



**PARTNERSHIP PROGRAMME ARRANGEMENT SELF-ASSESSMENT REVIEW -**  
**REPORTING YEAR 2009 -**

**International Planned Parenthood Federation (IPPF) -**  
**30 June 2010 -**  
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## PART A – BASIC INFORMATION -

### I. Niche Statement -

IPPF is the world’s leading non-governmental family planning service provider and advocate for sexual and reproductive health and rights for all. IPPF is a global consortium of 151 autonomous, national organisations, called Member Associations (MAs) working in 173 countries, and operating over 64,500 service delivery points.<sup>1</sup> In terms of reach, IPPF is the world’s largest comprehensive reproductive health and rights organisation. Some of the highlights of IPPF’s services in 2009 are outlined in Table 1. IPPF’s rights-based approach is put into practice through its Strategic Framework highlighted in the 5 priority areas (5 ‘A’s) of adolescents, HIV/AIDS, abortion, access, and advocacy that the Federation is focusing on between 2005 and 2015.

**Table 1: IPPF achievements in 2009**

- ✓ About 90 per cent are community-based outlets and 1 in 4 are based in Africa or South Asia.
- ✓ In 2009, IPPF services were used by over 32 million people.
- ✓ Over 5 million clients were new acceptors of family planning.
- ✓ More than one third of all our services are provided to young people and 7 out of 10 people who use our services are poor, marginalized and/or socially excluded.
- ✓ In 2009, IPPF delivered a total of 9.4 million couple years for protection (CYPs), of which 62 per cent is accounted for by permanent or long acting methods.

In addition to service delivery, IPPF and its MAs have been influential in policy development and change, normative and technical guidance and advocacy. The authentically indigenous nature of our MAs means that IPPF has a trusted presence and convening power that enables us to bring together stakeholders from all sectors and inform national policy agendas. It also means that IPPF can influence global level processes, including within the UN, most recently by involvement in the UN Secretary General’s retreat on maternal health and the UN joint action plan.

**Table 2: DFID Funding (core & restricted)**

	2006/7	2007/8	2008/9	2009/10	2010/11
<b>PPA funding (£)</b>	GBP £7.5 million	GBP £7.5 million	GBP £8.5 million	GBP £8.5 million	GBP £8.5 million
<b>As % of total organisational income</b>	17.1%	17.2%	13.2%	19.6%	13.53%
<b>Other DFID funding (£)</b>	GBP £93,734	GBP £181,171	GBP £317,727	GBP £200,000	GBP £100,000

1. These figures include funds received and recorded by the Central Office finance system. Grants made directly to our Western Hemisphere, Europe and Africa Region Offices will not be included in these figures.

<sup>1</sup> At 64,500 service delivery points, IPPF’s global network is over twice the size of the MacDonald’s restaurant chain (31,000). <http://www.mcdonalds.ca/en/aboutus/faq.aspx>. Accessed 3 June 2010.

## II. Summary of partnership with DFID and other DFID funding<sup>2</sup>

DFID and IPPF have reaffirmed their collaboration in 2008 through the signing of a multi-year Partnership Programme Arrangement (PPA) for the period of 2008-2013. The management of IPPF's PPA is split between DFID's RH and AIDS team in London who handles the technical side and the Civil Society Department in East Kilbride who is responsible for the administrative and financial management. In addition to the PPA, DFID has four other contractual partnerships that are ongoing with IPPF. These are:

- 1) IPPF has one active project supported by the Civil Society Challenge Fund (CSCF) which had started before signing the PPA; in the amount of GBP500,000 for four years (April 2008-March 2012). DFID agreed to honour the project and its funding has been rolled into the IPPF's core grant. This project titled: "Improving The Sexual And Reproductive Health And Rights And Economic Opportunities Of Nepali Women And Girls Who Have Been Trafficked And Are Vulnerable To Trafficking" is implemented by the Family Planning Association of Nepal. The project aims to reduce trafficking, improve the social, economic and health status of Nepali women who have been trafficked from Nepal into Indian brothels and to break down the discrimination that surrounds them.
- 2) Between October 2007 to March 2009, DFID's RH and AIDS team provided IPPF a grant in the amount of GBP300,000 in partnership with UNAIDS, the Global Network of People Living with HIV (GNP+) and the International Community of Women living with HIV and AIDS (ICW). The grant supported the national rollout of The People Living with HIV Stigma Index.
- 3) DFID is currently providing a grant to IPPF's Western Hemisphere and Europe Regional Offices and their MAs in thirteen countries in the amount of GBP 193,723 for a project titled: "Joining Forces for Voice and Accountability." The project started in September 2008 and will end in March 2013, and will contribute to increasing governments' accountability to their sexual and reproductive health and rights (SRHR) commitments, including the MDG target of universal access to reproductive health by 2015.
- 4) DFID is also a donor to the Safe Abortion Action Fund (SAAF), which is a grant-making mechanism to increase access to safe abortion services administered by IPPF on behalf of the governments of UK, Denmark, Norway, Sweden and Switzerland. In 2009, DFID provided additional funding to SAAF for abortion related programming in South Asia for two year.

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<sup>2</sup> This is intended to be a cumulative list of DFID contracts etc. from when your PPA began. If there is a large amount of information, please summarise by e.g. department and add any additional information to an appendix

### III. Approximate % of total organisational expenditure allocated by sector or theme<sup>3</sup>

**Table 3: Grants to member Associations and partner organisations by IPPF strategic priorities and supporting strategies**

	2009 USD Unrestricted	2009 USD Restricted	2009 USD Total	2008 USD Total
<b>Strategic Priorities</b>				
Adolescents	5,949,106	10,897,709	16,846,815	6,949,269
HIV/AIDS	3,356,958	2,540,657	5,897,616	5,671,076
Access	25,065,724	2,037,406	27,103,130	26,655,784
Abortion	3,333,526	5,085,408	8,418,933	13,383,690
Advocacy	3,786,591	6,119,713	9,906,304	8,566,870
<b>Supporting Strategies</b>				
Accreditation & Governance	3,179,648	67,505	3,247,154	3,423,669
Resource Mobilisation	2,497,781	0	2,497,781	1,781,728
Capacity Building	4,729,632	1,038,479	5,768,111	4,043,252
Evaluation	1,938,103	0	1,938,103	970,150
	<b>53,837,070</b>	<b>27,786,876</b>	<b>81,623,947</b>	<b>71,445,488</b>

1. The above figures are taken from IPPF Financial Statements for the year ended in 31 December 2009. The figures are based on funding agreements and are indicative in the sense that ensuring global standards of classifying projects is still something IPPF is refining.
2. Figures for the Abortion theme do not include funds allocated to SAAF.

<sup>3</sup> This should provide an indication of your overall organisational allocations by sector or theme (i.e. not limited to your PPA). The % breakdown may change from year to year and is intended to reflect key organisational priorities for the Reporting Year under assessment.

## PART B - PROGRESS AGAINST PPA STRATEGIC OBJECTIVES<sup>4</sup>

### Progress to date against PPA purpose statement (report against the MDGs if you are working to a sufficient scale for monitoring purposes)

#### PPA purpose statement:

IPPF envisages a world in which all women, men, and young people have access to the information and services they need; a world in which sexuality is recognised 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.

As part of this PPA, the following strategic objectives were developed in partnership with DFID and form the basis by which IPPF will be held accountable. The three main objectives are:

1. to encourage and support better management of resources and outcomes
2. to encourage and support full compliance with the strategic framework at the MA level
3. to encourage and support the evolution of IPPF's governance.

These three objectives are supporting and reinforcing IPPF's Strategic Framework and signal particular priority areas shared by DFID.

It is important to note that throughout 2009, IPPF conducted a midterm review of its Strategic Framework 2005-2010. The findings of the review provide a clear indication that the Strategic Framework is working and that significant progress has been made since 2005. Over the next five years, seven critical issues that were identified in the midterm review will be used to ensure that IPPF strengthens its organisational effectiveness and maximizes opportunities to contribute to the SRHR of millions of individuals and families, to community and national development, and to the achievement of ICPD, Beijing and the Millennium Development Goals. This year, IPPF's 2009 Donors Report will provide an overview of IPPF's achievements over the past five years (2005-9), incorporating the findings from the midterm review.

What follows is the second self-assessment review of IPPF's PPA and aims to provide an update on progress made against the set of strategic objectives outlined above. The review also provides brief lessons learned and recommendations on how to improve the partnership going forward.

