



ANNUAL REPORT 2020



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

3,132 staff

8,170 service delivery points/channels

84% of Member Associations have at least one youth under 25 on their Board

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



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Message from Regional Director

Delivering No Matter What – this has been central to the drive which pushed us forward in 2020.

The year that passed by was a very difficult and challenging year for all of us, and yet, despite all circumstances COVID-19 brought on to us, we simply refuse to fold. We found new ways to adapt. Because we must deliver no matter what. Because the people, especially women and youth, needed our services and voice even more in the time of pandemic.

When most governments adopted lockdown policies that prevented women to visit clinics, our service providers had to resort to new ways of reaching them – through telephones, social media, and yes, house visits. If women couldn't go to clinics, our service providers went to their houses; while contraceptives and other medical supplies for self-care were delivered to their doorstep.

IPPF knew that we needed to protect our own frontliners too. In the beginning of the pandemic when there was a great demand for very scarce protective personal equipment (PPEs), we facilitated the global transfer of face masks through our network to the Member Associations (MA) in China; and then later we facilitated the donation of face masks from the China MA to MAs across the globe like Iran, Macedonia, Morocco, North Korea, and Thailand.

In this report, you will find the collective gains of IPPF ESEAOR despite the pandemic. At the onset of the pandemic, a COVID-19 Task Force was set-up within the secretariat. We collectively worked to mobilise extra resources for MAs that were critically hit by COVID-19. By the year-end, we were able to mobilise resources to the most affected countries in the region. We also raised our voices so that women can be heard on the rising sexual and gender-based violence brought by prolonged lockdown and loss of economic opportunities. Even with lockdowns and restricted movements, we found ways to push for meaningful SRHR-related policies in Mongolia, Solomon Islands, New Zealand, Fiji, DPRK, Indonesia, China, Cambodia, Australia, Japan, Malaysia, Philippines, and Thailand.



The provision of comprehensive sexuality education continued during the pandemic and many of the MA resorted to online sessions by maximizing peer educators. Our pacific colleagues successfully launched the International Technical and Programmatic Guidance on Comprehensive Sexuality Education (CSE) that was attended by representatives from 11 Pacific Countries, with two Prime Ministers in attendance (Samoa and Tuvalu) and also the Speaker of Parliament of Tonga. On top of this, the Sub-Regional Office in the Pacific also launched the CSE Out of School Guidelines on the same event.

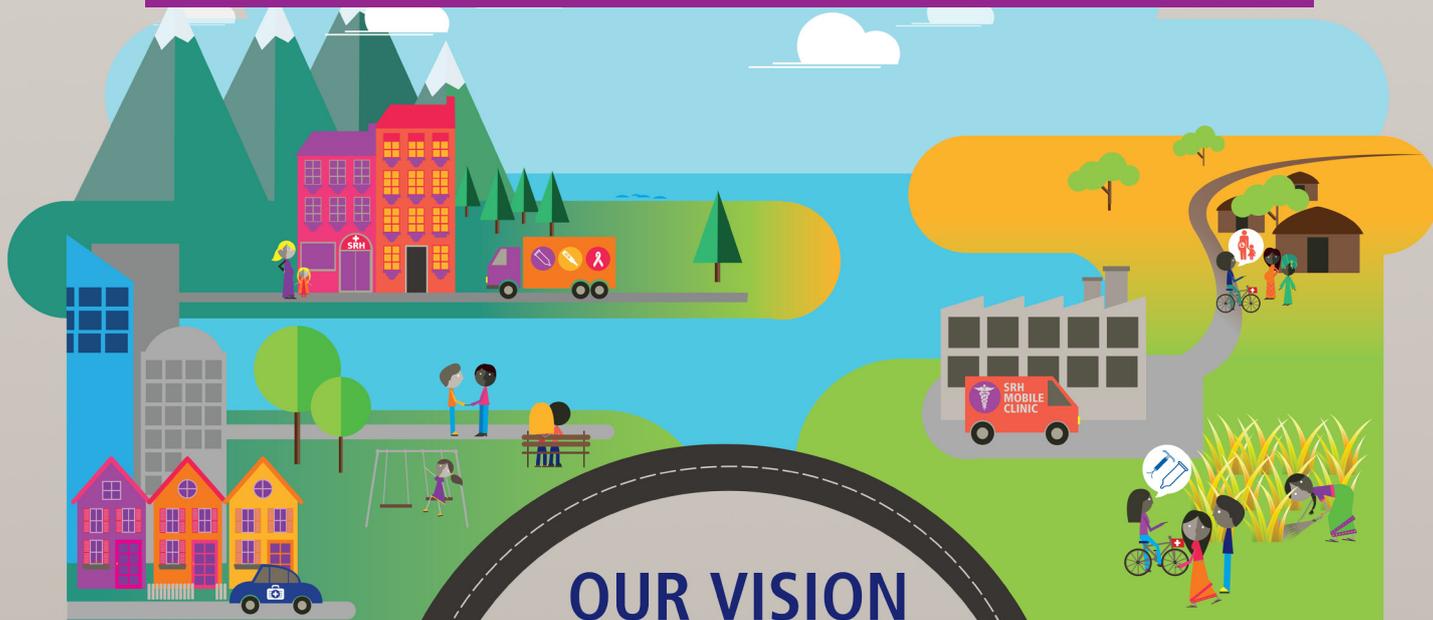
Our services dropped by 13% globally in 2020, while the number of clients reached also dropped by at least 20%. Such was the impact of COVID-19 to women. This was especially true at the start of the global pandemic when everyone was overwhelmed by the magnitude of COVID-19. But through persistent efforts, we were able to adapt to the situation and many of our service delivery points resorted to digital health strategies and introduced tele-medicines.

We also adapted new ways of working. When everyone else seemed jolted, the Regional Secretariat started bi-weekly virtual Executive Directors' meetings which continued for three months. This cascaded to the MAs as everyone started their own zoom meetings to connect with their staffs during lockdown. For the first time, we were able to convene a virtual 3-days Executive Directors' Meeting and Regional Youth Forum. Even our accreditation process became virtual as our region successfully accredited the South Korean MA virtually.

In the time of pandemic, IPPF ESEAOR adapted and collectively showed resilience and solidarity. We must continue to deliver no matter what, because the need for sexual and reproductive health and rights continues – and even heightened – during the pandemic.

Tomoko Fukuda
Regional Director
IPPF-ESEAOR

IPPF Strategic Framework 2016 - 2022



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



Galvanize commitment and secure legislative, policy and practice improvements

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

Deliver rights-based services including for safe abortion & HIV

Enhance operational effectiveness and double national and global income

Engage women and youth leaders as advocates for change

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

Enable services through public and private health providers

Grow our volunteer and activist supporter base

IPPF'S MISSION

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

OUR VALUES

SOCIAL
INCLUSION

DIVERSITY

PASSION

VOLUNTEERISM

ACCOUNTABILITY

Impact: 2020 at a glance

65%

of our clients
were from poor
and vulnerable
communities

Provided modern
contraception to

93,226

first time users

5.2 million

people reached with
more than 15.7 million
services – 8 out of
10 of our clients are
women

Averted

256,360

unintended
pregnancies

38%

of sexual and
reproductive health
services were accessed
by youth

Averted

36,859

unsafe abortions

Champion Rights

Champion Rights



In 2020, we have witnessed and experienced an unprecedented pandemic, and the continuing uneven impact of this pandemic across our countries and the region. Our members are working in even more challenging environments to influence their governments, where the decreased ability to meet in-person has provided decision-makers with an opportunity to engage less with civil society, while movement and mobilisation restrictions have made it harder and sometimes impossible to conduct community organising. Nevertheless, we are rising to the challenge and adapting our advocacy methods to respond to the pandemic.

IPPF ESEAOR conducts advocacy at the regional level, for example, by engaging and leading discussions with various stakeholders during negotiations at UN regional bodies. In 2020, IPPF contributed to the endorsement of the Asia Pacific ICPD Indicator Framework at the sixth session of the Committee on Social Development.

In 2020, 14 MAs contributed to successful policy initiatives and/or legislative changes in support of SRHR and gender equality such as universal access to contraception, eliminating

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

22

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

harmful practices such as child marriage, integration of Comprehensive Sexuality Education at the district level, and many others.

ESEAOR collectively recorded 22 successful policy initiatives and/or legislative changes around various issues related to sexual and reproductive health and rights (SRHR) (Annex B)



Regional accountability framework to monitor the progress of the ICPD PoA

In accordance with the Asian and Pacific Ministerial Declaration on Population and Development (APMDPD) 2013, and its Midterm Review in 2018, where governments called for a region-specific monitoring framework to assess progress in the continuing implementation of the International Conference on Population and Development (ICPD) Programme of Action (PoA) and its related follow-up outcomes, IPPF ESEAOR and SAR (as part of a CSO Steering Committee) have continued to lobby and through consultations worked with the UN Economic and Social Commission for Asia and the Pacific (ESCAP) and UNFPA to develop a robust, transparent, and participatory accountability mechanism to monitor progress towards the continuing implementation of PoA of ICPD and its related follow-up outcomes.

