



**Organisation Strategy Note
for Denmark's support to
International Planned Parenthood
Federation (IPPF)**

2015-2019

December 2015

1. Introduction

This strategy note lays out the basic strategic considerations that underpin cooperation between Denmark and the International Planned Parenthood Federation (IPPF) and outlines how the work of the Federation corresponds with Denmark's priorities in the field of sexual and reproductive health and rights (SRHR). SRHR is a key policy priority in Danish Development Cooperation and is ambitiously pursued in bilateral development programmes as well as at the normative policy level in multilateral fora. The strategy note covers the period 2015-19, with 2019 being the year of the mid-term review of IPPF's new Strategic Framework.

IPPF will transition from its current Strategic Framework (2005-2015) to its New Strategic Framework in 2016. As this strategy note covers the period 2015-19, both strategic frameworks are addressed in this strategy note.

2. The Organisation

IPPF is an international non-governmental organisation that works to improve SRHR for all, with a special focus on poor, under-served and vulnerable populations. Initially established in 1952 by family planning services from eight countries, IPPF has grown into the world's largest non-governmental provider of family planning services, with the Federation consisting of 147 nationally owned and managed Member Associations (MAs) giving it a presence in some 170 countries worldwide.

IPPF has a Secretariat consisting of a Central Office in London and six Regional Offices based in Brussels (Europe), Kuala Lumpur (East and South East Asia & Oceania), Nairobi (Africa), New Delhi (South Asia), New York (Western Hemisphere) and Tunis (Arab World). The Regional Offices are the hub of capacity building and systems strengthening activities in the Federation. They provide technical support to MAs and co-ordinate regional actions and approaches. IPPF is committed to practising good governance throughout the Federation and ensures accountability through the regular accreditation of its MAs. All MAs must adhere to 10 fundamental principles and 49 standards relating to their programmatic and financial management as well as constitutional and medical service standards to qualify for and maintain their membership status.

The Director-General of IPPF is based at the Central Office in London. IPPF's Central Office carries out the policies and functions as approved by its Governing Council and provides policy leadership to guide the work of MAs. In addition to being a conduit for donor support, the Central Office acts as a global co-ordinator for advocacy efforts and special initiatives. The Central Office is also a source of quality assurance through its accreditation processes, quality of care programmes, financial and human resource management and its internal audit functions. IPPF's Central Office currently employs 104 staff engaged in providing technical, programmatic and administrative support to the Federation's 33,000 local staff worldwide.

2.1. Governance and Accountability

IPPF is an NGO founded on democratic governance structures. IPPF's highest decision-making body, the Governing Council, consists of 24 democratically elected volunteers from governing bodies of the MAs. The Governing Council meets twice a year and follows a rigorous Code of Good Governance, which is subject to strict accreditation, monitoring and evaluation standards. The Governing Council receives, discusses and approves financial and audit reports, and has ultimate responsibility for overseeing, developing and agreeing on IPPF's strategy, policy and priorities and is further charged with ensuring its own review and renewal. As donors are not represented on the Governing Council, Denmark's option for exerting its influence on IPPF takes the form of regular dialogue with the Federation and participation in its annual meeting.

As a step towards realizing its New Strategic Framework, IPPF is planning to establish a Donors' Advisory Group (DAG) by the end of 2015. DAG is intended to function as a forum for strategic engagement between IPPF and the organisation's key donors providing unrestricted funding. Membership is expected to be granted to donors providing over US\$ 1 million of unrestricted income in the previous IPPF financial year. IPPF will use DAG to seek the input of principal donors in terms of setting the Federation's strategic direction. Once DAG is established, Denmark will be able to give recommendations and gain an insight into IPPF's policy and programming plans at the annual DAG meeting.

2.2. Financial Resources

IPPF's annual income in 2014 amounted to US\$ 126 million. IPPF's main source of funding takes the form of government grants, which in 2014 accounted for approximately 72% per cent of total income. The top government donors in 2014 (in order of size of the donation) were: Sweden, the United Kingdom, Japan, Denmark, Germany, Norway, the Netherlands, and Australia. Contributions from other multilateral agencies, private foundations and other sources accounted for US\$ 31.6 million in 2014.

