

UK International Development Committee inquiry: **FCDO's approach to sexual and reproductive health**

The International Planned Parenthood Federation (IPPF) appreciates the opportunity to submit evidence concerning FCDO's approach to sexual and reproductive health.

I. KEY ASKS

- Reinstatement of funding to programmes that support gender equality - continue to fund Women's Integrated Sexual Health (WISH) programme at the initial impactful level to ensure commitments made in FCDO's International Women and Girls strategy 2023 – 2030 on advancing SRHR are realised.
- Facilitate support for community-led grassroots and women's movements countering opposition to SRHR.
- Implement the International Development Select Committee recommendation for the HM Treasury to ring-fence the equivalent of 0.5% GNI in the ODA budget for expenditure on development assistance delivered outside the UK.
- Ensure longer term funding agreements (minimum 5 years) to allow for lasting and sustainable change.

II. CONTEXT

Around the world, attempts to roll back hard-won reproductive rights and gender equality are gathering pace. The current climate – characterized by a bold, organized opposition to reproductive rights – is extremely challenging. This, combined with political polarization and the rise of extremism in many countries, threatens sexual and reproductive justice, human rights and gender equality.

Globally, around 257 million women who want to avoid pregnancy are not using safe, modern contraception, and nearly half of all pregnancies are unintended. Almost a quarter of women are not free to say no to sex. One in three women experience physical or sexual violence in their lifetime. Young, poor women are particularly vulnerable to unsafe abortion, which is a leading – but preventable – cause of maternal mortality and morbidity. Failure to uphold human rights in law, policy and practice reinforces the barriers marginalized people, including LGBTQ+ communities, face in accessing healthcare.

Against this backdrop [International Planned Parenthood Federation \(IPPF\)](#) is well-placed to respond and deliver. IPPF is a global service provider and leading advocate of sexual and reproductive health and rights (SRHR) for all. Established in 1952 in India, IPPF today is a worldwide movement of 119 nationally-owned Member Associations (MAs) and 29 collaborative partners, covering 149 countries in total. IPPF's mission is to lead a **locally owned, globally connected** civil society movement that provides and enables services and champions SRHR for all, especially the under-served, who may be denied access to rights and services. IPPF has developed its ambitious new strategy *Come Together (2023–2028)* which reflects IPPF's diversity and articulates the Federation's shared goals and vision.

IPPF advances SRHR by: Increasing access and choice through the provision of integrated, quality sexual and reproductive health (SRH) services, information, and education; strengthening health systems through technical assistance and training; advocating for progressive changes to laws and policies; building and coordinating movements to widen public support and tackle opposition.

Our MAs are the leading contraception provider in 89 of the 120 countries where we operate. IPPF's value lies not only in delivering large numbers of services but also in promoting health equity.

III. IPPF response to FCDO's International Women and Girls strategy 2023 – 2030

IPPF welcomes FCDO's International Women and Girls strategy 2023 – 2030, and its prioritisation of SRHR, empowering women and unlocking their social, political and economic agency. Whilst SRHR is not a standalone objective in the strategy, the strategy does fully recognise the critical role that SRHR plays in empowering women and girls.

Like FCDO IPPF recognizes the need to centre care on people. IPPF is providing person-centred care, prioritizing vulnerable and marginalized groups. We expand choice **by delivering integrated, quality SRH services, information, and education.** We accelerate access to safe abortion care. Digital health interventions and self-care are broadening choice, reach, and affordability. We therefore welcome the strategy's commitment to prioritising often-neglected issues for women and girls including safe abortion; comprehensive sexuality education (CSE); and SRHR in humanitarian emergencies, and the commitment to investing in women and girls at different key life stages, including adolescence.

IPPF share FCDO's commitment to push for the societal and legislative changes needed to make sexual and reproductive rights a reality for more people. IPPF MAs are shaping laws and policies, defending rights and leading strategic communications. Accurate CSE is helping adolescents and young people in and out of school to claim their sexual rights. We hold governments accountable for their commitments. Through community dialogue and feminist action, we are transforming harmful social and gender norms, including those sustaining sexual and gender-based violence.