In October 2020, Member States endorsed – with clarification - the Asia Pacific indicator framework for monitoring progress towards the implementation of the ICPD PoA and of the commitments contained in the Asian and Pacific Ministerial Declaration on Population and Development (Asia Pacific ICPD Indicator Framework)¹ at the meeting sixth session of the Committee on Social Development (CSD). This framework will allow for monitoring and reporting of population and development policies and programmes' progress to ensure no one is left behind. This voluntary reporting framework shall support the monitoring of the ICPD and reinforces the importance of taking holistic and rights-based approaches to population and development.

It is the first post-MDG era ICPD indicator framework for the region and consists of 85 indicators drawn from the 2030 Agenda for Sustainable Development and other internationally agreed frameworks. Overall, the Asia Pacific ICPD Indicator Framework should be incorporated as an intrinsic mechanism by the national governments and partners to assess the needs of vulnerable groups, promote health equity, gender equality and human rights. Asia Pacific Member States must establish a robust accountability mechanism and implement the Asia Pacific ICPD Indicator

Framework, including the formulation, implementation, monitoring and evaluation of sustainable development policies including universal access to SRHR and gender equality at national and regional levels.

The Asia Pacific ICPD Indicator Framework will contribute to strengthening accountability for implementation and foster linkages between ICPD and the 2030 Agenda in the Asia Pacific. Additionally, it provides an opportunity to learn and adapt to build back better from the COVID-19 pandemic.

Ensuring universal access to contraceptive care through global accountability mechanisms

Around 2017, Mongolian Family Welfare Association (MFWA) and the Mongolian Women's Fund (MONES) actively organised and mobilised civil society to monitor the progress of Mongolia's Sustainable Development targets. Through this, they successfully established a civil society mechanism with 459 activists coordinated by the Center for Human Rights and Development to both monitor SDG implementation and advocate with the government to accelerate efforts to achieve sustainable development.

In 2019, the MFWA and their partners held several meetings with officials from the Ministry of Health, Ministry of Foreign Affairs, and Parliamentarians to highlight the challenges faced by their constituents and push for solutions and actions to address existing inequalities faced by women and girls in all their diversity.

They then looked to global accountability mechanisms in 2019 where MFWA contributed to the Mongolian Civil Society Network on the Sustainable Development Goals (SDGs) joint report to assess the progress of the SDGs, co-authoring the assessment on Goal 3 (Good Health) and highlighting the cost barrier faced by women and girls in accessing contraception where only prescriptions from public health medical doctors would be covered under the social insurance scheme.

Later that year, MFWA engaged in the Voluntary National Review (VNR) for the implementation of the SDGs and submitted its statement on Target 3.7.1 proportion of women of reproductive age (15-49 Years) who have their need for family planning satisfied with modern methods recommending that the Government of Mongolia add coverage

for injectables, implants and IUDs under the health insurance scheme, expand contraceptive access in all secondary and tertiary health care facilities and allow the right to prescribe contraceptives to all obstetrics and gynaecologists through the health insurance scheme.

MFWA also utilised the Universal Periodic Review (UPR) mechanism to highlight the decline of contraceptive usage among women of reproductive age (15-49 years) from 69% in 2003, falling to 55.2% in 2008, and further decreasing to 54.6% in 2013. At the 36th session of the UPR, MFWA presented the unmet need

for family planning and made similar recommendations.

The efforts of MFWA and their partners effectively contributed to the law resolution in late 2020, allowing all doctors to write prescriptions that are eligible under health insurance coverage.

The actions of the Mongolian civil society demonstrate the strength of community and civil society organising, the savvy of using global accountability mechanisms such as the VNR and UPR, and how global and national efforts made in parallel can affect law change.

SIPPA as an essential service provider during pandemic

In January 2020, the World Health Organisation first declared COVID-19 to be a global public health emergency. By March, the Solomon Islands Ministry of Health and Medical Services (MHMS) declared State of Public Emergency (SOPE) in response to the imminent threat of COVID-19 on the small island country. With the focus on preparing for COVID-19, there was a significant interruption to sexual and reproductive health services, coupled with the government's declaration to scale down healthcare services, exacerbating the challenges and inequalities such as access to healthcare and an increase in incidences of gender-based violence.

Once the lockdown was announced, Solomon Islands Planned Parenthood Association (SIPPA) focused on ensuring that SRH service provision will not be affected. The Development Services Exchange (DSE), the civil society coordinating body, organised

consultations with fifteen civil society organisations including SIPPA, to discuss how to continue providing services during the pandemic and meeting the requirements to be an essential service provider (ESP). During the consultations, SIPPA and the Red Cross were identified as ESP due to their mandates, and as to SIPPA being the leading SRH care provider in the Solomon Islands. In joint civil society – Ministry of Health meetings, SIPPA advocated for family planning and SRH services to be considered essential healthcare in stable and emergency settings by sharing the role SIPPA plays in SRH prevention, treatment, and care during past disaster situations.

As a result of this advocacy and the positioning of SIPPA in the country, the MHMS listed SIPPA as an important essential service provider and enabled them to continue providing SRH services during the pandemic and beyond.

Empower Communities

Empower Communities



Young people remain at the heart of the IPPF Strategic Framework. It is crucial that more young women and men are empowered to claim and enjoy their sexual rights, receive comprehensive sexuality education (CSE) – in and out of school- and have access to youth-friendly SRH services delivered by non-judgmental providers.

Despite the movement restrictions and school closures due to the COVID-19 pandemic, ESEAOR delivered and enabled comprehensive sexuality education to 22.4 million young people aged 24 and below, decreasing 4.9 million or 18% from 2019. This includes 22.19 million

Indicator 4

Number of young people who completed a quality assured CSE programme

22,407,908

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)

6,236

Indicator 6

Estimated number of people reached with positive SRHR messages

...

young people who received CSE from the China Family Planning Association (CFPA), representing 99% of the regional total. Other MAs that reached significant numbers are Member Associations from Lao, Vietnam, Cambodia and Australia. To further expand the provision of CSE, IPPF trained 6,236 educators, including teachers.



Youth peer educators in China



How to use a condom the right way

Despite a regionwide decrease in the provision of CSE, the Pacific Island MAs increased their CSE provision by 49% from 2019 as many trained peer educators were mobilized in the COVID-19 and humanitarian responses, conducting awareness sessions, and referring young people during mobile outreach activities.

to disseminate SRHR information, raising awareness or knowledge on COVID-19 and SRHR.

Peer educators in China used videos to provide SRH information to young people. See links below:

- [How to use a condom the right way](#)
- [How to take oral contraceptive pills](#)

22.4M

million young people completed quality CSE programmes

60,792

youth peer educators trained

6,236

educators trained to provide CSE

2M

youth clients served (38.4% of total ages)

6.3M

SRH services provided to young people (40% of total services)

21

MAs with youth representation on the governing board

161

youth staff in ESEAOR MAs

The work of two MAs - the Solomon Islands Planned Parenthood Association (SIPPA) and Family Planning Association of Hong Kong (FPAHK) – are featured in the next page. Through their youth centres, CSE and SRH information were provided digitally.

Digital Sexuality Education in Hong Kong

Over the years, The Family Planning Association of Hong Kong (FPAHK) has been promoting messages of a range of sexual and reproductive health and rights issues on digital platforms including website, mobile app, Facebook page and Instagram. Age-appropriate and culturally specific online teaching and learning materials are constantly developed to facilitate sound implementation of sexuality education in schools or families.

FPAHK has a long working relationship with local schools. Under the COVID-19 pandemic, they quickly review the program content and incorporate interactive elements to transform school-based programs into online programs conducted on Zoom or Teams. FPAHK make good use of the social media platforms to deliver a variety of programs, such as Facebook Live, online parent talk, online book fair, and share posts with KOLs or YouTubers.



In September 2020, youth volunteers ran a social media campaign called “Don’t Take Chances” that tied in with the World Contraceptive Day (26 September) to disseminate messages related to contraception, safer sex and



Online sexuality education session by the FPA Hongkong

responsible choices. The campaign covered production of two short videos posted on YouTube channel, an online calligraphy workshop, and interactive games shared on social media platforms. Over 100 youth participants joined the campaign and subsequently followed FPAHK’s Facebook and Instagram.

Funding is obtained to improve a current mobile app game on love and intimacy titled “Making Smart Choices” jointly developed with Faculty of Education, The University of Hong Kong. The enhanced mobile app game, together with a new reading portal is available for students and playable on PCs and tablets. The game can also be integrated in school curriculum, e.g. in Life and Society or Social Studies course for teachers to deliver classroom activities related to the topics of love and relationships, consent, responsible choices, etc.

FPAHK will continue to strengthen the digital interventions to complement the traditional approach of delivering sexuality education. Efforts will be made to understand the effect of digital initiatives for youth in the local community.

Youth Centres in Solomon Islands Planned Parenthood Association (SIPPA)

The Solomon Islands Planned Parenthood Association (SIPPA) has two youth centres in the country, one as part of the main clinic in the capital Honiara and another clinic in Auki in the capital of Malaita Province. Whilst the Honiara youth centre has been a fixture for over 15 years, the Malaita youth centre has only come about since direct funding support was provided by the Malaita Provincial Government.