IPPF made grants to MAs and partner organizations amounting to US\$ 74.5 million in 2014. As part of efforts to ensure financial sustainability, MAs have increasingly sought to raise more funding for their activities at the national level and on average accounted for 84 per cent of their own budgets in 2013.

In 2014, 61 per cent of IPPF's total income was raised through unrestricted core funding support and 39 per cent was through restricted funding.

3. Denmark's Partnership with IPPF – Policy Priorities and Budget

Denmark has a long-standing cooperation with IPPF based on a shared dedication to the pursuit of a human rights-based approach to development and strong focus on SRHR, which is a key policy priority for Denmark as reflected in the substantial annual contribution given to IPPF. Denmark has provided substantial core contributions to IPPF since 2003, and the special standing of Denmark as one of the top four donors to the Federation is also reflected in the invitation extended to Denmark to become a member of the Donors' Advisory Group.

3.1. Relevance and Justification for Danish Support

Denmark's support to and cooperation with IPPF is guided by the following strategies: "The Right to a Better Life: Strategy for Denmark's Development Cooperation", "Strategic Framework for Gender Equality, Rights and Diversity in Danish Development Corporation" and "The Promotion of Sexual and Reproductive Health and Rights: Strategy for Denmark's Support".

3.2. Transitioning from the Current to the New Strategic Framework

IPPF will transition from one strategic framework to another in 2016. As this strategy note covers the period 2015-19, both strategic frameworks as well as the linkages between them will be addressed.

- **The Current Strategic Framework (2005-15):**

IPPF's current priorities are guided by its **Strategic Framework (2005–2015)**, centred around "the five 'A's" which align IPPF's programme of work with internationally agreed development frameworks.

The five 'A's are:

Access: All people, particularly the poor and under-served, are able to exercise their rights, to make free and informed choices about their sexual and reproductive health, and have access to SRH information, sexuality education and high quality services, including family planning.

Advocacy: Strong public, political and financial commitment to and support for sexual and reproductive health and rights at the national and international level.

Adolescents: All adolescents and young people are aware of their sexual and reproductive rights and empowered to make informed choices and decisions regarding their sexual and reproductive health.

Abortion: Universal recognition of a woman's right to choose and have access to safe abortion, and a reduction in the incidence of unsafe abortion.

HIV and AIDS: Reduction in the global incidence of HIV and the full protection of the rights of people infected and affected by HIV.

Following the 2010 mid-term review of the Strategic Framework, IPPF sought to accelerate its performance through introducing three **Change Goals – Unite, Deliver, and Perform** during the period 2012-2015. These are:

- Goal 1: Unite – a global movement fighting for SRHR for all;
- Goal 2: Deliver – access for all; reducing unmet need by doubling services; and
- Goal 3: Perform – a relevant and accountable Federation.

- **The New Strategic Framework (2016-2022):**

IPPF's new Strategic Framework (2016-2022) builds on the three Change Goals by continuing the work and results achieved thus far. As such, IPPF will continue to work towards strengthening the global SRHR advocacy movement, enhance and expand service delivery to all, with a particular focus on women and girls and the under-served populations, and continuously improve performance as an organization. Planned outcomes, priority

objectives, indicators and targets are reflected in the Performance Measurement Framework in Annex 1.

IPPF's new Strategic Framework has been designed with a view to incorporating the 2030 development framework and taking into consideration major global trends such as the world's largest ever population of young people emerging within this generation; continuing discrimination against women and girls; and a conservative and well-organized opposition threatening SRHR in many countries.