In achieving objective 1, IPPF continued to improve its evaluation and monitoring mechanisms partly due to ongoing feedback provided by DFID and other donors. In particular, IPPF's increased its support to Member Associations to improve data collection, analysis and utilisation. On resource management, IPPF continues to working with MAs to improve their sustainability plans. IPPF also made good progress in implementing the revised accreditation system through which a Member Association's level of compliance with IPPF standards and responsibilities is determined.

In last year's Self-Assessment Review, in agreement with DFID, we didn't report on Objective 2 of the PPA. This year, we have prepared 5 brief country reports that provide a snapshot overview of Member Associations' compliance with IPPF's Strategic Framework.

Finally on objective 3, IPPF has began implementing its revised Accreditation system and disseminated throughout the Federation its Code of Good Governance which establishes a common understanding of governance at all levels of the Federation. It is important to highlight that IPPF's Accreditation system plays a vital role in ensuring that Member Associations develop

<sup>4</sup> The phrasing in this section is intended not to preclude referencing back to previous work in a different reporting period. This is also an opportunity to generate a rich picture of PPA funding and demonstrate its value.

and revise their own national strategic plans in line with IPPF's Strategic Framework and is therefore a key instrument in developing a global sexual and reproductive health and rights (SRHR) movement where IPPF members work to achieve the same priorities as outlined in the Strategic Framework.

### Progress against PPA Performance Framework by each Strategic Objective -

#### Strategic Objective 1: To encourage and support better management of resources and outcomes

This objective has three outcomes:

1. To improve monitoring and evaluation mechanisms at central, regional and national level, and to ensure the continual feedback to operation levels for program improvement.
2. Measurement of efficiency: By the end of 2008 the IPPF Accreditation System will be reviewed and evaluated. The review should discuss the inclusion of a standard to monitor systems and measures that Member Associations have in place to assess service efficiency and the use of capacity at the clinic level.

Outcome 2 has been fully completed at the last reporting period. For more information please refer to the 2008 PPA Self-Assessment Report.

3. Sustainability: A clear definition of and policy on sustainability for MAs. This could include the possibility of raising funds from private donations, cross-subsidisation, sales of goods and contraceptives etc. and should not just mean covering costs with service charges. The policy of sustainability needs to fully embrace principles of access and equity.

#### Indicators for Outcome #1: Improved monitoring and evaluation mechanisms

- 1) Response rate on IPPF's global indicators (online survey and service statistics module) to increase from 84 percent in 2005 to 93percent by 2009 for the online survey and from 63 percent in 2005 to 79percent in 2009 for the service statistics module.
- 2) IPPF's Secretariat evaluation focal point group meets once each year with recommendations produced and disseminated within 2 months of the meeting.
- 3) Annual analysis of IPPF's Global Indicators and presentation of results provided (including regional breakdowns and trends analysis) (to IPPF's Governing Councils, in the Annual Performance Report and at the Donors' meeting).
- 4) Production and dissemination of e-Learning, IPPF's publication that promotes monitoring and evaluation and learning, three times a year. An NGO will undertake a peer review of 'e-Learning' in 2009 to assess the quality and impact of the publication.

#### Progress achieved and challenges faced<sup>5</sup>

##### Response rate of IPPF's global indicators

IPPF exceeded the targets that it had set up for itself in improving the MAs response rates to the global indicators. As shown in Table 3, the response rate went from 83 percent in 2005 to 96 percent by 2009 for the online survey which represents an increase of 13 per cent from 2005; and the response rate went from 64 percent in 2005 to 90 percent in 2009 for the service statistics module which represents an increase of 26 per cent from 2005.

<sup>5</sup> Indicate the period referred to: in some cases it may be artificial to focus just on the prior year, and a focus on overall progress may be more helpful

**Table 3: Response rates 2005-2009**

Response rates (per cent)	2005	2006	2007	2008	2009
Online survey	83%	96%	97%	97%	96%
Service statistics	64%	80%	82%	88%	90%

Since 2005, many MAs have received technical assistance in using the online tools and improving the quality of the data submitted, however, there are still many MAs without access to computerized clinical management systems. Providing additional support to MAs in this area is a long term and ongoing commitment that the Federation has made. Thanks to improved data collection, all the Regional Offices of IPPF now conduct annual reviews of performance using the global indicators. In the near future, IPPF would like to ensure MAs can also benefit from improved data collection and use the global indicators regularly for informed decisions making.

#### **Evaluation focal point group meetings**

The evaluation focal point group was set up in 2005 to jointly discuss emerging issues or concerns and to develop shared solutions to common challenges among the M&E staff across the Federation. The group consists of focal people from each Regional Office, and the Central Office. The group's last meeting took place in London in December 2009 to provide updates on the midterm review of IPPF's Strategic Framework, prepare for the 2009 round of global indicators and service statistics and to share evaluation best practices. Some modifications to the online survey were agreed to include questions on the involvement of people living with HIV in the Federation's work and also on the types and extent of sexuality education provided by the MAs. The plans to roll out the Monitoring and Evaluation Handbook and improve evaluation capacity in the Federation in 2010 were also discussed. Meeting report was produced and implementation of the action points is being monitored on an ongoing basis.

#### **Annual Analysis of Global Indicators**

The global indicators were presented in the Annual Performance Report (APR) 2008-2009, at the Governing Council as well as the Regional Councils. In 2009, a presentation was also given at the Annual Donors' meeting. The results of 2009 global indicators are available in IPPF's 2010 Annual Donor Report and the detailed analysis of the indicators will be available in the 5-year Performance Report to be published in November 2010.

#### **E-learning**

Three e-learning fact sheets were produced and disseminated during 2009 throughout the Federation. These fact sheets are short and handy resource guides offering tips and tools on evaluation approaches and methodologies and key resources on organisational learning. All resources and tools are accessible via the internet and are aimed to enhance the effectiveness of staff working in the Regional Offices as well as in the MAs, and the distribution list continues to grow each year.

#### **Going Forward**

In the fall of 2010, a new Federation-wide intranet site called 'IPPF Exchange' providing a wide range of information will be accessible to anyone volunteering and working for IPPF. The site will contribute to improved communication and interaction across the whole Federation, and will ensure sharing of good practices and lessons learned with each other.

#### **List any documentary evidence of achievements<sup>6</sup>**

The three E-learning fact sheets are available in Annex I.

<sup>6</sup> This can also be used as an opportunity to provide DFID with case studies, YouTube clips etc for 'building support for development'.



### Indicators for Outcome #3: Sustainability

- 1) Field test the Resource Mobilisation toolkit with three Member Associations in Africa by end of 2008 by the Resource Mobilisation Unit at Central Office.
- 2) Publication of Resource Mobilisation toolkit and dissemination of toolkit to Member Associations by December 2008.
- 3) A discussion paper focused on sustainability (including access considerations) is disseminated to IPPF Regional Offices and DFID by December 2008.
- 4) Written guidance on sustainability (including equity considerations) developed and disseminated to Member Associations by May 2009.

#### Field Tests for the Resource Mobilisation Toolkit

In 2007, IPPF's Governing Council mandated a review of IPPF's Policy on Resource and Development, in light of the changing international aid architecture and altered funding environment for NGOs. IPPF has subsequently developed a new Resource Mobilisation (RM) policy, which sets out the principles and guidelines for resource mobilisation across the Federation. IPPF also prepared a resource mobilisation toolkit called "The Funding Formula: A Guide to Effective Resource Mobilisation" that was published at the end of 2008. In 2009 it was translated into French and Spanish and was distributed electronically to the region. In 2010, the Arabic translation was available, and all the translated toolkits were printed out at once for cost-effectiveness purposes.

#### Dissemination of the Resource Mobilisation Toolkit

The Resource Mobilisation toolkit has been shared with all the Regional Offices and MAs. Furthermore, benefiting from the South Asia Regional Council meeting in 2008, a workshop to disseminate the toolkit took place at the South Asia Regional Office with participation from volunteers and staff members representing all the MAs in the region. As a result of the Regional Council, it was agreed that each MA in the South Asia region would: a) establish a resource mobilisation function and b) work towards ensuring budget allocation for the position. In addition to workshops that took place in 2007-2008, a further workshop was organised in 2009 for IPPF's MAs throughout the South Asia Region – Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan, Sri Lanka – that brought together branding, resources mobilisation and specific training on accessing and managing funds from the European Commission. As a result, the MAs from South Asia have worked together on a combined bid to the EC for funding from the recent Investing in People budget line call for SRHR.

#### Discussion paper on sustainability

A working group on sustainability was established in November 2008 under the Governing Council comprising of volunteers and senior directors. DFID played a catalyst role in raising attention to sustainability issues and to the creation of this working group as part of this PPA.

