IPPF International Planned Parenthood Federation

Africa Region

ANNUAL REPORT

2024

The design and artwork of the IPPF Africa Annual Report 2024 is inspired by Bogolanfini, also known as Bogolan; a traditional Malian fabric and dyeing technique that involves applying fermented mud to cotton cloth to create intricate, symbolic patterns. Meaning "mud cloth" in Bambara, Bogolan is a centuries-old craft, believed to have originated as early as the 12th century.

Traditionally handmade by women, the process uses riverbed mud and natural dyes to produce textiles rich in cultural meaning. Each pattern serves as more than decoration; it tells stories, conveys messages, and reflects historical events and beliefs.

Long used in clothing, ceremonial items, and wall hangings, Bogolan is a powerful symbol of Malian identity. Today, its influence extends beyond Mali, finding expression in contemporary fashion, art, and design—an enduring tribute to African heritage and storytelling through visual form.

WHO WE ARE

The International Planned Parenthood Federation Africa Region (IPPFAR) is a leading force in delivering inclusive and equitable sexual and reproductive health (SRH) services across Africa.

We advocate for Sexual and Reproductive Health and Rights (SRHR), ensuring that individuals of all genders, ages, and backgrounds are aware of their rights and have control over their bodies, lives, and futures. Based in Nairobi, Kenya, IPPFAR's mission is supported by its Member Associations (MAs), Associates and Collaborative Partners (CPs), youth movements, staff, and volunteers, all working to provide high-quality, gender-sensitive, youth-centred services, with a particular focus on marginalized and historically excluded populations.

As part of the global IPPF secretariat, IPPFAR is connected to a network of national MAs united by a shared vision, core values, and a commitment to enhancing human rights and improving lives. Each MA adapts its strategy to meet the specific needs of its country, reflecting the Federation's diversity.

IPPFAR advocates for critical SRHR issues at national, regional, and global levels, promoting universal access to SRHR as a fundamental human right. Through partnerships with governments, the African Union, Regional Economic Commissions, the Pan-African Parliament, United Nations organizations, and others, we work to expand, promote, and secure political and financial commitments to SRHR in Africa, ensuring no one is left behind.

1 Sub-regional office for West & Central Africa

1 Liaison office to the African Union

1 Regional Office

29 Full Member Associations

4 Associates

6 Collaborative Partners

7,102 Service Delivery Points

LIST OF ACRONYMS

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

ABPF : Association Béninoise pour la Planification Familiale

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

CBO: Community-based organizations

CHW: Community health workers

CIMG: Chartered Institute of Marketing, Ghana

CORHA: Consortium of Reproductive Health Associations

CP: Collaborative Partner

CSE: Comprehensive sexuality education

CoP: Communities of Practice

CSO: Civil society organizations

CYP: Couple Year Protection

DIWA: Disabled Women in Africa

DRC: Democratic Republic of the Congo

EC: Emergency Contraceptive

ECDD: Ethiopian Center for Disability and Development

ECOWAS: Economic Community of West African States

EPP: Emergency Preparedness Plans

FCDO: Foreign, Commonwealth and Development Office

FGAE: Family Guidance Association of Ethiopia

FIGO: International Federation of Gynaecology and obstetrics

FON: Feminist Opportunities Now

FP: Family Planning

FPAM: Family Planning Association of Malawi

FTU: First Time Users

GAC: Global Affairs Canada

HIP: High-impact practices

HIV: human immunodeficiency virus

IDP: Internally Displaced Person

IPPFAR: International Planned Parenthood Federation Africa Region

IUD: Intrauterine device

LARC: Long-acting reversible contraception

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

MA: Member Associations

MAZ: My Age Zimbabwe

MFPWA: Mauritius Family Planning and Welfare Association

MISP: Minimum Initial Service Package

MoH: Ministry of Health

MoU: Memorandum of understanding

ODAS: Organisation pour le Dialogue pour l'Avortement Sécurisé

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 Uganda

RSWEC: Rise and Shine Women Empowerment Centre

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

SDP: Services delivery point

SGBV: Sexual and gender-based violence

SMA: Self-Managed Abortion

SPS/TLT: Sœurs pour Sœurs / Tond Laa Taaba

SRH: Sexual and reproductive health

SRHR: Sexual and reproductive health and rights

SRWOCH: Save Rural Women and Children

SSG: Solidarité Suisse Guinée

STI: Sexually transmitted infections

TWG: Technical Working Group

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

UNFPA: United Nations Population Fund

VAT: Value Added Tax

WISH: Women Integrated Sexual Health

YAM: Youth Action Movement

YCC: Youth-centred care

TABLE OF CONTENTS

FOREWORD

By Mrs. Marie-Evelyne Petrus-Barry, Regional Director, IPPF Africa Region

As I reflect on 2024, I do so with a deep sense of pride and resolve. Across the continent, we witnessed remarkable determination from our Member Associations, our youth networks, our partners, and our communities uniting to defend, deliver, and expand SRHR, often in environments marked by resistance, insecurity, and scarcity.

In a year marked by global uncertainty and shifting political landscapes, IPPF Africa Region stood firm and pushed ahead to advance SRHR for all. We reached over 99 million people with lifesaving SRH services, with more than half under the age of 25. We responded to humanitarian crises with compassion, courage and speed, bringing dignity and care to the frontlines of displacement. And we dared to reimagine how advocacy, technology, and solidarity can transform the lives of women, girls, and marginalized communities across Africa.

This report is a testament to the power of people. Behind each data point is a story of resilience: a young woman accessing contraception without shame; a survivor of violence receiving justice and care; a frontline health worker standing tall, every day, and against all odds.

We have also grown as a Federation by welcoming new collaborative partners, investing in local feminist movements, and expanding social enterprise and sustainability models that will sustain our work in the face of shrinking donor support. We have strengthened governance, reaffirmed our commitment to safeguarding, and amplified youth voices like never before.

Still, we are realistic about the future. The road ahead is steep. Funding is becoming more fragile, and too many of our people still face stigma, exclusion, or violence simply for claiming their rights.

At the same time, we are navigating an increasingly polarized world; one where inequality, racism, and the lingering impacts of colonialism continue to shape the realities of those we serve. These forces are deeply intertwined with access to and the full enjoyment of sexual and reproductive health and rights. As a Federation, we remain determined in our commitment to a an anti-racist approach because we cannot look away, and we will not stand by. **For all that, we stand firm because we know that bodily autonomy is non-negotiable, and that gender equality is not optional**. It is essential.

To every person who makes this work possible, I thank you.

This is your report. Your stories. Your victories.

Marie-Evelyne Petrus-Barry

Regional Director

IPPF Africa Region

EXECUTIVE SUMMARY

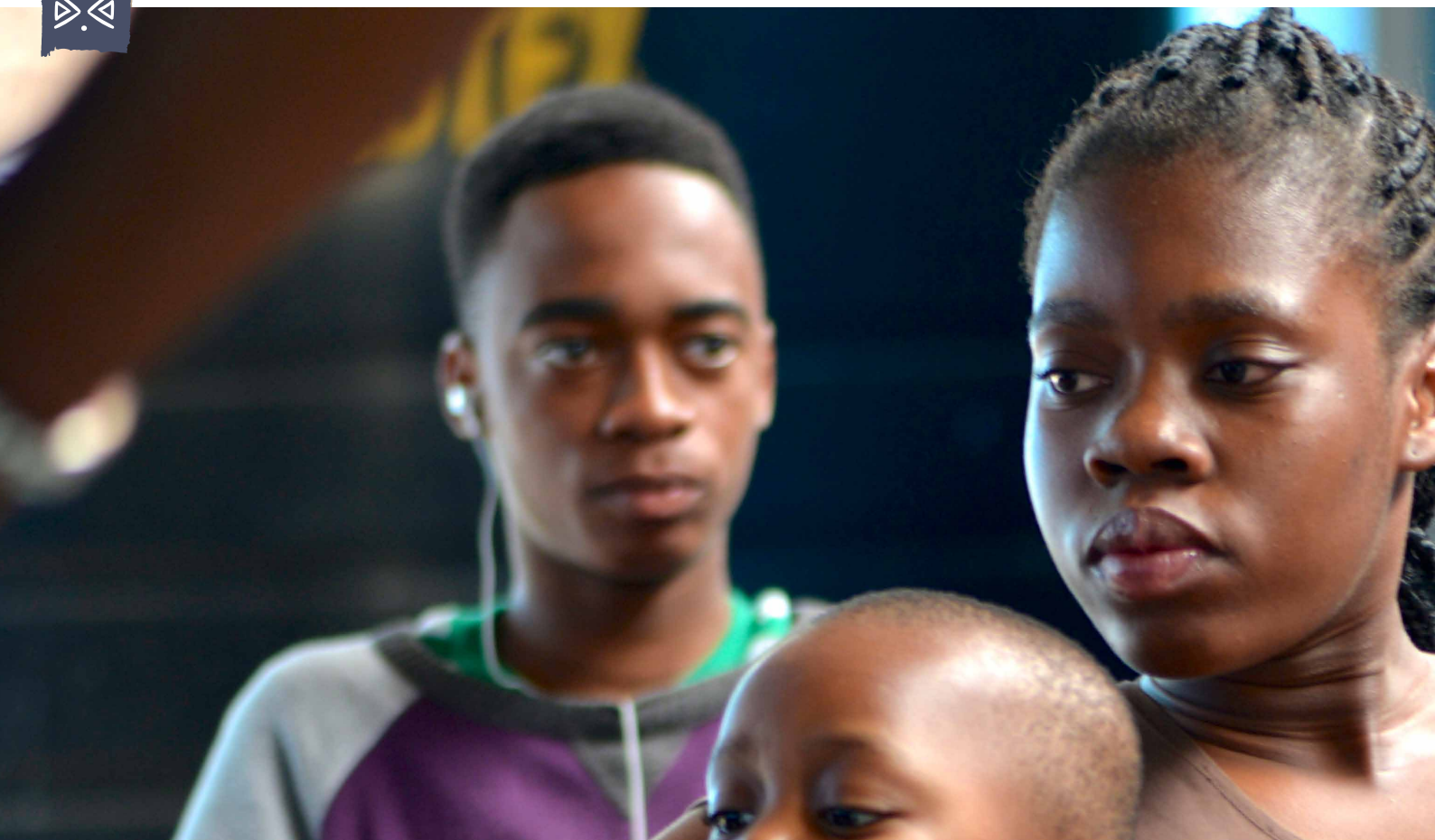
In 2024, IPPFAR reaffirmed its role as a leading provider of high-quality SRH services and a passionate advocate for SRHR across the continent.

The organization focused on empowering women, girls, and young people to fully realize their rights in both stable and humanitarian contexts.

Over the past year, IPPFAR MAs delivered more than **99.2 million** SRH services, representing **97.91%** of the 2024 target and an increase of **10.1%** in comparison to 2023. Around **53%** of MAs met their targets and **21%** were between 80% and 100% of their target. Recognizing the high young population of Africa, IPPFAR intensified its actions to provide more SRH services to youth with 54% of total SRH services provided to this demographic in 2024. Approximatively **3 million safe abortion services** were provided across the region —a 28% increase from 2023. HIV-related services were also integrated into broader SRHR packages, and the region delivered over **17.9 million** services. The estimated protection provided by family planning (FP) methods during the reporting period is **10.69 million couple years protection, an increase of 19.8% from 2023.**

With these provisions of family planning methods, we saved lives, helping **to prevent 5.4 million unintended pregnancies,** and **avert 1.6 million unsafe abortions,** while **saving US $312 million in direct costs** to health systems**.**

IPPFAR secured **eight policy wins from seven MAs** (Tanzania, Ghana, Nigeria, Zimbabwe, Uganda, Botswana and South Sudan) at various governance levels, while youth engagement was strengthened through capacity-building and the establishment of a new Regional Steering Committee. Humanitarian response capacity was enhanced through assessments, **training of a pool of trainers on the Minimum Initial Service Package**



(MISP), emergency preparedness planning, and resource mobilization across nine countries.

Innovations such as **digital campaigns, improved data systems, and learning platforms**—especially through **Centres of Excellence in Ghana and Togo**—significantly advanced knowledge sharing. Community partnerships flourished, including initiatives with LGBTQI+ organizations, feminist groups, and sex worker rights movements to co-create solutions tailored to the lived realities of those most affected by discriminatory policies and social exclusion. These partnerships are exemplified by **IPPFAR's first Pride event** and active participation in key global forums such as the ILGA World Conference, where it co-hosted a side event with MAs and Collaborative Partners (CPs). At the AWID Forum, IPPFAR took a leading role by co-facilitating a session alongside the Center for Health, Education and Vulnerable Support, and FRIDA | The Young Feminist Fund.

Governance efforts saw six MAs successfully complete accreditation, with ongoing training to bolster leadership and compliance. IPPFAR expanded it network with the addition of **four new Collaborative Partners (The Gambia, Liberia, Rwanda and Namibia)**.

Recognizing the increasingly challenging funding environment, IPPF initiated the **Social Enterprise (SE),** designed to generate income, diversify funding sources, and ensure long-term organizational and financial sustainability. In 2024, four of the Africa region's MAs engaged in Social Enterprise in different sectors such as: (i) SRH commodities to address ongoing shortages, (ii) providing high-quality lab testing services to address issues of inadequate health care access, (iii) investing in pharmacy to address healthcare access barriers faced by marginalized groups, including LGBTQI+ persons and low-income communities, (iv) skills-building, training, and revenue-generating services.

Safeguarding remained a core priority, with new **communities of practice** and training programmes launched across the Federation.

Despite challenges such as efforts to roll back rights, political instability, and SRH commodity stockouts, IPPFAR advanced its mission through innovation, resilience, and unwavering commitment to equity, rights, and inclusive healthcare for all.

PILLAR 1: CENTRE CARE ON PEOPLE

"My name is Nalubega Aisha, a 23-year-old mother of three. My twins are four months old, while my eldest child is three years. I come from a rural village in Mayuge district, Busoga, in eastern Uganda.

Ever since the birth of my twins, I have been seriously thinking about my future and that of my family. I'm a housewife, and my husband is a casual labourer who on many occasions goes for days without work. Because of his unreliable income, we are struggling financially, and it worries me that my children may not have the life that I desire for them. I was unable to complete school because my parents could not afford the school fees, but I want my children to attain the highest level of education. I've been contemplating finding work as that way, I can supplement my husband's meagre earnings, therefore uplifting our family's lifestyle.

My greatest fear right now is another pregnancy. I don't want to get pregnant again until my twins are at least six years old. My husband and I are regularly intimate, and I worry that I can conceive anytime. I have been thinking about going to the family planning clinic, but too many things occupy my time. Undertaking all the domestic chores –cooking, cleaning, while also caring for three children under four years is quite hectic. Besides, the long queues at the clinic discourage me, as women sometimes spend the whole day waiting to be attended to. I simply don't have the luxury of time at the moment, and that's why I have been procrastinating about getting a contraceptive.

It therefore came as a great relief when a health volunteer from Reproductive Health Uganda (RHU) approached me while I was at the bus stop waiting for a motorbike taxi. I was headed to a small health facility for my twin's scheduled immunization, something that would just take a few minutes. The RHU volunteer told me about a medical camp at the market centre, saying that in addition to my babies' immunizations, there would also be other services I could access for free –such as contraceptives and cervical cancer screening. This was good news!

"My twins received immunization services, and I was happy when the nurses told me that they are growing healthy and strong."

At the camp, I received counselling on different types of family planning methods and with guidance from the nurse, I chose a five-year contraceptive. I also received HIV testing services. My twins received immunization services, and I was happy when the nurses told me that they are growing healthy and strong.

I was excited because not only had I saved money for transport and for my children's immunizations, but I had also not paid anything for my contraceptive. I also saved on time because I only spent about an hour at the medical camp, yet I was able to access all those services. Now, I have peace of mind knowing that I will not conceive anytime soon, and I can better plan for my family."

In 2024, IPPF Africa Region delivered

99,223,545 SRH services to 32,069,342 clients

Placing people at the heart of care involves prioritizing their health, well-being, and rights, while ensuring both quality and equity.

This approach focuses on meeting the diverse needs of individuals, offering a variety of methods and models, including psychosocial support and SRHR services provided by dedicated professionals in different settings. Person-centred care empowers individuals by amplifying their voice and choice, ensuring they have access to necessary services. It promotes informed decision-making and fosters trust. Our focus is on three core areas: Expanding Choice, Widening Access, and Advancing Digital & Self-Care.

In 2024, IPPF Africa Region delivered **99,223,545** SRH services to **32,069,342 clients,** which represents an increase of **10.1%** from 2023 results. This good performance is attributable to on-going restricted projects and the improvement of data management support provided to MAs. In total, **56%** of MAs increased their delivery of SRH services in comparison to 2023, this is especially the case in Senegal, Kenya and Guinea-Bissau who saw a significant difference. In terms of service delivery channels, mobile/ Outreach and associated facilities provided **42% and 27%** of the total SRH services respectively.

EXPAND CHOICE

Our bodily autonomy relies on our ability to make choices, whether it's deciding on abortion or choosing the appropriate contraceptive methods. Since the introduction of IPPF's strategy, "Come Together," in November 2022, the Africa Region MAs have reaffirmed their commitment to delivering rights-based, comprehensive, and integrated SRH services.

Abortion and family planning choices are fully included as part of client-centred care. In 2024 IPPFAR provided almost **3 million abortion** services and **34.2 million contraceptives services**. The estimated protection from pregnancy provided by contraceptive methods over a one-year period (Couple Year of protection) is **10.69 million.**

Provision of couple years of protection (CYP) increased by 19.8% from 2023. Cote d'Ivoire, Congo and Kenya remain the MAs with a highest increase however, Nigeria, Kenya and Ethiopia are the best performers in terms of provision of CYP. Even though there are disparities across the MAs, long-acting reversible methods (LARC), particularly implants and IUD contraceptives accounted for 75.8% of total CYP.

HIV and STI/RTI - related services are part of IPPF's integrated services package to provide more comprehensive services to clients. In 2024, we made significant progress by delivering over 17.9 million HIV services and 14.1 million STI services, representing an increase of 19% and 13% respectively from 2023.

Moreover, the new IPPF results framework measures the quality of services through a set of robust criteria of indicators such as Net Promoter Score (NPS) and IPES+. A MA should meet at least 50% of NPS and all the IPES+ components. This requires our MAs to deliver a variety of essential services across multiple areas, including contraception, infertility, STIs, gynaecology, sexual health and well-being, HIV/ AIDS, safe abortion care and gender-based violence.

In 2024, even if MAs made progress by getting a NPS equals to 76.5%, only Tanzania met all the 8 IPES+ components. Around 40% of MAs reached at least an IPES+ score equals to 6 and above. The components on HIV and gender-based violence have the lowest rate with 21.2% and 24.2% respectively.

Projects results: Boosting the abortion services in Francophone West Africa countries

Funded by the Hewlett Foundation, IPPFAR is leading the *Soins Complet d'Avortement en Afrique de l'Ouest* (SCAAO) project in four countries (Togo, Niger, Burkina, Cameroun) covering 12 health facilities in 11 selected health districts.

In 2024 multiple pathways of care have either been strengthened or/and established through SCAAO programme. These include integrating abortion services into SRH care at service delivery points, improving telemedicine consultations through youth-focused apps and providing at home care through partnerships with pharmacy auxiliaries. A strong focus on Quality of Care, through the continuous evaluation service improvement and training for service providers has been on the heart on interventions.

As result of these interventions, 56 health providers were trained in abortion care services with a focus on person-centred approaches including modern techniques in line with the IPPF Client-Centred Clinical Care Guidelines and WHO guidelines on abortion care, self-managed medical abortion, abortion after 13 weeks, complications management, and post-abortion counselling. The outcome shows 63,360 abortion related services were provided with 15.23% from self-care, 9.53% from digital health and 12.77% from post-abortion care interventions. The home-abortion care services represent 17.24% of the total abortion services provided. In total 16,683 clients were reached.

Case Study: Leveraging National Expert Network engagement for Safe Abortion Access in Niger and Burkina Faso

In many West African countries, access to safe abortion and post-abortion care remains severely restricted due to a combination of restrictive laws, deep-rooted social stigma, and limited provider training. Even where legal exceptions exist—such as in cases of rape, incest, foetal anomalies, or threats to a woman's life—structural and cultural barriers often make these services inaccessible. As a result, clandestine abortions remain widespread, contributing to high maternal mortality rates and the continued violation of women's reproductive rights.

Through the SCAAO project, the IPPFAR MAs in Burkina Faso and Niger have made remarkable strides in addressing these challenges. They successfully established multidisciplinary expert groups comprising of gynaecologists, legal professionals, and reproductive health specialists, while rolling out Value Clarification and Attitude Transformation (VCAT) trainings across a broad range of national stakeholders.

This innovative, cross-sectoral approach engaged service providers, youth-led organizations, civil society groups, government officials, law enforcement and legal actors.

The expert networks became instrumental in clarifying the scope and application of existing abortion laws, supporting advocacy to prioritize post-abortion care within national health agendas, facilitating dialogue to reduce stigma and promote rights-based approaches, driving policy conversations with health authorities, and building sustainable local expertise and alliances for change.

In 2024 alone:

- 19 National Executive Committee members and volunteers received intensive training in Burkina Faso.

- Training reached 25 young leaders, 18 governance council members (national and regional), 12 service providers, and 20 civil society representatives in Niger.

This initiative illustrates the transformative potential of interdisciplinary collaboration and values-based dialogue in navigating complex legal and sociocultural landscapes. By equipping national actors with the tools, knowledge, and confidence to advocate for and deliver safe abortion services, the SCAAO project is paving the way for more equitable reproductive health systems in the region.

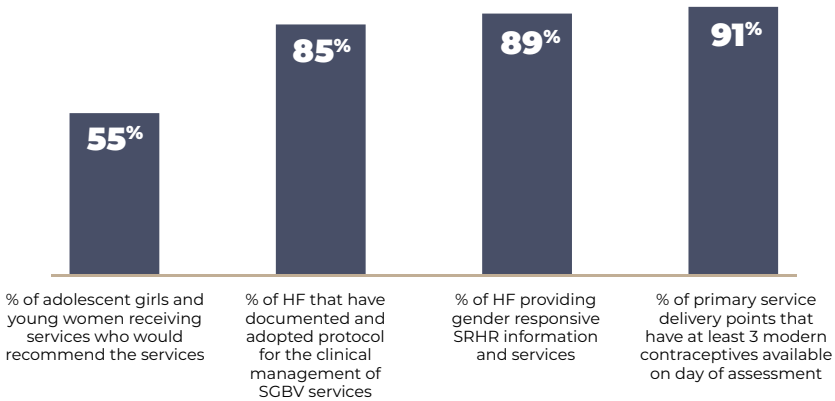
"This initiative illustrates the transformative potential of interdisciplinary collaboration and values-based dialogue in navigating complex legal and sociocultural landscapes."

Projects results: Enhancing SRHR for Adolescent Girls and Young Women

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. The project contributes to the increased enjoyment of SRHR by a diverse population of adolescent girls and young women (AGYW).

In 2024, the Stand-Up project intensified efforts to expand access to quality, non-judgmental and gender responsive SRH services for young people particularly adolescent girls and young women in Mozambique and Uganda including clinical management of sexual and gender-based violence (SGBV). The adoption and documentation of clinical management protocols for SGBV increased substantially across supported health facilities with 90% in Mozambique and 79% in Uganda, surpassing their respective targets. This progress was driven by a combination of strategic interventions, including the distribution of updated clinical guidelines, targeted refresher training on SGBV, and continued provider orientation on integrating SGBV screening into routine services, particularly family planning counselling and a good collaboration with the district level. As a results, the Net promoter score (NPS) showed that more than 50% of AGYW on the project implementation sites were willing to recommend the services. Especially in Mozambique, providers reported significant changes in their approach to service delivery following participation in various SRH trainings and particularly the VCAT sessions. These trainings positively influenced their competencies and attitudes toward serving LGBTQI+ clients, leading to more inclusive care.

