

Agenda Item: LARGE SCALE SERVICE DELIVERY PROGRAMMING

Summary:

This report provides an overview of advances made against Pillar 1 of our Strategy on client-centred care, specifically looking at service delivery. It includes a section on our progress in developing and implementing clinical guidance and best practices based on our integrated package of services followed by specific examples of large-scale programming through restricted funded projects. The last section discusses the impact from the executive orders recently passed by the US administration on our service delivery work, both direct and indirect, as we know these so far and anticipate further.

Action Required:

- The Board to note the report.

1. Rolling out medical and technical guidance

In 2022, IPPF issued the Client-Centred Clinical Guidelines (<https://www.ippf.org/cccg>), which provide recommendations for evidence-based clinical care in all areas of sexual and reproductive health. Dissemination events included an external launch at the UK Royal Society of Obstetricians & Gynaecologists with the Director of the WHO SRH Department and Human Reproduction Programme joining as keynote speaker, global webinars dedicated to each chapter of the guideline as well as the development of a mobile app for ready access and reference.

The guidelines reflect and expand on the Integrated Package of Essential Services or IPES+, which outlines IPPF's approach to SRH integration: all MAs should provide well-defined elements of eight SRH services (sexual health and well-being, contraception, abortion care, STI/RTIs, HIV, fertility support, obstetrics and gynaecology and sexual and gender-based violence). Meeting the IPES+ standards is one of IPPF's Results Framework indicators and measured through MA-reported service data.

The next piece of guidance for clinical services care is ensuring quality of care. The WHO describes quality services as being effective, safe, and people-centred, and must be delivered timely, equitably, efficiently and in an integrated way. With an increased focus of the Federation on ensuring commitment and adherence to quality standards, IPPF is using the net promoter score as part of our Results Framework to measure client's satisfaction. In addition, IPPF is working to combine existing tools and published metrics into one global quality of care tool which will be pilot tested before its launch. The combined tool will reflect global quality standards as published by WHO, and reflect the evidence base for service delivery from the IPPF Client-Centred Clinical Guidelines.

Over the last two years, with the support of a strong reinvigorated international medical advisory panel [IMAP Members | IPPF](#), we have focused on specific priorities highlighted in our Strategy. In 2023, we released an IMAP statement on biomedical prevention of HIV (<https://www.ippf.org/resource/imap-statement-biomedical-hiv-prevention>) and launched a consortium under Stream 2: *Optimizing the rollout and integration of new biomedical HIV prevention methods into IPPF service delivery platforms*. This consortium includes seven MAs (India, Nepal, Malaysia, Thailand, Eswatini, Lesotho, Malawi) working towards delivering oral PrEP in four countries where it is not currently provided, and adding the dapirivine ring and injectable PrEP (CAB-LA) in three countries where oral PrEP is already available. Additionally, increasing options for PrEP is also the focus of programmes in Zambia, Mozambique, Indonesia and Sri Lanka.

MAs continue to provide and expand abortion self-care [IMAP statement on medical abortion | IPPF](#) consolidating the learnings of the Global Care Consortium led by Profamilia-Colombia. MAs increased use of digital interventions, such as hotlines and WhatsApp and SMS-based counselling, to provide self-managed abortion support. They also expanded the provision of home-based abortion services: for example, in Cameroon, abortion self-care was facilitated in remote areas through pharmacist training, community outreach, and digital health interventions, ensuring safer and more accessible self-managed abortion options. Relevant tools and resources were uploaded on the MA forum resources page for wide access among both MAs and secretariat staff. In 2025, there will be more opportunities for strengthening and expanding abortion self-care through the GAC-funded EmpowHER project which began in mid-2024.

A soon- to-be released technical brief on Transgender and Gender Diverse Inclusion in Sexual and Reproductive Health Service Delivery makes the case for improved inclusion of transgender and gender-diverse people within sexual and reproductive health service delivery and provides specific guidance at facility and community settings. Essential services including contraception, abortion, HIV and PrEP are highlighted, with each section containing specific recommendations on meeting the needs of the transgender and gender-diverse people. The brief includes reference to our IMAP statement on gender-affirming therapies for transgender and gender-diverse people [IMAP Statement on Hormone Therapy for Transgender and Gender Diverse Persons | IPPF](#) which was developed in collaboration with the World Professional Association for Transgender Health (WPATH) and disseminated in 2023. The technical brief was initially developed with funding from a USAID funded project (Agency for All). Following the Stop Work Order, IPPF took full ownership of the brief, included a section on abortion which initially had to be kept separate and will disseminate it widely internally and externally.

Forthcoming medical statements include fertility care, female genital mutilation (FGM) and sex work – all supporting programming priorities led by MAs.

