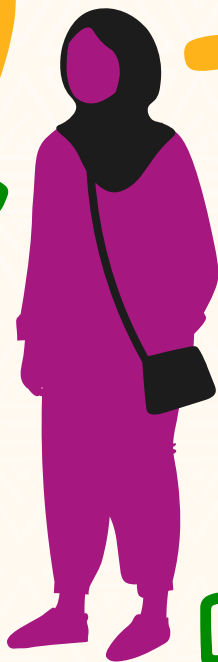




**IPPF**

International  
Planned Parenthood  
Federation

Africa Region



# ANNUAL REPORT 2023



## WHO WE ARE

The International Planned Parenthood Federation Africa Region (IPPFAR) is a leader in providing inclusive and equitable sexual and reproductive health (SRH) services in Africa. We champion Sexual Reproductive Health and Rights (SRHR) advocacy, ensuring that people of all genders, ages, and backgrounds realize their rights and have autonomy over their bodies, lives, and futures.

Headquartered in Nairobi, Kenya, IPPFAR's mission is driven by its Member Associations (MAs), Collaborative Partners (CPs), the youth action movements, staff, and volunteers who provide high-quality, youth-focused gender sensitive services to all, with an emphasis on marginalized groups and historically excluded population.

IPPFAR is part of the global IPPF secretariat, a federation of national MAs sharing a common vision, core values, and commitment to improving lives and enhancing human rights. Each MA tailors

its strategy to address the unique needs of its country, reflecting the diversity of the Federation.

IPPFAR's advocacy on key SRHR issues at national, regional, and global levels ensures universal access to SRHR for all as a fundamental right. We collaborate with Governments, the African Union, Regional Economic Commissions, the Pan-African Parliament, United Nations organizations, and others to expand, champion and uphold political and financial commitments to SRHR in Africa, ensuring no one is left behind.

1

Regional  
Office

1

Sub-regional office for  
West & Central Africa

1

Liaison office to  
the African Union

31

Full MAs  
and 5 CPs

52.180

Volunteers

7.483

Service Delivery Points

10

Channels for  
service provision



# ACRONYMS USED

**ABEF-ND** : Association pour le Bien-Etre Familial/Naissances Désirables

**ABPF** : Association Béninoise pour la promotion de la Famille

**ABUBEF** : Association Burundaise pour le Bien-Etre Familial

**AGYW**: Adolescent girls and young women

**AHA** : Anti-Homosexuality Act

**AIBEF** : Association Ivoirienne pour le Bien-Être Familial

**AMODEFA**: Associação Moçambicana para Desenvolvimento da Família

**AMPF** : Association Mauritanienne pour la Promotion de la Famille

**ATBEF** : Association Togolaise pour le Bien-Être Familial

**BOFWA**: Botswana Family Welfare Association

**CAMNAFAW**: Cameroon National Association for Family Welfare

**CHW**: Community health workers

**CIMG**: Chartered Institute of Marketing, Ghana

**CORHA**: Consortium of Reproductive Health Associations

**CP**: Collaborative Partner

**CSE**: Comprehensive sexuality education

**CSO**: Civil society organizations

**CYP**: Couple Year Protection

**DALY**: Disability-adjusted life-years

**DRC**: Democratic Republic of Congo

**EC**: Emergency Contraceptive

**ECDD**: Ethiopian Center for Disability and Development

**FCDO**: Foreign, Commonwealth and Development Office

**FGAE**: Family Guidance Association of Ethiopia

**FON**: Feminist Opportunities Now

**FP**: Family Planning

**FPAM**: Family Planning Association of Malawi

**FTU**: First Time Users

**GAC**: Global Affairs Canada

**GIMPA**: Ghana Institute of Management and Public Administration

**HIP**: High-impact practices

**HIV**: human immunodeficiency virus

**IPPFAR**: International Planned Parenthood Federation Africa Region

**IUD**: Intrauterine device

**KFW**: Kreditanstalt für Wiederaufbau

**LGBTQI**: Lesbian, Gay, Bisexual, Transgender, Queer, Intersex

**MA**: Member Associations

**MFPWA**: Mauritius Family Planning and Welfare Association

**MISP**: Minimum Initial Service Package

**MoU**: Memorandum of understanding

**PCC**: Policy and Coordination Committee

**PWD**: Persons with disabilities

**PPAG**: Planned Parenthood Association of Ghana

**PPFN**: Planned Parenthood Federation of Nigeria

**PrEP**: Pre-Exposure prophylaxis

**QoC**: Quality of Care

**RH**: Reproductive Health

**RHASS**: Reproductive Health Association of South Sudan

**RHNK**: Reproductive Health Network of Kenya

**RHU**: Reproductive Health of Uganda

**SCAAO** : Soins Complet d'Avortement en Afrique de l'Ouest

**SDP**: Services delivery point

**SGBV**: Sexual and gender-based violence

**SRH**: Sexual and reproductive health

**SRHR**: Sexual and reproductive health and rights



**STI:** Sexually transmitted infections

**TWG:** Technical Working Group

**UMATI:** Chama cha Uzazi na Malezi Bora Tanzania (IPPF MA in Tanzania)

**UNESCO:** United Nations Educational, Scientific and Cultural Organization

**UNFPA:** United Nations Fund for Population Activities

**VAT:** Value Added Tax

**WISH:** Women Integrated Service Health

**YAM:** Youth Action Movement

**YCC:** Youth-centered care

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## EDITORIAL

**Ayeva Hayathe,**  
IPPF Board of  
Trustees member

# EMPOWERING YOUTH FOR A HEALTHIER FUTURE



In the vibrant communities of Togo, where children's laughter intertwines with the bustling conversations of adults, discussions about SRH have traditionally been shrouded in silence, the transformative power of youth-led initiatives is evident. The Youth Action Movement (YAM) exemplifies this change.

Samata's story is a testament to the impact of engaging young people in SRH advocacy and education. Raised in a neighborhood where SRH topics were rarely discussed, Samata's encounter with YAM during her university years ignited a passion for change. YAM, established by the International Planned Parenthood Federation (IPPF) in Togo in 2005, empowers young people through comprehensive sexual education (CSE), community mobilization, and awareness-raising activities.

Samata's journey with YAM is marked by her active participation in peer training sessions, contributing to the education of her peers, and acquiring a profound understanding of SRH issues affecting adolescents and young people. This involvement has equipped her with the skills and confidence to become a vocal advocate for SRH, breaking down taboos and fostering a culture of respect and responsibility.

The positive impact of SRH initiatives like YAM on young people in Togo has been profound. Access to CSE and youth-friendly health services has been shown to delay the onset of sexual activity, reduce the incidence of early and unwanted pregnancies, and lower the rates of sexually transmitted infections

(STIs) and risky behaviors. Beyond the immediate health benefits, empowering young people with knowledge about SRH enhances their self-confidence, promotes their active participation in society, and provides them with brighter prospects for the future.

By creating safe spaces for open discussions on SRH, the YAM not only educates but also instills a sense of agency in young people. Today, Samata stands as a beacon of youth empowerment, illustrating how collective action and youth leadership can drive positive societal change. Her journey underscores the essential role of youth-centered approaches in promoting SRH and the broader goal of achieving a healthier, more equitable future for all.

Investing in youth, through initiatives like YAM, is not just about providing education and services; it is about nurturing the next generation of leaders who will advocate for and uphold the principles of sexual and reproductive health and rights. As we continue to support and expand such programmes, we pave the way for a future where every young person can thrive and contribute to the well-being of their communities.

**Samata Mayaba**  
Youth Action Movement



## FOREWORD

**It is with great pride and a sense of responsibility that I present IPPF Africa Region's Annual Report for 2023. This year has been marked by significant strides in advancing SRHR across the continent, despite facing disruption. Our collective efforts have underscored the resilience and dedication of our MAs, partners, and communities.**



In 2023, IPPFAR reinforced our commitment to equitable access to SRH services, focusing on the most vulnerable and marginalized populations, including young people, women, people with disabilities, and the LGBTQI+ community. Our affiliates' achievements are delivering comprehensive SRH services and spearheading innovative approaches to bridge access gaps. We have seen a remarkable increase in the delivery of comprehensive SRH services, with a notable emphasis on youth engagement and digital innovations.

Our MAs have been at the forefront of our advocacy efforts, addressing regressive policies and promoting progressive changes. The successful removal of taxes on sanitary pads in Ghana and the development of the Adaptation Strategy on Service Delivery in Uganda are testaments to the impactful advocacy and collaboration led by our MAs. These achievements are vital steps toward ensuring that all individuals, regardless of their circumstances, can exercise their sexual and reproductive rights without fear or discrimination.

Among the significant milestones, key projects aimed at broadening our impact and reach were launched in 2023. The "Feminist Opportunities Now (FON)" project is pivotal in supporting feminist civil society organizations (CSOs) across Africa by providing grants and capacity-building support to prevent and combat gender-based violence (GBV). Additionally, the "Soins Complets d'Avortement en Afrique de l'Ouest (SCAAO)" initiative has improved access to quality, person-centered abortion care in Francophone West Africa. Another noteworthy new initiative is the JTF project in Mozambique, which focuses on introducing and optimizing biomedical methods for HIV prevention among the sex worker community.

However, our journey has not been without obstacles. Global funding cuts and the closure of key projects have challenged our ability to maintain service provision levels. Additionally, political instability and restrictive laws in several countries have posed significant threats to SRHR. Yet, these challenges have only strengthened our resolve to advocate for and protect the rights of those we serve.

As we reflect on the past year, we recognize the importance of fostering a culture of learning and innovation. By sharing knowledge and best practices, we can continuously improve our approaches and strategies. Our commitment to decolonizing research and increasing efforts in the Global South is a critical part of this endeavor, ensuring that our work is informed by and responsive to the needs of our communities.

Looking ahead, IPPFAR will continue to champion SRHR across Africa, leveraging our partnerships and networks to drive sustainable change. We will remain steadfast in our mission to empower individuals, uphold human rights, and promote inclusive, high-quality SRHR services for all.

I extend my deepest gratitude to our dedicated staff, volunteers, partners, and donors. Your unwavering support and commitment are the bedrock of our success. Together, we will continue to build a future where everyone can realize their sexual and reproductive rights and live with dignity and respect.

**Marie-Evelyne Petrus-Barry**  
Regional Director, IPPF Africa Region

# EXECUTIVE SUMMARY

## IPPF Africa Region remains a leading provider of quality SRH services and a strong advocate for SRHR in Africa.

In 2023, IPPFAR focused on empowering women, girls, and young people to realize their rights. This report outlines the key achievements, challenges, and strategic initiatives undertaken by IPPFAR and its MAs over the past year.

### Key Achievements :

#### 1. Service Provision and Impact

- Delivered 90,094,558 SRH services across all MA channels, with 51% of these services provided to young people under 25 years old.
- Reached 5,767,466 new family planning (FP) clients who were first-time users, although this represented a 15% decrease from 2022 due to global funding cuts and projects closures.
- Provided 2.3 million abortion services, a 16% increase from 2022, preventing 12,641 maternal deaths and averting 1,235,534 unsafe abortions.
- Integrated HIV services into the broader SRHR package, providing approximately 15 million HIV-related services, a 45% increase from 2022.
- Achieved 8,889,169 couple year protection (CYP)
- Averted 4,214,362 unintended pregnancies
- Reached 10,967,207 family planning users

#### 2. Advocacy and Policy Influence

- Participated in the ICPD+30 review process, presenting progressive recommendations to advance SRHR in Africa.
- Engaged in advocacy to support the removal of taxes on sanitary pads in Ghana, enhancing access for young girls in rural communities.
- Supported new laws and policies to enhance SRHR, including the legal framework for safe abortion in Benin and increased penalties for sexual offenses in Botswana.

#### 3. Youth Engagement and Education

- Over 46.1 million SRH services to youth, representing 51% of all SRH services provided, a 3% increase from 2022.
- Conducted training on youth-friendly services for 85% of MAs, with 44% providing at least

50% of their SRH services to youth.

- Promoted digital innovations like the InfoAdoJeunes app in Togo to improve access to SRHR information and services for adolescents and young people.

#### 4. Response to Humanitarian Crises

- Provided essential SRHR services to 1,226,392 clients in humanitarian contexts and delivered 828,246 SGBV services.
- Implemented targeted projects to support marginalized groups, such as people living with disabilities in Nigeria and communities affected by terrorist threats in Togo.

#### 5. Innovations and Knowledge Sharing

- Launched the “Common Senses” digital campaign to challenge stereotypes and reshape narratives around SRHR.
- Conducted studies to generate evidence for advocacy, such as the impact of the anti-homosexuality bill in Ghana and the gender equality landscape in the Democratic Republic of Congo.

#### Challenges:

- Global funding cuts and project closure impacted service provision.
- Political instability and crisis restricted access to certain areas.
- Stockouts and difficulties in distributing family planning items affected Couple Years Protection (CYP) performance, resulting in a 40% decline from 2022.

