and December, 2022.

The project was aimed at responding to challenges posed by the crises owing to natural disasters and pandemic spread and to attain the targets for service set for 2022.

In May, 2022, the top emergency anti-epidemic system was declared due to imported pandemic, with stricter and complicated procedures for procurement of medical supplies. Given the situation, Association purchased and distributed the medical supplies to SDPs required for the project implementation under cooperation with MoPH. As a result, SDPs were able to continue their service delivery, and 82,292 clients received 379,317 SRH services in total.

The Association produced more IEC materials on how to respond to the pandemic while taking care of their sexual and reproductive health. This campaign reached more than a million people. FHAK also organized a MISP training that benefitted 100 service providers.



Training on MISP in Thongchon Family Health Clinic (Sept 2022)

Following the project implementation, indicators like number of persons received SRH information and number of clients accessed to SRH services were achieved by 109% and 82.3%, respectively, compared to the targets for 2022 set by Association.

Though some activities were not carried out with suspension of the project, Association was able to almost completed all planned activities of pandemic spread and almost completed all planned activities for 2022.

In coming days, Association is to expand the achievements gained in the current project implementation, introduce DHI and increase the awareness of the people about self-care.



IEC Activity by volunteers (Hyangsan County, Nov. 2022)



Service delivery in Maengsan Family Health Clinic



Expanding Healthcare Horizons: Revamped Clinics Enhance Access to Inclusive SRH Services in the Solomon Islands (SIPPA)

Access to quality sexual and reproductive health (SRH) services can be challenging in the disaster-prone Pacific Islands, and the Solomon Islands is no exception. Women and girls, people with disabilities, and LGBTQIA+ individuals face more significant barriers to life-saving services. To tackle this issue, the Solomon Islands Planned Parenthood Association (SIPPA) has been working tirelessly to provide essential SRH services to approximately 70,000 individuals, representing roughly 10% of the country's population.

With the support of the DFAT-funded RESPOND project, SIPPA has renovated their provincial clinics in Gizo and Auki. These clinics had not been refurbished since their initial construction in 1981, and the much-needed renovations have improved the safety and quality of care for more than 20,000 clients. The upgrades have included updated medical equipment, improved privacy, and increased accessibility for people with disabilities, resulting in more accessible, safe and welcoming SRH services.

"Thanks to the newly renovated consultation room at the Gizo clinic, I now have a safer and more comfortable space to discuss my sexual and reproductive health needs. The experienced counsellors have been incredibly supportive, and their guidance has been invaluable." - Althia Zitu, a regular client at the clinic.

"The accessibility improvements have made it much easier for me to access the care I need,

and I appreciate that SIPPA is working to address the unique needs of people with disabilities." - Melvina Kamisu, a first-time client.

The clinics provide a range of services, including contraception, breast and cervical cancer screening, and HIV and STI testing and counselling, as well as counselling sessions for survivors of sexual and gender-based violence (SGBV).

To further promote SRHR information and knowledge, SIPPA has partnered with community youth organisations. Together, they provide regular seminars for young people in and out of school to discuss SRHR issues affecting them and their communities and find solutions to address them. These partnerships also help connect young people with SIPPA clinics and their services.

SIPPA's impactful work has garnered attention and praise. In a recent statement, the Prime Minister of the Solomon Islands, Honorable Manasseh Sogavare, conveyed his support for sexual and reproductive health and rights. He congratulated IPPF and SIPPA for their commendable efforts in reaching the country's population with their essential services. The Prime Minister acknowledged the challenges faced in reaching those living in remote areas and overcoming cultural practices that can create barriers to access, further highlighting the importance of SIPPA's work in improving healthcare access for all.

Quality of Care Regional Workshop

The Reproductive Health Association Cambodia (RHAC), IPPF's Member Association in Cambodia, took the initiative to organize a regional workshop on Quality-of-Care (QoC) mid October 2022. The workshop spanned over five days and brought together 22 Quality-of-Care focal points from various Member Associations (MAs). These MAs represented 10 countries in East and Southeast Asia, including Cambodia, Indonesia, Laos, Fiji, Malaysia, Myanmar, Mongolia, Philippines, Thailand, and Vietnam. The primary objective of the workshop was to provide a platform for our Member Associations to engage in fruitful discussions, acquire knowledge, and exchange insights on QoC-related matters within the context of development and humanitarian settings.

