



Member Consultations

Findings Overview

MA Consultations

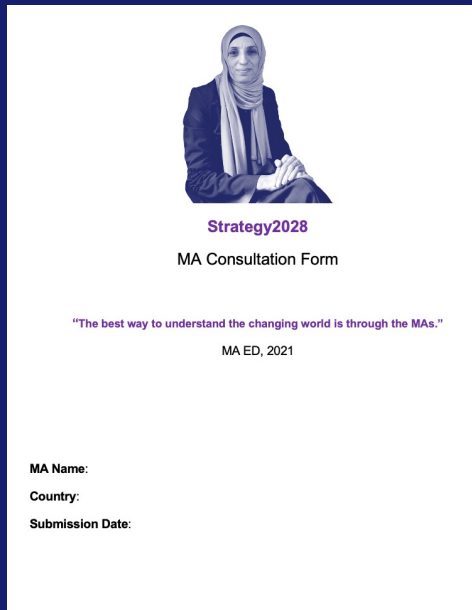
“MA is now at the center of new business plan of IPPF; they and staff members provide expertise and support across the regions. The business plan will provide an overview about the strengths of the MAs and areas of expertise they could assist and support the other organizations.”

Looking at the global horizon, describe what will be the issues that are most likely to define SRHR in the coming decade.

1. Covid-19 consequences on SRHR
2. Strong opposition and throwback in different SRHR issues (LGBT, abortions, etc.) (Poland, Hungary examples)
3. Changing opinion about population, for example, climate crisis is because of overpopulation, so less children is better, etc.

What will be the biggest funding challenges you will face in the future?

1. Lack of diversified funding sources
2. Lack of own income
3. UN agencies engaged in assessments of proposals and make preferences to their existing partners based on memorandum
4. No local state funds available
5. Municipal provide mostly only in kind contributions
6. Local donors mostly focused on small emerging NGOs
7. UN Agencies acting as NGOs
8. UNFPA not collaborative with MA as a partner NGO and not providing funding opportunities



Context

Gaps and Barriers in services (Q1&2)

Gaps

- Siloing / vertical SRHR programing
- Integration of CSE in school curriculums
- legal framework does not include CSE
- Access to Services and Commodities, especially family planning (FP) /contraception, abortion care and gender-based violence (GBV) services,
- Specialised capacity, e.g. health service professionals and screening equipment

Barriers

- Gendered and socioeconomic inequities in access to SRHR information and services
- Legal, political, socio-cultural, economic and contextual barriers at and within various levels of the socio-ecological framework (individual, societal and systems and policy environment)
- Humanitarian crises



Gaps

The quality of SRH services provided is often considered as inadequate and below recommended standard. Poor documentation/record keeping practices among service providers. Lack of client appointment scheduling systems. Nigeria

Provision of Contraception is not included in Universal Healthcare Package limiting access to socially vulnerable groups of women with high unmet need (23%). Georgia

Contraceptive counselling for adults is not covered by health insurance. Expenses for all contraceptives are not covered by public health insurance. Austrian

MA Horizon Clients

- General population
- Women, girls,
- children, and minors;
- elderly populations;
- adolescents and young people;
- victims of GBV;
- rural, and poor communities;
- marginalized populations (sex workers, LGBTQ, undocumented migrants, and transgender);
- indigenous people and ethnic minority groups;
- professionals;
- persons in prison.

Supreme Council of Women...Advocacy and Information Committee
(National AIDS Commission) ... Community leaders. Bahrain

Underserved population socially excluded marginalized underserved
community... Women over 40, urban and working women. ... PLWHIV.
Sri Lanka

Women and girls from vulnerable groups ...Lesbians, bisexual women.
Young People Transgender people. Albania

Aging population. Hong Kong

Girls and boys in and out of school...sexual minorities. People living with
disabilities. Togo

Refugees and sub-Saharan migrants and asylum seekers. Sea
professionals...Special needs populations. Morocco

People living with HIV. People with disabilities. Peru

Victims of violence against women and minors. Sex workers Guadeloupe

MA Horizon

Service Needs and Modalities

Needs: Targeted, quality and respectful SRHR services

SRH information... Psychological Counselling services... Clinical services...
Legal consultation. Sri Lanka

Gender-based violence services psychological care services. Tunisia

Psychological Consultations... contraception, abortion, screening... Social support ...Workshops on sexual health. Guadeloupe

Specialised services including GBV. Digital health service. El Salvador

Family planning. Virtual website for the sale of products (Decido Yo).
Peru

Family Planning services. Teleconsultation Peru SIPPA will adapt technology changes and will use digital SRHR services. Solomon Islands

User-friendly services adapted to the needs of adolescents and young people; Awareness raising on menstrual hygiene management in schools; Holistic SRH services for difficult populations. Burkina Faso

SRH education, to enhance aging population's awareness on monitoring and caring their sexual health, early diagnosis and treatment of the related illness, and relationship issues etc. online formats. Hong Kong

Modalities

- **Traditional health facility, mobile clinics, and community-based delivery models**
- **Digital and telehealth**
- **Health financing strategies, health insurance, Social enterprise**

Providing teleconsultations for service seekers
telemedicine. Morocco

Hotlines and telemedicine. Sri Lanka

Digital access through teleconsultation. Togo

MA Horizon Structural Changes

- Strengthen capacities;
- Ready for the future
- Streamline, multitask
- Specialisation
- Digital, online presence



Strategic alignment of the organization towards new priorities and customer needs. El Salvador

Promote FPA India as a brand and focussed marketing on it. Marathon is one way that it is being done currently, but new innovations and ideas to reach larger people. India

Develop better way of promoting our service and expertise. Latvia

Mobile vans. Namibia

Set up FP commodity warehouse. Finalize the pharmacy structure at the front of FPOP national office. Philippines