In 2023, IPPFAR made significant strides in advancing SRHR across Africa, despite facing considerable challenges. By focusing on empowering marginalized groups, advocating for policy changes, and leveraging digital innovations, IPPFAR continues to play a pivotal role in promoting SRHR in the region. The Federation remains committed to fostering a culture of learning, innovation, and inclusivity to drive progress and improve the lives of individuals across Africa.



## PILLAR 1:

# CENTER CARE ON PEOPLE

Centering care on people involves prioritizing their health and wellbeing, ensuring quality and equality, and upholding their rights.



This approach places individuals' needs at the forefront, offering a variety of methods and models to address diverse requirements, including psychosocial support and SRHR services provided by dedicated professionals in various settings.

Person-centered care empowers individuals by amplifying their voice and choice, ensuring access to necessary services. It emphasizes informed decision-making and fosters trust. Our focus is on three main pathways: Expanding Choice, Widening Access, and Advancing Digital & Self Care.

## EXPAND CHOICE

Autonomy of our bodies relies on the ability to choose, whether it involves opting for abortion or selecting the appropriate contraceptive methods. Following the launch of IPPF's new strategy, "Come Together," in November 2022, the Africa Region MAs have reaffirmed their commitment to delivering rights-based, comprehensive and integrated SRH services.

In 2023, IPPFAR's MAs worked diligently to provide inclusive, affordable, accessible, and high-quality SRHR services. They expanded their services to accommodate individuals across various demographics and life stages, offering a comprehensive range of options including contraceptives, infertility treatments, abortion care, and integrated HIV services within the realm of SRHR.

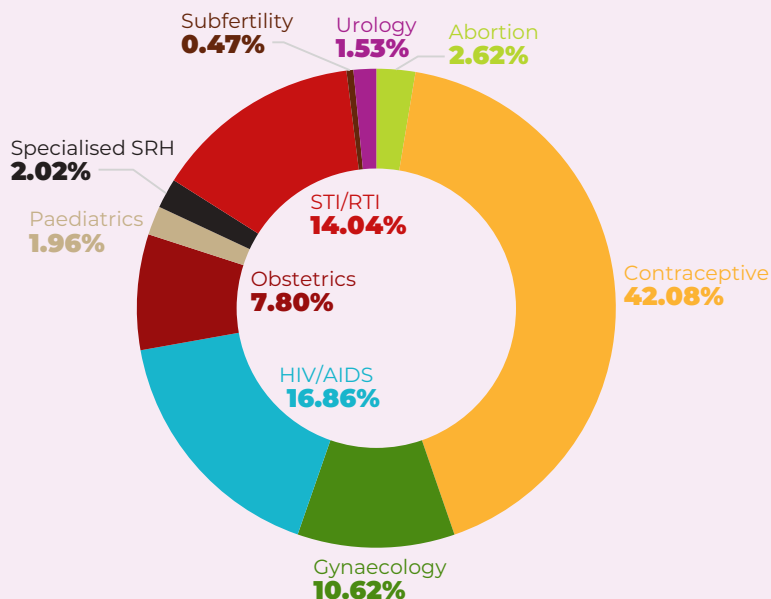
**In 2023, IPPFAR delivered a total of 90,094,558 SRH services through all MA channels, with 51% of provided to young people under 25 years old.**

However, compared to last year's performance, there is a 13% decrease, primarily driven by global funding cuts and the closure of key projects, particularly the WISH programme. Additionally, crises and political challenges have restricted access to certain locations, further impacting service provision.

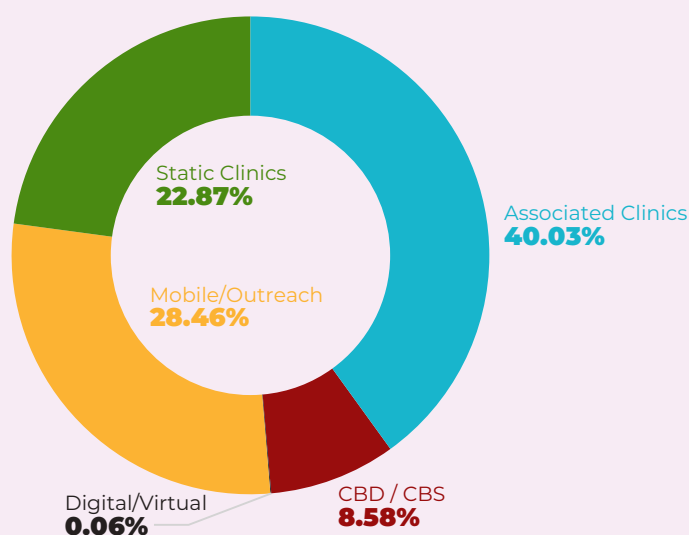


**Graph 1:** Total SRH services to clients per MA

The disaggregation of SRH services per category shows a high proportion of contraceptives services followed by HIV and STI with 42%, 17% and 14% respectively. These results encompass the progress made by the MAs on integrating HIV components in SRH services.

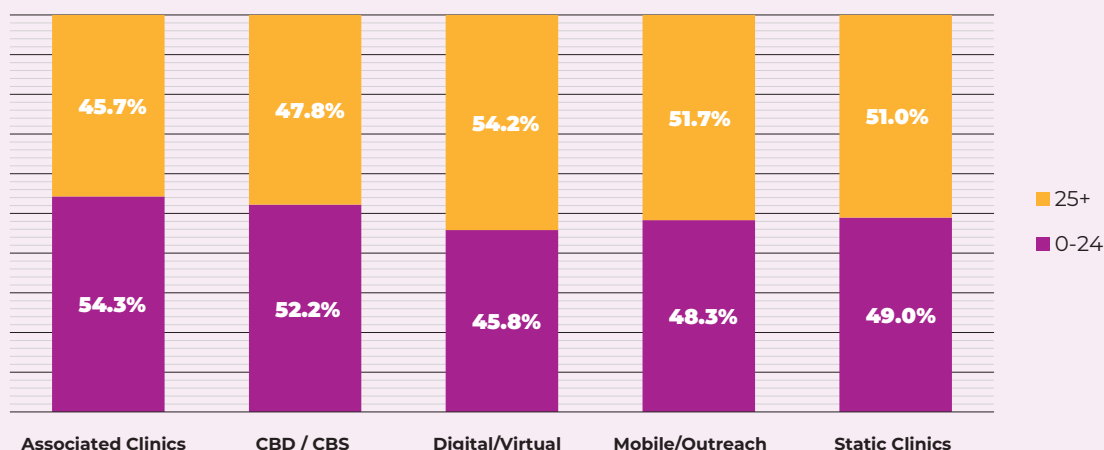
**Graph 2:** Disaggregation of SRH services per category

In 2023, associated facilities provided 40% of total services, while outreach/mobile channels provided 28%. See graph 3 below.

**Graph 3:** Disaggregation of SRH services per channels

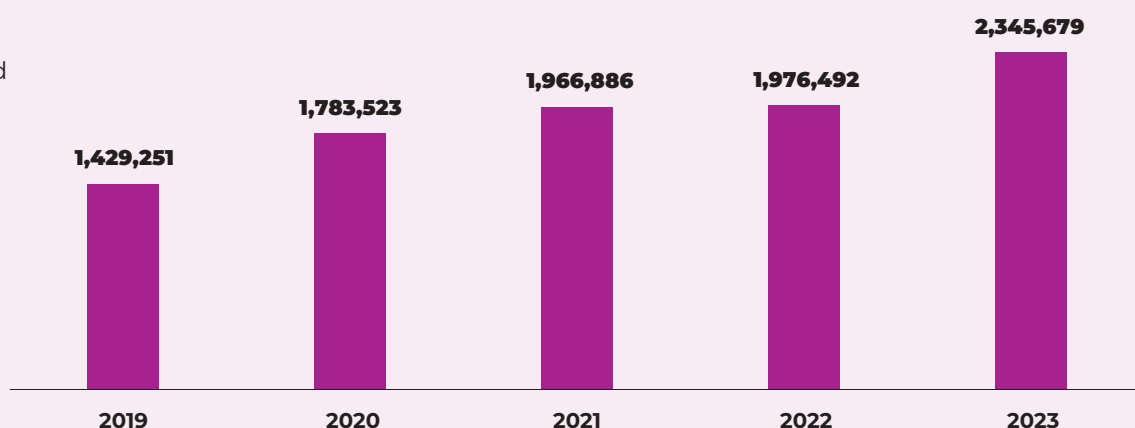
The channels analysis shows variations in SRH service utilization across different age groups (see Graph 4). Specifically, a high number of services were provided to young people through associated facilities and community channels. Conversely, adults showed a greater preference for digital and mobile outreach services, while utilization of static facilities remained stable.

**Graph 4:**  
Disaggregation  
of SRH services  
per channel and  
age group



**In 2023, MAs provided over 2.3 million abortion services, marking a 16% increase from 2022** (see Graph 5). This increase can be attributed to the effective advocacy efforts by MAs in promoting access to abortion care services. **As a result, 12,641 maternal deaths and 1,235,534 unsafe abortions were averted.**

**Graph 5:** Abortion-  
related services trend  
over the last 5 years



**Table 1:** Estimated unsafe abortion averted per MA

MAs	Number	MAs	Number	MAs	Number
Benin	24,657	Eswatini	153	Niger	477
Botswana	420	Ethiopia	144,095	Nigeria	589,208
Burkina Faso	17,016	Ghana	24,194	Sao Tome & Principe	2,343
Burundi	14,521	Guinea	9,782	Senegal	1,062
Cameroon	16,039	Guinea-Bissau	12,085	Sierra Leone	10,880
Cape Verde	988	Kenya	80,646	South Sudan	2,001
CAR	520	Lesotho	626	Tanzania	46,438
Chad	6,254	Madagascar	6,832	Togo	8,463
Comoros	170	Malawi	10,641	Uganda	70,958
Congo	1,721	Mali	32,300	Zambia	7,798
Cote d'Ivoire	6,824	Mauritius	266	<b>Total unsafe abortion averted</b>	<b>1,235,534</b>
DRC	54,550	Mozambique	30,608		

In 2023, IPPFAR reached 5,767,466 family planning first-time users (FTU), marking a 15% decrease from 2022. This decline can be attributed to the closure or reduction of service delivery points (SDPs) at the country level.

# 35%

**of MAs has their SDP number decreased.**

# 6%

**decrease of MA static clinics, from 2022 to 2023.**

## CBD & MOBILE/ OUTREACH



**are the mains channels in decreases.**

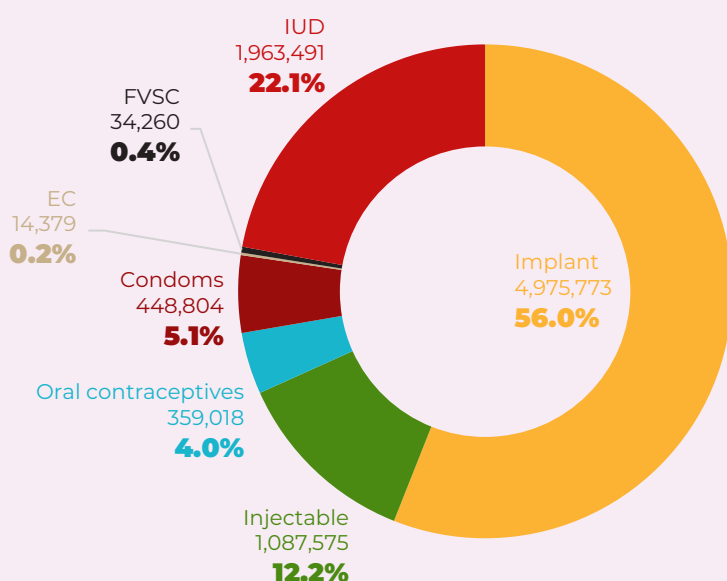
The estimated protection from pregnancy provided by contraceptive methods, measured in Couple Years of Protection (CYP), was 8,889,169, representing a 40% decline from 2022. This decrease is largely due to challenges faced by many MAs, including stockouts and difficulties in distributing family planning items in crisis-affected areas. The largest contributions to CYP performance came from Nigeria, Ethiopia, Uganda, Kenya, and the Democratic Republic of the Congo (DRC). Regarding the method mix, implants and IUDs were the strongest contributors, accounting for 56% and 22% of the performance, respectively.

