

IPPFAR Strategic Plan 2010 - 2015



T HIS 2010—2015 STRATEGIC PLAN for the International Planned Parenthood Federation Africa Region (IPPFAR) builds on the 2005—2010 strategic framework defining the global Federation's five priority areas — Access, AIDS, Abortion, Adolescents and Advocacy. From the lessons learnt in the last five years (2005—2009), the plan provides a framework for action, results and accountability for the next five years

Foreword

Acknowledging that Access is the gateway to the world of choice IPPF envisions, we in the Africa Region have singled it out as our priority for the strategic period. That emphasis means that increasing access to services and support, particularly for Africa's most vulnerable groups, is our overarching goal. For young people, better access implies a stronger voice and more readily available services tailored to their needs. For persons infected with and affected by HIV, the integration of HIV within sexual and reproductive health and rights intends to increase access and strengthen services while it works to reduce stigma and discrimination. Expanding access to safe abortions within existing legal frameworks aims to reduce the shameful carnage of maternal death and morbidity related to unsafe procedures.

As the IPPF Africa Region, we will collectively realize the strategic objectives set out in this Plan by:

- Empowering Member Associations to achieve and sustain high levels of dynamism and innovation in identifying and fulfilling the sexual and reproductive health and rights needs in their respective countries.
- Increasing the effectiveness and self-reliance of Member Associations, their confidence and their credibility.
- Catalysing a cost-efficient and effective performance culture by rewarding good performance through results-based management and financing.
- Building capacity of both the Africa Regional Office (ARO) and the Member Associations to mobilize resources beyond those provided by IPPF.
- Intensifying advocacy at international, regional and country level to ensure that the policy environment supports the Five 'A's, and that funding mechanisms are in favour of sexual and reproductive health and rights.

Gender and rights strongly underpin our new integrated approach. We recognize that for women everywhere, most especially young women and women in difficult circumstances, access to services and support that enable them to make informed decisions about their sexuality is the foundation of their most basic human rights.

This strategic plan would not have been possible without our partners, who put a lot of thinking and time into its development. We acknowledge our Strategic Advisory Board, those who came for the partners meeting, our Member Associations, Regional Executive Committee, Senior Team of IPPF and the Regional Council. We also express our appreciation for our partners, especially the Social Affairs Department, AU Commission, and in particular, the Commissioner, Bience Gawanas, and the Director, Dr. Olawale Maiyegun. And finally, we would not be IPPFAR without the invaluable financial, technical and moral support of our donors. They enable us to do what

we do, and to contribute to improving sexual and reproductive health access to the most vulnerable people in Africa.

Félicité Nsabimana


Chair, IPPFAR

Strategic Context

IPPFAR is the leading non-government service delivery organization in sexual and reproductive health and rights (SRHR) in Africa and the leading SRHR advocacy voice in the region. IPPFAR works through 42 Member Associations with 2,800 sexual and reproductive health and rights service delivery points, providing 14 million services annually and projected to each 20 million services by 2015.

The Associations are locally established, governed and led, but operate within IPPF global standards and regulations. They will be supported by a restructured Regional Office, focusing on each country's contexts and needs, as well as the opportunities and strengths of each Association.

IPPFAR is known for leading advocacy for the creation and subsequent extension of the Maputo Plan of Action (MPOA), the first continental framework for sexual and reproductive health, and continues to work with notable success with the African Union, regional economic commissions and the Pan African Parliament, as well as global UN bodies, to expand political and financial commitments to sexual and reproductive health and rights in Africa.



IPPFAR provides more services to young people (under 25 years of age) across a wider area of Africa than any comparable agency.

The aid environment and the sexual and reproductive health and rights environment in Africa during the coming years will present challenges and opportunities. The Millennium Development Goals remain elusive for much of sub-Saharan Africa. And despite numerous declarations and statements by ministers of health and even heads of state, political will to support sexual and reproductive health and rights sometimes wavers. Challenges posed by such an environment compel us to work harder to work together, and this Strategic Plan is intended to respond to them confidently and effectively. This will ensure that IPPFAR continues to deliver its mission with maximum positive impact on peoples' lives during the next five years.