In total, **352,427 AGYW were reached with community-based SRH services and, amongst them, 142,182 adopted a family planning method**. To maintain the quality of SRH services at the 44 supported health facilities, refresher trainings were



conducted for 126 health care workers (HCW) on provision of contraceptives to young people including LARCs, another 76 were trained on how to respond to cases of SGBV; while 206 were trained on VCAT to facilitate attitudinal change and clarify values associated with SRH services and demystify myths and misconceptions hindering access to non-judgmental services. Additionally, in Uganda the clinical mentorship programme was rolled out with 44 HCWs.

142,182
adopted a family planning method

352,427
AGYW were reached with community-based SRH services

Case Study: Real-time Access to SRH services for Young People in Uganda - Peter and Janet's Journey to Health and Happiness

In Uganda, many young people continue to face significant barriers in accessing quality and comprehensive SRH services. In Arua, a city in the West Nile district, the situation is particularly concerning, with rising rates of sexually transmitted infections (STIs), including HIV, among adolescents and youth.

To address these challenges, Reproductive Health Uganda (RHU), the IPPF MA, is implementing the Stand-Up project. With a strong focus on adolescent girls and young women, RHU brings services directly to the places where young people live and learn, including institutions of higher education. Through youth-centred events, the project offers a full package of services on-site—ensuring young people receive immediate care, information, and support without delay.

Peter and Janet, a young couple from West Nile, had been struggling in silence with an untreated STI that not only affected their health but also placed a strain on their relationship. Like many others, they lacked access to confidential and youth-friendly services—until they attended one of RHU's Stand Up events.

At the event, they participated in sexuality education sessions designed specifically for young people, learning about healthy relationships, STI prevention, and contraception. Crucially, they were able to access services on the spot—screening and treatment for STIs, contraceptives, and condoms—breaking the cycle of silence and shame.

"*RHU's commitment to educating young people is truly commendable*," said Peter, visibly relieved. "*We've been suffering in silence for too long, but now we feel empowered to take control of our health and protect ourselves.*" Janet added, "*The event didn't just give us information—it made us feel supported and seen. We're grateful for the opportunity to learn and get the care we needed.*"

Walking away hand in hand, Peter and Janet's renewed sense of hope reflects the heart of the Stand-Up project: transforming lives by meeting young people where they are, with the knowledge, care, and services they need to lead healthy, empowered lives.

Case Study: Restoring Women's Power Through Self-Injection Contraception - Malawi

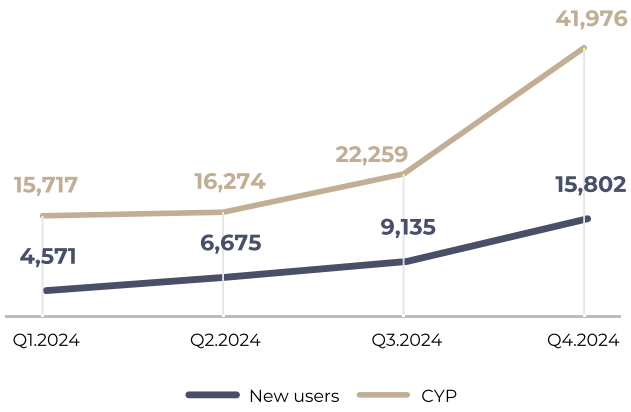
In Malawi, access to family planning remains a challenge for many women, particularly those in rural areas. Distance to health facilities, limited resources, and persistent stigma—especially for young and unmarried women—make it difficult to consistently access contraceptive services. The introduction of self-injection contraception, specifically Sayana Press, is beginning to shift this reality by giving women the ability to manage their reproductive health privately and on their own terms.

In 2024, the Ministry of Health, through the Reproductive Health Directorate (RHD), led the national rollout of the DMPA-SC and The Family Planning Association of Malawi (FPAM), an IPPF Member Association played a pivotable role in this implementation. Especially, FPAM led awareness campaigns, capacity building of service providers on delivery of self-injection, demand creation through mobilizers and provision of DMPA-SC through both static and mobile clinics. FPAM also works to maintain quality standards through mentorship and supervision. FPAM proposed and wrote the first formal article to support public awareness efforts—an initiative that was welcomed and approved by the RHD.

The article was developed in coordination with the RHD's ambassador on family planning to ensure accuracy and alignment with national policies. The self-injection initiative is helping bridge the gap, providing a discreet and convenient option that puts the power of family planning directly in women's hands. Malawi women are no longer dependent on overburdened clinics or restrictive social norms to manage their reproductive health. This initiative represents a significant step toward expanding contraceptive choices, ensuring that all women—regardless of their marital status or location—can exercise their reproductive rights with dignity and ease as Tasimiya Bakali, a 27-year-old mother of two, said: "self-injection contraception has been a game-changer. This method has given me the freedom to plan my future without worrying about traveling long distances for family planning services."

Projects results: Expanding Access to Family Planning Across Four Countries – Early Results from the ExpandPF Programme

IPPF was leading (until the USG stop order of January 2025) a five-year initiative, funded by USAID, to reduce the unmet need for family planning (FP) and expand access to a full range of contraceptive options in Côte d'Ivoire, Togo, Mauritania, and Cameroon. The Expand Family Planning and Sexual and Reproductive Health (*ExpandPF*) programme aimed to scale up high-impact practices (HIPs) and self-care approaches at sub-national, national, and regional levels.



In its first year, the programme was rolled out across 115 health facilities, focusing on increasing access to voluntary FP services—particularly in underserved areas. In 2024, community health workers played a critical role in delivering these services directly to the communities that need them most. Alongside service delivery, the programme invested heavily in training and capacity-building initiatives to strengthen health systems and enhance provider competencies.

Working in close collaboration with consortium partners—Options Consultancy Services, EtriLabs, and Viamo—the programme has already shown promising results. By the end of 2024, ExpandPF had:

- Reached 36,183 new users of family planning services
- Generated 96,226 Couple Years of Protection (CYP), demonstrating strong uptake of modern contraceptive methods.

WIDEN ACCESS

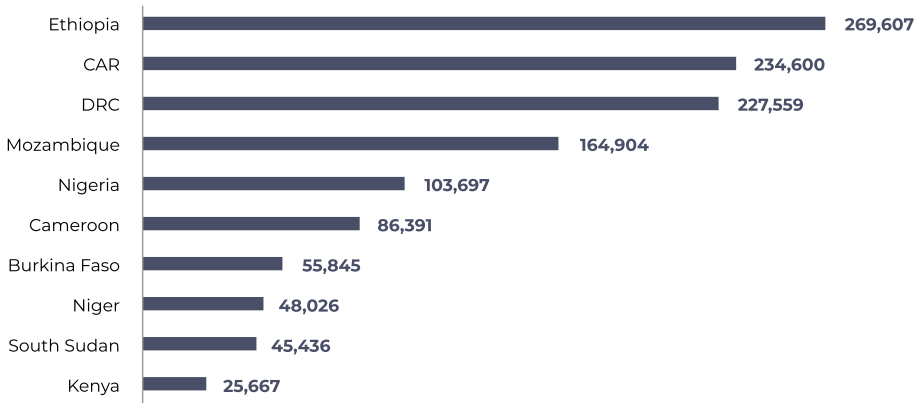
Worldwide, systemic barriers and deficiencies obstruct the right to health, resulting in the oppression and discrimination of many communities. Additionally, humanitarian crises, whether caused by human actions or natural disasters, often deprive millions of access to SRHR care. In response, IPPFAR's MAs have focused on providing safe, high-quality care to marginalized groups, including youth, underserved elderly populations, and LGBTQI+ communities. They have also strengthened their ability and preparedness to deliver lifesaving SRHR services during crises.

In 2024, **90% of our clients were marginalized and vulnerable people while 52% were adolescents and youth (under the age of 25)**. Marginalised groups are often found in humanitarian settings, due to conflicts and crises women and girls are exposed to increased risks, while their sexual and reproductive health needs are frequently neglected. **This year, our MAs provided life-saving sexual and reproductive healthcare to 1.33 million people in humanitarian settings, an increase of 9% compared to 2023.** Recognizing the needs in humanitarian settings, IPPFAR led a training of MAs with high risk on the Minimum Initial Service Package (MISP) during emergencies.

Strengthening of IPPFAR Humanitarian's strategy across the region

Despite being a main pillar of IPPF's strategy 2023 - 2028, providing SRH services in humanitarian crisis remains a challenge. In 2024, IPPFAR carried out a humanitarian capacity assessment across all Member Associations to identify both strengths and gaps, with the aim of developing an action plan that enhances proximity to MAs and ensures tailored support where most needed. The findings from this assessment highlighted significant disparities in humanitarian response capabilities across Member Associations. While basic service delivery infrastructure is generally robust, critical gaps exist in delivery MISP and emergency response capacity. In response to the capacity needs, IPPFAR led a

Clients Served in Humanitarian context - Top 10



"The findings from this assessment highlighted significant disparities in humanitarian response capabilities across Member Associations."

training of trainers on Minimum Initial Service Package (MISP) in humanitarian field covering the priority MAs (Kenya, DRC, Chad, Liberia, Nigeria, CAR, Senegal, Ethiopia and South Sudan). This pool of trainers will champion other MAs. Budget constraints have limited humanitarian interventions, in response, IPPFAR marked a significant point by securing funding for the implementation of Sexual and Reproductive Health in Emergencies across the above nine countries. With this funding, we contributed to reaching more than 53% of SRH clients in humanitarian settings in CAR, around 40% in Cameroon, 48% in Niger and 41% in South Sudan.

Clients in humanitarian settings who benefited significantly from this funding:

53% in CAR

40% in Cameroon

48% in Niger

41% in South Sudan

Spotlight on the IPPFAR support to Sudan Humanitarian SRHR Response Initiative

In the wake of the violent conflict that erupted in Sudan on April 15, 2023, access to essential SRHR services became critically limited—particularly for displaced and conflict-affected populations. In response, Reproductive Health Sudan, with funding from the Foreign, Commonwealth & Development Office (FCDO), launched a six-month Humanitarian SRHR Response Initiative to meet urgent needs across 14 Sudanese states.

The project deployed a robust multi-channel service delivery model across 1,287 access points, reaching both urban and hard-to-reach areas, including internally displaced persons (IDP) camps. Services were delivered through:

- 30 mobile outreach teams and 10 mobile clinics; 272 static health facilities
- 915 community-based distributors (CBDs); 90 trained community mobilisers
- A dedicated call centre providing SRHR information and remote support

The initiative offered a comprehensive SRHR package, including counselling, contraception, HIV and STI services, and referrals. It also addressed SGBV through privacy audits in health facilities, distribution of dignity items, awareness-raising sessions, and community-led activism.

Collaboration with the Ministry of Health and strong coordination with national partners were key to the project's success. Notably, the initiative:

- delivered 77,746 SGBV-related services, breaking the silence in communities where no SGBV disclosures had previously been made
- treated 2,721 clients with antiretroviral therapy (ARVs)
- provided 12,524 long-acting reversible contraceptives (LARCs)
- distributed 324,185 short-acting contraceptives (SARCs) and 336,689 condoms
- delivered a total of over 357,440 family planning services

This initiative not only ensured continuity of care in a crisis but also established a vital pathway for long-term access to rights-based, lifesaving SRHR services across Sudan—where it's needed most.

Closer to women and youth in humanitarian settings – IPPFAR's Response in Chad

Following the outbreak of conflict in Khartoum and across Sudan in 2023, tens of thousands of people were forced to flee their homes. By June 2024, over 600,000 refugees had crossed into neighbouring Chad, dramatically increasing the demand for humanitarian assistance—particularly in already stretched border regions.

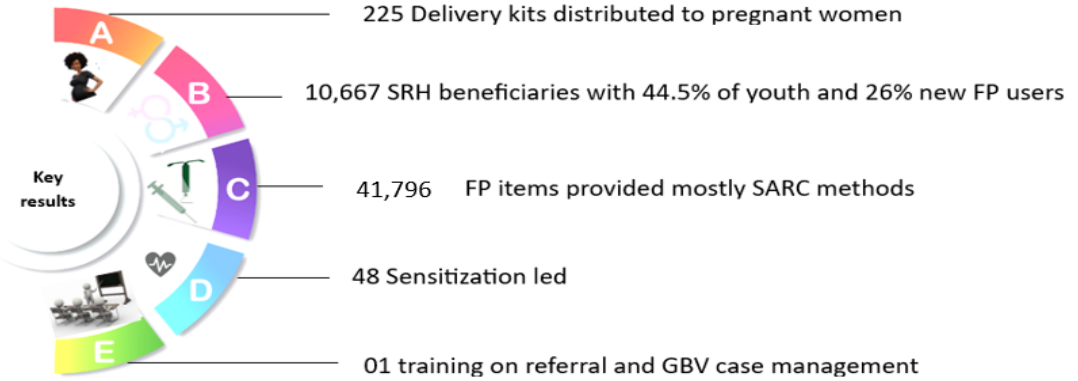
In response, IPPFAR mobilized support through the Stream 3 humanitarian funding mechanism to meet urgent SRHR needs within the Farchana refugee camp. The response was led by the Association Tchadienne pour le Bien-Être Familial (ASTBEF), with a strong focus on implementing the MISP—a set of priority actions to be delivered at the onset of humanitarian crises.

Key activities included:

- SRHR service delivery directly in the refugee camp;
- Information, education, and communication (IEC) sessions on SRHR and gender-based violence;
- Distribution of essential medical supplies, including family planning commodities, Safe delivery kits and Dignity kits for women and girls.
- Ensuring continued access to antiretroviral therapy (ARVs) for individuals living with HIV—recognizing the importance of maintaining continuity of care during displacement.

The initiative placed women and young people at the centre of the response, ensuring they could access lifesaving information and services with dignity, safety, and respect—even amidst crises. By delivering targeted, rights-based support, ASTBEF demonstrated the power of local leadership in addressing humanitarian SRHR needs—and reaffirmed IPPF's commitment to leaving no one behind.

Statistics on the response:



Case Study: Delivering essential SRH Services in IDPs camps - Tigray, Ethiopia

In the conflict-affected Tigray region of Ethiopia, access to essential SRH services had been near impossible for internally displaced persons (IDPs), particularly women and young people. To address this urgent need, the Family Guidance Association of Ethiopia (FGAE) launched a three-month emergency response focused on implementing the MISP across 10 IDP sites in Mekelle and Axum.

Through strong coordination with local civil society organizations, community leaders, and health authorities, FGAE delivered a comprehensive SRHR package to some of the most vulnerable populations. A referral system was established to link camp-based services with health facilities, and five facilities were selected and renovated to support continuity and quality of care.

The impact of this lifesaving response was significant:

- 49,956 women and young people received SRH information and services
- 3,375 individuals adopted modern contraceptive methods—preventing an estimated 630 unintended pregnancies and 196 unsafe abortions
- 135 STI cases were identified and treated
- 483 safe deliveries were supported through emergency obstetric care

For survivors of sexual violence, the project provided essential support, including dignity kits, confidential counselling, and post-exposure prophylaxis (PEP). A total of 100 women received sanitary supplies and medical care—restoring dignity and offering a pathway to healing. “Access to SRH services was nearly impossible before this intervention. This project saved lives and restored dignity to displaced women and youth,” shared a staff member from FGAE.

Case Study: Bringing Lifesaving SRHR Services to Remote Kenya

In Kajiado County, Kenya, healthcare facilities are scarce, with some communities located up to 70km from the nearest facility. Maternal and neonatal deaths are high, and socio-cultural practices, such as early marriage and female genital mutilation, limit young girl’s access to SRHR services. Many young people lack accurate information on contraception and safe sex, worsening health outcomes.

To address these critical gaps to access, RHNK, IPPF's Associate Member in Kenya in partnership with the Maasai community established the Reproductive Health Network Medical Centre (Naretisho) in Torosei, a remote area near the Tanzania border. The facility provides maternal healthcare, FP, and youth-friendly services, addressing the urgent healthcare gap. As an immediate win, over 200 clients were served on opening day. Since then, 17 successful births have been recorded by skilled providers, 1,140 family planning services provided and 22 CSE sessions taught in local schools.

The new health facility has revolutionized reproductive healthcare in Torosei, offering women and girls lifesaving services close to home. Community members no longer must endure long, treacherous journeys to access care. Young people are now openly discussing contraception and safe sex, signalling a cultural shift towards improved reproductive health literacy.

Case Study: Reaching Youth with SRH Services - The Cine-Bus Impact in Chamwino, Dodoma Tanzania

In Chamwino District, Dodoma, access to youth-friendly sexual and reproductive health and rights (SRHR) services has long been limited. To bridge this gap, UMATI, IPPF's Member Association in Tanzania, rolled out an innovative and engaging solution: the Cine-Bus—a fully equipped mobile clinic and educational hub that brings healthcare, knowledge, and entertainment directly to young people.

The Cine-Bus creates a safe and inviting environment where youth can watch educational films, participate in open discussions, and receive SRH services—all in one visit. By blending health education with entertainment, UMATI successfully breaks down stigma and builds trust among adolescents and young adults.

Amina, a 20-year-old participant, shared how the experience changed her life: "I was nervous about seeking information on contraceptive options. But after watching the film and talking to the nurses, I finally understood the choices I have. I even got screened for something I had been worried about for a long time—and now I feel relieved."

Beyond individual impact, the results speak for themselves:

- Over 200 young people accessed SRH consultations
- 100 underwent reproductive health screenings
- More than 70 young women received personalized contraceptive counselling

The Cine-Bus initiative exemplifies how creative, youth-centred approaches can effectively reach underserved populations with essential SRHR information and services—empowering young people to make informed decisions about their health and futures.

Projects results: Leveraging from HIV integration in SRH to expand access for Sex workers

The Japan Trust Fund (JTF) is an 18-month initiative led by IPPF's Member Association in Mozambique, AMODEFA, aimed at introducing and optimizing biomedical HIV prevention methods. The project primarily focuses on reducing HIV transmission among the sex worker community in Manica province, while seeking to promote the acceptance, distribution, and effective use of oral PrEP, alongside other emerging biomedical HIV prevention strategies. This approach integrates these methods into a comprehensive sexual and reproductive health services package. The intervention strategy comprises three main components , (i) mobile health brigades to increase convenience and accessibility, (ii) healthcare provider involvement through training and collaboration with healthcare workers making services more efficient and widely available, (iii) Peer education and targeted outreach to improve awareness and engagement of the community.

In 2024, key achievements included capacity building of 20 sex workers and 10 health care workers as peer educators and for high quality PrEP services provision respectively. HIV prevention awareness and outreach played a pivotal role in reaching and providing PrEP services to sex workers. More than 300 female sex workers have been introduced to oral PrEP services.

In the same vein as the above, IPPF's MA the Family Planning Association of Malawi (FPAM) uses an integrated approach to SRH and HIV prevention, to ensure that high-risk populations like female sex workers receive the support they need.

"More than 300 female sex workers have been introduced to oral PrEP services."

FPAM's mobile outreach services bring PrEP, HIV testing, and counselling directly to the women who need it most, removing barriers to access and misinformation. Additionally, peer-led networks provide support for HIV testing, treatment adherence, family planning, cervical cancer screening, and gender-based violence protection. The inspiring story of Ziona* a 28-year-old female sex worker from Mitundu is a testimony of the impact of the great work done by MAs regarding HIV integration.

"In this business, customers make demands. If I use a condom, I charge K1,500 ($1.70). But if a client insists on unprotected sex, they pay K20,000 ($11.40). That's a huge difference. So, for many of us, taking PrEP is the only way to protect ourselves and still make money. I first learned about Pre-Exposure Prophylaxis (PrEP) from outreach health workers visiting bars and red-light districts. Initially, I was sceptical. Some of my peers told me that PrEP was just another form of HIV treatment, while others wrongly believed it protected against all sexually transmitted infections (STIs). The stigma surrounding HIV prevention medication made me hesitant to take the first step. After attending counselling sessions led by trained health workers and peer educators, I finally understood what PrEP could do for me. Now, I know that it is only for HIV prevention. It doesn't protect me from STIs, so I still need to be careful.

I no longer hesitate, and I serve as an advocate within my community, urging others to protect themselves. [*I tell my friends, if you value your health, do not take chances. Take PrEP]*"

Case Study: Leaving No One Behind – Extending SRHR Services to People with Disabilities in Guinea-Bissau

Ensuring equitable access to SRHR for people living with disabilities (PLWD) is a vital step toward inclusive healthcare. Yet across Guinea-Bissau, PLWD often face systemic barriers—from inaccessible facilities to stigma and lack of tailored information—that limit their ability to make informed choices about their health and bodies.

In response, AGUIBEF, IPPF's Member Association in Guinea-Bissau, with support from UNFPA, launched a pioneering initiative to improve SRHR access and uplift the rights and well-being of this often-marginalized population.

At the heart of the intervention was a peer educator training programme designed specifically for people with disabilities. The programme aimed to promote human rights and gender equality, raise awareness about gender-based violence, and empower PLWD to advocate for their own SRHR and that of their communities. Complemented by information, education, and communication (IEC) sessions, the initiative created a supportive environment for PLWD to engage, learn, and make informed decisions about their health.

Key achievements included:

- 31 peer educators trained to lead community-based SRHR sessions
- 476 people with disabilities reached with SRHR education
- 593 individuals with disabilities accessed contraceptive services; Among them, 65% were youth, and 54% were first-time family planning users

By centring PLWD as both beneficiaries and agents of change, this initiative not only expanded access to essential services—it also strengthened community solidarity and paved the way for more inclusive, rights-based health systems in Guinea-Bissau.

ADVANCE DIGITAL & SELF CARE

Advances in medical technologies, driven by the internet and telecommunications, are rapidly transforming healthcare and caregiving platforms. Many individuals, particularly younger generations, now prefer virtual interactions to in-person consultations, even for medical services. In response, IPPFAR's MAs have prioritized investments in digital health solutions, integrating them into their comprehensive care offerings. With digital communication channels, MAs have significantly improved the delivery of information and resources, broadening their reach and impact.

Over the past year, IPPFAR MAs delivered **206,168 SRH services through digital platforms including telehealth.**

Case Study: Breaking Barriers to SRHR Information in Rwanda

In Rwanda, adolescents and young people face stigma, misinformation, and limited access to youth-friendly SRHR services. Teenage pregnancy remains a pressing issue, with 5.2% of girls aged 15-19 becoming pregnant in 2019/2020. Cultural taboos, gender norms, and a lack of confidential, reliable SRHR information exacerbate these challenges, leading to high rates of unintended pregnancies, unsafe abortions, and gender-based violence.

In response, Health Development Initiative (HDI), IPPF's Collaborative Partner in Rwanda, launched a toll-free, confidential SRHR hotline (3530) to bridge the information gap and provide stigma-free, professional support. The hotline is accessible across Rwanda via AIRTEL and MTN, ensuring reach in both urban and rural areas. Trained counsellors offer judgment-free guidance on contraception, STIs, unintended pregnancies, and gender-based violence. So far, the impact includes:

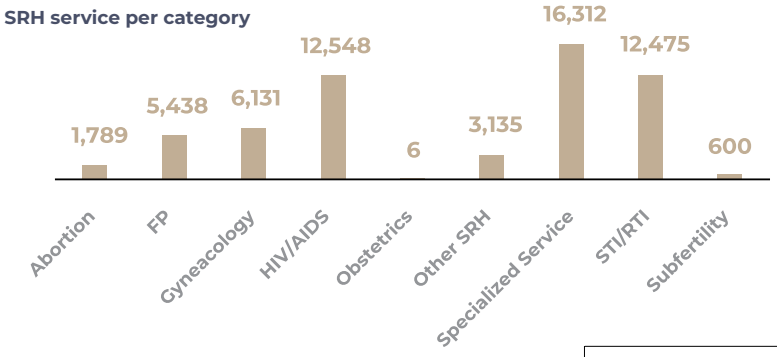
- **350,000+** individuals reached since 2016,
- **67,939** calls completed in 2024 alone,
- **61%** of callers aged 15-19,
- **87%** of callers are female as well as having the highest reach in the East (20,143 calls) and South (22,671 calls)

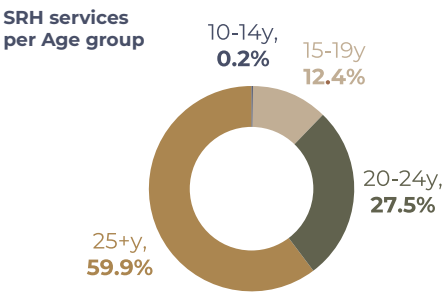
The HDI Hotline has transformed access to SRHR information, particularly for adolescent girls. Young people now have a safe space to ask questions, access contraception, and receive referrals for essential health services. The initiative demonstrates the power of youth-friendly, confidential platforms in dismantling stigma and empowering informed decision-making.