**Table 2: Couple Year Protection (CYP) per MA**

MAs	CYP Total	MAs	CYP Total	MAs	CYP Total
Nigeria	2,985,115	Malawi	113,773	Botswana	13,965
Ethiopia	2,008,496	Cameroon	86,997	South Sudan	12,219
Uganda	655,353	Zambia	83,443	Senegal	10,043
Kenya	574,263	Togo	74,963	Congo	9,725
DRC	477,630	Guinea	73,796	Cape Verde	6,331
Tanzania	350,076	Sierra Leone	50,845	Eswatini	4,989
Mali	232,217	Guinea-Bissau	50,453	CAR	4,592
Ghana	188,334	Chad	50,285	Niger	4,122
Mozambique	187,298	Cote d'Ivoire	45,822	Mauritius	2,361
Benin	168,239	Madagascar	31,038	Comoros	1,610
Burundi	158,614	Sao Tome & Principe	23,684	<b>Total</b>	<b>8,889,169</b>
Burkina Faso	125,488	Lesotho	22,991		



**Graph 6:** Couple Year Protection (CYP) per FP methods mix



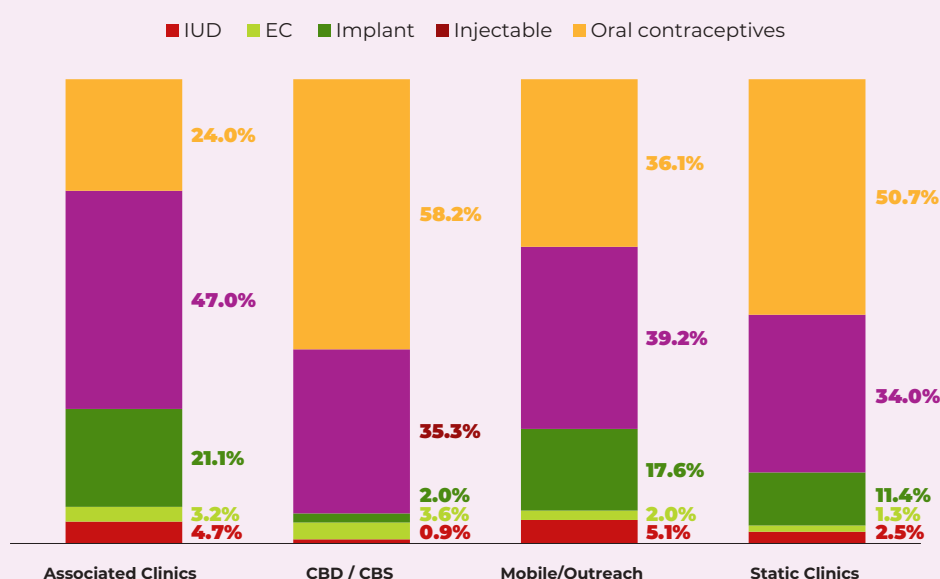
Despite variations in family planning utilization across different MAs, oral contraceptives and injectables remained the most preferred methods among women, accounting for 43% and 37% respectively of the total methods provided in 2023 (condoms excluded).



**Table 2:** Total number of Family Planning methods provided disaggregated per type

Condom	EC	IUD	Implant	Injectable	Oral	Diaphragm/Cervical Cap	Total
53,856,487	287,582	432,818	1,771,897	4,620,685	5,442,466	345	66,412,280

**Graph 7:** Percentage of Family planning type provided per channel



In associated facilities and mobile/outreach services, injectables were the most provided contraceptive method, while oral contraceptives were more prevalent in community-based distribution and static clinics. The use of contraceptive methods has played a crucial role in empowering women, including adolescents and young girls, and couples to prevent unintended pregnancies, thereby contributing to their social fulfillment and overall well-being. **In 2023, IPPFAR MAs reached over 10.9 million family planning users and helped avert 4,214,362 unintended pregnancies.**

**Table 3:** Unintended pregnancy averted per MA

MAs	Number	MAs	Number	MAs	Number
Benin	76,262	Eswatini	1,990	Niger	1,755
Botswana	4,599	Ethiopia	976,293	Nigeria	1,440,753
Burkina Faso	48,833	Ghana	76,824	Sao Tome & Principe	8,708
Burundi	70,942	Guinea	29,769	Senegal	4,912
Cameroon	42,247	Guinea-Bissau	23,954	Sierra Leone	24,416
Cape Verde	2,329	Kenya	280,055	South Sudan	5,469
CAR	1,873	Lesotho	9,302	Tanzania	170,804
Chad	23,307	Madagascar	14,255	Togo	29,346
Comoros	671	Malawi	50,971	Uganda	311,572
Congo	4,436	Mali	110,214	Zambia	36,119
Cote d'Ivoire	21,758	Mauritius	945	<b>Total Unintended pregnancy averted</b>	<b>4,214,362</b>
DRC	224,510	Mozambique	84,171		

Finally, as part of the new strategic plan to provide more integrated HIV services across the region, IPPFAR MAs worked to incorporate HIV services into the broader SRHR package. As a result, **approximately 15 million HIV-related services were provided in 2023, representing a 45% increase from 2022.**

## CASE STUDY:

### Boosting abortion services through digital and community-based approaches in Cameroon



Cameroon's penal code, specifically Article 337, imposes severe penalties for induced abortion, contributing to significant stigmatization of women seeking abortion services. To address this challenge, CAMNAFAW, a member association of IPPFAR, implemented two key strategies.

The first strategy leverages digital platforms such as Facebook, WhatsApp, websites, and hotlines to streamline the provision of online abortion self-care services. This approach includes directing clients to abortion drug dispensing points, providing guidance on self-management procedures, offering counseling and psychological support, and ensuring follow-up care for beneficiaries. By disseminating positive messages about abortion and organizing educational sessions on CSE, young people gain essential knowledge and skills in self-care.

The second strategy is community-based, focusing on raising awareness through face-to-face educational talks both within and outside schools. It involves

organizing meetings to promote self-care and advocating for access to abortion services within girls' and women's groups. This approach also includes forming partnerships with private and public clinics, community-based organizations for client referrals, and collaborating with pharmacies for the dispensation of medical abortion commodities. Additionally, it establishes user-friendly spaces at service delivery points tailored to meet the sexual education needs of young people.

As a result of these initiatives, there has been a notable increase in the adoption of the self-care approach by women and girls from 1,755 services in 2021 to 2,900 in 2023. They now have access to crucial information on self-care and can obtain medication through CAMNAFAW partnerships with pharmacies and support networks. Consequently, women can manage their abortions safely and with dignity, free from stigma.



*“There has been a notable increase in the adoption of the self-care approach by women and girls from 1,755 services in 2021 to 2,900 in 2023. Women can manage their abortions safely and with dignity, free from stigma.”*





## Zoom on the Stand-Up project: Enhancing SRHR for Adolescent Girls and Young Women

# STAND UP FOR SRHR

The Stand-Up project is a 6.5-year multi-country initiative funded by Global Affairs Canada (GAC) and implemented in strategically selected health districts in Mozambique and Uganda, covering 43 public health facilities and 1 MA clinic. Implementation gained momentum in 2023 towards achieving the project's goal: contributing to the increased enjoyment of SRHR by a diverse population of adolescent girls and young women.

Key strategies and activities included training and mentoring health service providers and community health workers (CHWs) in the provision of gender-responsive SRHR information and services, including to the LGBTQI+ community, conducting Quality of Care assessments, and organizing mobile and outreach services to hard-to-reach communities and youth-dominated settings. These efforts strengthened the skills and competencies of 165 providers and CHWs, ensuring access to quality, rights-based, gender-responsive, youth-friendly, and comprehensive SRH information and services for 352,183 women of reproductive age, 59% of whom are adolescent girls and young women (AGYW). Additionally, access to modern methods of contraception was ensured for 136,299 women, with 62% being AGYW aged 10-24.

## WIDEN ACCESS

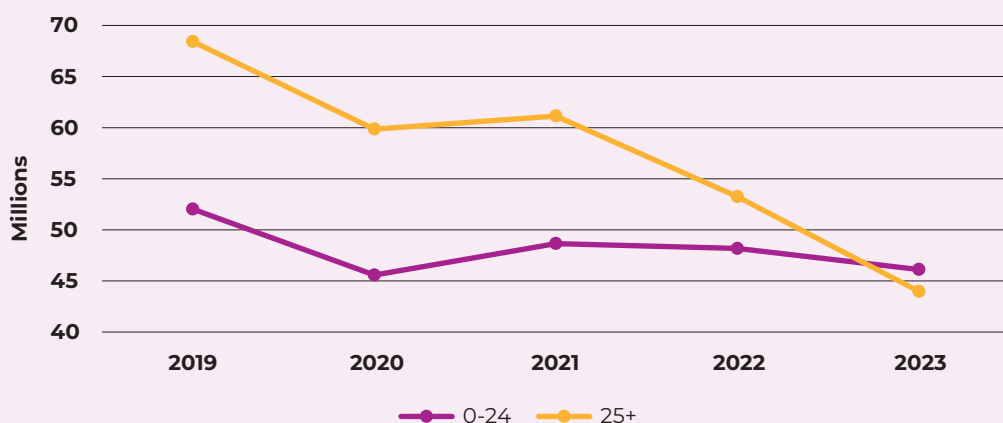
Globally, the right to health is obstructed by systemic barriers and shortcomings that oppress and discriminate against communities. Additionally, humanitarian crises, whether man-made or natural, often deprive millions of individuals of SRHR care. In response, IPPFAR's MAs have focused on providing safe and high-quality care for marginalized groups, including youth, neglected elderly individuals, and LGBTQI+ communities. They have strengthened their capacity and preparedness to deliver lifesaving SRHR services during such crises.

**In 2023, MAs provided over 46.1 million services to young people, representing 51% of all SRH services.** This marks a 3% increase in youth services compared to 2022. For the first time in five years, the majority of services were provided to youth (see Graph 10). This trend is attributed to the successful training efforts led by MAs on youth-friendly services in facilities. In 2023, 85% of MAs conducted training on youth-friendly services, and 44% of MAs provided at least fifty percent of their SRH services to youth (see Graph 11).





**Graph 8:** Trend of SRH services per age group over the last five years

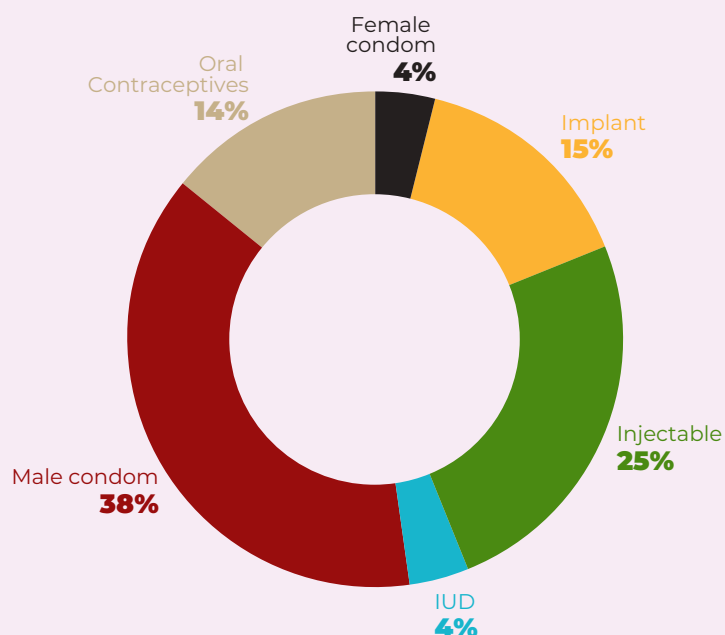


**Graph 9:** Proportion of SRH services provided to youth per MA



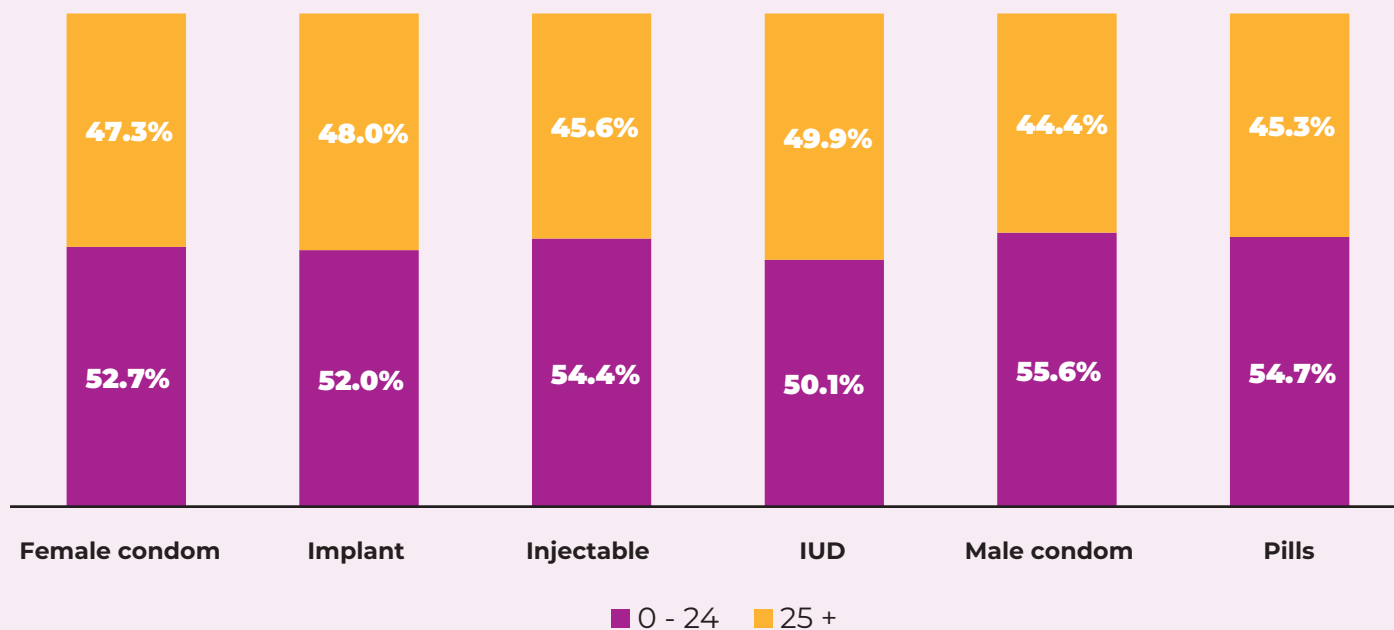
**In 2023, more than 5.7 million people used a modern family planning method for the first time, with around 80% opting for short-acting methods.** Among these, male condoms, injectables, and implants were the most requested, accounting for 38%, 25%, and 15% of the new users, respectively.