The working group reviewed a commissioned discussion paper on sustainability and presented initial recommendations to the Governing Council of IPPF in May 2009. One of the outcomes of the paper is that IPPF should have a policy statement on sustainability and a global strategy on resource mobilisation and financial sustainability. As a result, the Governing Council adopted Resource Allocation principles, which state the need for MAs to have 25 per cent of their funding from non-IPPF sources to be eligible for an increase in core support. To follow on to this decision, a strategy to build the capacity of MAs to enable them to access funds, especially at the national level has been developed. Furthermore, the Governing Council approved in November 2009 allocation of USD6M to provide technical support to MAs to enable them to improve their skills and abilities to access funding available at a national, state and district levels.

<b>Going Forward</b>	
Ensuring adequate capacity building will be the key area as MAs more than ever have to professionalize their resource mobilisation efforts and diversify their funding base. To that end, IPPF's Accreditation standards now ensure that MAs demonstrate adequate work towards building resource mobilisation strategies. In addition, IPPF should capitalize on the willingness of MAs to actively undertake resource mobilisation in order to meet the 25 per cent non-IPPF income requirement of the new resource allocation system.	
<b>What is the likelihood that Strategic Objective 1 will be achieved?</b>	<b>1</b>

<b>Strategic Objective 2: To encourage and support full compliance with the strategic framework</b>
This objective has two outcomes: 1) Preparation of 5 country reports outlining MAs' compliance with IPPF's Strategic Framework. 2) Global Advocacy and Building Support for Development: IPPF to significantly strengthen its programmes of advocacy and communication at the national, regional and international levels. Annex II outlines the revised Objective 2 and the agreed reporting processes with DFID.

<b>Indicators for Outcome #1: Country Reports on compliance with IPPF's Strategic Framework</b>
<ul style="list-style-type: none"> <li>a. National advocacy initiatives</li> <li>b. Efficiency and comprehensiveness of clinical services</li> <li>c. Meeting the SRH needs and defending the SRH rights of the poor and the most marginalized</li> </ul>
<b>Progress achieved and challenges faced</b>
In 2007-08, in accordance with DFID, IPPF monitored closely 19 Member Associations' compliance to IPPF's Strategic Framework as part of the Objective 2 of its PPA. In June 2009, a new set of indicators were agreed with DFID as described above. This year, focusing on five countries, namely, Kenya, Uganda, Bangladesh, Nepal, and Bolivia, IPPF prepared five brief reports which include a narrative analysis to supplement the global indicators data and demonstrate progress in meeting the SRH needs and defending the SRH rights of poor and vulnerable groups.
<b>List any documentary evidence of achievements</b>
These five reports are provided as a separate document.
<b>Indicators for Outcome #2:</b>
<ul style="list-style-type: none"> <li>1) Production of one landmark publication each year focusing on key SRHR challenges.</li> <li>2) One event per year organised in the UK to raise greater public awareness of UK citizens about SRHR issues.</li> </ul>
<b>Progress achieved and challenges faced</b>
<b>Landmark Publication</b> 'Stand and Deliver' was IPPF's landmark publication in 2009, and was used as a key tool in advocating young people's needs for comprehensive sexual and reproductive health services. Figures presented in the report show that girls and young women bear a disproportionate burden of sexual and reproductive ill health and mortality, including maternal mortality, unsafe abortion and HIV. Some of the findings in the report were built from a global survey that IPPF conducted in

the summer of 2009 with young people from 130 countries. The results of the survey revealed damning findings about access to contraception and sexual health services among young people. For instance, one in four young people does not have access to affordable contraceptives, such as condoms or the pill, although many are already sexually active; and one in three young people fails to receive adequate sex education, and as a result, risks exposure to sexually transmitted infections, including HIV, and unwanted pregnancy. Key recommendations of the report were:

1. To engage with young people as equal partners and giving them a voice in governance and decision-making.
2. To expand sexual and reproductive health policies and programmes to meet needs of young people.
3. To urge decision makers to enforce laws to prevent child marriage, improve education for girls and implement job creation programmes for young people.

‘Stand and Deliver’ was first launched in November 2009 to the Governing Council of IPPF, and then in December 2009 in Amsterdam, Netherlands, at a ceremony hosted by Rutgers Nisso Groep in collaboration with the Youth Incentives Programme. The launch coincided with a young people’s debate on contentious issues facing young people, and SRHR.

‘Stand and Deliver’ was also significant as it was published just before IPPF delivered a petition to the United Nations as part of the 15andCounting campaign to demand better access to sexual health services and education for everyone.

### **Building Support for Development**

In 2009, IPPF organised two events that allowed raising greater public awareness of UK citizens about sexual and reproductive health and rights issues.

In July, In conjunction with the UK’s All Party Parliamentary Group on Population, Development and Reproductive Health, IPPF organised a reception to mark World Population Day at the House of Lords, London, United Kingdom. The event attracted Ministers, Members of Parliament, NGOs, and civil servants who heard speeches from IPPF, Baroness Tonge, and former Parliamentary Under Secretary of State for International Development Mike Foster MP.

In July, IPPF launched the findings from ‘*The People Living with HIV Stigma Index*’ in the UK at the House of Commons for World AIDS Day. In a series of events in London, Manchester and Edinburgh, the results generated media interest from the BBC and local and community papers, as well as celebrity endorsements from Annie Lennox and politicians in the UK and abroad.

### **List any documentary evidence of achievements**

Stand and Deliver can be accessed electronically at: <http://www.ippf.org/en/Resources/Reports-reviews/Stand+and+deliver+-+sex+health+and+young+people+now.htm>

### **What is the likelihood that Strategic Objective 2 will be achieved?**

**1**

### **Strategic Objective 3: To encourage and support the evolution of IPPF’s governance**

IPPF reviews and reflects on the role and constitution of its volunteer governing bodies, enabling them to better support IPPF’s own management structure and Strategic Framework.

### **Indicators:**

- 1) Terms of Reference of the IPPF Governance Task force by November 2006
- 2) Recommendations of the Task Force by May 2008

3) Evidence of the implementation of Task Force Recommendations by May 2009	
<b>Progress achieved and challenges faced</b>	
<p>All the indicators for this objective have been already achieved in 2008 and the achievements were described at the previous PPA Self-Assessment Report. Below please find an overview of achievements in 2009.</p> <p>One of the most important recommendations from the May 2008 IPPF Governance Task Force (GTF) was the transfer of powers and responsibilities from Regional Councils (RC) to Regional Executive Committees (REC). It was recommended that the REC be assigned the powers of governance decision making while the RC should be used as a learning platform where MAs representatives will share experiences and elect the regional representatives. IPPF Regulations were amended in May 2009 by the Governing Council to reflect these changes and also enable each of the Regions to amend their respective constitutions.</p> <p>So far, five Regions have already amended their constitutional documents to reflect the shifting in the prerogatives. This has created a huge change in decision making process across the Federation while the REC (a small governing body) has the prerogatives to make decision as oppose to the previous practice where it was a large number of MA representatives meeting once a year to make governance decision. This move had enabled many RECs to make quick and effective decisions in regards to Member Association finances, membership issues as well as compliance with IPPF Standards and Responsibilities of Members.</p> <p>In 2009, During the Africa and South Asia Regional Council Meetings, a workshop was organised on the IPPF Code of Good Governance (CGG) where MAs representatives were given the opportunities to understand the seven principles of the CGG through presentations and group work.</p> <p>Despite the challenges faced which were related to the copyrights permissions from various organisations, an IPPF Governance Handbook to be used in conjunction with the Code of Good Governance was recently completed and will be made available online in July 2010. The Governance Handbook is also being used by the Western Hemisphere Region to develop online governance training within that Region. The process is ongoing and will be completed so that IPPF can explore the possibility of expanding this initiative to the rest of the Federation.</p> <p><b>Going Forward</b></p> <p>One of the challenges faced was to get the regional amendments in line with the regulations within each of the country hosting the Regional office. Going forward, IPPF after piloting the online governance training initiative in WHR will design a series of workshops around the Governance Handbook. From November 2011, IPPF Governing Council size will be reduced from 30 to 24 members to reflect the commitments undertaken by the Federation in reviewing its composition. This will also provides an opportunity for IPPF to assess the effectiveness of its governance following the changes in its regulations and byelaws in 2009.</p>	
<b>What is the likelihood that Strategic Objective 3 will be achieved?</b>	<b>1</b>

## PART C – LESSONS LEARNED<sup>7</sup>

### What lessons are being learned from this PPA?

There were several areas that are important to highlight that IPPF leveraged through its PPA with DFID in 2009.