Strategic Framework

While intending to be directly supportive of the global Federation's focus on the Five 'A's, at the regional level the reviews of the IPPFAR 2005—2009 Strategic Plan also revealed the need for a more integrated approach to these areas given their interlinkages and Africa's unique circumstances. To deliver on the Strategic Plan for 2010—2015, IPPFAR thus developed an enhanced, integrated approach

to our plans for sexual and reproductive health and rights service provision. We call it the “5-in-1 and 1-in-5”. This approach ensures delivery of the IPPF Five ‘A’ priorities, but focuses on “Access” as the linchpin of all other priority areas. Increasing access to different services and focusing on the most vulnerable groups thus becomes the key goal and direction of this strategic plan.

A major emphasis on gender and rights will aim to ensure the availability of skills to analyse and design programmes that underscore the gender differences (between women and men, boys and girls) that affect the most vulnerable persons’ sexual and reproductive health and rights opportunities and access. An illustration of the strategic approach is given in Figure 1. The change in focus is not a revolution. Rather, it is an evolution of the priorities and approaches IPPF outlined for the ten years from 2005 to 2015.



Figure 1:
“5-in-1 and 1-in-5” framework of the IPPFAR Strategic Plan, 2010—2015

Proposed Objectives and Outcomes

Four strategic objectives with their respective outcomes, key result areas, outputs and performance benchmarks have been distilled from the priorities and principles identified for this plan period. As detailed in subsequent sections, these are:

- **Strategic Objective 1:** Ensure increased access to integrated, quality sexual and reproductive health and rights services and information by using gender, rights-based and quality of care approaches.
 - ☞ *Key result areas: Family planning and maternal health, adolescents and youth, safe abortion, HIV and AIDS.*
- **Strategic Objective 2:** Support actions to increase access by strengthening IPPFAR’s sexual and reproductive health and rights leadership position in the region.
 - ☞ *Key result areas: Advocacy, communication, resource mobilization.*

- **Strategic Objective 3:** Build regional capacity to increase access by strengthening institutional and operational efficiency.
 - ☞ *Key result areas: Capacity building, cost-effectiveness and efficiency, good governance and management.*
- **Strategic Objective 4:** Enhance organizational learning and accountability to stakeholders
 - ☞ *Key result areas: Knowledge management including monitoring and evaluation, operational research*

The "5-in-1 and 1-in-5" focus is not a revolution. Rather, it is an evolution of the priorities and approaches based on the lessons learnt in the implementation of IPPFAR's 2005–2009 strategy.

Figure 2 presents the overall framework of performance milestones/ benchmarks and indicators, as well as

a suggestion for modelling the impact of the activities carried out over the five years. To note is that the performance indicators and benchmarks given in the figure (and elsewhere in the text) were calculated and negotiated through a widely consultative process, with reference to both existing capacity and the enhanced capacity to be developed in the course of implementing the strategy.

Overall goal for 2010–2015: To increase "Access" as the linchpin of all other priority areas in services and advocacy for sexual and reproductive health and rights for all, focusing on the most vulnerable groups.