The youth centres act as a meeting hub for youth volunteers, Community Based Educators and Distributors (CBEDs) and SIPPA staff. Primarily, the centre is managed and operated by the youth volunteers themselves. Youth volunteers take turns in offering information and referralsto youth who needs assistance and information. Youths are usually referred to clinic providers.

In Solomon Islands, secondary school students in forms four to six (grade 10 –

12) are given research assignment as part of school assessment every year. A range of key topics always include population and development, so the centres have become an avenue for young people to also access information. SIPPA Youth Centre offers a range of materials that can be downloaded. This opportunity presents a chance for volunteers to also engage and discuss sexual reproductive health topics with these young people.

The youth centre in Honiara meets about 1000 young people annually while youth attendees in the Auki, Malaita Centre is currently under study.

The Honiara Centre also acts as a meeting hub for sex workers and LGBTQI+ volunteers. Usually, they visit in the late afternoons where occasionalmeetings are scheduled and aligned to clinic hours or in preparation for mobile clinic outreach so that services can also be provided to them.

With the new online Comprehensive Sexuality Education (CSE) course for young out of school youth soon to be offered online by IPPF ESEAOR, the SIPPA Youth Centres envision an increase of young people accessing the centre. Other online courses that will be offered on the IPPF Moodle platform will also attract more youths in the future.



SIPPA volunteers providing a CSE session with high school students in Honiara



International Technical and Programmatic Guidance on CSE launched in the Pacific

On 3 December 2020, International Planned Parenthood Federation Sub-Regional Office for the Pacific (SROP) organized and coordinated the regional launch of the International Technical and Programmatic Guidance on Comprehensive Sexuality Education (CSE) attended by 11 Pacific countries across the region.

For the first time in the Pacific, a strong high-level Government presence was shown with no less than the Prime Minister of Samoa, Honourable Tuilaepa Dr Sailele Malielegaoi officially launching the document. Also in attendance was the Prime Minister of Tuvalu, Honourable Kausea Natano, the Honourable Speaker of the Tonga Legislative Assembly, Lord Fakafanua and Eminence Cardinal, Soane Patita Mafi also from Tonga.

The event drew together more than 700 participants across the Pacific region. In attendance were two Prime Ministers, senior government ministers and representatives, senior clergy officials, representatives from civil society organizations, youth organizations, young people, and donors. It is the first time for such a high-level and diverse group to come together to commit for better coordination and implementation of CSE, which is also known as Family Life Education (FLE) development in the region.



Hon. Tuilaepa Dr. Sailele Malielegaoi, Samoa PM, receives a copy of the Technical Guidance from Seuli Pepe Maulaivaio, Pres. of Samoa Family Health Association



CSE Launch Participants in Samoa (top photo) and Vanuatu (bottom)

challenged Pacific Leaders to educate the youth while stating the need for sexual reproductive health and rights education in the region.

Jack Martin, IPPF Youth Officer and regional coordinator of the event, said the launch will help Governments, CSOs and youth organizations. More importantly, CSE implementers in the region will have a coordinated and collective understanding of CSE for out-of-school youth context. Efforts are underway for the development of country specific manuals as it is important to align

these documents to global standards supportive of a 'youth centred approach'.

The event was made possible with support from the EU Spotlight Initiative, an initiative that supports key regional institutions and diverse partners to address legislative and policy gaps; strengthen institutions; promote gender-equitable attitudes; strengthen systems of collecting data on violence against women and girls; and support civil society and coalitions in advocacy.

There will be a proposed follow-up event to this in late November 2021 that plans to capture the learning progress on how Pacific countries have included the key principles of the International Technical and Programmatic Guidance on CSE in their programme design, development, and implementation.

The launch was convened by the IPPF in partnership with the United National Population Fund (UNFPA). IPPF's Member Associations assisted in bringing together national leaders and civil society organizations.

The Samoa Family Health Association (SFHA), through its national advocacy efforts, was instrumental in gaining the support of the Honourable Tuilaepa Sailele Malielegaoi, Samoa's Prime Minister, who stated that investments in adolescents and youth should be holistic and must empower young people to make right life choices.

Tura Lewai, IPPF Advocacy Officer in the Pacific, said that the public launch of the CSE Out of School Guidelines by no less than the Prime Minister of Samoa, is a great milestone for Pacific advocacy. In his speech, the Samoa Prime Minister

Serve People

Serve People



During 2020, the COVID-19 pandemic and its consequences has negatively affected the availability of and access to health programmes across the globe including sexual and reproductive health (SRH) ecosystem. Many of ESEAOR Member Associations (MAs) experienced challenges in their service delivery programmes and activities such as closure of service delivery points, shortage of health workforce, scarcity of essential SRH commodities and supplies, lack of protective gear and equipment, and restricted mobility to undertake existing community-based programmes.

In 2020, ESEAOR MAs delivered a total of 15.8 million SRH services which comprised of 12.1 million SRH services provided directly through MAs' SDPs i.e., static clinics, mobile/outreach teams, and community-based providers and 3.7 million SRH services through

8,170 Service delivery points in 2020

5,208,501 Total number of people who received services in 2020

7 in 10 IPPF clients are poor and vulnerable

Indicator 7

Number of SRH services provided

12,104,214

Indicator 8

Number of couple years of protection

682,869

Indicator 9

Number of first-time users of modern contraception

93,226

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

3,694,392

partner health facilities. Due to impact of COVID-19 on MA service delivery programmes, the total SRH service delivered by ESEAOR in 2020 is dropped by 22% from 2019. There are also dropped in couple year of protection achieved by 21% and number of first-time users by 31% indicating COVID-19 significant impact on family planning services. The total number of clients served by ESEAOR MAs in 2020 is 5.2 million which is also a decrease of 15% from 2019.

Among the total SRH services delivered, contraceptive services account for 32%, followed by Gynaecological services (19%), STI/RTI (18%), Specialised SRH services (11%), HIV/AIDS (6%), Obstetric (6%), Abortion 3 (%) and other SRH services with (<2%). Despite the overall decrease in key essential SRH services in 2020, the SGBV services under



specialized services recorded 3% increase in 2020. This was due to prioritization accorded by MAs to SGBV services along with other essential services during COVID-19 lockdowns.

During 2020, ESEAOR MAs delivered a total of 682,869 couple years of protection (CYP) with 21% drop from 2019 mainly affecting long term method of IUD and implants due to shortage of supplies and mobility restrictions. Among the CYP achieved by different contraceptive methods, CYP achieved by Condom contribute to 40.9% followed by IUD (33.1%), Implant (10.29%), Oral Pill (8.8%), Injectable (5.31%), VSC (1.34%), Emergency (0.15%), Diaphragms (0.12%), Patch/Ring (0.05%), Spermicide (0.0004%) respectively. The 2020 contraception provision by ESEAOR MAs averted 256,360 unwanted pregnancies and 36,859 unsafe abortions. There is a total of 93,226 FTUs reached in 10 FP2020 focus countries.





The Net Promoter Score Methodology which was introduced in 2020 to capture the client recommendations on clinic services based on score of 1-10 scale, ESEAOR got 65% average net score across 4 MAs. The client recommendation through feedback and existing interviews by the rest of MAs continued at 88 percent client recommendation maintaining quality service provision through SDPs.

In coping with COVID-19 challenges, IPPF and its MAs quickly assessed and monitored COVID-19 impact on its operation and service delivery programmes through series of regional webinars and periodic surveys. This allowed timely provision of adaptive guidance and support including SRH supplies & PPE commodities. It also coordinated rapid learning among MAs about effective response models and pivots such as telemedicine, home delivery and SRH self-care.

Some strategies used include resource integration and sharing; strengthening collaboration and building partnership with Ministry of Health and other local SRHR organizations and agencies. Such strategies somehow expanded population coverage during the pandemic. During 2020, the number of partner health facilities is 403, an increase of 28% from 2019. MAs also provided pre- and in-service training for a total of 21,093 public and private health providers to enable provision of quality integrated sexual and reproductive health services. The mobilization of restricted projects, especially COVID-19 response projects and humanitarian response projects played a major contribution for maintaining essential SRH service provision and performance by ESEAOR in 2020.

YouRHotline gains ground during pandemic

Since 2019 or even before the pandemic began, the Family Planning Organization of the Philippines (FPOP) had faced several challenges brought by disasters such as typhoon, flooding, earthquake and internal conflicts. Though these challenges, FPOP never stopped providing sexual and reproductive health services; they also devised several innovations to continuously serve the most marginalized. One of these innovations is called YouRHotline, FPOP's digital health intervention.

In February 2019, FPOP launched YouRHotline to provide SRH counselling, consultation, information and referrals via Facebook chat, video-calls, SMS and phone calls. Through this online platform, both old and new clients found FPOP on Facebook. Other FPOP events became online as well. FPOP's engagement and promotion (flyers and posters) in various Facebook groups became regular and more active with youth volunteers joining the initiative. Online appearances

contributed to community outreach activities and clinic referrals. FPOP gained new clients through online chats, where clients can contact FPOP by sending personal messages on Facebook or through SMS and phone call. FPOP chose Facebook because it is the most common platform, and it can be used in the Philippines for free.