Work on FGM is led by the MA in Mauritania as IPPF Centre, engaging with MAs across the Federation. The Centre has shown considerable progress since it was established including the development of a workplan and indicators of success, and forging partnerships with external stakeholders.

2. Large Restricted Funded programmes supporting service delivery

WISH

WISH2 funded by FCDO for £75M over five years (Sept 2024 to March 2029) is off to a good start following a programme launch in November 2024. The programme is implemented in Burundi, Ethiopia, Madagascar, Somalia, South Sudan, Sudan, and Zambia. Guided by the principle of “leaving no one behind”, the objectives are to ensure individuals have improved knowledge and capacity to make informed SRHR decisions, have access to sustainable, inclusive integrated SRHR services, and that the countries have improved policies and systems to support comprehensive SRHR.

EXPAND PF

The USAID freeze has condemned *ExpandPF* to an early closeout, abruptly halting critical family planning and reproductive health services across four West African countries. In Year 1 alone, the project provided services to over 63,000 users, including 20,000 new users of modern contraception. With the planned expansion to 355 additional health facilities now cancelled, thousands of women and youth will be deprived of essential care. The freeze also forces the abrupt termination of over 60 staff contracts, without the necessary funds to cover their prior notice periods. This sudden disruption not only reverses progress but leaves communities without access to contraception, counseling, and trained providers, exacerbating unmet SRHR needs.

ExpandPF was expected to reach nearly 1.2 million contraceptive users and over 1.3 million contraceptive years of protection (CYP). In other words, continuous programming could have prevented 540,078 unintended pregnancies and 224,372 unsafe abortions.

RESPOND

With funding from the Australian Government, RESPOND II is a four-year (2024-2028) US\$9.6m programme that will strengthen capacity in six MAs (Afghanistan, Laos, Maldives, Pakistan, Philippines, Vietnam) to provide high quality, comprehensive, equitable and inclusive SRH services and information to communities, with a focus on reaching diverse and marginalized groups. The programme will also support MAs to influence policies and practices on SRHR through advocacy, generation of evidence and engagement with key stakeholders. Lastly, the program will include a regional initiative on FGM supporting an estimated 5 MAs to implement anti FGM activities and advocacy in collaboration with UNFPA and UNICEF.

RESPOND II is complemented by a new US\$ 4.5m grant from Margaret A. Carghill Philanthropies (MACP) in two countries over four years (2025-2027).

EMPOWHER

The EmpowHer programme is a large global programme funded by Global Affairs Canada working with 14 MAs globally and the Secretariat. It was designed to support IPPF's core strategic priorities and global goods. The funding, valued at USD \$35M over six years (2024-2030), is received as restricted as the donor is unable to provide core funding to IPPF. Its outcomes closely align with Strategic Pillars 1, 2 and 3, with programme activities focusing on: expanding abortion access, including through digital and self-care, biomedical HIV prevention, supporting the CSE Centres to advance CSE across the Federation, supporting MAs, women's organizations and movements to promote national political change and

accountability on SRHR, specifically in relation to abortion and CSE, and strengthening regional responses to anti-SRHR actors.

3. Impact of US Executive Orders on service delivery

We have all been alarmed by the impact of US Government funding pause and Stop Work Order on foreign assistance. IPPF Secretariat and Member Associations working on USAID funded programmes have all now received stop-work order – a notification of the suspension of all activities, with a new twist. In actioning Trump's orders, USAID have bought together two Executive Orders (EO) (the 90-day pause in the disbursement of US foreign development assistance and the Anti-Diversity, Equity, and Inclusion (DEI) EO). As a result, we are seeing complete suspension of vital programmes, with devastating impacts on the poorest and most marginalised people. We are also seeing all gender and diversity, equity and inclusion programmes frozen. The stop-work order is designed to disrupt access to services and the advocacy we do. It is further attack against front-line health workers and staff, many of whom will now lose their jobs.

Before the new EOs, IPPF reasonably calculated its financial loss from 2025-2028 to be 61M USD across 13 MAs due to the Global Gag Rule. However, with the new EOs, we expect this figure to go up at least by 30% and we expect the cuts to affect at least 40 MAs. A Federation wide survey has now been launched capturing the impact of the US cuts on MAs for our resource mobilization efforts.

The US EO will have far-reaching consequences on the development and health sector, from erasing already marginalized communities to depriving people from essential supplies and life-saving treatments. We are not yet able to assess the indirect and medium to longer-term impact on service delivery for IPPF and our broader sector. We already know however that supply chain will be severely disrupted beyond the non-availability of RH commodities per se, as bilateral support and wider supply chain delivery structures currently heavily supported through USAID are at risk of collapsing.