

Financial statements

2015



Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

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Executive summary

IPPF's total income has fallen by US\$10.0 million from US\$126.2 million to US\$116.2 million. This reduction is due to a fall in unrestricted government income of US\$5.8 million, a reduction of restricted government income of US\$6.2 million and reduced donations in kind of US\$0.6 million offset by an increase in restricted grants from multilaterals of US\$4m with the balance of US\$0.9 million decrease in other income and trading activities. The total decrease is split between restricted and unrestricted funds by US\$2.3 million and US\$7.6 million respectively. With the exception of Norway and Japan, all government (more significantly Australia and Sweden) donors have held level or increased their unrestricted funding to IPPF in the donor currency. However the strengthening of the US dollar has had a significant impact, effectively reducing US dollar unrestricted income by approximately 14% on a like for like basis compared to 2014.

Total expenditure has decreased from US\$137.5 million to US\$131.8 million. Unrestricted expenditure has risen from US\$84.2 million to US\$85.6 million while restricted expenditure has fallen from US\$53.3 million to US\$46.2 million. The increase in unrestricted expenditure is driven by an exchange loss (US\$1.9 million) and the use of US\$8.9m designated funds to provide support in a number of areas: support in South Asia for system strengthening (US\$2.3m); support for resource mobilization at regional and central level (US\$1.5 million); campaign and advocacy for UN Liaison office (US\$0.9 million); scale up fund for SGBV support to MAs (US\$0.5 million); contingency spend on various activities (US\$0.4 million). Restricted expenditure levels are driven by the timing of donor funded programmes, which vary on a year-by-year basis.

This has resulted in an unrestricted net operating expenditure of US\$13.4 million before other unrecognized gains and losses and a restricted deficit of US\$2.1 million, to generate a total operating deficit of US\$15.6 million. After taking into account actuarial gain on the defined benefit pension scheme and investment losses the resulting net movement in funds was a reduction of US\$13.6 million.

The level of unrestricted income received was approximately US\$4 million less than forecast primarily due to the strength of the US dollar versus donor currencies and the expenditure in excess of income levels was funded using approved designated funds (US\$2m million). This resulted in a decrease in general reserves to US\$21.9 million and a fall in designated reserves to US\$73.3 million.

Income in 2015 of US\$116.2 million

IPPF's unrestricted income from governments of US\$64.0 million fell by US\$5.8 million (8.4%) from US\$69.8 million in 2014 mainly because of the negative effect of the strengthening of the US Dollar against the Nordic and the Euro. Local currency funding was on a like for like basis US\$4 million higher and this was largely due to five Governments increasing their funding by US\$5.8 million (most notably Australia resuming its donation of unrestricted funds of US\$3.9 million and Sweden increasing their funding by US\$1.7 million) and five governments decreasing funding by a total of US\$1.3 million. Restricted income from governments fell by US\$6.2 million to US\$14.6 million. In addition, IPPF received US\$0.9 million of donated commodities from UNFPA; this figure is reducing as UNFPA increasingly delivers commodities directly to Member Associations.

IPPF's total income from governments, foundations and other sources fell by US\$10.0 million between 2014 and 2015, a decrease of 8%. When considering these figures it should be noted that the dollar has strengthened by approximately 25% against most European donor currencies particularly the Nordics. This has had the impact of reducing unrestricted government grants by circa 9% between 2014 and 2015 on a like for like basis.

The unrestricted funding we receive from our major donors provides for 9% of the total income received by the Federation's grant receiving Member Associations (based on 2014 Member Association financial statements), and provides the investment for strengthening of service delivery, advocacy and performance that underpins the Federation's progress in achieving the targets set for its change goals. This improvement includes delivery of 175.3 million services (2014: 149.3 million) comprising of over 76.8 million services to young people, 4.3 million abortion services up 13% from 2014 and 40.7 million HIV services up 28% from 2014. The Federation also supported 82 successful policy and legislative changes in support or defence of sexual reproductive health services and rights. The 17% increase in total services is in contrast to the slight reduction in Member Association income and therefore demonstrates the continued improvements in efficiency and effectiveness. Unrestricted funding has continued to play a key role in enabling IPPF to meet its commitment to defend sexual rights and double services delivered by 2015 from 2010 levels.

Expenditure in 2015 of US\$131.8 million

IPPF made grants to Member Associations (MAs) and partner organizations of US\$72.3 million, a decrease of US\$2.2 million (3%) from 2014. While restricted grants fell (US\$5.8 million) due to a number of programmes coming to an end, unrestricted grants rose by US\$3.5 million.

IPPF grant levels are set on the basis of income expectations for the year ahead. When funding received from donor governments exceeds forecasted levels, this excess is used to establish designated funds which are then used to support initiatives in future years. These additional resources have been used to support MAs and other partners in implementing initiatives in 2015 to scale up service delivery radically, support increased resource mobilization, reduce the defined benefit pension scheme deficit and support initiatives to improve performance across the Federation.

Total expenditure on Adolescents, Abortion, HIV and AIDS have had a small increase with a decrease in expenditure seen in Access and Advocacy.

As evidenced in the improvement in service levels referred to above, these movements are related to specific projects and have not impacted on the longer term growth of services.

Figure 1: Expenditure in 2015 of US\$131.8 million by type

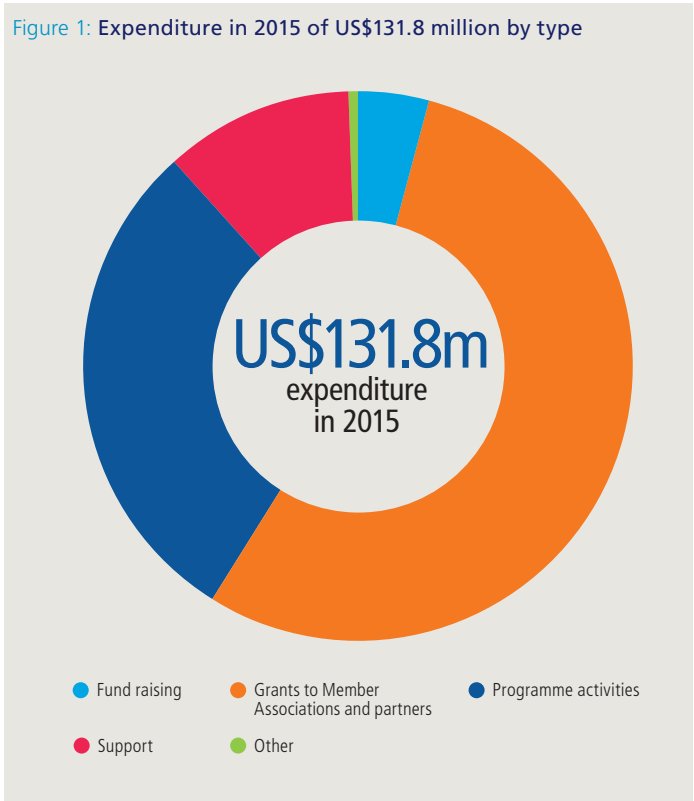
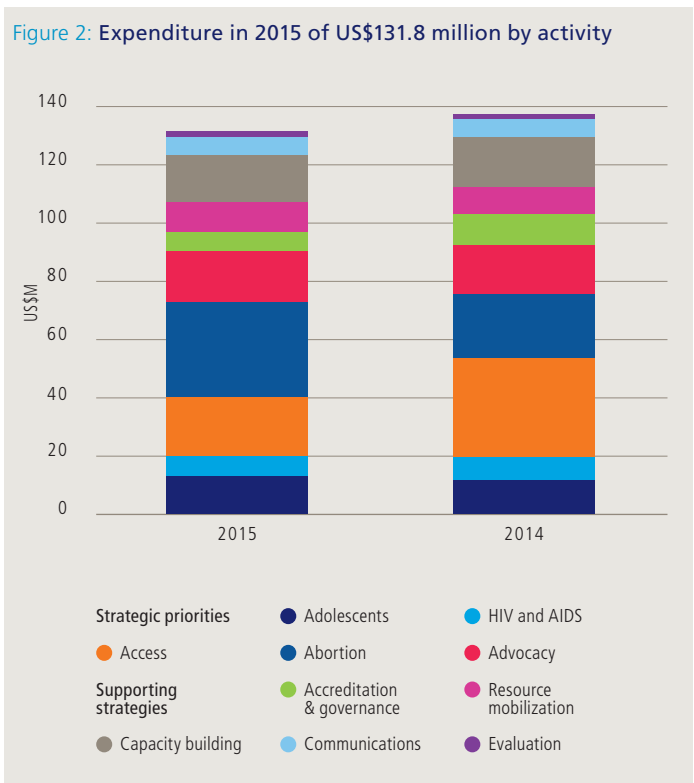


Figure 2: Expenditure in 2015 of US\$131.8 million by activity



Total funds and reserves have decreased by US\$14.2 million to US\$125.7 million

Explanation of move in designated funds

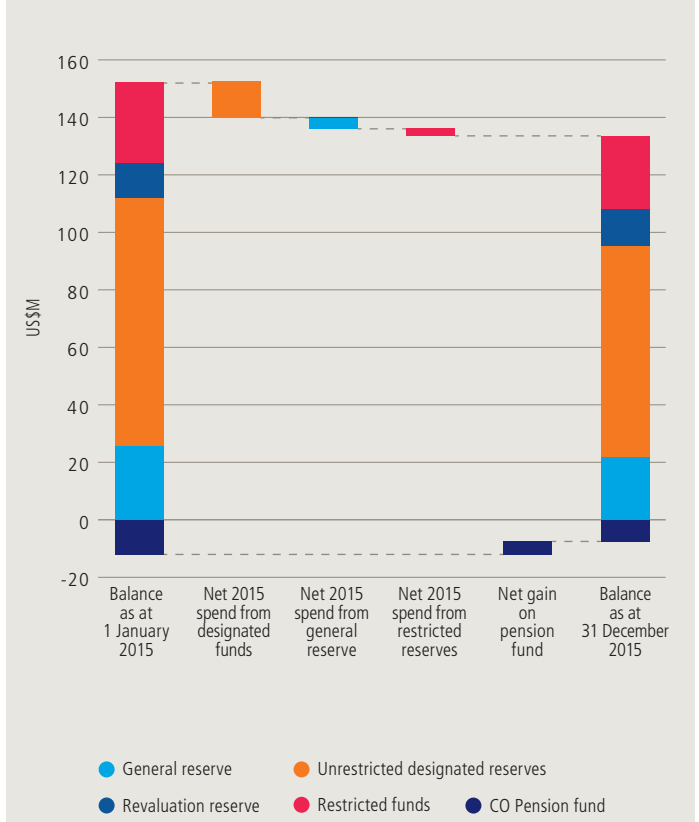
As at 31 December 2015 IPPF held an unrestricted general reserve of US\$21.8 million, a decrease of US\$4.1 million (15.7%) compared to 2014. In accordance with the change in the SORP to FRS102 the balance sheet and reserves have been restated including the comparatives. The effect has meant that the opening reserve at 1 January 2014 was increased by the value of the stock of goods US\$1.9 million as stock on hand is now recognized on receipt were previously it was recognized on distribution. Unrestricted designated reserves, committed by IPPF’s Governing Council to support specific areas of work, total US\$73.3 million, a decrease of US\$12.5 million (14.6%). The reduction in designated funds reflects the planned expenditure of the funds across a number of areas including supporting Member Associations to expand services, advocacy on sexual reproductive health and rights, resource mobilization and fundraising, and reducing the defined benefit pension deficit. IPPF will continue to use unrestricted reserves to ensure that it has the resources in place to meet its strategic objectives whilst managing key financial risks. In May 2013 the Governing Council approved a risk-based reserves policy, under which IPPF looks to maintain a general reserve balance within the range of US\$18 million to US\$24 million, with the 2015 year end general reserve balance falling in the middle of this range which the Governing Council still believes adequate to manage unforeseen risks.

Restricted and endowment funds total US\$25.5 million, a decrease of US\$2.4 million.

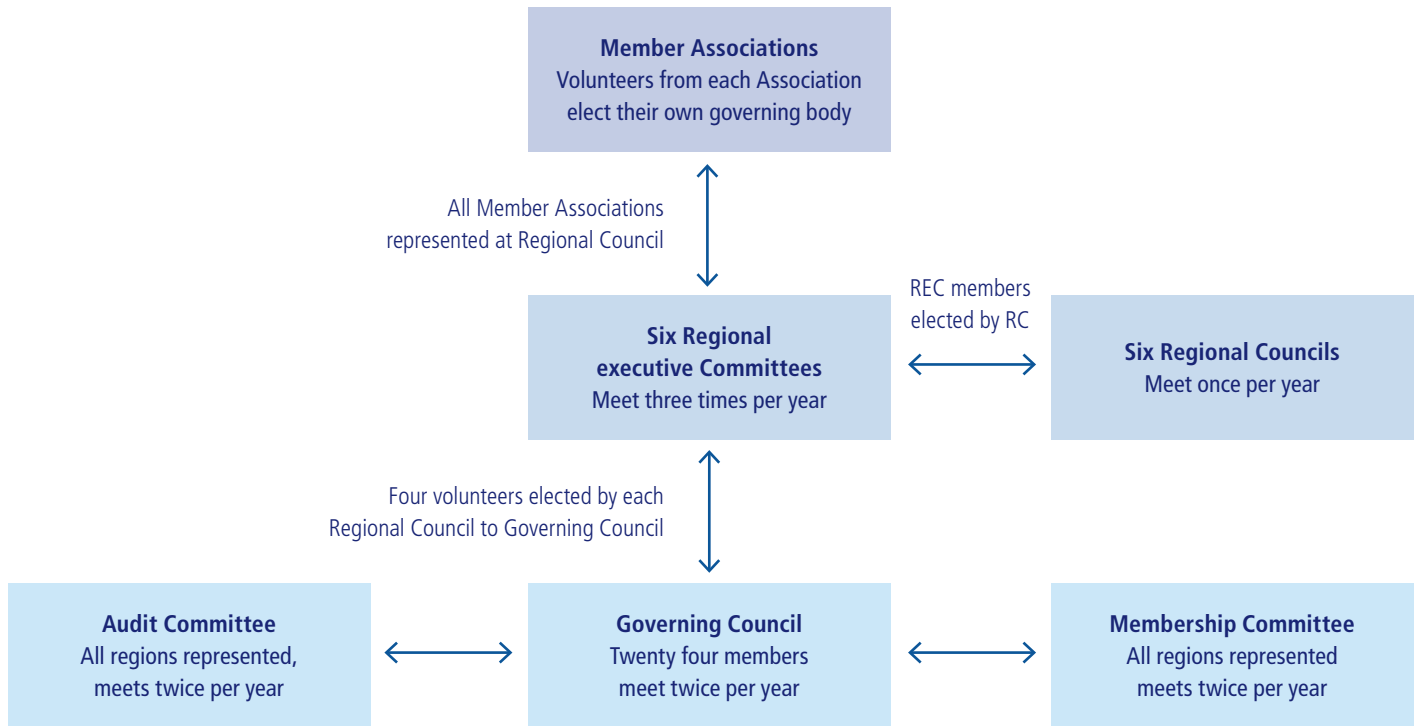
These unrestricted and restricted balances are offset by a statutory pension liability of US\$7.5 million as calculated under rules required by UK accounting standards.

The overall net operating expenditure position, excluding investment and pension fund movements, of US\$15.6 million reflects the nature of IPPF’s income and expenditure streams as both a grant receiving and grant making organization, and does not represent an underlying deficit position. The key driver for the deficit has been the planned use of designated funds and expenditure of restricted funds that had been received in prior years and the appreciation of the US dollar against all donor currencies.

Figure 3: Movement in reserves



IPPF's governance structure



Note: two of the six Regional Councils meet once every 18 months



Annual report of the Governing Council

Introduction

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. IPPF is a worldwide movement of national organizations working with and for communities and individuals, focussing support on those who are poor, marginalized, socially-excluded and under-served.

IPPF currently has 143 Member Associations (MAs). These Member Associations are working in 154 countries (the Caribbean Family Planning Affiliation operates in 12 countries). In addition, IPPF is active in a further fourteen countries where there is not currently a Member Association. This brings the total number of countries in which IPPF is working to 168.

The Member Associations of IPPF are all autonomous and report independently, and their financial statements are therefore not presented here.

The financial statements contained herein have been prepared in accordance with the Accounting and Reporting by Charities: Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), as issued by the Charity Commission in 2015.

In addition to the financial statements IPPF publishes an Annual Performance Report which outlines in detail the major activities of IPPF and their alignment to the strategic goals of the organization. Copies of this report are available on www.ippf.org

IPPF/Graeme Robertson/Nepal



Structure, governance and management

Governing document

IPPF was formed in 1952 and incorporated in 1977 under a UK Act of Parliament: *The International Planned Parenthood Federation Act 1977*. The Governing Council confirms that the Strategic Framework (as described on page 11) is in alignment with the purposes stated in the Act.

Public benefit

The Charity Commission guidance on public benefit was considered and the recommended self-assessment for the public benefit principles undertaken. The Governing Council confirms that the aims of the organization as stated in The International Planned Parenthood Federation Act 1977 meet the charitable purposes as outlined in the Charities Act 2011. Specifically, IPPF is engaged with purposes in relation to the “advancement of health or the saving of lives” and the “advancement of human rights”.

IPPF’s mission is to improve sexual and reproductive health and rights for millions of women, men and young people around the world in its Strategic Framework. The Strategic Framework demonstrates that IPPF is engaged in activities which have general public benefit in the 168 countries in which IPPF currently works with its Member Associations or collaborative partners. IPPF works through one Member Association in each of these countries but sometimes with collaborative partners as well. Member Associations do not pay any fee to become or maintain their membership of IPPF. Through monitoring global indicators IPPF assesses its ability to meet the needs of the poor, marginalized, socially-excluded and/or under-served groups, ensuring that those in poverty have the opportunity to benefit from the services IPPF provides.

Governance

IPPF is governed by a Governing Council, composed of 24 volunteers from Member Associations, and appoints a Director-General as its Chief Executive Officer responsible for managing the affairs of the Federation as determined by the Governing Council.

Governing Council members are elected for a period of three years and the last elections took place in 2014. Each Regional Council elects four members to serve as Governing Council members. Each region also elects a “Regional Executive Committee” to govern the affairs of the region. Each Member Association has a volunteer governing body (elected by the membership of the Association) and sends one or more as a delegate to Regional Council depending on membership category.

The Governing Council meets twice per year, for three days. This Council has two sub-committees; the Membership Committee and the Audit Committee which meet twice per year for one day at a time.

Following the election of a new Governing Council, members receive a comprehensive induction pack outlining their responsibilities as UK charity trustees. In addition, an interactive induction session is held where members discuss strategy, policies and finances as well as practical elements concerning the role distinctions between volunteers and staff.

Statement of the Governing Council’s responsibilities in respect of the Governing Council’s annual report and the financial statements

Under the trust deed of the charity and charity law, the Governing Council is responsible for preparing the Governing Council’s Annual Report and the financial statements in accordance with applicable law and regulations.

The members have elected to prepare the financial statements in accordance with FRS102 The Financial Reporting Standard applicable in the UK and Republic of Ireland.

Charity law requires the Governing Council to prepare financial statements for each financial year.

The charity’s financial statements are required by law to give a true and fair view of the state of affairs of the charity and of the charity’s excess of expenditure over income for that period.

In preparing these financial statements, generally accepted accounting practice entails that the Governing Council:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards and the Statement of Recommended Practice have been followed, subject to any material departures disclosed and explained in the financial statements;
- state whether the financial statements comply with the trust deed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The Governing Council is required to act in accordance with the trust deed of the charity, within the framework of trust law. It is responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the charity at that time, and to enable the Governing Council to ensure that, where any statements of accounts are prepared by them under section 132(1) of the Charities Act 2011, those statements of accounts comply with the requirements of regulations under that provision. They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

The Governing Council is responsible for the maintenance and integrity of the financial and other information included on the charity's website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Organization

IPPF has a Secretariat that carries out the policies and functions as approved by the Governing Council. The Secretariat has its headquarters in London and is divided into central and regional operational units.

There are six Regional Offices: Africa (Nairobi, Kenya), Arab World (Tunis, Tunisia), East and South East Asia and Oceania (ESEAO) (Kuala Lumpur, Malaysia), Europe (Brussels, Belgium), South Asia (New Delhi, India), and Western Hemisphere (New York, USA). These Regional Offices all act as branches of IPPF, in accordance with The International Planned Parenthood Federation Act 1977.

The Director-General is based in the Central Office, London. There are six Regional Directors who report to the Director-General together with five Central Office directors including the Finance Director.

Within the Western Hemisphere Region there are the following entities; the Regional Office, IPPF Western Hemisphere Inc and a separate entity used for investing significant bequests, the IPPF WHR Fund. The results of these entities are reported within these financial statements.

Remuneration

IPPF remuneration is benchmarked against the UN median salaries for similar roles and benefits data for the not for profit sector from a leading benefits provider. Annual performance and salary reviews are conducted through IPPF's Annual Performance Development Review process.

Risk management

While no system of internal control can provide absolute assurance against material misstatement or loss, the IPPF risk management system has been developed to provide reasonable assurance to the Governing Council that there are proper control procedures in place and that they are operating effectively.