**Graph 10:** Family Planning First Time Users (FTU) per method



Disaggregation of first-time users by age group reveals a predominance of young people across all contraceptive methods (see Graph 13). Among the youth, the most used methods are male condoms (38.7%), injectables (25.5%), and implants (14.6%).

**Graph 11:** FTU per method and age group



The Africa region experienced humanitarian crises in 2023, resulting in increased sexual and gender-based violence (SGBV) and a rise in HIV/STI infections. In response, MAs have shown their commitment to providing SRH services and first-line support for GBV survivors. **In 2023, 70% of IPPFAR MAs conducted GBV screening and counseling training, which contributed to providing SRH services to 1,226,392 clients in humanitarian contexts and 828,246 SGBV services.**

**Graph 12:** Number of clients served in humanitarian context in 2023 per MA



## CASE STUDY:

### Empowering People with Disabilities as SRH Advocates in Humanitarian Settings in Nigeria



Group Counseling at the Alheri Special Settlement (Leprosy Village) in FCT.

To ensure inclusivity in humanitarian settings, the Planned Parenthood Federation of Nigeria (PPFN) engaged people living with disabilities (PLWD) as mobilizers to increase the uptake of DMPA-SC self-injection and advocate for its adoption in Kaduna, Sokoto, and Borno states. Six PLWD mobilizers served as peer educators during community outreach efforts, enhancing accessibility and promoting the method within their communities.

## CASE STUDY:

### Meeting the essential SRH needs of communities affected by terrorist threats in northern Togo



In 2023, to strengthen its commitment to humanitarian response across the region, IPPFAR provided support to its MA in Togo through its "Stream 3 Humanitarian Initiative".

Under this funding, the Association Togolaise pour le Bien-Etre Familial (ATBEF) launched the project 'Responding to the Essential SRH Needs of Communities Affected by Terrorist Threats in Northern Togo,' aimed at guaranteeing the Minimum Initial Service Package (MISP) in SRH in the Savane Region (Far North of the country). The mobile clinic conducted 52 service outings in total, enabling 10,973 people to benefit from various SRH services during the implementation phase.





## CASE STUDY:

### Delivering Vital SRH Services to Flood-Affected Communities in Southern Mozambique



In 2023, AMODEFA provided humanitarian assistance to internally displaced people and the host community affected by floods in the southern region of Mozambique, specifically in the district of Boane. IPPFAR's MA delivered significant SRH services to 4,933 beneficiaries, including 1,528 men and 3,405 women, through 78 mobile brigades over three months. Additionally, 9,266 people were reached through an awareness campaign.



## CASE STUDY:

### Emergency SRH response in crisis-affected areas of Kalehe in DRC



ABEF-ND, the IPPF MA in DRC implemented the MISP for SRH under the IPPF Humanitarian funding programme in Kalehe, South Kivu. Over four months, they provided SRH services, including family planning, post-abortion care, STI/HIV management, and gender-based violence care to affected populations. Working closely with the National Reproductive Health Programme and the Kalehe Health Zone, key achievements included:

- Supplied four health facilities with contraceptives and supplies.
- Registered 3,644 new users of modern contraceptive methods.
- Managed 2,240 STI cases and identified six new HIV+ cases.
- Provided post-abortion care to 61 women.
- Conducted SRH sensitization sessions reaching 34,409 people.
- Deployed eight mobile teams offering SRH services.

In total, 20,714 women and youth directly benefited from ABEF-ND's emergency SRH response in the crisis-affected areas of Kalehe.



# 20.714

**women and youth directly benefited from ABEF-ND's emergency SRH response.**





## CASE STUDY:

### Innovative SRH Outreach for People with Disabilities in Ethiopia



The understanding of gender inter-sectionality in Ethiopia is still at a rudimentary level. However, FGAE, IPPF's MA in Ethiopia, is committed to addressing the needs of PLWDs by increasing access to SRHR information and services. The MA reprinted its legacy SRH information brochure in braille for organizations and produced video dramas in sign language for deaf individuals. FGAE continued to work in partnership and alliance with the Ethiopian Center for Disability and Development (ECDD), Consortium of Reproductive Health Associations (CORHA), and other partners to address the needs of people with special needs.



### Zoom on the WISH2ACTION programme: The Close out



In collaboration with the UK Foreign, Commonwealth and Development Office (FCDO), the Women's Integrated Sexual Health (WISH) programme stands as a flagship family planning initiative, aiming to fulfil 20% of the UK's global family planning commitments. As prime for WISH Lot2, IPPF WISH2ACTION (W2A) covered fifteen countries over 5 years of implementation. In the 10 countries under the jurisdiction of IPPFAR, the IPPFWISH2ACTION (W2A) programme delivered 19,547,681 CYPs services to 6,012,448 family planning users, including 2,498,470 additional users. Among these users, 15% were under 20 years, 9% had disabilities, and 20% lived in severe poverty. In the 10 countries the programme averted an estimated 8,787,756 unintended pregnancies, 2,431,078 unsafe abortions, 16,267 maternal deaths, and saved 15,078,512 maternal disability-adjusted life-years.



**~8.787.756**

**unintended pregnancies averted.**



**~2.431.078**

**unsafe abortions averted.**



**~16.267**

**maternal deaths averted.**



## ADVANCE DIGITAL & SELF CARE

Advancements in medical technologies, driven by the internet and telecommunications, are transforming healthcare and caregiving platforms at an unprecedented pace. Many individuals, particularly younger generations, now prefer virtual interactions over in-person consultations, even for medical care. In response, IPPFAR's MAs have prioritized investments in digital health solutions, seamlessly integrating them into their comprehensive care offerings. By leveraging digital communication channels, MAs have significantly enhanced the dissemination of information and resources, thereby extending their outreach and impact.

**In 2023, 54,597 SRH services were provided to clients through digital platforms** in countries such as

Benin, Togo, Mauritius, Ghana, and Madagascar.

Embracing the digitalization of healthcare, several MAs undertook innovative initiatives to increase access to health services.

### CASE STUDY:

#### Leveraging Digital Innovation to Enhance SRH for Adolescents in Togo



In a social context where parent-child communication about sexuality and access to SRHR services remains taboo, ATBEF has been promoting the use of the InfoAdoJeunes app (also available on the Play Store) to address this challenge. This initiative is part of a broader strategy to diversify service offerings, particularly for adolescents and youth, while creating a user-friendly space. The app provides a range of services, including teleconsultation, contraception, online assistance via a hotline, games, forum discussions, reminders, and CSE. Additionally, it enables young people to discreetly report cases of GBV and rights violations. In 2023, the app facilitated 676 teleconsultations and trained 643 youth. Furthermore, 514 people received counseling, and there were 2,182 GBV reports through the hotline. In terms of services provided, there were 2,731 instances, with family planning accounting for 37%, STI for 56%, and HIV for 7%.



**676**  
**teleconsultations.**



**643**  
**youth trained.**



**514**  
**people received counseling.**



**2.182**  
**GBV reports through the hotline.**

## PILLAR 2:

# MOVE THE SEXUALITY AGENDA

**Sexuality goes beyond sex and attraction—it shapes identities and guides decisions about our bodies and lives. It includes love, pleasure, and well-being, as well as moral, equality, and health dimensions.**



Divisive views on sexuality often underlie societal problems. IPPF strives to advance sexual and reproductive rights by shaping opinions, influencing policies, and inspiring emotions. Three key pathways are central to moving this agenda forward: ground advocacy, shift norms and act with youth.

### GROUND ADVOCACY

IPPF advocates for the universal recognition of sexual and reproductive rights across various spheres, spanning grassroots activism to international diplomacy. IPPFAR offers guidance to governments and contributes to policy formation while also ensuring they uphold their obligations at a national level.

Advocacy is founded on diverse perspectives and a steadfast commitment to human rights. IPPFAR persists in leveraging its strengths to elevate community perspectives in advocacy platforms, injecting lived experiences and innovative approaches into policy

discussions. Remaining faithful to core values and relentless dedication, IPPFAR confronts colonial and discriminatory legislation that fosters division.

In 2023, IPPFAR's advocacy efforts and interventions focused on four key areas:

### Engagement with Policy Processes

In 2023, the ICPD+30 review process commenced, with regional consultations occurring throughout the last quarter of the year. IPPFAR was invited to join the CSO Coordination Group for the Africa review. Despite a short timeframe, IPPFAR conducted an online consultation with over 100 CSO participants from across the continent and held a successful in-person review in Zambia. Through these youth and CSO consultations, IPPFAR was able to present an extremely progressive list of recommendations to advance SRHR and ASRHR within the context of the ICPD Programme of Action in Africa.



## Evidence Generation for Evidence-Based Advocacy

IPPFAR collaborated with several external partners to develop evidence to inform our advocacy efforts and position the organization as a thought leader. Some highlights include:

- ✓ **How Universal Health Coverage can increase access to Sexual and Reproductive Health Services in Sub-Saharan Africa** in partnership with the Guttmacher Institute;
- ✓ **Global Contraception Atlas – Africa** in collaboration with the European Parliamentary Forum for SRHR;
- ✓ Research into the Anti-Rights Movement in East Africa, in collaboration with Rutgers.

## Regional and sub-regional policy framework development

To influence national policy and implementation, IPPFAR supported the development of regional and sub-regional policy frameworks. For example, at the continental level IPPFAR alongside UNESCO, UNFPA and other partners worked to develop the continent's CSE strategic framework (The African Union Continental Strategy for Education for Health and Well-being of Adolescents and Young People in Africa). In 2023 the strategy was presented to Member States and validated without objection.

IPPFAR was also a member of the technical working group that drafted the West and Central Africa Commitments for Health and Well-being of Young People. In March 2023 the TWG presented the draft commitment to the 20 member states of the region for successful validation.

## Advocacy Capacity Strengthening for MAs and Other Partners

IPPFAR provided valuable support to MAs and partners, empowering them to effectively communicate with stakeholders, policymakers, and the public. IPPFAR supported MAs through capacity strengthening, local advocacy and awareness-raising, research and evidence generation. IPPFAR also supported MAs' engagement with UN processes such as the HRC, CPD, and UPR, in collaboration with IPPF UN liaison offices in New York and Geneva. For example, in August 2023, IPPFAR held a week-long advocacy training with ABUBEF (Burundi), while RHNK (Kenya) conducted VCAT training for private healthcare providers on abortion care, and PPAG (Ghana) received technical support to develop research on the potential effects of the proposed anti-homosexuality law on the delivery of SRH services.

In 2023, through its MAs, IPPFAR made significant strides in advocacy, advancing human rights in areas such as abortion, GBV, gender equality, and diversity.

## Advocacy wins in 2023:

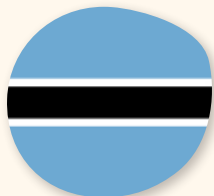


### Ghana: “Zero Rate VAT on Locally Produced Sanitary Pads!”

The Government of Ghana initiated a policy change to alleviate the financial burden on women by implementing a zero-rate Value Added Tax (VAT) on locally produced sanitary pads. This announcement was made during the presentation of the 2024 budget statement on November 15, 2023. Additionally, the policy includes import duty waivers for raw materials essential for the local manufacturing of sanitary pads. Previously, the cost of sanitary pads in Ghana incurred a cumulative tax rate of 35%, comprising a 20% import tax and a 15% VAT. These taxes significantly contributed to the elevated prices of sanitary pads, making them financially inaccessible for many young girls in rural communities.

The Planned Parenthood Association of Ghana (PPAG), actively contributed to the efforts for the removal of taxes on sanitary pads through a series of strategic activities as part of the CSOs Platform for Menstrual Hygiene. As the convener of the CSOs SDG platform, PPAG organized a crucial meeting to develop a comprehensive position paper on the tax removal. The organization also drafted a press release and coordinated engagements with key entities such as the Ministry of Finance, Ghana Revenue Authority, Food and Drugs Authority, Association of Ghana Industries, and importers. These discussions aimed to highlight the adverse impact of taxes on adolescent girls and young women.