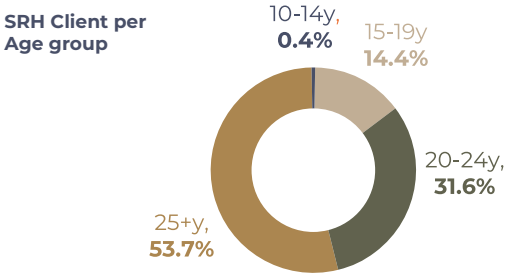
Profiling DHI clients and SRH services characteristics: Case of Benin

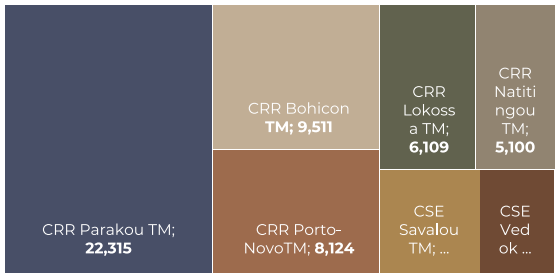
The Association Béninoise pour la Promotion de la Famille (ABPF), IPPF's Member Association in Benin, has been implementing digital health interventions since 2023, using digital platforms to improve access to SRH services. ABPF operates eight static clinics across seven regions and, with government approval, has established a free toll service to bridge gaps in accessibility. Skilled nurses and counsellors manage the toll, providing quality services and referrals when necessary.

In 2024, **ABPF provided 62,642 SRH services, including referrals, to 3,637 clients, marking a 44% increase from 2023. Of these clients, 85% were female, 14.8% were adolescents, and 31.6% were young people**. The highest number of clients sought services related to STIs, RTIs, HIV, and abortion, regardless of age. HIV and STI services remained the most frequently provided SRH services, demonstrating the successful integration of services within the clinics. Abortion services, including pre-counselling and follow-up care for incomplete abortions, were among the most requested services, in addition to consultations. Referrals predominantly involved specialized services, particularly those related to sexuality and relationships. **Notably, 63% of these referrals were attributed to adolescents and youth, highlighting the importance of offering targeted specialized care for this demographic**.









PILLAR 2: MOVE THE SEXUALITY AGENDA

"My name is Maria*, I am 22 years old. I come from a rural village in Nacala Porto district, in Mozambique's Nampula province. For years, I struggled to understand my sexuality. This is because I have always been sexually attracted to both men and women. It bothered me so much because I knew that in society, this is considered as 'abnormal'. I felt ashamed.

Deeply troubled, I one day confided in a friend about my odd sexual feelings. Her reaction surprised me. She calmly told me that my feelings were not unusual. She explained that I was bisexual –the name given to people who are sexually or romantically attracted to more than one sex or gender.

Shortly after that conversation, my friend invited me to a meeting. There, I was surprised to learn of a community of people in Nampula who had different sexual orientations and gender identities. I met individuals who identify as lesbians, gay men, intersex persons, and trans people. I was introduced to the LGBTQIA+ community in Nampula, which was exciting for me because I could now relate with a group of people who were like me, and who understood me. I felt safe in their presence. I was not abnormal after all!

I learnt that the meetings were held regularly, and I resolved to never miss any. As I did so, I gained a deeper understanding about sexual reproductive health (SRH) matters through the open discussions, facilitated by trained community health volunteers. I learnt about sexually transmitted infections (STIs), HIV and how to care for my sexual health. It surprised me how uninformed I was about SRH issues.

"I'd always had this gnawing fear that clinicians in hospitals would rebuke me if I told them that I have sex with both men and women."

Through the meetings, I also learnt about health facilities where I could get services as a queer woman, without feeling judged. They told us that service providers trained by an organization called AMODEFA were fully attuned to our SRH needs. I'd always had this gnawing fear that clinicians in hospitals would rebuke me if I told them that I have sex with both men and women. I was scared they would condemn and dismiss me. I therefore kept away from health facilities, even when I desperately needed services. Listening to the experiences of my fellow LGBTQIA+ community members, including their positive experiences accessing health services by clinicians trained by AMODEFA boosted my courage to do the same.

Today, I can confidently walk into select health facilities in my area and access a wide range of SRH information and services as a bisexual woman. My experiences have been awesome as I have always been warmly welcomed and treated well by the clinicians. Subsequently, I have in turn encouraged my LGBTQIA+ friends to seek services from these facilities as well. So confident am I about the services offered by AMODEFA-trained health workers that I sometimes accompany those who feel afraid. It gives me joy when those I refer to express satisfaction with the services offered. Nowadays, I'm no longer ashamed of my sexuality."

Sexuality encompasses more than just sex and attraction—it plays a key role in shaping identities and guiding decisions about our bodies and lives.

It involves love, pleasure, and well-being, along with moral, equality, and health aspects. Conflicting views on sexuality often contribute to societal challenges. IPPF works to promote sexual and reproductive rights by shaping public opinion, influencing policies, and sparking emotional engagement. To advance this agenda, three key strategies are essential: ground advocacy, shift norms and act with youth.

GROUND ADVOCACY

IPPF advocates for the global recognition of sexual and reproductive rights across all levels, from grassroots activism to international diplomacy. IPPFAR provides guidance to governments and plays a role in shaping policies, while ensuring that these governments fulfil their obligations at the national level.

Advocacy is built on a wide range of perspectives and a strong commitment to human rights. IPPFAR continues to use its influence to amplify community voices in advocacy spaces, integrating lived experiences and innovative approaches into policy discussions. With unwavering dedication to its core values, IPPFAR challenges colonial and discriminatory laws that perpetuate division.

In 2024, IPPFAR had eight advocacy wins at various levels showcasing our effort in advocating for an enabling SRHR environment.

Overview of MAs Advocacy / Policies work in 2024

Ghana - PPAG implemented the USAID PROPEL project which sought to advance the FP2030 commitments that Ghana has committed to. The project sought to ensure an increment in the Family Planning budget allocation by 10% in ten implementing districts. After the period of implementation, 2 out of 10 implementation sites have included a budget line for family planning in their budgets.

Zimbabwe – MAZ advocated for the increase of the Annual National Health Budget from 9% to 15%. The MA held a Budget Advocacy and Literacy training for youth-led and youth-serving organizations who are part of the Youth Health Movement and supported their participation in the Budget Consultations. The 2025 Budget was announced with a 13% Annual Health Budget. In addition to this win, a dedicated youth seat has been established in the Global Fund Country Coordinating Mechanism (CCM) for Zimbabwe, marking a significant victory for youth advocacy. This milestone was achieved with 13 out of 24 CCM members voting in favour of the seat. The Youth Health Movement, supported by the advocacy efforts of COMPASS partners, My Age Zimbabwe, and the Advocacy Core Team (ACT), played a crucial role in this achievement.

Botswana – During the commemoration of the 16 Days of Activism Against GBV (GBV), BOFWA raised an urgent alarm about the increasing cases of SGBV. The event was well attended by invited dignitaries, including the Assistant Minister of State for the President's Office, the Assistant Minister of Health, the Gender Commissioner, local headsmen, and counsellors. The Assistant Minister of State for the President's Office responded positively to BOFWA's request for the establishment of One Stop GBV centres to address the rising rates of GBV. In response, BOFWA presented a petition, which the Ministers agreed to bring before Parliament for further action.

Nigeria – PPFN designed SMART Advocacy activities to strengthen advocacy efforts, focusing on the need for sustainable domestic resource mobilization for financing FP commodities. This initiative aligns with broader health sector reforms under the Nigeria Health Sector Renewal Investment Initiative (NHSRII) and the Sector-Wide Approach (SWAp). Data revealed that Nigeria had not met its annual $4 million commitment to UNFPA over the past three years, resulting in the loss of matching funds and exacerbating funding shortfalls. In 2024, the United Nations Population Fund (UNFPA), in collaboration with PPFN, led a series of strategic initiatives at both national and sub-national levels to advance the SMART Advocacy Strategy for Domestic Resource Mobilization (DRM) for reproductive health supplies. PPFN spearheaded key activities, including a three-day workshop with stakeholders, advocacy engagements with key partners, and the development of comprehensive advocacy materials. These initiatives addressed gaps in family planning financing and promoted government accountability. Key stakeholders engaged during the advocacy efforts included government representatives, international and implementing partners, sub-national actors, and legislators. As a result of PPFN's advocacy efforts, Rivers State allocated N40 million for the procurement of FP commodities for the first time, while the national government committed $4 million for the same purpose.

N40 M
Allocated by Rivers State for the procurement of FP commodities

$4 M
Committed by the national government for the same purpose

South Sudan – RHASS engaged policymakers and community structures in advocacy meetings to support FP policies, as well as commitments to the ICPD and FP2030, with a focus on upholding FP demand, changing harmful social norms, preventing SGBV, and promoting gender equality at the sub-national level in Magwi and Morobo. As a result of this advocacy work, the participation of national stakeholders in these regions became a reality. This positive change is now evident through their active involvement in SRHR activities led by the MA.

Tanzania – UMATI led the dissemination of Post Abortion Care (PAC) guidelines to the Regional Health Management Team and Central Health Management Team of four regions in Tanzania to enable an environment for PAC provision. The MA owns the activity and hosts the meetings highlighting the effort and commitment of advocating comprehensive SRH, including abortion services.

Uganda – The government has finalized and launched the National Health Adaptation Plan (H-NAP) for climate change, which integrates sexual and reproductive health (SRH) as a key component. This aligns with the country's global commitments made at the UN Conference of Parties (COP) 26 in Glasgow (2021) and COP 28 in Dubai (2023), addressing the growing global challenge of climate change. The inclusion of SRH in the plan is the outcome of advocacy efforts led by RHU during several meetings they facilitated.

Kenya - RHNK collaborated with the government through the Ministry of Health (MoH) to develop and launch the Understanding Adolescent Guidelines – A Guide for Parents/Caregivers. This was a significant achievement for RHNK, particularly in the current climate where SRHR organizations face strong opposition in advocating for Comprehensive Sexuality Education (CSE).

In partnership with the MoH, RHNK also successfully held the 7th RHNK Adolescent and youth Sexual and Reproductive Health and Rights (A+SRHR) Scientific Conference themed 'Priorities for Advancing A+SRHR in Africa' attracting over 800 delegates from 14 countries across the continent and beyond.

Zambia - The MoH expanded the pilot of e-signatures for abortion services to non-state actors, including PPAZ, following the success of the initial pilot conducted within selected public health facilities. This expansion has allowed PPAZ to begin using e-signatures, addressing the challenge of requiring three doctors before performing a termination of pregnancy.

In 2024, the Ministry of Education (MoE), through the Curriculum Development Centre (CDC), completed the revision of the CSE Framework, which takes the new name of Life Skills and Health Education (LSHE) Framework.

Case Study: Overcoming Resistance to Comprehensive SRHR Service Provision in South Sudan

In Unity State, South Sudan, access to family planning services faced a significant challenge when six health providers were arrested and detained for offering these essential services in august 2024. This incident fostered an environment of fear among healthcare workers and the community, leading to the suspension of SRH and FP services. Compounding the issue, faith-based organizations actively campaigned against family planning, labelling such services as promoters of immorality.

To address this critical situation, the Reproductive Health Association of South Sudan (RHASS), in partnership with UNFPA, initiated a targeted advocacy campaign in Unity State. The approach encompassed:

- Multi-Stakeholder Engagement: RHASS convened meetings with 46 key stakeholders, including the state governor, legislators, religious leaders, traditional authorities, security forces, women leaders, and youth representatives.
- Collaborative Dialogue: Working alongside partners such as the South Sudan Parliamentarian Network for Population and Development, UNFPA, IRC, WHO, and CORDAID, RHASS emphasized the critical importance of reproductive health services and highlighted the human rights implications of restricting access.

These concerted efforts led to significant outcomes:

- Policy Directives: The state governor issued directives ensuring unhindered access to family planning services throughout Unity State.
- Release of Health Workers: All six detained health providers were released, allowing them to resume their vital work.
- Resumption of Services: Family planning services restarted, restoring essential healthcare access to the community.
- Legislative Commitment: State parliamentarians pledged to extend awareness and advocacy efforts within their constituencies, promoting the importance of SRH services.

This initiative underscores how strategic advocacy, and multi-sectoral collaboration can effectively overcome resistance to reproductive health services, safeguarding individuals' reproductive rights and well-being even in challenging contexts.

Advocacy meeting with stakeholders in Unity state.

Advancing LGBTQI+ Rights: IPPFAR at the ILGA World Conference

In 2024, IPPFAR made a significant mark at the ILGA World Conference in Cape Town, South Africa, reinforcing its commitment to advancing LGBTQI+ rights globally.

This landmark event provided a vital platform for fostering connections, strengthening collaborations, and enhancing collective learning in response to increasing anti-rights narratives. For the first time, IPPFAR actively participated alongside MAs and CPs from the African region, including Reproductive Health Network Kenya, AMODEFA (Mozambique), and Soul City Institute for Social Justice (South Africa). This milestone integration of SRH within LGBTQI+ advocacy spaces highlighted the intersectionality of these movements and the need for sustained collaboration.

IPPFAR representatives engaged with key stakeholders including funders, policymakers, and activists fostering deeper collaborations to strengthen advocacy efforts across Africa. These interactions informed regional priorities, including combatting stigma and discrimination, advancing SRH rights within LGBTQI+ advocacy, and developing evidence-based approaches to support transgender and gender-diverse individuals.

IPPF Africa Region, in partnership with MAs and CPs, led a side event underscoring the importance of cross-movement solidarity between SRH and LGBTQI+ advocacy, exploring strategic approaches to counter anti-rights rhetoric in Africa.

IPPF's presence at the ILGA World Conference strengthened its position within the global LGBTQI+ movement, demonstrating its commitment to inclusive policies and sustained advocacy. The knowledge, networks, and strategies gained will inform future interventions, ensuring that grassroots perspectives shape regional and global advocacy efforts for LGBTQI+ rights and SRH justice.

Building collective power to challenge the growth of anti-rights: IPPFAR at the AWID forum

IPPFAR participated in the 15th AWID International Forum in Bangkok, Thailand, in December 2024. The forum, themed Raising Together: Connect, Heal, and Thrive, brought together feminists, women's rights advocates, LGBTQI+ activists, disability justice leaders, and other social justice movements to build collective power in the face of growing anti-rights narratives. It provided a critical space to strategize on advancing gender justice, pleasure, and solidarity, particularly in humanitarian settings where marginalized communities are disproportionately affected.

IPPFAR played a key role in the forum by co-leading a discussion with Center for Health, Education and Vulnerable Support FRIDA, The Young Feminist Fund, focusing on youth mobilization and countering anti-rights rhetoric in Africa. A significant outcome was the co-creation of a **Youth Manifesto**, a strategic tool designed to reclaim narratives on gender, sexuality, and rights across the region. The forum also provided a platform to explore the intersections of pleasure, protest, and rest as essential components of feminist resistance. Discussions emphasized how SRHR movements can integrate pleasure as a radical act of self-determination, protest as a tool for social change, and rest as a necessary form of resistance, especially for activists facing burnout.

Another key area of engagement was strengthening solidarity in humanitarian settings, particularly for LGBTQI+ individuals, persons with disabilities, and sex workers. Conversations highlighted the urgent need for intersectional approaches to crisis response to ensure that marginalized groups are not left behind in emergencies. The forum facilitated connections with feminist, LGBTQI+, and disability justice movements, strengthening cross-regional advocacy efforts on sexual and reproductive health and rights (SRHR) and reinforcing the need for inclusive policymaking.

The outcomes of IPPFAR's participation at AWID Forum 2024 is already shaping current and future advocacy and programmatic work. There is a clear commitment to expanding IPPF's role in feminist convenings by ensuring SRHR remains central to global gender justice conversations.

IPPF Africa Region's participation at the AWID Forum reaffirmed its commitment to intersectional advocacy, emphasizing solidarity, pleasure, and protest as fundamental pillars of social change. Through strengthened partnerships and strategic interventions, the organization will continue to push for inclusive policies and sustained support for marginalized communities across Africa.

Evidence Generation for Evidence-Based Advocacy

In response to growing efforts to undermine human rights, including those foundational to SRHR, IPPFAR partnered with MAs from Africa and Europe to conduct research on the actors involved and develop recommendations to counter their efforts at regional and national levels. Additionally, IPPFAR collaborated with sister organizations in the region to identify and expose far-right actors attempting to restrict the rights of Africans and their autonomy over reproductive decisions. The findings and research from this initiative have been used in various ways, including training MAs on the origins of rollback efforts in their countries and strategies to protect rights. Furthermore, collaboration with journalists has helped raise awareness about how far-right and extremist groups from the USA and Europe are leveraging significant resources to spread misinformation.

"IPPFAR collaborated with sister organizations in the region to identify and expose far-right actors attempting to restrict the rights of Africans and their autonomy over reproductive decisions.."

Advocacy Capacity Strengthening for MAs and Other Partners

In 2024, IPPFAR's secretariat team continued to provide advocacy training and capacity strengthening for African MAs/CPs and partners.

Tailored training sessions led by secretariat staff ensured that MAs/CPs were supported according to their specific needs, with training content developed to reflect their capacity and local contexts: In November 2024, with support from the Government of Luxembourg and the Hewlett Foundation, IPPFAR hosted a week-long advocacy training in Cotonou for MAs/CPs from Francophone West and Central Africa. Following a comprehensive needs assessment that identified gaps and opportunities for each MA, a tailored VCAT and training program was developed to support MAs in building national advocacy strategies. In addition to practical training on developing advocacy strategies, participants received expert knowledge on resource mobilization, engaging in multilateral processes such as UPR and HRC, and addressing efforts to reverse gains in SRHR.

The Right Here Right Now programme, led by IPPF's Netherlands MA with support from the Dutch Ministry of Foreign Affairs, involves IPPFAR as a technical partner, assisting country teams in Africa and the Global Advocacy Group (GAG) in advancing adolescent SRHR and the rights of marginalized groups. As a technical partner, IPPFAR provided advocacy support to partners across the Africa region, including Anglophone countries (Kenya, Ethiopia, Uganda), Francophone countries (Benin, Burundi, Morocco, Tunisia), and through global linking and learning. In all three forums, IPPFAR led multiple sessions focused on mitigating rights rollbacks, leveraging multilateral opportunities, and connecting national, regional, and global advocacy efforts.

In collaboration with the Global Advocacy Group, IPPFAR contributed to steering the global programme's advocacy direction. The GAG undertook several significant advocacy initiatives, including during the Commission on the Status of Women (CSW) and the Commission on Population and Development (CPD). In 2024, IPPFAR's most notable contribution was ensuring that SRHR references were included in the outcome document of the Summit of the Future, the Pact of the Future.

Multi-sectoral collaboration in advocacy remains essential to overcoming resistance and advancing SRHR goals.

SHIFT NORMS

Transforming the paradigm of sexuality goes beyond policy changes; it requires a shift in societal attitudes and norms. Through community engagement and feminist activism, IPPFAR tackles harmful gender norms that hinder the progress of women and girls worldwide. By prioritizing the fight against SGBV, IPPFAR promotes inclusivity and respect for sexual diversity and rights, while consistently defending hard-earned human rights and breaking down systemic barriers. By utilizing strategic communication and digital platforms, IPPFAR extends its reach and gathers strong evidence to guide its advocacy efforts.

In 2024, IPPFAR MAs delivered 785,654 services relating to SGBV, with key contributions from MAs in Uganda, Mozambique, Nigeria and Kenya.

Case study: Common Senses, A Digital Campaign Challenging SRHR Stereotypes

Stereotypes surrounding SRHR and gender in Sub-Saharan Africa have long hindered access to essential reproductive healthcare and reinforced inequality**.** Recognizing the need to challenge these deeply ingrained misconceptions, IPPFAR launched the *Common Senses* digital campaign in 2023. Designed to encourage young people to think critically, engage in discussions, and dispel myths, the campaign ran from September to November 2023 in English, French, and Portuguese. It focused on three key populations: women and girls, LGBTIQ+ individuals, and persons with disabilities.

Building on the success of its inaugural edition, *Common Senses II* was introduced in July 2024 with an expanded focus on Comprehensive Sexuality Education (CSE), traditional gender roles, street harassment, and healthy masculinity. The campaign, which ran until November 2024, was structured into two implementation phases: awareness & knowledge-building and engagement & sensitization. Throughout these phases, IPPFAR collaborated with African influencers to amplify the campaign's reach through innovative digital content, including the Common Senses Talk Shows, reel videos, Augmented Reality (AR) filters, and social media challenges.

The campaign achieved record-breaking digital outreach for IPPFAR's Africa Regional Office. Common Senses II generated **20.2 million impressions,**

Many still wrongly believe that teaching comprehensive sexuality education (CSE) encourages young people to be promiscuous or start having sex early.

But that's just not true.

CSE teaches us about love, relationships, and sexuality so that they can make informed decision and prevent gender-based violence, gender inequality, early and unintended pregnancies, HIV, and other sexuality transmitted infections for their health and well-being.

- Mahmoud Garga, IPPF Africa Region Lead Strategic Communications, Voice and Media

reaching 11.4 million people, with campaign videos accumulating over 8.1 million views — a testament to the campaign's relevance and the high level of audience engagement. Notably, the talk show series, *Common Sense Through Generations*, emerged as a standout success, attracting 4 million views on Facebook and 1.7 million views on Instagram across its two episodes. Audiences enthusiastically embraced the show, expressing anticipation for future episodes and even requesting a podcast adaptation.

The overwhelmingly positive response to Common Senses II reaffirmed the critical role of digital advocacy in addressing SRHR misinformation and promoting open, informed conversations. Through this campaign, IPPFAR successfully strengthened its engagement with young people, fostering dialogue and challenging societal norms that hinder sexual and reproductive health rights across the region.

"One thing i love about them (IPPFAR) is I share a lot of their values. It's nice to work with people not for the sake of money but because you believe in their mission as well."

- Sophia Chapeshamano.

Sophia is an actress and social media influencer with a substantial following on social media. She promotes social development and women's empowerment, receiving significant positive support from the online community.

"Bold initiative, evidently targeting a wider audience. You've sparked a movement that encompasses a broader conversation on education and advocacy around Sexual and Reproductive Healt (SRH), establishing it as an enduring and inclusive tool within the African context, where the unique cultural and societal dynamics further emphasize its importance."