Clinic expansion (e.g., separate doctor consultation rooms, FP counselling room, scan room, administrative room, rooms for mothers for breastfeeding and changing, child friendly environment). Maldives

Technology advancement and supporting resources to develop more online services and education channels and revamp the existing systems. Hong Kong

Introducing full-fledged telemedicine services in each clinic. Bangladesh

Upgradation of technical infrastructure to meet the priority areas of digital health interventions. India

IT infrastructure. New Zealand

MA Horizon Governance

- Better constitutions, Terms of Reference
- Code of good Governance
- Expert Members
- Greater Transparency
- Look more like our clients, diversity

Strengthening and adherence to set standards in the organization including safeguarding policies and anti-corruption and fraud policy. Zimbabwe

Audit of organization's structure, duties of employees.
Latvia

Extend the participation of board on the necessity of mobilizing resources, institutionalization of resource mobilization priorities, drafting budget allocation and identification of programs for increasing the base of supporters and contributors. Albania

MA constitution and regulations will fix that experts will cover 20% of governing body members. Korea

Identify the roles and responsibilities of all governance members. Integrating people with disabilities into policies and commission protocols
Palestine

Strengthen volunteer compliance to the MA constitution and other governance policies and guidelines. Zambia

MA Horizon Funding

Challenges

- high global and national competition for limited SRHR funding,
- decreasing availability of funding for SRHR programming
- poor management of funds
- lack of fundraising experience and social enterprising programs

Opportunities

- Social entrepreneurship
- Domestic resource mobilization
- use of innovative digital technologies to facilitate revenue generation through the sales of their services and products,
- broadening funding opportunities to include private, local, regional, and international agencies
- Capacity building in grant application, funding management and social entrepreneurship

Potential sources of funding

- national and local public /governmental budgets through public subsidies and partnerships with local health insurance companies (all regions)
- international funding agencies and diplomatic missions such as USAID, UNFPA, the European Commission, UNICEF and the diplomatic missions of The Netherlands, Sweden, France, Norway, Canada, UK, Belgium (mostly in the African region)
- IPPF grants (all regions)
- bank loans and investments (mostly in the Arab region)
- donations and legacies

Federation

Global Perspective of SRHR in the next decade

Focus more on the recognition
and tackling of multiple and
intersecting forms of
discrimination and
marginalization.

Belgium

Focus thematic areas

Safe abortion (all regions)
Gender equality (excluding European region)
SRHR within the context of global pandemics (all)
Humanitarian crisis (African and East and Southeast
Asia and Oceania regions)
LGBTQI+ (European Network and the America and the
Caribbean regions)

Beyond ICPD

- Transformative laws and policies
- Active involvement of young people
- Strengthening International cooperation
- Capacity building
- Development and use of technological innovations, digital and telemedicine and SRHR products

Federation

Future support needed (Q10)



Identifying Donors focused on SRHR

Stronger support for SDGs reflected in programs and activities

Technical support to build capacity

Support to develop business model to sustain clinical outlets through SE initiative

Monitoring and evaluation support

Federation

Future changes and support needed (Q10)

IPPF Board and Committees needs to:

- Respect the opinions of the MAs and their local and contextual expertise and experience
- Keep MAs informed about the scope and channels of participation in the Board and Committees

Generate innovation labs to promote new initiatives, test them and support their expansion... Internalise the critical situation of institutional sustainability and act empathetically by facilitating opportunities for MFA...much more collaboration is required. Peru

Share more information on current conditions...Discuss for the sake of MAs and not the Federation... No more sectionalism. Japan

Improve communication between the regional office and the MAs... Increased presence of IPPF in major international meetings on SRHR. Burkina Faso

Federation

Core values

Diversity

Inclusivity and social inclusion

Accountability, trustworthiness, integrity, and transparency

Empowerment, equality, and equity

Human rights-based approach to SRHR

Passion, empathy, commitment, and volunteerism; innovation;

Accessibility, availability, collaboration, and sustainability of quality services;

Intersectionality and evidence-based work; and freedom and MA's autonomy

Federation

MA centric Federation (Q10)

Includes bottom-up approach to SRHR planning and delivery, equal representation of MAs, prioritisation of MAs, agreements, actions and cooperation between MAs and the Federation towards shared goals and funding support for sustaining MAs in conducting their activities

MAs at the center of decision making

Larger resource allocation to MAs

MA to MA technical support encouraged, establishment of technical hubs and learning centers

Federation should provide support for MA in performance monitoring and evaluations systems, obtaining IPPF accreditation, capacity building of MA staff for the generation and use of evidence to inform practice

Federation that shows closeness to the MAs and builds a joint vision of the future for the benefit of the populations it serves. El Salvador

That the secretariat are familiar with and strengthens the work of the MAs. Norway

Strengthening the support teams for MFAs to ensure an adequate response to needs in all areas of intervention. El Salvador

Goals are accumulated from the local level. Japan

Other Suggestions

The concepts of business plan and client, especially the latter, made us reflect on possible synonyms that reflect us as organisations committed to the social and humanistic agenda. For example, fundraising plan and beneficiary population. Equally, the balance and focus on people-centred programmatic work should continue to be reflected plan of this nature must be accompanied by a constant evaluation exercise from the outset. México

When it comes to the future DHIS2 reporting. We experience a great lack when it comes to CSE reporting. As one a few MAs that does not give direct training but provides curriculum material directly to teachers, we reach a much higher amount of students than through direct training. Currently there is no way of capturing this in the DHIS2 system. Since youth and CSE is likely to continue to be a priority for IPPF, we recommend that this will be changed in the future systems. Norway

Support MAs more directly in complying with the IPPF accreditation process. El Salvador