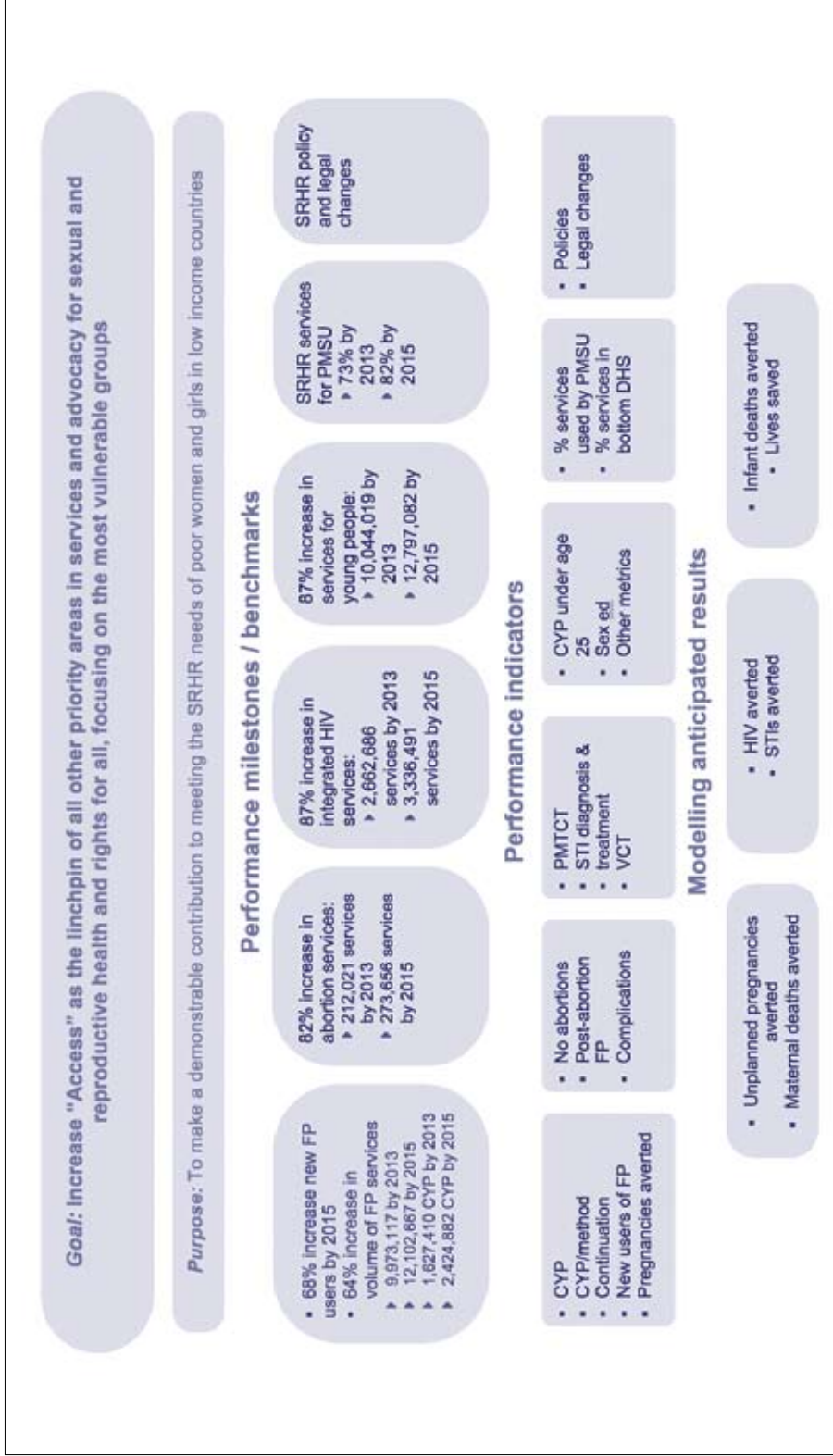
Purpose: To make a demonstrable contribution to meeting the SRHR needs of poor women and girls in low income countries.

Performance Expectations

Within each of the strategic objectives there are statements of anticipated results, some of which have specific targets for either ARO or the Member Associations. These are itemized in Table 1. The import of this is that the performance of the Member Associations will be as crucial to the delivery of the plan as the performance of ARO. The section on Monitoring and Evaluation outlines the approach that will be used for this important function.

Member Associations are charged with service delivery in the region, while the ARO mandate is to build members' capacity. Both will take up advocacy roles.