The key elements of the system of internal control are:

- **Delegation:** there is a clear organizational structure with lines of authority and responsibility for control, together with procedures for reporting decisions, actions and issues.
- **Reporting:** the Governing Council approves and reviews the annual work programme budget and income predictions and monitors actual and forecast income and expenditure on a regular basis.
- **Risk management:** there are processes in place for identifying, evaluating and managing significant risks faced by IPPF. Each Regional Office and the Central Office prepare individual risk maps on an annual basis. A consultative process across the senior staff in the Secretariat identified the key risks under each of the Strategic Framework Outcomes. These were reviewed by the Senior Management Team (SMT) and the top twelve overall risks identified. The SMT then identified the mitigating strategies in place in order to arrive at the final overall risk assessment. The register once approved by the SMT was reviewed in detail by the Audit Committee and presented to the Governing Council for approval. Also identified are actions required to manage that risk and the person who will be responsible for undertaking this. These are reviewed annually by the Audit Committee and the Governing Council, who believe that all the major risks to which IPPF is exposed have been identified and reviewed and systems have been established to mitigate those risks.
- **Internal audit:** the internal audit function, which has been outsourced to Crowe Clark Whitehill LLP, assesses risks and reviews controls within IPPF. Using a risk based approach the firm undertook a number of audits in 2015. These focused on key organizational risks and the mitigation strategies to manage them.
- **Review:** the Audit Committee is comprised of four members elected by the Governing Council who are volunteers of member organizations but who are not members of the Governing Council or are individuals willing to volunteer their services to IPPF, as well as the President and Treasurer. The Committee oversees the adequacy of the system of internal control, and ensures IPPF compliance with relevant statutory and other financial regulations.

Key risks and mitigation strategies

	Risk	Mitigation strategy
Political prioritization of sexual and reproductive health rights (SRHR)	The development of IPPF's Sustainable Development Goals has seen some recognition of SRHR, however the pace of political change in many countries, decentralized forms of government and budgetary allocation means that gaining long term and consistent support and resources for SRHR is challenging, particularly at the policy and practice levels.	IPPF will carry out direct political advocacy, increase support and resources for SRHR at an international and Regional level, and strengthen the advocacy skills of Member Associations' at a local level.
Civil Society Organization (SCO) landscape	The 'space' for the voice of civil society and its role in service delivery to be heard is changing. A number of national governments are legislating against civil society impacting the work of Member Associations. Also donor governments have an increasingly prevalent agenda to apply short term – narrow results when working with development partners. The increasing role of the private sector in development can result in Non-Governmental Organization (NGO) space being reduced and/or funding being provided to corporates with fewer safeguards in place.	IPPF will undertake accountability work to track and enforce implementation of political and financial commitments made in national (through Secretariat support to MAs) and associated regional and international frameworks. We will strengthen accountability efforts through partnerships and alliances with national, regional and international networks inside and outside the SRHR community.
Opposition	Different groups in various countries are actively working to limit individual sexual and reproductive rights (SRR) as well as to reverse existing legislation and funding affecting SRR and access to services.	IPPF will counter opposition through better outreach, stronger relationships with decision-makers and advisors, and use of legal processes. In addition a legal advisory panel will be established to investigate legal routes to counter the opposition.
Communicating our messages	Communicating our key messages will be critical to the achievement of our new strategic framework. The organization currently has limited communications capacity.	A hub of successful communications materials will be built up that all parts of the Federation can access. There will be increased investment in media campaigns and IT to increase support on sexual and reproductive health. Social and virtual media will be utilized to support positive messaging around SRHR with the engagement of high level champions and journalist media.
Delivering services in challenging local contexts	Delivering the sexual and reproduction health (SRH) services that clients expect (including stability of commodity supplies) during disaster situations and fragile political and economic situations will require different IPPF models of support and partnering.	IPPF will increase its capability to provide SRH in emergency and conflict situations. Sharing of knowledge and best practice and building the skills of high risk Member Associations to prepare and respond as well as to work on disaster risk reduction and resilience will occur. Investment in an expanded humanitarian programme will allow a surge capacity to be created to respond to emergencies.
Sustainability as a service providing Federation	The national context has altered for many Associations requiring them to provide or enable services within a different external environment. There are challenges in partnering with governments and private providers as well as ensuring quality of care within a business model that can sustain the required levels of investment in new skill sets.	Using the skills and experience of Member Associations standards guidelines and packages of technical assistance will be developed to support the establishment and expansion of service delivery partnerships (including social franchising and social marketing).

	Risk	Mitigation strategy
Service delivery growth	With the new Strategic Framework focused on growth of services, there is a risk that if a large service provider leaves the Federation and / or is not financially sustainable it could impact our ability to meet the ambitious expected results we are committed to achieving. This would impact our relationship with key stakeholders including donors.	Working initially with a small group of Member Associations asset of tailored resource mobilisation strategies will be developed and implemented. The key learnings from this initiative will then be shared with other Member Associations.
Demonstrating long term versus short term successes	Altering popular culture to reflect health, choice and rights takes time, creating a challenge to demonstrate short term success and longer term impact. With many donors and supporters wishing to see rapid results expectations need to be managed.	Greater linkages between programmatic results and financial investment to encourage evaluation and decision making will be pursued together with more use of tools that assess cost recovery. Financial and service statistic systems will be integrated and more frequent data collected.
Demonstrating accountability	The external environment requires greater accountability including demonstrating efficiency and effectiveness together with measurable performance results. This requires an internal culture with processes to support this including reliable and accurate financial data. This needs to be demonstrated by all parts of the Federation both the Secretariat and the Member Associations.	In 2016 a new performance planning and reporting system will be introduced to more easily monitor performance. In addition the third phase of the accreditation system will be launched and we shall assess compliance against global accountability frameworks for civil society organizations.
Financial sustainability of our Federation	As a Federation, funding to maintain the structure (Secretariat, governance and some programmes) is dependent upon a small number of government donors. In addition these donors are increasingly substituting core for restricted funding. The Federation is currently strong at securing and managing core funding but less effective at securing and managing restricted funding.	IPPF will introduce a costing programme to gain a better understanding of the efficiency and effectiveness of all parts of the Federation. This coupled with service information will be used to demonstrate the impact and value for money of the Federation's operations.
Attracting and engaging volunteers	Attracting new volunteers across a range of roles from activists, campaigners, and peer educators to governance is a challenge at the national level in many countries. The time commitment required from governance volunteers makes attracting and retaining experienced volunteers a challenge at all levels of the Federation.	The Federation will share best practice on innovative and engaging ways to attract new volunteers who will be encouraged to engage in advocacy campaigns. We will support youth networks across the Federation.
Technology to support our outcomes	A failure to embrace technological developments will jeopardise the achievement of our strategic goals. The delivery of the strategic framework outcomes will depend on a number of systems (financial, information management, clinical services delivery, and virtual media) that require adaption to up-to-date technology solutions if they are to be cost effective, efficient and provide data for decision making. In addition all parts of the Federation must also ensure that client data is kept confidential and all IT systems are secure.	A new IT strategy has been developed and will be implemented to reduce inefficiencies and ensure our internal mechanisms are fit for the 21st century.

Objectives and activities

Strategic Framework

In November 2003 the Governing Council approved the *IPPF Strategic Framework, 2005–2015*. This framework is built around five priority focus areas called the Five “A”s:

- **Adolescents/young people:** Providing youth friendly services to meet the needs and rights of young people.
- **HIV and AIDS:** Increasing access to prevention, care, support and treatment globally, and to reduce barriers that make people vulnerable to infection.
- **Abortion:** Advocating for the right to safe abortion services and providing them to the fullest extent permitted by law.
- **Access:** Ensuring access to information and services to improve sexual and reproductive health with particular focus on marginalized communities.
- **Advocacy:** Strengthening recognition of the importance of sexual and reproductive health within the context of international development and increasing resources in support of sexual and reproductive health services.

The *strategic framework* is not intended to impose a rigid set of rules or constraints and reflects the diversity of situations that Member Associations and regions face. Underpinning the Five “A”s is a commitment to organizational accountability, efficiency and effectiveness. The IPPF accreditation system is dedicated to ensuring that Member Associations are well governed and managed and that they provide relevant up-to-date information and high quality training and clinical services. There is also an emphasis on building the capacity of Member Associations and that of the Federation as a whole to develop the skills and technical knowledge needed to implement and resource the new framework.

In order to assess progress against each of the Five “A”s a series of global indicators have been developed. These were gathered from Member Associations across the Federation and enable IPPF to review, monitor and evaluate performance against key goals. Since developing the Strategic Framework further work was undertaken to develop and establish annual targets for the Change Goals which provide focus and priority to achieve accelerated results and impact by 2015. The three Change Goals are:

Goal 1: “Unite” – a global movement fighting for sexual rights and reproductive rights for all

IPPF is committed to promoting, defending and monitoring sexual and reproductive health and rights for all, and it will achieve this in the following ways:

Promote – IPPF will fight for international agreement on the meaning and importance of human rights in sexual and reproductive health. We will similarly fight for national fulfilment of these rights in every country in which we operate.

Defend – IPPF will defend international, regional and national conventions and commitments. IPPF will defend the right of all young people to enjoy their sexual lives free from ill health, unwanted pregnancy, violence and discrimination. IPPF will ensure that women are not put at unnecessary risk of injury, illness and death as a result of pregnancy and childbirth and support a woman’s right to choose to terminate her pregnancy legally and safely. We strive to ensure that people enjoy their sexual lives free from fear of infection.

Monitor – IPPF will monitor the rights of all individuals in our communities to have access to the sexual and reproductive rights that have been granted in law and policy ensuring that resources are provided and that governments are held accountable to the promises they have made.

Goal 2: “Deliver” – access for all to reduce unmet need by doubling IPPF services

IPPF as a service provider will strengthen its existing network to improve the range of services, the quality of those services and to build upon the need to ensure comprehensive services are provided to all users. IPPF’s key objectives will be:

- 1 To reduce unmet need for contraceptive services by targeting services to those most in need – including young people and people who are marginalized and socially excluded.
- 2 To ensure universal access to SRH services.
- 3 To ensure that through social marketing and franchising the unmet needs of the emerging middle classes are addressed and income generated to provide suitable services to the poor, marginalized and young people.

Goal 3: “Perform” – a relevant and accountable Federation

IPPF is committed to a performance culture and will maintain a triangle of mutual accountability for the promises we have made – to ourselves, to our donors and partners and to public citizens across the world. The organization will monitor the effectiveness of internal systems and processes in order to support organizational learning and governance in ways that will best serve our clients as well as looking for opportunities to improve the effectiveness and efficiency of the organization. IPPF will focus on improving data collection and analysis to better demonstrate that donor investment yields important results in human development and social justice.

In December 2015 the current IPPF Strategic Framework (2005–2015) ended and was replaced by *Locally Owned, Globally Connected: A Movement for Change (2016–2022)*. It was the culmination of an extensive global consultation involving Member Associations, partners and donors, and was approved in November 2014.

Grant making procedures

IPPF allocates resources using criteria relating to the level of need and performance in each of the five strategic priority areas, using both internationally recognized data and also internal performance data.

The Governing Council has established the level of unrestricted funding which should be allocated to each region. The regions then make decisions on the individual funding to their Member Associations, based on the resource allocation criteria. The highest priority is for the Africa and South Asia Regions which are allocated 44.5% and 16.0% respectively. Unrestricted grants are awarded on an annual basis with Member Associations submitting an Annual Programme Budget which outlines the activities and funding required in relation to the Strategic Framework. This process is undertaken by many Member Associations using IPPF's electronic Integrated Management System (eIMS). Once approved, Member Associations receive funding in three instalments during the year based on satisfactory submission of half yearly and annual reports, audited financial statements and management letters.

The linkage between grants and performance is further strengthened by the Federation-wide performance-based funding system, under which unrestricted grant levels are adjusted for each Member Association based on performance against a number of key indicators.

Restricted grants are made for a diverse range of donors and project activities and the Secretariat acts as the implementing partner and reporting mechanism for Member Associations receiving the funding. The specific procedures in relation to issuing grants are guided by the donor funding agreement.

Grants will only be made to associations for whom an audited set of financial statements have been received, and who have been assessed as meeting the IPPF accreditation criteria.

Areas of work

The following provides a brief overview of some of IPPF's activities and achievements in 2015. Further information is available from our website (www.ippf.org) and in our *Annual Performance Report* which has more extensive information regarding each of the strategic areas, together with case studies highlighting achievements in a range of Member Associations. The 2015 report will be published in June 2016.

Adolescents and young people

Adolescent programmes

In 2015, IPPF implemented the extension of its youth programme "Choices and Opportunities", funded by the Government of the Netherlands, focussing on the scaling up and sustainability of our achievements over the past four years of youth work. The programme works in 17 countries across all six IPPF regions and is supporting MAs to increase access to SRH services, comprehensive sexuality education (CSE) and supporting advocacy to advance the sexual health and rights of young people. 2015 was also the final year for the ASK (Access, Services, Knowledge) programme, an Alliance programme headed by our Dutch Member Association, funded by the Dutch Ministry of Foreign Affairs. Together with five other International NGOs, based in the Netherlands, we worked in seven countries in Asia and Africa to ensure a rights-based and innovative approach to youth programming. The Alliance has secured a new 5-year programme from 2016 onward under the GUSO (Get Up Speak Out) programme. IPPF's role in this programme will primarily focus on increasing access to SRH services for young people, with a strong focus on youth friendly services and youth participation. In addition, the David & Lucile Packard Foundation are supporting a ground breaking programme initiated in 2014, that has a strong focus on abortion stigma as it relates to young people's access to abortion services.

Youth centred approach/youth participation

In 2014 IPPF, with the support of regional youth volunteers and key partner organizations including WHO and UNFPA, developed a youth centred approach, which is an unique approach to youth participation whereby young people are at the helm of our work, including governance, advocacy, services and programming. SRHR programmes for young people are far more likely to respond to realities of young people's lives and in the process, young people will be empowered and their experiences enriched. In 2015 IPPF developed an introduction package for the Secretariat and Member Associations and developed benchmarks and indicators to measure progress.

The Packard programme has a strong focus on youth participation in all areas of the project. This includes a virtual 'Youth Advisory Group' for the project with young people from five regions sharing ideas and contributing to project activities through a private Facebook group and email. In addition, the programme provided small Youth Advocacy Grants to young people in five countries. The winning applicants have now completed their projects which included a university-based peer education and awareness-raising on the provision of safe abortion (Ghana), and focus groups and sensitization workshops with medical students in Nepal.

Comprehensive sexuality education

IPPF is a global leader in the provision of comprehensive sexuality education for young people and is pushing the boundaries to be rights-based, gender transformative and positive about sexuality and sex. Increasing young peoples' access to comprehensive sexuality education is a key strategy within our youth programming to shift negative norms and attitudes that affect young people's ability to access SRH services and information, and to empower young girls to understand their sexual rights and equip them to negotiate safe, consensual and enjoyable sex. IPPF's CSE assessment tool 'Inside and Out' – developed with UNESCO and based on international best practice – implemented by 36 Member Associations in 2014, was further scaled up in Arab World, East South Asia and Africa to strengthen their sexuality education curricula for CSE especially in the non-formal setting.

IPPF recognizes that CSE content in the non-formal setting must respond appropriately to the specific context and needs of young people in order to be effective. Our MAs as grass-root organizations are well placed to ensure this adaptability to culturally relevant programming. The findings and recommendations of the assessments have informed IPPF's new strategic framework, especially the CSE component under outcome 2.

Regionally and globally IPPF is seen as the crucial partner for governments and UN organizations to push the CSE agenda in school forwards. For example, the Africa Regional office works closely with UNESCO and Ministries of Education and Health across West and Central Africa to strengthen the integration of CSE into school curricula.

IPPF co-hosted an expert meeting with UNFPA, WHO, Population Council and others to discuss the latest advances of advocating for CSE adapted to the regional, national and local contexts.

In order to address abortion stigma resulting from laws/policies and information, education and communication (IEC) that prevent young women from accessing abortion services across the Federation, IPPF has developed a wealth of resources

including valuable guides and toolkits that address gaps in current knowledge to assist individuals and organizations working to address abortion stigma. Two guides produced in 2015 are 'How to talk about abortion: A guide to rights-based messaging', and a 'Youth activist's guide to safe abortion advocacy', developed in collaboration with the Youth Coalition.

Young people's access to SRH services

In 2015, the number of services and referrals provided to young people rose by 10 million to 76.8 million, maintaining IPPF's place as a leading global service provider and reaffirming its commitment to the rights of young people.

In 2015, IPPF started the roll out of Provide, a self-assessment tool for youth friendly services. The updated version built upon work done in the past five years on integrating sexual rights into service delivery and applied learning from programme evaluations on what it truly means to provide youth friendly services. The tool was introduced to a number of MAs across the Federation and adapted for a regional evaluation of youth friendly services in East and Southern Africa, in partnership with UNFPA. The assessment tool was also integrated into the new Quality of Care framework that is used to assess the quality of services provided by Member Association clinics.

IPPF is at the forefront of developing and implementing new and innovative approaches that put young people at the centre of decision making. For this reason, in 2015, IPPF continued reflecting on the potential of more consistently involving young people in the delivery of sexual and reproductive health services. Experience and research have already highlighted the opportunity to link educational activities with service provision, and peer educators are now increasingly providing contraceptives, including injectables, and counselling. IPPF reviewed existing youth peer provision models in operation across the Federation and in other health organizations, covering both the published and grey literature. Based on recommendations from this review, IPPF developed a Framework for Involvement of Youth in the Provision of Sexual and Reproductive Health Services. This tool can be used by programme designers, managers and coordinators, as well as by senior managers overseeing the implementation of initiatives. The tool gives guidance on how a system of task sharing/task shifting through youth peer provision will improve the availability, accessibility and acceptability of health workers for young clients – a group of the population significantly affected by limited access to services due to non-convenient hours of care, legal and policy hurdles, confidentiality concerns, fear of discrimination, disrespect, high costs and discriminatory behaviour from professionals. The tool will be implemented in 2016.

Sharing and learning

In early 2015, IPPF brought together staff and young volunteers from sixteen countries across all IPPF regions who are implementing the 'Choices and Opportunities Programme' and the 'Access, Services and Knowledge' Programme to critically reflect on key programmatic areas and find creative solutions to challenges experienced. The key areas addressed included: models of service delivery, working with the most marginalized and underserved, delivering programmes in religious settings, working in partnerships, and effective comprehensive sexuality education. The learning and sharing meeting was a valuable process and culminated in the production of a guidance document intended to support decision makers, practitioners and service providers to reach the hardest-to-reach young people, to support young people to be agents of change, and to ensure that young people's parents, peers and communities are on board to support them in their journeys.

In recent years, the youth secretariat of IPPF has developed a myriad of tools, guides and guidelines to support Member Associations to develop and implement effective programmes and interventions for young people. To be able to scale up our programmes and to share our lessons learned and evidence of what works and doesn't work with other organizations, IPPF developed a 'youth hub' online to share effective strategies to develop and implement youth-friendly and rights-based programmes. It contains all our technical resources on how to develop youth-centred programmes and also teaches project staff what is involved in having a youth-centred approach. The youth hub provides guidance and blue prints on how to develop, implement, monitor and evaluate a youth programme and will be live on IPPF website in 2016.

IPPF has built its evidence and knowledge base on abortion stigma in order to generate and share evidence and best practices on addressing abortion stigma with a view to scaling-up. It has done this through documenting and sharing key resources, strategies, lessons learned and experiences of working on abortion stigma through several mediums including online blogs, conferences (including the FIGO 2015 World Congress and the International Conference on Family Planning 2016), and communities of practice.

Gender mainstreaming

In 2015 IPPF demonstrated its commitment to mainstreaming gender by monitoring and documenting gender balance across all levels of the Federation and comparing these with other international NGOs. Across every level, including, governance, management, staff – the analysis showed that IPPF was ahead of peers in aiming for gender representation.

Integrating rights

In the context of the ongoing collaboration between the members of the World Association for Sexual Health (WAS), IPPF held a technical expert meeting "Key Sexual Rights Issues for Young People" in December 2015. Both organizations recognize the importance of focusing on sexual rights in programmes for young people to address their sexual and reproductive health are jointly developing a Technical Document for policy makers, health providers, and educators, that will address the most critical obstacles and opportunities for operationalizing young people's sexual rights. The first draft of the document as discussed during the meeting with experts from the Human Rights field (e.g. Human Rights Watch, Amnesty International), the Adolescence SRH field including WHO and UNESCO as well as programmers, researchers and young people.

To support learning across and within MAs, we organized a meeting of MAs leading on implementing sexual rights, where they shared cross-cultural experience.

Plans for 2016

Focus on young people is mainstreamed in IPPF's new strategic framework. It is based on the acknowledgement of the achievements which have been made by IPPF at all levels in the area of young people's on their SRHR. To build on the foundations of the last 5 years, the new strategic framework gives priority to young people to ensure that all advancements will continue to grow and expand in the future. The strategic framework shows great potential for our work with and for young people to increase the synergy between the different components.

In 2016 we will further institutionalize our commitment to young people and ensure it is incorporated in our approaches across programmatic areas and work to sustain the impact of our programmes and interventions. There will continue to be a focus on introducing a youth centred approach and provide a united and cohesive framework with clear actions by MAs, regional offices and central office and clear deliverables. To ensure successful mainstreaming and integration of young people in specific areas including access to contraceptives, HIV, abortion etc., we will use past experiences, for example our work on youth friendly services and on abortion and young people have. In 2016 we will develop the foundations of cohesive and evidence based approaches and strategies to implement objective 3: 'Enable young people to access CSE and realize their sexual rights'. It will focus on CSE in the non-formal setting to reach the most marginalized and underserved young people. At the same time it will scale up its efforts to advocate for rights based, sex positive CSE in the school setting at national and international levels.

