


2023 Annual performance results: Overview

June 2023

CENTER CARE ON PEOPLE

Pillar 1		MAs reporting	2023 result	2022 result	% change
 1	Proportion of [service providing] MAs/CPs providing IPES-plus AND meeting quality standards.	109	4%	n/a	n/a

- To qualify for Indicator 1, MAs must fulfil all eight IPES+ criteria covering integrated service delivery, **and** meet the benchmark of more than 50% on the Net Promoter Score (NPS) for client satisfaction.
- Almost 50% of service providing MAs meet the NPS criteria, but only four MAs meet all eight IPES+ criteria.
- The new IPES+ criteria are more challenging than the previous IPES criteria. The main limiting factor for more MAs being able to fulfil Indicator 1 falls under HIV service delivery, i.e. few MAs are providing post-exposure prophylaxis ARVs AND treatment or documented referral for people living with HIV. This is followed by few MAs fulfilling the IPES+ criteria for SGBV services, i.e. first-line clinical support to survivors of violence AND referral mechanisms for clinical, psychosocial and protection services.
- This result identifies the current gaps and challenges in IPES+ service delivery, and indicates where the Secretariat and MAs need to focus efforts.



= Indicators which are new for the 2023 Results Framework

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Pillar 1		MAs reporting	2023 result	2022 result	% change
2	Number of clients served by type of services and model of care				
	Total clients	109	71,431,400	71,546,413	-1%
	<i>Of which:</i>				
	Aged 10-19	109	9,838,994 (14%)	10,019,051 (14%)	-2%
	Aged 10-24	109	28,227,132 (40%)	27,751,040 (39%)	+2%
	Poor and marginalised	109	60,672,123	61,728,357	-2%
	Female	109	58,737,811	59,976,224	-2%
	Served in humanitarian contexts	44	12,511,533	9,959,295	+26%

- Globally, the number of clients served in 2023 and most of the sub-categories was close to the 2022 figures. This masks gains in some areas and declines in other area. For example:
 - Clients served in humanitarian contexts grew by 26% from under 10m in 2022 to over 12.5m in 2023
 - Country-level gains including in Pakistan (+20%), Morocco (+37%), DR Congo (+6%) which account for 2.0m additional clients
 - Country-level declines including in Nigeria (-13%), India (-14%) and Ethiopia (-15%) which account for 2.8m fewer clients; plus 1.16M clients ‘lost’ because Bangladesh is not included in the 2023 figures.

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Pillar 1	MAs reporting	2023 result	2022 result	% change
3 Number of services provided by type of services and model of care				
Total services	109	222,428,995	226,907,307	-2%
<i>of which:</i>				
Aged 10-24	109	102,113,394 (46%)	100,981,569 (45%)	+1%
Self-care	12	20,889	14,037	+49%
Digital health interventions (DHI)	18	225,389	No data	n/a

- The decrease of 4.5m services is offset by gains in several countries including: Sudan +5.4m (+19%); Pakistan +4.6m (+25%); Cameroon +1.1m (+43%).
- Self-care services for abortion increased by 49% to 21k with total abortion-related services up 17% to 5.9m.
- For the first time, 18 MAs reported on DHIs providing a useful baseline
- The Africa region contributed 41% of IPPF's total services in 2023.
- The global decrease in services was driven by:
 - A drop of 10m services (38%) in Nigeria, IPPF's largest service provider, from 50m in 2022 to 39.6m in 2023 due to the election period and political disturbances which disrupted clinic operations
 - A total of 6.6m services 'lost' from high-reporting affiliates who left IPPF or are suspended, i.e. Bangladesh, Namibia, Myanmar, Zimbabwe

CENTER CARE ON PEOPLE

Pillar 1	MAs reporting	2023 result	2022 result	% change
4 Aggregated proportion of MAs'/CPs' contribution to the national SRH services provided in their countries.				
Proportion of contraception provided by IPPF MAs*		10.8%	n/a	n/a
Proportion of abortion services provided by IPPF MAs**		3.9%	n/a	n/a

* Aggregated across a sample of 13 countries. Data from Track20.org

** Data from *The Lancet* across a sample of 52 countries

MOVE THE SEXUALITY AGENDA

Pillar 2		MAs reporting	2023 result*
5	Number of successful policy initiatives and legislative changes in support or defence of SRHR	44	115

- Important wins were recorded in Colombia, where the Ministry of Health adopted a resolution implementing abortion services nationwide; and in Cook Islands where homosexuality was decriminalised.
- The most common thematic area among advocacy wins was access to SRH services (24 wins), followed by promoting sexual and reproductive rights (22 wins), preventing sexual and gender-based violence (12 wins) and promoting gender equality (12 wins).

