

Ipas Development Foundation

ANNUAL REPORT | 2015 - 2016



FOREWORD

At IDF, over the last year, we continued to expand access to comprehensive abortion care in the public sector and accelerate services which resulted in more than 2,00,000 women being served this year- most at sites and by providers who were offering these services for the first time.

Additionally, through the quick rollout of our comprehensive contraceptive care (CCC) project, we have improved women's access to contraception services at 155 sites in two states. This intervention has provided IDF with an innovative learning opportunity to close gaps in ensuring comprehensive reproductive health care for women.

In the years since the enactment of the Medical Termination of Pregnancy Act, 1971, there have been significant landmarks in the journey to safe abortion care, but so many women continue to lack access to information and services. To change this situation, coordinated multifaceted interventions by various stakeholders are required, beyond those currently working in the area of safe abortion.

Our focus has moved beyond that of enabling access to contraception and comprehensive abortion care at primary health facilities. We are working on changing abortion from a public health concern to one of human rights and justice through interventions at the national level to expand the abortion discourse; build and expand NGO networks for sustainability; and we're working with communities, especially young people, to strengthen awareness and agency at multiple levels.

We still have a long way to go until women can seek and receive respectful, non-judgemental abortion care. Until this is accomplished, our work at IDF will remain unfinished.

Vinoj Manning

Executive Director

Ipas Development Foundation



GENERAL BODY MEMBERS

Dr Manju Chhugani

Principal, Rufaida College of Nursing, Jamia Hamdard

Dr Jaydeep Tank

Consultant Obstetrician and Gynecologist at Ashwini Maternity and Surgical Hospital Center,
Chair Reproductive Endocrinology and Infertility Committee - Asia Oceania Federation of Obstetrics and
Gynecology (AOFOG)

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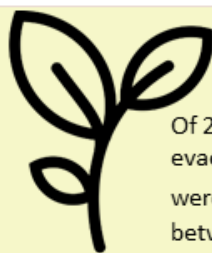
Strengthened
women's access to
reproductive health
services in 12
states.



2,52,363 women
served



118 CAC training centers
offering IDF's **ISO 9001-
2015 certified
training program**



Of 2,05,644 uterine
evacuation cases, 36%
were **young women**
between the ages of 15
and 24 years

88% of CAC trainees
received **post-training
follow-up and
mentoring support**



90% women received
CAC services through
the **use of
appropriate
technology** –
medical abortion or
vacuum aspiration



71% of trainees **started
providing CAC
services** after training



89% of uterine
evacuation cases were in
the **first trimester**

540 providers offering
CAC services for the
first time



99% newly
activated CAC sites
are at the primary
and secondary
levels

715 doctors trained
to provide CAC
services, 1213
healthcare
providers* trained
to provide CCC
services.



662 sites activated
through training of
providers and
infrastructure
development to provide
CAC services

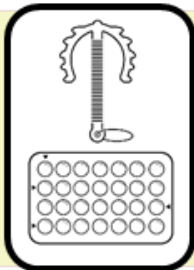


155 sites
activated in
Madhya Pradesh and
Jharkhand to
provide CCC
services

46,719 women counselled
and provided with
contraception under the
CCC project.



90% of sites
strengthened to
provide CCC are at
the primary and
secondary levels.



76% of CAC cases
received
postabortion
contraception




Over the last year, IDF continued to expand our efforts toward ensuring access to comprehensive abortion care (CAC) in 11 states. Over 2,00,000 cases of CAC services were provided by CAC-trained providers at intervention facilities supported by IDF. Of these, 36% were to young women (below the age of 24) and 76% received modern, postabortion contraception.

We renewed our partnerships with the governments of five states: Maharashtra, Rajasthan, Odisha, Bihar, and Chhattisgarh; and continued to work with Madhya Pradesh, Assam, Jharkhand, Karnataka, Uttar Pradesh, and West Bengal. Our work in these states involved strengthening health systems, training providers and supporting them to offer CAC services, including contraception.

We further strengthened our comprehensive contraceptive care (CCC) project, launched in 2014, through which we work to expand contraceptive choices in two states - Madhya Pradesh and Jharkhand. 155 facilities have been activated through an innovative onsite training model and 1,213 providers at primary, and secondary-level facilities are providing CCC services.