In 2016 we will embark on a gender audit of the organization, looking at our organizational policies and programmes with a view to ensuring continued learning and gender representation across the Federation.

Following on the sexual rights meeting for young people, in 2016 a guidance document will be produced and disseminated in 2016. This document introduces series of recommendations for policy-making, programming and case-by-case decision-making and will be for training, capacity building, educational, and/or advocacy purposes.

In 2016 we will draw on lessons learnt from the sexual rights MA to MA meeting to strengthen community dialogue, engage with partners from diverse contexts on sexual rights and feed this back into advocacy initiatives at a community level, lining back to regional initiatives. These lessons will also feed into our sexual and gender based programmes, ensuring that violence is prevented before it happens and having capacity to respond when it occurs.

HIV and AIDS

IPPF fully supports the UNAIDS target of ending AIDS as a public health threat by 2030, through the fast track programme, including the 90/90/90 treatment cascade, (90% of people know their status, 90% of those people are on treatment and 90% of those are virally suppressed) and the goal of the three zeroes (zero HIV deaths, zero new HIV infection and zero HIV stigma and discrimination).

In support of this, there continues to be steady growth in HIV services. IPPF provided 40.7 million services in 2015 which represented 23% of all of IPPF's delivered services, and exceeded the target set for 2015. These are divided 50/50 between HIV and STIs. The majority of these services are linked to testing, but increasingly, in Africa, MAs are providing ARV (antiretroviral) treatment also.

In 2015 we were very excited to sign a Memorandum of Understanding with UNAIDS. This covers joint working on integration, EMTCT (elimination of mother to child transmission), key populations and youth. We also continued our collaboration with UNFPA, the global fund, WHO, and the International HIV/AIDS Alliance. We continued to co-chair the interagency working group on SRH and HIV integration, and attended the annual meeting of the inter agency task team on EMTCT.

New funding for HIV was obtained from UN Women and the Swiss Government, via UNAIDS, as well as PEPFAR with the sustainable networks programme, all linked to adolescent programming. We completed reporting on the GIZ funded shadows and light programme on key populations, and are negotiating with GIZ for further funding in 2016. Funding from the Japanese Government continues and we have a good relationship with the ministry of foreign affairs in Tokyo.

We held a high level event in Geneva on Men and HIV at which our Director-General Tewodros Melesse spoke, along with Michel Sidibe from UNAIDS and Mark Dybul from the global fund, plus several ministers of health. We also attended the ICASA conference in Zimbabwe and supported the Africa region capacity building workshop prior to that. We carried out assessments of our STI

work in ten countries, and from this developed a scale up tool. We also ran three south to south exchanges, in Swaziland, India and Sri Lanka, on the global fund and EMTCT. One of our staff members went on secondment to the Africa region which helped to cement relationships with that region.

Over the year we significantly increased our focus on both gender and youth. In gender we work across the sector on women and girls, men and boys, and LGBTI (lesbian, gay, bi-sexual, transgender and intersex) rights. We also continue to focus on key populations and people living with HIV. In our work on youth we started the 3E project with UN Women, and continued our engagement in the UNAIDS PACT (a youth led network) and ATC (adolescent treatment coalition), as well as starting the ACT!2015 youth advocacy project with UNAIDS. We also engaged with the UNICEF All In programme on adolescents, and the PEPFAR DREAMS programme on adolescent girls. We were also invited to join the UNAIDS global condom task team.

Abortion

Increasing access to safe abortion services remains a priority for IPPF and in 2015 Member Associations across the Federation scaled-up and expanded efforts to provide a comprehensive range of abortion-related care including pre- and post-abortion counselling, medical and surgical abortion, and post-abortion care and contraception. Accurate and stigma-free information, education and communication on safe abortion was provided in both formal and non-formal community settings, increasing awareness of and support for accessible safe abortion services.

Under the Global Comprehensive Abortion Care Initiative (GCACI), IPPF continued to provide intensive support to 11 Member Associations in four regions to provide quality safe abortion care. In 2015, 98 Member Association clinics in the GCACI programme provided 64,826 clients with an abortion or treatment for incomplete abortion, an increase of 6% from 2014. Member Associations maintained a strong focus on the integration of abortion and contraceptive services, recognizing that women need choice and access to a wide range of modern contraceptive methods to prevent unintended pregnancy. Through GCACI, Member Associations provided 483,995 clients with contraceptive services, an increase of 5% from 2014. An evaluation of the eight-year GCACI programme was conducted, highlighting the success of the programme in expanding safe abortion service provision across the Federation and identifying key learnings to inform future programming at IPPF.

IPPF collaborated with the World Health Organization (WHO) and other partners to advance technical guidance on safe abortion care. IPPF contributed to the technical review of the WHO proposed methodology for estimating the global and regional incidence of unsafe abortions, as well as the development, dissemination and implementation of new WHO task-shifting guidelines to generate

further evidence on expanding health worker roles in the provision of safe abortion. Partnerships with organizations including the Concept Foundation enabled IPPF and its Member Associations to improve access to quality abortion and contraceptive commodities at the national level.

As well as the provision of quality safe abortion services, IPPF played a strong role in advocating for social and legal change in support of the right to safe abortion services for all women. IPPF joined partners around the world to mark International Safe Abortion Day on September 28th. Member Associations took action with a range of activities including free service days, community events and social media campaigns. IPPF continued to lead efforts to address abortion-related stigma, working with Member Associations to implement community level interventions reducing abortion stigma experienced by young people. Resources were produced to support individuals and organizations working to address abortion-related stigma, including 'How to talk about abortion: A guide to rights-based messaging' filling a critical gap in guidance on stigma-free communication on abortion.

Plans for 2016

In 2016, IPPF will strengthen its commitment to providing safe abortion services as part of an Integrated Package of Essential services (IPES) through a renewed Abortion Strategic Action Plan (ASAP) and the expansion of the GCACI programme to four additional Member Associations.

Access

IPPF's service delivery initiatives aim to contribute to the organization's strategic approach to treble services from their 2013 level by 2020, through provision of quality, integrated and comprehensive sexual and reproductive health (SRH) services.

Quality of Care (QOC) is an essential and integral aspect of service delivery in IPPF. In 2015, IPPF conducted a survey to assess the status of QOC service provision by member associations (MAs). The survey showed that over 65% of the MAs have structured systems for monitoring their QOC including assessment tools, checklists and processes. This report informed the development of the QOC Framework which incorporates the key elements that MAs will need to address to further strengthen the QOC programming. The framework was developed under the leadership of the QOC Technical Working Group (TWG).

International Medical Advisory Panel (IMAP) was reconstituted in June 2015 following the approval of its revised terms of reference by the IPPF Governing Council and currently has nine members. IMAP's role is to provide technical guidance to IPPF and respond to emerging issues. During the year, IMAP met quarterly through

tele-conferences and one face to face meeting and developed and published four statements on: Female Genital Mutilation; Hormonal Therapy for Transgender People; Development Financing for Sexual and Reproductive Health and Rights; and Social Accountability to achieve high quality service provision. A statement on donation of reproductive tissue for research is under development. The statements were disseminated to MAs, IPPF regional offices and staff of the central office, and other SRH stakeholders through the IPPF website, other websites, blogs and through IMAP member organizations and networks.

Integrated package of essential services (IPES)

To strengthen the provision of comprehensive and integrated services, IPPF developed and launched the IPES Vision Paper and a plan for implementation in June 2015. The vision paper describes IPPF's approach for increasing the number of MAs that provide the full range of IPES. IPES provision was supported through several projects:

- The implementation of the Scale up Fund which was set up in 2014 to strengthen service delivery approaches in social franchising, gender based violence and cervical cancer prevention and treatment gained momentum in 2015. Three MAs (Peru, Pakistan and Sudan) were funded to implement social franchising programs. The Pakistan MA developed a Social Franchising Manual and a case study that other MAs can use to improve their programs. The GBV and cervical cancer scale up funds disbursed funds to the selected MAs from all regions program implementation started in the quarter 4 of 2015.
- The DFID/NORAD/UNFPA Implant Fund supports the scale up of implant provision as part of a balanced contraceptive mix. In 2015, IPPF supported 21 MAs from four regions (Africa, Asia, ESEAO and the Western Hemisphere) to strengthen their programming for implants and long acting and reversible methods of contraception (LARCs). The support has resulted in an increase in the contribution of LARCs to CYP.
- In November 2015, IPPF joined the global SRH community to launch the Cervical Cancer Action fund to strengthen cervical cancer prevention and treatment. The Gates funded cervical cancer prevention and treatment project contributed to the increase in cancer prevention services. Two MAs (Kenya and Uganda) are piloting a new approach using DNA (CareHPV) for testing.

Plans For 2016

In 2016, IPPF's service delivery will focus on implementing the new strategic framework and plan. IMAP will continue to support the development of relevant statements and the review of the IPPF Medical and Service Delivery Guidelines. We will continue to roll out the QOC Framework to MAs and the regions.

Advocacy

In 2015 Member Associations across the world won 104 changes to laws, policies and budgets in favour of sexual and reproductive health and rights, gender equality and women's empowerment, through influencing decision-makers in national governments, regional and multi-lateral institutions and international fora. In 2015 the Federation continued its role as a leading civil society voice for change with a particular focus on ensuring our issues were included in the new Sustainable Development Goals.

Working in a co-ordinated way across the Federation, hand in hand with other civil society organizations, IPPF ensured that sexual and reproductive rights were mentioned in every one of the final inter-governmental sessions to negotiate the text of the new Sustainable Development Goals. With our allies, we won a target on sexual and reproductive health under the new Health Goal and a target on sexual and reproductive health and reproductive rights under a new stand-alone gender equality and women's empowerment goal. We also secured other important targets on issues such as HIV, ending child marriage and female genital mutilation and elimination of violence against women and girls.

IPPF ran well-attended events at international, regional and national events including the United Nations Commission of the Status of Women, the Commission on Population and Development, the World Health Assembly and at the African Union in Addis Ababa.

IPPF continued to support civil society organizations across the world which are working to hold governments to account for the pledges made at the 2012 London Family Planning summit. IPPF hosted meetings of family planning activists and champions and ensured that southern voices for family planning were heard in internal fora. IPPF also led research on the use of social accountability methods in family planning programmes. IPPF provided training for Member Associations on the Universal Periodic Review process and supported them to submit shadow reports to the Human Rights Council.

IPPF continued to work in partnerships and coalitions at international, regional and national levels, including with agencies like UNFPA, with champions such as African First Ladies, advocacy groups like the Reproductive Health Supplies Coalition and the FP2020 movement, as well as with influential governments.

IPPF's advocacy towards the World Bank was influential. For example we influenced the design of the new Global Financing Facility and ensured that sexual and reproductive health and rights issues were included in the Bank's new Gender Strategy. IPPF convened civil society organizations from Brazil, India, China and South Africa to advocate at the ministerial meeting of BRICS governments on population matters in Brasilia and succeeded in influencing the text in the outcome document they signed. IPPF also presented on young people's sexual and reproductive health

and rights at a BRICS seminar for officials and experts in population matters in Moscow.

IPPF's global "I decide" campaign secured popular support from around the world for sexual and reproductive health and rights and gender equality and campaign messages are reached supporters through social media, video films, animations and email action alerts, as well as national events.

Plans for 2016

In 2016 IPPF will focus on securing strong indicators for the new targets under the Sustainable Development Goals and supporting national level target setting and establishment of implementation plans and monitoring processes. We will continue to advocate for funding for sexual and reproductive health and rights, as well as pushing for accountability around family planning pledges. In 2016 we will launch a new Federation-wide campaign push focussed on Comprehensive Sexuality Education and young people's rights.

Accreditation

IPPF launched a systematic and comprehensive accreditation system in 2003. This scheme reviews and measures the extent to which all Member Associations comply with IPPF's 65 essential standards of membership. These standards cover issues of governance, management, constitutional requirements, programming and service delivery.

Following independent evaluation, a revised accreditation system was approved by the IPPF Governing Council in May 2008. The streamlined system is organized around 10 principles covering 49 membership standards to ensure that Member Associations are: open and democratic; well governed; strategic and progressive; transparent and accountable; well managed; financially healthy, a good employer; committed to results; committed to quality, and a leader in the sexual and reproductive health and rights movement in their country. Accreditation reviews using the revised system began in 2009 and up to the end of 2015 the Federation has carried out 140 accreditation reviews under the revised system and a total of 117 Member Associations have been accredited. During this period three Member Associations have been expelled. A third cycle has been developed following a consultative process with various stakeholders and will be implemented from 2016. It has 48 standards supported by 201 checks.

Achievements and performance

Progress on the change goals

Following the adoption of the change goals Unite, Deliver and Perform IPPF developed a set of annual performance targets for each one. The following tables show the 2015 actual

achievement against the 2015 targets as well as actual results for 2012, 2013 and 2014.

Target	2012 (actual)	2013 (actual)	2014 (actual)	2015 (target)	2015 (actual)
Unite					
U1 Each year, 50 successful policy initiatives and/or positive legislative changes in support or defence of SRHR to which the Member Association's advocacy contributed	105	97	81	50	82
U2 Each year, 5 successful global and regional policy initiatives and/or positive legislative changes in support or defence of SRHR to which IPPF's advocacy contributed	11	13	17	5	22
U3 Proportion of Member Associations monitoring obligations made by government in the international human rights treaties that they have ratified	42%	55%	54%	61%	60%
Deliver					
D1 Number of SRH services provided	112.7m	136.6m	149.3m	176.4m	175.3m
D2 Couple years of protection (CYP)	11.8m	12.1m	14.5m	17.8m	15.7m
D3 Number of SRH services provided to young people (under 25 years) (as a % of all services provided)	45.1m (40%)	66.2m (48%)	66.6m (45%)	88.2m (50%)	76.8m (44%)
D4 Number of abortion-related services provided	2.1m	3.0m	3.8m	7.1m	4.3m
D5 Number of HIV-related services provided	19.2m	24.8m	31.8m	29.7m	40.7m
D6 Estimated number of IPPF clients who are poor and/or vulnerable (as a % of all clients)	36.1m (81%)	48.8m (81%)	52.6m (85%)	49.5m (80%)	50.6m (82%)
D7 Proportion of Member Associations providing the Integrated Package of Essential Services	21%	26%	30%	55%	36%
D8 Number of young people (below 25 years of age) who completed a comprehensive sexuality education programme delivered by Member Association staff	18.2m	25.1m	25.2m	30.4m	25.7m
Perform					
P1 Total IPPF income (unrestricted and restricted) (US\$)	144.8m	136.1m	126.1m	154.3m	116.2m
P2 Total Member Association income (minus IPPF income), supported by the Secretariat (US\$)	372.1m	384.1	370.3	439.3m	358.8m
P3 Proportion of IPPF's unrestricted funding used to reward Member Associations through a performance-based funding system	6%	7%	9%	10%	9%
P4 Proportion of Member Associations using SRH service costing data from static clinics	13%	27%	28%	30%	31%
P5 Number of Member Associations collecting data on poverty and vulnerability status (using the IPPF Vulnerability Assessment methodology)	10	20	31	45	41
P6 Proportion of Member Associations that have 20 per cent or more young people under 25 years of age on their governing board	58%	63%	73%	100%	70%

The results for “Unite” are positive with the indicators surpassing their targets. In 2015, Member Associations’ advocacy efforts contributed to 82 policy and/or legislative changes in support of sexual and reproductive health and rights issues. This is 64% above the annual target of 50 and reflects our commitment to and continued success in making a significant difference to the lives of millions of people with improved sexual and reproductive health. The global advocacy efforts of IPPF also contributed to 22 global and regional policy initiatives and/or positive legislative changes in support or defence of SRHR. The third indicator relates specifically to the watchdog role of Member Associations to hold their governments to account on promises they have made. In 2015, 60% (2014: 54%) of Member Associations monitored the obligations made by their governments in the international human rights treaties that they have ratified.

Overall, the results for ‘Deliver’ are also positive, with most indicators showing progress compared to 2014. The number of sexual and reproductive health services increased by 17% from 2014, and only slightly under the target. Similarly, the number of Couple Years of Protection (CYP) increased by 8.2% from 2014, but was lower than the target. Significant progress was also made in the number of HIV-related services provided – an annual increase of 28%. The number of young people completing a sexuality education programme delivered by IPPF increased slightly to 25.7 million (2014: 25.2 million). IPPF’s commitment to reaching the poorest and most vulnerable is reflected in the result that 82% of clients were estimated to be poor and/or vulnerable. This is over the target set at 80%. The number of services provided to young people went up significantly from 66.6 million in 2014 to 76.8 million in 2015. The provision of abortion-related services increased by 13% to 4.3 million in 2015; again, a good result. Finally, the proportion of Member Associations providing an integrated package of essential services increased, from 30% to 36% between 2014 and 2015, but did not meet the target of 55%.

One of the critical issues identified by the midterm review of IPPF’s Strategic Framework 2005–2015 was performance culture. Significant achievements had already been made since the beginning of the Framework in the areas of IPPF’s accreditation system, governance reform and measurement of global performance. However, a need was identified to strengthen systems for monitoring performance, accountability, effectiveness and transparency to ensure maximum impact, value for money and continuous improvement throughout the Federation. The income raised by the IPPF Secretariat went down by 8% from 2014, to US\$116.2million, although this was mainly due to the strengthening of the US\$ against donor currencies. Income raised by Member Associations of US\$358.8 million showed a reduction of 3% between 2014 and 2015.

Three indicators monitor progress in implementing systems to support the utilization of data. The proportion of IPPF’s unrestricted funding used to reward Member Associations through a performance-based funding system was 9% in 2015. The overall aim was to reach 10% by 2015, as agreed by IPPF’s Governing Council. 31% of service delivery Member Associations used sexual and reproductive health service costing data in 2015; the target was 30%. The methodology developed (by IPPF in partnership with MEASURE Evaluation and based on Poverty Scorecards) to estimate the proportion of IPPF’s clients who are poor and vulnerable has now been implemented by 41 Member Associations. This is below the target of 45, but an improvement on the 2014 result of 31. Finally, the proportion of Member Associations that have 20% or more young people on their governing board in 2015 was 70%, not meeting the target of 100%.

Resource mobilization

2015 was a year of major transition. Internationally, the Sustainable Development Goals we launched and plans for its financing were laid down in the Addis Ababa Action Agenda. While this creates a more inclusive framework for development, it also marks a clear shift in thinking. In the future, official development assistance will not be the only driver of development; the private sector, developing countries and individuals themselves will be key sources of the financing necessary. In the midst of these changes the world witnessed the growing global crisis – from conflict and natural disasters – that means we have more displaced and refugee populations today than at any time since the 1940s. The sexual and reproductive health indicators for these populations, particularly women and young people, are particularly concerning with increased instance of sexual violence, trauma during pregnancy and maternal morbidity and mortality.

Given the changes in transitions, we anticipate an accelerated pace of change in the decline of centrally managed funds towards national level sources of income for our Member Associations. As this transition takes hold over the coming years in IPPF will need to establish a new financing mechanism to ensure the Federation remains globally connected as well as locally owned.

In 2015 IPPF successfully transitioned the majority of its unrestricted funding donors from its 5 As Strategic Framework to its Locally Owned Globally Connected Strategic Framework. New funding agreements we signed with the Governments of Australia, Denmark, Finland, Germany, Japan, Switzerland and the Hewlett Foundation, while the UK extended its funding until the end 2016. At the end of the year IPPF was finalizing its negotiations with the Governments of Netherlands, New Zealand and Sweden.

Financial review

Statement of reserves

The members of the Governing Council have reviewed the level of reserves and note 15 to the financial statements that show IPPF's funds. This indicates the split of reserves between the general, designated, restricted, and endowment funds.

The Governing Council in May 2013 approved a target general reserve level of between US\$18 million and US\$24 million. This policy will ensure that IPPF has the resources in place to invest in strategies to achieve the goals set out in its current Strategy and deliver the outcomes laid out in its new Strategic framework, whilst also safeguarding the charity from the increasing levels of economic volatility affecting the sector.

The general reserve level as at 31 December 2015 of US\$21.9 million, a decrease of US\$3.8 million from the balance as at 31 December 2014, falls in the middle of this approved range. The unrestricted expenditure programme budget for 2016 is US\$62.8 million. The current general reserve balance of US\$21.9 million represents 34% of this budgeted amount.

Unrestricted funds are designated at the discretion of the Governing Council. The largest designated fund relates to the Western Hemisphere Sustainability Fund. This fund of US\$20.1 million was created in 2002 following the receipt of a legacy in the Western Hemisphere Region.

Statement on investments

There are no restrictions under the 1977 Act in relation to the charity's powers to invest. IPPF currently holds investments in the form of shares and securities as well as cash deposits and short term investments.

Shares and securities

Most of the investments are shares and securities which are held and traded on the New York Stock Exchange. The Western Hemisphere Regional Board has appointed an Investment Committee to monitor these investments. The Committee is comprised of five members, including the chair, who also serves as WHR's honorary legal counsel, the treasurer of the WHR board, and three other members who have specific and relevant investment experience. One of the three investment managers, GMO LLC provides quarterly performance reports to the Investment Committee detailing all asset information as well as investment returns against appropriate indices. The investments are within the GMO Global Balanced Allocation Fund. The targeted allocation benchmark is 65% equities (31.6% U.S.A., 6.9% emerging markets and 26.5% other countries) and 35% fixed income. The committee is currently reviewing how social, environmental and ethical considerations should be taken into

consideration by the investment managers in relation to shares and securities held by IPPF. The IPPF WHR board of directors and the Investment Committee continues to closely monitor the performance of their investments.