The new Strategic Framework will focus on four clearly measurable outcomes, with an increased focus on youth, voluntarism and local participation, as laid out below:

1. 100 Governments to respect, protect and fulfil sexual and reproductive rights and gender equality
2. 1 billion people empowered to exercise their sexual and reproductive health and rights
3. 2 billion quality integrated sexual and reproductive health services delivered
4. A high performing, accountable and united Federation

3.3. Linkages between Danish and IPPF Policy Priorities

IPPF's focus areas in the current as well as the future strategic framework correspond with Denmark's commitment to promoting a human rights-based approach to development and SRHR. The key complementary areas of Danish development policy and IPPF's objectives are:

- SRHR as human rights: Like Denmark, IPPF is strongly committed to promoting and supporting sexual and reproductive rights as human rights. Through the 'IPPF Sexual Rights Declaration', IPPF actively endorses and advocates for greater recognition of sexual rights for all, including the right to equality, equal protection under the law and freedom from all forms of discrimination based on sex, sexual orientation or gender, and rights-based service provision.
- To reach vulnerable population groups through a human rights-based approach: Increasing access to a comprehensive range of quality integrated sexual and reproductive health (SRH) services for the poor and vulnerable is IPPF's niche and a key defining feature of its mandate. IPPF's commitment to serving those who are most in need of SRH information and services is reflected by some 48.8 million of the Federation's clients being poor and vulnerable, representing 81 per cent of the total number of people served.
- Young people's access to information and services: The provision of youth friendly SRHR services and information is a priority for Denmark. IPPF not only prioritizes addressing the SRHR needs of young people but also aims to shift the focus of the Federation from being a youth-friendly to a *youth-centred* organization by involving young people in all aspects of programming as both beneficiaries and decision-makers.
- Encouraging an integrated approach to SRHR and HIV/AIDS: IPPF takes a broad view of SRH which includes HIV services, safe abortion and sexual and gender based

violence as well as a broad range of other regular SRH services such as counselling, contraception, STIs, gynaecology and prenatal and post-natal care. This approach is delivered through IPPF's Integrated Package of Essential Services (IPES), a minimum package of high-impact services that is being rolled out across the Federation.

3.4. Denmark as a Donor to IPPF

Since 2003, Denmark has contributed a minimum of DKK 40 million to IPPF annually. The total Danish contribution in the period 2003-15 (both years included) amounts to DKK 590.3 million.

Denmark's planned contribution to IPPF for the period 2015-2019 is reflected in the below table.

Table 1: Denmark's planned contribution to IPPF (2015-2019) in million DKK:

2015	2016	2017	2018	2019
40	35	40*	40*	40*

The amounts marked with '' are subject to annual parliamentary approval of the Danish Finance Bill.

4. Monitoring and Reporting

To measure and report on progress in implementing the Strategic Framework, IPPF uses data collected annually and held up against the organisation's **30 global indicators** (GIs) and **service statistics** across all MAs. The global indicators demonstrate both outputs and impact. The IPPF Regional Offices work with MAs to review progress annually and ensure that investments are translated into achievement of IPPF's objectives.

IPPF's **Performance Dashboard** provides a global framework to monitor progress in implementing the Strategic Framework. IPPF is currently revising the Performance Dashboard to reflect the priorities of IPPF vis-à-vis achieving the four Outcomes set out in the new Strategic Framework. The targets in the Performance Dashboard are specific and time-bound and aim to increase the Federation's development impact. All global indicator data and the Performance Dashboard are published annually in IPPF's Annual Performance Report.

To report on **impact**, IPPF uses an impact calculator developed by the Guttmacher Institute in 2010 to measure the impact of IPPF's contraceptive services, including unintended pregnancies averted, unsafe abortion averted and disability-adjusted life years.¹ To collect data for improving effectiveness, IPPF relies on audited financial reports, as well as on standardized activity cost data monitored by regional finance specialists.

¹ A measurement of the overall disease burden expressed as the number of years lost due to ill-health, disability or early death. The measurement provides a way of comparing the overall health and life expectancy of different countries.

In 2015, IPPF will begin using a health management information system to collect, analyse and report data on SRH services to drive decision-making for improved programmes. This system will also support the move towards capturing real-time data from all SDPs. Client-centred clinic management information systems will continue to be at the heart of promoting meaningful use of information to improve client health outcomes and support service providers.