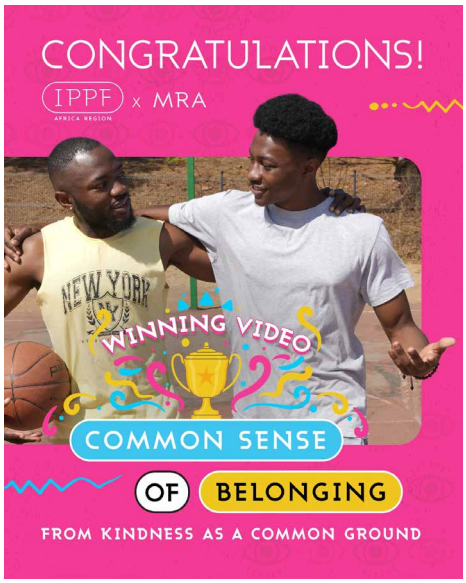
- Facebook follower

The Common Senses digital campaign, designed to encourage young people to think critically, engage in discussions, and dispel myths, achieved record-breaking digital outreach for IPPFAR's Africa Regional Office

20.2 M
Impressions

11.4 M
People

8.1 M
Views

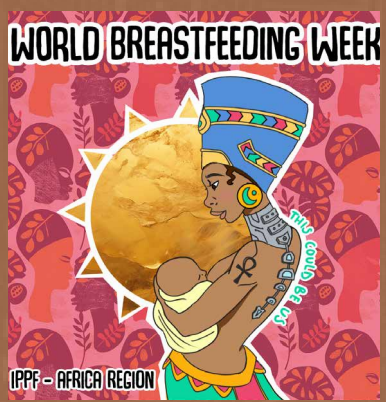


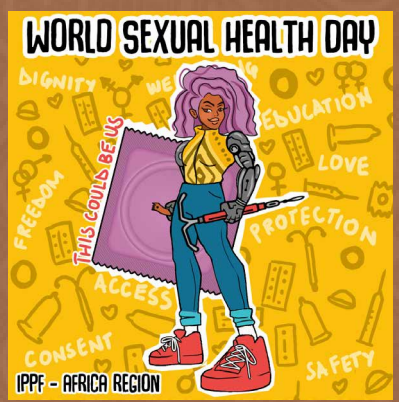
*"The campaign reached another milestone when one of its videos, **The Common Sense of Belonging,** won the Grand Prize in the international "Kindness as a Common Ground" creative competition."*

In February 2025, the campaign reached another milestone when one of its videos, The Common Sense of Belonging, won the Grand Prize in the international "Kindness as a Common Ground" creative competition. Organized by global creative studio Fine Acts and the philanthropic foundation A.W.E., the award recognized powerful storytelling that promotes kindness, empathy, and connection. The video, part of the Common Senses campaign, highlights how everyday acts of kindness can spark transformative change in advancing SRHR. This prestigious recognition is a testament to the creativity, dedication, and passion driving IPPFAR's work—and a reminder of the impact of storytelling in building a more inclusive and rights-based world.

Case study: Commemorating International Days with Sex-Positive Messages

As part of its 2024 International Days commemorations, IPPFAR launched a bold and unapologetic social media series titled *This Could Be Us*. This yearlong campaign envisioned a futuristic, optimistic, and inclusive world where SRHR are fully realized across Africa. Through colourful and diverse visuals, the series presents a utopian and sustainable future—one where individuals can express their sexuality freely, access comprehensive healthcare, and thrive in an environment of equality and respect. The artistic direction of *This Could Be Us* was deeply influenced by African art, fabrics, patterns, and artefacts, blending these rich cultural elements with a striking anime aesthetic inspired by the Afrofuturist movement. This unique fusion resonated strongly with young audiences, creating an aspirational world that celebrates identity, freedom, and empowerment. The vibrant and innovative approach not only captured attention but also sparked meaningful conversations about what a future with fully realized SRHR in Africa could look like.





By embracing cultural heritage and futuristic storytelling, IPPFAR successfully engaged youth with positive and forward-thinking narratives that challenge norms, celebrate diversity, and inspire collective action toward a better, more inclusive future.

Case Study: Turning Men in Uniform into SRHR Allies – Changing the Narrative in Sierra Leone

For decades in Sierra Leone, conversations around SRHR have largely focused on women—leaving men on the sidelines of critical discussions about contraception, family planning, and maternal health. This narrow framing has reinforced harmful gender norms and hindered shared decision-making within families. In a bold move to shift this narrative, the Planned Parenthood Association of Sierra Leone (PPASL) launched a transformative initiative to engage male-dominated institutions—including the military, police, prison services, and fire force—in advancing SRHR and gender equality.

By working within these highly structured environments, PPASL aimed to:

- challenge long-standing misconceptions
- educate men about reproductive health and their role in supporting it
- foster more inclusive, informed, and equitable reproductive decision-making

Through targeted training and open dialogue, the initiative encouraged men to see SRHR as a shared responsibility—not one that only impacts women, but families and communities at large. "Before this initiative, most men in my unit saw contraception and maternal health as 'women's business.' Now, we understand that these decisions affect the whole family," shared a police officer who participated in the training. This initiative represents a major step forward in dismantling gendered barriers to SRHR in Sierra Leone—turning men from passive observers into active advocates for the health and rights of all.

Case Study: Challenging Gender Norms for a Better Future - Male Engagement Forums in Uganda

In Mbale, Uganda, long-standing cultural beliefs continue to reinforce unequal power dynamics, often placing reproductive decision-making solely in the hands of men. This imbalance fuels SGBV, teenage pregnancies, and early marriages—leaving many women and girls without a voice over their bodies or their futures.

To challenge this status quo, Reproductive Health Uganda (RHU) launched the Male Engagement Forums (MEFs)—community-led spaces that bring together religious leaders, fathers, husbands, and young men to dismantle harmful gender norms and promote positive masculinity. For many participants, MEFs offered a first opportunity to openly discuss topics such as family planning, GBV, and child marriage in a safe, non-judgmental environment. The sessions emphasized that reproductive

"For many participants, MEFs offered a first opportunity to openly discuss topics such as family planning, GBV, and child marriage in a safe, non-judgmental environment."

health is not solely a woman's responsibility, but a shared commitment between partners: "I used to think contraception was only a woman's responsibility, but now I know we must support each other," shared a local father after attending a session.

To date, over 155 men have been trained as male champions for gender equality—sparking a cultural shift in their communities. These champions now actively participate in family planning discussions and advocate for respectful, equitable partnerships within households.

In areas where MEFs have been introduced, women report greater access to SRH services with support from their partners, and tolerance for GBV is visibly declining: "We have to change the way we raise boys. We must teach them that women's voices matter," declared one Male Champion in Mbale. The MEF initiative is proving that when men are engaged as allies in gender equality, the benefits ripple across families and communities—laying the groundwork for a more just and healthy future for all.

ACT WITH YOUTH

Youth are key drivers of societal change. As the most diverse generation to date, youth movements break boundaries in the digital age. By working alongside young people, we empower them to lead and implement change initiatives. We are committed to improving CSE, scaling up successful approaches, and advocating for legal frameworks that offer support. Alongside our traditional efforts, we aim to explore new digital platforms. Recognizing that many young people turn to the internet for sexual health information, we focus on enhancing the quality of sexuality-related content on social media and strengthening links to care resources.

In 2024, IPPFAR's MAs reached more than 4.5 million young people with comprehensive sexual education both online and on-site. Benin and Togo were the largest contributors to this performance.

More than 53.5 million SRH services were provided to youth – a 16% increase from 2023. To improve our service for adolescents and young people, **74% of MAs trained their service providers on youth-friendly services.**

4.5 M
Young people reached

53.5 M
SRH services provided

74%
of MAs trained

Case Study: Innovative Outreach for Marginalized Groups – Breaking Barriers to SRHR in Mali

In 2024, IPPF's MA in Mali launched an innovative approach to close the gap in access to SRHR services for marginalized populations—particularly those often overlooked by traditional health outreach.

The initiative introduced two culturally responsive and strategically timed strategies:

- Night Outreach Sessions: Mobile clinics operated from 7:00 p.m. to midnight, offering free SRHR services at hours when domestic workers and other vulnerable groups were available. These sessions combined healthcare provision with targeted awareness-raising, meeting people where they are—both physically and in terms of daily routines.
- Thematic Skits and Traditional Dance Performances: These community-centred performances used theatre and local dance traditions to address sensitive topics such as family planning, STIs, and gender-based violence. This creative method helped open up dialogue, promote tolerance, and reduce stigma around SRHR in an accessible, engaging way.

The results speak for themselves:

- 284 STI cases treated
- 305 family planning clients served
- 5,579 individuals reached through culturally relevant awareness sessions

This initiative in Mali demonstrates the power of context-driven, evidence-based outreach strategies in reaching underserved populations. By adapting to the realities of people's lives and embracing local culture, the project is breaking down barriers to SRHR and ensuring that no one is left behind.

Case Study: With the Multisectoral Approach, zero teenage pregnancy can become a reality in Togo's schools.

In response to the alarming rates of teenage pregnancy in Togo, the Association Togolaise pour le Bien-Être Familial (ATBEF), IPPF's MA, launched an innovative action research project in eight intervention schools. The initiative brought together stakeholders across the education, health, justice, and traditional leadership sectors—recognizing that reducing early pregnancies requires a collective, community-driven response. The comprehensive strategy focused on five key areas:

- Training healthcare providers in youth-friendly SRHR services
- Equipping teachers to deliver CSE
- Engaging traditional chiefs and local influencers to strengthen community support and accountability
- Raising awareness through targeted community talks and media broadcasts
- Addressing sexual abuse and violence, with active involvement from justice and security officials to ensure follow-up case and legal action

10,000
Young people & teachers trained

95
Violence cases recorded

10
Community GBV referral mechanisms established

This multisectoral coordination enabled consistent data sharing, joint decision-making, and coherent action—both within schools and the broader community.

Key achievements include:

- Over 10,000 young people and teachers trained
- 95 cases of violence recorded, with 70 cases brought to court
- 10 community GBV referral mechanisms established
- One national learning exchange visit conducted
- A remarkable 72% reduction in teenage pregnancies in the targeted schools and surrounding communities

This project demonstrates the transformative power of a multisectoral approach in addressing complex challenges like teenage pregnancy. By uniting educators, health workers, traditional leaders, and justice officials around a common goal, ATBEF has created a replicable model for protecting young people's rights, health, and futures.

Case Study: Amplifying Youth Voices on SRHR Through Youth Parliaments – Uganda

In Hoima District, Uganda, young people are at the centre of a reproductive health crisis, with teenage pregnancy rates at 29% and HIV prevalence at 9.2%. Yet, despite these alarming statistics, youth voices have historically been excluded from policy discussions that shape their access to SRHR services. Without representation, their concerns often go unheard, unaddressed, and overlooked.

To bridge this gap, Reproductive Health Uganda (RHU) launched the Youth Parliament, a structured platform that gives young people a direct voice in policymaking. This innovative approach empowers adolescents and young adults to advocate for stronger SRHR policies, better services, and an end to harmful gender norms.

Through debate sessions, panel discussions, and plenary forums, young participants engage with government officials, religious leaders, parents, and policymakers, ensuring that youth-led solutions are heard and considered in decision-making. These discussions focus on contraception, HIV prevention, child marriage, and access to youth-friendly SRHR services—issues that deeply impact the next generation.

"*For the first time, young people are influencing policies that affect their reproductive health,*" said one participant.

This initiative is more than just a conversation—it is a movement towards a future where young people are not just passive recipients of policy decisions but active contributors to shaping their own reproductive health rights. By ensuring that their voices are heard and respected, RHU is paving the way for sustainable change led by the very individuals it affects most.

PILLAR 3: SOLIDARITY FOR CHANGE

"My name is Oratile Aisha Kalake, 24, a peer educator and Youth Action Movement (YAM) member at the Botswana Family Welfare Association (BOFWA). I also hold a leadership position in the YAM –that of the Secretary. As a Public Health graduate, I have for the last four years dedicated my time and resources to advocating for the SRHR of Motswana adolescents and youth.

My engagement as a YAM member has been of great benefit to me –at both personal and professional levels. Through BOFWA, I have participated in countless capacity building sessions such as trainings, conferences, and webinars, where I have increased my knowledge on SRHR issues –particularly among adolescents and youth. In these forums, I have made presentations on the experiences of Motswana adolescents and youth –drawn from my peer education activities as a YAM member. I have represented their voices in influential spaces.

My inputs in these forums have been insightful towards the development of strategies, guidelines and even policies that touch on adolescent and youth SRHR (AYSRHR). This exposure has helped me to become a strong advocate for AYSRHR in Botswana, thanks to the opportunities provided by BOFWA. Through YAM activities, I have also expanded my social network as I have met admirable individuals in the policy-making spaces, including Ministers and other top government officials. I have met many like-minded people with whom we have exchanged important information and experiences.

As a young woman, one of my strongest advocacy points is addressing the teenage pregnancy menace. I have seen how early motherhood has derailed the lives of many promising young girls, hence my commitment to working with partners for sustainable solutions. Early pregnancy is a significant public health concern and a major reason why girls drop out of school.

Botswana has a high rate of teenage pregnancies, with the UNFPA indicating that the adolescent birth rate per 1,000 girls aged 15-19, 2024 is 50 per cent.

BOFWA has six operational clinics in Gaborone (Gaborone District), Mochudi (Kgatleng District), Kanye (Southern District), Francistown (Northeast District), Maun (Ngamiland District) and Kasane (Chobe District). As trained peer educators with BOFWA, we conduct outreaches in schools to educate young learners, thus empowering them to make healthy decisions about their sexual lives.

My passion for young people's health and my engagement with BOFWA are fully aligned with my passion and career goals. The opportunities availed to me through BOFWA are helping me to enhance my skills and experience in the field of SRHR. I hope to become an influential leader in the public health space at a national level and even move on to the regional and international levels. I aspire to hold leadership roles that will enable me to be part of those who make decisions that have a positive impact on the SRHR of young people. Who knows, I might even become Botswana's Minister of Health someday!"

The challenges facing our world are numerous, complex, and interconnected. Too often, we focus on addressing symptoms rather than the root causes.

Global development agendas emphasize the need for international collaboration, as no sector can solve its problems alone. By fostering solidarity, we can tackle these challenges together.

IPPFAR actively builds connections and nurtures broad alliances and partnerships. We support movements on their own terms and in their own contexts. Together, we showcase exemplary civil society actions and inspire each other to generate new ideas and innovations. To harness the power of solidarity for transformative change, three key strategies are crucial: Support Social Movements, Build Strategic Partnerships, and Innovate & Share Knowledge.

SUPPORT SOCIAL MOVEMENTS

Throughout history, social movements have played a crucial role in driving political and social change, and their relevance remains unchanged today. These movements are rising globally in response to regressive political agendas, rejecting the futures they are being offered and actively resisting. In the digital age, many of these movements form organically, without hierarchical structures, and use social media and digital platforms to connect, organize, and broaden their impact. IPPF is committed to increasing support for intersectional social movements that advocate for SRHR and the empowerment of women and girls. We actively contribute to and amplify messages that promote human rights and challenge inequalities. Through our network and platform, we strengthen political calls to action and focus on safeguarding human rights defenders from attacks by opposition groups.

Feminist Opportunities Now (FON): Advancing Grassroots Feminist Movements

Funded by the **Agence Française de Développement (AFD),** FON's overarching goal is to strengthen the capacity of feminist movements to address GBV through sub-grants to feminist organizations, with a focus on reaching small, often unregistered, feminist organizations. The project is implemented across ten countries in three regions with IPPF as the consortium leader: Mexico and Colombia (led by MdM), Bangladesh and Sri Lanka (led by CREA), and Burkina Faso, Ethiopia, Guinea, Ivory Coast, Kenya, and Niger (led by IPPFAR).

In 2024, the FON project continued to drive transformative change by strengthening feminist organizations and amplifying advocacy efforts across Africa, Asia, and Latin America. In total, **144 feminist CSOs were funded**, **including 64 in Africa. A big part of this journey is ensuring financial sustainability and organizational growth for grassroots movements**.

2024 achievements include:

- **More than 700 capacity building sessions delivered, with over 400 in Africa**, equipping CSOs and stakeholders with skills in feminist leadership, legal advocacy, project management, and communication; Participation in over **100 international advocacy forums**, including at AWID, CSW, and regional human rights summits, amplifying feminist voices on the global stage;
- **Millions of people reached** through campaigns and advocacy efforts, raising awareness on gender-based violence, flexible funding, and feminist economic justice;
- **Expanded access to GBV services**, with a significant increase in service uptake among LGBTQI+ communities, sex workers, and women with disabilities;
- **CSOs securing additional funding**, demonstrating their capacity to sustain and grow because of FON's support, and
- Over **8,000 visitors on www.feministnow.org**, leveraging the platform as a key information hub, ensuring greater visibility and accessibility for grassroots feminist organizations.

Case study: Ethiopian CSO Rise and Shine: From FON's First Funding to Sustainable Growth

Rise and Shine Women Empowerment Centre (RSWEC) was established in May 2023 to support women and children facing SGBV in the Tigray region. Founded by two former Ethiopian government employees, the women-led organization quickly gained recognition for its strong advocacy work and commitment to gender justice. Before receiving funding, RSWEC relied on personal donations and in-kind contributions, with no structured financial systems in place.

With the comprehensive technical support from FON on governance, financial management, communication, risk mitigation measures, and project management, RSWEC proactively developed key policies, including gender, strategic planning, GBV programming policies, and worked toward national registration. FON also introduced financial tracking systems, guiding the organization through its first experience managing structured funding.

With this foundation, RSWEC secured six new funding sources in 2024, significantly expanding its financial sustainability. These include USAID-ESP ($41,847.27), USAID-SPA ($34,465.20), UAF ($9,996), CRD (120,000 SEK), Norwegian Diasporas ($2,356.24), and FON's 16 Days of Activism Grant (€5,087.51).

This success highlights how early investment in capacity-building leads to long-term sustainability. Strong advocacy efforts helped the organization gain credibility and unlock additional funding, while ongoing mentorship and governance support ensured financial stability. Moving forward, RSWEC aims to expand GBV survivor services, strengthen partnerships, and enhance financial sustainability, further solidifying its role in Ethiopia's feminist movement.

Case Study: Strengthening Governance for Feminist Advocacy in Burkina Faso

The organisation Soeurs pour Soeurs / Tond Laa Taaba (SPS/TLT) was established in 2020 with the mission of improving the lives of women and girls suffering from mental health conditions. The organization has played a crucial role in advocacy, service provision, and support for mental health centres in Burkina Faso. With a governing board led by a President, SPS/TLT operates as a structured feminist organization, though it continues to develop its governance framework for long-term sustainability.

In 2024, FON project provided valuable support to the organisation focused on strengthening advocacy for holistic healthcare access for women with mental health conditions. With FON's assistance, SPS/TLT has developed an administrative and financial manual, ensuring structured governance and financial sustainability. The organization has also engaged in capacity-building for its staff and partners, reinforcing leadership, feminist advocacy, and community engagement. SPS/TLT has demonstrated best practices in its approach by working in partnership with OXFAM Burkina Faso and the Foundation for a Just Society, strengthening its advocacy capacity, and developing structured policies for organizational efficiency.

Moving forward, FON will continue to provide technical guidance, including reviewing SPS/TLT's work plan and refining its advocacy strategy. The case of SPS/TLT highlights how targeted feminist funding can help organizations formalize governance structures and strengthen their impact in addressing intersectional challenges.

"In 2024, FON project provided valuable support to the organisation focused on strengthening advocacy for holistic healthcare access for women with mental health conditions."

Case Study: Solidarité Suisse Guinée – Safe Shelter and Economic Empowerment for Survivors

Solidarité Suisse Guinée (SSG) has been at the forefront of supporting GBV survivors, sex workers, and LGBTQ+ individuals in Labé, Pita, and Dalaba, in the Republic of Guinea. Recognizing the urgent need for safe spaces and economic empowerment, SSG launched a multi-sectoral support programme with funding from FON, providing holistic services to vulnerable groups.

With FON's support, SSG has strengthened its organizational and technical capacity, enabling it to establish a temporary shelter for GBV survivors, ensuring access to safe accommodation, medical assistance, and psychosocial support. Legal and judicial assistance is also provided, advocating for justice and survivor protection. Income-generating activities, including a bakery and pastry workshop, were launched to equip women with vocational skills to rebuild their lives. Additionally, community advocacy and awareness campaigns engaged local leaders, law enforcement, and service providers in violence prevention efforts.

The initiative has significantly improved survivor protection and economic independence. Hundreds of women and marginalized individuals now have access to essential services, and the bakery and vocational training centre are fully operational, creating sustainable livelihood opportunities. Increased collaboration with local authorities and organizations has strengthened multi-sectoral responses to GBV. This case study highlights how strategic funding, capacity-building, and multi-sectoral collaboration can drive transformative change for vulnerable communities.

Case Study: Women Gain Land and Economic Empowerment in Cote d'Ivoire

In a community where refugee women had no rights to land and faced limited economic opportunities, the organisation Save Rural Women and Children (SRWOCH) took a bold step toward empowering women through agriculture and financial independence. With FON's support, the organization mobilized women into a unified collective, leading to a historic breakthrough: the village chief granted them a 1-hectare farming plot, along with an additional 500m² for onion nurseries.

For the first time, women in the community had access to land and agricultural inputs, allowing them to cultivate onion nurseries and later expand to full-scale production on the larger plot. This initiative has not only improved their economic resilience but has also challenged gender norms, demonstrating that women can thrive as landowners and entrepreneurs.

A key transformation noted by the village chief was the strengthened unity among women: *"Before the FON project, the women of the village did not work together. They were scattered. Thanks to FON, they have become more united, and there is now greater cohesion among them."*

SRWOCH has also strengthened economic empowerment through Village Savings and Loan Associations (VSLA), ensuring that women have access to financial resources to support their businesses. Additionally, awareness and sensitization activities on GBV have been integrated into their economic initiatives, making gender justice a central pillar of their work.

SRWOCH's journey highlights how feminist funding and community-driven advocacy can break deep-rooted gender barriers, offering women economic empowerment, social cohesion, and access to land—one of the most transformative resources for gender equity.

BUILD STRATEGIC PARTNERSHIPS

IPPF is rooted in partnership, solidarity, and sharing, which are fundamental to our core values. We rely on strong relationships with donors, partners, and allies to create mutual benefits. By working together, we strengthen national health systems and collaborate with governments and the private sector. Through strategic partnerships with MAs, CPs, and community-based organizations, IPPFAR has expanded its network, enhanced advocacy efforts, and amplified the voices of marginalized communities. By addressing needs and bridging gaps collaboratively, we maximize our impact. Additionally, we support community organizations by promoting sustainable, long-term growth initiatives.

In 2024, IPPFAR engaged in various partnerships and initiatives to continue amplifying voices, build networks, and advocate for a more inclusive and rights-affirming SRHR landscape in Africa. As the organization moves forward, its collaborative approach remains essential in ensuring that advocacy efforts reflect the lived realities of the communities it serves. International Women's Day marked the beginning of various engagements, including a collaboration with LAMDA, an LGBTQI+

activist organization in Mozambique, through Fau Mangore, who shared their powerful journey, vision for activism. This momentum carried into IDAHOBIT, where IPPF engaged with Intersex Nigeria sustained engagement with Think Young Women, amplifying the experiences of FGM survivors and working together to ensure the law's continuation.

Furthering these efforts, IPPFAR convened a closed-door meeting with the African Sex Workers Alliance, Kenya Sex Workers Alliance, Coast Sex Workers Alliance, and the Global Network of Sex Work Projects. This strategic dialogue focused on strengthening alliances and aligning collective strategies to advance the rights and well-being of sex workers across the region.