Cash

Regular cash-flow predictions for both unrestricted and restricted income and expenditure are prepared. Given the historical timing of receipts the level of cash on deposit varies significantly during the year. In order to obtain sufficient returns on such balances, yet allowing for reaction to emergencies, surplus liquid assets are placed on deposit with maturity ranging from one week to twelve months. Investment options are regularly reviewed and IPPF has identified deposit accounts which allow the maximum interest to be generated from cash balances whilst giving the flexibility of access to those funds at short notice and these accounts are used when the cash reserves warrant such investment.

Financial summary

As a principle IPPF sets a core unrestricted budget where expenditure and income are aligned. The core unrestricted income in local currency from our major donors broadly matched budget assumptions with 8 of the 11 donors in line with budget, Australia and Finland where ahead of budget. However the strengthening of the US Dollar against all the donor currencies is the primary reason unrestricted income is approximately US\$12 million less than budget. IPPF also received US\$0.9 million of unrestricted income due to the donation of free stock from UNFPA.

Total unrestricted expenditure of US\$85.6 million covers grants (US\$49.1 million), secretariat expenditure (US\$31.1 million), and fundraising costs (US\$4.9 million). It should be noted that the Central Office unrestricted expenditure contains a US\$1.9 million charge for currency losses on non US Dollar deposits. The total unrestricted expenditure of US\$85.6 million was broadly in line with 2015 budget plus approved funding from designated funds resulted in a net operating unrestricted deficit of US\$13.4 million (2014: US\$4.4 million deficit).

There was a restricted deficit of US\$2.1 million. The majority of this was accounted for by activities using funds received in prior years including Safe Abortion Action Fund US\$4 million, Access services and knowledge project US\$0.8 million, South East Asia Strategic plan US\$0.7 million and Expanding and improving access to safe abortion services US\$0.6 million. A full analysis of restricted projects balances and 2015 income and expenditure is available in note 15.

Income

The overall income of IPPF has fallen by US\$10.0 million (8%) to US\$116.2 million (2014: US\$126.2 million). Unrestricted total income fell by US\$7.6 million and restricted income by US\$2.4 million respectively. Overall, restricted funding represents 38% of IPPF's income, which is in line with 2014 levels.

IPPF's main source of funding is government grants, which account for 68% (2014: 72%) of total income. In 2015 unrestricted government funding decreased by US\$5.8 million (8%) to US\$64.0 million. With the exception of Norway and Japan, all government donors, more significantly Australia and Sweden, have held level or increased their unrestricted funding to IPPF in the donor currency. However the strengthening of the US dollar has had a significant impact, effectively reducing US dollar unrestricted income by approximately 14% on a like for like basis compared to 2014.

IPPF also received income in kind from an unrestricted commodity grant of US\$0.9 million from UNFPA. These commodities have been used to support Member Associations who work in areas of high unmet need.

Restricted government funding amounted to US\$14.6 million, down from US\$20.8 million in 2014. The majority of this was accounted for by activities using funds received in prior years including Safe Abortion Action Fund US\$ 2.8 million, SPRINT multi region program US\$1 million, South Asia Strategic plan US\$1.8m, Access services and knowledge project US\$0.9 million. A full analysis of restricted projects balances and 2015 income and expenditure is available in note 15. In addition, funding from Canada and Australia reduced due to their programmes coming to an end in 2015 and 2014 respectively. The Government of Australia continued to provide support (US\$1.5 million) in relation to the global SPRINT Initiative to provide sexual and reproductive health services to crisis and post crisis areas in South East Asia, the Pacific, South Asia, and Africa. The Government of the Netherlands provided further funding for a number of programmes including US\$3.2 million to support a major initiative on adolescents work, the "Choices and Opportunities Fund" and US\$1.6m to support the ASK Programme which focuses on: creating demand among under-served young people using modern technology, provision of services, providing youth friendly services, ensuring public private partnerships and ensuring greater respect for young people's sexual rights in six countries. The Government of Japan provided US\$0.7 million for work on HIV and AIDS and the Government of Germany US\$0.7 million to improve access to promote sexual reproductive health services in Syria and to displaced persons in western Côte d'Ivoire.

The governments of the Netherlands, Norway and United Kingdom and an anonymous donor also provided funding of US\$1.9 million to the Safe Abortion Action Fund which provides small grants to non-government organizations for projects that promote safe

abortion and prevent unsafe abortion through advocacy and awareness raising, service delivery and research activities.

Grants from multilateral donors and other sources increased by 11% from US\$31.7 million to US\$35.2 million. The key reasons for the increase were increased funding from anonymous donors of US\$3.1 for work on various restricted program's including the global abortion care initiative and Expanding youth access to safe abortion care, accessing safe abortion and UNAIDS for the technical support facility in South East Asia. The multilateral and other unrestricted funding came mainly from the Bill and Melinda Gates Foundation (US\$3.8 million), The William & Flora Hewlett Foundation (US\$1.9 million) and public donations, chiefly in the Western Hemisphere Region.

Expenditure

IPPF spent US\$131.8 million in 2015 compared to US\$137.5 million in 2014, a decrease of US\$5.7 million (4%).

Grants to Member Associations and partner organizations fell by US\$2.2 million (2.9%) in 2015, comprising an increase in unrestricted grants of US\$3.5 million (8%) offset by a decrease in restricted grants of US\$5.8 million (20%).

The 2015 total grant expenditure drove projects across all five of the strategic priority areas, as well as the supporting strategies. 36% of resources available to fund grants was spent on access (35% in 2014), 10% on advocacy (5% in 2014), 17% on abortion (21% in 2014), 12% on adolescents (11% in 2014), and 4% on HIV programmes (5% in 2014).

Funds (including pension fund deficit)

Overall there was a deficit before investment losses of US\$15.6 million compared to a deficit of US\$11.3 million in 2014. This comprised an unrestricted deficit of US\$13.4 million and a restricted deficit of US\$2.1 million. The overall deficit was reduced by actuarial gains on the defined benefit pension scheme of US\$2.7 million, foreign exchange gains on the pension liability of US\$0.5 million and increased by the losses on investment assets of US\$1.1 million, leading to an overall decrease in IPPF's total funds and reserves from US\$139.9 million to US\$125.7 million.

The general fund has decreased by US\$3.8 million, from US\$25.7 million to US\$21.9 million. Designated reserves have decreased by US\$12.6 million, from US\$85.9 million to US\$73.3 million. These movements reflect the use of designated funds to provide support to a number of areas. The main movements in the designated fund include: support for defined benefit scheme (US\$1.8m), support in South Asia for system strengthening (US\$2.3m); support for resource mobilization at regional and central level (US\$1.5 million); campaign and advocacy for UN Liaison office (US\$0.9m); scale up fund for

SGBV support to MA's (US\$0.5M); DG contingency on various activities (US\$0.4 million). The asset revaluation reserve remains at US\$12.5 million.

IPPF's balance sheet includes restricted and endowment funds of US\$25.5 million in respect of funds received in advance of the project-related activities being completed, a decrease of US\$2.4 million from 2014. The decrease is due to activity in a number of funds where expenditure in 2015 has exceeded income due to income receipts in prior years. A number of projects are currently showing a negative balance where a decision has been made to carry out expenditure ahead of committed funding being received from donors. Those with a negative balance of more than US\$100,000 comprise: the Canadian funded project delivering the Mushoka promise US\$135,000, The Netherlands government funded Choices fund US\$276,000, Civil Society and ICPD and High level task force project US\$1.3 million, The USA funded Sustainable networks US\$670,000. In addition the following projects funded by multilaterals and other donors show a negative balance of more than US\$100,000: Bergstrom Foundation Bolivian clinic construction (US\$136,000); Gates Foundation Cervical screening programme (US\$202,000); Hewlett Foundation General operating support fund US\$107,000 and the Swedish Association for Sexuality Education (RFSU) – International programme for Sexual Reproductive Health (US\$350,000), UNFPA systems strengthening RHCS US\$291,000 Sexual Reproductive Health and HIV (US\$224,000) and UNAIDS Technical support facility US\$104,000. The funds related to these programmes are contractually committed by the donors involved and in many cases funding will be received in the first half of 2016.

The 2015 balance sheet contains a net pension liability of US\$7.5 million. This represents a decreased liability from the 2014 balance of US\$4.5 million. The majority of this movement is accounted for by actuarial gains of US\$2.7 million and employer contributions of US\$1.8 million. The main driver of the decrease in actuarial losses is a change in assumptions relating to the discount rate for future liabilities. The pension liability forms part of unrestricted funds and represents the total net future liability arising from the Central Office defined benefit pension scheme. A specific designated reserve has been established to meet this liability.

The defined benefit scheme was closed in 2007. The assumptions used to calculate the FRS102 pension liability are in line with typical market practice at the time of commissioning our actuaries report. However, market conditions are constantly changing, and the FRS102 valuation is sensitive to changes in the underlying assumptions. The triennial valuation, which is used to calculate the funding shortfall, was completed on 1 July 2012. At that date there was a shortfall on the scheme of US\$14.5 million. An agreement has been made with the pension regulator to eliminate the funding shortfall by making payments until 2020. The payment was US\$1.8 million in 2015 which will increase annually by 3.4%.

Plans for future periods

Moving forward together: our new Strategic Framework 2016–2022

Engage

IPPF consulted widely on the draft strategy throughout 2014 gaining the valuable feedback from the rich diversity of Member Associations and country contexts in which they work. Our partners, donors and other stakeholders provided guidance and challenge on the key role that IPPF can play as a locally owned, globally connected civil society movement providing and enabling services, and championing sexual and reproductive health and rights for all, especially the underserved.

Focus

Our strategy focuses on four key outcomes:

- 100 Governments respect, protect and fulfil sexual and reproductive rights and gender equality
- 1 billion people to act freely on their sexual and reproductive health and rights
- 2 billion quality integrated sexual and reproductive health services delivered
- A high performing, accountable and united Federation

Implement

Implementation will commence in 2016. Country level strategies have been prepared to identify the contributions they can commit to. The Secretariat staff were consulted and agreed on an Implementation Plan (2016–2019) that identifies deliverables we shall prioritize and invest in to support the four outcomes. This plan will help ensure a coordinated approach across the seven Secretariat offices and guide the annual planning and budgeting. The results of the strategy will be monitored through fifteen expected result indicators as parts of a global dashboard of results.

Future funding

IPPF is working to increase longer term sustainability and income. The current uncertain economic outlook is a concern for IPPF. Whilst a number of donors have committed long term funding, which goes some way to reducing this risk, others only confirm their funding levels on an annual basis.

Thanks

IPPF continues to work on diversifying its funding base for both IPPF itself and Member Associations, by increasing the number of fundraising opportunities among non-governmental organizations including trusts, foundations, the private sector and individuals. Using an earmarked Resource Mobilization fund established in 2010, IPPF is building the capacity of Member Associations to access funding from key donors at a local level. From 2014 to 2015 overall income for grant receiving Member Associations fell slightly by 3% from US\$370.1 million to US\$358.8 million.

Disclosure of information to auditors

The Governing Council members who held office at the date this report was approved, confirm that, so far as they are each aware, there is no relevant audit information of which the charity's auditors are unaware; and each Governing Council member has taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

IPPF thanks all its donors for their continuing and generous support. It also wishes to acknowledge the immense ongoing contribution it receives from its volunteers, in terms of the time, hard work, and personal commitment. Volunteers provide a huge range of help to the organization from assisting in clinics, sitting as Board members, acting as peer educators, meeting donors etc. Without this volunteer commitment IPPF could not achieve its mission or be the strong voice it currently is within the field of sexual and reproductive health and choices.

Approved on behalf of the Governing Council on 8 May 2016.



Dr Naomi Seboni
President



Mrs Sujatha Natarajan
Treasurer



Independent auditor's report to the Governing Council of the International Planned Parenthood Federation

Independent auditor's report to the Trustees of International Planned Parenthood Federation

We have audited the charity's financial statements (the "financial statements") of International Planned Parenthood Federation for the year ended 31 December 2015 set out on pages 25 to 58. The financial reporting framework that has been applied in their preparation is applicable law and UK Accounting Standards (UK Generally Accepted Accounting Practice) including FRS102 The Financial Reporting Standard applicable to the UK and Republic of Ireland.

This report is made solely to the charity's trustees as a body, in accordance with section 144 of the Charities Act 2011 (or its predecessors) and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and its trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditor

As explained more fully in the Statement of Trustees' Responsibilities set out on page 7 the trustees are responsible for the preparation of financial statements which give a true and fair view.

We have been appointed as auditor under section 144 of the Charities Act 2011 (or its predecessors) and report in accordance with regulations made under section 154 of that Act. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council's website at www.frc.org.uk/auditscopeukprivate.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2015 and of the charity's income and expenditure for the year then ended;
- have been properly prepared in accordance with UK Generally Accepted Accounting Practice; and
- have been properly prepared in accordance with the requirements of the Charities Act 2011.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept sufficient accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.



Ian Pennington

for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
15 Canada Square
London
E14 5GL

26 May 2016

KPMG LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

Statement of financial activities

Statement of financial activities for the year ended 31 December 2015

Notes					Restated (Note 20)				
	Unrestricted US\$'000	Restricted US\$'000	Endowment US\$'000	2015 Total US\$'000	Unrestricted US\$'000	Restricted US\$'000	Endowment US\$'000	2014 Total US\$'000	
Income and Endowments									
Donations and Legacies									
Grants from governments	2	63,985	14,647	–	78,632	69,819	20,756	–	90,575
Grants from multilaterals and other sources	3A	6,093	29,074	–	35,167	6,415	25,258	–	31,673
Donations in kind from multilaterals and other sources	3B	881	–	–	881	1,458	–	–	1,458
Other trading activities		150	78		228	1,088	104		1,192
Income from investments	4	411	259	–	670	294	267	–	561
Other income									
Foreign exchange gains		–	–	–	–	360	–	–	360
Other		641	2	–	643	373	–	–	373
Total income and endowments		72,161	44,060	–	116,221	79,807	46,385	–	126,192
Expenditure									
Expenditure on raising funds									
Central fundraising	7	2,655	–	–	2,655	3,009	–	–	3,009
Regional fundraising	6	2,282	638	–	2,920	2,034	493	–	2,527
Investment management costs		54	36	–	90	52	37	–	89
Expenditure on charitable activities									
Grants to Member Associations & partners	5	49,115	23,146	72	72,333	45,597	28,946	–	74,543
Central expenditure	7	12,305	6,730	–	19,035	14,923	6,157	–	21,080
Regional expenditure	6	18,788	15,619	–	34,407	18,337	17,675	–	36,012
Pension finance charge		399	–	–	399	217	–	–	217
Total expenditure		85,598	46,169	72	131,839	84,169	53,308	–	137,477
Net operating expenditure		(13,437)	(2,109)	(72)	(15,618)	(4,362)	(6,923)	–	(11,285)
(Losses)/gains on investment assets		(857)	(213)	(55)	(1,125)	777	(164)	17	630
Net expenditure		(14,294)	(2,322)	(127)	(16,743)	(3,585)	(7,087)	17	(10,655)
Other recognised gains/(losses)									
Actuarial gain/(loss) on defined benefit pension scheme		2,688	–	–	2,688	(4,676)	–	–	(4,676)
Foreign exchange movements on pension liability		487	–	–	487	433	–	–	433
Net movement in funds		(11,119)	(2,322)	(127)	(13,568)	(7,828)	(7,087)	17	(14,898)
Reconciliation of funds									
Total funds brought forward at 1 January		111,988	26,651	1,272	139,911	120,052	33,738	1,255	155,045
Unrealized foreign exchange loss taken to reserves		(673)	–	–	(673)	(236)	–	–	(236)
Total funds carried forward at 31 December		100,196	24,329	1,145	125,670	111,988	26,651	1,272	139,911

There are no recognized gains and losses other than those included above. All the above results arise from continuing operations. The notes on pages 29 to 58 form part of these financial statements.

Balance sheet

Balance sheet as at 31 December 2015

					2015				Restated (Note 20)
	Notes	Unrestricted US\$'000	Restricted US\$'000	Endowment US\$'000	Total US\$'000	Unrestricted US\$'000	Restricted US\$'000	Endowment US\$'000	2014 Total US\$'000
Fixed assets									
Tangible assets	9	30,039	–	–	30,039	30,914	–	–	30,914
Investments	10	27,207	8,051	1,145	36,403	28,245	8,455	1,272	37,972
Long term loans	11	92	675	–	767	133	741	–	874
Total fixed assets		57,338	8,726	1,145	67,209	59,292	9,196	1,272	69,760
Current assets									
Stock of goods		799	–	–	799	2,659	–	–	2,659
Receivable from donors	12	672	310	–	982	621	631	–	1,252
Receivable from associations		1,429	254	–	1,683	1,434	–	–	1,434
Receivable from others		550	237	–	787	720	193	–	913
Prepayments		351	94	–	445	437	50	–	487
Cash at bank		55,804	17,010	–	72,814	71,148	22,999	–	94,147
Total current assets		59,605	17,905	–	77,510	77,019	23,873	–	100,892
Creditors: amounts falling due within one year									
Accounts payable		1,964	226	–	2,190	2,418	108	–	2,526
Payable to associations		4,498	1,202	–	5,700	3,258	4,332	–	7,590
Accruals and other creditors		2,225	642	–	2,867	2,874	1,134	–	4,008
Deferred income	13	–	232	–	232	3,451	844	–	4,295
Total current liabilities		8,687	2,302	–	10,989	12,001	6,418	–	18,419
Net current assets excluding pension liability									
		50,918	15,603	–	66,521	65,018	17,455	–	82,473
Provisions for liabilities and charges	14	544	–	–	544	282	–	–	282
Pension liability	19	7,516	–	–	7,516	12,040	–	–	12,040
Total net assets including pension liability		100,196	24,329	1,145	125,670	111,988	26,651	1,272	139,911
Represented by:									
Unrestricted:	15								
General		21,857	–	–	21,857	25,660	–	–	25,660
Designated		73,334	–	–	73,334	85,881	–	–	85,881
Asset revaluation reserve		12,521	–	–	12,521	12,487	–	–	12,487
Restricted	15	–	24,329	–	24,329	–	26,651	–	26,651
Endowment		–	–	1,145	1,145	–	–	1,272	1,272
Total funds and reserves excluding pension liability		107,712	24,329	1,145	133,186	124,028	26,651	1,272	151,951
Pension liability		(7,516)	–	–	(7,516)	(12,040)	–	–	(12,040)
Total funds and reserves including pension liability		100,196	24,329	1,145	125,670	111,988	26,651	1,272	139,911

Approved on behalf of the Governing Council on 8 May 2016. The notes on pages 29 to 58 form part of these financial statements.



Dr Naomi Seboni
President



Ms Sujatha Natarajan
Treasurer

Cash Flow Statement

Statement of cash flows for the year ended 31 December 2015

	Notes	2015 US\$'000	2014 US\$'000
Net cash outflow from operating activities	A	(25,807)	(18,575)
Cashflow from investing activities			
Interest received and similar income		717	669
Purchase of tangible assets		(176)	(252)
Purchase of marketable securities		(353)	(9,521)
Sale of tangible assets		–	3
Sale of marketable securities		5,042	15,315
Net cash inflow provided by investing activities		5,230	6,214
Cashflows from financing activities			
Long term loan repayments received		226	154
Long term loans issued		(309)	(368)
Movement in short term deposits		–	50,418
Movement of exchange rates		(673)	(236)
Net cashflow (used in) provided by financing activities		(756)	49,968
(Decrease)/increase in cash	B	(21,333)	37,607

Note A: Reconciliation of net expenditure to net cash inflow from operating activities

	2015 US\$'000	2014 US\$'000
Net operating expenditure	(15,618)	(11,285)
Interest receivable and similar income	(670)	(561)
Depreciation	1,048	1,142
Exchange movements on tangible assets	4	–
Exchange movement on pension liability	487	433
(Decrease)/increase in pension liability	(4,525)	2,637
Actuarial gain/(loss) on pension scheme	2,688	(4,676)
Profit on disposal of fixed assets	–	(2)
Donations in kind	(4,245)	(4,195)
Decrease in stock	1,860	323
Decrease in receivables from donors	270	2,044
(Increase) in receivables from associations	(249)	(125)
Decrease/(increase) in receivable from others (excluding interest)	270	(90)
Decrease/(increase) in prepayments	42	(5)
(Decrease)/increase in accounts payable	(337)	91
Decrease in payable to associations	(1,890)	(3,419)
(Decrease)/increase in accruals and other creditors	(1,141)	266
Decrease in deferred income	(4,063)	(1,249)
Increase in provisions	262	96
Net cash outflow used in operating activities	(25,807)	(18,575)

Note B: Reconciliation of net cash flow to movements in net funds

	2015 US\$'000	2014 US\$'000
(Decrease)/increase in cash in the year	(20,660)	37,843
Movement on foreign exchange	(673)	(236)
Movement in net funds for the period	(21,333)	37,607
Net funds at 1 January	94,147	56,540
Net funds at 31 December	72,814	94,147

Note of explanation

Cash balances are historically higher at 31 December each year due to the timing of government receipts, many of which are received in the last quarter of the financial year. However, the timing of grant payments to Member Associations means that the cash funds are significantly reduced in the first quarter of each financial year. The cash balance also includes restricted funds for use in the following years. In 2014 the cash flow statement showed a large movement in cash as IPPF no longer held short term deposits due to an agreement with its bankers to receive preferential interest rates on instant access deposits.