#### **Performance-based management**

Through its PPA, DFID played a catalyst role to encourage IPPF to 1) improving its monitoring and evaluation standards and 2) moving towards a performance based culture. While IPPF has a strong culture of performance at all levels of the Federation, it is clear that it can do a better use of data at every level of the Federation to make decisions, and to better allocate resources towards demonstrated results. To achieve this, some of the Federation's existing tools and systems will need to be improved. IPPF is also investigating applicability of performance based financing towards its Member Associations which could improve incentives and accountability, while also expanding opportunities for mobilising country level funding. To that end, IPPF will also begin working with selected MAs across the Federation to provide specialized technical support to help them in the areas of resource mobilisation, project development, implementation and reporting.

#### **Advocacy**

DFID has encouraged IPPF to take bold steps towards its advocacy work in particular at the country level. Despite the unmet need, SRHR is still not a priority in the international development field and is often addressed in a fragmented, incoherent way. While IPPF faces a sophisticated and well-resourced opposition, significant sectors of civil society and public opinion are increasingly sympathetic to SRHR. IPPF is now well-recognised for its global SRHR leadership role, especially on behalf of the poor, marginalized, socially-excluded and under-served. IPPF's midterm review report also makes clear that to fulfil this role more effectively at every level of the Federation, there is a need to develop the advocacy and communications capabilities of volunteers and staff.

#### **SRHR for vulnerable populations, especially youth**

Unsafe abortion, HIV and AIDS, and the unmet need of 215 million women for contraception remain critically important for IPPF. The needs of the poor, marginalized, socially-excluded, stigmatized and under-served are still not adequately met, and globally, young people form the largest population with unmet needs for SRHR. IPPF's midterm review highlighted that IPPF should now make maximum use of its global network to assist in meeting the needs for comprehensive sexuality information and education and SRH services (especially contraception), with a focus on gender and rights. A key challenge remains the lack of affordable SRH commodities to provide services that are free of charge or low cost.

During 2010, IPPF, in collaboration with other international organisations and international NGOs, is undertaking a bench marking exercise to understand where and how improvements can be made to reduce administration costs, and more importantly to effectively increase service provision to vulnerable and marginalised populations.

<sup>7</sup> We left this section fairly open to interpretation. Additionally, it's an opportunity to show the reach and value PPA money has.

### **Global funding**

The evolving aid architecture and political priorities have reduced the funding available centrally for SRHR, especially for family planning, over the last decade. There is also strong competition for funding from national NGOs, international NGOs and other UN agencies, and for other non-SRHR issues. Opportunities for IPPF to increase unrestricted funding have declined in favour of country-level funding which involves adherence to complex country-level procedures and performance-related expectations. Therefore, IPPF needs to provide effective resource mobilisation support to Member Associations, as well as investigate alternative sources of funding (restricted, private, government, UN) to increase IPPF's overall income.

### **Specifically describe innovative learning, e.g. specific knowledge generation about new issues encountered or discovery of new means of solving specific problems.**

IPPF's Innovation Fund is an important mechanism that we use to encourage and support our Member Associations to go beyond their normal sphere of work, and usual ways of doing things, by testing new approaches, targeting new groups and addressing new issues with a willingness to take risks in the pursuit of best practises. After five years of operation, the Innovation Fund has provided financial support from IPPF core funds to 41 projects covering a wide range of SRHR issues in a variety of cultural contexts. These projects have provided both inspiration and practical models in addressing the most sensitive and difficult aspects of IPPF's Strategic Framework. One of the critical achievements of the Fund was around its work in empowering the most vulnerable.

In 35 initiatives, the Innovation Fund has supported Member Associations to reach out to vulnerable target groups, often for the first time. These target groups include: sex workers; survivors of gender based violence, people affected by trafficking and forced and child marriage; sexual minorities, young people with disabilities, refugees, migrant workers, prison inmates, ethnic minorities and sexual minorities. Traditional approaches such as peer education and outreach services are adapted, and tools and training modules developed, enabling our approach to be scaled up and replicated. Further information about lessons learned from Innovation Fund's work with vulnerable groups can be found at:

<http://www.ippf.org/en/Resources/Guides-toolkits/Young+people+from+vulnerability+to+resilience.htm>

## PART D – PARTNERSHIP WITH DFID -

### Partnership with DFID

Institutionalizing our long-lasting collaboration with DFID into a formal PPA has been beneficial for IPPF at several levels. The PPA provides an important forum for strategic information sharing on sector policy and program priorities.

#### **Importance of working with civil society**

IPPF would like to highlight the importance of collaborating more closely with civil society organisations in particular in campaigning towards the achievement of the health MDGs. As a PPA partner, IPPF welcomes DFID's political leadership to accelerate progress to reach the health Millennium Development Goals (MDGs) particularly by advocating new and innovative financing mechanisms.

As the world's largest network of reproductive health organisations, IPPF has a key role to play in achieving the health MDGs and MDG5 in particular. IPPF understands that in order to meet MDG5, women and men must participate in family planning, have knowledge of reproductive health, and have access to contraceptives to prevent unwanted pregnancies and STIs including HIV. To this end, IPPF is working on an advocacy campaign to ensure that universal access to reproductive health is a critical part of the final five years of the MDGs. IPPF produced an MDG5b Resource Kit that described the MDG process, key messages and advocacy opportunities in the UNDP country report process as well as in the build up to the MDG Summit in September for our MAs. This was followed by IPPF's participation in the development of the UN Secretary General's Joint Action Plan for MDG 4 and 5.

Going forward, while the MDG Review Summit is not an opportunity for NGO negotiations, it is important to include references to civil society and recognise the important role played by community based NGOs and other members of civil society in reaching out to marginalized groups. Civil society is often able to reach areas and populations that governments are not always able to, and consequently, civil society should be viewed as an equal and essential partner for development.

#### **Building effective partnerships at the country level**

As highlighted in the previous Self-Assessment Review, going forward, we would like DFID to give particular attention to developing meaningful engagement in policy dialogue at the country level with MAs through its field offices. MAs are not only the key partners in reaching out to the marginalised groups, but are also a strong voice for mobilising grassroots communities, and building coalitions and networks to advocate for increased priority for SRH at country level. To this end, we would request that DFID makes every effort to work through its country representatives to integrate MAs in consultations and develop further cooperation at the program implementation level. Allocating sufficient time to this type of partnerships and establishing mutual goals are critical factors to make such alliances work.

## PART E – CORPORATE GOVERNANCE AND ORGANISATIONAL CHANGE -

**Provide evidence of how your organisation demonstrates good corporate governance, whether this has changed as a result of the PPA, and if so how.**

A good corporate governance framework is of utmost importance for IPPF's performance as it helps to its effective functioning, and ensures accountability across the Federation. Below are key areas where IPPF demonstrates good corporate governance.

### **Code of Good Governance**

The Code of Good Governance approved by IPPF Governing Council frames IPPF's approach to governance by listing the essential areas which every governing body including all the Member Associations in the Federation should adhere to. Their incorporation in the IPPF Accreditation System is the main tool for monitoring adherence to it in practice. To assist governing bodies in fulfilling their governance responsibilities a governance handbook has also been developed and will be available online in July 2010.

### **Gender Equity**

IPPF's Strategic Framework 2005-2015 prioritises the reduction of gender-related barriers and practices which affect the health and rights of women and girls. IPPF has developed and is implementing a Gender, Rights and Sexuality Strategy which ensures that gender and rights remain at the heart of IPPF's work throughout the Federation.

The IPPF policy handbook includes the policies which all entities (Member Associations and IPPF Secretariat) adhere to, gives evidence to IPPF's commitment to gender equity and identifies IPPF's approach to child protection (see Annex III).

### **Environmental Sustainability**

IPPF believes that implementing voluntary family planning programmes is a key contributor to sustainable development and the environmental protection. We are bound by the environmental sustainability component of the MDG7. IPPF has been integrating an emphasis on the environment within its policies. The revised accreditation system has requirements with regard to avoiding harmful impact on the environment. By the beginning of 2010, IPPF developed a policy to set out IPPF's position on climate change, population and sexual and reproductive health and rights, and to provide guidance on where the Federation can engage in climate change related processes.

### **Accountability**

In 2008, the One World Trust conducted an accountability assessment of IPPF as part of its annual review of 30 international organisations and companies. IPPF was found to be leading in stakeholder participation and was also recognised for its commitment to gender equity and young people in its governance structures. Following up on the recommendations by the One World Trust, IPPF has started the development of a formalised complaints procedure, and a revised policy on accountability and transparency.