The pandemic pushed YouRHotline to new heights. As of now, FPOP have national hotlines each for Family Planning and SRH concerns; for sexual and gender-based violence and for post-abortion care. Local hotlines are also underway, which will be managed directly by the local FPOP clinic.

FPOP's hotline is managed by medical service providers, mostly midwives and nurses, while the Hotline for SGBV concerns is currently managed by a licensed Social Worker. FPOP also have sessional doctors who do online consultation.



Meanwhile, the trained youth volunteers also help in answering queries and messages on Facebook, with guidance from the medical service providers. Most of the time, the youth volunteers assist in gathering data for client profiling and triaging.

In 2020, FPOP successfully established the Reproductive Health home delivery service in Metro Manila, a door-to-door delivery of available Reproductive Health commodities, where after a hotline consultation, for example, a client needing FP commodities such as condoms or pills, will receive such thru home delivery.

From July 2020 until March 2021, FPOP was able to serve about 6,217 clients through the hotline. Since the launch of the SGBV and PAC hotlines, FPOP was able to serve 670 SGBV clients, 80 post-abortion-related clients and 98 home deliveries in Metro Manila alone. Most of them are new clients who have not heard of FPOP before. They were also able to reach 9,233 people with one-on-one SRH



FPOP's Reproductive Health home delivery service

information (using chat) and 444,326 people reached with accurate, timely and relevant SRH information through the webinars, social media posts, online video series, vodcasts using FB live, social media challenges, dating apps, Facebook groups etc.

Majority of the clients expressed gratitude on FPOP's digital health services. It somehow provided clarity to questions about contraception and their health, digitally. Clients felt better and protected. And FPOP vows to do more.

Spotlight on the Niu Vaka Strategy

Launched in 2018, the Niu Vaka IPPF Pacific Strategy (2019 – 2022), highlights a more tailored and bespoke approach to drive change and create a momentum for Pacific Member Associations in their effort to deliver programs and expand their reach in the communities. Halfway through the implementation of the Niu Vaka Strategy, significant improvement has been recorded in terms of service statistics despite the overall reduction in services globally, primarily as a result of the COVID-19 pandemic that caused clinic closures, travel restrictions and lack of PPEs and consumables.

Service statistics show that in 2020 IPPF Pacific MAs delivered a total of 1,006,002

services (SRH and non-SRH services), a 4% increase from 2019 and a 15% increase from the 2018 baseline. 57% of the total services were SRH services. SRH services increased by 22% from 2019 figures and 33% from 2018 baseline figures. Significantly, the percentage of services provided to disadvantaged clients (vulnerable, poor or persons living with a disability) rose to 63%, or a total of 140,107 people served. During 2020, Pacific MAs were able to provide SRHR services to 5,851 people living with a disability, an increase of 66% from the previous year.

The total number of clients served (223,046), represented an increase of



SIPPA conducting COVID-19 awareness integrated with Family Planning and SRHR awareness talk for captains and crews on board shipping vessel at the Point Cruz Wharf.



VFHA delivered SRH services to cyclone-affected communities in Sanma Province working closely with Provincial Health colleagues.

41% from 2019 and 53% from the 2018 baseline. There was an increase in first time clients of 180% in 2020, with an overall increase from 2018 of 357%. Total SRH services provided during mobile outreach rose by 77% in 2020, a 139% increase from 2018.

Contraceptives provided remained basically stagnant, down by 1% in 2020 despite the increased number of services and clients, mainly due to availability of contraceptives.

6,006 services and referrals were delivered for cervical cancer testing and screening. The number of people reached with SRHR messaging rose by 10% in 2020, and overall, by 267% since 2018.

Given the increase in social media, print radio and television messaging, it is likely that the absolute reach has not been captured effectively.

The number of young people reached with CSE increased by 102% in 2020, with an overall increase of 361% from 2018 figures. Some of the planned CSE activities were even delayed due to travel restrictions.

There is a 41% increase in the proportion of population receiving SRHR services from 2019. This was due to the additional service delivery points established in 2020. Service Delivery Points (SDP) grew from 67 in 2019 to 78 in 2020, a 16% increase and a total increase of 50% since the start of the strategy in 2018.

The Humanitarian responses in Tonga, Fiji and Vanuatu following Tropical Cyclone Harold also contributed to the increase in service statistics. From the 223,046 clients reached, 51,572 were clients served during humanitarian responses (19% contribution of the total).



Humanitarian service provider from VFHA attending to a client



Humanitarian Response in ESEAOR 2020

In 2020, IPPF's Member Associations in the ESEAOR region reached a total of 64,789 beneficiaries in humanitarian settings, a 205% increase from the previous year (21,261 in 2019). Of the total clients served in humanitarian settings, 17% (11,109) are from Tropical Cyclone Harold, which affected Fiji, Vanuatu and Tonga, and remaining 82% (52,779) are from responses in Indonesia, Papua New Guinea and Samoa. Both responses occurred during the COVID-19 pandemic, which means that response teams had to deal with a double disaster and the inherent challenges, including staff having to work remotely, movement restrictions to disaster sites, stock shortages and disruption to supply chains. In these humanitarian settings, our MAs provided contraception, STI and HIV treatment, and GBV support and referrals. They also ensured pregnant women had access to prenatal care and safe deliveries.

In addition to humanitarian response activities, preparedness and capacity sharing activities were also supported by the humanitarian team. The Pacific-based team members provided technical



support to a regional mapping for localisation, and actively engaged with the Pacific Resilience Partnership, Humanitarian Advisory Group and the localisation technical working group to ensure SRH in emergencies (SRHiE) remains a regional priority. An Adolescent Sexual and Reproductive Health in Emergencies (ASHRiE) workshop was co-facilitated by IPPF Humanitarian and development teams bringing together MA participants from across seven MAs in the ESEAOR region.

Highlights of humanitarian work in 2020 include:

- Fiji and Samoa MAs were supported to undertake SRHiE Policy reviews to inform advocacy strategies.
- With support from the IPPF humanitarian team, the Fiji MA hosted a national policy meeting jointly with UNFPA to present results from the review and discuss future actions with the Ministry of Women and Ministry of Health.
- Vanuatu, Papua New Guinea and Fiji MAs increased their engagement in humanitarian coordination clusters for health and protection and strengthened coordination at the provincial level.
- The Philippines MA began the process of advocacy with four local government units for integration of SRHiE into disaster management plans in four districts (General Santos City, and Sarangani, South Cotabato & North Cotabato provinces).
- Four MAs (Philippines, Myanmar, Fiji and Samoa) developed their Emergency Response & Preparedness plans
- Three MAs (Indonesia, Philippines and Solomon Islands) have pre-positioned essential SRH supplies and inventory for responding effective to any response
- The Vanuatu MA developed a successful proposal for the UN Central Emergency Response Fund (CERF) mechanism (as UNFPA partners), post Tropical Cyclone Harold, while Samoa implemented a CERF funded response to the measles outbreak in 2020. This funding supported the MA in sustaining the provision of lifesaving SRH services to women and adolescents in affected communities, building on the initial SPRINT-funded response and expanding coverage.
- Five Pacific MAs completed quality monitoring and evaluation (M&E) and learning for humanitarian programming training. In-country training (prior to COVID-19 travel restrictions) was undertaken in Solomon Islands and Fiji while three virtual trainings were conducted with Samoa, Tonga and PNG. Content included M&E in emergencies, humanitarian M&E systems and tools, value for money, collecting qualitative data and translating data for evidence-based decision making.

Humanitarian Response in the Pacific: Cyclone Harold

Tropical Cyclone Harold made landfall as a Category 5 cyclone on 6 April 2020, hitting Vanuatu, Fiji, and Tonga. TC Harold occurred during the COVID-19 pandemic, which meant all three countries were experiencing government mandated states of emergencies, and with this, challenges in stock acquisition, information gathering and movement to disaster sites. IPPF's Member Associations, the **Reproductive and Family Health Association of Fiji (RFHAF)**, the **Tonga Family Health Association (TFHA)**, and the **Vanuatu Family Health Association (VFHA)** were supported by the Australian Government SPRINT initiative to provide lifesaving SRH care in the hardest hit communities. This

response reached 11,109 total beneficiaries, and 100% of GBV survivors seeking care received first-line support.

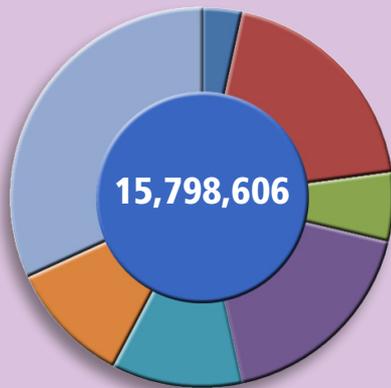
Jerolynne Metak was in university when an unplanned pregnancy cut her education short. The nursing student came back to Pentecost Island to deliver her son Norman, who was born two weeks after Cyclone Harold devastated her island. Now, with the support of her mother Rosie, she received a 5-year contraceptive implant from the VFHA mobile health team so that she can return to her studies and learn to help others.



