



Ipas Development Foundation
ANNUAL REPORT 2016-2017



279,286 women served through IDF's comprehensive abortion care and comprehensive contraceptive care interventions

IPAS DEVELOPMENT FOUNDATION IN FY17

IDF strengthens women's access to reproductive health services in **12** states

We support:

1,874 comprehensive abortion care providers across 1,368 sites

2,012 health service providers across 450 sites offering comprehensive contraceptive care

INCREASING ACCESS TO COMPREHENSIVE ABORTION CARE



622 doctors trained as CAC providers, from 529 facilities

76% of newly-trained providers eligible for the first time to provide CAC services

121 training centers running IDF's ISO certified training

1,97,293 uterine evacuation cases

Of these:

89% were conducted with the use of appropriate technology

76% received postabortion contraception

36% were young women between the ages of 15 and 24



495 health service providers trained to offer high-quality contraceptive care

61 newly-activated facilities

81,993 women counselled and provided with intrauterine contraceptive devices



INCREASING ACCESS TO COMPREHENSIVE CONTRACEPTIVE CARE

General Body Members

Dr. Manju Chhugani

Principal, Rufaida College of Nursing,
Jamia Hamdard

Dr. Jaydeep Tank

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

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Executive Director,
Ipas Development Foundation

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Director, Finance,
Ipas Development Foundation

Foreword

It is my pleasure to present to you Ipas Development Foundation's (IDF) annual report for the financial year 2016-2017. This year has seen us serving increased numbers of women with safe and comprehensive abortion and contraceptive care.

We believe in the importance of broadening the abortion discourse and of giving experts and activists in related fields a platform in which to come together, deliberate, and design truly comprehensive strategies to improve the lives of women. With this in mind, we launched the CAC Conclave in 2016 – a new and vibrant platform for collaboration on abortion and the broader reproductive health context.

We are truly proud that IDF has now been certified as a Great Place to Work – this validates our commitment to building and maintaining a supportive, employee-focused work environment.

Our work with partners at various levels – national, state, and community – provides us with the opportunity to increase the scale of our impact, and reposition abortion and contraception as choice and justice-based issues rather than just public health concerns. In the coming year, we look forward to more and more meaningful and impactful collaboration with our partners.

It is with renewed commitment to improving the lives and health of women that we at IDF close out this year.

Vinoj Manning
Executive Director
Ipas Development Foundation



Serving Women

In FY17, Ipas Development Foundation (IDF) continued our work to prevent and manage unwanted pregnancies, and to end deaths and disabilities from unsafe abortion. We continued to work closely with the governments of 12 states: Maharashtra, Rajasthan, Odisha, Bihar, Chhattisgarh, Madhya Pradesh, Assam, Jharkhand, Karnataka, Uttar Pradesh, West Bengal, and Meghalaya to increase access to CAC. We increased the number of trained and certified abortion service providers with 622 new doctors certified to provide comprehensive abortion care (CAC) services. We facilitated more than 195,00 CAC services; 89 percent of these were conducted using appropriate technology – medical abortion (MA) or manual vacuum aspiration (MVA). 76 percent received postabortion contraception before leaving the facility. 71,400 cases were of young women between the ages of 15 and 24.

In addition to our work on CAC, we strengthened comprehensive contraceptive care (CCC) services in Jharkhand and Madhya Pradesh. 81,993 women received contraceptive care, and 495 health service providers completed our onsite training to offer a basket of contraceptive choices to women.

We continued our work at the national level with technical assistance to the Ministry of Health and Family Welfare, Government of India. We raised awareness on the importance of access to comprehensive abortion and contraceptive care through our engagement with established and new civil society, technical, and media partners.

CAC Conclave

Expanding the Discourse on CAC

IDF has worked in India on abortion for over a decade, and our on-ground experience has revealed that the issue of abortion rests within a health, social, and legal nexus with many intersecting issues that can have an impact on access to safe services. Our years of successful partnerships have also led us to identify change-makers in reproductive health and related fields. Combining these two matters, we identified the need for fostering a new generation of voices and a platform for meaningful collaboration, this led to the conceptualization of the CAC Conclave.

At the very first CAC Conclave conducted in New Delhi on June 27 and 28, 2016, IDF brought together advocates, service providers, lawyers, and researchers working to increase access to safe abortion services and other related fields. The CAC Conclave was conducted in collaboration with the International Institute of Population Sciences, Human Rights Law Network, the YP Foundation and CAC Connect.