**Please provide any evidence to show how PPA funding allows you to take risks and innovate (if at all).**



## PART F – CROSS –CUTTING ISSUES -

Describe any work your organisation has done on Gender and Faith if applicable. (this question will be limited for the period 2008-2011)

**Gender** – Please describe how your organisation is mainstreaming gender in its work, as well as any specific work your organisation has done to promote gender equality and women's empowerment.

**Faith** – Please describe how your organisation is working with faith groups and communities

### **Gender**

IPPF believes that sexual and reproductive rights should be guaranteed for everyone because they are internationally recognised basic human rights. We are committed to gender equality, to eliminating the discrimination which threatens individual well being and leads to the widespread violation of health and human rights, particularly those of young women.

Gender equity underpins every aspect of IPPF, from its governance structures, which insist upon a minimum of 50 per cent representation of women on each Member Association's governing body and the Federation's governance structures, to the design and implementation of its services in which the rights of the client to access services, regardless of gender, sexuality, status and financial situation are upheld. Each Regional Office has a gender specialist on their staff, whose role is to work with Member Associations to ensure their programming incorporates a gender and rights perspective and to initiate specific programmes to tackle entrenched gender.

### **Faith**

IPPF considers faith-based organisations (FBOs) as important partners in implementing its objectives. FBOs provide a substantial share of health services in many developing countries often targeted to the poor. IPPF has a long history of working with FBOs towards ensuring the sexual and reproductive health and rights of all. Below are some highlights of how we work with faith groups in different regions across different thematic areas.

#### **a) Linkages between faith, sexuality and young people's sexual health and rights**

In November 2008, IPPF held an important workshop in Morocco with young volunteers and staff across the Federation from all parts of the world to have discussions on the linkages between faith, religion, sexuality and young people's sexual health and rights. The participants came from different religious settings and contexts; some were Muslim, Catholic, Buddhist, or Christian, others didn't feel that they belonged to a specific religion.

Talking about sex in religious settings can be a controversial and uncomfortable topic. Religious leaders may well play a key role in the dialogue about sexuality education and HIV prevention; but often they find it hard to engage in an honest and realistic way with such issues. Through a series of discussions and exercises, this workshop showed that it is possible to have a positive dialogue between young people and religious leaders about the meaning of faith, religion and spirituality in their lives and how it affects their views and ideas on sex and sexuality. The workshop allowed several participants to go back to their countries and begin developing programs within their faith groups to open dialogue about sexuality, religion and young people.

Additionally, a key outcome of this workshop was a Guidebook called "Voices of Hope" to inspire dialogue on religion, faith, sexuality and young people. The guidebook highlights why

dialogue on sex, love and religion are essential; examines the dilemmas facing young people living in different religious contexts; and provides tips on how to engage religious leaders in an open dialogue.

#### **b) Advancing sexual and reproductive health and rights in madrasahs**

Madrasah schools in Bangladesh offer an Islamic-focused education to poor and marginalized young people. Madrasah students have limited access to the outside world as their movement and access to mass media is restricted. In Bangladesh, there are currently 3.6 million students enrolled in Madrasahs; and nearly 60 per cent of women aged 15–19 who have begun childbearing. Within this highly conservative environment, the Family Planning Association of Bangladesh (FPAB) began a project working in madrasahs with administrators and students to increase knowledge and understanding of sexual and reproductive health and rights. Intensive and sustained advocacy secured the support of madrasah authorities for peer education and service provision inside the madrasahs and in the wider community.

The greatest challenge in the Bangladesh project was to secure support for activities that promoted sexual and reproductive health from the principals and teachers in madrasahs. To do that, the project presented all activities in the context of Islam. Madrasah representatives were invited to visit other madrasahs to see how activities were being implemented, even in similarly conservative institutions. Teachers were trained in sexual and reproductive health and rights and participated in student/teacher activities. Students had the opportunity to access health services and to speak to male or female doctors or counsellors in the madrasahs and/or in the community.

The project analysed Islamic teachings and demonstrated that they oppose dowry and child marriage, but actually support gender equality with regards to access to education, health care, and economic resources. Marriage registrars participated in project advisory committees and were encouraged to enforce the law around age of marriage.

As a result of this project, for the first time, young women in madrasahs began receiving sexual and reproductive health information and services inside the madrasah; and students understood women's rights within Islam and under national law. Madrasah students now know where to get contraception, treatment for sexually transmitted infections and other essential services, which are still not formally supported by the madrasah authorities for unmarried people. Administrators of participating madrasahs are taking responsibility to improve the health of the students in their care and madrasah leaders began using their authority to promote women's rights within Islam.

#### **c) Values clarification and sensitisation strategy in Latin America**

In Latin America, IPPF works with Catholics for Choice (CfC), a pro-choice organisation that serves as a voice for Catholics who believe that the Catholic tradition supports a woman's moral and legal right to follow her conscience in matters of sexuality and reproductive health. Following a pilot workshop in Bolivia, IPPF and CfC facilitated workshops in St. Lucia, Mexico and Guatemala towards providing a basic overview of some of the key issues related to abortion such as religion, public health and the law. In Mexico, the team conducted a more advanced sensitisation training geared at MAs who have already had substantial training in this area. As part of the expanded sensitisation strategy, IPPF's Western Hemisphere regional team and CfC are currently developing the "Unwanted Pregnancy and Safe Abortion Sensitisation Guide", a tool that will assist MAs as they develop and implement their own ongoing sensitisation and education trainings.

**ANNEX I: E-LEARNING FACT SHEETS -**

# e-learning

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Volume 4

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## Deepening our understanding of accountability issues at the global level

"The accountability assessment provided all of us at IPPF with a good opportunity to look at areas of our work that we do not often sit down to reflect on in a structured manner."

**Dr Garry Dearden, Director, Organizational Effectiveness and Governance, IPPF.**

The One World Trust advocates for reform to make policy and decision making processes in global governance more accountable to the people they affect.

One World Trust annually conducts an assessment of how accountable 30 of the world's most powerful global organizations are. The findings and recommendations are published in The Global

Accountability Report. The report seeks to deepen the understanding of accountability issues at the global level and encourage cross-sector learning. In 2008, IPPF was included in this assessment and in the report.

The report uses four dimensions to examine accountability; transparency, participation, evaluation and complaints handling. Within each dimension, an organization's accountability capabilities are measured by assessing the integration of key good practice principles in policies and procedures, and the existence of management systems to support their implementation.

### 2008 Global Accountability Report

**Robert Lloyd, Shana Warren and Michael Hammer, One World Trust (2008)**

[http://www.oneworldtrust.org/index.php?option=com\\_docman&task=doc\\_view&gid=226&tmpl=component&format=raw&Itemid=55](http://www.oneworldtrust.org/index.php?option=com_docman&task=doc_view&gid=226&tmpl=component&format=raw&Itemid=55)

## What role can communities of practice play in innovation?

Knowledge and learning are fundamental dimensions of innovation and social change, and communities of practice play a role in building capacity through shared learning. This paper discusses more specifically the role played by communities of practice in promoting joint learning and knowledge production, as well as exploring how communities of practice contribute to socially-inclusive and innovative outcomes.

The paper reflects on the value of communities of practice in the light of previous research into learning in state, private sector, civil society and North-South partnerships. It argues that these communities can be useful to understand joint learning and knowledge production. It also suggests that communities of practice work as action learning spaces to capture the often complex social relations and dynamics of learning and knowledge production for development.

### Communities of practice and international development

**Hazel Johnson, Open University (2007)**

<http://pdj.sagepub.com/cgi/reprint/7/4/277>

## Assessing knowledge capacity

The application of knowledge is one of the key determinants of growth in a global economy. The World Bank Institute Knowledge for Development Programme helps build the capacity of countries to access and use knowledge, and to develop realistic and achievable knowledge-based development strategies.

The Knowledge Assessment Methodology (KAM) is an interactive benchmarking tool created to help countries identify the challenges and opportunities they face in making the transition to a knowledge-based economy. KAM suggests four knowledge pillars against which countries can measure their performance. These pillars are economic and institutional regime, education and skills, information and communications infrastructure, and innovation systems. A knowledge economy index ranking 140 countries as knowledge economies is also presented.

### Measuring knowledge in the world's economies: Knowledge assessment methodology and knowledge economy index

**The World Bank (2008)**

[http://siteresources.worldbank.org/INTUNIKAM/Resources/KAM\\_v4.pdf](http://siteresources.worldbank.org/INTUNIKAM/Resources/KAM_v4.pdf)

## The flow of aid around the world

This publication focuses on aid flows in five regions; Africa, America, Asia, Europe and Oceania. Aid statistics are presented in the form of numerous charts and tables, highlighting specific features and main trends in aid delivery to all recipient countries as a whole, and to respective regions separately.