For International Contraception Day and International Safe Abortion Day, IPPFAR partnered with Safe2Choose and Find My Method to promote awareness and access to essential SRHR services. These collaborations resulted in a series of interactive engagements, including Instagram Live sessions featuring the YAM President from Rwanda and the Executive Director of RHNK. These discussions provided a platform for young people and advocates to share insights on contraceptive choices and reproductive autonomy. Additionally, IPPFAR co-authored a blog article titled *"Contraception and Bridging the Orgasm Gap,"* which explores the intersection of contraception, pleasure, and sexual health, highlighting the need for a pleasure-inclusive approach to reproductive rights

In response to the alarming rise in femicide cases across Africa, IPPFAR collaborated with the FON team to draft a powerful statement condemning gender-based violence and calling for urgent action. The statement underscored the need for legal and policy reforms to address systemic failures in protecting women and gender-diverse individuals from violence. Building on this advocacy, an opinion piece

titled "Femicide in Africa: Confronting a Crisis of Gender-Based Violence was aims to raise awareness and mobilize action at both community and policy levels. Recognizing the critical role of grassroots movements in advancing SRHR, IPPFAR facilitated engagements with community-based organizations (CBOs) working on sex worker rights in East Africa and Disabled Women in Africa (DIWA). These discussions focused on aligning thematic priorities and fostering collaboration between CBOs and IPPFAR's member associations and partners.

By strengthening these connections, IPPFAR continues to support the work of CBOs in advocating for the rights and well-being of historically marginalized communities.

IPPFAR also engaged with the LGBTQI+ activist working group in Côte d'Ivoire to assess the state of LGBTQI+ rights and explore opportunities for sustained collaboration. These discussions were crucial in identifying strategies for community support, advocacy, and protection in a challenging legal and social environment. By maintaining strong ties with local activists and organizations, IPPF ARO reinforces its commitment to advancing

LGBTQI+ rights across the region.

Under the restricted projects umbrella, IPPFAR fostered strong national and regional collaborations, reinforcing its strategic partnerships with ODAS, FIGO, and other key actors in the region. These collaborations were highlighted by the successful commemoration of the International Safe Abortion Day (28th September), coordinated by IPPFAR, ODAS, and MAs, with the active participation of Rutgers, IPAS, and Médecins du Monde.

Additionally, IPPFAR in partnership with ODAS and Rutgers played a pivotal role in supporting the establishment of a national collaborative group of civil society organizations in Cameroon, focused on advancing the domestication of the Maputo Protocol. The partnership with ODAS was further strengthened through joint leadership of various Communities of Practice (CoPs). Notably, IPPFAR co-organized the Health System CoP, bringing together healthcare providers, including Obstetricians, gynaecologists, midwives, nurses, and doctors from 20 countries.

Furthermore, IPPFAR actively engaged in the Self-Managed Abortion (SMA) CoP and the opposition monitoring CoP, ensuring a coordinated response to emerging challenges and fostering collective learning and advocacy across the region.

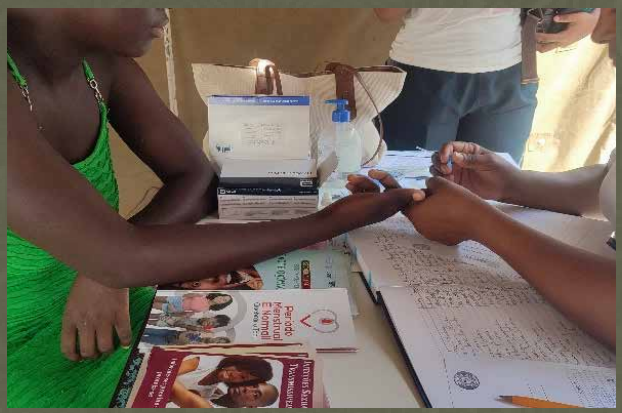
Case study: Building on strong partnerships to tackle barriers in providing SRH services to youth in Cape Verde.

Access to SRH services for adolescents and young people in Cape Verde is hindered by several factors. These include difficulty in accessing services and information, resistance from rural youth to seek consultations, and limitations among health professionals. Socio-cultural barriers, such as the stigma surrounding sexuality, further discourage young people from seeking help. Geographical inequality also limits access in rural areas, impacting adequate follow-up care.

To expand services for adolescents and young people, VerdeFam, IPPF's MA in Cape Verde, partnered with UNFPA and ECOWAS, to improve access in both rural and urban areas. They utilized fixed centres and mobile clinics to provide daily services and reached out to institutions supporting socially vulnerable adolescents, young people with disabilities, and schools, while peer educators led CSE initiatives.

The activities had a significant impact, providing adolescents and young people not only with access to services and care but also with knowledge on body care, contraceptive methods, hygiene, menstrual management, and relationships. This empowered them to live their sexuality healthily and confidently.

Key achievements included an increase of 29% of SRH services to youth, an increase of more than four times last year's youth trained, improved health conditions, the acquisition of medical equipment like a portable ultrasound scanner, and the provision of 450 hemograms, 300 ultrasounds, and medicines. This contributed to reducing teenage pregnancies and breaking down barriers to accessing services, promoting equity.



Building a Pan-African Abortion Rights Initiative: the CATALYSTS Consortium.

In mid-2024 IPPFAR joined four leading partners – Ipas Africa Alliance, the Centre for Reproductive Rights, the Population Council Kenya and FIGO – to launch **CATALYSTS**, an Africa-led consortium to expand abortion care for all in Africa. Born from extensive consultations over two years, CATALYSTS formally launched in June 2024, unveiling its website, Theory of Change and call-to-action. The initiative's vision is to unite African voices, build a critical mass of advocates and centre African perspectives in advancing abortion rights. As an African-led effort, CATALYSTS has already raised the profile of abortion rights in Africa, issuing media interviews and calls to action to counter the growing anti-rights movement.

Governance and Coordination Structures

From the start, Catalysts prioritized strong governance by hiring a consultant to design a consortium-wide governance framework. This structure now in place clearly defines roles, decision-making processes and accountability for the core group and future members. The consortium also established thematic technical committees (working groups) in key areas such as advocacy, research and communication. These bodies pool expertise across member organizations to coordinate joint strategies and ensure technical excellence. To translate strategy into action, CATALYSTS has launched the **CATALYTIC Fund**, issuing an open call for Expressions of Interest seeking grassroots projects in Kenya, Uganda and Tanzania that tackle abortion stigma and promote positive narratives. Through sub-grants of $10,000–15,000, the consortium will fund existing and novel community-driven initiatives such as youth media campaigns, theatre, and storytelling, that shift harmful norms and demonstrate local impact. This pilot approach will allow the consortium to refine its methods and build momentum on the ground.

Growing the Core Group

Recognizing that broad representation is essential, Catalysts has expanded its core leadership beyond the five founding members by welcoming two prominent African rights organizations into the consortium: **Women's Global Network for Reproductive Rights–Tanzania (WGNRR)** and **Reach A Hand Uganda (RAHU)**. These additions bring grassroots perspective, youth leadership and on-the-ground organizing strength to CATALYSTS. By integrating WGNRR's community mobilization expertise and RAHU's youth empowerment network, we ensure the diversification of leadership and that CATALYSTS remains rooted in local contexts.

Building on its 2024 launch, Catalysts has begun mapping its **2025 priorities**. We will lead efforts to coordinate engagement in East Africa, support evidence generation and amplify youth engagement. A key priority is resource mobilization: recognizing that abortion rights is chronically underfunded, CATALYSTS is planning a **donor roundtable** for early 2025. This gathering of traditional and non-traditional funders is intended to attract new resources and push bolder philanthropic support for abortion care. By convening donors around a unified African agenda, CATALYSTS aims to reshape the funding landscape for reproductive rights.

Looking back, 2024 saw CATALYSTS grow from an idea into an active coalition. IPPF Africa Region's contributions have been central – from co-creating the Theory of Change and governance rules to leading the launch of the CATALYTIC Fund. As 2025 unfolds, the consortium will continue amplifying African-led strategies for abortion rights, driving coordination, advocacy and partnership-building across the region.

INNOVATE & SHARE KNOWLEDGE

In the SRHR sector, progress is driven by knowledge and evidence. Our federation generates a wealth of data, research, and insights on SRHR. The true power of this knowledge lies in sharing it, which is why IPPFAR prioritizes communicating findings with partners and allies to encourage reciprocal learning. Through co-hosted meetings and events, we strengthen dialogue both nationally and within the federation. We foster a culture of learning and innovation, supporting the development of ideas and technologies that enhance outcomes and improve lives. Our goal is to decolonize research within IPPF by increasing research efforts in the Global South.

We foster a culture of learning and innovation, supporting the development of ideas and technologies that enhance outcomes and improve lives

Case study: Tackling Abortion-Related Stigma in Togo – Insights from the Hewlett Project

In Togo, abortion-related stigma continues to be a major barrier to accessing safe reproductive health services. To better understand the extent and nature of this stigma, the Association Togolaise pour le Bien-Être Familial (ATBEF), conducted a Stigmatizing Attitudes, Beliefs, and Actions Scale (SABAS) survey as part of the Hewlett-funded project.

Using a quantitative methodology, 345 individuals were interviewed face-to-face across key project regions: Grand Lomé, Plateau, Centrale, and Kara. Respondents included 240 community members, and 85 clients from the five clinics participating in the project.

Findings revealed that while stigma within clinical settings appears to be better managed, community-level stigma remains high, underscoring the urgent need for continued value clarification and awareness efforts beyond health facilities.

In response, ATBEF launched a targeted initiative to build youth-led advocacy and dialogue around abortion stigma. 15 members of the Youth Action Movement (YAM) were trained using IPPF's "How to Talk About Abortion" module. The capacity-building workshop aimed to equip young advocates with the skills, language, and confidence needed to engage their peers and communities, challenge misconceptions, and promote a rights-based approach to abortion.

This intervention reflects ATBEF's commitment to addressing stigma not only within the health system, but also at the grassroots level—by empowering youth, opening up conversations, and promoting a more informed and compassionate understanding of SRHR in Togo.

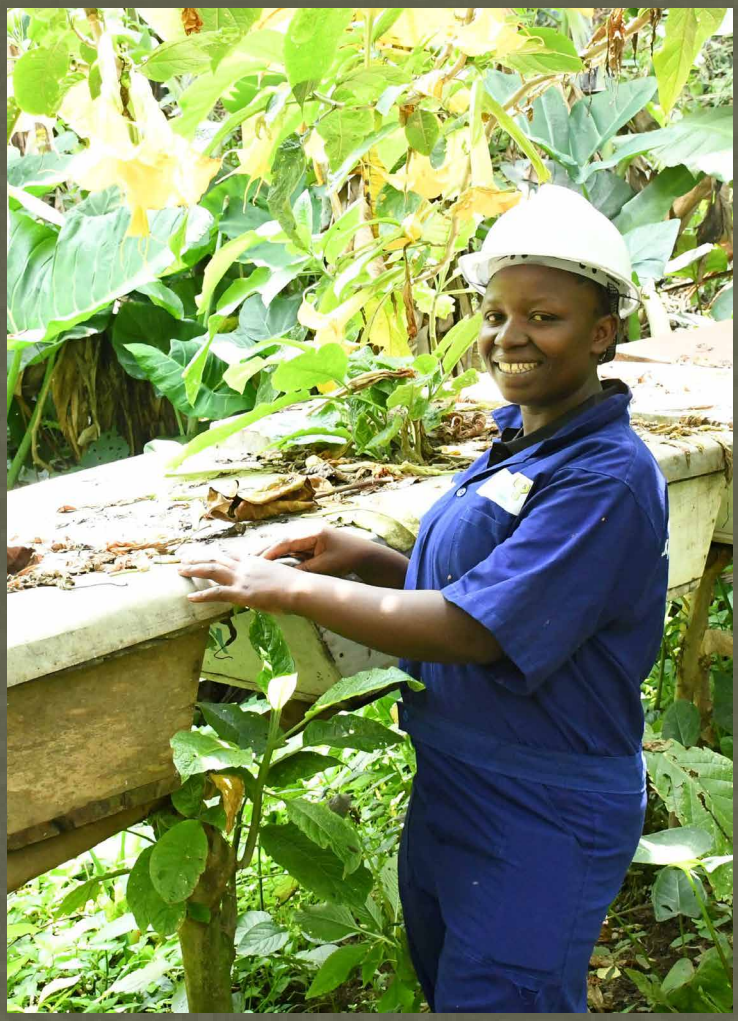
Case Study: Reproductive Health Uganda Champions Climate-Resilient SRHR in Kasese – Uganda

Climate change is often seen as an environmental crisis, but its effects reach far beyond rising temperatures and extreme weather patterns. In Kasese District, Uganda, floods and droughts have severely disrupted healthcare access, leaving many communities without essential SRH services.

Recognizing this growing challenge, Reproductive Health Uganda (RHU) partnered with local government authorities to develop the Kasese Climate Change Action Plan (2024-2033)—the first-ever district-level plan in Uganda that integrates SRHR into climate adaptation strategies. This groundbreaking initiative ensures that reproductive healthcare remains accessible, even in the face of climate-related disasters.

The plan focuses on key interventions to build climate resilience within SRH services, including:

- Orientation of district leadership on the intersection between SRHR and climate change, ensuring reproductive health remains a priority in disaster response efforts.
- Integration of SRHR into climate adaptation policies, making it a core component of emergency response and recovery strategies.
- Technical training for healthcare providers, equipping them with the skills to deliver SRH services in disaster-affected areas.
- Community engagement and awareness campaigns, empowering local populations to strengthen their resilience against climate shocks while maintaining access to essential reproductive health services.



"This initiative recognizes that climate resilience and reproductive health must go hand in hand," said a district official who played a key role in the plan's development. By integrating SRHR into national and local climate policies, this initiative sets a precedent for how Uganda—and potentially other countries and regions—can address the intersection of climate change and reproductive health. By taking proactive measures, RHU is not only ensuring access to SRHR services during climate emergencies but also building a future where reproductive health and climate resilience go hand in hand. This initiative proves that climate adaptation is not just about survival—it's about safeguarding the rights, health, and futures of communities most at risk.

By taking proactive measures, RHU is not only ensuring access to SRHR services during climate emergencies but also building a future where reproductive health and climate resilience go hand in hand

Case Study: Centres of Excellence – Driving Innovation, Learning, and Advocacy for Youth-Centred SRHR

Since their establishment in 2019, IPPF's Centres of Excellence (CoEs) for CSE have served as regional hubs for knowledge sharing, peer learning, and advocacy. These CoEs—led by MAs — advance high-quality, integrated, and rights-based youth SRHR services and education across national, regional, and cross-regional contexts.

The initiative is guided by two core objectives:

- Improve access to and quality of youth-centred SRHR services, and
- Scale up comprehensive sexuality education (CSE) that is inclusive, accurate, and rights based.

In the Africa Region, two CoEs have been accredited by IPPF:

- Association Togolaise pour le Bien-Être Familial (ATBEF) – Togo
- Planned Parenthood Association of Ghana (PPAG) – Ghana

Both CoEs demonstrated significant progress in 2024, particularly through their engagement under the GAC-funded EmpowHer project.

ATBEF – Harnessing Technology and Community Engagement

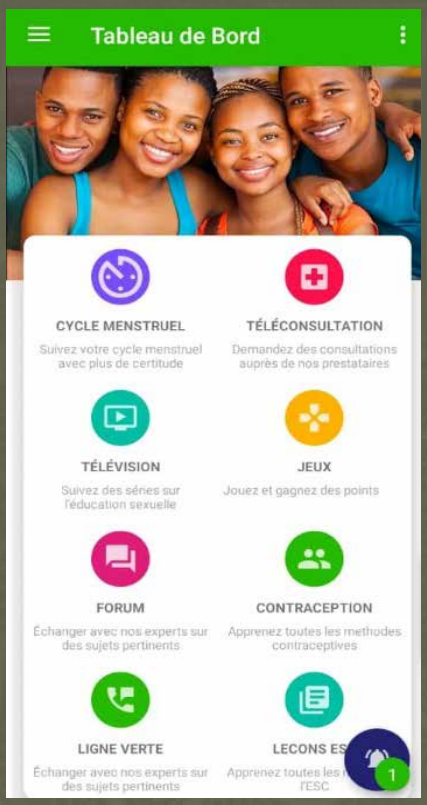
ATBEF has introduced two innovative digital tools to expand access to SRHR information and CSE:

www.elearningatbef.org – An online CSE training platform offering certified courses accessible from anywhere. In 2024, 360 individuals completed the training, including youth, teachers, and health workers.

InfoAdoJeunes mobile app – A user-friendly app designed to overcome socio-cultural and geographical barriers to SRH services. In 2024, it provided SRH, STI, and HIV information to 544 users, 60% of whom were youth and 55% women. Beyond tech innovation, ATBEF delivered a robust capacity-building programme in collaboration with ministries and civil society. In 2024, 644 individuals were trained, including teachers, CSO youth leaders, community influencers, journalists, and media personalities. The media-focused training stood out as a flagship achievement, amplifying CSE messages across mainstream and social media platforms. ATBEF also provided technical support to national HIV/STI programmes in developing a new CSE manual and supported four Member Associations (Côte d'Ivoire, Burkina Faso, Cameroon, and Benin) in assessing youth-friendly services using the Provid+ tool.

PPAG – Scaling Gender-Transformative CSE Across the Region

In 2024, PPAG led a regional technical workshop on Sustainable and Scalable CSE in Sierra Leone, bringing together stakeholders from nine countries to develop actionable strategies for embedding CSE into national policies and systems. PPAG also prioritized gender transformation across its programming by delivering a Gender Transformative Approach (GTA) workshop for staff and volunteers, conducting a comprehensive gender assessment of organizational policies and programmes, and developing a strategic implementation plan to mainstream GTA into PPAG's youth-centred SRHR initiatives. These efforts are ensuring that PPAG's work not only reaches young people with accurate information and quality services but also challenges power dynamics and advances gender equality at all levels.



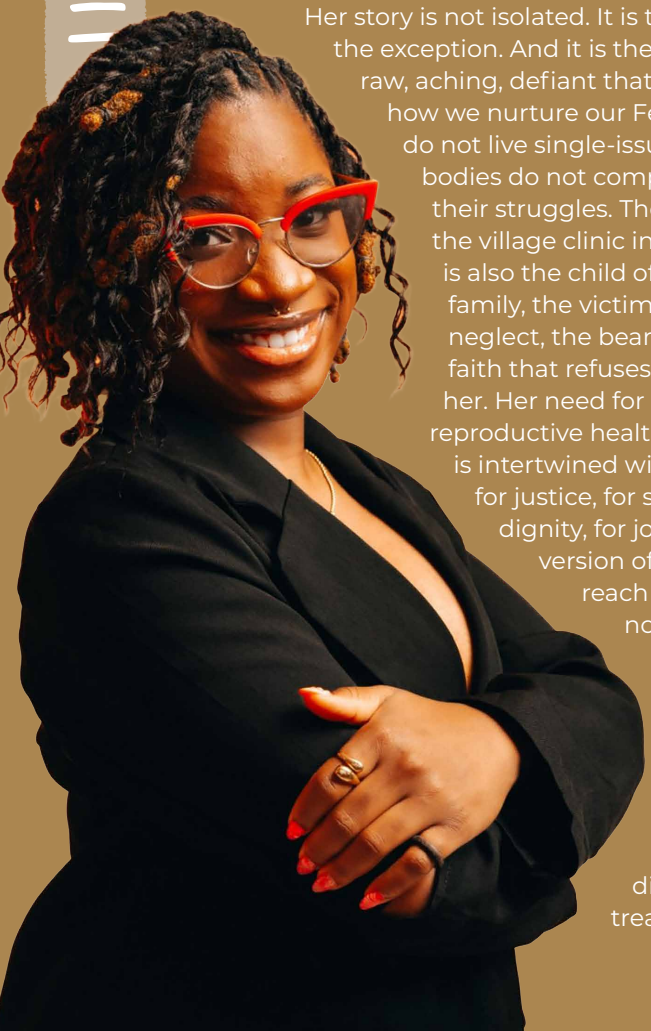
Together, ATBEF and PPAG exemplify the power of CoEs as engines of innovation, knowledge exchange, and capacity building—driving sustainable impact for young people's sexual and reproductive health and rights across Africa. Their work showcases how localized leadership, digital tools, and multisectoral collaboration can shape the future of youth-centred programming in the region.

PILLAR 4: NURTURE OUR FEDERATION

She arrived at the clinic before sunrise, long before the gates were open. Her shawl, faded at the edges, was wrapped tightly around her frame not just for warmth, but protection. Protection from eyes that always linger too long. From words whispered loud enough to pierce. From systems that have always told her she does not belong.

She is disabled. She is queer. She is a sex worker. She is a survivor of many violences. And on that morning, she came not just for pills or testing or paperwork, she came hoping, quietly, that she might be seen. That someone would look up from the form, meet her gaze, and not flinch. That the space would hold her, not reduce her to her body, her label, her wound.

But the waiting room was unforgiving. The stares were sharp. The laughter, careless. The questions, invasive. The care, conditional. And though she left with what she came for, she left hollowed out. Because in that space, her humanity had been negotiated and lost.



Her story is not isolated. It is the rule, not the exception. And it is these stories raw, aching, defiant that must guide how we nurture our Federation. We do not live single-issue lives. Our bodies do not compartmentalize their struggles. The queer girl in the village clinic in Zimbabwe is also the child of a displaced family, the victim of a state's neglect, the bearer of a faith that refuses to forsake her. Her need for sexual and reproductive health and rights is intertwined with her need for justice, for safety, for dignity, for joy. There is no version of care that can reach her if it does not recognize all of her.

For too long, our work has risked becoming disjointed treating SRHR as a service to be delivered, rather than a right to be fought for. But rights are not rooted in metrics. They are rooted in lives. In bodies that bleed and resist and carry memory. In voices that refuse to be sanitized. In communities that have never had the luxury of single struggles.

To nurture our Federation, we must step into this truth without apology. We must move with the clarity that our fight is not only about contraceptives or clinics it is about who gets to feel safe in their skin, who gets to love and be loved, who gets to walk into a room and not shrink. It is about how we hold one another when the world refuses to.

We are facing a reckoning. The rise of anti-rights movements is not simply a backlash it is a declaration of war on bodies that have dared to exist freely. It is a desperate attempt to claw back control from those who have finally begun to taste liberation. And yet, here we are still rising, still building, still believing in the possibility of a federation that does not fracture under pressure but becomes even more fierce, more radical, more whole.

The work ahead is not easy. But it is sacred. Because it demands that we listen differently, that we lead differently, that we love differently. That we no longer ask communities to show up in pieces, but invite them in fully, as they are. That we do not simply create space, but hand over the microphone, the power, the platform.

This is what it means to nurture a Federation. Not to protect an institution, but to protect a promise. A promise that no one no matter how complex, how different, how defiant will ever be made to feel like they do not belong. A promise that SRHR is not a silo, but a sanctuary.

And so, we hold this story her story and all the others, not as burdens, but as blueprints. Because from the pain, we build purpose. From the margins, we draw maps. And from the truth of our intersections, we create a future that cannot be denied.

By Benedicta Oyedayo Oyewole, Community Engagement and Partnerships Lead with IPPFAR.

IPPF is committed to bridging various social, cultural, and political contexts, united by a shared belief in the universality of SRHR. The Federation's dynamic and occasionally divergent nature is a source of strength and vitality.

In a world often characterized by division and conflict, IPPF thrives on principles of love and inclusivity, continually adapting and nurturing its approach to the evolving global landscape. As IPPF progresses, the organization reaffirms its core values, strategically enhances its visibility, and draws in 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 MAs reaffirmed their commitment to shared principles through a Charter of Values and a brand renewal, highlighting IPPF's identity as a member-focused Federation with a dynamic Secretariat.

IPPFAR youth forum on the Light!

The regional youth forum was held from 7 to 8 June 2024. It represented a much-needed space for dialogue and familiarization for many of the new YAM presidents who were taking their role. It was an opportunity for the longer serving members of the Youth Network to share their experiences and insights prior to their transition out of the role. The Inauguration of the First Regional Steering Committee and discussion around various challenges that the YAM is Facing were at the heart of forum. Six (06) representative members (geographical and language) were selected to lead the Regional Steering Committee for 2-year, non-renewable term by providing support to the Youth Networker in coordinating the activities of the YAM, developing plans and objectives for the activities of the YAM and any other similar tasks that may arise.