Figure 2: IPPFAR performance framework, 2010—2015



Key: CYP = Couple year of protection; VCT = Voluntary counselling and testing; STI = Sexually transmitted infection; SRHR = Sexual and reproductive health and rights; PMTCT = Prevention of mother-to-child transmission of HIV; DHS = Demographic and health survey; PMSU = Poor, marginalized and socially under-served.

Table 1: Key result areas, outcomes, outputs and selected indicators, IPPFAR strategic plan 2010—2015

Key result area	Outcomes	Outputs	Performance benchmarks
Objective 1: Ensure increased access to integrated, quality sexual and reproductive health and rights services and information by using gender, rights-based and quality of care approaches			
1.1 Family planning and maternal health	Improved access to high quality, gender-sensitive and rights-based sexual and reproductive health services and information	<p>1.1.1 Quality of care in the delivery of SRH information and services improved</p> <p>1.1.2 Access to SRH commodity supplies strengthened throughout the Africa Region</p>	<ul style="list-style-type: none"> ▪ 64% increase in number of FP services (from a 2009 baseline of 7.6 million) ▪ 68% increase in new users in IPPFAR (from a baseline in 2009 baseline of 1.9 million) ▪ 156% increase in couple years of protection in IPPFAR (from a 2009 baseline of 1 million) ▪ 50% of IPPFAR countries with emergency response integrated into national SRHR policies, plans and programmes including national strategies for poverty reduction ▪ 65% of MAs providing an integrated and comprehensive package of quality SRHR services (family planning, ante- and postnatal care, HIV-related services, comprehensive abortion care, quality of care, youth-friendly services) ▪ 100% of MAs have the necessary supplies and commodities
1.2 Adolescents and youth	Increased safer sex practices and sexual and reproductive health and rights leadership by adolescents and young people	<p>1.2.1 Participation by adolescents and young people in governance and management of SRHR programmes enhanced</p> <p>1.2.2 Access to comprehensive, youth-friendly, gender-sensitive sexuality education Increased</p> <p>1.2.3 Access to a broad range of youth-friendly SRH services increased, in particular for vulnerable young women</p> <p>1.2.4 Gender-related barriers and practices that affect the sexual and reproductive health and rights of young people, particularly young women, reduced</p>	<ul style="list-style-type: none"> ▪ 87% increase in SRH services for young people (with 2009 figures as baseline) ▪ 50% increase in EC services to young people (baseline 2009) ▪ 50% increase in safe abortion services to young people (baseline 2009) ▪ 100% of MAs with at least 20% young people under 25 years of age on their governing bodies (2009 baseline is 73% of MAs)

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By 2015 it is expected that young people under 25 years of age will make up 20% and women will comprise 50% of the governing bodies of all IPPFAR Member Associations...

Table 1, continued: Key result areas, outcomes, outputs and selected indicators, IPPFAR strategic plan 2010—2015

Key result area	Outcomes	Outputs	Performance benchmarks
1.3 Safe abortion	Increased access to quality, comprehensive safe abortion services within a conducive policy environment	<p>1.3.1 Comprehensive abortion care services integrated into the package of SRH services and provided within existing legal frameworks</p> <p>1.3.2 Public and political commitment to the right to choose and to have access to quality comprehensive abortion care services increased</p> <p>1.3.3 Awareness among the general public, policy makers and key professional groups of the public health and social justice impact of unsafe abortion heightened</p>	<ul style="list-style-type: none"> ▪ 82% increase in safe abortion-related services (2009 as baseline) ▪ 50% increase in the number of successful national policy initiatives and/or positive legislative changes in support of access to safe abortion to which MAs' advocacy efforts have contributed. (baseline 2009) ▪ 50% increase of post-abortion family planning services (baseline 2009) ▪ 20 MAs providing comprehensive abortion care services (baseline 8 MAs)
1.4 HIV and AIDS	Increased access to care and support for and reduced stigma and discrimination against persons living with HIV and AIDS	<p>1.4.1 Social, religious, cultural, economic, legal and political barriers that make people vulnerable to HIV reduced</p> <p>1.4.2 Access to interventions for the prevention of STIs and HIV through integrated, gender-sensitive sexual and reproductive health programmes increased</p> <p>1.4.3 Access to care, support and treatment for people infected and affected by HIV</p>	<ul style="list-style-type: none"> ▪ 87% increase in HIV-related services ▪ 60% increase in PMTCT services provided ▪ 150% increase in condoms distributed (baseline 2009) ▪ 60% increase in VCT services provided (baseline 2009) ▪ 50% increase in ART services (baseline 2009)
1.5 Gender, rights and sexuality	Increased mainstreaming of gender, rights and sexuality in institutional development including governance, programmes and sexual and reproductive health and rights services	<p>1.5.1 Gender and rights integrated and mainstreamed within SRHR</p> <p>1.5.2 Traditional norms that reinforce oppression based on gender and sexuality reduced</p> <p>1.5.3 Countries with favourable national level policies and laws on gender and SRHR increased</p>	<ul style="list-style-type: none"> ▪ 100% MAs have the stipulated at least 50% women representation in their governance structures. ▪ 100% of MAs have gender equity policy ▪ 50% increase in services addressing sexual violence