The Excel spreadsheets used to create the tables and charts in this book are available via the [StatLinks](#) printed in this book. This means that MS Excel downloads of figures used in tables can be tailored for users' own needs. It also enables access to the most up-to-date documents, data and graphs as well as access to the underlying data of a table and data spanning a longer time period than that available in a printed publication.

Each chapter presents an overview of aid to a specific region, aid donors, aid recipients and the sector allocation of aid. It presents detailed data on aid to education, health, water supply and sanitation as well as more general information on other sectors.

### Development aid at a glance 2008: Statistics by region

*Organization for Economic Co-operation and Development (OECD) (2008)*

<http://www.oecd.org/document/11/>

[0.3343.en\\_2649\\_34469\\_2002187\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/11/0,3343,en_2649_34469_2002187_1_1_1_1,00.html)

## Monitoring and evaluating interventions tackling gender-based violence

This compendium of monitoring and evaluation indicators aims to address the lack of rigorous evaluations of programmes tackling violence against women and girls, and the difficulty involved in obtaining reliable data to measure the outcomes of interventions. There is also a lack of consensus regarding what constitutes standard indicators to monitor and evaluate the progress and impact of programmes aimed at prevention and response.

This guide was developed for managers, organizations and policy makers working in the field of violence against women and girls in developing countries, and for people who provide technical assistance to those individuals and organizations. The indicators have been designed to be used by people who need information that can be assessed with quantitative methods on programme performance at the community, regional and national levels. Each indicator includes a description of what it measures, the tools needed to gather the data, and the calculations involved in producing the measure.

### Violence against women and girls: A compendium of monitoring and evaluation indicators

*Shelah S. Bloom (2008)*

<http://www.cpc.unc.edu/measure/publications/pdf/ms-08-30.pdf>

## Moving towards evaluative learning

Organizations that have utilized evaluation most successfully are those that have integrated the evaluation findings into their programmes and operations, as well as involving staff, stakeholders and board members. This is best accomplished by what this briefing paper has termed a 'Community of Learners'.

At its simplest, a community of learners moves beyond the traditional hierarchical evaluation to include all those who have knowledge about the successes and failures of a programme. In this sense, the Community of Learners not only supports evaluation, but also encourages a shift in the organization's culture toward evaluative learning. This approach uses evaluation as a tool for realizing the organization's goals while simultaneously building a culture for continuous improvement.

This paper defines a community of learners and provides a step-by-step guide showing how to create and develop a community of learners for evaluative learning and decision-making across a wide range of nonprofits.

### Effective nonprofit evaluation: Through a "community of learners"

*Chantell Johnson and Allison Crean (2006)*

[http://www.tccgrp.com/pdfs/per\\_brief\\_col.pdf](http://www.tccgrp.com/pdfs/per_brief_col.pdf)

## A guide to setting good indicators

This guide focuses on the key principles behind developing, understanding and using indicators. The guide is intended to be a short, practical resource for anyone responsible for using indicators to monitor and improve performance, systems or outcomes. The guide aims to equip you with the information you need to assess the validity of the indicators you are working with in complex environments. It aims to balance what is desirable in terms of using indicators in the most correct and vigorous way, with what is practical and achievable in your setting.

The guide includes sections on understanding indicators, criteria for setting good indicators and ten myths about indicators.

### The good indicators guide: Understanding how to use and choose indicators

*David Pencheon, NHS Institute for innovation and improvement (2008)*

<http://www.apfo.org.uk/resource/item.aspx?RID=44584>

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Please email comments and contributions for future issues to: [Rutti Goldberger at rgoldberger@ippf.org](mailto:Rutti.Goldberger@ippf.org)

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# e-learning

e-learning shares with you resources, tools, good practices and news on organizational learning and evaluation

Volume 4

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## Evaluation practice in development agencies

**“Expectations are higher than ever before with regard to the knowledge, evidence and expertise that evaluation should deliver in support of policy decision-making and resource allocation.”**

This report aims to understand experiences and challenges in implementing development evaluation by different development institutions. Nine agencies were reviewed as part of this study looking at accountability, information and knowledge, partnerships, capitalization of experience, and feedback. The report compares policies and practices across institutions, looking at different choices and their consequences,

as well as strengths and weaknesses. The analysis also identifies the main internal and/or external factors involved for each institution.

The report is based on full case studies of five evaluation units at DFID, Sida, the World Bank, KfW, and the AfDB. It also covers four desk-based studies of the EU, the IMF, Danida, and Oxfam. In addition, a small number of key informant interviews were carried out with leading development evaluation experts. The report highlights the need for more investment in evaluation, both financial and in terms of human resources and capacity.

### **A comparative study of evaluation policies and practices in development agencies**

*Marta Foresti, Christina Archer, Tammie O’Neil and Richard Longhurst, ODI (2007)*

<http://www.odi.org.uk/resources/download/3320.pdf>

## Providing evidence of effectiveness

This report presents findings from research carried out to investigate how well organizations are able to demonstrate the difference their work makes. The focus of the research was to identify what organizations need to help them assess and demonstrate effectiveness, what support is available to them, as well as what gaps exist. It also looks at whether the expectations organizations have of themselves, and those of their funders, are realistic.

The findings in this report are drawn from desk research, 28 interviews and a survey of 119 organizations. The interviews, which were largely conducted by telephone, involved 19 organizations, six funders, the National Audit Office, a leading academic, and an independent consultant with expertise in this area. The report presents these findings under the headings of information collected, challenges of demonstrating difference, tools used by organizations, good practice, what would help and recommendations.

### **Demonstrating the difference**

*Sally Cupitt and Anastasia Mihailidou, Charities Evaluation Services (2009)*

<http://www.ces-vol.org.uk/downloads/demonstratingthedifference-392-400.pdf>

## Monitoring and evaluating HIV and AIDS workplace programmes

This guide is intended to support companies to monitor progress and evaluate the impact of HIV and AIDS workplace programmes. It provides guidance on how to develop a strategy for monitoring programme activities and measuring the effects. It also provides tools that can be used in both monitoring and evaluating the activities or interventions.

This manual is for use by programme implementers, trainers, coordinators and service providers who provide implementation assistance to companies. The tools have been designed to be as simple and easy to use as possible. In addition to providing sample tools, the manual also provides basic theoretical information on the concepts of monitoring and evaluation.

### **IFC against AIDS: A practical guide to monitoring and evaluating corporate HIV/AIDS programs** *International Finance Corporation, World Bank Group (2006)*

[http://www.ifc.org/ifcext/aids.nsf/AttachmentsByTitle/Practical\\_Guide\\_to\\_Monitoring\\_and\\_Evaluating\\_Corporate\\_HIV\\_Programs/\\$FILE/Practical\\_Guide\\_to\\_Monitoring\\_and\\_Evaluating\\_Corporate\\_HIV\\_programs.pdf](http://www.ifc.org/ifcext/aids.nsf/AttachmentsByTitle/Practical_Guide_to_Monitoring_and_Evaluating_Corporate_HIV_Programs/$FILE/Practical_Guide_to_Monitoring_and_Evaluating_Corporate_HIV_programs.pdf)

## New training resources produced by IPPF Regional Offices

The IPPF South Asia Regional Office has produced a manual to provide training for counsellors on dealing with trauma, self-esteem and guilt and to provide specialized counselling in these three areas. The manual is divided into four modules and includes a step by step guide for conducting the sessions, power point presentations, suggested exercises and handouts for participants, and a sample training programme schedule.

### Counselling training manual: Trauma, guilt and self-esteem

*IPPF South Asia Regional Office (2009)*

[http://www.ippfsar.org/NR/rdonlyres/7835E15C-3142-4C46-87EA-6D30F8E74B06/3657/IPPF\\_Handbook.pdf](http://www.ippfsar.org/NR/rdonlyres/7835E15C-3142-4C46-87EA-6D30F8E74B06/3657/IPPF_Handbook.pdf)

This facilitator's manual produced by SPRINT and the IPPF East and South East Asia and Oceania Regional Office, provides guidance on conducting a three-day training programme on coordinating the implementation of sexual and reproductive health services in humanitarian emergencies. The training focuses on training participants to advocate for sexual and reproductive health in crises, build coordination skills for the implementation of sexual and reproductive health services, and produce an action plan to integrate sexual and reproductive health into national emergency preparedness plans.

This is also available in Bahasa Indonesia and French.