5. Risks and Assumptions

IPPF faces **strong and focused opposition** from groups working in a number of countries with the objective of limiting individual sexual and reproductive rights and of reversing existing legislation relating to sexual and reproductive rights and access. Such groups also engage in focused efforts to reduce the funding that IPPF receives from major donors. In order to counter such opposition, IPPF develops communication and advocacy campaigns to make its objectives known and works strategically to identify and mobilise allies in the field of sexual and reproductive health and rights that can help mobilise on behalf of the Federation. In terms of the normative, international framework for development, IPPF also to a great extent relies on such allies to continue efforts to work for the inclusion of SRHR, incl. in the 2030 Agenda which charts the course of the international community's development efforts for many years to come. A concerted effort by many allies led to a satisfactory reflection of SRHR in the SDGs, among other due to the active role played by civil society, not least IPPF. Currently the process of developing the indicator framework for the SDGs is on-going and IPPF has plays a key role in this work. It highlights IPPF's strategic importance and relevance in spearheading efforts to promote the SRHR agenda.

IPPF is principally funded by a small number of government donors on an annual basis, which renders the Federation vulnerable to sudden changes and exposes it to a long-term **financial sustainability risk**, heightened by the current economic climate and migration situation. This is mitigated by attempts to move towards multi-year funding agreements with donor governments and ensuring that an adequate general reserve is maintained. IPPF's flexibility in terms of funding is further circumscribed by the trend of funding mechanisms moving from being unrestricted to being restricted in nature. Like many other NGOs, IPPF is further experiencing a changing environment of donor funding, with more governments providing assistance through their representatives at national level whilst multi-lateral channels are diminishing. Mitigation strategies in the area of funding include investment in the development of a strengthened resource mobilization capacity within IPPF and ensuring that MAs have the skills, credibility and competence to access funding at the national level.

As any organisation, IPPF is exposed to **fiduciary risk and mismanagement**. IPPF has zero tolerance of fraud of any type or in any circumstances, whether carried out by volunteers, staff, contractors, partners or clients. IPPF has policies in place on fraud and anti-bribery and fraud can be reported via the Federation website. In addition to these policies, risk of mismanagement of funds is mitigated through a range of measures including external audits and IPPF Secretariat processes and controls as well as a thorough accreditation process for MA's, involving review of governance, financial management and procurement systems and procedures.

Due to the **varying degrees of development and competence** present across IPPF, performance may vary significantly across the Federation, which may impact adversely on the achievement of goals set. Mitigation strategies include scrutiny of MAs receiving grants through inter alia accreditation and allocation processes, results management and provision of technical assistance from regional offices.

Annex 1: IPPF Results Framework 2015-2019

Outcome	Priority Objectives	Indicator	2014 (actual)	2015 (target)	2016 (target - baseline for new SF)	2017 (target)	2018 (target)	2019 (target)	Notes
Outcome 1 By 2022, 100 governments will respect, protect and fulfil sexual and reproductive rights and gender equality	Priority objective one: Galvanize commitment and secure legislative, policy and practice improvements	Number of successful policy initiatives and/or legislative changes in support of SRHR to which IPPF advocacy contributed (at national, regional and global levels)	99	104	106	109	112	114	
		Percentage of countries who are on track with their post-2015 targets improving sexual and reproductive rights			<i>Dataset to be developed</i>	<i>Dataset to be developed</i>	<i>Dataset to be developed</i>	<i>Dataset to be developed</i>	This is a new indicator. Methodology will be developed and pilot tested in 2016.
	Priority objective two: Engage women and youth leaders as advocates for change	Number of youth / women's groups take a publicly supportive action on SRHR to which IPPF engagement contributed			500	517	533	550	This is a new indicator. Methodology to be developed and pilot tested in 2016 to confirm targets presented here.
Outcome 2 By 2022, one billion people will act freely on their sexual and reproductive health and rights	Priority objective three: Enable young people to access comprehensive sexuality education and realize their sexual rights	Number of young people who have completed a quality-assured CSE programme (delivered or enabled by Member Association volunteers or staff) (millions)	25,2	26,5	27,8	29,8	31,9	34,2	These figures accommodate IPPF plans to revise methodology from 2016 to assess both quality of curricula and delivery of CSE programmes. This will weight different approaches by MAs in providing an entire CSE programme, partial components or single sessions (for example, in collaboration with schools).