During this workshop, IPPF ESEAOR Regional Director, Tomoko Fukuda emphasized on the importance of person-centered care in the delivery of SRH services and lauded RHAC's leadership for hosting a 5- day regional workshop on Quality-of-Care (QoC) at Phnom Penh, Cambodia.

The workshop provided an opportunity for Member Associations to engage in discussions, acquire knowledge, and exchange valuable insights regarding Quality-of-Care (QoC) matters in development and humanitarian settings.

The topics discussed include various aspects such as the IPPF QoC framework and Quality Assurance System, QoC in humanitarian settings, QoC implementation for Digital Health Interventions, consultation on the Virtual Quality Assessment (VQA) Tool Consultation with Member Associations, and an introduction to IPPF's New Strategic Framework and measuring key expected results (IPES plus and Net Promoter Score) which will serve as valuable tools for supporting Member Associations in the implementation of their 3-year Business Plan (2023-2025).

Dr. Nathalie Kapp facilitated the online session on the recently released IPPF Client-Centered Clinical Guidelines (2022) and Peter Mutanda has also shared WISH QoC experience & Adverse Event Reporting and Learning (AERL) in Africa MAs. Tigest Tamrat, Technical Officer (WHO Geneva) introduced WHO SMART guideline/Digital Adaptation Kits for digitizing SRH care in this workshop. During the workshop, the participants also visited RHAC clinic at Phnom Penh and pilot-tested the VQA tool.

The regional workshop was jointly organized in collaboration with Humanitarian/SPRINT and the RESPOND program.



Respond Programme

#RESPOND #CSurge #WomensRights4Health

Responding with Essential SRHR Provision and New Delivery Mechanisms During COVID-19 (RESPOND)

Since the commencement of the RESPOND (Responding with Essential Sexual and Reproductive Health and Rights (SRHR) Provision and New Delivery Mechanisms) project in July 2021, the International Planned Parenthood Federation (IPPF) and MSI Reproductive Choices (MSI) have been working in partnership to address the urgent unmet need for Sexual and Reproductive Health (SRH) and Family Planning (FP) services and information, for populations affected by COVID-19 (Coronavirus Disease 2019) across the Asia Pacific region in 22 countries.

RESPOND is making considerable progress towards the Ultimate Goal of the Indo-

Pacific Sexual and Reproductive Health and Rights COVID-19 Surge Response (C-SURGE) program, funded by the Australian Government Department of Foreign Affairs and Trade (DFAT), to enhance SRHR and access to quality services for populations impacted by the COVID-19 pandemic. The primary focus of RESPOND is ensuring access to essential SRH services for women, girls, and marginalised populations across the Asia Pacific region. Drawing on IPPF's and MSI Asia Pacific's (MSIAP) existing services and teams and liaising closely with local networks and partnerships at a country level, RESPOND continues to make significant progress against targets.

Key Impacts

The combined success of the C-Surge RESPOND partners, MSIAP and IPPF, continues to be made possible through our close partnerships with key stakeholders. This includes invaluable support and guidance from DFAT local posts, government agencies and local organisations, proving the importance and effectiveness of cooperation across both organisations and coordination with country partners. From July 2021 to Jan 2023, RESPOND delivered a total of 13,617,906 SRH services provided to 3,369,327 clients, generating 1,449,770 CYP. Since the start of the project in July 2021, contraceptive and safe abortion services provided under RESPOND

have successfully averted an estimated 452,077 unintended pregnancies, 171,697 unsafe abortions, and 284 maternal deaths and have resulted in approximately AUS\$24 million in direct health care costs saved.

Gender Equality, Disability and Social Inclusion (GEDSI)

IPPF, in alignment with its New Strategic Framework 2028, commits to providing safe and quality care for people who are unjustly excluded and marginalised by focusing on the SRH needs of gender diverse and LGBTQIA+ communities. This includes training, awareness-raising campaigns and partnering with specialist organisations to



Empowering Communities: RHAC Trainers Spearhead SRH Education in Kampot, Cambodia,

address inequalities, include representation from target communities, and improve SRH outcomes for all. All training and meetings targeted strengthening services and programs for vulnerable groups. Accessibility is a key priority in every training to ensure that different vulnerable groups can fully participate in the trainings.

In Cambodia, the RHAC outreach workers continue to play an active role in integrating SRH information into their outreach education activity and referral of suspected SGBV cases to hotline counsellors to receive further support. In Indonesia and the Philippines, several chapters actively recruit persons from the LGBTQIA+ community to work as peer counsellors, youth volunteers and other positions, to support more inclusive service delivery and make LGBTQIA+ clients feel safe and comfortable.