Notes to the Financial Statements

1 Accounting Policies

Basis of accounting

These financial statements have been prepared under the historical cost convention with items recognised at cost or transaction values unless otherwise stated in the relevant notes to these accounts. The financial statements have been prepared in accordance with the Statement of Recommended Practice ("SORP"), Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable to the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Charities Act 2011. IPPF meets the definition of a public benefit entity under FRS 102.

The members of Governing Council have reviewed IPPF's financial position including its recent annual deficits and its level of net assets, considering the impact of future activities, and believe it is appropriate to continue to produce the financial statements on a going concern basis.

Basis of preparation

IPPF exists as an entity incorporated in the UK under the provisions of the IPPF Act. Its registered address is at 4 Newhams Row, London, SE1 3UZ, United Kingdom and its activities are undertaken through a central office and six regional offices. All of the regional offices act as branches of IPPF and therefore fall under the term 'branches' in accordance with FRS 102 and the Charities SORP.

IPPF Arab World Regional Office (Tunis, Tunisia), IPPF East and South East Asia and Oceania Regional Office (Kuala Lumpur, Malaysia) and IPPF South Asia Regional Office (New Delhi, India) are not separate entities and their results are included in those of the Central Office (London, UK).

IPPF Africa Regional Office (Nairobi, Kenya) and IPPF Europe Regional Office (Brussels, Belgium) are separate legal entities in their respective regions, and are treated as branches of the Central Office in London. Their results are included with those of the charity.

The IPPF Western Hemisphere Regional Office (New York, US) – IPPF Western Hemisphere Inc. is a separate company incorporated in the State of New York, USA, as a membership corporation with not-for-profit status. All its results are combined with those of the charity, on the basis that its members are also members of IPPF, and are in a regional office pursuing the same objectives and policies as the rest of IPPF. IPPF WHR is not a trading subsidiary, and therefore its results have not been separately disclosed. In addition to the regional office, there are two other entities within this region – The IPPF WHR Fund and IPPF Worldwide Inc.

The IPPF WHR Fund is a separate entity used for investing significant bequests, the results of which are reported within these accounts. This entity is also considered to be a branch of IPPF.

IPPF Worldwide Inc (established in 2006) is a separately registered not-for-profit organization. This is established for the purpose of receiving funding from organizations based in the United States of

America with income received being reflected within these financial statements. This entity is also considered to be a branch of IPPF.

IPPF has a dormant trading subsidiary, International Contraceptive and SRH Marketing Limited (trading as ICON). Up until 31 August 2013 this engaged in commodity supply services and social marketing of contraceptives in conjunction with Member Associations. With effect from 1 September 2013 the activities previously carried out by ICON have been transferred to the main charity.

In preparing the accounts members have considered whether in applying the accounting policies required under the Charities SORP FRS 102 a restatement of comparative items was needed. As a result these accounts have been restated (see note 20 for details).

Income

Income is recognized in the period in which it is receivable, when it meets recognition criteria: entitlement, certainty, and measurable with accuracy. See also the separate deferred income policy.

Deferred income

Deferred income comprises amounts received in the period which the donor has given for use in future accounting periods only. Other forms of income, such as lease benefits, are also deferred in order to match the income with the periods that they are intended to benefit.

Commercial trading activities

Income from commercial trading activities are included in the period in which they are earned.

Donations and grants

Grants from governments and other agencies have been included as donations as these relate to core funding or are provided for a general purpose rather than being service agreements. These are included in income when these are receivable, except as follows:

- When donors specify that donations and grants given to the charity must be used in future accounting periods, the income is deferred until those periods.
- When donors impose conditions which have to be fulfilled before the charity becomes entitled to use such income, the income is deferred and not included in income until the conditions for use have been met.
- Assets given for distribution are recognized as income for the year only when received.

Legacies

Legacies are recognized when the following three conditions are met a) the charity is entitled to control the legacy resource and determine its future application, b) there is certainty of receipt and c) the resource can be measured monetarily with reasonable certainty.

Investment income and interest

Investment income in the form of dividends together with interest and rental income from the investment property is included when receivable by the charity.

Donations in kind

Donations in kind are included in donations and similar income where the amounts are material at their market value. Commodities donated to IPPF for distribution to Member Associations are recognized at their market value as income to the extent that they have been received in the year.

IPPF wishes to acknowledge the immense on-going contribution it receives from its volunteers, in terms of the time, hard work, and personal commitment given to IPPF and its objectives. IPPF does not believe it is possible, or desirable, to place a monetary value on this contribution, and subsequently does not recognize volunteer time as income in the Financial Statements. IPPF does not believe there is a concise, workable, or accurate method of quantifying this contribution, or establishing how this contribution is expressed in financial terms.

Expenditure and basis of allocation of costs

Grants payable to Member Associations of cash and commodities (being contraceptives and related goods) represent direct aid to affiliated and non-affiliated organizations. These grants are given on an annual basis. Amounts not yet given at the year end relating to commodities are accrued as liabilities, on the basis that a commitment exists to supply these remaining commodities or cash grants.

Expenditure other than Grants is classified between regional and central activities. Regional activities are those carried out by the regional offices serving local Member Associations. Central activities are exclusively, those of the Central Office, London, which serve IPPF as a whole.

Expenditure on fund raising includes fundraising costs and investment management costs. Fundraising costs include all direct costs including personnel costs, publicity material and direct mailing material.

Programme activities represent expenses directly attributable to the issuing or monitoring of grants to Member Associations as well as providing technical assistance to allow the grant recipients to implement programmes effectively. At the regional offices most staff will be involved as focal points for a selected number of Member Associations as well as being an expert in a technical area e.g. HIV and AIDS, Access, and Accreditation. Central Office staff generally provide technical support to Regional Office staff and indirectly to Member Associations.

Support costs represent expenses on activities that are not directly attributable to the issuing or monitoring of grants to Member Associations and include general management, finance, office facilities, human resources and information technology.

Where IPPF acts as an agent for another party upon specific projects, all costs and overheads recovered are netted off against those costs. Third party arrangements are detailed in note 21.

Where overheads on IPPF's own projects are recovered by way of donations and grants, these and their related costs are not netted off but are shown separately.

Fixed assets

All assets costing more than US\$5,000 are capitalized. All assets are stated at cost or deemed cost (see Note 20). All assets are depreciated in line with their expected useful lives using the straight line method at the following rates:

Land	no depreciation
Freehold buildings	2–5%
Office furniture	10%
Office equipment	20%
Computer hardware	33%
Vehicles	33%
Freehold improvements	10%
Leasehold improvements	Period of lease

Any realized gains or losses on disposals of fixed assets are taken to the Statement of Financial Activities in the year in which they occur.

Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

Investments

Investments are valued at their fair value at the balance sheet date. All gains and losses are taken to the Statement of Financial Activities as they arise.

Investment properties are included within fixed assets, valued at fair value, and not depreciated. They are revalued each year by management assessment with a qualified external valuer consulted every five years with the last external valuation made at 31 December 2015. Any increase or decrease in value is reflected in the Statement of Financial Activities.

Stock of goods

Purchased stock is valued at the lower of cost and net realizable value and consists of contraceptives and related medical equipment.

Donated stock is recognised on receipt at fair value and is carried at the lower of cost or net realisable value.

Foreign currency

Transactions in foreign currencies are recorded using the rate of exchange ruling at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies are translated using the rate of exchange ruling at the balance sheet date, and the gains and losses on translation are included in the statement of financial activities.

The results from overseas branches with operations denominated in foreign currency are translated into US Dollars at the average rate of exchange during the year for the statement of financial activities, and the year end rate for the assets and liabilities. Gains and losses arising on these translations are taken to the General Reserve.

Leased assets

The annual payments in relation to lease arrangements, known as operating leases, are charged to the Statement of Financial Activities on an accruals basis.

Provisions

Provision is made, where material, for the present value of future liabilities and losses which have occurred during the financial year and up to the date on which the financial statements are approved by Governing Council. The recognition of a provision is in accordance with FRS 102. The charge for a provision is made against the expenditure to which it relates.

Contingent liabilities

Contingent liabilities are disclosed in accordance with FRS 102. No recognition is made in the Statement of Financial Activities. Where it becomes probable that there will be a future outflow of resources the liability will cease to be contingent and is accrued in the financial statements. Full details on each contingent liability are disclosed in note 17.

Financial instruments

IPPF only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

Pension contributions

IPPF contributes to both a closed, defined benefit scheme and a number of defined contribution pension schemes (see note 19).

Defined contribution scheme costs are charged to the Statement of Financial Activities as they are incurred.

IPPF makes contributions to the Central Office defined benefit pension scheme (closed to new members from 1 September 2003 and current members from 1 September 2007) based on the advice from triennial actuarial valuations. Any material deficiencies or surpluses that arise are dealt with by changes to the level of contributions. In accordance with FRS 102, the Statement of Financial Activities includes: the cost of benefits accruing during the year in respect of current and past service (charged against net expenditure); the expected return on the scheme's assets and the increase in the present value of the scheme's liabilities arising from the passage of time (shown as pensions finance charge); actuarial gain recognized in the pension scheme (shown within net movement of funds). The balance sheet includes the deficit in the scheme taking assets at their year-end market value and liabilities at their actuarially calculated values.

Critical accounting judgements and key sources of estimation uncertainty

In the application of IPPF's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed.

Accruals: Accruals are measured at managements' best estimate of the expenditure required to settle the obligation for goods and services acquired at the balance sheet date.

Pensions: Estimates of the net liability to pay pensions depends on a number of complex judgements relating to the discount rate used, the rate of which salaries are projected to increase, changes in retirement ages, mortality rates and expected returns on pension funds' assets. A firm of consulting actuaries is engaged to provide IPPF with expert advice about the assumptions to be applied. During the year the liability moved from US\$12.0 million to US\$7.5 million as a result of assumptions being updated, differences in actual experiences against expectation, and exchange rate movements. Further details are in note 19.

There are no other critical estimate or judgements.

Funds

IPPF maintains five types of fund:

- **Permanent Endowment** – where the capital is held in perpetuity to generate income to further the charitable objects of IPPF;
- **Restricted** – where the purposes for which the funds can be used have been restricted by donors or the terms of an appeal;
- **Pension Reserve** – in accordance with FRS 102, the liability attributed to the Central Office Defined Benefit Scheme is shown as a separate fund. As the scheme is currently in deficit this is a negative reserve;
- **Designated** – where the funds are unrestricted, but where the Governing Council have designated them for a specific purpose;
- **Unrestricted** – where the funds are not restricted as to use but may be applied for any purpose within the charity's objects.

Transfers between funds are made where the donor restrictions allow with appropriate disclosure in note 15.

2 Grants from governments

	Local currency (LC)	2015 LC'000	2014 LC'000	2015 US\$'000	2014 US\$'000
Unrestricted					
Australia	Australian \$	5,000	–	3,888	–
People's Republic of China	US\$	292	202	292	202
Denmark	Danish Krone	40,000	40,000	5,709	7,409
Finland	Euro	1,600	1,750	1,732	2,356
Germany	Euro	6,000	6,000	6,674	7,839
Japan	US\$	7,772	8,814	7,772	8,814
South Korea	US\$	84	87	84	87
Malaysia	US\$	14	15	14	15
New Zealand	New Zealand \$	2,500	2,500	1,832	2,136
Norway	Norwegian Krone	40,000	44,078	4,902	7,004
Pakistan	PKR	200	–	2	–
Sweden	Swedish Krona	135,000	120,000	15,741	17,518
Switzerland	Swiss Franc	2,000	2,000	2,082	2,202
Thailand	US\$	–	2	–	2
United Kingdom	£ Sterling	8,600	8,600	13,261	14,235
Unrestricted				63,985	69,819
Restricted					
Australia	Australian \$	2,476	4,395	2,254	4,395
Canada	Canadian \$	–	1,822	–	1,668
Denmark	Danish Krone	2,138	10,868	316	1,814
Finland	Euro	499	1,256	554	926
Germany	Euro	637	780	725	949
Ireland	Euro	6	–	7	–
Japan	US\$	692	784	692	784
The Netherlands	Euro	4,258	5,043	4,859	6,584
The Netherlands	US\$	1,707	–	1,707	–
Norway	Norwegian Krone	8,557	7,500	940	1,128
South Africa	ZAR	200	–	17	–
Sweden	US\$	(141)	–	(141)	–
United Kingdom	£ Sterling	446	1,000	674	1,633
United States of America	US\$	2,043	875	2,043	875
Restricted				14,647	20,756
Total restricted and unrestricted grants from governments				78,632	90,575

3 Income from multilaterals and other sources

Note A: Grants from multilaterals and other sources

	Unrestricted US\$'000	Restricted US\$'000	2015 Total US\$'000	2014 Total US\$'000
Abundance Foundation	–	–	–	13
Bayer HealthCare	–	93	93	106
BeP Earthwise Foundation	–	–	–	15
Bill & Melinda Gates Foundation	–	3,673	3,673	1,950
Brodsky Family Foundation	20	–	20	10
Comic Relief	–	10	10	–
Danish Family Planning Association	–	–	–	(60)
David & Lucile Packard Foundation	–	613	613	725
Del Mar Global Trust	15	–	15	15
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	–	229	229	393
EcoTrust	15	–	15	15
Erik E. and Edith H. Bergstrom Foundation	–	636	636	597
EuroNGOs	12	–	12	14
European Commission (EC)	–	780	780	1,369
The Flora Family Foundation	–	45	45	45
The Ford Foundation	–	405	405	510
Gail Flieshbach Foundation	–	–	–	5
The Global Fund to Fight AIDS, Tuberculosis and Malaria	–	11	11	–
Gynuity Health Project	–	–	–	83
The Hyde Family Foundation	–	–	–	3
IIEE	–	–	–	15
The John D. and Catherine T. MacArthur Foundation	–	350	350	200
The Libra Foundation	50	–	50	50
The Liz Clairborne & Art Ortenberg Foundation	25	–	25	25
Management Sciences For Health (MSH)	–	–	–	254
Manny & Ruthy Foundation	–	–	–	2
Merrill Lynch	–	–	–	5
Nirvana Manana Institute Foundation	–	–	–	15
The NoVo Foundation	–	167	167	167
Overbrook Foundation	40	–	40	40
PATH Foundation	–	37	37	13
Pathfinder International	–	–	–	2
Philip & Danielle Barach Family Foundation	–	–	–	2
Population Services International (PSI)	–	–	–	91
The Population Council	–	–	–	118
Reproductive Health Supplies Coalition	–	68	68	–
Swedish Association for Sexuality Education (RFSU)	–	867	867	919
The Richard A. Busemeyer Foundation	25	–	25	–
Rutgers WFP	–	–	–	24
Smith & Sandford Foundation	–	–	–	8
Smith Family Legacy Foundation	6	–	6	6
The Summit Foundation	–	214	214	130
Susan Almy Trust	–	–	–	2
Union for International Cancer Control	–	24	24	–
United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)	–	138	138	–
United Nations Fund for Population Activities (UNFPA)	–	1,152	1,152	1,335

	Unrestricted US\$'000	Restricted US\$'000	2015 Total US\$'000	2014 Total US\$'000
United Nations Programme on HIV/AIDS (UNAIDS)	–	3,065	3,065	2,111
Virginia B. Toulmin Foundation	–	70	70	400
Waterloo Foundation	–	191	191	–
Watson Institute for International and Public Affairs at Brown University	–	21	21	–
WestWind Foundation	100	75	175	175
The Wildflower Foundation	–	40	40	40
The William and Flora Hewlett Foundation	1,000	865	1,865	1,946
William J and Sally Siegel Foundation	9	–	9	7
The Women's Foundation of Colorado / Beyond our Borders	–	–	–	10
World Health Organization (WHO)	–	34	34	100
Anonymous (At donor's request)	–	14,469	14,469	12,563
Legacies	453	7	460	945
Other < \$5,000 or individuals not wishing to be disclosed	4,323	725	5,048	4,145
Total	6,093	29,074	35,167	31,673

Note B: Donations in kind from multilaterals and other sources

	Unrestricted US\$'000	Restricted US\$'000	2015 Total US\$'000	2014 Total US\$'000
United Nations Fund for Population Activities (UNFPA)	881	–	881	1,458
Total	881	–	881	1,458

4 Investment income and interest

	Unrestricted US\$'000	Restricted US\$'000	2015 Total US\$'000	2014 Total US\$'000
Interest receivable from cash deposits	401	50	451	350
Dividends and similar income from US listed securities	10	209	219	211
Total	411	259	670	561

5 Grants to Member Associations and partner organizations

	Unrestricted			Restricted			2015 Total US\$'000	2014 Total US\$'000
	2015 Cash grants US\$'000	2015 Commodity grants US\$'000	2015 Technical assistance US\$'000	2015 Cash grants US\$'000	2015 Commodity grants US\$'000	2015 Technical assistance US\$'000		
Africa	16,281	2,336	1,982	7,370	22	72	28,063	30,026
Arab World	2,945	304	584	876	19	–	4,728	4,527
E, SE Asia & Oceania	4,985	128	–	2,821	–	–	7,934	6,958
Europe	1,437	11	–	2,289	–	–	3,737	2,943
South Asia	9,251	231	–	4,785	3	–	14,270	14,855
Western Hemisphere	6,459	973	1,208	4,957	4	–	13,601	15,234
Total 2015	41,358	3,983	3,774	23,098	48	72	72,333	74,543
Total 2014	40,523	2,718	2,356	28,826	120	–		74,543

Commodity grants consist of contraceptives and related goods.

Technical assistance represents advisory services provided by IPPF and funded by Member Associations from unrestricted core grants and locally generated income sources.

Grants to Member Associations and partner organizations by IPPF strategic priorities and supporting strategies

	2015 Unrestricted US\$'000	2015 Restricted and Endowment US\$'000	2015 Total US\$'000	2014 Total US\$'000
Strategic Priorities				
Adolescents	4,579	4,405	8,984	7,877
HIV and AIDS	2,041	540	2,581	3,384
Access	22,747	3,273	26,020	26,004
Abortion	2,411	10,060	12,471	15,726
Advocacy	3,926	3,012	6,938	3,938
Sub-total	35,704	21,290	56,994	56,929
Supporting Strategies				
Accreditation & governance	2,642	6	2,648	3,905
Resource mobilization	1,651	17	1,668	1,678
Capacity building	6,584	1,905	8,489	9,403
Evaluation	2,534	–	2,534	2,628
Sub-total	13,411	1,928	15,339	17,614
Total	49,115	23,218	72,333	74,543

The above figures are based on funding agreements. They are indicative in the sense that ensuring global standards of classifying projects is still something IPPF is refining. For example a Member Association undertaking projects to increase clinical services to young people and with an emphasis on HIV and AIDS prevention will generally classify this as 'access'. This can lead to figures for other priority areas being lower than expected.

Grants to Member Associations

The following associations received cash and commodity grants as shown below. They are ranked in order of total unrestricted grants.