*A comparison over time is not provided as this is not meaningful in and of itself as (1) policy change is often achieved as a result of multi-year initiatives and (2) an increase or decrease does not necessary indicate success or 'failure'.

MOVE THE SEXUALITY AGENDA

Pillar 2		MAs reporting	2023 result
6	Shifts in perception and attitudes in relation to gender equality and inclusion across the Federation and the communities we serve.	4 focus MAs (Mexico, DRC, Mauritania, Nepal) + global	Study completed – selected high-level results below



- Baseline research to deepen understanding of approaches to promote gender equality and inclusion focused on identifying barriers and enablers faced by MAs, tools and resources being used, support needs, and approaches to support survivors of sexual and gender-based violence (SGBV), particularly in humanitarian contexts
- MAs engage at the community level which is essential for addressing intersecting forms of discrimination and inequality experienced by marginalised groups when accessing SRH services
- Strengthening competencies and skills in gender equality and inclusion is a priority. Service providers often struggle to address the needs of marginalized groups, such as people with diverse SOGIESC and with disabilities, due to gaps in communication, accessibility and counselling skills.
- MAs also conduct advocacy to ensure implementation of SRHR policies in their countries, including working to combat norms that violate the rights of women and people with diverse SOGIESC. For instance, in DRC, the MA promoted awareness of a law passed in 2022, which grants SGBV survivors the right to compensation from a dedicated reparation fund.

MOVE THE SEXUALITY AGENDA

Pillar 2		MAs reporting	2023 result
7	Quality, reach and impact of CSE, youth-centred care, and progress in youth engagement in the Federation.	4 focus MAs/CPs (Malawi, Tunisia, Albania, Samoa) + global	Study completed – selected high-level results below



- Baseline research conducted on strategies used by MAs to provide and strengthen comprehensive sexuality education (CSE) and youth-centred care, as well as the linkages between these areas of work.
- MAs support CSE both through direct provision to young people and by supporting provision in schools through curriculum development where the context allows. Reaching marginalised young people is a priority. Reaching young people in rural areas is found as particularly challenging.
- Some components of CSE, particularly sexuality and pleasure, are more challenging to provide due to stigma and local opposition. As a results, these area can be under-prioritised even where governments are supportive of CSE in general.
- Funding and support from IPPF are key enablers to allow MAs to develop CSE and youth-centred care work. The new strategy is seen to be setting higher standards for MAs but respondents felt it was still early to see specific changes as a result.

SOLIDARITY FOR CHANGE

Pillar 3		MAs reporting	2023 result
 8	IPPF's contribution in supporting social movements and defending activists	4 focus MAs/CPs (Barbados, Poland, India, Philippines) + global	Study completed

- Baseline research on the approaches used by MAs/CPs to engage with social movements / activists, to identify barriers and enablers faced by MAs / CPs in working with these groups, and how MAs and social movements can effectively work together towards common aims
- Due to challenges making contact with social movement / activist partners, findings are limited to data collected from MAs and the Secretariat, and do not represent the views of partners. The research approach will be revised for the next round of data collection, giving more time to address this limitation.
- On the one hand, the strong reputations and networks MAs have in country gives them credibility and facilitates their collaboration with social networks. On the other hand, MAs may not always be seen as 'typical' advocacy partners for social movements, and MAs need to be strategic in what / how / with whom they engage.
- There are indications that more needs to be done to ensure appropriate security measures are in place to protect MA staff and social movement partners from violence and harassment. Secretariat support will be important.

SOLIDARITY FOR CHANGE

Pillar 3		MAs reporting	2023 result	2022 result	% change
 9	Number of intra- and inter-sector campaigns delivered by the federation in support or defence of SRHR, through a diversity and decolonization lens.	20	48	n/a	n/a

- 48 public campaigns were reported which MAs or the Secretariat led or significantly contributed to.
- 31 of the campaigns involved partnering with other organisations, of which 12 worked with organisations from outside the SRHR sector.
- Campaigns were focused on a broad range of topics including child marriage, sexual and gender-based violence, access to abortion care and awareness of cervical cancer.


SOLIDARITY FOR CHANGE

Pillar 3		MAAs reporting	2023 result	2022 result	% change
10	Proportion of research and evidence initiatives generated by MA-led centres of learning that are from the global south	9	56%	n/a	n/a



- MAs from 9 countries, with 5 of these from the global south, led on research and evidence initiatives which were initiated by the Secretariat: Netherlands, Colombia, Togo, Ghana, Sri Lanka, Mauritania, Norway, USA, Belgium
- Research and evidence focused on a range of topics including abortion self-care, comprehensive sexuality education and winning narratives on SRHR.