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By 2015 it is expected that family planning services will have increased by 64%, PMTCT and VCT services by 60%, and ART services and services to address sexual violence by 50%...

Table 1, continued: Key result areas, outcomes, outputs and selected indicators, IPPFAR strategic plan 2010—2015

Key result area	Outcomes	Outputs	Performance benchmarks
Objective 2: Support actions to increase access by strengthening IPPFAR's sexual and reproductive health and rights leadership position in the region			
2.1 Advocacy	Strong public, political and financial commitment to and support for sexual and reproductive health and rights at national and international levels	2.1.1 Greater public support for government commitment to SRHR, resulting in policy and legislation that promotes, respects, protects and fulfils these rights and their heightened priority on the development agenda, including increased resource allocations	<p>At global level</p> <ul style="list-style-type: none"> ▪ IPPFAR takes the lead in influencing key UN processes (MDGs, CSW and Population Commission) and in the promotion of the UN Secretary General's Global Strategy for Women and Children's Health from an African perspective ▪ Increased resources to MAs and the African Regional Office from the European Union/ Commission ▪ Post 2015 development discourse at the UN accepts issues from an African consensus document <p>At regional level</p> <ul style="list-style-type: none"> ▪ African consensus document in existence, with critical inputs and leadership from IPPFAR, positioning SRHR as a critical priority in development for Africa post 2015 ▪ SRHR policies/legislation/ practices positively changed at regional and national levels with direct influence from IPPFAR stakeholders ▪ At least three viable and influential networks at regional level established by IPPFAR to champion SRHR and IPPF <p>At country level</p> <ul style="list-style-type: none"> ▪ By 2015, 20 IPPFAR MAs having advocacy staff represented on their senior management team, up to date advocacy strategies, core funds allocated to advocacy and implementing restricted projects delivering advocacy results ▪ At least 20 MAs showing evidence of strong engagement, including their YAM members, within review processes of MPOA, ICPD and MDGs at national and regional levels ▪ At least 20 MAs being able to show evidence of leading advocacy movements/ campaigns at national level that have substantially improved SRHR policies/ legislation/ practices during this strategic plan period

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By 2015 it is expected that at least 20 Member Associations will be able to demonstrate capacity to lead advocacy movements and to participate effectively in national review processes for MPOA, ICPD, MDGs, etc...