Disability inclusion has been integrated into the project activity plans across all country programmes, using marketing techniques, innovative service delivery, and social media to highlight the importance of recognising the needs of people with disability. All Pacific MAs have working relationships with their local Disabled People's Organisations (DPOs). In December, the Pacific sub-regional office met with the Pacific Disability Forum to update the current MoU, focusing on increasing Disability/SRH awareness and impact through DPO partnerships.

The RESPOND Project, Working successfully with National and Local Government and Civil Society

"We must strengthen legal and policy frameworks at all levels to address the structural and underlying causes of Gender Based Violence (GBV). RESPOND's GBV referral system is critical in assisting women and girls in hard-to-reach areas, who must be engaged and empowered to understand referral pathways and available services at the provincial level." - Ms Phonethim Lor Hom In, Vice President, Nalae District Women's Union, Lao PDR, IPPF Partner. "In the Philippines, "Our partnership with FPOP from the past years up to the present significantly contributed to advocating and delivering RH services in the communities. As a result, we observed that teenage pregnancy cases and maternal and infant deaths went low." - Mr. Jonathan A. Kupahu, Nurse, Kawit Municipal Health Office, Philippines, IPPF partner.



Bringing Vital Healthcare to the Remote Heartlands: RESPOND's Mobile Clinics bridge the gap for Ethnic Communities in remote areas of Laos.

Reproductive Health Now on The Frontlines of SRH Response in The Philippines

The Family Planning Organisation of the Philippines (FPOP) developed and piloted 'Reproductive Health Now (RH Now)', a home delivery service program. RH NOW facilitates door-to-door delivery service for SRH commodities such as oral contraceptive pills, condoms, pregnancy testing kits, and medicines for use by clients seeking support through digital and hotline services, along with regular clients unable to access in-clinic care.

FPOP developed guidelines for implementing the RH Now service delivery program with the technical and financial support provided by the Australian government-funded RESPOND project amid ongoing COVID-19 restrictions and protocols. The guidelines act as a tool to assist FPOP and service providers in the scale-up of essential sexual and reproductive health services to all, especially vulnerable and disadvantaged clients, including those living in GIDA areas, survivors of sexual and gender-based violence (SGBV), indigenous peoples, and LGBTQ+ individuals.



Joining Forces for Health Equity: FPOP and District Health Departments Unite to Deliver Vital SRH Services to Underserved Communities in the Philippines.

RESPOND Breathes New Life into Jakarta's ProCare Clinic

ProCare Clinic is a sexual and reproductive healthcare facility that serves poor, marginalised, socially excluded, and underserved (PMSEU) communities in Jakarta, administered by the Indonesian Planned Parenthood Association (IPPA). Services offered at the clinic include contraception, breast and cervical cancer screening, HIV and STI (sexually transmitted infections) testing, obstetrics and gynaecology, and sexual and gender-based violence (SGBV) counselling.

The technical and financial assistance provided by the Australian government-funded RESPOND project came at a critical time for the struggling clinic, as demand for SRH services was evident. While district health centres (puskesmas) across Indonesia were overwhelmed by the need to respond to pandemic-related emergencies, the ProCare team got back on its feet, resolved licencing issues, hired counsellors, and ramped up its services.

"We are grateful to the ProCare team for stepping up in times of crisis to address the unmet SRH needs of underserved urban communities around the Greater Jakarta area by the National Population and Family Planning Board's (BKKBN) strategic framework for accelerating reproductive health services." - Dr Dina Wijayanti, Head of Community Health Unit, Puskesmas Duren Sawit district, Jakarta.



Building Resilience, Expanding Access: ProCare Clinic Provides Vital SRH Services to Jakarta's Marginalised Populations.

Humanitarian Responses in 2022

In the context of the global pandemic with its lingering effect, coupled with various disasters hitting the region, the SPRINT program supported by the Australian government enabled the IPPF Humanitarian program to continue delivering lifesaving SRH services during and after emergencies in 2022.