IPPF recognizes that we cannot do this alone. Solidarity for change is a must to counter opposition to SRHR. We welcome FCDO's recognition that women and girls are leading agents of change and that women's rights organisations have a crucial role to play in advancing SRHR. IPPF is building bridges to other movements, sectors, and communities wherever SRHR can advance other human rights causes. Like FCDO, we fully support social movements, developing new technologies and using digital platforms to share research as part of a strategic shift to forming deeper partnerships. IPPF welcomes the strategy's specific funding commitments towards women's rights organisations.

We are experiencing a time of increasing hostility to SRHR, shrinking budgets for overseas aid, and competing priorities within those budgets. There is currently a strong polarisation on gender equality and SRHR. FCDO political and financial support could become a game changer and play a central role in contributing to neutralising the anti-gender and anti-SRHR movement.

FCDO's International Women and Girls strategy 2023 – 2030 is an appropriate and much called for framework to advance SRHR and (re)establish the UK Government as a leader and trailblazer for human rights and gender equality. It is a step in the right direction. IPPF welcomes the UK Government's promise of £238 million for work with women and girls, including the £200million allocation for the next round of the UK's SRHR WISH Dividend programme, and its commitment that by 2030 at least 80% of UK-funded programmes will have an objective to target gender equality. However, this is a fraction of the approximately **£4 billion that the Government cut from its Overseas Development Assistance budget.** We are disappointed that the strategy does not commit to restoring the UK's women and girls' budget in full.

IV. FCDO support to SRHR

Women's Integrated Sexual Health (WISH) programme

The UK Government has been at the vanguard of establishing SRHR as the cornerstone of successful development policy for decades. UK FCDO's flagship Women's Integrated Sexual Health project (WISH) is the embodiment of this approach: a historic investment in 26 countries which has achieved ground-breaking results, far exceeding expectations.

The WISH programme, under the strategy of 'Leave No One Behind', offers quality integrated and inclusive family planning and sexual and reproductive health services - to marginalized and hard to reach populations: the poor, youth under 20 and people living with a disability.

There are two 'Lots' implemented through different consortium structures. IPPF leads the Lot 2 WISH programme – **WISH2ACTION** - through 10 Member Associations and five consortium partners in 15 countries. IPPF WISH Lot 1 is a subcontract within a consortium led by MSI Reproductive Choices in six countries through our MAs in the Africa and Arab World regions.

IPPF uses the pioneering WISH Cluster Plus model, that brings together specialist SRH centres within a close radius, using poverty maps and client data to offer services to those who most need it. The clusters work in partnerships with government and private clinics, community-based distributors and faith-based organizations and leaders. The WISH model works with different formations of clusters and service delivery partners for services tailored to community needs.

Achievements of total WISH2ACTION programme (up to 2022)

Despite major cuts to the WISH2ACTION programme, the results achieved have been impressive. This indicates the success and pertinence of the programme conception and design.

- 26.5 million CYP against (revised after funding cuts) target of 18.9 million CYP
- 3,132,732 million additional users against (revised after funding cuts) target of 2,395,613
- 21.3% of clients reached to date are under 20.
- About a million clients living in severe poverty were reached with SRH/FP services in 2020/2021
- 10% of all clients in 2021 were classified as persons living with a disability

- Ongoing cooperation with 29 organisations of persons with disabilities
- Through our partners, we have built capacity and trained 2,857 stakeholders, including 678 members of Organisations of Persons with Disability, on disability inclusion in SRHR
- CYP was increased from a cumulative monthly average of 1,500 CYP at baseline in early 2019
- Challenging harmful contraceptive usage norms through social behaviour change communications (including 1124 radio spots; 990,000 individual radio broadcasts; 70 million listeners; 74 million television viewers; 344 films; 29 languages; 134 radio stations; 9000 individual TV broadcasts; 9.9 individual 60-minute views on social media etc)
- WISH2ACTION has averted: 4,028,922 unsafe abortions; 19,727 maternal deaths; and 11,927,007 unintended pregnancies

The total **WISH2ACTION** programme exceeded expectations despite the funding cuts.