Our special projects in FY16 included community mobilization in two tribal blocks of Jharkhand to improve access to safe sexual and reproductive health services for young women; building relationships with NGO networks in Uttar Pradesh and Bihar for sustainable CAC services; and Yukti Yojana a public-private partnership in Bihar that provides free CAC services to women through private facilities.

This annual report highlights some of our key achievements through the year.



COMPREHENSIVE ABORTION CARE FOR WOMEN

A Roadmap for Increasing Access
15-16 February, 2016

NATIONAL CAC CONSULTATION

The National Consultation on Comprehensive Abortion Care for Women was convened by the Ministry of Health and Family Welfare (MoHFW) and IDF on 15 and 16 February, 2016 at Vigyan Bhawan, New Delhi. Over 180 national and state government representatives, technical officers, and civil society partners came together to deliberate on a roadmap for increasing access to CAC in the country. The following key issues were discussed:

- Increasing access to medical methods of abortion (MMA) in the public sector
- Strengthening postabortion contraception
- Quality of CAC training and service delivery
- Strengthening communication about abortion
- Addressing the conflation of safe abortion and gender-biased sex selection

A brief report on the Consultation can be found on the IDF website at www.ipasdevelopmentfoundation.org

E-MODULE ON MEDICAL METHODS OF ABORTION

IDF provided technical assistance to the MoHFW for the development of an e-module on MMA which was launched at the National CAC Consultation. A digital learning program, the e-module has been created to serve as an MMA-specific refresher course for providers trained in CAC. The course can be taken online by eligible providers (certified CAC or MTP providers and gynecologists) at their convenience to improve their skills and knowledge. Also released was an MMA training package consisting of a handbook with detailed technical information; a ready reckoner providing quick reference on drug dosage and schedule; and a follow-up card for clients.



INCREASING YOUTH ACCESS TO SAFE ABORTION

IDF is working in 247 villages of two tribal blocks of Jharkhand - Chaibasa and Chakradharpur - to strengthen knowledge, attitudes, and practices among young women on sexual and reproductive health and rights (SRHR) services, including abortion.

IDF worked with selected young women from the community and built their capacities for interpersonal communication and increased their technical knowledge. Using a participatory approach, we facilitated development of a communication strategy and information and education communication (IEC) materials. Youth leaders further field-tested these to ensure that they were apt for our target population.

With the understanding that successful community mobilization interventions require multipronged strategies, we also worked with community health workers; community leaders; and healthcare providers to guarantee that young women, once equipped with the right information, have the access to safe SRH services. We engaged with the *Manki Munda* - the traditional community leadership - to foster an environment of support; equipped accredited social health activists (ASHAs), auxiliary nurse-midwives (ANMs) and anganwadi workers to function as additional resources; and worked with youth-friendly doctors to negotiate lower rates for SRH services also making sure that these providers have the infrastructure and approval to provide services.



UNNATI: A NEW PROVIDER NETWORK

IDF launched *Unnati: A Center for Learning and Advancement* in FY16 as an interactive learning community for healthcare providers who we have trained in CCC. The primary objective of the network is to build a community of providers trained by IDF and to enable recognition, networking, and experience sharing. The network also offers IDF the opportunity to meaningfully engage with our trained providers and encourage a long-lasting connection and commitment to services. Over 1,500 doctors, nurses, and nurse-midwives who now provide contraceptive services have been enrolled in the network from Jharkhand and Madhya Pradesh.

BUILDING LOCAL CAPACITIES

In Uttar Pradesh and Bihar, IDF aims to foster state-level networks of local organizations that can sustain the CAC agenda. In FY16, we worked with three local organizations in Uttar Pradesh: Jyoti Gramin Kalyan Sansthan; Sumitra Samajik Kalyan Sansthan; and Vatsalya and four in Bihar: Lok Chetna Vikas Kendra; Association for Social Research and Action; Integrated Development Foundation; and Gram Vikas Praudyogik Sansthan. We have built the capacities of these NGOs and mentored them to facilitate CAC training at the district level, and deliver post-training support to trained providers.