Emergency responses implemented in the region are as follows:

Tonga Volcanic Eruption and Tsunami Response

In response to a historic volcanic eruption and the subsequent tsunami that hit Tonga on 15 January 2022, the Tonga Family Health Association (TFHA) delivered life-saving SRH services reaching 3,997 beneficiaries (107% of target) with SRH awareness raising sessions, including 1,837 beneficiaries with direct clinical services across 53 sites in Tongatapu, Atata, 'Eua and the Ha'apai island groups. While the response effort was significantly hampered by the country's first COVID-19 outbreak, TFHA's extensive mobile outreach effort in affected remote areas and scattered outer islands resulted in 71% of contraceptive clients being the first-time users.



Tonga Volcanic Eruption & Tsunami Response

Solomon Islands COVID-19 Response

As COVID-19 positive cases increased leading to the declaration of a public state of emergency by the government on 25 March 2022, the Solomon Islands Planned Parenthood Association (SIPPA) carried out an emergency response to ensure continuity of essential SRH service provision during the pandemic. SIPPA reached 24,272 beneficiaries with SRH awareness sessions and 12,380 beneficiaries with direct clinical services (70% of the target) via mobile clinic outreach across 3 Provinces. The implementation was challenged by national travel restrictions and response team members themselves contracting COVID-19.



Tonga Volcanic Eruption & Tsunami Response

Philippines Typhoon Odette Response

A category 5 typhoon Odette hit the southeastern part of the Philippines on 16 December 2021, devastating the infrastructure including public health facilities and affecting more than 10 million people. The Family Planning Organization of the Philippines (FPOP)'s chapter in Srigao province led a 5-month emergency response to provide essential SRH services. A total of 5,935 beneficiaries were reached with clinical services and information (104% of the target) through 25 reproductive health medical missions in four municipalities. Out of these, 746 (31%) were young people (≤ 24 years old).



TC Odette Philippines Response

Indonesia West Java Earthquake Response

A 5.6 magnitude quake struck a mountainous region of West Java on 21 November 2022, causing landslides that buried entire villages near Cianjur, with 22,000 houses destroyed and over 58,000 people displaced.

Indonesia Planned Parenthood Association (IPPA) started a 3-month emergency response on 8 December 2022, with costed extension till 7 July 2023 upon the local government's request as the restoration of the public health facility in the area is taking time. As of March 2023, IPPA team was on track, reaching 9,876 beneficiaries (85% of the initial target), including 21 normal delivery services at IPPA facilities.



Earthquake Disaster Cianjur, West Java Response



Spotlight on the Niu Vaka Strategy, Phase II - 2023-2028

In late 2018, IPPF launched its first ever Pacific Strategy in Suva, Fiji. Developed for the Pacific and by the Pacific, Niu Vaka (2019-2022) moved away from providing short-term project funding towards support for MAs across the region in a holistic and integrated way to build their capacity and sustainability, enabling them to reach more people into the future.

The first phase of Niu Vaka has been overwhelmingly viewed as a success and remarkable shift in approach, enabling IPPF and its MAs to strengthen its capability, reach, reputation, and relationships with key partners and stakeholders. IPPF and its MAs scaled up impact through effective planning, coordination, and partnerships to better meet the SRHR needs of Pacific communities.

Pacific MAs engaged in national policy development, such as the Cook Islands, and secured direct government financial support,

such as in Kiribati and Vanuatu. The MAs also explored bold new directions, including opening a clinical laboratory in Samoa to provide both services and generate income.

In 2022, IPPF began the journey to design its next Strategic Framework for 2023- 2028, entitled IPPF Strategy 2028: Come Together (hereafter, IPPF's Strategy 2028). IPPF's Strategy 2028 aims to cement IPPF's position as a champion of SRHR globally, ensuring that MAs are well equipped to uphold SRHR for those who are most marginalised and excluded and to reach them with quality, people-centred care. IPPF's Strategy 2028 also positions MAs to advocate for and empower young people to make informed decisions about their SRHR and speak on issues most relevant to them.

Simultaneously, IPPF has collectively developed the next phase of the Pacific Niu Vaka Strategy 2023–2028 (hereafter, Niu Vaka II). Like its



predecessor Niu Vaka II has been developed by the Pacific, for the Pacific. This strategy is informed by IPPF's Come Together Strategy 2028 and incorporates the evolving priorities and contexts of the nine (9) Pacific MAs. IPPF's MAs in the Pacific aim to become agents for sustainable change within the rapidly evolving contexts in which they work, wrought with a multitude of challenges, particularly the deepening impacts of the climate crisis and related disasters, rising sexual and gender-based violence (SGBV), and widening inequalities exacerbated by the impact of the COVID-19 pandemic.