Impact of funding cuts to WISH programme

WISH is arguably *the* most significant scale-up of lifesaving integrated SRHR services across Africa and Asia, however, the severe cuts in funding have had an undeniable and multifaceted impact. The enduring story of the funding cuts is one of **missed opportunity for transformational sustainable change to services and policies**: by operating at scale and implementing successful models with the partnership of public sector providers, WISH had the potential to make a marked shift in the everyday lives of hundreds of thousands of women and girls.

WISH Programme: impact of funding cuts:

- **WISH2ACTION (WISH Lot 2) – awarded in 2018 for £132m for 3 years in 15 countries to September 2021 and had a funding cut of 38% over 2.5 years:** WISH Lot 2 programming including service delivery was closed in Afghanistan, Bangladesh, Zambia, Mozambique and Zimbabwe by September 2021, with the Pakistan programme closing by December 2021. This reduced the global project from 15 countries to 9 countries. Where programmes continued, it was only at 30% of a possible capacity.
- **WISH Lot 1 – sub awarded to IPPF in 2018 £8m for 3 years in 3 countries (to September 2021) funding cuts of 38% over 2.5 years:** The impact of the budget reduction on WISH Lot 1 was significant, particularly as the project supported Chad, Mauritania and DRC where the SRHR needs are the greatest. Overall, the cuts resulted in a 40% reduction in the programme’s global footprint.

IPPF-implemented WISH2ACTION programme: impact of funding cuts

The following figures and observations indicate the actual **impact achieved by IPPF MAs through the WISH2ACTION** programme (in 9 countries) versus what could have been achieved with the funding originally assigned:

- Total CYP: a 23.2% reduction from 24.5 million to 18.8 million, with the most reduction in Ethiopia, Mozambique and Pakistan
 - Total users of family planning: a 35.5% reduction from 5.9 million to 3.8 million users
 - Total unintended pregnancies averted: a reduction of 35% from 3.4 million to 2.2 million, with reduction as high as 76% (Malawi), and 71% (Ethiopia)
 - Unsafe abortions averted: a reduction of 30% from 934,000 to 653,000. In Uganda, 43% fewer.
 - Maternal deaths averted: a reduction of 34.2% from 3800 to 2500. In Mozambique, for example, this was 47% less than projected.
 - Child deaths averted: a reduction of 45.6% from 57,000 to 31,000. In Zambia, for example, it was as much as 68% less than projected.
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- The cuts have resulted in the staff loss of over **300 frontline staff for IPPF** and have meant a loss of **1,258 service delivery sites for IPPF**. We have lost the critical expertise and experience of these valued staff, as well as lost investments where they have undertaken training.
 - Also at risk are achievements building **public sector SRH capacity**, which take time to embed. This investment has not been fully capitalised on, given the scale back in operations. For instance, WISH2ACTION had rolled out the training and implementation of Quality of Care (QoC) initiatives across all public and private facilities the project was implemented. Embedding initiatives such as QoC require sustained follow up and mentoring until QoC structures and systems are well integrated.
 - The speed in which the cuts were made have **significantly challenged IPPF Member Associations in meeting the enormous demand for SRH services**, already working within extremely difficult contexts, and further compounded by the additional challenges of ensuring SRH access during the COVID 19 pandemic.
 - Of critical concern is the risk that the **WISH2ACTION project fails to realize its sustainability goals** in each country with the roll-back of some of the advocacy achievements, including gains made in disability-inclusive services.
 - The relationships that have been steadily built with national governments, that are essential to create an enabling environment for SRHR have been drastically undermined. **A hallmark of the WISH2ACTION programme has been the close ties with Ministries of Health and public service providers. Whilst significant progress has been made, the potential of creating lasting impact has been curtailed.** Pausing the most effective and successful intervention is a double blow, creating more space for aggressive opposition to our issues and pushing progress back by years. For instance, WISH2ACTION has made significant progress in promoting awareness/demand creation and uptake of services in conservative settings such as Somalia and South Sudan. Critical policy advocacy work done by WISH2ACTION in

Malawi and Madagascar aimed at law/policy liberalization for safe abortion will be lost.