IDF has worked closely with the NGOs to build their capacities not only to implement and sustain CAC programs but also to enhance their technical knowledge and skills. Apart from decentralizing the CAC intervention in the country, NGO networks will also increase the number of organizations working on CAC thereby ensuring this area of reproductive health receives continued attention.



NATIONAL CAC TRAINERS WORKSHOP

A two-day workshop for IDF's CAC Master Trainers was held in Kochi, Kerala on 26-27 February, 2016. 97 trainers from 10 states, representatives from states, the Ministry of Health and Family Welfare and the Federation of Obstetric and Gynaecological Societies of India (FOGSI) came together to deliberate on best practices, innovations for improving training effectiveness, and improvement of existing clinical protocols and quality of services. This also was an opportunity to recognize and reward CAC trainers and training centers for the key role they play in increasing access to CAC in the country.

ISO RECERTIFICATION

IDF's CAC training program was recertified and upgraded to the International Organization for Standardization (ISO) certification of 9001:2015 from the earlier ISO 9001:2008. This stands testament to the rigor and reliability of our training methodology and the potential to replicate and scale up. One of the key indicators for the upgrade was the customer satisfaction index measured for each of our training of trainers (TOT) over the last year. With a score of 95% we are delighted that our stakeholders have expressed their satisfaction with not only our teaching and skill building but also our resource materials, support of IDF staff, and our training schedule and sessions.



RESEARCH PUBLICATIONS

IDF continues to focus on conducting high-quality research and evaluation and program monitoring that leads to evidence-based strategies and guides program implementation. In addition we also undertake clinical and non-clinical studies to identify new areas and issues. In FY16, three of our studies were published in international peer-reviewed journals.

- **Associations between Abortion Services and Acceptance of Postabortion Contraception in Six Indian States:** Women receiving induced abortions or postabortion care are at high risk of subsequent unintended pregnancy, and intervals of less than six months between abortion and subsequent pregnancy may be associated with adverse outcomes. This study highlights the prevalence and attributes of postabortion contraceptive acceptance from 2,456 health facilities in six major Indian states, among 292,508 women who received abortion care services from July 2011 through June 2014. Published in December 2015 in *Studies in Family Planning*.
- **Expanding Availability of Safe Abortion Services through Private Sector Accreditation: a case study of the Yukti Yojana program in Bihar, India:** Recognizing the need to increase access to safe abortion services to reduce maternal mortality and morbidity, the state government of Bihar, introduced an innovative mechanism of accrediting private health care facilities. The program, Yukti Yojana, accredits eligible health facilities and supports them in providing abortion-related services free of charge to rural and low-income urban women. Published in November 2015 in *Reproductive Health*.
- **How prepared are young, rural women in India to address their sexual and reproductive health needs? A cross-sectional assessment of youth in Jharkhand:** Young, rural Indian women lack SRH information and agency and are at risk of negative SRH outcomes. Youth-focused interventions have been shown to improve agency and self-efficacy of young women to make decisions regarding their SRH. The objectives of this study were to assess young women's SRH knowledge; describe their health-seeking behaviors; describe young women's experiences with SRH issues, including unwanted pregnancy and abortion; and identify sources of information, including media sources. Published in October 2015 in *Reproductive Health*.

All three studies can be accessed on www.ipasdevelopmentfoundation.org

INTERNAL COMPLAINTS COMMITTEE

IDF recently constituted the Internal Complaints Committee (ICC) as per the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013 and the Rules. The ICC received no complaints during this year.

FINANCIALS

	FY 14-15		FY 15-16	
	Amount	% of total	Amount	% of total
Employee salary & benefit expenses	₹ 2,31,93,423	10%	₹ 251,80,783	9%
Project related expenses	₹ 17,08,31,836	75%	₹ 2226,70,176	77%
Other expenses	₹ 2,95,46,316	13%	₹ 343,23,812	12%
Depreciation expenses	₹ 54,13,681	2%	₹ 74,83,744	2%
Finance costs	₹ 72,404	0%	₹ 86,200	0%
Total	₹ 22,90,57,660	100%	₹ 2897,44,715	100%

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