Rank	Country	Name of Member Association/partner organization	Unrestricted US\$	Restricted US\$	Total US\$
1	India	Family Planning Association of India	2,583,075	1,085,662	3,668,737
2	Nepal	Family Planning Association of Nepal	1,992,591	932,569	2,925,160
3	Pakistan	Rahnuma-Family Planning Association of Pakistan	1,902,287	999,419	2,901,706
4	Bangladesh	Family Planning Association of Bangladesh	1,894,719	365,596	2,260,315
5	Ethiopia	Family Guidance Association of Ethiopia	1,765,004	611,723	2,376,727
6	Nigeria	Planned Parenthood Federation of Nigeria	1,610,422	314,993	1,925,415
7	Uganda	Reproductive Health Uganda	1,207,343	746,120	1,953,463
8	Tanzania	Uzazi na Malezi Bora Tanzania	976,563	554,789	1,531,352
9	Bolivia	Centro de Investigación, Educación y Servicios	920,757	630,728	1,551,485
10	Ghana	Planned Parenthood Association of Ghana	900,892	602,998	1,503,890
11	Zambia	Planned Parenthood Association of Zambia	798,925	155,891	954,816
12	Kenya	Family Health Options Kenya	756,900	797,329	1,554,229
13	Congo, Dem. Republic	Association pour le Bien-Etre Familial/Naissances Désirables	748,051	14,850	762,901
14	Sudan	Sudan Family Planning Association	712,598	372,241	1,084,839
15	Burkina Faso	Association Burkinabé pour le Bien-Etre Familial	709,406	393,701	1,103,107
16		Caribbean Family Planning Affiliation Ltd	90,925	–	90,925
	Anguilla	Anguilla Family Planning Association – The Primary Health Care	87,731	8,568	96,299
	Antigua	Antigua Planned Parenthood Association	52,479	–	52,479
	Aruba	Foundation for the Promotion of Responsible Parenthood (Aruba)	22,684	–	22,684
	Bahamas	Bahamas Family Planning Association	1,362	–	1,362
	Curacao	Foundation for the Promotion of Responsible Parenthood (FPRP)	46,924	–	46,924

Rank	Country	Name of Member Association/partner organization	Unrestricted US\$	Restricted US\$	Total US\$
	Dominica	Dominica Planned Parenthood Association	61,264	–	61,264
	Grenada	Grenada Planned Parenthood Association	99,967	5,000	104,967
	St. Lucia	Saint Lucia Planned Parenthood Association	163,170	54,771	217,941
	St. Vincent	St. Vincent Planned Parenthood Association	35,785	–	35,785
17	Colombia	Asociación Pro-Bienestar de la Familia Colombiana	649,262	371,900	1,021,162
18	Peru	Instituto Peruano de Paternidad Responsable	601,394	120,370	721,764
19	Burundi	Association Burundaise pour le Bien-Etre Familial	579,871	–	579,871
20	Cameroon	Cameroon National Association for Family Welfare	549,592	169,956	719,548
21	Benin	Association Béninoise pour la Promotion de la Famille	546,406	67,862	614,268
22	Haiti	Association pour la Promotion de la Famille Haïtienne	535,880	228,350	764,230
23	Sierra Leone	Planned Parenthood Association of Sierra Leone	514,214	105,462	619,676
24	Côte d'Ivoire	Association Ivoirienne pour le Bien-Etre Familial	513,535	353,694	867,229
25	Mozambique	Associação Moçambicana para Desenvolvimento da Família	508,927	–	508,927
26	Madagascar	Fianakaviana Sambatra	508,858	15,679	524,537
27	Dominican Republic	Asociación Dominicana Pro-Bienestar de la Familia	504,644	264,171	768,815
28	Senegal	Association Sénégalaise pour le Bien-Être Familial	494,706	377,687	872,393
29	Guatemala	Asociación Pro-Bienestar de la Familia de Guatemala	488,217	133,503	621,720
30	Liberia	Planned Parenthood Association of Liberia	475,500	95,641	571,141
31	Honduras	Instituto Peruano de Paternidad Responsable	472,798	82,000	554,798
32	Mali	Association Malienne pour la Protection et la Promotion de la Famille	461,762	137,901	599,663
33	Togo	Association Togolaise pour le Bien-Etre Familial	460,646	82,081	542,727
34	Lesotho	Lesotho Planned Parenthood Association	456,119	6,027	462,146
35	Palestine	Palestinian Family Planning and Protection Association	433,838	97,694	531,532
36	Guinea-Conakry	Association Guinéenne pour le Bien-Etre Familial	432,211	18,477	450,688
37	Yemen	Yemeni Association for Reproductive Health	418,868	15,300	434,168
38	Afghanistan	Afghan Family Guidance Association	394,537	22,325	416,862
39	Malawi	Family Planning Association of Malawi	381,259	56,115	437,374
40	Mauritania	Association Mauritanienne pour la Promotion de la Famille	361,840	24,905	386,745
41	Philippines	The Family Planning Organization of the Philippines, Inc.	358,389	165,881	524,270
42	Venezuela	Asociación Civil de Planificación Familiar	343,797	73,212	417,009
43	Congo	Association Congolaise pour le Bien-Etre Familial	341,261	11,889	353,150
44	El Salvador	Asociación Demográfica Salvadoreña/Pro-Familia	339,993	149,722	489,715
45	Niger	Association Nigérienne pour le Bien-Etre Familial	332,464	(4,075)	328,389
46	Indonesia	The Indonesian Planned Parenthood Association	321,457	552,913	874,370
47	Central African Republic	Association Centrafricaine pour le Bien-Etre Familial	317,404	74,832	392,236
48	Cambodia	Reproductive Health Association of Cambodia	317,069	94,921	411,990
49	Sri Lanka	Family Planning Association of Sri Lanka	316,025	154,602	470,627
50	Rwanda	Association Rwandaise pour le Bien-Etre Familial	312,204	20,642	332,846
51	Chad	Association Tchadienne pour le Bien-Etre Familial	302,625	16,050	318,675
52	Mexico	Fundación Mexicana para la Planeación Familiar, A.C.	291,249	260,019	551,268
53	Egypt	Egyptian Family Planning Association	290,333	98,604	388,937
54	China	China Family Planning Association	290,015	–	290,015
55	Swaziland	Family Life Association of Swaziland	275,063	–	275,063
56	Paraguay	El Centro Paraguayo de Estudios de Población	273,185	–	273,185
57	Morocco	Association Marocaine de Planification Familiale	272,988	33,005	305,993
58	Guinea-Bissau	Associação Guineense para o Bem Estar Familiar	271,827	48,912	320,739
59	Syria	Syrian Family Planning Association	254,000	136,672	390,672
60	Vietnam	Vietnam Family Planning Association	253,871	225,267	479,138

Rank	Country	Name of Member Association/partner organization	Unrestricted US\$	Restricted US\$	Total US\$
61	Lebanon	Association Libanaise pour une Famille Moderne	246,171	–	246,171
62	Thailand	Planned Parenthood Association of Thailand	242,935	144,211	387,146
63	Botswana	Botswana Family Welfare Association	238,475	–	238,475
64	Namibia	Namibia Planned Parenthood Association	236,737	–	236,737
65	Solomon Islands	Solomon Islands Planned Parenthood Association	224,887	80,963	305,850
66	Vanuatu	Vanuatu Family Health Association	208,956	201,196	410,152
67	Tunisia	Association Tunisienne de la Santé de la Reproduction	204,860	32,100	236,960
68	Ecuador	Centro Ecuatoriano para la Promoción y Acción de la Mujer de Guayaquil, Ecuador	201,515	50,250	251,765
69	Korea, Dem. People's Rep of	Korean Family Planning & Maternal Child Health Association of DPRK	196,948	147,055	344,003
70	Maldives	Society for Health Education	194,758	85,628	280,386
71	Djibouti	Association Djiboutienne pour l'Equilibre et la Promotion de la Famille	183,832	–	183,832
72	Comoros	Association Comorienne pour le Bien-Etre de la Famille	180,416	–	180,416
73	Belize	Belize Family Life Association	179,037	85,150	264,187
74	Guyana	Guyana Responsible Parenthood Association	175,827	115,159	290,986
75	Samoa	Samoa Family Health Association	175,356	82,379	257,735
76	Suriname	Stichting Lobi	172,521	–	172,521
77	Mongolia	Mongolian Family Welfare Association	168,922	63,555	232,477
78	Cape Verde	Associação Caboverdiana para a Proteção da Família	166,134	72,400	238,534
79	Iran	Family Health Association of Iran	164,606	13,856	178,462
80	Malaysia	Federation of Reproductive Health Associations, Malaysia	163,965	25,999	189,964
81	Panama	Asociación Panameña para el Planeamiento de la Familia	162,295	22,950	185,245
82	Kyrgyzstan	Reproductive Health Alliance of Kyrgyzstan	158,008	46,431	204,439
83	Trinidad and Tobago	Family Planning Association of Trinidad and Tobago	155,800	5,000	160,800
84	Bahrain	Bahrain Reproductive Health Association	153,054	–	153,054
85	Kiribati	Kiribati Family Health Association	148,672	64,219	212,891
86	Jamaica	Jamaica Family Planning Association	144,499	6,000	150,499
87	Algeria	Association Algérienne pour la Planification Familiale	144,369	–	144,369
88	Fiji	Reproductive & Family Health Association of Fiji	141,663	35,353	177,016
89	Bosnia and Herzegovina	Association for Sexual and Reproductive Health XY	133,595	91,463	225,058
90	Albania	Qendra për Popullsinë dhe Zhvillimin (Center for Population and Development)	125,185	108,728	233,913
91	Tonga	Tonga Family Health Association	123,018	33,411	156,429
92	Tuvalu	Tuvalu Family Health Association	121,628	13,209	134,837
93	Puerto Rico	PROFAMILIAS	121,290	106,000	227,290
94	Kazakhstan	Kazakhstan Association on Sexual and Reproductive Health	119,800	78,363	198,163
95	Costa Rica	Asociación Demográfica Costarricense	119,370	–	119,370
96	Bulgaria	Bulgarian Family Planning and Sexual Health Association	119,163	6,365	125,528
97	Somaliland	Somaliland Family Health Association	111,000	–	111,000
98	Tajikistan	Tajik Family Planning Alliance	109,330	42,333	151,663
99	Uruguay	Iniciativas Sanitarias	104,059	271,349	375,408
100	Georgia	Association HERA XXI	102,213	7,487	109,700
101	Mauritius	Mauritius Family Planning & Welfare Association	102,093	–	102,093
102	Argentina	FUSA Para la Salud Integral con Perspectiva de Genero y Derechos, Asociacion Civil	94,128	87,983	182,111
103	Cook Islands	Cook Islands Family Welfare Association	91,220	33,411	124,631
104	Republic of Macedonia	Health Education and Research Association	87,493	23,968	111,461
105	Latvia	Latvijas Ģimenes Plānošanas un Seksualas Veselības Asociācija	81,654	1,344	82,998

Rank	Country	Name of Member Association/partner organization	Unrestricted US\$	Restricted US\$	Total US\$
106	Chile	Asociación Chilena de Protección de la Familia	72,635	19,000	91,635
107	Lithuania	Seimos Planavimo ir Seksualines Sveikatos Asociacija	61,593	–	61,593
108	Ukraine	NGO Women Health and Family Planning	58,378	5,939	64,317
109	Barbados	The Barbados Family Planning Association	56,372	–	56,372
110	Republic of Serbia	Serbian Association for Sexual and Reproductive Rights	52,155	17,706	69,861
111	Romania	Societatea de Educatie Contraceptiva si Sexuala	44,662	6,155	50,817
112	Bhutan	Respect Educate Nurture Empower Women	39,344	13,856	53,200
113	Russia	Russian Association for Population and Development	33,041	–	33,041
114	Armenia	Family Health Care Network	15,000	–	15,000
115	Moldova	Societatea de Planificare a Familiei din Moldova	13,612	–	13,612
116	Netherlands	Rutgers WPF	–	151,914	151,914
117	Sweden	Riksförbundet för Sexuell Upplysning	–	129,473	129,473
118	Finland	Väestöliitto	–	128,741	128,741
119	Denmark	Sex & Samfund – The Danish Family Planning Association	–	126,147	126,147
120	France	Mouvement Français pour le Planning Familial	–	122,067	122,067
121	Norway	Sex og Politikk	–	117,722	117,722
122	Spain	Federación de Planificación Familiar de España	–	84,382	84,382
123	Ireland	Irish Family Planning Association	–	70,633	70,633
124	Belgium	SENSOA VZW	–	66,286	66,286
125	Switzerland	SANTÉ SEXUELLE Suisse	–	65,168	65,168
126	Various	Grants below \$10,000 and Adjustments	57,422	322,733	380,155
Total Grants to Member Associations			45,467,598	17,340,306	62,807,904

Grants to other organizations

The following organizations received cash and commodity grants as shown below. This list includes organizations where IPPF are requested by donors to act as a Secretariat for their funds and issue grants to groups they have identified.

Rank	Country	Name of Member Association/partner organization	Unrestricted US\$	Restricted US\$	Total US\$
1	Various	Japanese Organization for International Cooperation in Family Planning (JOICFP)	823,000	–	823,000
2	United States of America	The White Ribbon Alliance	550,000	89,931	639,931
3	South Sudan	Reproductive Health Association of South Sudan	303,394	–	303,394
4	Myanmar	Myanmar Maternal and Child Welfare Association	242,687	59,019	301,706
5	Papua New Guinea	Papua New Guinea Family Health Association	241,846	84,000	325,846
6	Brazil	GESTOS – Soropositividade, Comunicação e Gênero	223,831	–	223,831
7	Brazil	CEPIA – Cidadania, Estudo, Pesquisa, Informação e Ação	204,969	–	204,969
8	Cuba	Sociedad Científica Cubana Para el Desarrollo de la Familia	186,650	–	186,650
9	Zimbabwe	Zimbabwe National Family Planning Council	142,307	–	142,307
10	Laos	Promotion of Family Health Association of Lao PDR	140,358	–	140,358
11	Japan	Asian Population and Development Association	100,000	–	100,000
12	Sao Tome & Principe	Associação Santomense para Promoção Familiar	99,891	–	99,891
13	Seychelles	Alliance of Solidarity for the Family	81,991	–	81,991
14	Republic of South Africa	Partners in Sexual Health	67,073	–	67,073
15	United Kingdom	London School of Hygiene & Tropical Medicine	64,155	–	64,155
16	Tunisia	Center of Arab Woman for Training and Research - CAWTAR	44,750	–	44,750
17	Belgium	European Parliamentary Forum	35,000	–	35,000

Rank	Country	Name of Member Association/partner organization	Unrestricted US\$	Restricted US\$	Total US\$
18	United Kingdom	All-Party Parliamentary Group on Population, Development and Reproductive Health	25,000	–	25,000
19	Gabon	Mouvement Gabonais pour le Bien-Etre Familial	22,758	–	22,758
20	Thailand	Asian Forum of Parliamentarians on Population and Development	15,000	410	15,410
21	Angola	Associação Angolana para o Bem Estar da Familia	10,526	–	10,526
22	Chile	ONG de Desarrollo Miles Chile	2,700	70,000	72,700
23	Various	Marie Stopes International	–	201,899	201,899
24	United Kingdom	PLAN UK	–	191,759	191,759
25	Thailand	Concept Foundation	–	161,611	161,611
26	India	SAMYAK	–	115,612	115,612
27	United States	Guttmacher Institute	–	114,852	114,852
28	Haiti	YWCA Haiti	–	111,895	111,895
29	Zambia	Restless Development	–	93,474	93,474
30	Bolivia	Asociación Católicas por el Derecho a Decidir Bolivia	–	90,941	90,941
31	Uganda	Center for Health, Human Rights and Development	–	86,028	86,028
32	Moldova	Reproductive Health Training Center (RHTC)	–	84,709	84,709
33	Pakistan	Shirkat Gah	–	81,552	81,552
34	Republic of South Africa	Women's Health Research Unit University of Cape Town	–	78,879	78,879
35	Mexico	Balance Promoción para el Desarrollo y Juventud	–	78,748	78,748
36	Nepal	Healthy Society and Environmental Protection Centre	–	78,577	78,577
37	Peru	Consortio Latinoamericano Contra el Aborto Inseguro (CLACAI)	–	78,460	78,460
38	Mexico	Semillas – Sociedad Mexicana Pro Derechos de la Mujer	–	78,154	78,154
39	Peru	Centro de Promocion y Defensa de los Derechos Sexuales y Reproductivos – PROMSEX	–	77,244	77,244
40	Bangladesh	Bangladesh Women's Health Coalition	–	76,514	76,514
41	Argentina	Centro de Estudios de Estado y Sociedad (CEDES)	–	75,383	75,383
42	Uruguay	Centro De Comunicacion Virginia Woolf (Cotidiano Mujer)	–	72,806	72,806
43	Guatemala	Centro de Investigación Epidemiológica en Salud Sexual y Reproductiva	–	72,608	72,608
44	Nepal	Center for Research on Environment Health and Population Activities	–	72,347	72,347
45	Nepal	Action Works Nepal	–	71,138	71,138
46	Uganda	Kyetume Community Based Healthcare Programme	–	71,137	71,137
47	Indonesia	Indonesian Planned Parenthood Association (IPPA) Yogyakarta Chapter	–	69,809	69,809
48	India	Asia Safe Abortion Partnership	–	67,869	67,869
49	Peru	Católicas por el Derecho a Decidir – Perú	–	65,000	65,000
50	Nigeria	Generation Initiative for Women and Youth Network	–	64,671	64,671
51	Kenya	African Population and Health Research Center, Inc.	–	64,198	64,198
52	Vietnam	Center for Community Reproductive Health in Vietnam	–	63,208	63,208
53	Indonesia	Samsara	–	62,270	62,270
54	Bolivia	Asociación Médica Privada Voluntaria (Wiñay)	–	62,214	62,214
55	Vietnam	Institute for Reproductive and Family Health (RAFH)	–	60,533	60,533
56	Thailand	Concept Foundation	–	58,000	58,000
57	Nepal	Sunaulo Parivar Nepal	–	57,518	57,518
58	Philippines	Women's Global Network for Reproductive Rights	–	56,787	56,787
59	Kenya	Kisumu Medical & Education Trust (KMET)	–	56,773	56,773
60	Kenya	Youth Alliance for Leadership and Development in Africa	–	56,404	56,404

Rank	Country	Name of Member Association/partner organization	Unrestricted US\$	Restricted US\$	Total US\$
61	Pakistan	Peace Foundation	–	55,251	55,251
62	Argentina	Asociación Civil Pro Amnistía	–	55,000	55,000
63	India	Creating Resources for Empowerment in Action	–	54,972	54,972
64	Chile	Fundación Colectivo Alquimia – Fondo Para Mujeres	–	53,011	53,011
65	Mozambique	Women in Law in Southern Africa	–	52,897	52,897
66	Uganda	Volunteers for Development Association in Uganda	–	52,236	52,236
67	Congo, Dem. Republic	Comité d’Echange et d’Information sur la Femme et pour le Développement	–	52,108	52,108
68	Nigeria	Women Friendly Initiative	–	52,007	52,007
69	Ghana	Sustainable Aid Through Voluntary Establishment (SAVE-Ghana)	–	51,752	51,752
70	Bangladesh	Research, Training And Management International	–	51,516	51,516
71	Bangladesh	Shimantik	–	51,176	51,176
72	Argentina	Asociación Católicas por el Derecho a Decidir Argentina	–	50,953	50,953
73	Kenya	African Network for Medical Abortion – Kenya Chapter	–	50,177	50,177
74	Uganda	Tusitukirewamu Group	–	49,620	49,620
75	Uruguay	Mujer y Salud en Uruguay (MYSU)	–	48,792	48,792
76	Pakistan	Aahung	–	48,788	48,788
77	Burundi	Solidarité des Femmes burundaises pour la Lutte contre le Sida et le Paludisme au Burundi	–	48,710	48,710
78	Ghana	Global Media Foundation	–	47,752	47,752
79	Bangladesh	Reproductive Health Services Training & Education Program	–	46,725	46,725
80	Thailand	Mae Tao Clinic	–	46,294	46,294
81	Ethiopia	Save Your Generation Ethiopia	–	45,805	45,805
82	Congo, Dem. Republic	Sos Femme et Enfant en Catastrophe	–	43,897	43,897
83	Colombia	Fundación Unidad de Orientación y Asistencia Materna – Oriéntame	–	43,572	43,572
84	Thailand	Asian Disaster Preparedness Center (ADPC)	–	37,630	37,630
85	Uganda	Lady Mermaid’s Bureau	–	37,392	37,392
86	Peru	Asociacion Familia Sana	–	36,265	36,265
87	Tanzania	Women’s Promotion Centre	–	35,201	35,201
88	Canada	Native Youth Sexual Health Network	–	35,000	35,000
89	Kenya	Organization of African Youth	–	34,854	34,854
90	Bangladesh	Bangladesh Association for Prevention of Septic Abortion	–	34,762	34,762
91	Argentina	Fundación Huésped	–	34,000	34,000
92	Australia	Institute for Economics and Peace Ltd.	–	32,344	32,344
93	United States	Ibis Reproductive Health	–	27,678	27,678
94	Burkina Faso	Organisation Yinéyinédián pour la Nature et le Développement Durable (O.N.D.)	–	25,860	25,860
95	Nigeria	Women’s Health and Action Research Centre	–	23,181	23,181
96	El Salvador	El Salvador, Colectiva De Mujeres Para El Desarrollo Local	–	22,500	22,500
97	Ghana	Ghana Federation of the Disabled (GFD)	–	21,367	21,367
98	Malaysia	Reproductive Rights Advocacy Alliance Malaysia	–	20,000	20,000
99	Bolivia	Asociación Colectivo Rebeldia	–	19,275	19,275
100	India	The Dove Foundation	–	19,056	19,056
101	United Kingdom	Commonwealth Medical Trust	–	17,500	17,500
102	Haiti	Initiative Pour Un Developpement Equitable En Haiti	–	15,975	15,975
103	Argentina	Fundacion Universidad de Palermo	–	14,100	14,100
104	Zimbabwe	Youth Engage	–	13,340	13,340
105	Brazil	Instituto de Bioética	–	13,000	13,000

Rank	Country	Name of Member Association/partner organization	Unrestricted US\$	Restricted US\$	Total US\$
106	Brazil	Reprolatina	–	12,870	12,870
107	United States	The Global Forum on MSM & HIV (MSMGF)	–	12,727	12,727
108	Algeria	Association AIDS Algérie	–	10,950	10,950
109	India	YUWA	–	10,290	10,290
110	Various	Grants below \$10,000 and adjustments	19,411	623,124	642,535
Total grants to partner organizations			3,647,297	5,878,193	9,525,490
Total grants to Member Associations and partner organizations			49,114,893	23,218,499	72,333,394

6 Regional activities

Regional activities – 2015

	Unrestricted				Restricted		Total US\$'000
	Programme activities US\$'000	Support costs US\$'000	Charitable activities Sub total US\$'000	Fundraising costs US\$'000	Programme activities US\$'000	Regional fundraising US\$'000	
Personnel costs	7,239	3,355	10,594	1,211	6,028	309	18,142
Consultancies	1,074	716	1,790	291	3,187	76	5,344
Travel	2,471	1,518	3,989	123	3,866	80	8,058
Occupancy	131	1,203	1,334	70	635	54	2,093
Communications	250	174	424	554	95	4	1,077
Other costs	401	256	657	33	1,808	115	2,613
Total 2015	11,566	7,222	18,788	2,282	15,619	638	37,327

Regional activities by IPPF strategic priorities and supporting strategies – 2015