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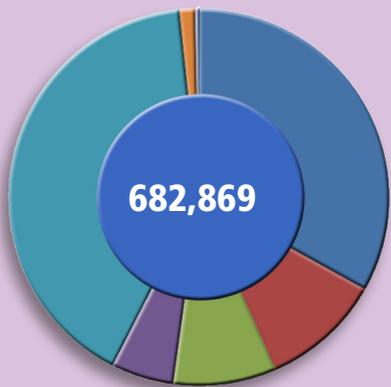
Main Statistics from 2020

Number of SRH services delivered by type



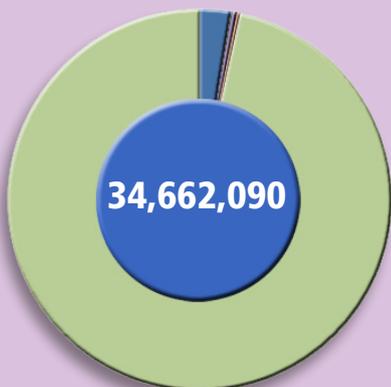
531,130	Abortion-related services
3,075,082	Gynaecological services
932,716	HIV-related services
2,830,520	STI-related services
1,742,873	All other SRH services
1,651,561	Specialised SRH counselling
5,034,724	Contraceptive (including counselling)

Couple years of protection by Method



226,015	Intrauterine devices
70,259	Implants
59,969	Oral contraceptive pills
36,255	Injectables
279,049	Condoms
9,140	Voluntary surgical contraception (vasectomy and tubal ligation)
2,182	Others, including emergency contraception

Contraceptive Items Provided by Method



899,530	Oral contraceptives
5,197	Patch/Ring
33,485,897	Condom
19,927	EC
166,660	Injectables
836	Cervical Cap/Diaphragm
59,723	IUD
24,015	Implant
305	Spermicide

Number of people served in humanitarian settings - 64,789

Number of HIV-related services delivered - 932,716

Unite and Perform

Unite and Perform



IPPF is in the process of evolving its structures to become high performing, accountable and united – an outcome spelled out in its current strategic framework (2016-2022). Reforms are currently underway to effect meaningful changes, one that is aimed making the Federation hybrid and modern even if it is already more than 60 years old. The current reform is directed on the governance structure and its systems globally. Soon the reform will be carried out at the level of Member Associations (MAs).

At the global level, a 15-strong Board of Trustees (BoT) replaced the Governing Council, which was then consisted of MA representatives. The BoT is composed of a mixture of global experts and MA representatives.

Another critical reform carried out involved the revision of the IPPF Resource Allocation Model. A new stream-based model, agreed by the General Assembly in November 2019, has been finalized and approved by the BoT in mid-2020. Three Allocation Streams are being carried out:

Indicator 12

Total income generated by the Secretariat (US\$)

...

Indicator 13

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

...

Indicator 14

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

3%

Indicator 15

Number of IPPF volunteers

45,310

Indicator 16

Number of IPPF activists

...

Stream 1 accounts for all core funds to the Secretariat and Members. At least 80% of the total funds goes into Stream 1. The stream is only open to IPPF Members and the Secretariat.

Stream 2 is for strategic projects and activities that usually lasts on 1 or 2-year time horizons. No more than 15% of the total unrestricted resources will be allocated to this stream.

Stream 3 is for SRHR in crisis situations.

It is also known as the Emergency Response Stream. No more than 5% of all unrestricted resources can be allocated to the stream.

With the Governance and Resource Allocation reforms completed in 2020, and with other upcoming initiatives such as MA Governance Reform, IPPF is hoping that it will be transformed into a high performing, accountable and united Federation by 2022.

Governance

Last Meeting of the ESEAOR Regional Executive Committee (REC)

Following the IPPF General Assembly's decision in November 2019 held in New Delhi, India, the ESEAOR Regional Executive Committee (REC) held its final meeting on 3-4 April 2020. With the COVID-19 pandemic causing countries around the world to shut its borders, the REC meeting was held virtually. In the final hour of the meeting, the Regional Chair, with support of the

REC Members, dissolved the Regional Executive Committee. In its place will be the Regional Forum and the Regional Youth Forum.

In concluding the REC meeting, the Regional Director expressed appreciation and gratitude to all ESEAOR volunteers who had served the region over the years with dedication, with special thanks to the out going REC composed MA representatives from New Zealand, South Korea, Philippines, Vanuatu, Samoa, Cook Islands and Thailand. The Regional Director encouraged MA volunteers to apply for vacant positions in the BoT and other new global committees.

IPPF ESEAOR's Regional Director assured the REC members that there will be an avenue for all MA volunteers, youth and MA staff to come together at the Regional Forum and Regional Youth Forum, as well as at the global level where the General Assembly will bring volunteers from across the Federation.

Outgoing Regional Executive Committee Members

1. Mr Andreas Prager, FPNZ
2. Dr Chung Yul Lee, KoPHWA
3. Ms Lisiane Shohanna Messine, CIFWA
4. Ms Waimarama Matena, FPNZ
5. Ms Marianne Joseph R. Garcia, FPOP
6. Mr Pepe Maualaivao Seiuli, SFHA
7. Ms Lise Iemaima Havea, TFHA
8. Prof Dr Surasak Taneepanichskul, PPAT
9. Ms Letty W. Kaltonga, VFHA

IPPF New Governing Body – Board of Trustees (BoT)

IPPF hit the ground running with the endorsement of the new governance structure by the General Assembly in November 2019, as recommended by the Independent Governance Reform Commission (IGRC). The development of the terms of reference of the new Board of Trustees and Board Committees were under the purview of the Transition Committee.

IPPF replaced the Governing Council (GC) with a Board of Trustees whose members will be a mixture of MA Representatives and global experts. A Nominations and Governance Committee (NGC) of seven members to lead recruitment for future Boards and Board Committee members was also instituted.

The BoT is made up of 15 members, nine of whom will be from the IPPF membership and six of whom will be external trustees. The core principles of at least 50% women and 20% youth on the board remains.

The last IPPF Governing Council meeting was held virtually, due to the global pandemic of COVID-19, on 15 and 16 May where the GC confirmed and approved the new Board of Trustees. It also approved and adopted the amended regulations, procedural bylaws, and policies.

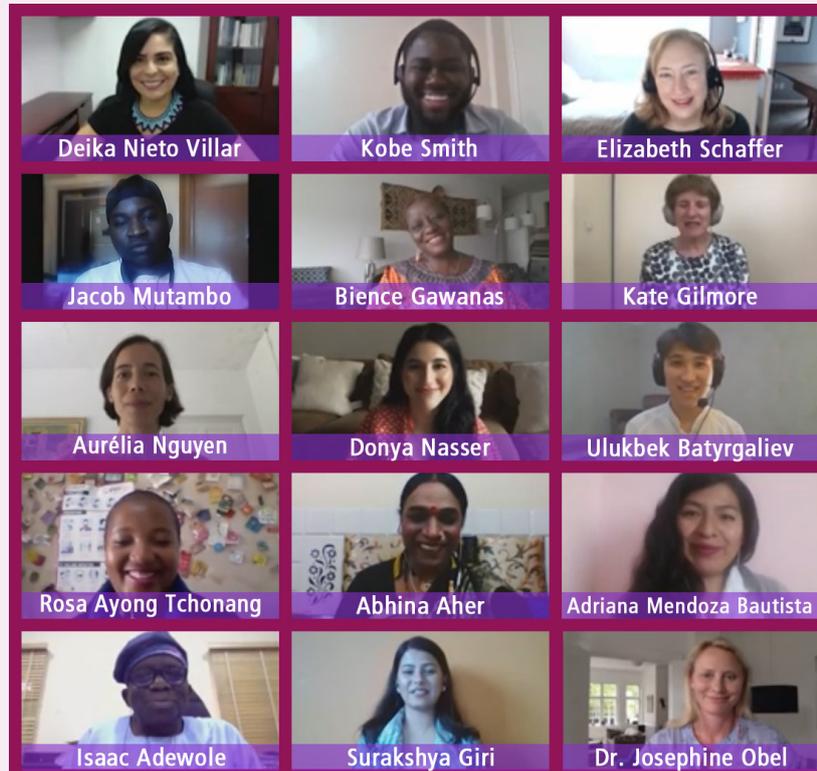
The first BoT meeting was held right after the last GC on 17 May 2020 where they also elected the

first IPPF Board Chair in the person of Ms. Kate Gilmore.

Members of the IPPF Board of Trustees

1. Kate Gilmore (Chair)
2. Abhina Aher
3. Isaac Adewole
4. Rosa Ayong Tchonang
5. Ulukbek Batyrgaliev
6. Bience Gawanas
7. Sami Natsheh
8. Surakshya Giri
9. Jacob Mutambo
10. Donya Nasser
11. Aurélia Nguyen
12. Dr Josephine Obel
13. Elizabeth Schaffer

Meet IPPF's Board of Trustees



This photo shows the founding members of BoT

Strengthening MA Governance

As IPPF embarked on the governance reform at the global level, numerous MAs raised concerns about the quality of national level boards and governance structures. To address these concerns the Independent Governance Reform Committee (IGRC) recommended the creation of an MA Governance Strengthening Programme.