### **Botswana: 'Strengthening Legal Penalties for Sexual Offences'**

In 2023, the Parliament of Botswana amended the Penal Code to enhance penalties for sexual offences. The IPPFAR MA of Botswana, BOFWA, strongly supported the bill introduced by the Minister of Justice to increase sentencing for rape cases and criminalize false accusations.

As a result, the punishment for the offence of rape was increased from a minimum term of 10 years. The Act was amended by substituting section 142 with a new section, titled "Punishment for Rape." The new section states: any person charged with the offence of rape shall, upon conviction, be sentenced to a minimum of 20 years imprisonment or a maximum term of life imprisonment. If the act of rape is accompanied by violence resulting in injury to the victim, the convicted person shall be sentenced to a minimum of 25 years imprisonment to life, with or without corporal punishment. Additionally, the Act stipulates that any person convicted of rape who tests positive for HIV, as prescribed by the Minister, shall be sentenced to a minimum of 25 years imprisonment if they were aware of being HIV positive.



### **Benin: 'Advancing Access to Safe and Legal Abortion'**

In Benin, a new law was passed on December 20, 2021, amending the 2003 law and broadening the conditions under which women can access voluntary termination of pregnancy. The Association Béninoise pour la promotion de la Famille (ABPF), played a pivotal role in advocating for the necessary decrees to implement this law. They were heavily involved both technically and financially in the various workshops held to draft, review, and validate the implementing decrees. The MA organized and facilitated discussion sessions with CSOs to ensure a clear understanding of the amended law. Additionally, they actively lobbied members of the ad hoc committee responsible for drafting the implementing decrees for the 2021 SR law.

As a result of these concerted efforts, a new decree was adopted in April 2023. This decree clarifies the conditions for accessing and providing abortion services and establishes a legal framework to regulate these services.



### **Uganda: 'Ensuring SRH Service Continuity Amidst the Anti-Homosexuality Act'**

In 2023, Uganda saw the passage of the Anti-Homosexuality Act (AHA), presenting significant challenges for the provision of SRH services. Reproductive Health of Uganda (RHU), the IPPFAR MA, played an important role in sensitizing key actors and facilitating joint efforts. These included a series of meetings with the Ministry of Health, the Key Population Technical Working Group, and the Uganda AIDS Commission. These collaborative efforts successfully convinced the Ministry of Health to develop the Adaptation Strategy on Service Delivery. This strategy ensures the provision of preventive, promotive, curative, and rehabilitative health services to all individuals in Uganda, regardless of their diversity, without any form of discrimination. These efforts aimed to maintain the continuity of services for key populations following the approval of the AHA.



### Mauritius: 'Championing Sexual and Gender Diversity Rights'

In 2023, the Supreme Court of Mauritius overturned laws criminalizing same-sex relations, declaring them unconstitutional due to their colonial origins rather than reflecting indigenous values. In collaboration with local organizations, such as the Young Queer Alliance and Collective Arc-en-Ciel, IPPF's affiliate, the Mauritius Family Planning & Welfare Association (MFPWA), conducted capacity-building activities on SRHR and provided various platforms for LGBTQI+ groups to voice their concerns during local and national meetings and activities. Additionally, the Association provided medical services and contraceptives to the LGBTQI+ community.



### Burundi: 'Promoting SRHR and Educational Access for Young People'

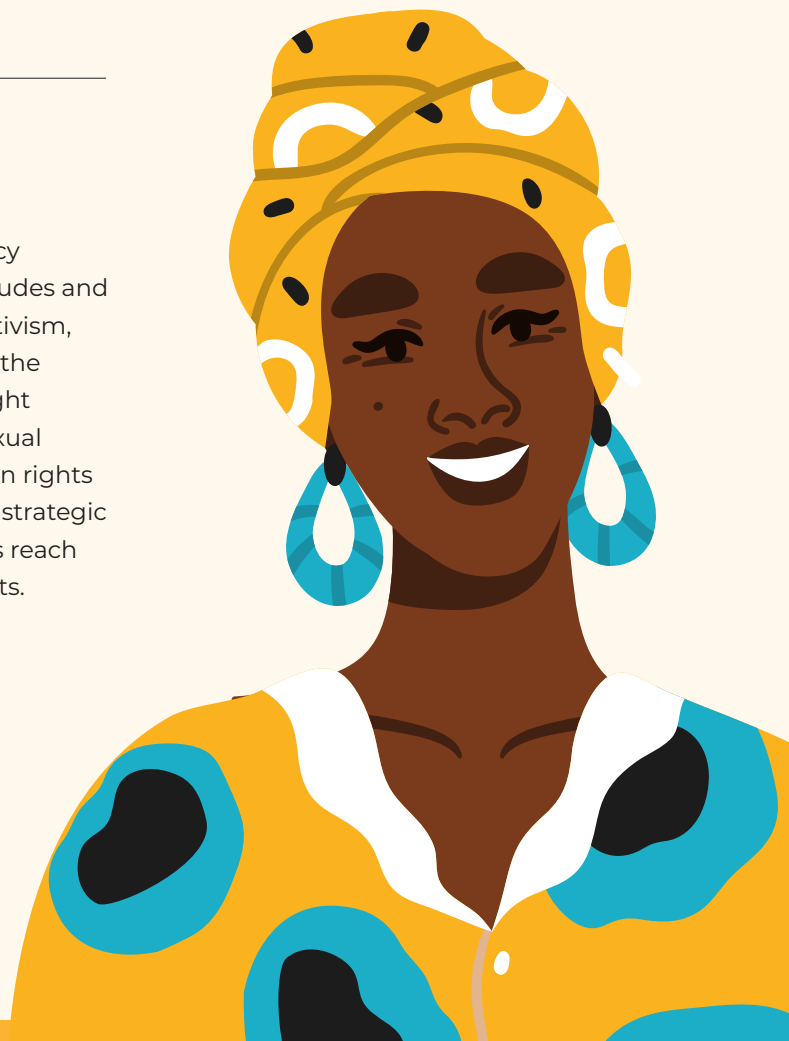
On October 22, 2022, under the leadership of the IPPF MA in Burundi, ABUBEF, the Burundian civil society partnership working in the field of SRHR produced a comprehensive report on SRHR in Burundi. This joint report assessed the current situation regarding the SRHR of young people and made pragmatic recommendations to promote respect for sexual rights in Burundi.

In 2023, the United Nations Human Rights Council included articles advocated by ABUBEF and its allies (145.191) in a document for review. As a result, Burundi agreed to revise articles 27, 35, 37, 70, and 71 of Ministerial Order No. 60/1078 on the harmonization of school regulations. These revisions aim to encourage pregnant girls to attend school for as long as they wish and to ensure their reintegration as soon as they feel able.

## SHIFT NORMS

Shifting the paradigm on sexuality goes beyond mere policy alterations; it necessitates a transformation in societal attitudes and norms. Through community engagement and feminist activism, IPPFAR confronts detrimental gender norms that impede the progress of women and girls globally. By prioritizing the fight against SGBV, IPPFAR fosters inclusivity and respect for sexual diversity and rights, steadfastly upholding hard-won human rights standards while dismantling systemic barriers. Leveraging strategic communication and digital platforms, IPPFAR broadens its reach and gathers compelling evidence to inform advocacy efforts.

**In 2023, IPPFAR provided 628,246 GBV services**, of which 28% focused on prevention and screening (see Graph 16). These efforts underscore the organization's commitment to addressing GBV, promoting SRHR, and ensuring a safer, more inclusive environment for all.

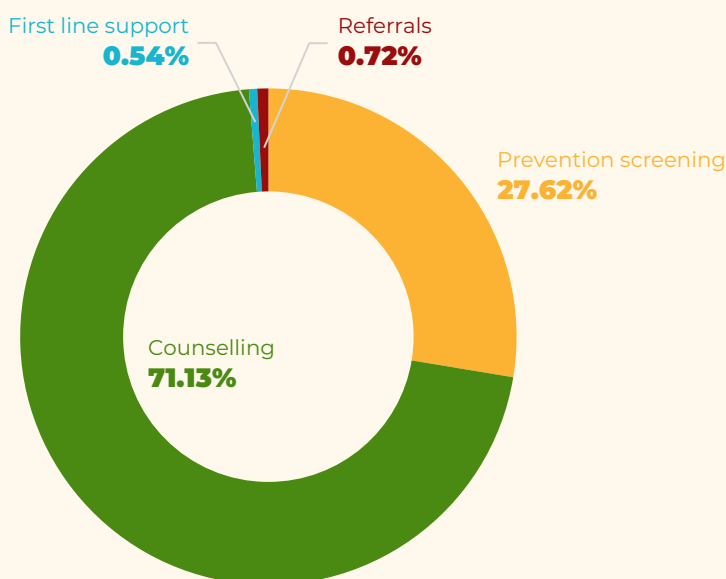


**Graph 13:** Number of SGBV services provided in 2023 per MA



*“By prioritizing the fight against SGBV, IPPFAR fosters inclusivity and respect for sexual diversity and rights, steadfastly upholding hard-won human rights standards while dismantling systemic barriers”*

**Graph 14:** Number of SGBV services provided in 2023 per category



In 2023, there was a significant focus on positioning IPPFAR as a leading advocate for SRHR for all and a steadfast ally to marginalized groups. Investments were made in knowledge development, research, and training to support MAs in countering the growing influence of the anti-rights movement on the continent.

IPPFAR has been vocal in opposing the rollback of rights through regressive legislation and the erosion of agreed-upon language. Examples of this advocacy include:

- **IPPF Africa Condemns Uganda's Anti-Homosexuality Act as a Violation of Human Rights And Sexual And Reproductive Rights | IPPF Africa**
- **IPPF Africa Expresses Concern Following instructions from Zambia's Ministry of Health to Avoid Use of The Term “Sexual and Reproductive Health and Rights”. | IPPF Africa**

Following the success of the **Treasure Your Pleasure Campaign** in 2022, IPPFAR developed a **Briefing Note** that offers practical advice to anyone who wants to develop and run a digital pleasure journey campaign.

## CASE STUDY:

### Moving the access and SRH services delivery to minorities in Ghana



In February 2023, with support from IPPFAR, the Planned Parenthood Association of Ghana (PPAG) developed a report titled *'The Implications of the "Promotion of Proper Human Sexual Rights and Ghanaian Family Values Bill, 2021" for Health Services Delivery and Accessibility to Sexual and Gender Minorities (SMG) in Ghana'*.

The study found that national discussions around SGM are dominated by morality and decency, furthermore the legal framework on SGM is considered to be opaque. This combination of legal restrictions and moralization of non-heterosexual relationships and non-binary identities has led to SGM individuals being least

considered in a wide range of SRHR and other health services. This context will only be exacerbated by the passing of the bill. The study found that "while providers will be reluctant to provide services (due to the clause on criminal culpability of providers who fail to report SGM individuals). For SGM persons, the general view was that they would be completely cut-off from accessing life-saving health services/medical care". The main recommendations from the report include continuous training for health care providers on protocols and approaches, prioritization of mobile health interventions that advance self-care among SGM individuals, and for CSOs to strengthen partnerships with organizations working to improve services to minorities.

## CASE STUDY:

### Shifts in Perception and Attitudes in Relation to Gender Equality and Inclusion in DRC



Alongside service provision activities, IPPF conducted a study in DRC to assess the *"Shifts in Perception and Attitudes in Relation to Gender Equality and Inclusion Across the Federation and the Communities We Serve."* The study aimed to deepen the understanding of strategies used to promote gender equality and inclusion under the current strategy, focusing on identifying barriers and enablers faced by MAs, the tools and resources being used, support needs, and specific approaches to support survivors of SGBV, particularly in humanitarian contexts.

Key insights from the study indicate that effective working relationships with a wide range of public and private partners, including government agencies, UN bodies, CSOs, and international NGOs, are crucial for advancing gender equality and inclusion. However, both

internal and external challenges were identified, such as societal and cultural norms and limited financial and human resources, which limit the implementation of gender equality and inclusion on the ground.

MAs employ various strategies to address these challenges. One crucial approach is the meaningful engagement of men and boys in gender equality initiatives. Additionally, strengthening competencies and skills to improve gender equality and inclusion, and utilizing quality evidence to enhance the effectiveness of gender-related work, are priorities. Finally, the DRC MA uses a comprehensive strategy to support SGBV survivors, providing SRH services and referrals to partner organizations for psychological, medical, legal support, and community reintegration.