The highlights from the challenge discussion included: **(i) Communication** where a dedicated team will be appointed as communications focal points; **(ii) Finance and Governance** especially on accountability and transparency mechanisms, business plans development, capacity building and development in financial management, proposal writing and donor relation to enhance YAM knowledge and capabilities; **(iii) Capacity Building** on the development of basic language guides for each of the three major language groups to facilitate cross-regional communications and collaboration; **(iv) Mentorship and Sustainability** to strengthen the governance of YAM network by developing an Alumni Network and all requires documentation for a smooth transition. The Regional Youth Forum was a significant step forward in establishing a structured approach to address the challenges facing YAM, enhance communication, and ensure sustainable governance. The initiatives and strategies discussed during the forum lay a foundation for improved collaboration and effectiveness within the Youth Network, fostering a proactive environment for the future of youth leadership in the region.

Stock taking from the IPPFAR regional forum

The 2024 IPPF Africa Regional Forum was held from June 3-8, 2024, in Nairobi, Kenya. This forum was a critical component of the ongoing IPPF Global Reform, initiated during the 2019 General Assembly (GA), and served as a space for MAs and CPs to exchange ideas and experiences, share trends and accomplishments, and engage in mutual learning. The forum was attended by three representatives from each MA/CP (Board President, Executive Director, and YAM President or their representatives), IPPF Board of Trustees members, ARO AoCs, and selected ARO and London technical colleagues and moderators.

The forum represented a significant opportunity to maintain the solidarity of the movement, enabling MAs to meet with members of the Board of Trustees as well as brainstorm for the upcoming GA. IPPF affiliates in Africa focused on synthesizing lessons learned from previous meetings, aligning regional perspectives and closing knowledge gaps in implementing MA governance reforms. Participants explored the current global SRHR landscape, highlighting opportunities and challenges such as access to services, legislative and policy restrictions, funding constraints, and cultural and social norms. The necessity for aligning regional strategies with the global IPPF agenda was emphasized, ensuring all stakeholders are prepared for the upcoming GA in November 2025.

A significant focus was on the contributions of the Youth Action Movement (YAM), with discussions on enhancing their role in SRHR advocacy and addressing the lack of engagement with marginalized communities. Capacity-building measures were proposed to support YAMs in their efforts. Additionally, YAM utilized this platform to deliberate on their contributions and strategize proposals for the GA, aiming to enhance their impact on the future direction of IPPF.

Key commitments were made to improve resource mobilization, integrate SRHR into national climate adaptation plans, and enhance multi-sectoral engagement and collaboration.

“A significant focus was on the contributions of the Youth Action Movement (YAM), with discussions on enhancing their role in SRHR advocacy and addressing the lack of engagement with marginalized communities.”

The forum highlighted the need for innovative approaches and strategic partnerships in advancing SRHR across the Africa region.

The event concluded with a call for increased advocacy, better preparation for the GA, and continued efforts to address the immediate service delivery needs of MAs. The insights and recommendations from the forum will guide the Africa region's strategic planning and actions leading up to the GA in 2025.

GROW OUR FEDERATION

As a Federation, IPPF's membership is continuously evolving. At the beginning of each strategic period, the organization strategically broadens its reach, focusing on regions with significant unmet needs and the potential to influence policy. New members bring fresh ideas, experiences, and energy to the Federation. In collaboration with the Secretariat, they work to enhance skills and support the well-being of staff and volunteers. Updating systems, structures, and governance is key to ensuring sustained growth, fostering transparency, and improving effectiveness.

" At the beginning of each strategic period, the organization strategically broadens its reach, focusing on regions with significant unmet needs and the potential to influence policy. New members bring fresh ideas, experiences, and energy to the Federation."

Building a robust governance strategy is key for sustainability

IPPFAR's 2024 governance approach comprised three main paths:

- **Accreditation phase IV**
  The accreditation process follows a structured approach, from self-assessment to accreditation review, ensuring compliance with established standards. The 4th cycle accreditation process has progressed despite challenges related to governance gaps and resource constraints. This year, six MAs were proposed for accreditation (Ghana, Uganda, Malawi, Burkina Faso, Lesotho, Burundi) with São Tomé and Mauritius successfully renewing their Associate Membership status.

- **Training Initiatives**
  To enhance governance and accreditation preparedness, extensive training sessions were conducted. A total of 16 MAs received training in English, French, and Portuguese on completing the Accreditation Self-Assessment Tool. Additionally, IPPFAR's Architects of Cooperation (AoCs) were trained on how to conduct thorough Desk Reviews to ensure proper accreditation evaluation. MA Volunteers and IPPFAR staff participated in training on the Team Review Assessment Process to strengthen oversight mechanisms. Furthermore, online governance training modules were introduced to enhance compliance, leadership effectiveness, and institutional accountability among MAs and staff.

- **Governance Compliance**
  Throughout the past year, some MAs encountered institutional and governance challenges, including non-compliance with governance procedures, financial mismanagement, and safeguarding concerns. To address these issues, various corrective measures were implemented, such as the suspension of funds and membership, termination of partnerships, and exclusion of members where necessary. Before these actions were taken, thorough investigations and assessments were conducted to ensure fair and justified decisions. IPPFAR's secretariat provided continuous support and recommendations to assist MAs in improving their governance structures and operational systems, enabling them to align with best practices.

Case Study: Strengthening Data Management for Learning and Knowledge Sharing in the Africa Region

A culture of learning and effective knowledge sharing requires more than good intentions—it depends on the availability of high-quality data, standardized processes, and a robust Data Management System (DMS).

In 2024, IPPFAR undertook a regional DMS assessment to evaluate progress under the pilot phase implemented in Ghana, Nigeria, Uganda, and Benin, and to map the broader state of monitoring and evaluation (M&E) across MAs. The findings identified both best practices and key gaps, particularly in the areas of data governance and data quality, creating a strong foundation for shared learning.

Key Achievements and Actions:

- **Three regional training sessions** were conducted to build MA capacity in: (i) IPPF Data Guidelines for consistent and accurate data collection and reporting, (ii) The Net Promoter Score (NPS) tool to assess SRH service quality from the client's perspective, (iii) Routine Data Quality Assessment (RDQA) techniques to improve data reliability.

- **Three standardized tools and guidelines** were developed and shared:(i) Standard Operating Procedure (SOP) for conducting NPS surveys, including templates, sampling processes, and questionnaires; (ii) A flexible Monitoring & Evaluation Plan Canvas to support MAs in designing or updating their M&E frameworks; (iii) Annual Data Entry Procedure guideline to strengthen data completeness and consistency across reporting cycles.

Hands-on DHIS2 training for M&E staff in Nigeria and Madagascar, with a focus on: (i) Monitoring data completeness; (ii) Managing quality of care data; (iii) Creating actionable dashboards; (iv) Using DHIS2 data quality modules effectively.

- **Regional peer learning and collaboration:** Two learning and exchange sessions on using RDQA results for decision-making and program improvement

- **Three MAs selected as regional M&E champions**, providing peer support in DHIS2 configuration, digital data collection, and quality of care assessments

- **Enhanced communication and collaboration through:** A regional M&E WhatsApp channel for real-time knowledge exchange; Regular virtual check-ins and technical support across MAs; Consolidated documentation and best practices accessible across platforms.

Looking ahead, IPPFAR continues to champion the role of a strong DMS in retaining institutional knowledge, fostering data-driven decision-making, and promoting continuous learning. Efforts are underway to further enhance the accessibility and utility of existing platforms, including the MA Forum and IPPF Academy, ensuring that MAs can easily access resources, tools, and insights that drive impact.

By investing in data systems, building capacity, and promoting cross-country learning, IPPF is laying the groundwork for a smarter, more connected, and evidence-driven SRHR movement in Africa.

Expanding our Network: Recruitment of new Collaborative Partners

Over the year, IPPFAR welcomed four new collaborative partners:

BAFROW is a Gambian woman-led Organization providing integrated SRHR services with a focus on women and girls. Using a multi-dimensional and multi-sectoral approach, BAFROW programmes operates at both policy and community levels. The CP intervenes at clinic level as well as community level with its centres of excellence that offer holistic services (economic development, physical wellbeing, literacy and professional training) to women.

Positive Vibes is a Namibian-registered progressive, queer rights Organisation working at the intersectionality of human rights, health, and Sexual and Reproductive Health and Rights (SRHR) to achieve the "end of othering." Believing that societies can be opened, free, equitable, and progressive when all citizens, regardless of gender, sexuality, or background, are empowered to exercise their right to participate in the civic, developmental, and political processes, Positive Vibes works with LGBTQ+ community, sex workers, and women-led groups, supporting and accompanying individuals, communities, and populations who are stigmatised, marginalised, oppressed, excluded, and vulnerable.

Health Development Initiative (HDI-Rwanda) is a Rwandese non-profit organization based in Kigali, Rwanda, dedicated to improving healthcare quality and accessibility for all. HDI's approach is rooted in human rights, aiming to build a society where every person can attain optimal health and well-being, regardless of their social, cultural, economic or any other status. HDI advocates for the enhancement of health outcomes through the implementation of laws, policies, and programmes tailored to address the needs of diverse groups, including women, children, historically marginalized communities, individuals living with HIV/AIDS, youth, and other marginalized populations.

Community Healthcare Initiative (CHI) is a Liberian local non-governmental organization that has been providing healthcare and social services to women and children in underserved and hard-to-reach communities in Liberia since 2014. CHI prime mandate is to strengthen and promote healthcare and social services, women's rights, child's rights and peace in Liberia through awareness, service delivery, and outreach programs in hard-to-reach communities and persons living in impoverished and disadvantaged urban communities. CHI beneficiaries and target groups include vulnerable women and girls, post-abortion care providers, law and policymakers, young people survivors of any form of GBV including survivors of IVP (Intimate Partner Violence), survivors of harmful traditional practices, survivors who are members of marginalized groups (LGBTQI+, sex workers, extremely poor, people living with disabilities).

Resource Mobilization as strategic avenue for organizational growth

As part of the new IPPF strategy, resource mobilization plays a crucial role in organizational development, offering a framework for sustainable growth and impact. In 2024, IPPFAR expanded its portfolio with two new projects.

- **EmpowHER Project: Ensuring Inclusive SRHR Delivery for Women, Girls and Marginalised Communities**

  The EmpowHer programme is a 6-year multi-country initiative funded by Global Affairs Canada (GAC) and implemented in 13 countries, 8 of which are in the Africa region of IPPF (Benin, Burkina Faso, Ghana, Guinea-Bissau, Kenya, Togo, Uganda, Zambia). The programme has three key priority areas, increasing access to quality, person-centred abortion care, empowering young people to act on their sexual and reproductive rights by expanding access to CSE and pushing back against the anti-rights agenda through coalition and movement-building, as well as advocacy work with MAs. The grant was awarded in April 2024. Even though MAs are still finalizing keys project documents, 2024 highlights include the training of 34 journalists in Guinea-Bissau from different public and community media organisations in the positive approach to abortion and the broadcasting of three radio programmes on the positive approach to abortion on Sol Minsi radio, which received national coverage. The expansion of CSE training across Anglophone African MAs led by Ghana's Centre of Excellence and the implementation of digital health tools for CSE education and advice in Togo.

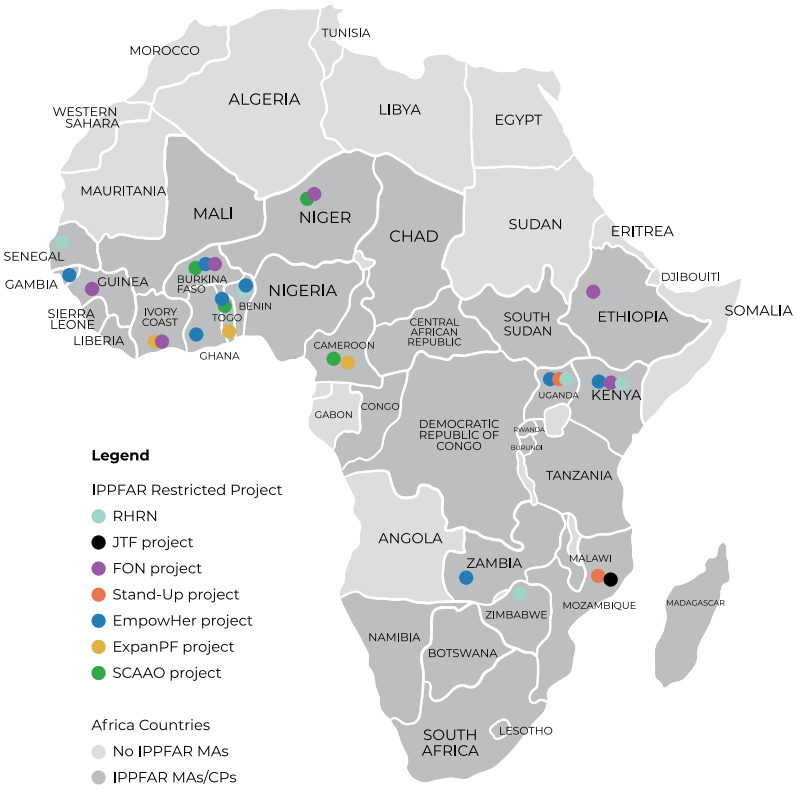
- **WISH 2 Project: Empowering Women and Girls**

  WISH 2 is one of three components of the overarching Women's Integrated Sexual Health Dividend (WISH Dividend) of FCDO. The project supports achievement of the SDGs focused on gender equality (target 5.6) and health and well-being (targets 3.7 and 3.1) and contributes to progressing disability inclusion which cuts across several SDGs. Covering seven countries (Burundi, Ethiopia, Madagascar, Somalia, South Sudan, Sudan, Zambia) over 5 years of implementation, the project outcomes include:

  - Women and adolescents, including poor and marginalised, have greater voice, choice and control over their SRHR
  - An improving enabling environment for SRHR and gender equality as part of an accelerated, African led inclusive demographic transition

  The implementation will start in 2025.

Mapping of restricted Projects implemented in IPPFAR - 2024



Journey of diversification funding for SRH service sustainability: The Social Enterprise (SE)

IPPFAR is dedicated to supporting MAs in creating social enterprise initiatives designed to generate income, diversify funding sources, and ensure long-term organizational and financial sustainability. IPPFAR defines social enterprise as the use of entrepreneurial strategies to generate surplus income, which is reinvested into activities that advance the organization's social mission.

"IPPFAR is dedicated to supporting MAs in creating social enterprise initiatives designed to generate income, diversify funding sources, and ensure long-term organizational and financial sustainability."

Case study: A Sustainable Path to Access – RHNK's Social Enterprise Model in Kenya

In response to persistent shortages of sexual and reproductive health (SRH) commodities from government and local distributors, the Reproductive Health Network Kenya (RHNK) developed an innovative SE model aimed at enhancing affordability, accessibility, and long-term sustainability of SRH service delivery.

The model supplies SRH commodities at slightly below-market rates to RHNK network providers and directly to communities—ensuring that low-income populations, particularly in underserved and humanitarian settings, are not left behind.

Key achievements of the SE model include:

- over 9,100 family planning commodities distributed in its first year—including IUDs, contraceptive pills, injectables, and condoms,


IPPF Africa Region

- provision of safe abortion services and STI prevention efforts integrated into the distribution model,
- support to humanitarian responses, including the donation of over 6,000 SRH commodities to flood-affected communities,
- strengthening a robust provider network of 587 trained healthcare professionals across 43 counties.

By improving the reliability of contraceptive supply and offering products at affordable prices, the SE model is making a real difference for women and communities who often face cost and access barriers. At the same time, the initiative is generating revenue to reinvest in services, reducing dependence on donor funding and building a foundation for long-term sustainability.

RHNK's SE model demonstrates how innovative, community-oriented business strategies can effectively complement public health efforts—ensuring that SRHR is not just available, but affordable and sustainable for all.

Case Study: Bridging the Diagnostic Gap – PPFN's Social Enterprise Laboratory in Mpape, Nigeria

Mpape, a densely populated and low-income settlement on the outskirts of Abuja, Nigeria's capital city, faces significant healthcare challenges. Despite its proximity to the capital, Mpape's residents experience limited access to timely and affordable medical services due to overburdened public health facilities, scarce private providers, and widespread economic hardship.

To address these critical gaps, the Planned Parenthood Federation of Nigeria (PPFN) launched a modern diagnostic laboratory in 2022, strategically located in Maitama, a central area accessible to Mpape and neighbouring communities. Operated under a social enterprise model, the lab offers high-quality, affordable diagnostic services—including a wide range of blood tests—with fast processing times to support timely medical care.

Since its establishment, the lab has served over 17,000 individuals and generated US $13,610, representing 52% of the clinic's total income. The revenue has supported outreach efforts, enabling SRHR services to reach marginalized and underserved groups and enhanced the financial sustainability of the clinic and expanded service delivery. Most importantly, the lab has enabled early and accurate diagnosis, reducing complications and provided affordable healthcare access to a community where many previously went without.

By pairing quality care with financial innovation, PPFN's diagnostic lab has become a vital resource for Mpape and its surroundings—offering a model of socially-driven, sustainable healthcare that addresses both medical and systemic barriers.

Case study: Expanding Healthcare Access Through Affordable Pharmacy Services – The LPPA Social Enterprise Model in Lesotho

In Lesotho, many marginalized populations—particularly LGBTQI+ individuals and low-income communities—face barriers to accessing essential medicines and quality healthcare. In response, the Lesotho Planned Parenthood Association (LPPA) launched a SE pharmacy model that prioritizes affordable, inclusive, and sustainable healthcare access. The pharmacy provides both prescription and over-the-counter medications, including hormone therapy, in a safe, non-discriminatory environment.

With a strong focus on financial sustainability and equity, LPPA's model integrates three key strategies:

- Competitive Pricing: Medicines are offered at the lowest possible market rates by streamlining supply chains and minimizing operational costs.
- Community Awareness: Targeted outreach and awareness campaigns help expand the pharmacy's reach and ensure underserved populations know where and how to access care.
- Revenue Reinvestment: Profits are reinvested directly into SRHR services, supporting broader access to family planning, adolescent health care, and gender-based violence prevention.

Between June 2023 and June 2024, the pharmacy generated US $4,220 in revenue, marking a 32% increase from the previous period. These gains have extended access to SRHR services in hard-to-reach communities and strengthened outreach programs addressing critical issues such as teenage pregnancy, child marriage, and gender-based violence.

By controlling costs, maintaining affordable pricing, and reinvesting profits into community health, LPPA has created a sustainable and rights-based healthcare model that not only fills gaps in medicine availability but also champions inclusion and dignity for all.

Case Study: Driving Financial Sustainability Through Innovation – PPAG's Expanding Social Enterprise Model

To ensure long-term sustainability and broaden access to essential SRHR services, the Planned Parenthood Association of Ghana (PPAG) developed a forward-thinking SE model. Recognizing both the need for diversified income and the potential to empower communities, PPAG focused on creating training, publication, and skills-building opportunities that generate revenue while advancing its mission.

A key component of the initiative was the establishment of a dedicated training hub, providing practical skills to community members in an accessible, supportive environment. This hub fosters economic empowerment and education, especially for youth and underserved populations.

PPAG has significantly grown its SE portfolio to include a range of creative and technical services, such as embroidery and branding, large-format printing and souvenir production, and in-house graphic design. To drive growth, PPAG employs

targeted marketing strategies across digital and traditional platforms, including Facebook, Instagram, and TikTok. This approach has helped attract diverse clients, including educational institutions and corporate clients such as Ghana Cocobod and KFC.

Between June 2023 and June 2024, the SE achieved a 22% increase in sales, generating a surplus income of US $32,120. These profits are fully reinvested into supporting PPAG's SRHR initiatives, such as SRH education programmes, expanding youth awareness and knowledge, The Yenkasa Call Centre, offering confidential, real-time SRHR support, and Digital Health Interventions, improving access to accurate information for young people. Together, these efforts are not only improving access to healthcare but also contributing to greater community well-being and resilience.

WALK THE TALK

Upholding core values is crucial for the Federation. IPPFAR is steadfast in its commitment to eradicating discrimination and racism within and outside the organization. Safeguarding and incident management have become key strategies for maintaining a safe and thriving environment within both MAs and the organization itself. Our advocacy for gender equality and sexual diversity incorporates intersectional and gender-transformative approaches. Investing in youth leadership remains a priority, requiring ongoing dedication and support. We aim for smooth leadership transitions and actively seek to engage young adults, acknowledging their vital role in shaping the future of SRHR.

Safeguarding and incident management

In 2024, IPPFAR's safeguarding and incident management key achievements included:

Setting up and launching an MA Safeguarding Community of Practice (CoP):

In 2024, IPPFAR launched regional Safeguarding Communities of Practice (CoPs) with MAs across Anglophone, Francophone, and Lusophone countries. The goal of this initiative is to strengthen safeguarding systems and foster a culture of protection across the Federation—within the Secretariat, Member Associations, Collaborative Partners, and Associate Partners. These CoPs serve as platforms for sharing experiences, resources, tools, and best practices, while enabling peer-to-peer learning on safeguarding-related issues. Through regular exchanges and collaborative problem-solving, MAs agree on specific actions and follow-up measures to continuously advance safeguarding efforts in their local contexts. This regional approach reinforces IPPFAR's commitment to making safeguarding a shared, lived responsibility at all levels.

Safeguarding Training of trainers

In 2024, IPPFAR reinforced its safeguarding framework by organizing a two-day, in-person Training of Trainers (ToT) for all regional Architects of Cooperation and Governance Leads involved in safeguarding delivery. Held in Nairobi, the training aimed to build internal capacity and ensure consistent, high-quality safeguarding support across the region.

Regular Incident Management

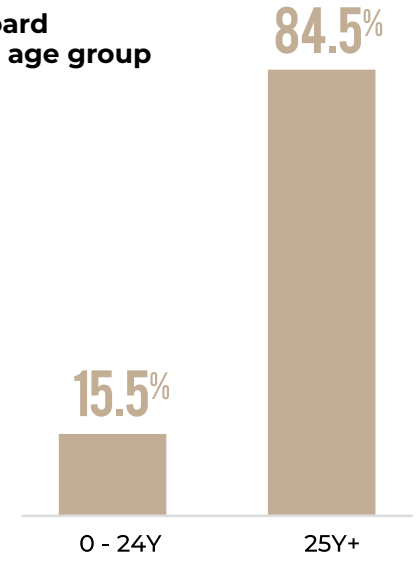
Alongside capacity-building, regular incident management processes were implemented and rigorously followed. All 35 reported incidents were managed in line with IPPF's established procedures, triaged by the Regional Incident Reporting Unit (RIRU) and assigned to dedicated incident coordinators to ensure proper follow-up and closure. Notably, 83% of reported cases originated from Member Associations and Collaborative Partners, with the majority involving employment and workplace matters (57%) and financial wrongdoing (31%). This strengthened approach to training, monitoring, and case management reflects IPPFAR's commitment to upholding the highest safeguarding standards and fostering safe, accountable environments across all levels of the Federation.