- Finally, **hundreds of thousands of women and girls have had access to, and then lost, access to essential, life-saving and life changing services. The trust that has been gradually developed between service providers and clients has been severely impacted** - women have found themselves cut off from services they have come to rely on. This trust is hard-won but easily lost.
- This damaging process has posed severe reputational risk for the UK Government's credibility, potentially limiting its influence and convening power. The FCDO's International Women and Girl's Strategy specifically notes that FCDO's is well positioned to '*step up, defend the gains and drive progress for women and girls, building on a long and strong global track record*' and to deploy its '*diplomatic partnerships, development programmes and specialist expertise*' (p.10). It is our observation that the severe funding cuts have the potential to undermine this position, and call into question the UK Government's long-term commitment and vision.

Case study: WISH2ACTION in Mozambique

Mozambique is characterised by high SRHR needs, especially among the youth population. Modern method contraceptive prevalence rate stands at 33.5% (FP2020, 2018); maternal mortality ratio is at 289/100,000 (World Bank 2017); 64% of the population live in remote rural areas; 36.6% of girls aged 15-19 are currently married/in union and 40.2% of girls gave birth before age 19 and 7.8% before age 15.

WISH2ACTION in Mozambique, through AMODEFA, IPPF's MA, supported 102 static public sector sites to provide integrated SRHR services and supported Community Health Workers to mobilize clients and provide short-acting contraceptive methods. Due to Mozambique's vast size and distances from facilities, these outreaches are essential for reaching women living in poverty. AMODEFA also ensure they have representatives from disabled people's organizations to ensure disability-inclusive mobilization and services. Outreach work includes reaching IDP camps in Cabo Delgado, providing essential services to people displaced due to the insurgency. AMODEFA was one of few partners providing SRHR services to the women in the camps. Wherever possible, they offered integrated services for a more holistic, primary health care approach, including screening and counselling for SGBV.

With the sudden funding cuts, WISH2ACTION programme only achieved a fraction of what was possible and anticipated under the initial conditions of the award in Mozambique: 46% fewer CYP were provided; 66% fewer users of family planning were reached; 51% fewer unintended pregnancies and unsafe abortions were averted; 46% fewer maternal deaths and 51% fewer child deaths were averted.

UKAid Connect ACCESS programme (Lebanon, Mozambique, Nepal, Uganda)

The ACCESS programme was based on evaluation and learning to produce evidence-based, sustainable approaches to under-represented SRHR issues for marginalised and hard-to-reach populations. This tied well with FCDO's priority areas of reaching women and girls, gender transformative approaches, and leaving no-one behind.

After an extensive inception phase, the programme was implemented in 4 countries: Lebanon, Mozambique, Nepal, Uganda with a budget of £21 million over 5 years: the programme was closed after only a few months, and after significant investment in start-up and creation. Funding was cut by £16.7 million.

Despite its short implementation period, the ACCESS programme was already showing results: an initiative in Nepal on supported self-care for medical abortion was producing evidence to support advocacy efforts for the government to permanently adopt interim COVID-19 guidelines for delivery of medical abortion outside the clinic setting, for example.

If allowed to continue, the ACCESS programme would have generated important learnings on how to reach the world's most marginalised groups with comprehensive SRHR to help them adapt and become more resilient in humanitarian crises.

ACCESS was designed to be flexible and adaptive. With this flexibility, the consortium was able to make modifications that ensured all planned initiatives continued to be relevant in the context of COVID-19, and account for the challenges that in-country implementing partners faced with health concerns, restricted movements, and altered priorities. What's more, the COVID-19 pandemic highlighted not only the need to strengthen and develop resilient and inclusive approaches to comprehensive SRHR for the most marginalised, but also that secondary impacts that may be felt for years are likely to disproportionately affect the poorest and most marginalised.

V. RESPONSE TO FOCUS AREAS OF UK IDC ENQUIRY

Is the FCDO's approach to sexual and reproductive health programming in lower-income countries (LICs) sufficiently responsive to the needs of communities in lower-income countries?

It has been encouraging to see FCDO's response to the needs of communities in LICs through projects such as WISH which was mostly implemented in LICs. In addition to being supplementary to the efforts of the governments of these countries, the FCDO support purposely prioritized addressing the needs of the most vulnerable of the communities in those countries. Nonetheless, it falls short of the huge needs that exists in LICs. The SRHR reality in the majority of LICs is that it is not prioritized for resource allocation nor is it given priority consideration in policy reviews. As a result, it is largely supported with resources made available through donors such as FCDO.