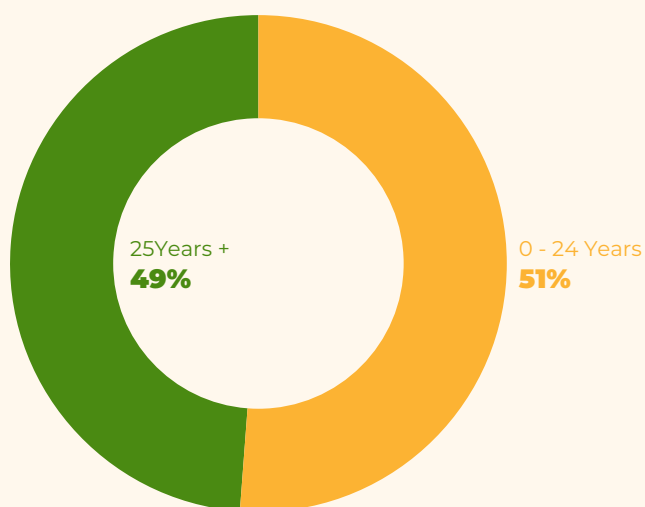
## ACT WITH YOUTH

Youth play a pivotal role in driving societal change. Representing the most diverse generation ever, youth movements transcend boundaries in the digital era. Collaborating with young people, we empower them to shape and implement change agendas. We pledge to enhance CSE, amplifying successful approaches

and advocating for legal frameworks that provide support. In addition to our traditional efforts, we aim to explore new digital platforms. Given that a significant number of young individuals seek sexual information online, we strive to enhance the quality of sexuality-related content on social media platforms and strengthen connections to care resources.

**IPPFAR’s performance in 2023 demonstrated an impressive effort in providing SRH services to youth. Over the past five years, 2023 stands out as the year in which more than 50% of SRH services were provided to individuals under 25. Notably, 44% of IPPFAR MAs provided at least 50% of their SRH services to youth.**

**Graph 15:** SRH services per age group



CSE remains one of IPPF’s priorities. **In 2023, the Africa region reached more than 5.6 million youth through CSE initiatives.** Togo, Benin, and Burkina Faso were the main contributors to this achievement.



*“Given that a significant number of young individuals seek sexual information online, we strive to enhance the quality of sexuality-related content on social media platforms and strengthen connections to care resources.”*

**Graph 16:** Number of Young people reach through CSE



## CASE STUDY:

### Quality, reach and impact of CSE, youth-centered care, and progress in youth engagement in the Federation

As part of the new IPPF strategic framework, a global study, including the Africa region, was conducted on youth themes, with the Family Planning Association of Malawi (FPAM) participating in the process. This study focused on the reach and impact of CSE and youth-centered care within IPPF. The aim was to assess the contribution of CSE provided to young people through MAs in fostering positive changes in their knowledge, attitudes, and practices related to sex, sexuality, and equal relationships. Another objective was to evaluate the broader range of SRHR services and care provided to young people and analyze changes in service providers' attitudes or other factors that influenced youth-centered care positively or negatively. Key insights from the study cover three areas:

- **Comprehensive Sexuality Education**

The design and delivery of CSE are guided by a rights-based approach, IPPF's CSE Framework, and other national/regional guidelines and curricula. MAs aim to increase awareness and promote SRHR, foster life skills, and offer linkages to youth-centered care. The coverage of essential components of CSE varies by context, facilitator/youth knowledge, delivery platform, and intended audience. However, sexuality and pleasure remain underprioritized across most settings. SRHR information is primarily provided via peer-to-peer

education, youth-focused outreach strategies, and digital platforms. Many MAs also train teachers and provide information/resources in schools.

- **Youth-Centered Care**

MAs deliver comprehensive, integrated SRH and psychosocial healthcare to youth, guided by IPPF's Client-Centered Clinical Guidelines (CCCGs). Key delivery platforms include youth-focused outreach (e.g., mobile clinics and campaigns/events), peer and lay provider models, and facility-based services with "youth-friendly" providers. Overall, there was an increase in knowledge of reliable SRHR information and services, greater confidence and curiosity to seek information, and some linkage from CSE to youth-centered care.

- **Context Matters: Enablers and Challenges to Implementation**

Diverse individual, interpersonal, public services/policy, and structural factors shape the MAs' design and delivery of CSE and youth-centered care (YCC) in practice. Many MAs reported that changing donor/funding environments and increased "project-ising" have siloed efforts, limiting the reach, quality, and sustainability of CSE and YCC programmes across various contexts.



*"[We] generate demand through knowledge creation, awareness, but also enhancing referrals so that the target populations are easily linked with the service delivery points for SRHR, comprehensive information, as well as integrated services."*

*FPAM, representative*



## Common Senses digital campaign

In September 2023, IPPFAR launched a new digital campaign, called **Common Senses**, to challenge stereotypes and reshape narratives around SRHR across Sub-Saharan Africa. This bold digital campaign aims to break down harmful myths and misconceptions related to gender, sexual orientation, disability, and access to healthcare by vulnerable and marginalised key populations.

Rooted in the Ubuntu philosophy, this campaign invites African youth to embrace the common senses and fundamental principles that unite us all: freedom, passion, togetherness, and humanity. Through compelling video content grounded in the unifying principles of empathy, humanity and Ubuntu philosophy, it aims at encouraging audiences to open their minds and hearts, engage in thoughtful discussion, and reconsider preconceived notions.



The Common Senses campaign features across six major social media platforms: Facebook, Instagram, X (formally Twitter), TikTok, YouTube and LinkedIn in English, French and Portuguese. At the heart of the campaign lies a **series of impactful videos** showing the world through the eyes of marginalized groups, including LGBTQI+ and transgender individuals, people with disabilities, and women and girls. By evoking empathy, these stories encourage audiences to reconsider preconceived notions around topics such as gender identity, sexual orientation, and women's rights.

## Campaign Results

In the first three months, the **Common Senses campaign reached more than 8.5 million people** on digital platforms and the first three key videos were **viewed more than 1.35 million times on IPPFAR's digital platforms**.



*"This is not about pointing fingers or assigning blame. It is about realizing we have more in common than we think. Let's just approach each other with empathy first."*

Marie-Evelyne Petrus-Barry, IPPFAR Director.

More than

8.5M

people reached.

More than

1.35M

views on IPPFAR's digital platforms.



## Campaign co-creation strategy

IPPFAR focused on bringing attention to the needs and rights of the most vulnerable, such as persons living with disabilities and members of the LGBTQI+ community, at a time when their rights are facing increasing backlash in certain parts of the continent. IPPFAR involved its MAs, YAM networks,

individuals from the key communities addressed in the campaign, and young people with no affiliation to SRHR work in the conceptualization, creation, and message testing of the campaign. This was achieved through a series of consultations, surveys, focus groups, and meetings over the course of seven months. [CAMPAIGN KEY VIDEOS ON YOUTUBE](#)

## CASE STUDY:

### Empowering Youth Advocacy for SRH: ABPF's International Youth Day Camp in Benin

In Benin, to mark International Youth Day, the Association Beninoise pour la Planification Familiale (ABPF) brought together 300 young people from local youth and women-led organizations in Natitingou, including an administrative authority, for a week-long camp focused on life skills and SRH. This event provided a learning and sharing experience on empowering young people to advocate for access to health services,

including safe abortion care. It also ensured that local health facilities and pharmacies could offer services and products that meet young people's SRH needs. Following the camp, the mayors of the communes in these departments made an oral declaration of their commitment to facilitate young people's access to RH/FP products and services in all the communes.





## CASE STUDY:

### Keeping girls under 18 in school through the 'Teacher Mentor' strategy in Togo



In 2023, ATBEF intensified the implementation of the project 'Keeping Young Girls in School through the "Mentor Teachers" Strategy and the Dissemination of a Rights-Based, Gender-Transforming CSE' with a strong community approach, funded by the West African Health Organization (WAHO). Following the CSE capacity-building of 80 mentor teachers and 260 peer educators—girls under the age of 18 identified with the support of the Ministry of Education—mentor teachers and peer educators conducted increased CSE sessions for adolescents and young people in schools during cultural week throughout 2023. These capacity-building sessions focused on

two key regions with high rates of early pregnancy.

As a result, 52 clubs of teenage girls coached by mentor teachers were established. In view of the success of the 'mentor teacher' strategy and to encourage young girls to stay in school, ATBEF celebrated their achievements by organizing a regional Excellence Camp. This event, held from December 27 to 30, 2023, in Tsévié (Maritime Region), brought together 100 of the best adolescent girls from three different school examinations (CEPD, BEPC, BAC1). The camp provided these top-performing girls with capacity-building activities in CSE, female leadership, and essential life skills.

## CASE STUDY:

### Overcoming Negative Social Norms in Mara, Tanzania.



In the face of challenging social norms, Paschal Julius Gekondo (23 years old) and his wife, Paulina Mafuru (20 years old), have emerged as beacons of change in their community. Living in Nyamimange ward in the Mara region, Paschal supports his family through farming, ensuring his wife and daughter are well provided for. Their journey towards understanding sexual reproductive health and family planning began when they were introduced to it by Janeth, a UMATI community health worker under the WISH2ACTION programme led by IPPFAR in the Mara region. This led them to regularly attend special youth weekend clinics despite the prevailing negative social and gender norms surrounding family planning.

Motivated by the invaluable information provided at the clinics, Paschal explained that embracing family planning allowed them to break free from these negative norms. "Proper family planning helps avoid challenges that arise when children are born with little spacing between them, such as economic strain when both children fall sick or are supposed to go to school simultaneously," Paschal mentioned.



With a one-year-old daughter, Paschal and Paulina have already adopted a long-term family planning method, a 5-year implant. "By using this method, we have a clear vision of our family's future, aiming to have four children with standard spacing of 3 to 4 years between each child," said Paulina. This approach contrasts with the larger family sizes commonly embraced in

their community, where rumors and misconceptions about family planning methods abound.

To combat these misconceptions, Paschal and Paulina actively educate their peers and close acquaintances about sexual reproductive health and the benefits of family planning. They dispel myths and encourage informed choices, as evidenced by Paschal's elder brother, who initially wanted to have children in rapid succession but later changed his mind after the fourth child. Now, he also uses family planning to ensure more suitable spacing between children.

As beneficiaries of UMATI's SRHR programme, Paschal and Paulina use their knowledge to empower other adolescents and youth in their community. By advocating for informed decision-making, they aim to free young individuals from unintended pregnancies, early marriages, and maternal health risks, fostering a sense of independence and self-fulfillment.

Overall, the SRHR programme is making a significant impact in the underserved communities of Tanzania, including the Mara region, by reaching out to thousands of adolescents and youth. The programme seeks to empower young people, enabling them to make wise choices and lead fulfilling lives, unburdened by unintended pregnancies, early marriages, and maternal health issues, while promoting the development of a self-reliant society.



*"The programme seeks to empower young people, enabling them to make wise choices and lead fulfilling lives, unburdened by unintended pregnancies, early marriages, and maternal health issues, while promoting the development of a self-reliant society"*



## PILLAR 3:

# SOLIDARITY FOR CHANGE

**The challenges confronting our world are abundant, intricate, and interconnected. Frequently, we address symptoms rather than tackling underlying issues. Global development agendas stress the necessity for international cooperation; no sector can resolve its challenges in isolation. By fostering solidarity, we can overcome these obstacles together.**

IPPFAR actively constructs bridges and cultivates extensive alliances and partnerships. We endorse movements on their own terms and in their own locations. Together, we highlight exemplary civil society actions and draw inspiration from one another to foster novel ideas and innovations. To harness the force of solidarity for transformative change, three pathways are essential: Support Social Movements, Build Strategic Partnerships and Innovate & Share Knowledge.

## SUPPORT SOCIAL MOVEMENTS

Throughout history, social movements have served as a vehicle for instigating political and social change. Today, their importance and necessity are undiminished. These movements are emerging globally in response to regressive political agendas, rejecting the prescribed future and actively resisting. With the digital era, they often form organically, devoid of hierarchical structures, utilizing social media and other digital platforms to connect, organize, and expand their influence. IPPF has committed to increasing its support for intersectional social movements advocating for SRHR and for the empowerment of women and girls. We actively participate in and amplify messages that uphold human rights and address inequalities. Leveraging our network and voice, we reinforce political calls to action and prioritize protecting human rights defenders from opposition attacks.







## Zoom on the Feminist Opportunities Now (FON) Project:

In 2023, under the leadership of IPPFAR, the **Feminist Opportunities Now (FON)** Project succeeded in selecting 57 feminist CSOs working in the prevention and fight against GBV that received grants to support their work, both at project level but also their core funding for their sustainability. In this first year of funding, they received almost a million Euro.



The intersectionality focus of the project was well reflected in this first cohort of CSOs. Among them were sex workers CSOs, CSOs working with women and girls with disabilities, LGBTQI+ CSOs, youth-led CSOs, SRHR CSOs, organisations working against FGM.

A study on the GBV context as well as an analytical mapping of feminist CSOs in the 10 countries also started in 2023 (Ethiopia, Kenya, Niger, Burkina Faso, Cote d'Ivoire, Guinea, Mexico, Colombia, Bangladesh and Sri Lanka). The findings of this study were shared with the feminist CSOs that were part of the projects and with all the others identified in the mapping in May 2024. These findings will increase their knowledge of the GBV context in their countries and will serve their advocacy efforts at country, regional and international level. Find the full report [HERE](#).