ANNEX 1: 2024 – OVERVIEW OF KEY ACHIEVEMENTS

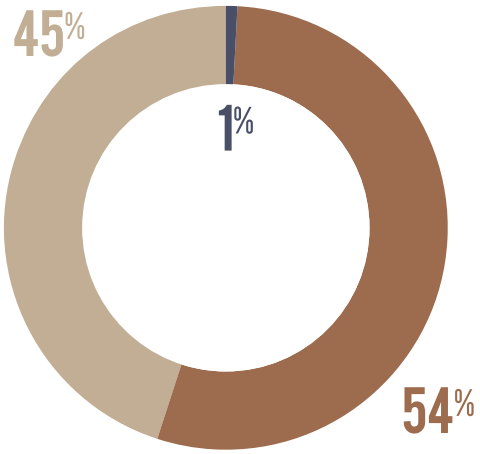
A. Governing Board Members - Policies and on-site marginalized group programme implementation status

368 Total Governing Board Members (GBM)

Governing Board members per age group

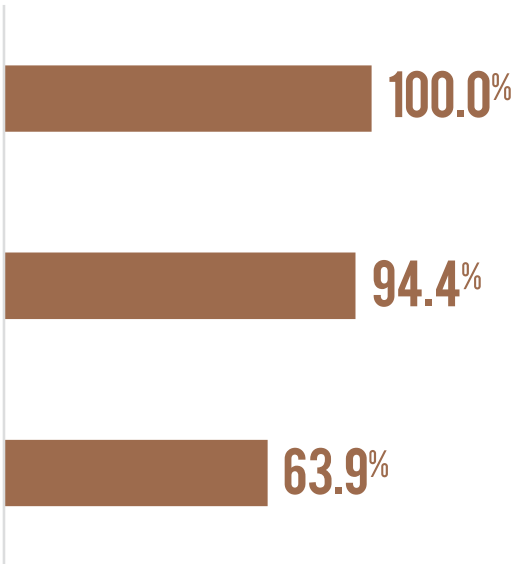


Governing board members per gender

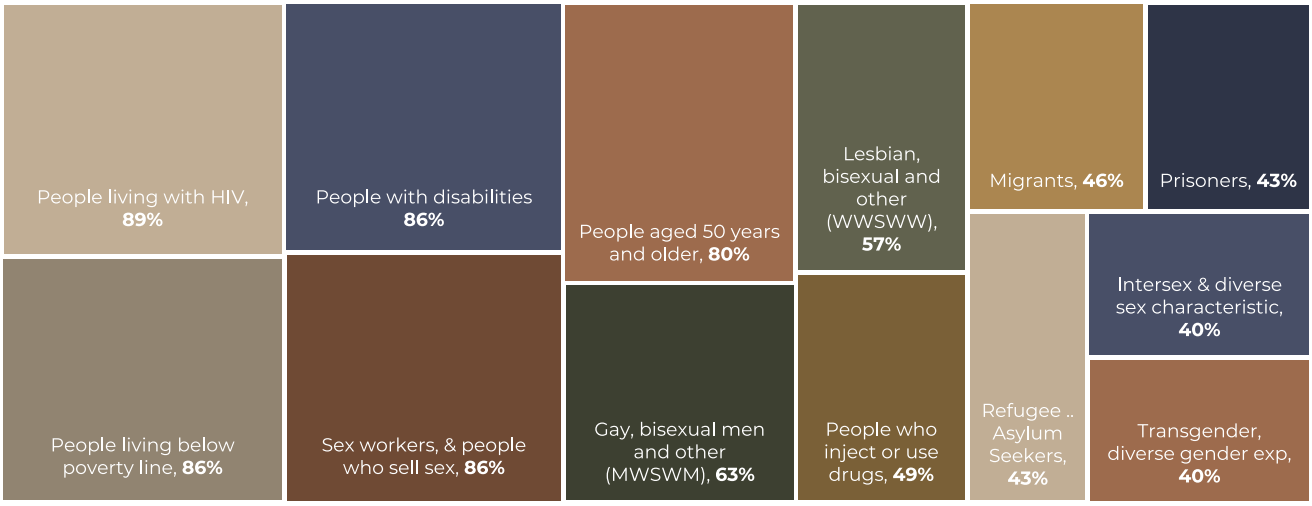


- GBM who identify as FEMALE
- GBM who identify as MALE
- GBM who identify with another gender identity

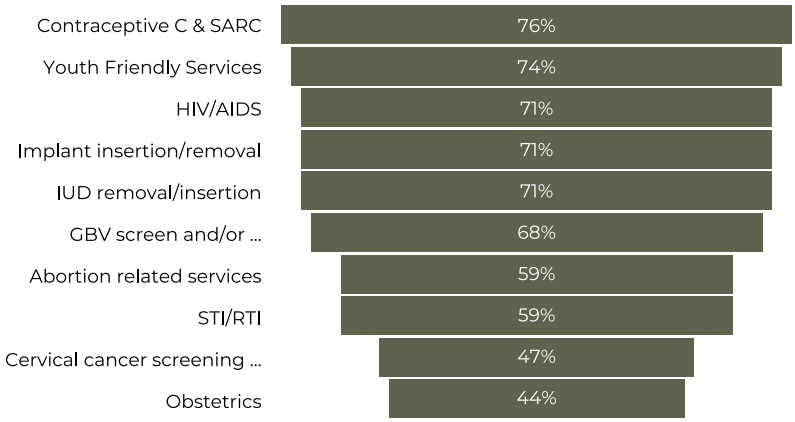
Policy availability status at MA level



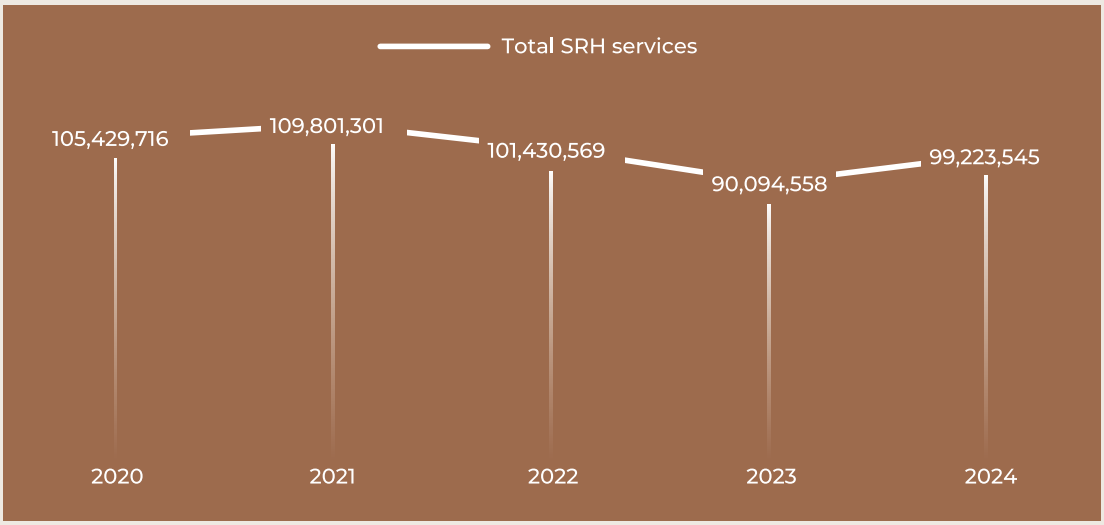
Percentage of MA implementing marginalized group

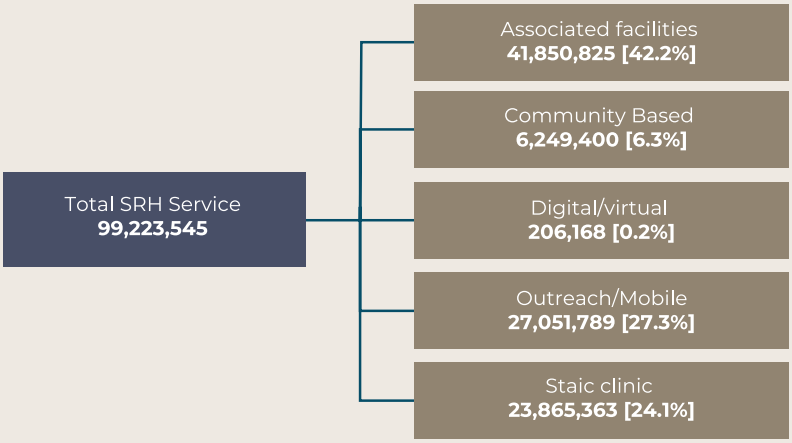


Percentage of MA implementing SRH Trainings

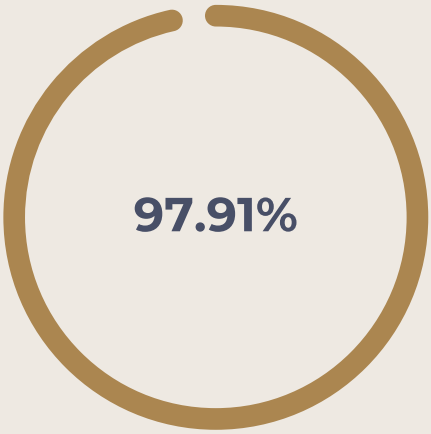


B. Service Provision Data

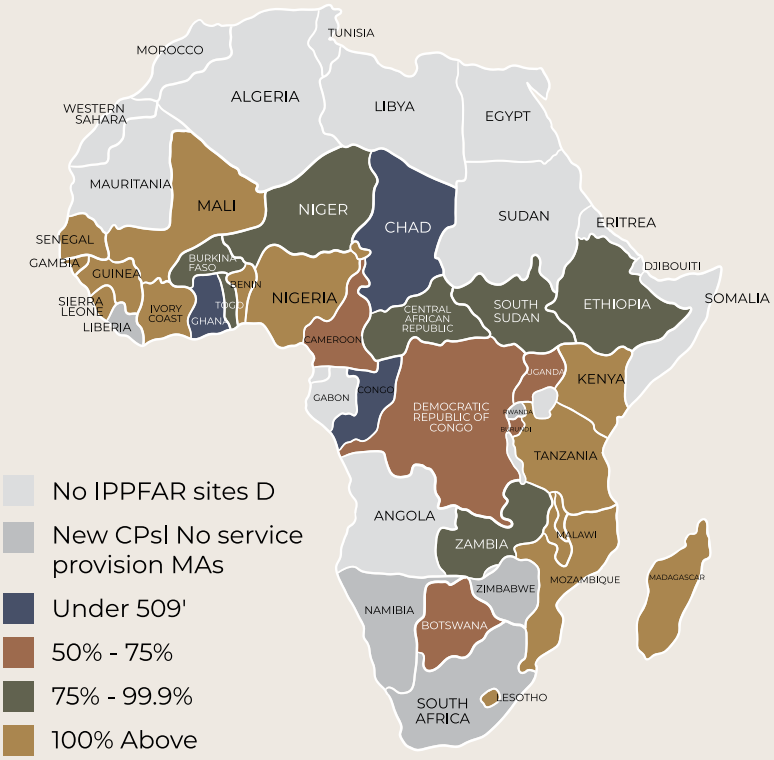




SRH Service Achievement level against Target

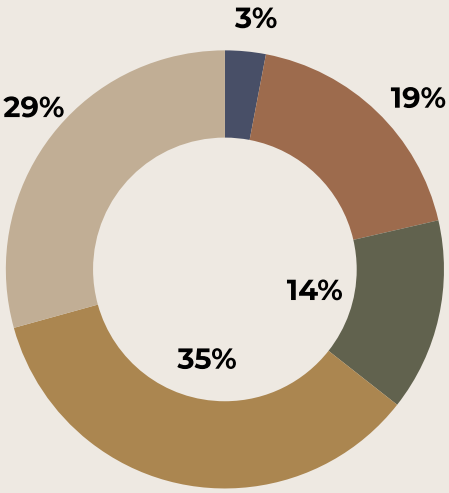


Mapping of SRH service achievement level against target per MA



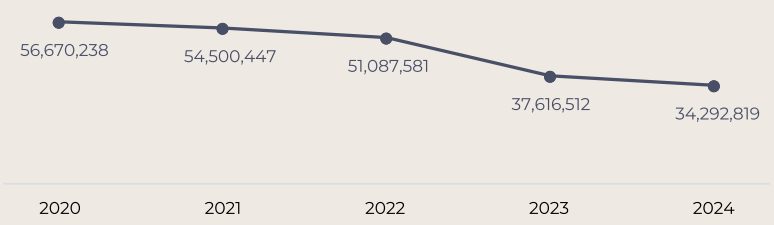
- No IPPFAR sites D
- New CPsl No service provision MAs
- Under 509'
- 50% - 75%
- 75% - 99.9%
- 100% Above

SRH service disaggregation per category (in %)

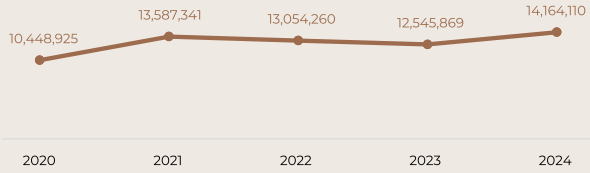


- Abortion service
- HIV/AIDS Service
- STI/RTI Service
- Family Planing
- Others SRH service

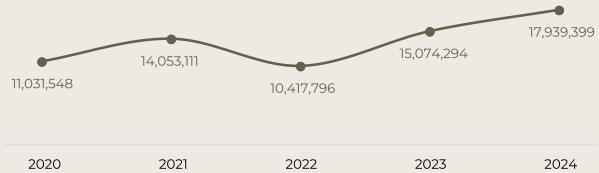
Contraceptive Services trend over the 5 last years



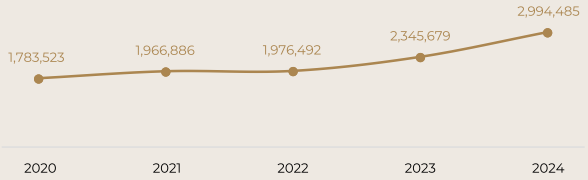
STI/RTI services trend over the 5 last years



HIV/AIDS services trend over the 5 last years



Abortion services trend over the 5 last years



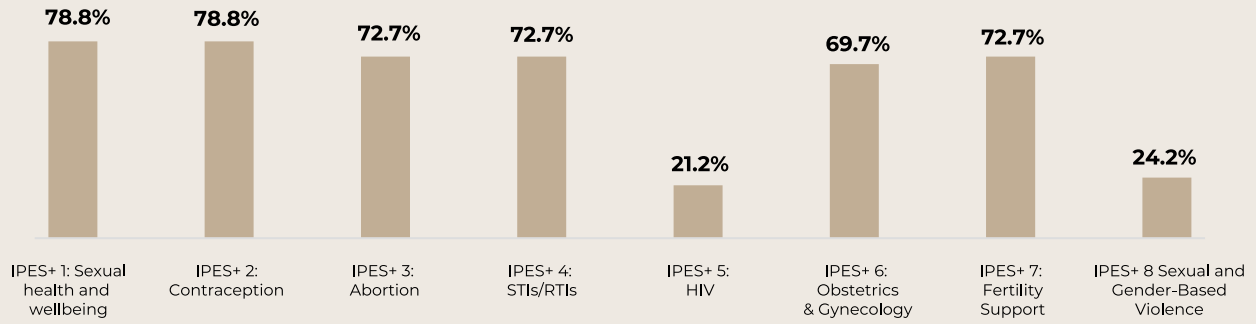
2024 - Net Promoter Score (NPS)* [n=26]

76.5%

2024 - Total SGBV services

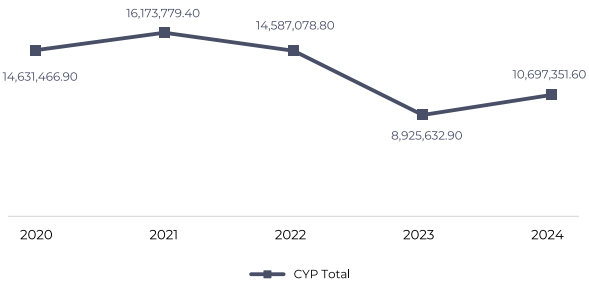
785,654

Percentage of MA reaching IPES+ per component [n=33]

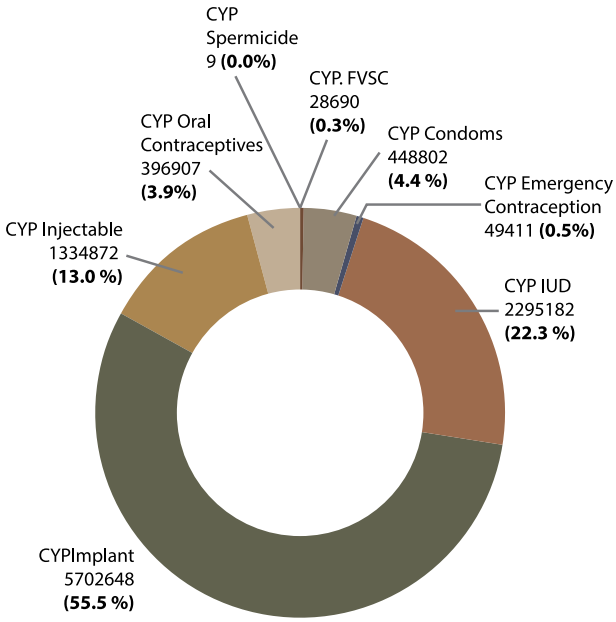


C. Impact Data

CYP Total trend over the last five years



CYP per Method



Demographic Impact

- **5,390,104 -** Unintended pregnancies averted
- **2,585,008 -** Live births averted
- **2,086,033 -** Abortions averted

Health Impact

- **16,124 -** Maternal deaths averted
- **104,371 -** Child deaths averted
- **1,596,794 -** Unsafe abortions averted

DALYs and Economic impact

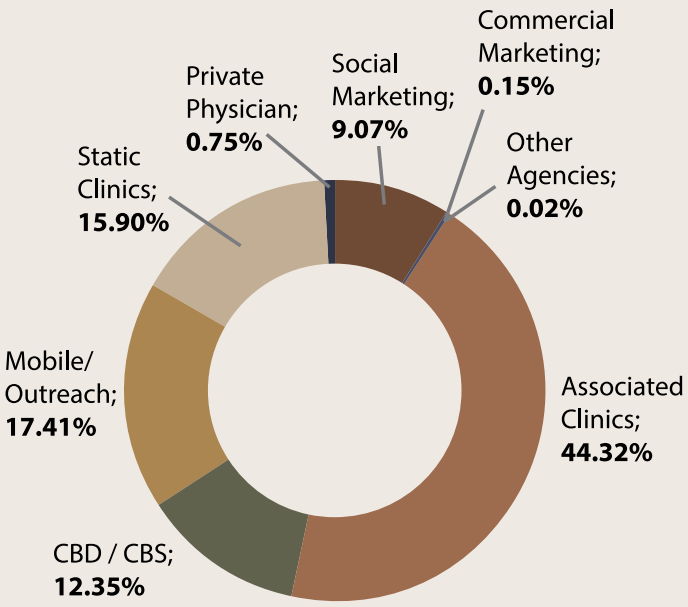
- **1,005,218 -** Maternal DALYs averted (mortality and morbidity)
- **8,824,599 -** Child DALYs averted (mortality)
- **9,829,818 -** Total DALYs averted
- **312,414,836 -** Direct healthcare costs saved (USD)

D. Family Planning Methods Mix Data

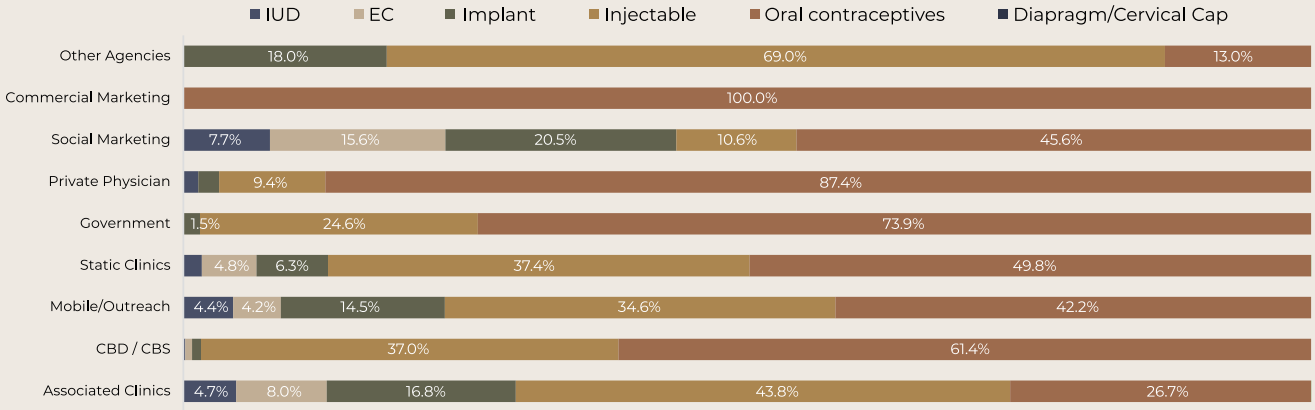
Total FP items provided: **68,946,722**

- Cervical Cap/Diaphragm: **119**
- Spermicide: **1,067**
- IUD: **578,547**
- EC: **988,227**
- Implants : **1,953,149**
- Injectables: **5,587,917**
- Oral Contraceptive: **5,981,430**
- Condoms: **53,856,266**

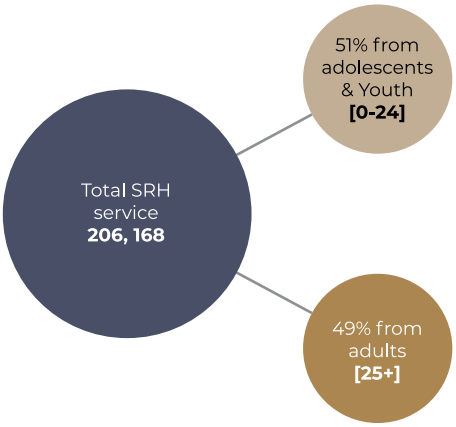
FP Method provided per channel (in %)



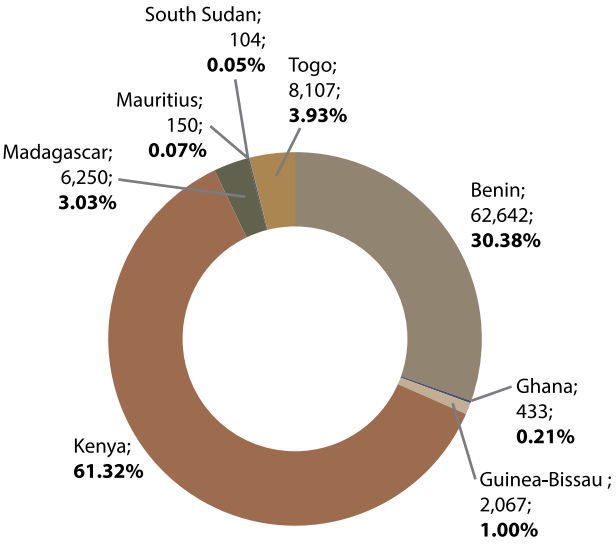
Percentage of FP items provided per channels and per type