Following through with the recommendation, in May 2020, IPPF launched the Governance Strengthening Programme on a pilot basis, through which IPPF will work with the MAs in strengthening organizational governance.

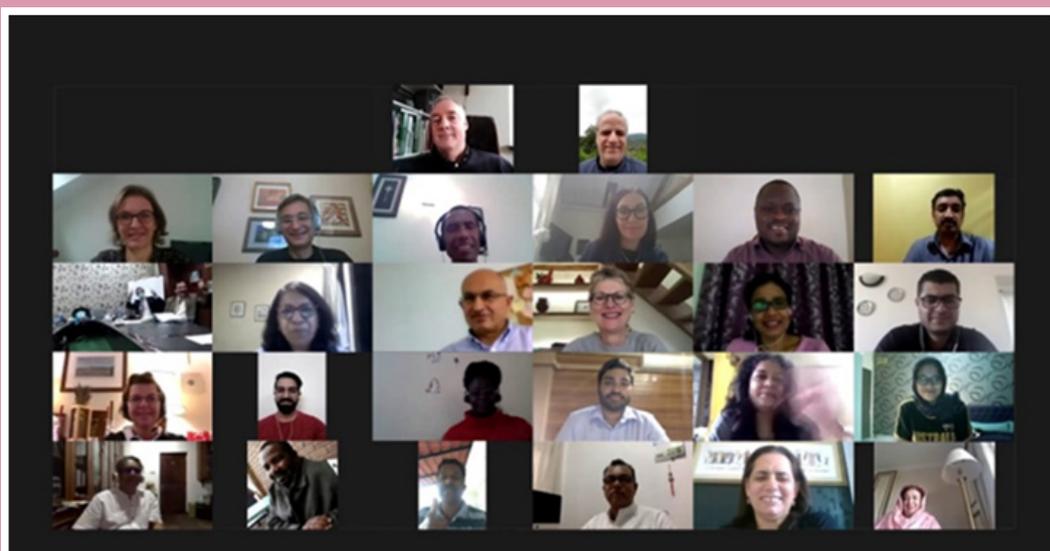
The first cohort of nine Members Associations selected from across the Federation were: Cameroon, Denmark, India, Malaysia, Mozambique, Palestine, Pakistan, Sri Lanka and Uganda.

The pilot programme involved two phases that will unfold in an 18-month process:

1. **Phase I: The analytical phase** will involve an evaluation or SWOT analysis to review existing governance and its effectiveness against set criteria.
2. **Phase II: The development phase** will involve support tailored to the specific needs of each MA as determined by the phase one analysis.

MAs who agreed to participate (and selected) in the programme received funding to aid the recruitment of an independent consultant that will guide them in the process. Additional support is provided by the IPPF Secretariat Support Global Governance Team (Juliana Moses of ESEAOR Secretariat is part of the Team).

All MA learnings from this process will be documented for future MA reference in governance review and strengthening processes.



Online Roundtable hosted by IPPF in October 2020 with IPPF Chair, IPPF Director General, nine MA EDs, Presidents & youth with IPPF Secretariat Support Governance Team.

Accreditation in ESEAOR

In November 2020, two (2) Member Associations, the **Korean Family Planning & Maternal Child Health Association of DPRK** (KFP & MCHA) and **Reproductive & Family Health Association of Fiji** (RFHAF) were re-accredited as full members by IPPF Board of Trustees.

At the same time in November 2020, another MA - the **Korea Population, Health and Welfare Association** (KoPHWA) - underwent a Virtual Accreditation Review.

As of this reporting, two other MAs of **Indonesian Planned Parenthood Association** (IPPA) and **Tuvalu Family Health Association** (TuFHA) are completing the process of accreditation by fulfilling all IPPF standards.

PNGFHA's New Status

In 2020, the application of the Papua New Guinea Family Health Association (PNGFHA) to become a Member-Association has been approved. PNGFHA was a Collaborative Partner of IPPF since 1996. PNGFHA is based in Port Moresby and has branches in four provinces with a total of 25 staff.

During the PNGFHA's Annual General Meeting held in October 2019, the board members expressed their interest to become an Associate Member of IPPF. Their application was submitted to the IPPF Board of Trustees. In its meeting on 18 November 2020, the BoT agreed to admit PNGFHA as an Associate Member.



Photos of the first virtual accreditation review

List of Projects Supported by IPPF ESEAOR Secretariat

In 2020, the Regional Secretariat doubled its efforts to support the Member-Associations with additional resources

through restricted projects. Below is a summary of approved projects for 2020 and beyond.

Member Association	Title of the Project	Duration	Project Cost	Funder
FRHAM	Safeguarding the sexual and reproductive health and rights of the displaced persons from Rakhine State in Malaysia	September 2020 – August 2022	USD 132,012	Japan Trust Fund
VINAFFA	Partnership for SRH Services and Information for Factory Workers – PASSION FOR WORK	July 2020 – June 2022	USD164,424	Japan Trust Fund
FPOP	Securing Access to SRHR During COVID-19	19 August 2020 – 31 March 2021	USD187,877)	Global Affairs Canada
IPPA	Covid-19 Emergency Fund	August 2020 – March 2021	USD24,987	DANIDA
FRHAM	Covid-19 Emergency Fund	August 2020 to March 2021	USD24,906	DANIDA
IPPA and MMCWA	Eliminating Unsafe Abortion through Self-Care Interventions in Asia	November 2020 – Jan 2021		WHO - SEARO
KFP&MCHA	SRH for Transformation and Resilience Project	27 December 2019 – 31 May 2021	USD400,000	KOFIH

ESEAOR Opportunity Grants 2020

In 2020, the Regional Secretariat initiated the ESEAOR Opportunity Grants to assist the MAs in their service delivery and

advocacy work. A total of 11 MA projects were approved in 2020.

Member Association	Title of the Project	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	USD28,500
KFP&MCHA	Strengthening Associated Health Facilities in DPRK	1 November 2020 – 31 October 2021	USD30,000
MMCWA	Strengthening the service delivery and data management system of MMCWA	1 November 2020 – 31 October 2021	USD20,490
IPPA	Improving IPPA's Electronic Clinical Management System	1 December 2020 – 30 November 2022	USD22,770
FPOP	Ensuring contraceptive security for program sustainability	1 November 2020 – 31 December 2021	USD30,000
MFWA	Strengthening the SRH services, counselling, and information through associated clinics	1 November 2020 – 1 November 2021	USD29,805
PPAT	Better Health Better Care for Female Sex Workers	1 December 2020 – 30 November 2022	USD30,000
KoPHWA	Strengthening cooperation and solidarity among association for advocacy and accountability in SRHR	1 November 2020 to 1 June 2021	USD30,000
RFHAF	Setting up of RFHAF Bula Wellness Facility	1 November 2020 – 31 January 2021	USD30,000
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	USD25,200

Financial Overview 2020

Member Associations' Sources of Income

The following 2-year comparison table shows the incomes generated by the 20 IPPF MAs, including Collaborating Partners (CPs). The MA total income has

recorded a 16% decrease from US\$39.3m in 2019 to US\$33.0m in 2020.

Total Income			
Year 2020 US\$	Year 2019 US\$	Variance US\$	% Variance
4,806,021	7,170,855	-2,364,834	-33%
21,719,024	27,136,137	-5,417,113	-20%
3,930,552	3,837,322	93,230	2%
2,584,975	1,173,472	1,411,503	120%
33,040,572	39,317,786	-6,277,214	-16%

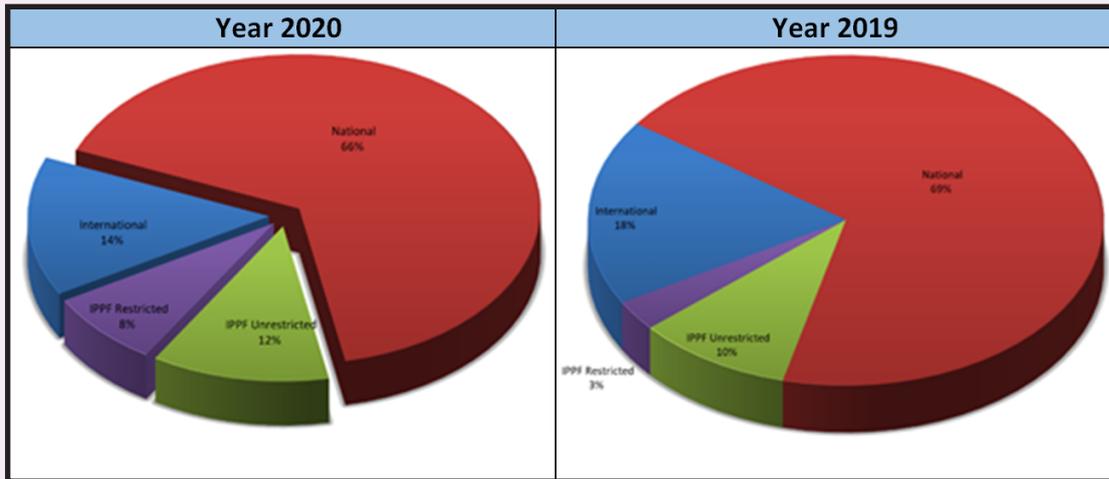
IPPF Grants

IPPF contribution to MA in 2020 was US\$6.5m in the form of unrestricted core and restricted grants and it represents 20% of total MA income. The IPPF overall total grants in 2020 have increased by 30% from the prior year [2020: US\$6.5m, 2019: US\$5.0] due to additional support to MAs during the COVID-19 pandemic. The significant increase in the IPPF restricted grants came from SPRINT III which was awarded to 11 ESEAOR MAs for the natural disaster and COVID-19 emergency responses. During the current pandemic, IPPF continues to support MAs and CPs to make sure that the affected populations still have access to the SRHR services and information.