Table 1, continued: Key result areas, outcomes, outputs and selected indicators, IPPFAR strategic plan 2010—2015

Key result area	Outcomes	Outputs	Performance benchmarks
2.2 Commu- nication	Enhanced profile and prioritization of sexual and reproductive health and rights at national and regional levels with a view to supporting IPPFAR advocacy objectives	2.2.1 IPPF messages reaching key stakeholders for delivering the IPPFAR strategic plan and, more specifically, the IPPFAR advocacy and resource mobilization strategies	<ul style="list-style-type: none"> ▪ IPPFAR having greater number and quality of communication resources at country, regional and global levels (publications, case studies, other communication media) ▪ Increased IPPF visibility in influential news media in Africa ▪ Greater consistency in the use and promotion of the IPPF brand in Africa ▪ 75% of MAs branded more closely with the IPPFAR brand ▪ Increase by 50% of positive news coverage in MA countries ▪ Evidence of MAs' work being used by governments and all other stakeholders
2.3 Resource mobilization	Funding base for IPPFAR diversified and strengthened	2.3.1 Reduced dependence on core grant from IPPF, with simultaneously increased income of IPPFAR from other sources	<ul style="list-style-type: none"> ▪ ARO receiving and managing a 100% increase in restricted funds by 2015 (from a 2009 baseline) ▪ ARO delivering 90% of restricted contracts to 100% expenditure, within the original contract timeframe (i.e., fewer than 10% of contracts seeking extensions) ▪ Evidence of increased linkages between service statistics/results and financial decision making in IPPFAR ▪ Mix of additional funds mobilized by ARO from Governments of Japan, China and Korea ▪ Endowment Fund established ▪ Reduced dependence on core funds by MAs, from a regional average of 46% dependent on IPPF in 2009, to 30% by 2015 ▪ All full MAs have resource mobilization strategies with achievable activities and budget ▪ An incremental percentage increase of funds mobilized by MAs directly attributable to ARO technical support ▪ MAs delivering 90% of restricted contracts to 100% expenditure, within the original contract timeframe (i.e., fewer than 10% of contracts seeking extensions)

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By 2015 it is expected that IPPFARO will see a 100% increase in restricted funds, and that member Associations will be delivering 90% of contracts at 100% expenditure...

Table 1, continued: Key result areas, outcomes, outputs and selected indicators, IPPFAR strategic plan 2010—2015

Key result area	Outcomes	Outputs	Performance benchmarks
Objective 3: Strengthen institutional and operational efficiency of IPPFAR			
3.1 Capacity building	Enhanced organizational capacity of IPPFAR to deliver on its mission	<p>3.1.1 Learning and development institutionalized as an essential component of the IPPFAR work culture at all levels</p> <p>3.1.2 Learning and development systems in place and being implemented across the region</p> <p>3.1.3 MAs well governed and managed</p> <p>3.1.4 Learning centres strengthened and used as capacity building hubs</p> <p>3.1.5 ARO has adequate systems to provide appropriate TA to MAs</p>	<ul style="list-style-type: none"> ▪ 100% of IPPF Africa Region MAs accredited for the second cycle ▪ 100% of MAs have systems to support planning, reporting and decision making ▪ 50% increase in the number of MAs transformed into learning centres (baseline 4) ▪ 100% MAs classified as strong or moderate in the cluster
3.2 Cost—effectiveness and efficiency	Enhanced accountability and performance culture in IPPFAR	3.2.1 Financial strength and sustainability of IPPFAR increased	<ul style="list-style-type: none"> ▪ Reduced dependence on core funds by MAs – from a regional average of 46% dependent on IPPF in 2009, to 30% by 2015 ▪ 100% of MAs base their decision making and planning on cost analysis of their operations ▪ 70% of the MAs raise 25% or more of their funds from other sources ▪ 100% of MAs comply with grant conditions ▪ 35% of MAs are involved in the performance-based financing scheme
3.3 Good governance and management	Strong institutions championing the sexual and reproductive health and rights agenda at national, regional and international levels based on sound policies and regulations	<p>3.3.1 Accountability to partners and communities enhanced</p> <p>3.3.2. Good governance and democratic practices institutionalized</p>	<ul style="list-style-type: none"> ▪ 100% of MAs have competent and skilled personnel to deliver on SRHR programmes ▪ 100% of MAs demonstrate good governance and management as evidenced by compliance with IPPF accreditation standards ▪ 100% of MAs are financially sound and present clean audit reports

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By 2015 it is expected that all IPPFAR Member Associations will receive second round accreditation, will be financially sound and have clean audit reports, and will be classified as strong or moderate...