The second phase of Niu Vaka is created with the purpose of driving change and impact

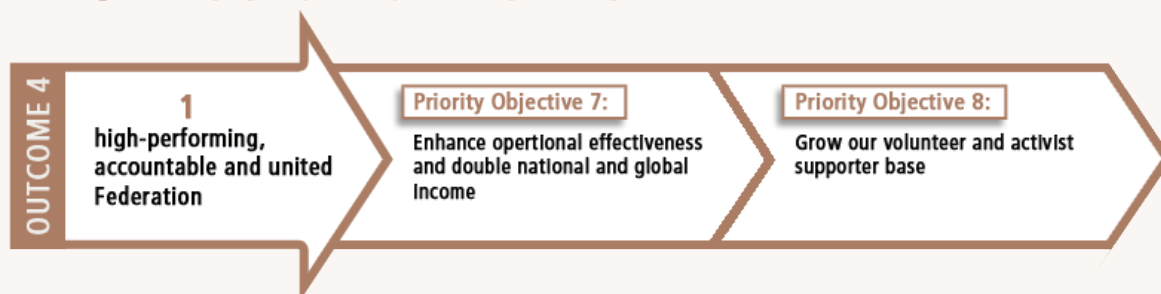
on SRHR in the Pacific through targeted interventions relevant to this unique region. Niu Vaka II draws on and adapts the key areas and commitments from IPPF's Strategy 2028 that are most relevant to each Pacific MA's national context, informed by learnings from the first phase of Niu Vaka.

The intended audience of this strategy is IPPF, including both the Secretariat and MAs, along with key partners, donors, and stakeholders in the region. To successfully deliver this strategy, IPPF's MAs will each develop three-year business plans and annual work plans, with strategic activities corresponding to their unique needs and contexts.



Unite and Perform

Unite and Perform



The IPPF General Assembly and 70th Anniversary

The day before IPPF's General Assembly opened, participants directly engaged in two of the most important aspects of our Federation: youth leadership and listening to service users. Through a day-long Global Youth Forum and site visits to Colombian MA Profamilia's clinic, IPPF Member Associations were reminded of the importance of a strong and united Federation – and the impact it has when it is brave, bold and forward looking.

Under the theme “Come Together, Build the Future”, this General Assembly was particularly special, marking the adoption – and ownership – of IPPF's new six-year strategy and the celebration of the Federation's 70th anniversary.

Throughout the three-day Assembly held in Bogota, Colombia, we looked back on the journey IPPF has been on. Founded in 1952 by

IPPF General Assembly, November 2022, Bogota, Columbia





IPPF General Assembly, November 2022, Bogota, Columbia

eight national family planning coalitions, we are now active in over 140 countries, and our agenda has expanded to all aspects of living a happy and fulfilled sexual life.

This commitment to learning, growing and serving was seen in the presentations, panel discussions and TedTalks. With over 300 MA representatives present, there were discussions on topics as far ranging as accountability, anti-racism, and delivering care to marginalized and excluded people. Youth voices were a strong part of the Assembly, with representatives featured on every panel and specific sessions that integrated their recommendations to the Federation in the wider agenda. Their demand that IPPF does “nothing about us without us” was heard across the three days at all levels. The most poignant moment was the spoken word poetry performance by Laurinda Juma of Mozambique, Winner of IPPF “Grab The Mic” Youth Challenge. Her fearless exploration of the power of menarche (first menstrual period) moved people of all ages and genders. We further celebrated activists, champions and leaders across IPPF and the sexual and reproductive health and rights movement through the presentation of the IPPF

Awards for Outstanding Courage. Each one of these recipients – from youth champions to movement leaders – reminded us that it is possible to come through hardship and make an impact in our communities and in the world.

We were joined by external partners, who helped us to understand how we are seen and our place in the sexual and reproductive health and rights community. Dr Natalia Kanem, Executive Director of UNFPA, emphasized the importance of going beyond promising SRHR to ensuring that all people – especially women and girls – actually have the ability and agency to exercise these rights. Lucy Esquivel, Executive Director of RedTraSex called on IPPF to ensure that it was truly inclusive of all groups, including sex workers.

The General Assembly put the Federation on course for the future. Panels on the development of a Charter of Values and a Global Rebrand focused discussions on the IPPF for the next generation and explored how we need to adapt to the ever-changing context. These processes provide an opportunity to reaffirm IPPF’s core values and mission and to

help establish our identity so that we remain relevant, reach as many young people as possible and deliver the best possible care.