Non-IPPF Incomes

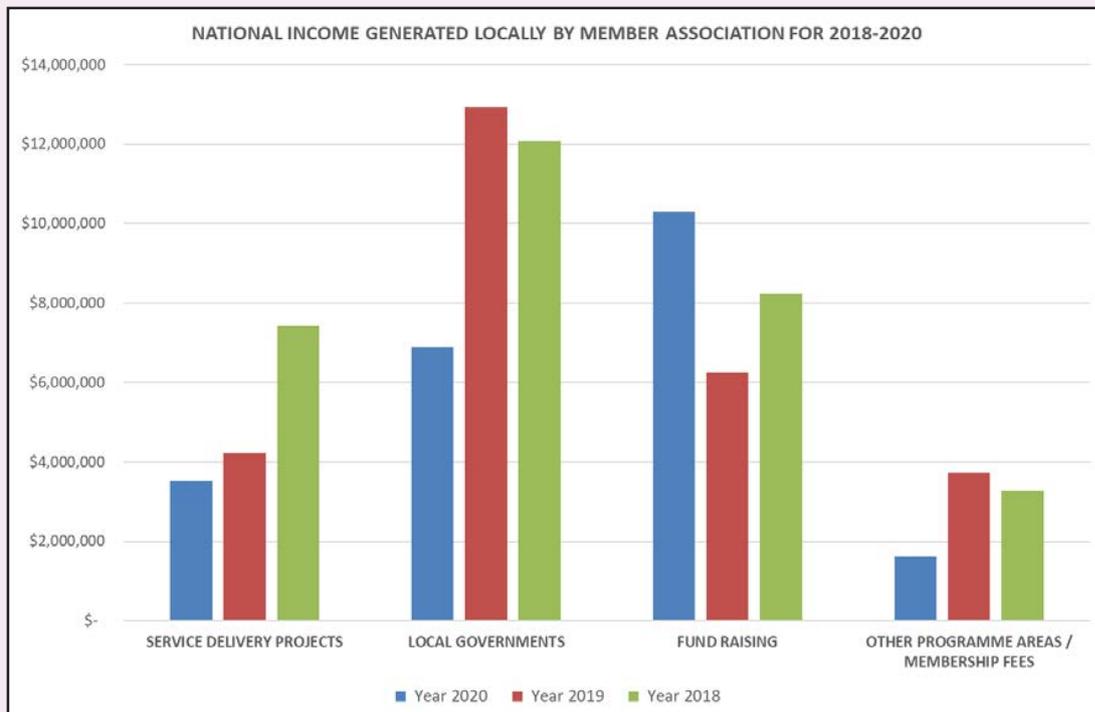
In 2020, the non-IPPF income constitutes approximately 80% of total MA income. Unlike IPPF grants, the non-IPPF international and national incomes have decreased by 33% and 20% respectively. This led to the 16% decrease in the MA overall income for 2020. This significant decrease is due to the business interruption of MAs because of lockdown and other priority of the clinics during the current pandemic situation.

The non-IPPF national income remains as the main source of incomes for the MAs in 2020 as depicted by the below charts. It comprises of incomes generated nationally through service delivery projects, local governments, fundraising and others.



In previous years, the non-IPPF national income largely came from local government contributions. However, it dropped by US\$6.0m, from US\$12.9m in 2019 to US\$6.9m in 2020. The income from fundraising on the other sources

recorded a US\$4.0m increase, from US\$6.3 in 2019 to US\$10.3 in 2020. This made income from fundraising as the main non-IPPF national income contributor in 2020, as shown by the below chart.



Way Forward

Way Forward

COVID-19 re-defined the work of many. It is here to stay, at least this year and the year to come, as the world grapples for better adaptation, including prevention and cure. Meanwhile, our mission as a Federation, to lead a locally owned and globally connected civil society movement that provides and enables services and champions sexual and reproductive health and rights for all, remains valid and more relevant in the face of this pandemic that threatens the conditions of women and youth.

Our Member-Associations, our service delivery points, our staff and volunteers are on the frontlines, risking their own health and lives, simply because their services are badly needed. And this mainly constitutes our way forward – we need to ensure the safety of our service providers as they continue to provide the essential SRH services as they continue to champion SRHR.

For the years to come, we shall:

- 1. Mobilize resources to address impacts of COVID-19.** For 2021 to 2023, we will be implementing a large, restricted project that will respond to the COVID-19 Pandemic. 13 of the MAs will be involved in this Australian DFAT funded project. We will strive to mobilize more projects that will promote tele-medicine, self-care initiatives and digital health. We shall also work to bolster the IPPF Solidarity Fund to support staff in their needs should they be impacted by COVID-19.
- 2. Expand SRHR services reach into the community.** As the COVID-19 pandemic continues to devastatingly affect our communities in the region, we are learning, adapting,

and accelerating our coordinated response to deliver essential SRH information, counselling and clinical services to the most underserved and marginalized people. We will continue our efforts to effectively harness the full potential of digital technology and self-care to equip women and young people with better access to SRH and FP services and resources. Ensuring quality of care and security of essential SRH commodities and supplies will remain central to strengthening health systems for the delivery of quality services.

- 3. Pursue completion of IPPF Reforms.** There are several institutional activities that we must complete in the next two years to further strengthen IPPF. For the coming year, we will implement the new resource allocation mechanism. Starting 2022, a one-year Business Planning model will be pursued where Stream 1 will be piloted. Beginning 2023, a three-year business planning model will be observed.

Stream 2 of the IPPF Resource Allocation Model, also known as the Strategic Fund will also kick-off this year. The purpose of the Strategic Fund is to support MA initiatives in the areas of the Strategic Framework that require additional investment and focus and that will help IPPF deliver its global outcomes. The stream is separated into five separate channels: Strategic Consortium Grant, Co-investment Grant, Regional Opportunity Grants, Centers & Funds Grants, and Leave No-One Behind Grants.



On the other hand, the MA Governance Reform continues in our region with pilot cases in Malaysia, Indonesia, Fiji and Vanuatu. The Accreditation process continues while a new accreditation strategy and mechanism is being crafted.

We will convene the Regional Youth Forum and the Regional Forum in October 2021 as a new platform for engagement among Member Associations to discuss and strategize in advancing SRHR in the region.

4. **Craft the new IPPF Strategy 2023 – 2028.** The entire Federation is involved in the formulation of a new strategic framework for 2023-2028. The current strategies end in 2022 and global and regional reviews and inclusive dialogues are being undertaken to inform the new strategies. ESEAOR MAs have so far committed to lead Round Table Discussions on a) Family Planning; b) Transforming patriarchal masculinities; and c) Population Ageing/Lowering Fertility.
5. **Advance Generation Equality and Sustainable Development Agenda.** We will continue to rally support for the global call for gender equality and sustainable development. We will engage in the UN regional platforms to ensure CSO

voice and agenda are heard, and that accountability mechanisms are adopted and implemented. We shall work with CSO networks in order to advance the agenda of gender equality, sustainable development, SRHR and climate and health.

6. **Ensuring safe abortion care:** We are committed to reducing the harm and number of deaths of women and girls who have no choice but to turn to unsafe abortion. We will expand and improve the provision of abortion care and advance advocate for the decriminalization of abortion and the removal of coercive policies and legislation on abortion.
7. **Young People are Sexual Beings:** We are committed to young people's increased confidence, empowerment and autonomy in decision making, in an environment that is supportive of realising their rights. We will advance our work on youth centred approach and will implement the recommendations from the UNFPA – UNESCO – IPPF Regional CSE Review in the Asia and the Pacific. The MA Youth Networks will be further supported for their meaningful engagement in organizational processes such as governance, decision-making, programming, implementation, monitoring and evaluation.