### Training on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crises: Facilitator's Manual

*The Sexual and Reproductive Health Programme in Crisis and Post-Crisis Situations in East, Southeast Asia and the Pacific (SPRINT) and IPPF East and South East Asia and Oceania Regional Office (2009)*

<http://www.ippfeseaor.org/en/Resources/Publications/SPRINTFacilitatorsManual.htm>

## The importance of baseline data in programme evaluation

One of the main purposes of programme evaluation is the assessment of programme effectiveness. Project monitoring, impact evaluation, results-based management and effects assessment are all based on the comparison of observed changes in the project population with the situation prior to the launch of the project. However, a significant proportion of each of these types of estimation has to be made without access to baseline data on the project or control groups.

This paper examines some of the reasons for this widespread lack of baseline data and describes and illustrates a range of techniques that can be used for the 'reconstruction' of baseline data.

### Strengthening the evaluation of programme effectiveness through reconstructing baseline data

*Michael Bamberger, Journal of Development Effectiveness (2009)*

<http://www.informaworld.com/smpp/content~db=all~content=a909220176>

## Internal efficiency: a literature review

This working paper is intended for policy makers and practitioners with a particular interest in organizational development. It uses conceptual frameworks from the academic literature to present analysis of organizational practice within development organizations. It argues that these would benefit from more systematic reflection on the various types of causes of organizational change, as well as the different effects, the normative assessment of results and documentation challenges.

Rather than presenting yet another set of guidelines, the purpose of this paper is to link theoretical, methodological and empirical considerations with one another in order to identify knowledge gaps and emerging issues. This is intended to provide input for practitioners working with organizational development, and guide the design of prospective evaluations on related topics.

### Knowledge and learning in AID organizations

*Anna Krohwinkel-Karlsson, SADEV (2007)*

<http://www.sadev.se/Uploads/Files/117.pdf>

## How useful are quantitative approaches to impact evaluation?

This report is the first in a series of working papers produced by 3ie International Initiative for Impact Evaluation. These working papers cover both conceptual issues relating to impact evaluation and present findings from specific studies or reviews.

This paper reflects on the debate on impact evaluation that is taking place within the international development community. It identifies the different definitions of 'impact evaluation' that are being used, with one focusing on outcomes and long term effects, and the other on attribution. The author relates the lack of agreement of a working definition to some of the criticisms commonly targeted at quantitative approaches to impact evaluation.

### Some reflections on current debates in impact evaluation

*Howard White, 3ie (2009)*

[http://www.3ieimpact.org/admin/pdfs\\_papers/11.pdf](http://www.3ieimpact.org/admin/pdfs_papers/11.pdf)

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# e-learning

e-learning shares with you resources, tools, good practices and news on organizational learning and evaluation

Volume 4

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## Promoting IPPF's Monitoring and Evaluation Policy

"We are determined to use this handbook to build a strong culture of monitoring, evaluation and learning in an organization that is more effective in meeting the sexual and reproductive health needs of women, men and young people across the globe."

Dr Gill Greer, Director-General

IPPF's Monitoring and Evaluation Policy reflects a strong commitment to monitoring, evaluation and learning throughout the Federation. This handbook provides the guidance and tools needed to translate this policy into practice.

The handbook is divided into three sections covering the basics of monitoring and evaluation, including simple definitions, challenges and myths; developing a monitoring and evaluation plan, developing indicators, data collection, reporting and utilizing monitoring and evaluation findings; and IPPF's global indicators programme. A number of appendices are also provided including checklists, sample plans, IPPF strategies and a glossary of monitoring and evaluation terminologies.

### Putting the IPPF Monitoring and Evaluation Policy into practice

The International Planned Parenthood Federation (2009)

<http://www.ippf.org/NR/rdonlyres/F82E6BEC-6DF6-4B8A-B7BB-0FC748999F69/0/IPPFMonitoringEvaluationHandbook.pdf>

## Respecting sexual rights for all

The IPPF Western Hemisphere Regional Office, in collaboration with the Member Associations in the region, have adapted and developed this sexual diversity toolkit containing a survey to measure provider and staff attitudes around working with sexually diverse populations, an indicator guide useful for developing indicators for both service provision and advocacy projects, and an index to assess agency readiness. It also includes a sexual diversity glossary which can be used to clarify the terms and their definitions.

This toolkit was developed and tested in collaboration with IPPF Member Associations in Mexico, Peru and Venezuela. The tools have been tested with small sample sizes, and have been useful in collecting data to inform new programmes and improve existing services.

### Sexual diversity toolkit

IPPF, Western Hemisphere Region (2008)

[http://www.ippfwhr.org/files/English\\_SD\\_Tool\\_Kit\\_PDF.pdf](http://www.ippfwhr.org/files/English_SD_Tool_Kit_PDF.pdf)

Also available in Spanish

## New knowledge sharing web portal

With the goal of improving health service delivery on a global scale, this new web portal offers a one-stop shop where users can efficiently search for, organize, adapt and use up to date, evidence-based health information.

The portal features a search tool that enables users to quickly find resources from select sources, including the K4Health site, a range of health databases, and top quality health websites. It has toolkits that provide access to specialized collections of resources on family planning, reproductive health, and population and environment, as well as a toolkit application that allows users to design, develop, and share their own toolkits. In addition, there are discussion forums on the site that allow access to a community of experts around the world.

### K4Health Portal

USAID Office of Population and Reproductive Health and the Knowledge for Health Project (2009)

<https://www.k4health.org/node/2>



## Evaluating and learning from an urban health project

The Urban Reproductive Health Initiative focuses on increasing contraceptive use among urban populations and improving the quality of and access to integrated reproductive health services in urban areas. Their Measurement, Learning and Evaluation (MLE) Project will use rigorous evaluation methods to determine if interventions in India, Nigeria, Kenya, and Senegal achieve their objectives. The MLE project will also identify the cost-effectiveness of the interventions, using a quasi-experimental design with four interventions and two comparison cities in each country. The project will survey women and evaluate reproductive health service delivery points at two-year intervals for up to four years. The study will also include cross-sectional surveys of women (and men in some countries) in a hybrid study design.

This report highlights the MLE study design and its technical components.

### Study design for the Measurement, Learning and Evaluation Project

*Guilkey, D; Speizer, I; Lance, P. Urban Reproductive Health (2009)*

[http://www.cpc.unc.edu/urbanreproductivehealth/publications/Technical\\_Working\\_Paper\\_Study\\_Design.pdf](http://www.cpc.unc.edu/urbanreproductivehealth/publications/Technical_Working_Paper_Study_Design.pdf)

## The principles of aid effectiveness from a family planning and reproductive health perspective

The global aid architecture has changed due to the implementation of the Paris Declaration on Aid Effectiveness. These changes present both opportunities and challenges for increasing access to quality family planning and reproductive health services and supplies. This Population Action International Working Paper discusses how family planning and reproductive health organizations can be more effective in accessing aid in light of this new aid architecture.

The paper analyzes the five principles of aid effectiveness from a family planning and reproductive health perspective: country ownership, alignment, harmonization, managing for results, and mutual accountability. It also describes how the Paris Declaration has changed the ways of managing and delivering aid; highlights entry points and obstacles for those working to improve funding and policies on reproductive health; and makes recommendations for civil society organizations, governments and donors. While acknowledging challenges that the principles of aid effectiveness present, this paper highlights the need to adjust to evolving circumstances and take advantage of emerging opportunities.

### Making aid effectiveness work for family planning and reproductive health

*Dennis, S. Population Action International (2009)*

[http://www.populationaction.org/Publications/Working\\_Papers/August\\_2009/WP\\_AE\\_FIN2.pdf](http://www.populationaction.org/Publications/Working_Papers/August_2009/WP_AE_FIN2.pdf)

## New ways of looking at organizations and social change

This is a practical, do-it-yourself guide for leaders and facilitators wanting to help organizations to function and develop in more healthy, participatory and effective ways. The guide, with its supporting website, includes tried and tested concepts, approaches, stories and activities. Its purpose is to help stimulate and enrich the practice of anyone supporting organizations and social movements in their challenges of working, learning, growing and changing to meet the needs of our complex worlds.

The guide offers a perspective on why organizations exist, the real roles they play and the importance of supporting the sovereignty of local organizations and social movements for meaningful social change. It presents a range of approaches to understanding organizational change processes, how to facilitate change and the challenges we face in sustaining change. The guide also provides support in building learning organizations, continually learning from both our own experiences and the experiences of others.