On the final day, all MAs with full membership status stepped into the future with a unanimous vote to adopt the new strategy, Come Together. Shaping our direction over the next six years (2023–2028), this Strategy adoption process demonstrates what we know in our hearts: That our commitment to ensuring that every single person in every corner of the world should have access to sexual and reproductive health and rights without barriers, judgement and stigma, and that they should be free to live happy and healthy sexual lives is as strong as ever. And that we stand together – without fear or favor – to make that world a reality.

Indicator 13

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

27,423,221

Indicator 14

Number of IPPF volunteers

50,052

Indicator 15

MAs receiving no more than 50% of their income from IPPF unrestricted grant

83%

Governance Updates

MA Governance Strengthening Initiative

IPPF launched the MA Governance Strengthening Initiative in 2020 with the aims of strengthening organizational governance and institute reforms. A total of twenty-three Mas globally participated and completed the two phases associated with the Initiative – the analytical phase and implementation phase.

In the analytical phase, a dedicated Consultant is hired to help the MA analyse the status of its governance viz the IPPF reforms. After the MA validated the Consultant's report, the 2nd phase ensue – which is to implement the required actions recommended during the first phase.

The initiative ended in December 2022. Over-all, there are twenty-three Mas that participated including ESEAOR's Members in Indonesia, Malaysia, Vanuatu and Fiji.

Towards the final stage of the Initiative, an expert group was contracted to gather learnings and to develop key resources and guidelines to support Member Associations who are interested to undertake reforms in their governance structure. The Organization Development Support (ODS) was contracted, and a 2-day learning workshop funded by Global Affairs Canada was conducted in Bangkok, Thailand in September 2022.

Thirty-one (31) MAs and secretariat representatives participated and exchanged learnings and experiences on governance reform. Challenges and recommendations were also identified and made that will be included in the Guidelines being drafted about Mas Governance Reform.

Accreditation in ESEAOR

The IPPF Membership Standards are comprised of 10 Principles, each with a set of standards, that are approved by the Board of Trustees. 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

Virtual accreditation reviews were conducted and completed by the Regional Secretariat for the following MAs: Tonga Family Health Association (TFHA), Vanuatu Family Health Association (VFHA), and Vietnam Family Planning Association (VINAFA).

Renewal of Associate Membership

Membership renewal of Family Planning Alliance Australia (FPAA) and Papua New Guinea Family Health Association (PNGFHA) for the period 2022 - 2023 were approved by the IPPF Board of Trustees in November 2022.

Cook Islands Family Welfare Association (CIFWA) and Family Planning Association of Hong Kong (FPAHK) were re-accredited as Full Members approved at the IPPF Board of Trustees in November 2022.

Resignation of Member Association

Japan Family Planning Association Inc. (JFPA) board took the decision to resign from IPPF effective September 2022, due to the MA's set up as General Incorporated Association. The

Directors are financially liable for all losses incurred by the Association, thus, is not able to fulfil IPPF's membership standards and responsibilities particularly on the remuneration to Board members and percentage of youth on the Board.

4th Phase Accreditation tool

Following the Accreditation Phase 3 Evaluation Report, Accreditation Focal Points led teams including subject experts and other members from across the Unified Secretariat, Member Associations and the Membership Committee proposed the required changes based on the recommendations from the evaluation report.

The Director's Leadership Team provided feedback on the proposed changes were further fine-tuned and approved by IPPF Board of Trustees in June 2022.

Some new contents:

- IPPF Governance reform principles reinforcing skilled board, independent trustees, nomination and governance committee, staggering, etc.
- Safeguarding, safety and security
- Re-enforcing IPPF values
- Strengthen HR principles
- Service through digital platforms e-health, telehealth etc.
 - ✓ Review every 4 years
 - ✓ 10 Principles remained
 - ✓ 33 Membership Standards
 - ✓ 154 checks
 - ✓ Review team composed of 1 - 5 members – RO/MA staff and 1 MA volunteer
 - ✓ MA peers also to be involved in follow up phase

A pilot of the accreditation tool with Planned Parenthood Association of Thailand (PPAT) took place in September 2022. Secretariat team worked in groups with the MA volunteers and staff to review the accreditation tool.

Financial Overview 2022

Member Associations' Sources of Income

The 2-year comparison table below shows incomes of the 20 IPPF core grant receivers. The MA total income has recorded 5% increase from US\$34.7m in 2021 to US\$36.4m in 2022.