In 2023, the FON programme also participated in the CSO Forum hosted by the French Embassy in Nairobi to celebrate the **International Day of the Girl Child**. Two FON grantee partners Smart Ladies in Kenya and MARY FAITH Children Center joined other feminist CSOs supported by the embassy to showcase their critical work.

## BUILD STRATEGIC PARTNERSHIPS

IPPF thrives on partnership, solidarity, and sharing, integral to our core values. We rely on robust relationships with donors, partners, and allies for mutual benefit. Together, we fortify national health systems, coordinating with governments and the private sector. By bridging gaps and addressing needs collaboratively, we amplify impact strategically. We also offer support to community organizations, fostering long-term growth initiatives.

Developing strategic partnerships involves a series of steps and considerations including sharing the same vision and implementing collaborative activities committing to a synergy approach. To have more impactful results across the region, IPPFAR developed partnerships with several organizations in diverse areas and sites: (a) **Médecins du Monde, FIDH, CREA et Empow'Her** on Human rights including sexuality; (b) **OXFAM** to widen the Access of SRH services to youth and women; (d) **Rutgers** to conduct research into the anti-rights movement in East Africa; (e) **European Parliamentary Forum for SRH** to develop the Global Contraception Atlas – Africa; (f) **Guttmacher Institute** on an interesting theme showing the relation between Universal Health Coverage and increase of SRH access in Sub-Saharan Africa.



## CASE STUDY:

### Collaboration with UNFPA to promote FP services provision in Adamaoua & East regions in Cameroon



As part of the Kreditanstalt für Wiederaufbau (KfW) project, CAMNAFAW was deployed in the Adamaoua and East regions with the mission of promoting and offering family planning services to the populations of various localities. In anticipation of World Refugee Day on 20 June 2023, CAMNAFAW invested considerable resources, including a mobile clinic, to launch activities in the locality of Gado-Badzere. Supported by the United Nations Population Fund (UNFPA) and the health and administrative authorities of the targeted areas, CAMNAFAW provided adolescents and young people with vital information on family planning, its benefits for mothers and children, and its impact on family well-being.

Communities in Ngaoundere and the surrounding areas, including Garoua Boulai, Gado-Badzere, Nandoungue, Mbille, Lolo, Yokadouma, and Batouri, welcomed and engaged with CAMNAFAW teams on family planning. The mobile clinic, provided by UNFPA, visited gathering points in these localities to offer voluntary and user-friendly services. Over the course of 2023, CAMNAFAW, through the implementation of the project, trained 120 health providers to facilitate the provision of FP services and 100 Community Health Workers (CHWs). They conducted 26 clinics, benefiting 21,250 women and young girls with contraceptive methods, including 5,130 refugee women using modern FP methods.

## CASE STUDY:

### Leveraging of national partnership to increase SRH services in Ethiopia



For the Family Guidance Association of Ethiopia (FGAE), partnership spheres range from federal or national to regional and sometimes at Woreda (district) level. It is often prompted by programmes, projects and new initiatives emanating from FGAE or other parties. The scope of partnerships includes, but is not limited to resource mobilization, advocacy, commodity / supplies, referral linkages, avoiding service duplication, capacity building, joint supervision, and training of health care workers.

In 2023, FGAE established partnership with FHI360 (on USAID- Healthy Behavior Activity project), BMZ/MfM German-based charity (on Psycho-social support and Mental Health Care project), and JSI (on Strengthening Service Delivery). With the growing accreditation in its CPD (continuous professional development) centers, FGAE has leveraged growing partners. Instances include International Rescue Committee,

Pathfinder International, and YNCD with which FGAE enhanced capacity development activities by providing training for health professionals and facilitating training events and eventually obtained income.

FGAE signed also a memorandum of understanding (MoU) with Triggers Ethiopia, SOS Children's Village, Nikat Ethiopia (a women-led local NGO established by female sex workers) and Wise-up to reduced duplication of effort while strengthening referral and networking for different SRH services availed by FGAE.

Agreements were also made with new partners from the private center involving 11 horticulture sites to address the needs of SRH services among young and adolescent employees at workplaces and horticulture sites. This partnership building enhanced efforts to popularize minimum services package in the workplace hence basic essential health services started.

## INNOVATE & SHARE KNOWLEDGE

In the SRHR sector, progress is driven by learning and evidence. Our federation generates a wealth of SRHR data, research, and insights. The true power of knowledge lies in sharing it; thus, IPPFAR prioritizes the communication of findings with partners and

allies, fostering reciprocal learning. By co-hosting meetings and events, we deepen dialogue both nationally and within the federation. We nurture a culture of learning and innovation, incubating ideas and technologies to enhance outcomes and improve lives. Our goal is to decolonize research within IPPF by increasing research efforts in the Global South.



In 2023, **IPPFAR was invited to the United Nations'** Thirty-sixth Meeting of the Policy and Coordination Committee (PCC), to present the **Treasure Your Pleasure** digital campaign. This was a unique opportunity to share IPPFAR's innovative approach to promoting SRH among youth and breaking the taboo around sex and pleasure in Africa.

### Knowledge Sharing among IPPFAR AMs: Alignment with the new IPPF Strategy 2023-2028

From 9 to 15 September 2023, IPPFAR also hosted its strategic **Regional Meeting** in Nairobi, Kenya, bringing together leaders of MAs and youth advocates from various parts of Sub-Saharan Africa. Over 90 delegates from 36 IPPF MAs and Collaborative Partners (CPs) attended the meeting, which

aimed to help them better understand the reforms taking place at the IPPF Secretariat. These reforms include IPPF's new 'Come Together' strategy (2023 - 2028), the IPPF results framework, Charter of Values, anti-racism strategy, humanitarian programme, safeguarding policies, and IPPF's global rebrand.

The delegates included IPPF Board Members, Executive Directors, Presidents of the YAM, and Secretariat staff from both the Africa Region and IPPF's London office. Additionally, the forum highlighted the role of young people in the realization of IPPF's goals. The forum also provided an opportunity for Executive



Directors to discuss priorities, activities, challenges, solutions, and the best ways to align their MA's strategic plans with the 'Come Together' strategy.

Other critical issues discussed at the meeting included the rising anti-SRHR movements in the region, such as the Anti-homosexuality Act in Uganda and the proposed anti-LGBTQ bill in Ghana. Attendees participated in sessions aimed at enhancing accessibility, empowerment, accountability, and restructuring, with the goal of reshaping priorities and methodologies concerning SRHR.

## CASE STUDY:

### Enhancing CSE Strategies: International Workshop in Cameroon



In Cameroon, CAMNAFAW led an international workshop for the exchange of experiences on CSE. The aim of this workshop was to identify approaches and tools for sharing lessons learned and best practices in West and Central Africa. The focus was on values and attitudes, and strategies for reaching the largest possible number of adolescents, while understanding the value of engaging and creative facilitation methodologies.

The workshop was attended by various government

ministries (Ministry of Public Health; Ministry for the Promotion of Women and the Family; Ministry of Youth and Civic Education), sister MAs in the region implementing CSE strategies, SRHR organizations such as IPAS, DKT Woman First Digital, and external partners such as Rutgers and the European Union Delegation in Cameroon. To implement the important conclusions of this workshop, each stakeholder has been assigned clear responsibilities to maximize the achievement of the project's objectives.

## CASE STUDY:

### PPAG Recognized as CIMG's Not for Profit Organization of the Year for the Second Consecutive Year

At the 34th Chartered Institute of Marketing, Ghana (CIMG) Awards, the Planned Parenthood Association of Ghana was honored for the second time as the "Not for Profit Organization of the Year." This award recognized PPAG's innovative approaches in providing SRHR information and services to improve the quality of life for Ghanaians.

The citation accompanying the award read: *"Patrons have been blown away by your insightful service offers that are tailor-made to address specific needs. Your Adolescent Girls' Empowerment Project, Leading from Behind initiative, and the Yenkasa Contact Center (Toll-free 0800 202010) resonate highly with your audience. Your Corporate*



*Social Responsibility drives continue to touch lives and bring endless smiles to the faces of your patrons, for which you are being lauded."* The CIMG Awards are the benchmark for improved quality of products and services.







## PILLAR 4:

# NURTURE OUR FEDERATION

**IPPF remains dedicated to bridging diverse social, cultural, and political contexts, grounded in a shared belief in the universality of SRHR.**

IPPF's dynamic and sometimes divergent nature serves as a source of strength and energy. Amid a world often marked by division and animosity, IPPF thrives on principles of love and inclusivity, ensuring continuous nurturing and adaptation to a changing global landscape. As IPPF evolves, the organization reaffirms its collective values, refines its visibility strategically, and attracts like-minded individuals to strengthen the federation and address historical injustices. To foster our federation, three essential pathways must be pursued: chart our identity, grow our Federation and walk the talk.

## CHART OUR IDENTITY

IPPF and its Member Associations reaffirmed their dedication to common principles through a Charter of Values and brand renewal, emphasizing IPPF's identity as a member-centered Federation with a dynamic Secretariat. In 2023, over 900 stakeholders from 120+ countries were consulted via digital consultations, webinars, focus groups, surveys, face-to-face meetings, and interviews.

IPPFAR held its Regional Meeting in Nairobi, Kenya, in September 2023, where the Identity Initiative team engaged with MA Executive Directors, YAM leaders, the IPPFAR Secretariat team, MA staff, clients and community members. These consultations identified six core values and emphasized a passionate identity reflecting sexual and reproductive health rights, justice, diversity, inclusion, and transformative change. The rebrand emphasized IPPF's role in advancing sexual and reproductive rights globally, highlighting these as human rights, and underscored the power of solidarity and community.

At the regional level, social media and communication are key approaches used by IPPFAR to reaffirm its identity. The publication of the *"hear our roar"* quarterly newsletter, weekly round-ups, and information leaflets serve as the main communication channels to showcase IPPFAR's identity through the excellent work carried out by its MAs on the ground.



## GROW OUR FEDERATION

As a Federation, IPPF's membership dynamically fluctuates. At the outset of each strategic period, the organization strategically expands its reach, focusing on areas with significant unmet needs and policy influence. New members bring valuable experience, ideas, and energy to the table. Together, members and the Secretariat enhance skills and ensure the well-being of staff and volunteers. Modernizing systems, structures, and governance is crucial for sustained growth, fostering transparency and effectiveness. Amid an uncertain funding environment, IPPF prioritizes diversification, entrepreneurship, and financial discipline, drawing on its experience in financial sustainability and social enterprise.

### Expanding our Network to New Members

In 2023, **IPPFAR welcomed two new CPs in the IPPF family:**



**SOUL CITY INSTITUTE** is an intersectional feminist organization, working to ensure that girls, young women and gender minorities enjoy substantive equality, with access to resources and opportunities that enable them to live fulfilling lives.



**My Age Zimbabwe Trust** is a youth-driven organization dedicated to promoting youth leadership, engagement, gender parity, and the well-being and rights of adolescents and young individuals. Their approach involves utilizing evidence and bringing together a range of perspectives to inspire a dedication to issues concerning young people. With a foundation in SRH, they actively campaign for the rights of young individuals in all facets of their lives.



*"Modernizing systems, structures, and governance is crucial for sustained growth, fostering transparency and effectiveness."*

## CASE STUDY:

### Enhancing Governance: ABPF's Internal Reforms in Benin

Since April 2022, ABPF has been undertaking significant governance reforms. This process led to the installation of new governance bodies and the organization of a General Assembly on December 9, 2023. The reform process occurred in two main stages: the diagnostic phase and the phase in which recommendations from the assessment were incorporated into the MA's fundamental documents. The latter stage culminated in an Extraordinary General Meeting, which approved

the new texts governing the Association. Key reforms included: The introduction of non-voluntary external resource persons into the governance bodies ; The establishment of the Appointments and Governance Committee (CNG), responsible for recruiting and evaluating members of various bodies; A change in the method of signing accounts, with the introduction of the Programme Director's signature.



## Mobilization of Resources

As part of the new IPPF strategy, **resource mobilization** serves as a strategic pathway for organizational development, providing a framework for sustainable growth and impact. In 2023, IPPFAR has added three new projects to its portfolio:

### • HEWLETT/SCAAO Project

The “Soins Complet d’Avortement en Afrique de l’Ouest (SCAAO)” project is a two-year programme funded by the **Hewlett and FJSI Foundations** in West Africa. Four MAs are involved: Burkina Faso (ABBEF), Cameroon (CAMNAFAW), Niger (ANBEF), and Togo (ATBEF). The overarching goal of the project is to improve equitable and sustainable access to quality, person-centered abortion care in three countries in Francophone West Africa and strengthen to abortion ecosystem in the sub region.

In alignment with IPPF’s Theory of Change on abortion, the project aims to achieve a world where all individuals can exercise their sexual and reproductive rights to dignified, quality, person-centered abortion care. This involves fostering social change, ensuring technical advocacy and accountability, and making abortion care accessible to all. The project targets three key outcomes:

#### 1. Provision of Quality, Person-Centered Abortion

**Care:** Ensuring abortion care is provided and enabled through a range of care pathways.

#### 2. Creation of an Enabling Social and

**Policy Environment:** Championing an environment that supports abortion access.

#### 3. Empowerment of Local Partners:

Establishing MAs as thought leaders, technical experts, and capacity-builders in the field of abortion care.