Key result area	Outcomes	Outputs	Performance benchmarks
Objective 4: Enhance organizational learning and accountability to stakeholders			
4.1 Knowledge management, monitoring and evaluation	IPPFAR capacity strengthened through the nurturing of a culture of trust, openness, sharing and learning, via enhanced M&E processes	4.1.1 M&E systems in IPPFAR strengthened (skills, processes, technology, etc.) 4.1.2 Quality of programme implementation and reporting improved	<ul style="list-style-type: none"> ▪ 100% of MAs have M&E frameworks that are operational ▪ 100% Strategic plans evaluated (midterm and end term) ▪ 30% of clinics information management systems automated ▪ 100% MAs submitting service statistics reports and receive feedback on time
4.2 Operational research	Improved policy, advocacy for sexual and reproductive health and rights, practice and decision making based on evidence	4.2.1 Use of evidence-based information for advocacy and decision making enhanced	<ul style="list-style-type: none"> ▪ 30% of MAs conducting operational research

Monitoring and Evaluation Plan


By itself, of course, the strategic plan alone cannot mean the achievement of this strategy. Given the significance and urgency of many of the interventions proposed in this plan, it is important that a robust monitoring and evaluation system be in place to track performance and identify areas where corrective action may be required. M&E will be guided by the targets and indicators given in the results

frameworks presented in this document, as well as those to be developed through memorandums of understanding (MOUs) with individual Member Associations. As far as possible, M&E data will be integrated within the eMIS. M&E findings will also be disseminated to key stakeholders and used as the basis for developing case studies including best practice. Annual operational plans at ARO and Member Association level will also be informed by M&E findings. In addition, these plans will be fully articulated and costed. And collection, the M&E framework for this strategic period envisages a midterm review in 2013 and an end of term review in 2015.

The ARO is a learning organization that extracts lessons from its experiences and modifies its strategies and operations accordingly.

Monitoring

The monitoring framework to be developed for this strategy will aim to provide quality, timely and accurate evidence for informed decision making in the course of implementing the plan. The framework will guide collection, analysis, use and dissemination of information that enables tracking of progress and informs decision making. The strategic control mechanisms needed to make this happen will include preparation of comprehensive annual work plans at Member Association and regional levels. For example, during the formulation of the strategy, past experiences were sometimes used as the basis for the implementation plan indicators and projections. Because these may change in the course of the implementation, the monitoring system will provide the necessary checks to update these indicators in order to ensure the plan stays on course. The system will also feed into the preparation of comprehensive annual work plans at Member Association and regional levels.



Appropriate information, provided in a timely way, is the basis of effective decision making.

Other management controls will involve the following measures:

- Progress reports.
- Performance standards and targets.
- Performance measurements or indicators.
- Performance evaluations (staff, midterm internal and external).

Specifically scheduled reporting and review meetings will provide opportunities for feedback to IPPF's governing structures and IPPFARO management indicating overall progress made on key strategic objectives.

The nature and scope of reporting will include:

- Progress made against the plan.
- Causes of deviation from the plan.
- Areas of difficulty and alternative solutions that may adversely affect implementation.

Evaluation

PPFAR takes some pride in learning and applying the lessons of experience. Documenting those lessons is the purpose of the two major evaluations planned for the strategy. These evaluations will attempt to determine as systematically and objectively as possible the relevance, effectiveness and efficiency of activities of this strategy in the light of agreed objectives. The goal will be to improve both current and future activities and to provide a rationale for scaling up (or cutting back) where appropriate.

Two external evaluations will be carried out during the implementation of the plan, one at the midterm (2013) and the other at the end of the plan period (2015). The midterm evaluation will aim to verify that the plan is on

the right track and provide information to correct any observed deficiencies, including the revision of objectives, strategies and activities as needed. The final evaluation will assess the achievement of the activities of the plan and identify and document its success or failure.