CAC Conclave 2016 provided a space for knowledge and experience sharing on the following themes:

- Young Women
- Abortion and Technology
- Abortion and Law
- Abortion and Research
- Abortion in Media

A copy of the CAC Conclave 2016 report can be downloaded from our website:
www.ipasdevelopmentfoundation.org

Young Women and Safe Services

IDF is working in two tribal blocks of Jharkhand to strengthen knowledge, attitudes, and practices among young women on sexual and reproductive health and rights and services, including abortion. Substantiating our awareness-building efforts with young people in the community, IDF selected six CAC service delivery facilities (both public and private) in the two blocks where we worked closely with 21 CAC providers to sensitize them on offering youth-friendly services. We focused not just on improving clinical practices and counselling skills of providers, but also of their staff who play an important role in the care-receiving experience of young women. We worked closely with the providers to prime these sites for youth-friendly services by arranging adequate seating and counselling space, display of IEC materials, and improving contraceptive availability. These sites have thus far provided sexual and reproductive health services to almost 2,000 young women. Addressing the financial constraints that young women are likely to face, we successfully negotiated a reduction in rates for them at the private facilities, thereby alleviating a substantial impediment to seeking safe services.

Abortion Laws in India

A Review of Court Cases

IDF partnered with the Centre for Health Law, Ethics and Technology, Jindal Global Law School, on a report on legal judgments and orders relating to the medical termination of pregnancy. The report clarifies provisions of the Medical Termination of Pregnancy (MTP) Act, highlights contradictions and gaps in the MTP Act and related laws, including the Pre-Conception and Pre-Natal Diagnostic Techniques (PC&PNDT) Act, and the Protection of Children from Sexual Offenses (POCSO) Act, and examines the implications of the language and legal conclusions in abortion judgments.

Examining issues in implementing the MTP Act, the report also provides summaries of key Supreme Court, High Court, and District Court judgments on various themes including consent; human rights; protection of MTP/CAC providers who follow the requirements of the law; and international treaty monitoring bodies' interpretation of obligations to provide access to safe abortion services. The report is meant to be used by women, providers, policy makers, and activists in the following ways:

- To find answers to key questions on the MTP Act
- To explore spaces for future or increased advocacy
- To design education and training material to increase awareness

A copy of the report can be downloaded from our website (Resources):
www.ipasdevelopmentfoundation.org

Strengthening Voices on Women's Access to Comprehensive Abortion Care

Recognizing the importance of positioning access to safe abortion as a women's health and rights issue, IDF has been engaging with the media to increase public awareness and build a better understanding of CAC. To this end, we organized a dialogue with representatives of the media in Jaipur, Rajasthan, on January 24, 2017. Journalists from various publications including *The Times of India*, *Hindustan Times*, *Rajasthan Patrika*, *Dainik Bhaskar*, and *Veer Arjun* were present. Participants deliberated on issues around women's access to comprehensive abortion care (CAC); gender-biased sex selection; and the critical role of the media in championing the health and rights of women and girls, with a special focus on Rajasthan. We will continue our work with the media in the coming year to ensure woman-centered narratives on abortion and to empower journalists with the requisite knowledge to improve the accuracy and depth while reporting on abortion.

In addition to our work with the media, we have also been connecting with grassroots NGOs to enable them to reach communities with accurate information on abortion care and access to their communities. At a workshop with NGO representatives held in Jaipur on January 25, IDF had the opportunity to engage with and learn from participants working in areas interlinked with abortion care. Participants highlighted the need to improve community awareness on abortion. They shared examples of encounters with women, including young women, who put their lives at risk by seeking services from illegal and untrained providers because of insufficient information about safe services. Abortion stigma, which often prevents open discussions on abortion within communities, was also highlighted as a key issue. The workshop provided an opportunity to orient participants on the conflation of the Medical Termination of Pregnancy (MTP) Act and the Pre-Conception and Pre-Natal Diagnostic Techniques (PC&PNDT) Act with the goal of ensuring access to safe abortion while addressing gender-biased sex selection.



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नमो

A Good, Replicable, and Innovative Practice

Yukti Yojana

Yukti Yojana is a unique public-private partnership between the Government of Bihar and IDF under which women receive high-quality, free-of-cost abortion care from accredited private clinics that are then reimbursed by the respective District Health Societies. The program complements existing public-sector CAC services in Bihar. This initiative was featured in the book 'Winds of Change: Good, Replicable, and Innovative Practices' released by the Ministry of Health and Family Welfare (MoHFW) in 2016. The book is a compendium of programs and innovations that are relevant to healthcare needs of the population, especially those who are disadvantaged and marginalized; and those that facilitate better healthcare in terms of accessibility, affordability, quality, and equity. Importantly, these programs have been identified as having the potential for wide-scale application. Yukti Yojana was also showcased at the Third National Summit on Good, Replicable Practices & Innovations in Public Health Care Systems in India organized by MoHFW in August, 2016.