### • EXPANDPF PROJECT

ExpandPF is a five-year (2023-2028) USAID West Africa initiative designed to scale up evidence-based demand and quality family planning (FP) high-impact practices (HIPs). These practices include enhancing postpartum family planning and supporting community health worker service delivery, with the goal of increasing access to voluntary FP services in underserved urban and peri-urban areas.

Under the leadership of IPPF as the prime, the project partners with Options Consultancy

Services, Etrilabs, and IPPF Member Associations: Association Ivoirienne pour le Bien-Être Familial (AIBEF), Association Togolaise pour le Bien-Être Familial (ATBEF), Association Mauritanienne pour la Promotion de la Famille (AMPF), and Cameroon National Association for Family Welfare (CAMNAFAW) in the four implementing countries.

ExpandPF’s strategy emphasizes implementation through local and regional consortium-level partners. The approach aims to demonstrate the impact of locally-adapted HIPs, remove barriers to scale, and leverage factors that favor scalability. Civil society will be engaged for accountability and implementation, and national policies and systems will be strengthened to prioritize scale-up. By focusing on these objectives, ExpandPF strives to make significant progress in expanding access to quality family planning services across West Africa.

### • JAPANESE TRUST FUND (JTF) PROJECT

The JTF is an 18-month project being implemented by the Mozambique MA (AMODEFA) dedicated to introducing and optimizing biomedical methods for HIV prevention, with a primary focus on reducing HIV transmission within the sex worker community in Manica province. The project aims to champion the acceptance, distribution, and optimal utilization of oral PrEP, along with other emerging biomedical HIV prevention techniques. This comprehensive approach integrates these strategies into a holistic package of sexual and reproductive health services. The target is to enroll 800 sex workers onto PrEP in Manica by August 2025, thereby significantly contributing to the region’s HIV prevention efforts.



## CASE STUDY:

### Increasing local financing for reproductive health and family planning in South Sudan



In 2023, the Reproductive Health Association of South Sudan (RHASS) led the development of a Sustainable Financing Strategy for Family Planning at the national level. A five-day SMART charting capacity-building workshop was facilitated by the Member Association to enhance the capacity of the SRH community in South Sudan and support the implementation of this strategy by mobilizing domestic resources for family planning. Eleven Civil Society Organizations (CSOs) and government institutions, including

parliamentarians, attended the session. The workshop covered SMART advocacy, decision-maker and influencer identification, and tailoring messages to target audiences. Following the workshop, two main commitments were established as priorities for 2024: (a) allocate 10% of the annual health sector budget for FY 2023/2024 to family planning, and (b) issue a directive to all County Health Officers to allow health facility in-charges to transfer family planning commodities from overstocked to stocked-out health facilities.

### Social Enterprise

IPPFAR is also committed to assisting MAs in developing **social enterprise initiatives** aimed at generating income, diversifying funding sources, and achieving long-term organizational and financial sustainability. IPPFAR defines social enterprise as utilizing entrepreneurial strategies to produce surplus income, which is then used to fund activities that support the organization's social mission.

In 2023, IPPFAR strengthened the capacities of 10 MAs (Lesotho, Nigeria, Malawi, Ghana, Côte d'Ivoire, South Sudan, Tanzania, Botswana, Kenya, and Guinea-Bissau) to equip them with the technical expertise needed to establish and manage social enterprises. Following this capacity building exercise, 7 MAs embraced the market research opportunity offered by IPPF Social Enterprise Hub by submitting proposals. The selection process is ongoing, and those chosen will benefit from this non-grant opportunity in 2024.

### WALK THE TALK

Upholding core values is imperative for the Federation. IPPFAR is resolutely dedicated to dismantling discrimination and racism within and beyond the organization. Ongoing advocacy for gender equality and sexual diversity incorporates intersectional and gender-transformative strategies. Investing in youth leadership remains paramount, necessitating ongoing commitment and support. We aim for seamless leadership transitions and strive for the meaningful engagement of young adults, recognizing their pivotal role in shaping the future of SRHR.

### Advancing the Anti-Racism Action Agenda within IPPF

In 2023, significant strides were made in **advancing our ongoing dedication to the Anti-Racism Programme of Action**. Noteworthy was the Africa region's participation in the inaugural in-person meeting of the IPPF Anti-Racism Working Group. This meeting aimed to explore innovative strategies aligned with Pillars 3 and 4 of the IPPF Strategy for "Walking the Talk." Guided by our strategic framework, the Working Group pinpointed key priority areas to focus on throughout 2023 and 2024. These priorities centered on establishing four pathways toward transforming the Federation into an anti-racist entity:

- Envisioning a world where every individual can flourish in safety and respect, with equitable access to services and opportunities, necessitating a fundamental societal shift.
- Implementing accountability mechanisms to infuse anti-racism throughout all facets and levels of IPPF's operations, bolstered by unwavering leadership commitment.
- Embedding anti-racism into IPPF's safety protocols, including Safeguarding and Safe Report, with provisions for personal well-being support.
- Embracing continuous learning and adopting a decolonization approach in programmes and evidence collection for research to cultivate authentic anti-racist practices within IPPF.

Furthermore, alongside internal efforts, the Anti-Racism Programme of Action was presented to the IPPFAR regional meeting in late 2023.



## 2023 - Statistics disaggregated per Member Association.

### A. SERVICE PROVISION DATA

Countries	First Time Users Total		Total SRH service		Estimated clients served in humanitarian context	External SRH service providers trained	SRH Total through Digital/Virtual	Prevention Screening GBV	Youth reached through CSE
	0-24 age	25+ age	0-24 age	25+ age					
Benin	29,507	33,156	896,408	1,236,649	1,004	105	43,412	7,813	805,608
Botswana	3,359	2,740	66,937	80,165		5		200	2,137
Burkina Faso	55,627	80,513	970,901	1,300,116	49,085	172		328	603,664
Burundi	23,730	45,096	575,197	763,049	1,480	1,453		120	3,453
Cameroon	35,522	45,954	1,500,211	2,323,871	30,637	1,420		6,208	84,940
Cape Verde	3,316	2,204	64,745	145,231		14			8,876
CAR	2,801	2,086	193,716	175,448	90,000	60			968
Chad	7,507	23,416	304,579	437,891	11,028	20			382
Comoros	2,744	2,226	81,019	43,863				4	9,222
Congo	3,036	1,530	56,823	69,041		2			10
Cote d'Ivoire	6,168	13,881	73,917	175,098				240	5,661
DRC	396,223	394,990	2,505,532	2,853,165	111,428	294		1,982	46,898
Eswatini	302	1,812	69,932	106,186		384		50	10,746
Ethiopia	385,223	316,565	5,814,418	6,560,677	254,643	3,126		18,334	133,805
Ghana	100,147	113,883	1,350,588	961,999		148	1,485		18,584
Guinea	27	97	1,048,690	761,432		96		549	290
Guinea-Bissau	7,470	7,230	69,220	68,376		24		2,161	8,222
Kenya	89,965	64,480	1,712,600	876,351	15,156	62		953	17,576
Lesotho	867	1,455	30,082	121,335		20		401	128
Madagascar	6,116	5,170	384,697	329,887	4,553	30	2,561	478	59,933
Malawi	36,711	13,680	442,650	291,570	2,687	1,554		5,379	188
Mali	45,772	28,133	412,649	347,408	52,328	35		1	205,631
Mauritius	426	688	161,910	173,875		102	1,498	110	14,457
Mozambique	339,356	144,230	1,640,587	857,426	247,596	29		23,226	46,171
Niger	1,359	985	173,705	127,814		3			759
Nigeria	1,216,301	1,064,413	21,248,420	18,313,197	282,628	871		12,035	535
Sao Tome	23,555	18,999	782,964	656,228		30		8,817	18,274
Senegal	61	223	7,755	16,841		5			40
Sierra Leone	11,378	6,322	354,162	282,787		1,405			6,365
South Africa						558			7,046
South Sudan	988	703	32,832	39,986	42,070	147			6,406
Tanzania	113,929	90,588	508,249	494,159		453		2,462	325,984
Togo	7,397	4,513	514,930	547,467	10,424	20	5,641	404	3,072,874
Uganda	164,833	100,102	1,575,018	1,681,079	12,851	793		79,800	32,105
Zambia	7,931	5,749	495,339	753,509	6,794	772		2,095	114,883



## B. IMPACT DATA

Countries	CYP Total	Child deaths averted	Maternal deaths averted	Unintended pregnancies averted	Unsafe abortions averted	Total DALYs Averted	Direct healthcare costs saved
Benin	168,239	1,335	200	76,262	24,657	125,302	4,380,447
Botswana	13,965	35	5	4,599	420	3,309	379,205
BurkinaFaso	125,488	1,084	71	48,833	17,016	96,100	2,356,660
Burundi	158,614	1,846	241	70,942	14,521	170,907	4,278,212
Cameroon	86,997	732	126	42,247	16,039	69,631	2,407,526
Cape Verde	6,331	8	0	2,329	988	726	114,785
CAR	4,592	48	9	1,873	520	4,643	110,507
Chad	50,285	782	157	23,307	6,254	75,638	1,272,359
Comoros	1,610	7	1	671	170	643	38,237
Congo	9,725	69	5	4,436	1,721	6,197	467,612
Coted'Ivoire	45,822	394	60	21,758	6,824	37,008	1,516,094
DRC	477,630	6,107	787	224,510	54,550	563,287	9,424,137
Eswatini	4,989	33	2	1,990	153	2,954	123,893
Ethiopia	2,008,496	19,377	986	976,293	144,095	1,701,196	62,130,002
Ghana	188,334	970	101	76,824	24,194	88,431	3,809,250
Guinea	73,796	676	87	29,769	9,782	62,389	1,477,304
Guinea-Bissau	50,453	405	62	23,954	12,085	38,207	1,127,299
Kenya	574,263	3,931	796	280,055	80,646	380,460	16,452,064
Lesotho	22,991	148	27	9,302	626	14,188	608,696
Madagascar	31,038	94	17	14,255	6,832	9,051	602,389
Malawi	113,773	1,030	110	50,971	10,641	94,192	3,491,540
Mali	232,217	3,274	317	110,214	32,300	296,158	6,040,265
Mauritius	2,361	1	0	945	266	111	54,150
Mozambique	187,298	1,596	34	84,171	30,608	137,197	5,008,236
Niger	4,122	54	4	1,755	477	4,854	91,388
Nigeria	2,985,115	31,897	7,520	1,440,753	589,208	3,177,439	75,385,010
Sao Tome & Principe	23,684	93	8	8,708	2,343	8,386	499,044
Senegal	10,043	89	9	4,912	1,062	8,035	299,915
Sierra Leone	50,845	431	45	24,416	10,880	39,180	1,099,020
South Sudan	12,219	65	34	5,469	2,001	7,791	323,611
Tanzania	350,076	3,062	220	170,804	46,438	272,851	13,087,927
Togo	74,963	461	65	29,346	8,463	42,882	1,484,767
Uganda	655,353	7,372	508	311,572	70,958	661,571	20,218,938
Zambia	83,443	889	30	36,119	7,798	77,304	2,695,093
<b>TOTAL</b>	<b>8,889,169</b>	<b>88,396</b>	<b>12,641</b>	<b>4,214,361</b>	<b>1,235,534</b>	<b>8,278,217</b>	<b>242,855,583</b>

**C.WISH2ACTION KEYS RESULTS OVER THE PROJECT LIFE (5 YEARS)**

Country	CYP	Additional users	Youth	Unsafe abortion averted	Unintended pregnancy averted	Maternal deaths averted	DALYS
Afghanistan	322,541	33,113		96,581	165,609	182	185,519
Bangladesh	1,856,528	48,886	6%	317,485	904,142	390	309,808
Burundi	745,948	147,186	8%	70,471	312,966	1,234	728,284
Ethiopia	5,782,330	619,147	11%	918,593	2,627,039	4,001	4,676,376
Madagascar	2,126,506	299,544	22%	221,353	967,790	1,576	1,213,657
Malawi	400,006	36,498	23%	40,243	178,117	791	338,930
Mozambique	713,586	87,754	23%	70,092	312,003	691	739,745
Pakistan	4,989,634	266,050	8%	815,925	2,201,169	1,602	1,429,744
Somalia	145,049	24,268	15%	15,852	67,039	275	141,688
Sudan	2,648,674	700,897	22%	632,633	1,130,586	2,862	1,115,153
South Sudan	236,446	62,058	23%	40,768	102,926	435	111,286
Tanzania	3,482,321	537,504	17%	352,739	1,567,720	2,455	2,763,154
Uganda	3,941,836	547,812	19%	446,046	1,774,967	3,088	3,747,881
Zambia	1,464,157	124,743	17%	205,110	651,938	1,097	1,392,325
Zimbabwe	654,543	36,223	9%	65,663	292,290	899	330,834









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