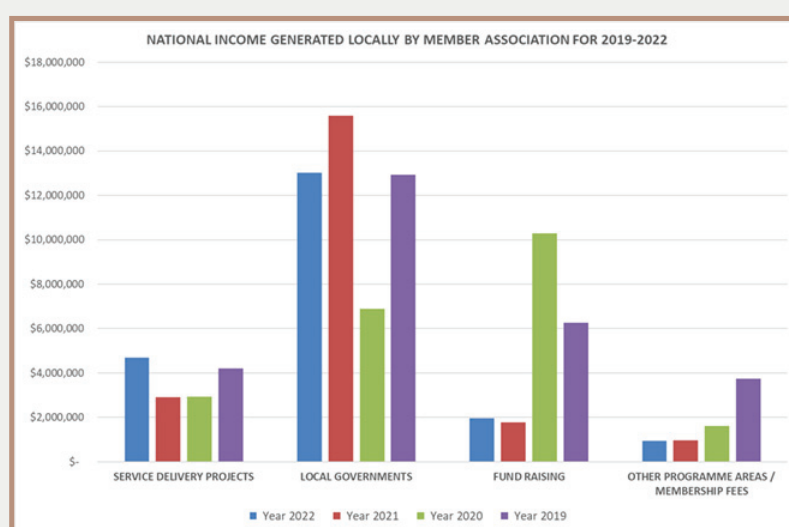
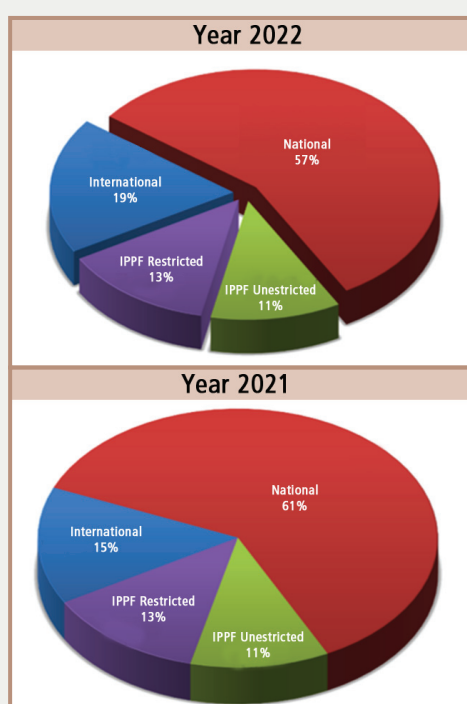
IPPF continues with the support to make sure that the affected populations still have access to the SRHR services and information. IPPF contribution to MA in 2022 was US\$9.1m in the form of unrestricted core and restricted grants [2021: US\$8.3m], representing 25% of total MA income. The remaining 75% of the total MA income for year 2022 was drawn directly by MA from international and national

sources. There was a notable increase in the non-IPPF international income.

On the other hand, the non-IPPF national income has decreased from US\$21.3m in 2021 to 20.6m in 2022. But it remains the main source of income, representing 57% of total MA income for the year 2022 – as depicted by the below charts. It comprises of incomes generated nationally through service delivery projects, local governments, fundraising and others.

Like previous years, the non-IPPF national income largely came from the contribution by the local governments.

TOTAL INCOME	Year 2022 US\$	Year 2021 US\$	Variance US\$	% Variance
Source:				
International Incomes	6,783,644	5,090,349	1,693,295	33%
National Incomes	20,639,576	21,273,572	(633,996)	-3%
IPPF Unrestricted Core	4,174,601	3,855,582	289,019	7%
IPPF Restricted	4,882,981	4,463,062	419,919	9%
TOTAL	36,480,803	34,712,566	1,768,238	5%



Come Together

Come Together

IPPF's Bold New 2028 Strategy <https://www.youtube.com/watch?v=xTaPLu-KydA&t=4s>

For 70 years IPPF has championed and delivered quality services, comprehensive information and advocated for just laws so that more people in more places under more circumstances may realize their sexual and reproductive health and rights (SRHR). Started with an act of international solidarity between activists from just a handful of countries, IPPF has since grown into a broad and diverse community of services providers and advocates that stretches around the Earth.