	Support costs US\$'000	Programme activities US\$'000	Regional fundraising US\$'000	Total US\$'000
Strategic priorities				
Adolescents	486	1,942	–	2,428
HIV and AIDS	443	2,870	–	3,313
Access	830	2,485	–	3,315
Abortion	725	3,277	–	4,002
Advocacy	1,408	5,906	–	7,314
Supporting strategies				
Accreditation & governance	216	1,259	638	2,113
Resource mobilization	640	1,447	2,282	4,369
Capacity building	1,143	6,095	–	7,238
Communications	870	363	–	1,233
Evaluation	461	1,541	–	2,002
Total 2015	7,222	27,185	2,920	37,327

Regional Activities – 2014

	Unrestricted				Restricted		Total US\$'000
	Programme activities US\$'000	Support costs US\$'000	Charitable activities Sub Total US\$'000	Fundraising Costs US\$'000	Programme activities US\$'000	Regional fundraising US\$'000	
Personnel costs	7,303	3,192	10,495	1,163	6,449	227	18,334
Consultancies	1,116	404	1,520	268	3,309	70	5,167
Travel	2,838	1,238	4,076	29	5,316	74	9,495
Occupancy	183	1,365	1,548	25	745	48	2,366
Communications	196	174	370	520	409	24	1,323
Other costs	694	(366)	328	29	1,447	50	1,854
Total 2014	12,330	6,007	18,337	2,034	17,675	493	38,539

Regional activities by IPPF strategic priorities and supporting strategies – 2014

	Support costs US\$'000	Programme activities US\$'000	Regional fundraising US\$'000	Total US\$'000
Strategic priorities				
Adolescents	406	2,014	–	2,420
HIV and AIDS	367	2,938	–	3,305
Access	603	3,128	–	3,731
Abortion	628	2,987	–	3,615
Advocacy	1,152	7,625	–	8,777
Supporting strategies				
Accreditation & governance	268	2,085	493	2,846
Resource mobilization	547	1,036	2,034	3,617
Capacity building	806	6,064	–	6,870
Communications	908	644	–	1,552
Evaluation	322	1,484	–	1,806
Total 2014	6,007	30,005	2,527	38,539

7 Central activities

Central activities – 2015

	Unrestricted				Restricted	Total US\$'000
	Programme activities US\$'000	Support costs US\$'000	Charitable Activities Subtotal US\$'000	Fundraising costs US\$'000	Programme activities US\$'000	
Personnel costs	3,402	2,964	6,366	1,497	2,453	10,316
Consultancies	450	1,446	1,896	498	858	3,252
Travel	632	1,642	2,274	345	1,071	3,690
Occupancy	(2)	213	211	49	3	263
Communications	35	113	148	19	28	195
Other costs	396	1,014	1,410	247	2,317	3,974
Total 2015	4,913	7,392	12,305	2,655	6,730	21,690

- 1) Programme activities represent expenses directly attributable to the issuing or monitoring of grants to Member Associations as well as providing technical assistance to allow the grant recipients to implement programmes effectively. Central Office staff are generally not involved in issuing grants to Member Associations but provide technical support to Regional Office staff and Member Associations.
- 2) Support costs represent all other expenses incurred in the running of IPPF, and are allocated across the Strategic Priorities and Supporting Strategies based on a proportion of direct personnel costs attributable to the implementation of the activities. This is the methodology used as part of the budget cycle in order to measure correctly the overall costs of undertaking projects on the internal electronic Integrated Management System. This methodology is applied to all areas of the IPPF and has been selected for consistency of use and ease of implementation
- 3) Fundraising costs comprise of activities related to the Federation's global income generation and resource development.

Central activities by IPPF strategic priorities and supporting strategies – 2015

	Support costs US\$'000	Programme activities & support US\$'000	Central fundraising US\$'000	Total US\$'000
Strategic priorities				
Adolescents	563	1,031	–	1,594
HIV and AIDS	313	902	–	1,215
Access	1,652	2,922	–	4,574
Abortion	997	1,855	–	2,852
Advocacy	1,109	2,203	–	3,312
Supporting strategies				
Accreditation & governance	272	478	–	750
Resource mobilization	1,666	–	2,655	4,321
Capacity building	46	225	–	271
Evaluation	774	2,027	–	2,801
Total 2015	7,392	11,643	2,655	21,690

Central Activities – 2014

	Unrestricted				Restricted	
	Programme activities US\$'000	Support costs US\$'000	Charitable activities Subtotal US\$'000	Fundraising costs US\$'000	Programme activities US\$'000	Total US\$'000
Personnel costs	4,294	2,133	6,427	1,406	2,360	10,193
Consultancies	647	661	1,308	735	940	2,983
Travel	1,246	453	1,699	360	1,230	3,289
Occupancy	1	332	333	–	1	334
Communications	33	95	128	11	24	163
Other costs	2,067	2,961	5,028	497	1,602	7,127
Total 2014	8,288	6,635	14,923	3,009	6,157	24,089

Central activities by IPPF strategic priorities and supporting strategies – 2014

	Support costs US\$'000	Programme activities & support US\$'000	Central fundraising US\$'000	Total US\$'000
Strategic priorities				
Adolescents	458	951	–	1,409
HIV and AIDS	276	1,082	–	1,358
Access	1,067	3,458	–	4,525
Abortion	799	2,020	–	2,819
Advocacy	1,390	2,947	–	4,337
Supporting strategies				
Accreditation & governance	387	1,766	–	2,153
Resource mobilization	1,273	–	3,009	4,282
Capacity building	241	550	–	791
Evaluation	744	1,671	–	2,415
Total 2014	6,635	14,445	3,009	24,089

Included within support costs are fees payable to the external auditor of US\$216,402 (2014 – US\$221,069) for statutory audit and US\$29,000 (2014 – US\$6,000) for individual donor grant certificates.

8 Employee numbers and emoluments

The average total number of staff employed during the year were:

	Central Office 2015	Regional Offices 2015	Total 2015	Total 2014
Technical knowledge and support	39	72	111	141
Strategic planning, external affairs, advocacy & communications	9	29	38	35
Management, governance, accreditation and policy	14	32	46	50
Resource mobilization	8	21	29	25
Support services – finance, information technology, human resources & administration	32	79	111	101
Total 2015	102	233	335	352

The cost of employing these staff was:

	2015 US\$'000	2014 US\$'000
Gross salaries of individuals on IPPF payroll	21,247	21,138
Social security costs	1,910	2,005
Pension	1,741	1,614
Temporary staff employed through third party agencies	595	719
Other employee benefits	2,956	2,752
Redundancy costs	9	–
Total	28,458	28,228

Total employment cost of senior staff:

	2015 US\$'000	2014 US\$'000
Total senior staff costs	2,005	2,283

The numbers of staff whose emoluments were over US\$90,000 fell into the following bands:

	2015	2014
US\$90,000 to US\$100,000	2	–
US\$100,000 to US\$110,000	12	13
US\$110,000 to US\$120,000	8	8
US\$120,000 to US\$130,000	10	6
US\$130,000 to US\$140,000	4	3
US\$140,000 to US\$150,000	2	1
US\$150,000 to US\$160,000	1	4
US\$160,000 to US\$170,000	1	3
US\$170,000 to US\$180,000	2	1
US\$180,000 to US\$190,000	–	2
US\$190,000 to US\$200,000	2	–
US\$210,000 to US\$220,000	1	1
US\$230,000 to US\$240,000	–	2
US\$330,000 to US\$340,000	1	1
US\$380,000 to US\$390,000	1	1

Contributions amounting to US\$592,612 (2014: US\$654,087) were made to defined contribution schemes on behalf of 47 higher paid employees (2014: 46).

No ex-gratia payments were made during the year (2014: nil). No trustee received remuneration during the year (2014: nil).

9 Tangible fixed assets

	Freehold land and property US\$'000	Leasehold property & improvements US\$'000	Fixtures, fittings, equipment & computers US\$'000	Total US\$'000
Cost or valuation				
At 1 January 2015 (restated – Note 20)	22,167	9,369	5,623	37,159
Exchange adjustments	–	(6)	(54)	(60)
Additions	–	–	177	177
Disposals	–	(8)	(135)	(143)
At 31 December 2015	22,167	9,355	5,611	37,133

Depreciation and amortization

At 1 January 2015 (restated – Note 20)	1,387	154	4,704	6,245
Exchange adjustments	–	(6)	(50)	(56)
Charge for the year	613	1	434	1,048
Released on disposal	–	(8)	(135)	(143)
At 31 December 2015	2,000	141	4,953	7,094

Net book values

At 31 December 2015	20,167	9,214	658	30,039
At 31 December 2014 (restated – Note 20)	20,780	9,215	919	30,914

All tangible fixed assets are held for charity use.

10 Investments

	Unrestricted US\$'000	Restricted US\$'000	Endowment US\$'000	Total US\$'000
Listed on the American and New York Stock Exchanges				
Shares and securities at market value:				
At 1 January 2015	27,114	8,455	1,272	36,841
Additions	551	4,047	–	4,598
Disposal proceeds	(732)	(4,238)	(72)	(5,042)
Losses for the year	(1,135)	(213)	(55)	(1,403)
Shares and securities at 31 December 2015	25,798	8,051	1,145	34,994
	Unrestricted US\$'000	Restricted US\$'000	Endowment US\$'000	Total US\$'000
Investment property at market value:				
At 1 January 2015	1,131	–	–	1,131
Revaluation	278	–	–	278
Investment property at 31 December 2015	1,409	–	–	1,409
Investments at 31 December 2015	27,207	8,051	1,145	36,403
Investments at 31 December 2014	28,245	8,455	1,272	37,972
Shares and securities at historical cost:				
At 31 December 2015	17,477	21,659	–	39,136
At 31 December 2014	29,666	10,523	1,255	41,444

The above figures include no cash held as part of the investment portfolio (2014: nil).

Investment property at market value

The investment property was acquired on 31 December 2012 for no cost, following the early termination of a lease on a property for which IPPF holds the freehold. It is included in the balance sheet at open market value and the last independent property valuation was carried out as at 31 December 2015 by an external valuer – BNP Paribas Real Estate UK (Chartered Surveyors).

Investment in subsidiary

International Contraceptive & SRH Marketing Limited (trading as ICON) is a wholly owned dormant trading subsidiary incorporated and registered in England and Wales.

11 Long term loans

	Unrestricted US\$'000	Restricted US\$'000	2015 Total US\$'000	2014 Total US\$'000
Loans to Member Associations	92	675	767	874
Total	92	675	767	874

All loans to Member Associations are interest bearing.

12 Receivable from donors

	Unrestricted US\$'000	Restricted US\$'000	2015 Total US\$'000	2014 Total US\$'000
Compton Foundation	–	–	–	10
The John D & Catherine T MacArthur Foundation	–	–	–	150
Population Services International (PSI)	–	63	63	11
Eric E & Edith H Bergstrom Foundation	–	–	–	101
MSH – Leadership Management Governance	–	247	247	179
Other (various)	672	–	672	649
Anonymous donors	–	–	–	152
Total	672	310	982	1,252

13 Deferred income

	Unrestricted US\$'000	Restricted US\$'000	2015 Total US\$'000	2014 Total US\$'000
Deferred income balances brought forward	3,451	844	4,295	5,544
Recognition of prior year's deferred income	(3,451)	(844)	(4,295)	(5,544)
Income received for activities in future periods	–	232	232	4,295
Deferred income balances carried forward	–	232	232	4,295

14 Provisions

	2015 US\$'000	2014 US\$'000
Opening balance	282	186
Utilized in year	(130)	–
Arising in year	392	96
Closing balance	544	282

Following an investigation by the Kenya Revenue Authority in relation to unpaid employment taxes, IPPF has provided US\$459,072. Part of this balance US\$173,833 is carried over from 2014. A further provision of US\$40,459 has been made relating to a PAYE and withholding tax claim from the Kenya Revenue Authority although IPPF is submitting an application for this to be waived.

15 Funds and reserves

Restricted funds

The use of these funds has been restricted by the donor indicated below:

	Balance at 1 Jan 2015 US\$'000	Income US\$'000	Expenditure US\$'000	Balance at 31 Dec 2015 US\$'000
Government				
Australia				
SPRINT	1,834	1,477	1,757	1,554
Capacity Building in the Pacific	148	777	489	436
South Asia Strategic Plan	777	–	745	32
Canada				
Delivering the Muskoka Promise	304	–	439	(135)
Denmark				
Adolescents & Advocacy for SRH (A+)	31	–	20	11
Rio+20 Side Event	11	(11)	–	–
High Level Task Force	349	327	327	349
Finland				
Meeting Young People's Sexual & Reproductive Health Needs (Nepal)	12	–	12	–
High Level Task Force	926	554	554	926
Germany				
Improving access for young people in SRH services in Kyrgyzstan	14	–	14	–
Increasing access to comprehensive SRH services in Sierra Leone	94	–	94	–
Promoting integrated SRH/HIV services for girls at risk and persons with disabilities in Liberia	115	–	73	42
Enhancement of sexual and reproductive health services to displaced populations in western Cote d'Ivoire	92	326	406	12
Providing assistance to internally displaced populations in Syria	(154)	399	136	109
Ireland				
Irish Aid 2013–2015	–	7	7	–
Japan – HIV/STI/AIDS Trust Fund	2,429	695	536	2,588
Netherlands				
Youth Incentive Fund	11	–	11	–
Choices and Opportunities Fund	(541)	3,165	2,900	(276)
Civil Society and ICPD	(393)	1,057	1,214	(550)
High Level Task Force	(1,275)	103	103	(1,275)
ASK	1,266	1,568	2,367	467
Right Here Right Now	–	24	16	8
New Zealand – Reproductive Health Facility for the Pacific	10	–	–	10
Norway				
HIV Integration Activities	7	–	7	–
UN Resources Databases	6	–	–	6
Expanding and Improving Access to Safe Abortion Services	582	(48)	525	9
Empowering A First Generation of Somalis to Abandon FGM	–	460	–	460
South Africa				
Realizing the Vision 2020 agenda in South Africa	–	17	17	–

	Balance at 1 Jan 2015 US\$'000	Income US\$'000	Expenditure US\$'000	Balance at 31 Dec 2015 US\$'000
South Korea				
Emergency Reproductive Health Services in Banda Aceh (post Tsunami)	33	–	33	–
Reinforcing SRH on PLHIV: A Way Out	12	–	12	–
Access to RH in Burkina Faso, Lesotho and Uganda	123	–	82	41
Sweden				
SIDA funds for ARO	192	(141)	–	51
United Kingdom				
Improving the Sexual and Reproductive Health and Rights for young women in Nepal	14	–	14	–
United States of America				
Western Hemisphere Region Sustainability Fund	1,703	–	94	1,609
MSH – Leadership, Management & Governance	118	250	153	215
PSI – CA & Mexico HIV/AIDS	–	153	153	–
PSI – Caribbean	–	25	25	–
Population Council – The Evidence Project	(39)	185	211	(65)
Sustainable Networks	(442)	1,430	1,658	(670)
Multi-donor fund – Safe Abortion Action Fund	6,408	1,857	5,847	2,418
Total government restricted funds	14,777	14,656	21,051	8,382

	Balance at 1 Jan 2015 US\$'000	Income and investment losses US\$'000	Expenditure US\$'000	Balance at 31 Dec 2015 US\$'000
Multilateral and other sources				
Arab Gulf Fund – Youth Health Protection	146	–	56	90
Bayer HealthCare – Bayer Barometer 2013	26	93	46	73
Bill & Melinda Gates Foundation				
Assessing Benefits of integrated HIV and Reproductive Health – Africa	(41)	–	–	(41)
Leadership Transition Fund	2	–	2	–
Marie Stopes International – Cervical Cancer Screening & Preventative Therapy	(388)	1,254	1,068	(202)
Advance Family Planning	39	387	320	106
Joining Voices	482	2,154	2,349	287
Planning grant to activate PPFN network to spread FP behaviors and practices	122	(122)	–	–
Comic Relief – Give Stigma the Index Finger: Understanding and Responding to Stigma	(10)	10	–	–
Danish Family Planning Association – Family Planning for Gender Equality and Development in the Eastern African Region				
	3	–	–	3
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)				
Shadows and Light	123	(17)	93	13
Civil Society and Beyond 2014	1	62	76	(13)
Africa Rising Project	98	31	111	18
High Level Task Force	–	153	153	–
Erik E & Edith Bergstrom Foundation				
WHR Clinic Services (Bolivia)	137	34	34	137
Expanding Regional Effort in UP and UA	(34)	–	–	(34)
CIES and Potosi Clinic Construction	(171)	400	365	(136)
Asociacion Hondurena de la Planificacion (2015–2016)	–	66	66	–
UMOSA (Bolivia)	–	136	–	136

	Balance at 1 Jan 2015 US\$'000	Income and investment losses US\$'000	Expenditure US\$'000	Balance at 31 Dec 2015 US\$'000
European Commission				
EC Safe Motherhood Bangladesh	30	–	–	30
EC V2F Project	284	–	284	–
SARO Advocacy Project	73	692	319	446
Keep Me Safe	(24)	88	62	2
Capacities/Partnership/Change	111	–	13	98
Strengthening MDG 5a and 5b in South Asia	166	–	126	40
The Ford Foundation				
Declaration of Sexual Rights	118	150	118	150
International Advocacy 2012–2014	159	155	115	199
High Level Task Force	200	100	304	(4)
Gynuity Health Projects – Simplifying Menstrual Regulation in Pakistan	20	–	20	–
Helen Seymour Fund – University Bursary Fund	79	–	–	79
International Federation of the Red Cross – Self assessment tools – HIV/AIDS	2	–	2	–
The John D. and Catherine T. MacArthur Foundation				
International Advocacy to Advance SRH&R	272	–	300	(28)
Building capacity of MA's to enhance governance, Management	13	–	–	13
ICPD 2012–2015	(28)	100	72	–
From Rhetoric to Reality: International Advocacy for Sexual and Reproductive Health and Rights	–	250	2	248
Kabak Foundation – grant to Africa Regional Office	151	–	–	151
The MAC Foundation – MAC AIDS Europe & East, Southeast Asia & Oceania	2	–	–	2
Make A Difference Trust – Positive? Awareness and Attitudes to HIV in the UK	2	–	2	–
The NoVo Foundation – A Future of Empowerment: Creating Supportive, Enriching Environment for Haitian Girls	(77)	167	185	(95)
Overbrook Foundation – Building Stronger Community with SRH Voices	80	–	–	80
The David and Lucile Packard Foundation				
Country Global Pathways III	51	–	51	–
Country Global Pathways IV	1	–	1	–
Women's Leadership ARO	570	(243)	91	236
Strengthening the Monitoring and Evaluation of Advocacy	8	–	8	–
Multi-donor Fund – Leadership Transition Fund	(1)	–	(1)	–
Abortion Stigma	183	369	316	236
Strengthening coordination to increase access to SRHR for young people in Africa	–	250	42	208
OECD Development Communication Network (DevCom) – Donor Cultivation	17	–	–	17
Population Action International – Resource Mobilization Awareness	29	–	29	–
Reproductive Health Supplies Coalition				
Building a sustainable funding architecture for RH supplies	–	68	80	(12)
Sir David Owen Memorial – University Bursary Fund	36	–	–	36
The Summit Foundation				
Youth Friendly Services Belize	8	–	8	–
Youth Friendly SRHS 2014–2015	32	–	32	–
Adolescent Sexual Health (2015–2016)	–	189	151	38
Swedish Association for Sexuality Education (RFSU)				
Sexual Rights are Human Rights	10	–	–	10
International Program for SRHR	(897)	867	319	(349)

	Balance at 1 Jan 2015 US\$'000	Income and investment losses US\$'000	Expenditure US\$'000	Balance at 31 Dec 2015 US\$'000
United Nations Fund for Population Activities (UNFPA)				
Linkages	10	–	10	–
Strengthening SRH/HIV Linkages Part II	1	–	1	–
Strengthening SRH/HIV Linkages Part III	4	–	4	–
Solomon Islands earthquake relief	10	–	10	–
UNFPA NGO CODE	2	–	2	–
Reproductive health Mozambique	21	–	–	21
PMTCT 2010	(5)	–	(5)	–
UNFPA MDG 5b Grant (ESEAOR)	2	–	–	2
UNFPA ESEAOR	10	–	–	10
Joint Project on Adolescent Health (SROP)	8	–	–	8
Support for SARYN meeting / APPC	7	–	–	7
Systems strengthening for RHCS	8	192	491	(291)
Africa Parliamentary Forum for Population Development	30	94	61	63
SRHR in East and Southern Africa	7	–	–	7
Strengthening National Systems for RHCS	51	(51)	–	–
UNFPA Support to IPPF	17	(17)	–	–
UNFPA Support to IGAD	88	(88)	–	–
Strengthening SRH/HIV Linkages Part VII	(143)	143	–	–
Increased availability and use of integrated SRH services	–	327	350	(23)
SRH and HIV linkages website 2014	10	(10)	–	–
Strengthening SRH/HIV Linkages Part VIII	–	96	320	(224)
Asia and the Pacific (APRO) – Reaching out to Young People	–	94	164	(70)
SRH and HIV linkages website 2015	–	41	42	(1)
Sub-regional Office in the Pacific: planning and monitoring for youth-friendly health services	–	23	22	1
Youth friendly services	–	290	223	67
United Nations Programme on HIV/AIDS (UNAIDS)				
PLWA Index Briefing Pack	(15)	–	(15)	–
PLHIV	(7)	–	(7)	–
Technical Support Facility ESEAOR	1,515	–	(5)	1,520
Report Cards Young Women & Girls	6	–	6	–
Technical Support Facility ESEAOR Phase III	(705)	3,037	2,266	66
ACT 2015 phase III	–	107	107	–
Technical Support Facility ESEAOR Phase III	–	–	104	(104)
United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)				
3Es Young Women and HIV	–	138	120	18
ViiV Healthcare – Young People SRH/HIV in Kenya	30	–	6	24
Virginia B. Toulmin Foundation				
MHU in Dominican Republic and Bolivia	274	–	274	–
Cancer Prevention in Bolivia	23	–	23	–
Communications	–	60	60	–
Waterloo Foundation				
Integration of Family Planning Services into Outreach Work in Tanzania	16	–	16	–
Extend family planning services in Maya and Simiyu districts of Tanzania	–	191	151	40

	Balance at 1 Jan 2015 US\$'000	Income and investment losses US\$'000	Expenditure US\$'000	Balance at 31 Dec 2015 US\$'000
WestWind Foundation				
Advocacy India	65	–	65	–
Westwind Foundation (2014–2015)	–	75	75	–
The William and Flora Hewlett Foundation				
Global Advocacy Umbrella grant	190	–	–	190
Leadership Transition Fund	10	–	10	–
General Support and Advocacy	–	250	–	250
Setting Africa's Agenda on SRH Post-2015	33	480	375	138
General Operating Support	123	–	230	(107)
World Health Organisation (WHO)				
Linkages Evidence Review	2	–	2	–
Rapid Assessment Tool Findings	(6)	12	3	3
PMNCH	76	7	70	13
Development of an electronic toolkit for SRHR and HIV linkages	–	15	11	4
Multi-donor Fund – Euro NGOs	152	392	244	300
Anonymous donors (not disclosed at their request)	1,167	14,897	9,355	6,709
Other (various)	6,572	553	2,087	5,038
Total multilateral and other sources	11,874	29,191	25,118	15,947
Total restricted funds	26,651	43,847	46,169	24,329

Unrestricted funds and reserves

Unrestricted funds and reserves are those free of any donor restriction on their use. All unrestricted funds and reserves, apart from the General Fund, are designated by IPPF for specific purposes as noted below.