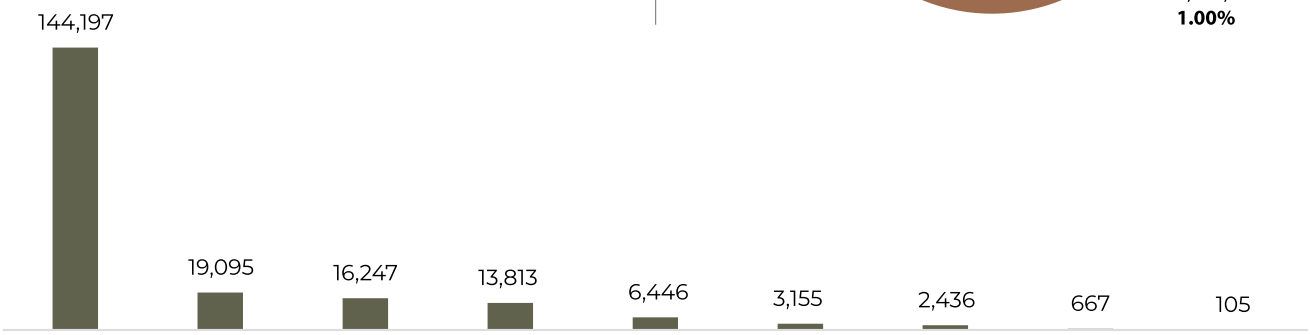
E. Digital Health Intervention Data



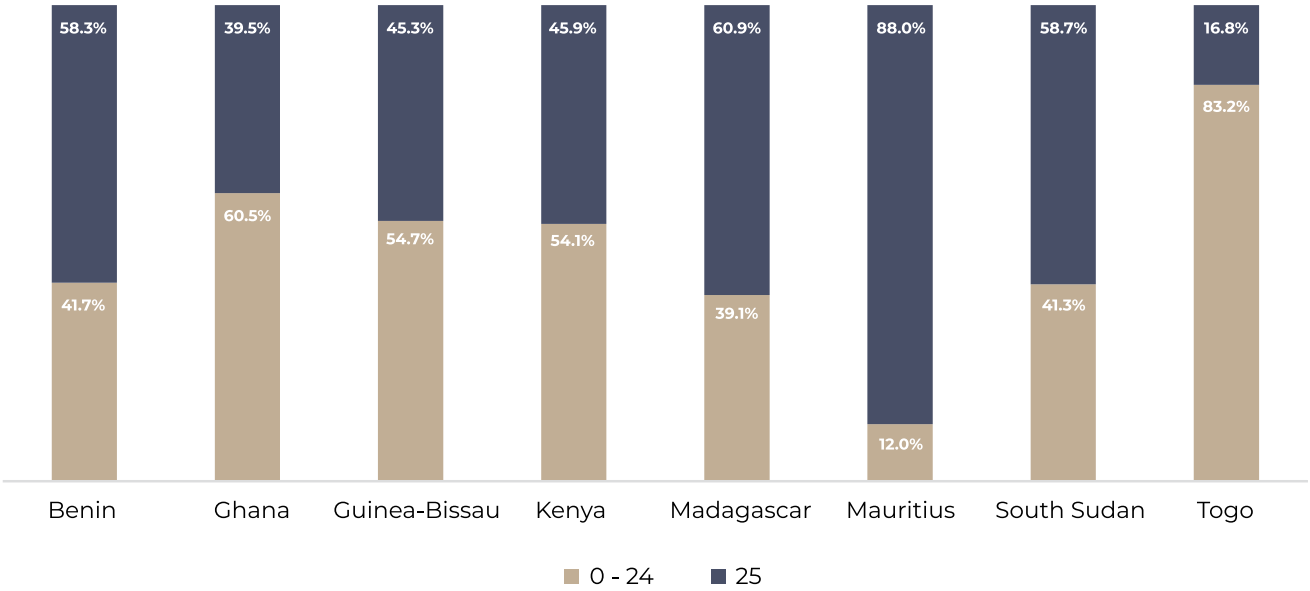
Percentage of SRH services provided by MA through DHI



SRH service provided per category through DHI channel

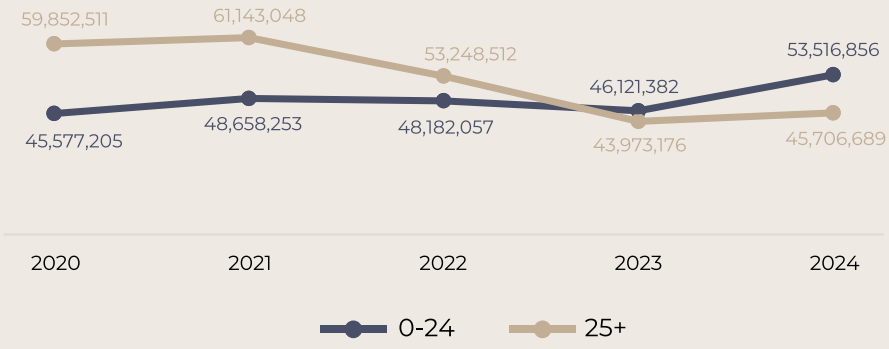


Disaggregation of SRH services provided by MA through DHI per age group

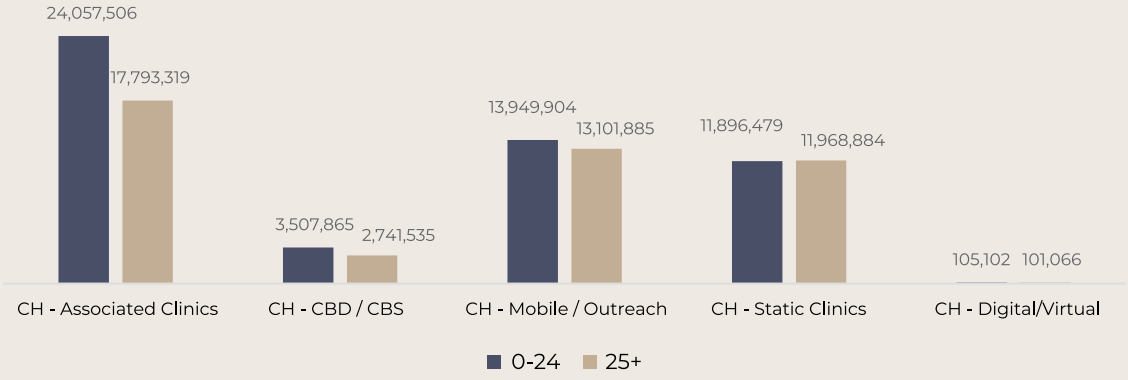


F. Youth Corner Services

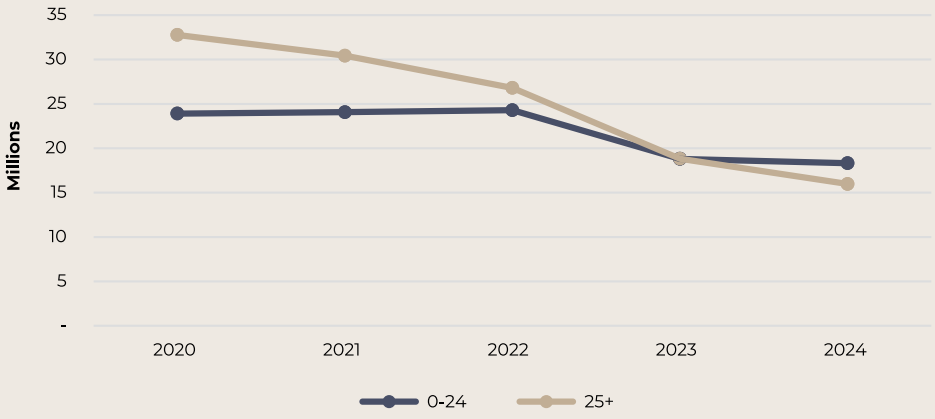
Total SRH over the five past year per age group



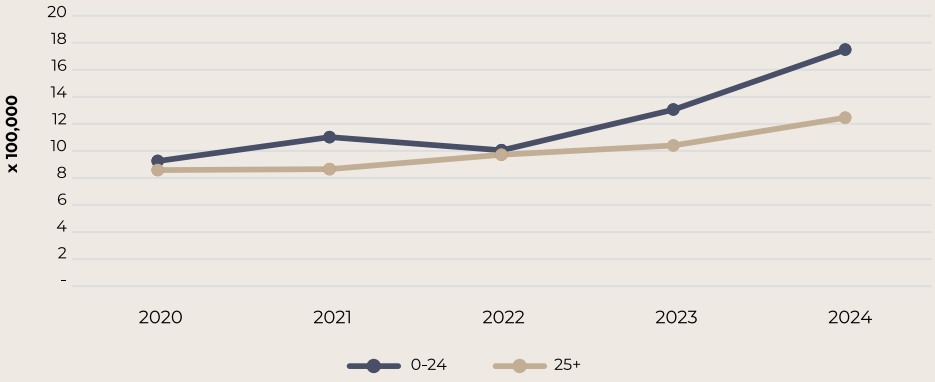
Total SRH per channel and age group



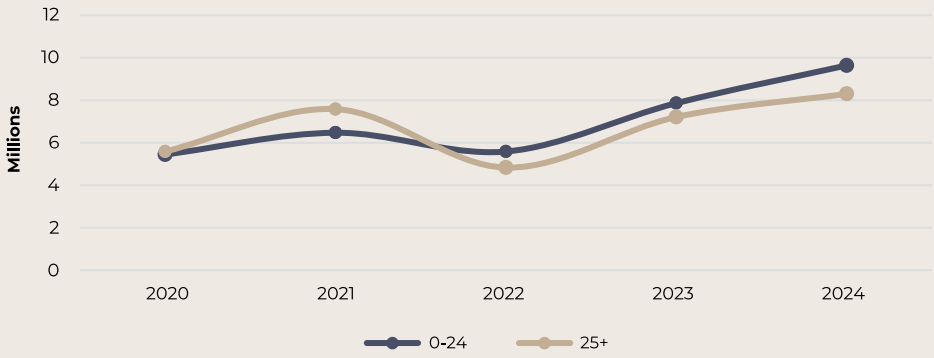
Total contraceptives services age group over the five last year



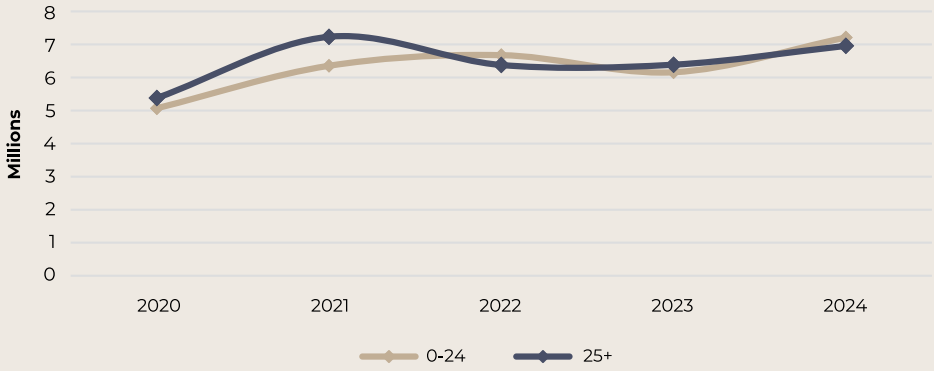
Total Abortion services age group over the five last year



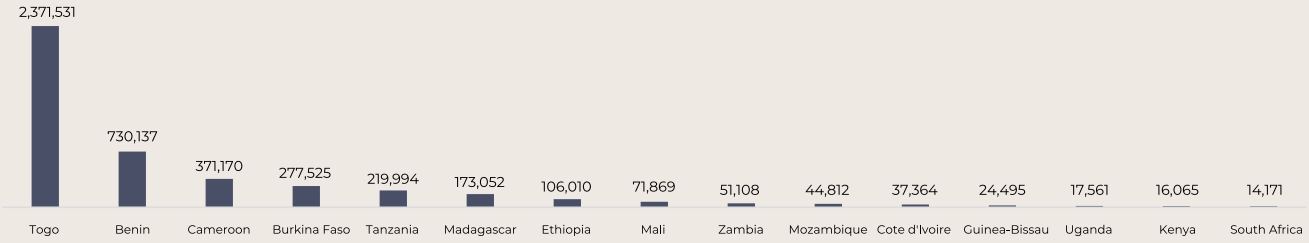
Total HIV services age group over the five last year



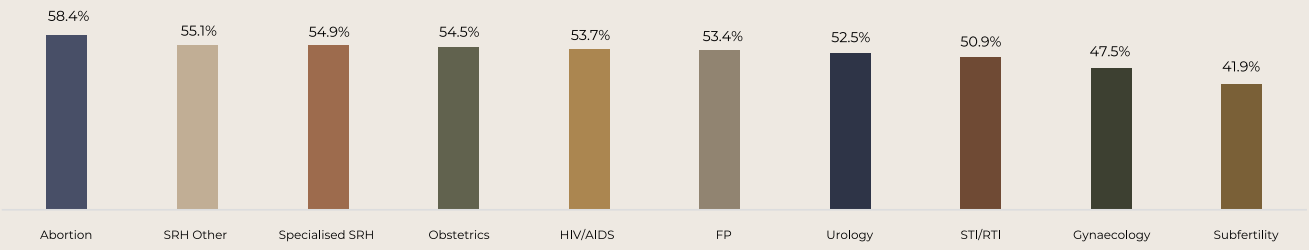
Total STI services age group over the five last year



Top 15 - MA with high number youth trained on CSE



Percentage of services provided to youth per SRH category



4,590,414 Total no. of youth who completed CSE training

ANNEX 2: 2024 – DISAGGREGATED DATA PER MA

MAs	SRH Total	SRH services per category										
		Abortion	FP	Gynaecol.	HIV/AIDS	Obstetrics	Paediatrics	SRH Other	STI/RTI	Special. SRH	Subfertility	Urology
Benin	3,206,600	19,185	646,422	834,778	583,136	37,858		59,135	613,753	407,544	4,789	
Botswana	82,841	222	25,292	2,148	41,180	1,365		1,161	11,429	44		
Burkina Faso	2,137,394	11,985	1,528,214	221,246	44,475	51,643	62,948	19,770	178,809	3,783	9,219	5,302
Burundi	805,273	1,534	106,856	15,206	165,729	194,921	273,244	5,992	36,431	1,386	117	3,857
Cameroon	4,581,001	409,701	1,432,069	283,530	1,158,756	62,667	38,536	60,942	1,027,910	32,004	2,867	72,019
Cape Verde	233,589	33	37,676	58,088	46,754	4,323	20	3,278	27,516	55,507	91	303
CAR	359,688	456	96,534	124,154	38,877	29,349	26,282	18,186	16,262	579	9,009	
Chad	304,875		129,223	20,760	17,802	95,852			22,574		18,664	
Comoros	57,832	129	16,558	6,001	5,520	10,148	17,306		1,344	660	166	
Congo	241,552	3,542	96,269	64,803	25,003	13,900	688	7,473	17,303	3,848	8,723	
Cote d'Ivoire	478,870	9,586	172,403	122,048	137,087	16,483	7,276		10,903	184	2,900	
DRC	5,346,397	40,897	890,852	810,053	828,159	1,566,204	709,108		447,667	21,644	31,813	
Eswatini	224,209	212	18,446	25,493	63,447	5,306	13,248	17,720	60,998	16,227	2,050	1,062
Ethiopia	11,530,892	290,977	5,745,507	925,820	929,028	571,116	625,165	169,609	2,028,059	23,911	34,741	186,959
Ghana	1,004,405	38,249	746,415	25,933	64,058	10,291	63,599	10,454	39,765	48	4,965	628
Guinea	1,977,086	59,772	548,650	28,507	234,946	52,391	728		1,031,127	10,282	865	9,818
Guinea-Bissau	506,236	9,877	297,617	11,534	45,262	16,358	186	6,409	64,636	42,116	10,576	1,665
Kenya	8,688,264	544,492	4,464,717		1,523,303	630,089	131,612		1,187,194	206,857		
Lesotho	146,601		86,472	5,016	30,419	5,545			15,186	938		3,025
Madagascar	1,267,255	2,491	298,874	70,607	161,932	133,751	390,546		112,195	87,967	4,528	4,364
Malawi	538,160	1,767	399,972	17,273	83,035	914			32,077	2,866	144	112
Mali	575,264	13	309,177	123,259	15,835	14,661	170		110,927	248	974	
Mauritius	403,715	60,752	81,990	46,071	44,759	23,255	5,138	320	42,982	90,265	8,183	
Mozambique	4,915,098	22,533	1,911,619	329,086	1,176,476	788,167	1,672	128,051	314,679	241,674	1,141	
Niger	319,531	51	120,354	29,691	20,907	70,021	68,262		9,264	677		304
Nigeria	41,835,023	1,412,664	10,348,920	8,749,959	9,420,360	3,233,650	467,991	244,972	5,947,647	245,236	364,530	1,399,094
Sao Tome and Principe	1,590,194	26,214	764,668	89,911	188,857	167,857	26,090	57,811	143,693	93,350	19,469	12,274
Senegal	54,989	105	19,192	1,414	1,795	7,483	9,836		10,923	3,973		268
Sierra Leone	783,478		658,442	31,769	7,044	6,164	2,423		56,186		21,450	
South Sudan	60,390	1,538	16,928		9,496			17,377	14,748	303		
Tanzania	1,155,214	430	708,019	51,511	141,189	30,264	94,973	7,116	66,833	5,867	4,866	44,146
Togo	1,159,793	9,393	693,843	105,398	147,625	49,777	35,322		99,178	5,558	4,127	9,572
Uganda	1,822,834	15,092	423,993	139,820	387,489	126,335		13,144	334,724	367,236	3,917	11,084
Zambia	829,002	593	450,636	118,869	149,659	62,599	490		29,188	16,285	424	259

MAs	CYP	FP Items						SGBV Services	ER4 CSE TOTAL (factored)	IPES+ Total Score
		Condoms (M+F)	EC	IUD	Implant	Injectable	Pills			
Benin	177,295	4,769,033	566	6,782	26,102	30,022	51,901	68,914	730,137	6
Botswana	4,194	239,428	40	27	685	605	680	18	708	4
Burkina Faso	82,958	2,773,025	276	3,950	8,882	31,738	141,056	1,462	277,525	6
Burundi	37,191	1,241,845	477	1,291	3,242	29,311	16,542	921	3,879	5
Cameroon	152,901	1,210,457	27,622	15,843	22,810	26,980	31,921	13,214	371,170	5
Cape Verde	8,658	640,719		26	27	4,658	28,850	12,537	4,004	4
CAR	4,750	84,060	194		769	3,730	5,694		412	4
Chad	11,601	19,127			462	37,250	20,273			-
Comoros	2,176	12,132	19	54	417	2,725	1,358	229	5,026	5
Congo	32,469	2,659,029	2,599	1,211	1,083	3,156	3,548	3,794	351	5
Cote d'Ivoire	93,184	33,505	618	2,713	20,805	94,839	63,810	159	37,364	5
DRC	158,277	2,334,631	47,408	2,726	24,217	96,833	382,016	10,146	4,969	4
Eswatini	6,263	579,113		182	109	1,250	506	2,226	5,821	1
Ethiopia	1,819,450	520,544	86,087	37,984	484,270	1,233,912	435,584	9,442	106,010	7
Ghana	221,514	14,587,274	441	2,193	5,691	74,056	930,598	20	8,332	5
Guinea	84,004	341,223	71	1,529	1,270	167,964	405,014	610	132	6
Guinea-Bissau	32,581	251,952	3,280	1,750	5,116	7,358	14,810	13,676	24,495	7
Kenya	3,747,274	1,168,531	789,993	302,024	639,555	1,334,958	1,349,618	114,316	16,065	4
Lesotho	21,317	346,382	532	326	452	37,743	99,777	774	119	4
Madagascar	59,142	83,186	6	226	4,580	164,297	73,380	15,875	173,052	6
Malawi	151,087	1,951,033	4,722	547	29,031	94,614	26,344	2,846	225	5
Mali	178,199	758,267	236	2,326	39,357	96,156	85,296	42	71,869	6
Mauritius	3,177	12,602	4,544		18	335	40,747	51,657	10,344	1
Mozambique	320,536	3,868,731	700	5,933	55,851	272,032	216,034	129,264	44,812	6
Niger	5,393	4,000		29	997	2,290	30,566	227	710	3
Nigeria	2,468,481	5,609,791	6,355	170,250	422,084	1,215,765	1,016,673	119,906	562	6
Sao Tome and Principe	34,311	1,166,496	981	21	17	49,438	180,241	42,936	12,640	7
Senegal	16,129	5,626	3	831	2,924	11,852	20,388	14		4
Sierra Leone	59,680	161,802	8,054		14,234	28,358	85,867		4,324	2
South Africa									14,171	
South Sudan	2,634	18,897	331	11	476	2,591	2,488	226	719	3
Tanzania	281,992	1,582,646	379	7,619	68,890	44,127	69,276	1,942	219,994	8
Togo	81,378	2,553,121	339	885	4,000	150,937	64,064	1,456	2,371,531	6
Uganda	232,620	2,086,639	1,173	6,288	48,748	86,527	14,250	151,323	17,561	7
Zambia	104,535	181,419	181	2,970	15,978	149,510	72,260	15,482	51,108	5
Zimbabwe									277	

	Demographic impacts			Health impacts			DALYs and economic impacts			
	Unintended pregnancies averted	*Live births averted*	*Abortions averted*	*Maternal deaths averted*	*Child deaths averted*	*Unsafe abortions averted*	*Maternal DALYs averted (mortality and morbidity)*	*Child DALYs averted (mortality)*	*Total DALYs averted*	*Direct healthcare costs saved (2022 GBP)**
Benin	91,354	44,204	34,844	233	1,599	29,536	14,449	135,223	149,673	5,247,337
Botswana	2,275	1,179	785	2	17	207	172	1,465	1,637	187,546
Burkina Faso	39,104	17,914	16,074	56	868	13,626	3,450	73,418	76,869	1,887,119
Burundi	18,584	10,825	5,000	63	483	3,804	3,876	40,874	44,751	1,120,703
Cameroon	64,834	28,616	27,936	192	1,123	24,614	11,844	94,971	106,815	3,694,748
Cape Verde	4,512	1,736	2,258	1	16	1,914	56	1,348	1,405	222,401
Central African Republic	2,332	1,255	735	11	60	647	666	5,099	5,765	137,611
Chad	341,945	187,290	104,141	2,109	11,479	91,758	127,487	970,525	1,098,012	18,667,098
Comoros	982	514	327	1	10	249	88	849	938	56,009
Congo	17,737	7,708	7,809	22	278	6,880	1,319	23,470	24,789	1,869,768
Côte d'Ivoire	44,540	21,947	16,480	120	807	13,969	7,379	68,228	75,606	3,103,565
DRC	73,006	41,701	20,132	254	1,986	17,739	15,127	167,901	183,028	3,064,540
Ethiopia	879,118	482,615	273,641	745	17,448	129,753	47,552	1,475,219	1,522,771	55,945,957
Ghana	115,644	56,870	42,964	149	1,460	36,419	9,524	123,417	132,941	5,734,085
Guinea	33,598	16,023	13,024	94	763	11,040	5,680	64,510	70,190	1,667,352
Guinea-Bissau	74,296	21,890	44,219	193	1,255	37,483	12,403	106,099	118,502	3,496,364
Kenya	1,650,570	804,354	624,715	4,694	23,167	475,306	283,593	1,958,737	2,242,329	96,964,119
Lesotho	9,078	5,356	2,312	24	145	611	1,482	12,246	13,729	594,078
Madagascar	24,368	6,589	15,350	29	161	11,679	1,804	13,607	15,411	1,029,750
Malawi	67,662	39,192	18,565	142	1,367	14,125	9,222	115,543	124,765	4,634,887
Mali	87,057	44,670	30,099	243	2,586	25,514	14,873	218,639	233,512	4,771,143
Mauritius	1,287	642	476	1	1	362	40	111	151	73,775
Mozambique	150,360	60,303	71,864	40	2,851	54,677	2,728	241,022	243,750	8,946,564
Niger	2,466	1,322	791	6	76	670	353	6,458	6,811	128,418
Nigeria	1,197,604	473,088	577,787	6,160	26,514	489,771	393,679	2,241,726	2,635,405	62,662,671
Sao Tome & Principe	14,621	8,134	4,465	13	157	3,934	829	13,250	14,079	837,906
Senegal	10,765	6,398	2,745	16	195	2,327	967	16,490	17,457	657,253
Sierra Leone	28,877	10,318	15,180	48	510	12,868	2,929	43,127	46,056	1,299,812
South Sudan	1,242	490	597	8	15	454	517	1,252	1,769	73,473
Swaziland	3,382	1,914	983	3	57	260	214	4,803	5,017	210,516
Tanzania	139,619	70,603	49,891	158	2,503	37,959	10,028	211,638	221,666	10,698,348
Togo	37,513	19,478	12,762	81	589	10,818	4,887	49,823	54,709	1,897,966
Uganda	112,075	62,584	33,547	178	2,652	25,524	13,396	224,217	237,613	7,272,904
Zambia	47,698	27,288	13,534	36	1,174	10,297	2,605	99,295	101,899	3,559,048

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