Our very existence manifests just how the demand for dignity in sexual and reproductive health and rights is universal to people the world over. But that world is changing rapidly. Tough challenges must be confronted – the toxic legacies of longstanding racism, sexism and homophobia, for example; the deepening impacts of the climate crisis, violence, and inequalities; the escalating consequences of new technologies, population displacements, and habitat destruction.

Wherever such dynamics impact people's lives, IPPF knows enjoyment of SRHR is impacted too. Whenever people confront humanitarian crises, we know their SRHR are thrust into crisis too. Whoever is subject to prejudice, bigotry, or exclusion, has their access to SRHR also eroded. We know that the worst consequences of those injustices are borne by young people in the poorest of communities, in the toughest of places, facing the fewest opportunities.

To be impactful in a world of change, IPPF must change too. That is what Strategy 2028 <https://www.ippf.org/resource/2023-2028-strategy> is all about: changing IPPF so it is well equipped to uphold SRHR for those who are left out, locked out or left behind. **Our Strategy 2028**

<https://www.ippf.org/resource/2023-2028-strategy> sets out a familiar path but in a new direction over far tougher terrain to that clear destination. We will walk that path shoulder to shoulder with young people, and with individuals and communities bearing the full brunt of stigma and prejudice. At each step, we will defend, protect, and celebrate safety, pleasure and wellbeing in sex and reproduction. At every turn, we will denounce powers and authorities who, through policy, practice, and law, undermine dignity and human rights in those intimate realms. And, as IPPF, we will be accountable for who we are, what we do and how we do it.

That is our **Strategy 2028** <https://www.ippf.org/resource/2023-2028-strategy>. It is with immense pride that the IPPF Board of Trustees shares this strategic itinerary with you. We very much hope you will travel this road with us – in your own realities, communities, and contexts. Let's do that together. Let's come together, for sexual and reproductive dignity for all - for each and every one of us, to the exclusion of none of us, in the interests of all of us.

*Kate Gilmore,
Chair, BoT, IPPF*

Introducing '**Come Together**': IPPF's Bold New 2028 Strategy – <https://www.youtube.com/watch?v=xTaPLu-KydA&t=4s>

2023 - 2028 Strategy – <https://www.ippf.org/resource/2023-2028-strategy>

Annex

Annex: 2022 Performances

ANNEX: IPPF ESEAOR PERFORMANCE RESULT 2021-2022

ESEAOR REGIONAL PERFORMANCE RESULTS		2022 Results	2021	% Change (2021-22)	2022 target	% Target achieved	Contribution to Global
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. (n=6)	15	13	15%	22	68%	NA yet
3	Number of youth and women's groups that took a public action in support of SRHR to which IPPF engagement contributed. (n=12)	83	47	77%	3,109	3%	NA yet
OUTCOME 2 INDICATORS							
4	Number of young people who completed a quality-assured comprehensive sexuality education (CSE) programme. (n=24)	29m	31m	-7%	29.7m	98%	82%
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) (n=15)	9,775	7,528	30%	n/a	n/a	8%
OUTCOME 3 INDICATORS							
7	Number of SRH services provided. (n=24)	14.4m	12.7m	13%	22.5m	64%	9%
8	Number of couple years of protection. (n=24)	865,077	719,277	20%	1,039,655	83%	3%
9	Number of first-time users of modern contraception (n=10, FP 2020 countries*)	115,929	86,927	94%	153,181	76%	2%
10	IPPF clients who would recommend our services to family or friends as measured through the Net Promoter Score methodology. (n=9)	65	66%	-1%	n/a	n/a	63% (Global average)
11	Number of SRH services enabled. (n=8)	5m	4.3m	16%	2.2m	227%	7%
17	Number of clients served in humanitarian settings (n=6)	47,584	57,147	-17%	n/a	n/a	0.5%
OUTCOME 4 INDICATORS							
12	Total income generated by the Secretariat (US\$) (Global Data)	125.5m	164.7m	-24%		n/a	(no regional data)
13	Total income generated locally by unrestricted grant-receiving Member Associations (US\$)	27.4m	26.4m	4%			15%
14	Proportion of IPPF unrestricted funding used to reward Member Associations through a performance-based funding system	Not Available	2%	n/a			Not available
15	Number of IPPF volunteers (n=24)	50,052	48,184	4%	62,906	80%	16%
18	MAs receiving no more than 50% of their income from IPPF unrestricted grant	83%	95%	-12%	n/a	n/a	83% (Global average)

IPPF ESEAOR Member Associations

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