Measuring Performance

Objective 3 as articulated above — build capacity to increase access by strengthening institutional and operational efficiency of IPPFAR — goes into some detail about the need for ensuring that capacity is developed at all levels to deliver the ambitious programme set out in this plan. To this end, the ARO is newly restructured to ensure targeted assistance by regional clusters. And within this broad concept, it is necessary to promote accountability by ensuring that the Member Associations in the Africa region adhere to IPPF standards, norms, policies and responsibilities of membership. Thus the same objective flags governance and accreditation as a key result area.

Put simply, Member Associations will be expected to deliver. They are the service providers and national advocates. ARO will do all that it can to provide needed technical assistance and other support to aid this process. IPPFAR's region-wide web-based management information and database system, known as the eIMS, will be a crucial element of support. This system is designed in such a way that evaluation is an integral part of a programme right from the planning stage. The eIMS allows all identified users of the system to consult the details of any project (except financial ones).

An early activity of the plan period, therefore, will be to negotiate directly with the Member Associations to develop memorandums of understanding (MOUs) outlining their expected contribution to the achievement of the plan objectives, along with the type and level of support to be provided by ARO. MOUs will be specific to individual Member Associations, but will also be reflected across the subregions instituted in this plan.

From these MOUs the Associations will be assisted to draw up more detailed business plans, at two levels. One will, like this strategy, cover the entire five years of the strategic period. The other will be annual operational plans to guide the implementation of the strategy on a month-to-month, year-to-year basis. At both levels the plans will include clear, measurable targets. In other words, Member Associations — like ARO — will be held accountable; continuing participation and access to technical assistance will be determined by how well they deliver.* ARO will work with the Member Associations both individually and subregionally to articulate the plans, and the Associations will be fully involved in review and assessment of their own and the region's accomplishments.

*This is consistent with the recommendations from the midterm review, which concluded that "some tough decisions might have to be made regarding MAs that continuously do not meet IPPFAR standards" (Midterm Review of the IPPFAR Strategic Plan 2005—2009: A Synthesis Report, IPPFARO, Nairobi, 2008, p. 19).

International Planned Parenthood Federation

The International Planned Parenthood Federation (IPPF), headquartered in London, UK, is a global service provider and an 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 in which 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.

IPPF is the world's largest voluntary organization working in sexual and reproductive health and rights. Present in 180 countries with more than 150 Member Associations, IPPF is led by a Governing Council which is the supreme organ that sets policies for the Federation. IPPF programming revolves largely around a focus on the Five 'A's — adolescents/young people, AIDS, abortion, access, advocacy.

IPPF Secretariat is composed of Central Office and six regional offices in New Delhi, Brussels, Kuala Lumpur, New York, Tunis and Nairobi. The secretariat is accountable to the Governing Council, donors and other stakeholders. Each Region is governed by a Regional Executive Committee elected by a Regional Council and is represented in the Federation's Governing Council.

The Member Associations contribute to the overall policy framework through National Executive Committees represented in Regional Councils from which the Regional Executive Committee members are elected. They implement advocacy activities and offer sexual and reproductive health and rights information and services at the national level.

IPPF Africa Region (IPPFAR), one of the six regions, plays a key role in promoting sexual and reproductive health and rights, including family planning, in sub-Saharan Africa through its network of Member Associations in 42 countries and their associated 38,000 local volunteers, who are the backbone of service implementation.

IPPFAR's vision is of a continent in which all women, men and young people have access to the information and services they need; a world in which sexuality is recognized both as a natural and precious aspect of life and as a fundamental human right; a world in which choices are fully respected and where stigma and discrimination have no place.

IPPFARO

P.O. Box 30234, GPO Nairobi, Kenya | Madison Insurance House, 1st Floor

Tel: (254-20) 272-0280/ 271-2672 | Fax: (254-20) 271-2853/ 272-6596

Email: info@ippfaro.org

www.ippfar.org