NURTURE OUR FEDERATION

Pillar 4		MAs reporting	2023 result	2022 result	% change
 11	Proportion MAs/CPs receiving less than 50% of their income from one single donor	56	66%	n/a	n/a

- This indicator provides a useful baseline of the proportion of MAs who are less dependent on a single funding source. Better understanding the funding make-up of MAs will support strategies and approaches to work with MAs on strengthening financial self-reliance and sustainability.

NURTURE OUR FEDERATION



Pillar 4		MAAs reporting	2023 result	2022 result	% change
12	Overall Secretariat Efficiency Score	n/a	Data TBC	n/a	n/a

This indicator will be reported on in full in 2024. It is made up of 10 components; 6 of which will be assessed via KPIs which are being set and will be shared in the APR. The remaining 4 components are based on quantitative data. At this point, we have data on 3 of these components:

- Number of affiliates in the 25 countries with lowest HDI and highest unmet need: unchanged between 2022 and 2023 at 86% coverage;
- Proportion of MAAs with CMIS systems in place in at least 80% of their clinics: up from 83% in 2022 to 89% in 2023;
- Total Secretariat income is flat year-on-year.

Data for the remaining component assessed by quantitative data (proportion of unrestricted Secretariat income allocated to youth-led programming/interventions) is currently being analysed by Finance.

Additional indicators - CYPs

Global performance results	2023	2022	% change
Couple Years of Protection	17.5m	26.5m	-34%

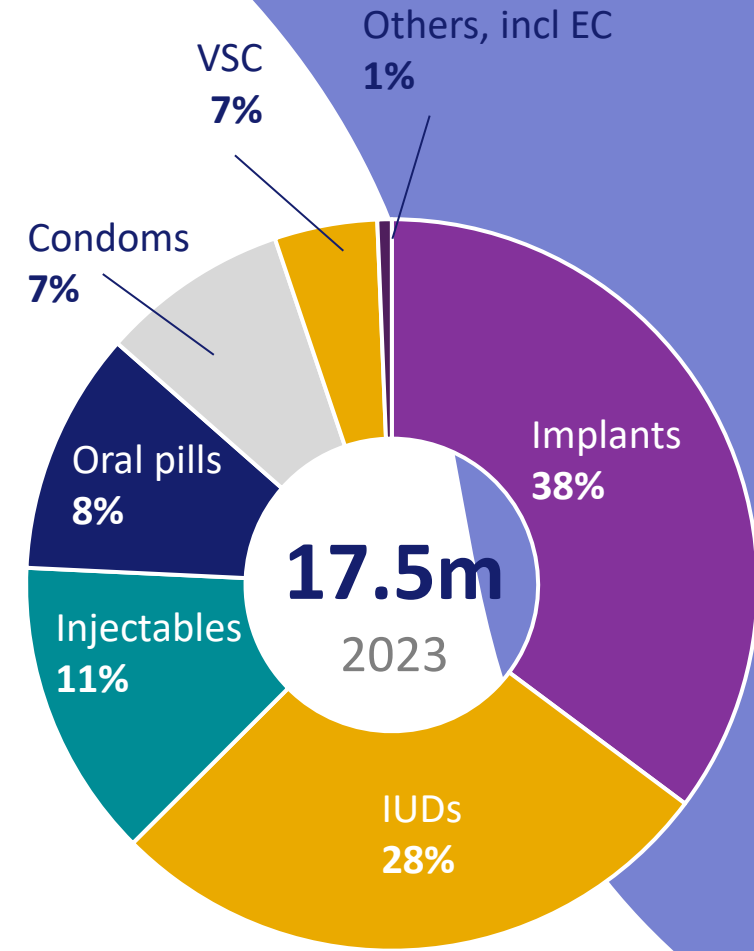
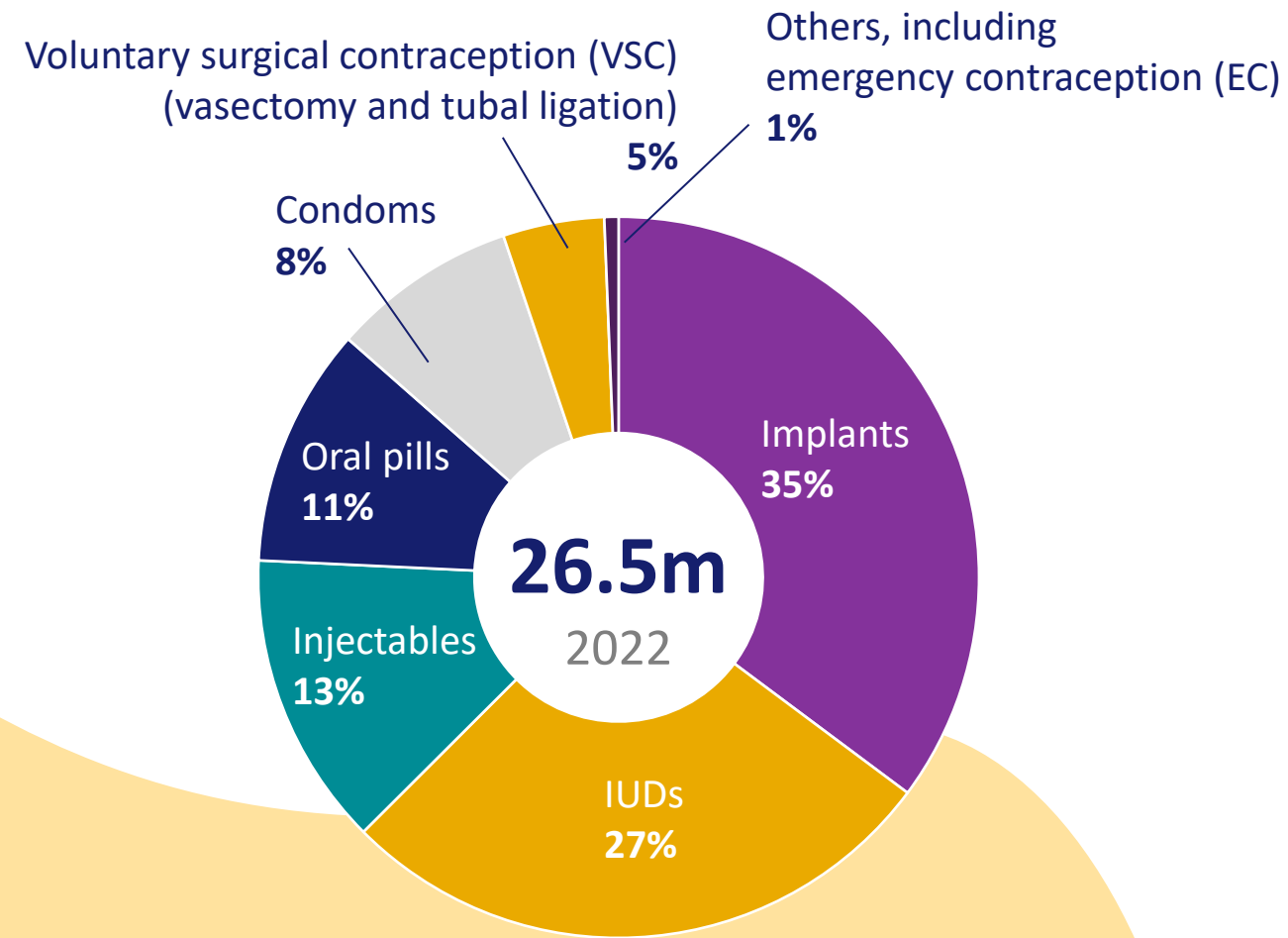
Couple Years of Protection (CYP) is no longer a Results Framework indicator. However, a 34% (9m) decrease is significant. Key contributors to the decrease are:

- Deteriorating security and political unrest: In Sudan, a shortage of IUDs and implants due to the SFPA's central warehouse being seized by militia contributed to a drop of 2.2M CYPs; In Nigeria, political disturbances linked to national elections and supply shortages contributed to a drop of 2.6m CYPs.
- Affiliates leaving: A total of 2.5m CYPs 'lost' due to no reporting in 2023 from Zimbabwe or Bangladesh.
- Decreases in several large providers (Uganda, USA, Ethiopia, DRC, India): Decline of 1.6m CYPs driven by supply issues, restricted projects ending and/or conflict.

It is worth noting that increases in CYPs were reported in Ghana, Kenya, Mozambique and Colombia, totalling close to 850,000 additional CYPs from these countries as compared to 2022.

While there were declines in the number of methods provided across most contraceptive services, there has not been a significant change in method mix. The next slide compares method mix from 2022 to 2023.

CYP method mix



Additional indicators – SRH services

Global performance results	2023	2022	% change
Contraceptive services delivered	75.7m	80.9m	-6%
Abortion-related services delivered	5.9m	5.0m	+17%
HIV services delivered	23.3m	18.7m	+25%
STI services delivered	29.1m	28.4m	+2%
Maternal and child health services delivered	41.0m	41.4m	-1%
Gynaecology services delivered	28.1m	28.3m	-1%
Specialised counselling services delivered	8.2m	9.7m	-15%
All other SRH services (urology, other)	11.2m	14.3m	-22%



Out of 75.7m contraceptive services delivered in 2023:

39.2m contraceptive method services were provided (-13% from 2022)

36.5m contraceptive counselling services were provided (+1% from 2022)