Annex A: IPPF ESEAOR Performance Results 2019 - 2020

OUTCOME 1 – CHAMPION RIGHTS							
REGIONAL PERFORMANCE RESULTS		2020 results	2019 results	% change 2019-20	2020 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=15)	22	15	47%	24	92%	16%
3	Number of youth and women's groups that took a public action in support of SRHR to which IPPF engagement contributed (n=9)	49	73	-33%	2,751	1.78%	7%

OUTCOME 2 – EMPOWER COMMUNITIES							
REGIONAL PERFORMANCE RESULTS		2020 results	2019 results	% change 2019-20	2020 target	% target achieved	Contribution to Global
OUTCOME 2 INDICATORS							
4	Number of young people who completed a quality-assured comprehensive sexuality education (CSE) programme (n=24)	22.4m*	27.3m	-18%	29.1m	77%	88%
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)	6,236	13,311	-53%	n/a	n/a	6%

* Includes 22.2m from FPA China (87% of global total, 99% of regional total)

** Revised Indicator for Proportion of young people who completed a quality assured CSE programme who increased SRHR knowledge and ability to exercise their rights

OUTCOME 3 – SERVE PEOPLE							
REGIONAL PERFORMANCE RESULTS		2020 results	2019 results	% change 2019-20	2020 target	% target achieved	Contribution to Global
OUTCOME 3 INDICATORS							
7	Number of SRH services provided (n=25)	12.1m	18.2m	-34%	20.2m	60%	8%
8	Number of couple years of protection (n=25)	682,869	862,178	-21%	950,003	72%	3%
9	Number of first-time users of modern contraception* (n=10,FP2020 countries***)	93,226	135,039	-31%	422,778	22%	2%
10	IPPF clients who would recommend our services to family or friends as measured through the Net Promoter Score methodology*(n=4)	65%	n/a	n/a	n/a	n/a	64% (global average)
11	Number of SRH services enabled (n=7)	3.7m	2m	+88%	1.9m	195%	5%
17	Number of clients served in humanitarian settings**(n=9)	64,789	21,261	+205%	n/a	n/a	1%

* Revised Indicator for client satisfaction measured through client exit interview

** New indicator after MTR

*** FP2020 countries – Cambodia, DPRK, Indonesia, Laos, Mongolia, Myanmar, Philippines, PNG, Solomon Islands, Vietnam

OUTCOME 4 – UNITE AND PERFORM							
REGIONAL PERFORMANCE RESULTS		2020 results	2019 results	% change 2019-20	2020 target	% target achieved	Contribution to Global
OUTCOME 4 INDICATORS							
12	Total income generated by the Secretariat (US\$) (Global Data)	166.0m	191.5m	-13%	n/a	n/a	n/a (no regional data)
13	Total income generated locally by unrestricted Grant - receiving Member Associations (US \$)	10.5m	34.3m	-70%	55.5m	19%	5%
14	Proportion of IPPF unrestricted funding used to reward Member Associations through a performance-based funding system	3%	3%	0%	3%	100%	7% (global average)
15	Number of IPPF volunteers (n=25)	45,310	27,770	63%	53,509	85%	14%
18	MAs receiving no more than 50% of their Income from IPPF unrestricted grant*	55%	72%	-24%	n/a	n/a	76% (global average)

* New indicator after MTR

Annex B: Number of Successful Policy Initiatives and/or Legislative Changes, by Country in 2020

MA	Successful Policy Initiatives & Legislative Changes	Impact
Democratic People's Republic of Korea	Family Planning Implementation Guidelines developed	Guidelines institutionalise the National Reproductive Health Strategy 2017-2021 in Korea, DPR. The Guidelines ensure clients' rights in service delivery as well as the quality of services following international standards in family planning care including health provider capacity, logistics management, quality of care.
Malaysia	National Action Plan in Handling the Causes of Child Marriage developed	<p>The five-year Action Plan outlines the causes of child marriage in Malaysia and strategies and programmes to address the causes to eliminate child marriage by 2025.</p> <p>The National Action Plan involves 61 agencies, including agencies from the federal government, state government, non-governmental organisations and international organisations.</p>
Mongolia	Social Insurance law amended	The law now provides for social insurance coverage for contraceptives prescribed by both public and private practitioners, expanding access to contraception for women and girls in Mongolia.
Indonesia	Guide to Protecting Women's Rights from Discrimination and Gender-Based Violence in Pandemic Situations developed	IPPA contributed to the development of the Guide to ensure clear implementation actions for the prevention & handling of GBV in crisis and disaster situations, which is also a component of the Minimum Initial Service Package for Sexual and Reproductive Health in crisis (MISP).
	National Guideline on Comprehensive Post-Abortion Care approved	The National Guideline provides clear recommendations for post-abortion care service delivery and the first-time inclusion of Misoprostol as a post-abortion treatment option.
	Appointment of 28 schools to implement Setara (SEmangA duniA Remaja, or "Teen's Aspirations") youth sexual and reproductive health education programme in Rembang District.	Head of Education, Rembang District decreed the funded implementation of the SETARA programme in 28 schools to support adolescents' healthy and positive sexuality development to contribute to their sexual health and wellbeing and reduce school drop-out rates and child and early marriage in Rembang.
	Badan Kependudukan dan Keluarga Berencana Nasional (National Population and Family Planning Board) Guidelines on contraceptive service delivery during COVID-19 and new normal situations approved	Developed, for the first time, contraceptive service guidelines applicable in crisis and disaster situations, improving reproductive health care provisions in humanitarian settings.

MA	Successful Policy Initiatives & Legislative Changes	Impact
New Zealand	Updated Guidelines on relationship and sexuality education, "Sexuality Education: A guide for principals, boards of trustees, and teachers"	Guidelines updated by the Ministry of Education to reflect the importance of focusing on healthy relationships, alongside biological aspects of sexuality education, gender and sexuality diversity, and modern influences on sexuality such as social media and sexually explicit content online. The Updated guidelines allow the government to better support implementation in schools.
	Mifepristone listed in the Pharmaceutical Schedule	Previously, Mifepristone was only funded for use in hospitals or in services contracted to provide a service on behalf of a hospital. Following the policy change, announced 2 July 2020, mifepristone is now funded for use at Family Planning as well. These medicines will be funded and on-hand for qualified health practitioners who provide medical abortion services in Family Planning New Zealand Clinics or DHB contracted clinics.
	The Abortion Legislation Act 2020 passed	The Act amends the law to decriminalise abortion. Under the Act, abortion is available without restrictions to any woman who is not more than 20 weeks pregnant.
Australia	A legislative ban on harmful sexuality and gender conversion practices was passed in Queensland and the Australian Capital Territory	Two Australian jurisdictions enacted legislation banning practices that seek to change a person's sexual or gender identity, often referred to as "conversion therapy", protecting the freedom for LGBTQI+ people in these jurisdictions.
Cambodia	National Action Plan to Prevent Violence Against Women 2019-2023 approved	The National Action Plan to Prevent Violence Against Women 2019-2023 aims to reduce violence against women and girls, including those at increased risk through increased prevention interventions, improved response, increased access to quality services, and multi-sectoral coordination and cooperation.
	Neary Rattanak V (Fifth Strategic Plan for Gender Equality and the Empowerment of Women in Cambodia, 2019-2023) approved	The Strategic Plan focuses on promoting gender mainstreaming in policies, strategic plans and development programmes, especially in key strategic areas related to the economy, education, health, legal protection, governance and climate change.
Fiji	Sexual and reproductive healthcare integrated into the national referral network	Reproductive and Family Health Association of Fiji (RFHAF) has been successfully integrated into the national referral network for gender and protection, specifically for SRHR information and risk mitigation (and currently the sole provider of these services), during the COVID-19 response and will maintain this responsibility also in non-crisis times.

MA	Successful Policy Initiatives & Legislative Changes	Impact
China	Law on the Protection of Minors of the People's Republic of China revised	One of the revisions states that schools, including kindergartens, should conduct "age-appropriate sex education for minors, increasing their awareness and ability to protect themselves against sexual abuse and sexual harassment", expanding access to sexuality education to young people in schools across China.
Solomon Islands	Sexual and reproductive healthcare considered essential health provision.	Solomon Islands Planned Parenthood Association (SIPPA) formally recognised as an essential service provider, enabling uninterrupted access to family planning and SRH services for the communities they serve.
Thailand	Safe Abortion Care approved as an essential health service during the pandemic	The Office of the Prime Minister has announced an official statement RE: Declaration of an Emergency under the Emergency Decree on Public Administration in Emergency Situations B.E. 2548, during the pandemic. It is generally stated in section 7(3) that "...hospitals, infirmaries, or responsible and authorized organizations for protecting and taking care of patients, both public and private healthcare, should supply necessary medication and medical equipment adequately following the Ministry of Health's order or suggestion..." allowing for the provision of safe abortion care as an essential health service during the pandemic.
	Constitutional Court ruled that existing laws criminalizing abortion are unconstitutional	Thailand's Constitutional Court ruled that Sections 301 and 305 of the Criminal Code contradicted the constitution, referring to articles in the constitution that guarantee equal rights for men and women, as well as rights to liberty and life.
Japan	Fifth Gender Equality Basic Plan endorsed.	The 5th Basic Plan included initiatives to increase access to emergency contraceptives and protective measures for job-hunting students who are targeted for sexual harassment during job interviews, strengthening support for women's access to reproductive healthcare and addressing violence against women in the workplace.
Philippines	Institutionalization of the Minimum Initial Service Package (MISP) of SRH for emergencies	A regional inter-agency reproductive health coordinating team was established to improve preparedness efforts and rapid response to sexual and reproductive healthcare needs during humanitarian crises in Region IV-A (Cavite, Laguna, Batangas, Rizal, and Quezon).

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