		Percentage of young people who completed CSE increase their SRHR knowledge and their ability to exercise their sexual rights			75%	75%	75%	75%	This is a new indicator. Methodology to be developed and pilot tested in 2016 to confirm targets presented here.
	Priority objective four: Engage champions, opinion formers and the media to promote health, choice and rights	Number of people reached with positive SRHR messages (millions)			80,0	92,8	107,6	124,9	This is a new indicator. Methodology to be developed and pilot tested in 2016 to confirm targets presented here.
Outcome 3 By 2022, IPPF and our partners will provide two billion quality, integrated sexual and reproductive health services	Priority objective five: Deliver rights based services including for safe abortion and HIV	Number of SRH services provided (millions)	130,7	137,2	142,0	147,0	152,2	157,5	
		Number of couple years of protection (millions)	14,6	15,3	15,6	15,9	16,1	16,4	
		Percentage of IPPF's clients who would recommend our services			85%	85%	85%	85%	This is a new indicator. Methodology to be developed and pilot tested in 2016 to confirm targets presented here.
	Priority objective six: Enable services through public and private health providers	Number of SRH services enabled (millions)	18,5	19,4	20,6	21,8	23,1	24,5	The reduction in 2016 to 2019 targets from those in the draft Results Framework provided in September is due to analysis of trends data which revealed a lower annual increase in performance between particularly for 2013-2014 than in previous years. This is a result of IPPF's more rigorous approach to the definition of 'enabled services' with a focus on

									ensuring the quality of the services provided by non-MA owned Associated Clinics.
Additional indicators on service performance	Number of SRH services delivered* to young people under 25 years (as a percentage of all services delivered) (millions)	66.6 (45%)	69.9 (45%)	73.2 (45%)	76.0 (45%)	78.9 (45%)	81.9 (45%)	45% of total SRH services delivered (provided and enabled)	
	Number of abortion-related services delivered* (millions)	3,8	4.60 [#]	4,76	4,93	5,1	5,28	[#] 2015 target set at 21% increase from 2014 actual.	
	Number of HIV-related services delivered* (millions)	31,8	33,4	35,1	36,8	38,7	40,6		
	Proportion of Member Associations providing the Integrated Package of Essential Services (6 out of 8 components of the IPES package)	67%	70%	73%	76%	85%	95%		
	Proportion of Member Associations providing the Integrated Package of Essential Services (8 out of 8 components of the IPES package)	30%	33%	36%	39%	44%	50%		
	Estimated number of IPPF clients who are poor and/or vulnerable (as a % of all clients) (millions)	52,6	49,5	55,2	58,0	60,9	63,9		
		85%	80%	80%	80%	80%	80%		
	Number of unintended pregnancies averted estimated for all ages (millions)	5,90	6,18	6,31	6,43	6,51	6,63		

		Number of unintended pregnancies averted estimated by for young people (millions)	2,66	2,78	2,84	2,89	2,93	2,99	
		Number of unsafe abortions averted (millions)	0,70	0,73	0,75	0,76	0,77	0,79	
Outcome 4 By 2022, IPPF will be a high performing, accountable and united Federation	Priority objective seven: Enhance operational effectiveness and double national and global income	Total income generated by IPPF Secretariat (US\$) (millions)	126,1	132,4	136,8	141,3	146,0	150,8	
		Total income generated locally by grant-receiving Member Associations (US\$) (millions)	370,3	388,8	401,6	414,9	428,6	442,7	
		Proportion of IPPF's unrestricted funding used to reward Member Associations through a performance-based funding system	9%	10%	10%	10%	10%	20%	
	Priority objective eight: Grow our volunteer and activist supporter base. IPPF will invest in communications staff, systems and technologies	Number of IPPF volunteers (millions)			0,14	0,23	0,29	0,33	This is a new indicator. Methodology to be developed and pilot tested in 2016 to confirm targets presented here.
		Number of online activists (millions)			0,20	0,25	0,30	0,33	This is a new indicator. Methodology to be developed and pilot tested in 2016 to confirm targets presented here.
* - for these indicators, the numbers of services 'provided' and 'enabled' are totalled.									