The WISH2ACTION programme has made significant achievements in the countries it was and is being implemented in. However, these efforts were negatively affected by the premature closure of the programme in some countries and the substantial budgetary reductions limiting access to services for the hard to reach and long term policy change to support SRH rights.

How effective is the FCDO's work on SRH in support for the provision and delivery of:

- **Contraceptive supplies and healthcare services:** The FCDO support to the global FP commodity supply chain through UNFPA has been a critical contribution to ensuring delivery of services in several countries. However, there needs to be a proper analysis of the effectiveness of the UNFPA system including looking at the direct and indirect cost of managing the supply chain, cost if other alternatives were to be used, etc. In addition, the global supply chain has been observed to have significant delays and bureaucracies in decision making. FCDO would do well to consider direct funding for commodity procurement to NGO-led programmes due to reduced bureaucracy and more timely procurement and delivery.
- **Family planning education and information programmes to communities**
A key WISH2ACTION output is **Community/Individual Choice** – *people having the knowledge and community support to make informed SRHR decisions*. To contribute to the achievement of this output, the programme developed and implemented social behaviour change communication strategies that focus on specific segments of populations deemed priority groups under the WISH2ACTION programme such as young people, people living in poverty and people with disabilities. The SBCC strategy aimed to address barriers including knowledge gaps as well as social and societal norms which limit the uptake of sexual and reproductive health services. Key SBCC achievements implemented under WISH2ACTION include: **Mass media/radio** (content covered broad areas, promoting delayed first childbirth for young people, child spacing, youth stigma, myths and misconceptions, promoting correct use of EC, male and other community influencer involvement. To date, the program has broadcast in over 30 radio stations, in 26 local languages); **Community engagement**. Implementing partners adopted several approaches to SRH awareness creation and service delivery demand creation, engaging over 13,000 front line workers to conduct community dialogues with women and girls, men and boys, and other community influencers to address barriers and address negative social norms to access SRH information and services.
- **Maternity services and support for new-borns, including ending preventable deaths:** FCDO supported programmes such as WISH2ACTION make substantial contribution towards ending preventable deaths, as evidenced by the results achieved under the WISH programme to prevent maternal and child deaths. However, FCDO could play an enhanced role in ending preventable maternal deaths by working towards a stronger accountability by the governments of the countries it partners with. The major causes of maternal and even new-born deaths are well known and the required interventions to prevent morbidities/mortalities are well established. FCDO would do well to work with other donors and CS to improve accountability through sustained campaigns.

How could the FCDO target the use of funding for SRH programmes more effectively?

A number of approaches could improve targeting of funding for SRHR programmes:

- Undertake extensive assessment of the policy environment including the priorities of the governments, the needs and the gaps, the role of other donors,
- Engage the major stakeholders in the pre-planning, the planning, the start-up and implementation phases (secures full buy-in, allows strategic integration, allows building sustainability plans, etc)
- Minimize or avoid short term funding and commit to fund for minimum of five years or longer based on a clear strategic funding framework,
- Consider direct support to capacity building of government counterparts such as Ministries of Health (embedding system strengthening),
- Develop clearer value for money frameworks and stronger guidance on what works in SRH programming yielding the most impactful and value for money investment.

Is the FCDO's work in this area sufficiently integrated with other areas of programming, such as national health systems strengthening, nutrition and girls' education?

The level of integration with other areas of programming has varied from country to country depending on the areas of interest within the in-country FCDO missions, with bilateral and multi-country funding, further efforts should be made to seek complementarities between different programmes such as education and health to link young people to access to SRH services.

Does the FCDO's new global Women and Girls strategy sufficiently address sexual and reproductive health?

We welcome the new global Women and Girls strategy and together with it the announcement of the WISH Dividends funding stream however we note that the amount earmarked for WISH Dividends (£200m over 5 years) represents a significant decrease in the amount of funding allocated for the current WISH programme. Effective implementation of the strategy would require the funding allocations to match in order to capitalise on the investments already made and to achieve lasting and sustainable impact.