### Barefoot guide to working with organizations and social change

*The Barefoot Collective (2009)*

<http://www.barefootguide.org/index.htm>

## Advantages and limitations of health facility survey methods

There has been a growing interest by national health systems and the donor community in strengthening the capacity of health systems in developing countries to ensure equitable and efficient delivery of health services. Although the major efforts primarily focus on ensuring impact on health outcomes, the motivation, methods, and types of clinical and managerial services assessed vary considerably.

This report presents a comparative analysis of the commonly employed health facility methods conducted in first-level health facilities offering outpatient basic primary health services. It examines current national health facility survey methods and discusses the comparative advantages and limitations of each method as well as comparing the sampling design in the different approaches.

### A comparative analysis of select health facility survey methods applied in low and middle income countries

*Edward Ambrasi, Toru Matsubiyashi, Bolaji Fapohunda, Stan Becker (2009)*

<http://www.cpc.unc.edu/measure/publications/pdf/wp-09-111.pdf>

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.

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Disclaimer: Items featured in this document are sourced from various organizations and individuals and do not necessarily reflect the views, policies or practices of IPPF.

## ANNEX II: REVISED PARTNERSHIP OBJECTIVE 2 UNDER DFID PPA

Agreed by IPPF 31<sup>st</sup> July 2008 and revised in 14 September 2009

### PARTNERSHIP OBJECTIVE 2

To encourage and support full compliance with the strategic framework -- Five A's

#### Outcomes sought:

Country reports to be prepared outlining 5 MAs' compliance with IPPF's Strategic Framework based on agreed indicators. The 5 countries that will be analysed are: Kenya, Uganda, Bangladesh, Nepal and Bolivia

Specific data from the 5 MAs will be collected and analysed by IPPF to demonstrate progress and effectiveness in the following areas:

- a) Meeting the SRH needs and defending the SRH rights of the poor and the most marginalized with data from 2005-2009 period;
- b) National advocacy initiatives for 2009 (including participation in PRSPs, global fund, national dialogues about SRHR policy).
- c) Efficiency and comprehensiveness of clinical services for 2009.

#### Advocacy & Building Support for Development

It is DFID's anticipation that IPPF will significantly strengthen its programmes of advocacy and communication at the national, regional and international levels, amplifying its global voice as a foremost champion of sexual and reproductive health and rights and increasing its impact on the policy and funding agendas of national governments and international organisations).

#### DFID inputs:

DFID to facilitate introductions between IPPF Member Associations and DFID country offices where appropriate.

DFID country office reporting on whether they have seen IPPF's MAs engagement in key country strategy and policy fora (e.g. GFATM CCM's, PRSP, SWAp, NAC etc) influencing improved SRHR policy and action.

#### Indicators:

- 1) In-depth analysis of qualitative information to support the global indicators data in each country
- 2) Qualitative analysis of global indicator information for advocacy indicators and documented evidence of MA participation in and influencing PRSPs, the global fund and policy dialogues etc to address SRHR related issues.

In the case of the Africa countries, evidence will be provided on the IPPF Africa Regional Office's work with the Africa Union (no more than one page).

- 3) In 2008 onwards individual country reports to illustrate the number and if available breakdown of comprehensiveness of sexual and reproductive health services provided by the MAs in the selected countries.

- a) Production of one landmark publication each year focused on key SRHR challenges. The first publication will be produced in 2008.
- b) One event per year organised in the UK (e.g. World Population Day) to raise greater public awareness of UK citizens about SRHR issues.

## **Meeting the SRH needs & defending the SRH rights of the poor and the marginalised**

Five country reports will be prepared outlining MAs' compliance with the Strategic Framework based on agreed indicators in Kenya, Uganda, Bangladesh, Nepal and Bolivia.

### **OUTCOME**

Each report will be no longer than 4 to 6 pages and will include two main sections:

**Section 1** will be a snapshot of progress against the global indicators data from 2005-2009 period, including an overview of key trends in the data as well as a short synthesis of progress, lessons learnt and comments on how representative this snapshot might be to IPPF overall.

**Section 2** will provide a case study drawn from the report prepared by the Options Consultancy on IPPF's work with youth and marginalised groups.

The reports will aim to demonstrate progress and effectiveness in the following areas:

a) Meeting the SRH needs and defending the SRH rights of the poor and the most marginalized with data for 2005-2009 period;

b) National advocacy initiatives for 2009 (including participation in national PRSPs, CCMs and national dialogues about SRHR policy).

c) Comprehensiveness of clinical services for 2009 and trends in service provision, including services provided to young people.

Data will be drawn from the qualitative work prepared by Options for IPPF on youth and vulnerable groups; global indicator data; and additional data on MA engagement in policy processes.

### **INDICATORS**

1) Results by country of 30 global indicators and qualitative information on meeting the SRH needs of vulnerable groups.

DFID's expectation is that qualitative information, gathered through use of the PEER methodology, will provide examples to illustrate how IPPF is meeting the SRHR needs & defending the SRH rights of poor and marginalised people (with a focus on youth & marginalised groups such as those with HIV as per the Options studies).

2) Qualitative analysis of advocacy indicators and documented evidence of MA participation in and influencing PRSPs, the global fund and policy dialogues etc to address SRHR related issues. In the case of the Africa countries, evidence will be provided on the IPPF Africa Regional Office's work with the Africa Union (no more than one page).

3) In 2008 onwards individual country reports to illustrate the trends and comprehensiveness of sexual and reproductive health services provided by the MAs in the selected countries.

## ANNEX III: GENDER EQUITY

### Policy 1.4: Gender Equity, from the IPPF Policy Handbook

#### Guiding Principles

1. IPPF views gender equity as fundamental to its vision of empowerment of women and believes that the equitable participation of women in decision-making positions and processes at all socio-economic levels will enable women to acquire the relevant skills and confidence to promote their sexual and reproductive health.
2. Gender equity should be considered an integral part of all policies, programmes and structures of the Federation. Women, men, young women and young men have different needs and experiences, as well as sexual health risks specific to each sex. Gender disparities often serve as additional social, economic and bureaucratic barriers to how men and women promote and protect their sexual and reproductive health. Policies, programmes and services must strive to identify and address these gender specific differences by creating enabling environments for men and women to influence and benefit from programmes and services.
3. Gender equity connotes fairness and justice and should be applied to all issues in the Federation, whether with regard to the proportion of women and men on a board or committee, or with regard to the social division of labour. Focusing on gender equity should not be taken as an excuse to permit inequality between women and men. In an area such as sexual and reproductive health, in which women bear the largest share of the costs, dangers and burdens (physical, mental, social and economic) it is equitable and fair that women should have at least an equal share in all institutional decision-making processes.
4. Gender equality on the other hand means that women and men are accorded the same status. It does not imply that women and men are the same, but that they have equal value and should be accorded equal treatment. Where women and men have unequal status and unequal access to knowledge or resources in a community, special measures and affirmative action is needed to address these gender inequalities.
5. Promoting gender equity also requires working with men as crucial partners in women's sexual and reproductive health.

#### Implementation

6. To operationalise this policy, IPPF and its Member Associations should practice affirmative action in order to alter the balance in the numbers of men and women at all levels of decision-making in volunteer bodies of the Federation, in favour of at least 50 per cent women, including on:
  - (i) Member Association Boards;
  - (ii) Regional Councils and Regional Executive Committees;
  - (iii) IPPF Governing Council;
  - (iv) IPPF Membership Committee;
  - (v) IPPF Audit Committee
7. Operationalising affirmative action would include:
  - (i) as a post comes due for election, making special efforts to recruit women candidates;
  - (ii) where there is a choice of candidates, giving preference to suitable women;

- (iii) where Member Associations are permitted to send more than one representative to a regional or international body, ensuring that at least 50 per cent of those representatives are women.
8. Employment policy should include affirmative action. Operationalising affirmative action in employment would include:
- (i) active recruitment of women to high-level decision-making and high-salaried posts, as well as other posts;
  - (ii) recruitment of young women;
  - (iii) recruitment of both men and women from diverse backgrounds;
  - (iv) ensuring all recruitment of senior staff is done by recruitment panels; and
  - (v) ensuring all recruitment panels include at least 50 per cent women and or someone with gender expertise
9. Gender should be mainstreamed into all IPPF programmes, budgets, strategic plans and policies and should be systematically monitored and evaluated at all levels of the Federation on a continuous basis.
10. Annual Regional Council Reports to Governing Councils should provide an update on progress made in the implementation of the Gender Equity Policy.
11. Where a Member Association, Regional or Central body finds that it is unable to fulfill any one of these policy directives, appropriate sanctions should be applied.

*As adopted by Central Council, November 1995  
Last amended by Governing Council, May 2001*