	Note	Asset Revaluation Reserve US\$'000	Fixed Asset Reserve US\$'000	Staff Reserve US\$'000	Other Designated Funds US\$'000	WHR Sustainability Fund US\$'000	Innovation Fund US\$'000	Pension Fund US\$'000	General Fund US\$'000	Total US\$'000
Additions to Fixed Assets (note 9)	a	–	176	–	–	–	–	–	(176)	–
Transfer into the Director-General's Contingency and Emergency Funds	b	–	–	–	400	–	–	–	(400)	–
Transfer from the Designated Regional Fund	c	–	–	–	(2,000)	–	–	–	2,000	–
Transfers between funds		–	176	–	(1,600)	–	–	–	1,424	–
Balance as at 1 January 2015		12,487	18,427	787	40,217	21,623	4,827	(12,040)	25,660	111,988
Net (expenditure)/income		34	(1,085)	–	(8,411)	(912)	(118)	1,349	(4,294)	(13,437)
Net gains/(losses) on investment assets		–	–	–	–	(597)	–	–	(260)	(857)
Actuarial gains/(losses) on defined benefit pension scheme		–	–	–	–	–	–	2,688	–	2,688
Foreign exchange movements on pension liability		–	–	–	–	–	–	487	–	487
Foreign currency translation		–	–	–	–	–	–	–	(673)	(673)
Balance as at 31 December 2015		12,521	17,518	787	30,206	20,114	4,709	(7,516)	21,857	100,196

Explanations of movements on unrestricted funds and reserves:

- a The fixed asset reserve represents the net book value of fixed assets with fixed asset additions being funded from the General Fund and depreciation being charged to this reserve each period.
- b The Director-General's Contingency and Emergency Funds have been allocated US\$0.4 million to fund unforeseen events and emergency situations respectively.
- c Funds were allocated from the Designated Regional Fund for utilization in 2015.

Asset Revaluation Reserve	The Asset Revaluation Reserve represents the difference between the historic cost of fixed assets and the depreciated revalued equivalent.
Fixed Asset Reserve	The Fixed Asset Reserve represents the value of IPPF funds invested in unrestricted fixed assets (see note 9) or allocated for their replacement.
Staff Reserve	Staff Reserve funds have been set aside to provide for redundancy and other separation costs in the event that IPPF should terminate its activities. This requirement only applies to the staff within the Western Hemisphere Regional Office.
Other Designated Funds	Other Designated Funds include the Member Association Performance Fund, the Resource Mobilization Fund, the 21st Century Fund (for sustainability projects in South American Member Associations) and various funds set aside for use by specific IPPF Regional Offices.
WHR Sustainability Fund	The WHR Sustainability Fund was established by the Western Hemisphere Region during 2002 following the receipt of a single legacy to be used within that Region. The WHR Board have agreed to keep the legacy intact and to use the income generated for activities within the region. 3.5% of the fund is released per-annum, 50% of which funds Regional Office projects and 50% funds Member Association projects.
Innovation Fund	The Innovation Fund is used to develop innovative projects centred around the IPPF 5 'As'.
Pension Fund	The Pension Fund represents the value of IPPF's assets and liabilities arising in respect of the Central Office Defined Benefit Pension Scheme, which was closed in 2007. The movements in this fund are detailed in note 19.
General Fund	The General Fund contains the undesignated unrestricted funds of IPPF which are free of donor restrictions for specific activities or countries. These will fund future activities.

16 Forward commitments

	2015 US\$'000	2014 US\$'000
Orders for contraceptives and services due within one year	696	–

The commitments recognized are orders placed by the year-end but not yet delivered to IPPF, for which there is a legal obligation to make payment to the supplier.

Operating lease commitments

At 31 December, the following total non-cancellable operating lease rental commitments existed:

	2015 US\$'000	2014 US\$'000
Due		
In the next 1–2 years	436	411
Between 2–5 years	421	701
Over 5 years	6	–
Total	863	1,112

The operating lease charge to the Statement of financial activities for 2015 is US\$438,318 (2014: US\$551,835).

17 Contingent liability

In the ordinary course of business IPPF is subject to certain legal actions. In the opinion of management, such matters will not have a material effect on the financial position of IPPF.

18 Funds held on behalf of third parties

At 31 December 2015, IPPF held funds on behalf of the member association of Guatemala (Asociacion Pro Bienestar de la familia de Guatemala) amounting to US\$13,904,962 (2014: US\$14,525,453). These funds are held by IPPF WHR Inc as part of the overall investment portfolio. The funds are not included in the balance sheet as the trustees do not have a legal obligation to ensure their charitable application. The funds are invested as a separate fund, managed by the investment managers GMO.

19 Pension schemes

IPPF operates four pension schemes as described below:

The Central Office defined benefit pension scheme

This is a defined benefit scheme covering full-time staff in the Central Office, London. The assets of the fund are managed by independent professional investment managers.

The scheme's assets and liabilities are calculated by professional actuaries. The most recent formal actuarial valuation as at 1 July 2012 was performed using the Defined Accrued Benefit Method. The assumption used reflected the Employer Covenant Strength and the average term of the liabilities. The main assumptions used in the valuation were:

Deferred Pensioners (average term 25 years)

- Investment return 5.25% per annum pre retirement
- Investment return 4.0% per annum post retirement
- Pension revaluation before retirement in line with CPI (maximum 5%) – 2.6% per annum
- Pension increases after retirement in line with RPI (maximum 5%) – 3.2% per annum

The report for the actuarial valuation as at 1 July 2012 showed the fund to have an asset value of US\$40.313 million under the ongoing valuation method. This is equivalent to a funding level of 73% (market value of assets versus liabilities).

Following the actuarial valuation results at 1 July 2006 a decision was taken to close the scheme to the current members from 1 September 2007. This followed the earlier decision in September 2003 to close the scheme to new members. A pension strategy was approved in October 2009 which commits IPPF to reducing the pension deficit to zero by 2020. A recovery plan was submitted to the Pensions Regulator in September 2010. This will require the pension deficit to be paid off by 2020 and require a 3.4% annual increase in payments from the current level of US\$1.8 million.

From 1 September 2007 the former members of this scheme were offered defined contribution pension arrangements.

The Central Office defined contribution pension scheme

Since 2003, a defined contribution pension scheme has been offered to permanent staff in the Central Office, London. IPPF contributes 7% of salary (2014: 7%), and it is non-contributory for staff. For staff previously included in the defined benefit scheme a contribution of 10% of salary is made.

The 2015 pension charge for this scheme is US\$548,419 (2014: US\$576,133).

The Western Hemisphere Regional Office pension scheme

Most full-time staff in the Western Hemisphere Regional Office are members of this defined contribution scheme. It is non-contributory for staff, and IPPF contributes 11.37% of eligible employee compensation.

The 2015 pension charge for this scheme is US\$667,956 (2014: US\$533,990).

The overseas staff pension scheme

Most full-time staff in the Africa Regional Office and some members of the Arab World and South Asia Regional Offices are members of this scheme. It is a defined contribution scheme under which IPPF contributes 12% of basic salary, and is non-contributory for staff.

The 2015 pension charge for this scheme is US\$316,434 (2014: US\$226,241).

At 31 December 2015 there were no outstanding or prepaid contributions for any of the defined contribution schemes.

FRS 102 disclosure note

There is one defined benefit pension scheme providing benefits on final pensionable salary, the Central Office Defined Benefit Pension Scheme. The latest full actuarial valuation of this scheme was carried out at 1 July 2012 and was updated for accounting purposes to 31 December 2015 by a qualified independent actuary.

The pension contributions payable by IPPF to the scheme were as follows:

	2015 US\$'000	2014 US\$'000
Pension contributions	1,750	1,823

There were no outstanding or prepaid contributions at the year-end (2014: nil).

The major assumptions used in the FRS 102 valuation were:

	2015 Per annum	2014 Per annum	2013 Per annum
Inflation – RPI	3.40%	3.30%	3.65%
Inflation – CPI	2.70%	2.60%	2.95%
Rate of discount	4.05%	3.75%	4.65%
Pension increases:			
Pre 88 GMP	Nil	Nil	Nil
Post 88 GMP	2.70%	2.60%	2.95%
Excess over GMP accrued pre 1.3.1998	6.00%	6.00%	6.00%
Excess over GMP accrued between 1.3.1998 and 31.7.2002	6.00%	6.00%	6.00%
Excess over GMP accrued between 1.8.2002 and 5.4.2005	3.40%	3.30%	3.65%
Excess over GMP accrued from 5.4.2005	2.30%	2.30%	2.30%

The present value of the scheme liability was calculated as follows, using the updated year of birth series adjusted for the medium cohort:

	2015	2014
Pre retirement mortality (male/female)	S1PA / S1PA	S1PA / S1PA
Post retirement mortality for non pensioner members (male/female)	S1PA / S1PA	S1PA / S1PA
Post retirement mortality for pensioner members (male/female)	S1PA / S1PA	S1PA / S1PA

The assumptions used by the actuary are chosen from a range of possible actuarial assumptions which, due to the timescale covered, may not necessarily be borne out in practice.

In 2010 the UK Government announced a change in the statutory minimum pension increase for public and private pension schemes. Previously this inflation rate was linked to the Retail Price Index (RPI). The announced change links this inflation rate to the Consumer Price Index (CPI), where this is in line with the legal obligations detailed within the rules of the scheme. After clarifying the legal obligations that apply to the scheme IPPF linked the inflation rate to CPI.

Scheme assets

The fair value of the scheme's assets, which are not intended to be realized in the short term and may be subject to significant change before they are realized, and the present value of the scheme's liabilities, which are derived from cash flow projections over long periods and thus inherently uncertain, were:

	2015 US\$'000	2014 US\$'000	2013 US\$'000
Equities	8,196	12,544	10,940
Bonds	24,653	25,205	24,012
Cash	9,644	7,486	8,333
Property	913	–	1,063
Total market value of assets	43,406	45,235	44,348
Present value of scheme liability	50,922	57,275	53,751
Deficit in scheme – Net pension liability	(7,516)	(12,040)	(9,403)

The expected rates of return on the assets in the scheme were:

	Long-term rate of return expected at 31/12/2015	Long-term rate of return expected at 31/12/2014	Long-term rate of return expected at 31/12/2013	Long-term rate of return expected at 31/12/2012
Equities	4.05%	5.40%	6.60%	5.70%
Bonds	4.05%	3.75%	5.60%	4.70%
Cash	4.05%	2.40%	3.60%	2.70%
Gilts	4.05%	2.40%	3.60%	2.70%
Property	4.05%	5.40%	6.60%	5.70%

Movement in pension fund liability during the year:

	2015 US\$'000	2014 US\$'000
Deficit in scheme at 1 January	(12,040)	(9,403)
Employer's contributions	1,748	1,823
Other finance charge	(399)	(217)
Actuarial gain/(loss)	2,688	(4,676)
Exchange rate movement	487	433
Deficit in scheme at 31 December	(7,516)	(12,040)

The scheme closed to future accrual on 1 September 2007, with all active members being given deferred pensions at that date. This means that benefits for those members now increase broadly in line with price inflation. Previously, these benefits increased in line with salary.

The exchange rate movement represents the difference in the exchange rate used to value the balance sheet in 2014 and 2015.

The actuary has confirmed that the valuations made above under the requirements of FRS 102 do not indicate that there is an immediate funding requirement or that there is any need to change the current funding rates made by the employer to the pension scheme.

The pension fund liability of US\$7.5 million does not exceed the unrestricted funds balance.

Charge to the Statement of Financial Activities over the financial year:

	2015 US\$'000s	2014 US\$'000s
Expected return on pension fund assets	(1,619)	(2,103)
Interest on pension funds liabilities	2,018	2,320
Net return	399	217
Total charge to the Statement of Financial Activities	399	217

History of experience gains and losses

	2015	2014	2013	2012	2011
Difference between the actual and expected return on scheme assets					
Amount (US\$'000)	(1,356)	1,092	(392)	1001	(1,422)
Percentage of year end scheme assets	(3)%	2%	(1)%	(2)%	(4)%
Experience gains and losses on scheme liabilities					
Amount (US\$'000)	–	–	–	–	–
Percentage of year end present value of the scheme liabilities	0%	0%	0%	0%	0%
Total amount recognized in the statement of total recognized gains and losses					
Amount (US\$'000)	2,688	(4,676)	712	(1,139)	(5,175)
Percentage of year end present value of scheme liabilities	5%	(8)%	1%	(2)%	(11)%

20 Transition to FRS102

IPPF transitioned to Charity SORP 2015 (FRS 102) from previously extant SORP 2005 as at 1 January 2014.

The impact from the transition to FRS 102 is as follows:

Reconciliation of funds as at 1 January 2014

	US\$'000s
Total funds brought forward at 1 January under previous SORP 2005	141,092
Revaluation of freehold property	12,330
Donated commodities	1,873
Holiday pay accrual	(250)
Total funds brought forward as at 1 January 2014 under FRS102	155,045

Reconciliation of funds as at 31 December 2014

	US\$'000s
Total funds brought forward at 31 December under previous SORP 2005	125,734
Revaluation of freehold property	12,487
Donated commodities	1,995
Holiday pay accrual	(305)
Total funds brought forward as at 31 December 2014 under FRS102	139,911

The following were changes in accounting policies arising from the transition to FRS102:

Revaluation of freehold land and property

Under FRS 102, the charity has the option to revalue assets at the transition date and use this as deemed cost. The UK and Malaysian freehold land and buildings were revalued at 1 January 2014 based on valuations received from Chartered Surveyors BNP Paribas Real Estate UK and Jones Lang Wootton respectively.

Donated commodities

IPPF receives donated commodities from UNFPA and other supporters. In accordance with the previous SORP the income and expense of the donated commodities were recognised on distribution.

Under FRS 102, the charity is required to recognise commodities at fair value on the balance sheet under stock of goods immediately on receipt. The expense is then recognised on distribution. The impact of this change is to increase opening stock and total funds brought forward as at 1 January 2014 by US\$1,871,470. Secondly restating the 2014 comparatives by increasing closing stock as at 31 January 2014 by US\$1,994,553 on the balance sheet and increasing Donations in kind by US\$123,083 on the Statement of Financial Activities.

Holiday pay accrual

In accordance with the previous SORP IPPF central office did not accrue for holiday pay. Under FRS 102, the charity is required to accrue for all short-term compensated absences (where material) as holiday entitlement earned but not taken at the date of the statement of financial position. The impact of the accounting policy change is to increase holiday pay accrued by US\$250,624 and decrease total funds brought forward as at 1 January 2014. Secondly restating the 2014 comparatives by increasing Holiday pay accrual as at 31 January 2014 by US\$304,618 on the balance sheet and increase expenditure by US\$53,994 on the Statement of Financial Activities.

21 Related parties

IPPF requires each Governing Council member and Audit Committee member to complete a declaration of material transactions and interest form. These are reviewed by senior management and the Audit Committee. All IPPF staff are also required to complete such a form on joining the organization which is then up-dated as individual circumstances change. These forms are reviewed by senior management. These procedures are part of the policy which aims to ensure that people act in the best interests of IPPF at all times and that there is openness and transparency concerning any actual or potential conflict of interest.

Some members of the Governing Council are Presidents of Member Associations who receive grants from IPPF in accordance with the volunteer governance structure of IPPF.

The Audit Committee of IPPF has reviewed the above disclosures and do not consider that any indicates a conflict of interest. There are no other related party interests or transactions that require disclosure.

No remuneration was paid to members of the Governing Council or Audit committee.

Total expenses reimbursed to members of the Governing Council and Audit Committee for attendance of meetings was US\$174,446 (2014: US\$74,572). The reimbursed expenses are lower in 2014 due to travel and accommodation costs being able to be split between the Governing council meeting and a separate conference which were both held in Bangkok.

There were no related party transactions during the period.

Members of the Governing Council

Africa Region

Ms Jeanne Francoise	
Leckomba Loumeto Pombo	Democratic Republic of the Congo
Ms Adama Dicko	Mali
Ms Naomi Mmapelo Seboni	Botswana
Mr Kweku Osae Brenu	Ghana

Arab World Region

Ms Khadija Ghoussain Nader	Morocco
Mr Mohamed Tarek Ghedira	Tunisia
Mr Tawfeeq Nasseeb	Bahrain
Ms Nadine Nabulsi	Palestine

East, South East Asia & Oceania Region

Mr Charles Kelly	Solomon Islands
Ms Helena O'Dwyer-Strang	New Zealand
Mr Napoleon Hernandez	Philippines
Ms Atashendartini Habsjah	Indonesia

Europe Region

Ms Lene Stavngaard	Denmark
Mr Bert van Herk	Netherlands
Ms Kristina Ljungros	Sweden
Ms Dilnoza Shukurova	Tajikistan

South Asia Region

Ms Sujatha Natarajan	India
Mr M M Muzibur Rahman	Bangladesh
Ms Safieh Shahriari Afshar	Iran
Ms Shambhavi Poudel	Nepal

Western Hemisphere Region

Ms Esther Vicente	Puerto Rico
Ms Diana Barco	Colombia
Ms Deandra Walker	Guyana
Mr Santiago Cosio	Mexico

Members of the Audit Committee

Dr Moncef Ben Brahim	Tunisia
Dr Kamaruzaman Ali	Malaysia
Ms Khadija Azougagh	France
Ms Kathleen Tait	United States of America

Members of the Membership Committee

Mr Kweku Brenu	Ghana
Ms Nadine Nabulsi	Palestine
Mr Napoleon Hernandez	Philippines
Ms Lene Stavngaard	Denmark
Dr Safieh Shahriari Afshar	Iran
Ms Diana Barco	Colombia

Contact names and addresses

Registered address

4 Newhams Row
London
SE1 3UZ
United Kingdom

Telephone: +44 (0)20 7939 8200
Facsimile: +44 (0)20 7939 8300
www.ippf.org
info@ippf.org

Senior management team

Director-General
Tewodros Melesse

Director, Programme and Technical Division
Colin Munro

Director, External Affairs
Owain James

Director, Strategic Advice
Colin Munro

Africa Regional Director:
Lucien Kouakou

Arab World Regional Director
Mohamed Kamel

East and South East Asia and Oceania Regional Director
Nora Murat

European Network Regional Director
Vicky Claeys (retired February 2016)

European Network Regional Director
Caroline Hickson (appointed March 2016)

South Asia Regional Director
Anjali Sen

Western Hemisphere Regional Director
Carmen Barroso (retired March 2016)

Western Hemisphere Regional Director
Giselle Carino (appointed April 2016)

Finance Director
John Good (resigned March 2016)

Principal banker

Barclays Bank Plc
One Churchill Place, London E14 5HP,
United Kingdom

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Principal investment managers

GMO LLC
40 Rowes Wharf, Boston, MA 02110,
Massachusetts, United States of America

External auditor

KPMG LLP
15 Canada Square, London E14 5GL,
United Kingdom

Internal auditor

Crowe Clark Whitehill LLP
St Bride's House, 10 Salisbury Square, London EC4Y 8EH,
United Kingdom

Solicitor

IPPF uses the services of several law firms, each one in accordance with their area of expertise. Further information is available on request.



IPPF Financial Statements 2015

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International Planned Parenthood Federation
4 Newhams Row, London SE1 3UZ, UK

tel +44 (0)20 7939 8200

fax +44 (0)20 7939 8300

web www.ippf.org

email info@ippf.org

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