Regional Orientation

CAC

IDF, in collaboration with the Ministry of Health and Family Welfare, Government of India, organized a workshop in Guwahati on March 1, 2017, to orient key officials from the North Eastern states – Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, and Sikkim – on the guidelines issued by the Government of India for strengthening CAC implementation. Discussions at the workshop revolved around the challenges that women in the region face when it comes to access and availability of services; the need to reduce maternal mortality and morbidity due to unsafe abortion; and the consequent need to ensure comprehensive, woman-centered abortion care. The workshop concluded with representatives of each state drafting detailed action plans for their states, with a focus on capacity building of providers; ensuring availability of commodities; and strengthening CAC reporting.



Building Sustainable CAC Services in Uttar Pradesh

In FY17, we continued our collaboration with the Government of Uttar Pradesh to strengthen the state's health system for providing CAC services; and moved closer to our goal of fostering a network of state-level organizations for sustainable CAC services. Our capacity-building efforts with three NGOs – Jyoti Gramin Kalyan Sansthan; Sumitra Samajik Kalyan Sansthan; and Vatsalya – have now resulted in these NGOs independently facilitating CAC training of providers in nine training centers, and offering post-training support to almost 170 providers.

Our technical assistance to the Government of UP has also resulted in the launch and operationalization of a website through which private facilities in the state can apply for CAC registration and submit their CAC documentation.

IDF's work in the state has been lauded by the Directorate of Family Welfare, National Health Mission, Government of Uttar Pradesh, in November 2016, with a certificate recognizing our contributions toward strengthening CAC trainings and service delivery.

Research Publications

IDF's Research and Evaluation unit conducts high-quality research on abortion and related issues to expand the abortion knowledge-base. In FY17, two of our studies were published in international peer-reviewed journals.

Evaluating the relative effectiveness of high-intensity and low-intensity models of behavior change communication interventions for abortion care-seeking in Bihar and Jharkhand, India: A cross-sectional study: This study compares the effectiveness of two behavior change communication interventions in Bihar and Jharkhand designed to improve women's knowledge and usage of safe abortion services, as well as the dose effect of intervention exposure. The first intervention, a high-intensity model (HIM), consisted of communication activities including interpersonal communication through group meetings and interactive games, wall signs, street dramas, and distribution of low-literacy reference materials. Unlike the HIM intervention, the BCC strategy used in the second intervention, a low-intensity model (LIM), was focused on increasing access to safe abortion services in 949 villages through community intermediaries and wall signs. *Published in December 2016 in BMJ Open.*

An exploration of the socio-economic profile of women and costs of receiving abortion services at public health facilities of Madhya Pradesh, India: Maternal mortality, which primarily burdens developing countries, reflects the greatest health divide between rich and poor. This is especially pronounced for access to safe abortion services. Primarily due to confidentiality concerns, poor women in India prefer private services which are often offered by untrained providers and may be expensive. In 2006, the state government of Madhya Pradesh (population 73 million) began a concerted effort to ensure access to safe abortion services at public health facilities to both rural and urban poor women. This study aims to understand the socio-economic profile of women seeking abortion services in public health facilities across this state and out-of-pocket cost accessing abortion services. In particular, we examine the level of access that poor women have to safe abortion services in Madhya Pradesh. *Published in December 2016 in BMJ Open.*

Both studies can be accessed on www.ipasdevelopmentfoundation.org/resources

Great Place to Work Certification

In FY16, IDF received the Great Place to Work certification, which is testament to our commitment to building a high-trust, high-performance work culture as we endeavor to improve the lives and health of women.

Great Place to Work® Institute is a global research, consulting, and training firm that helps organizations identify, create, and sustain great workplaces. Their research methodology is recognized as rigorous and objective and considered as the gold standard for defining great workplaces across business, academia, and government organizations. We at IDF, are delighted to have this recognition of our efforts to build a great work environment that leads to great results.

Financials

| | FY 16-17 | | FY 15-16 | |
|---------------------------|---------------------|-------------------|---------------------|-------------------|
| Expenditure | Amount (INR) | % of total | Amount (INR) | % of total |
| Employee benefits expense | 2,79,84,461 | 8% | 2,51,80,783 | 9% |
| Project-related expenses | 30,58,44,965 | 86% | 22,26,70,176 | 77% |
| Other expenses | 1,76,66,445 | 5% | 3,44,10,012 | 12% |
| Depreciation expense | 55,85,670 | 1% | 74,83,744 | 2% |
| Total | 35,70,81,541 | 100% | 28,97,44,715 | 100% |

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

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The photographs used in this publication are for illustrative purposes only; they do not imply any particular attitudes, behaviors, or actions on the part of any person who appears in the photographs.

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