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# Annual Report 2021-22



**Ipas Development Foundation works to prevent and manage unwanted pregnancies.**  
**In 10 states, we focus on training health providers and undertaking research & evaluation to improve the reproductive health of women and girls.**

### **General Body Members**

**Dr Manju Chhugani**

Dean, School of Nursing Sciences & Allied Health, Jamia Hamdard

**Dr Jaydeep Tank**

President Elect, Federation of Obstetrics and Gynaecological Societies of India (FOGSI),  
Chair International Federation of Obstetrics and Gynaecology (FIGO) Safe Abortion Committee,  
Deputy Secretary, Asia Oceania Federation of Obstetrics and Gynaecology (AOFOG)

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**Mr Vinoj Manning**

Chief Executive Officer, IDF

**Ms Anisha Aggarwal**

Senior Director, Strategy & Development, IDF

**Ms Pooja Sethi**

Senior Director, Finance & Administration, IDF

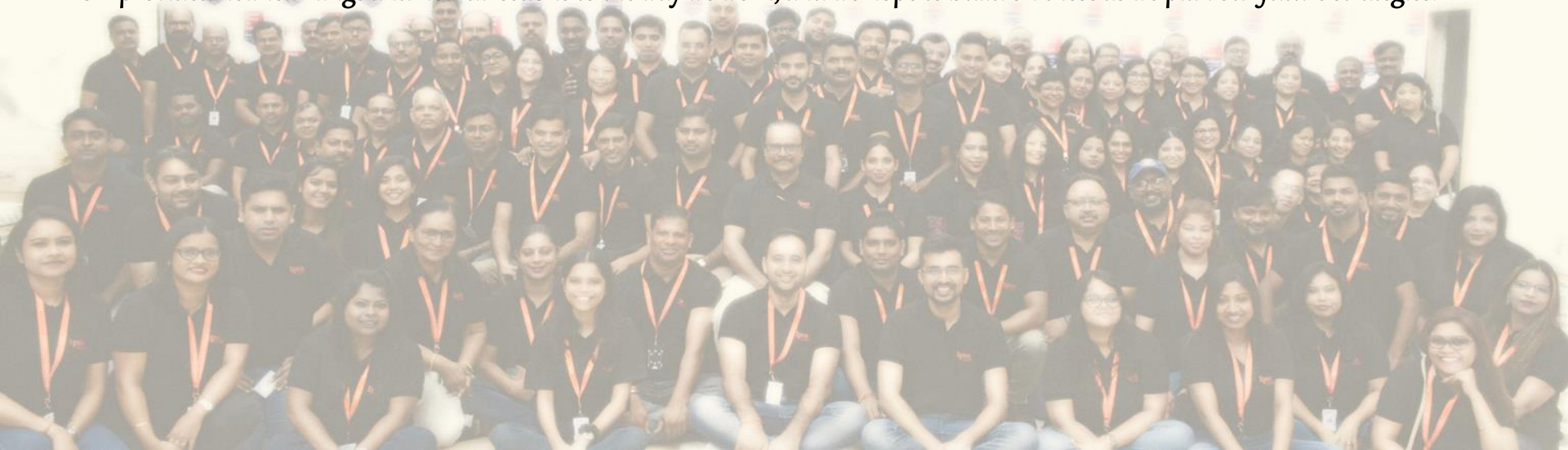
## Reflecting on the year gone by...

Building on years of work, we continued to strengthen our efforts to further advance access to comprehensive reproductive health services for women and girls. In this report, we share the key highlights and achievements of our work in 2021-22.

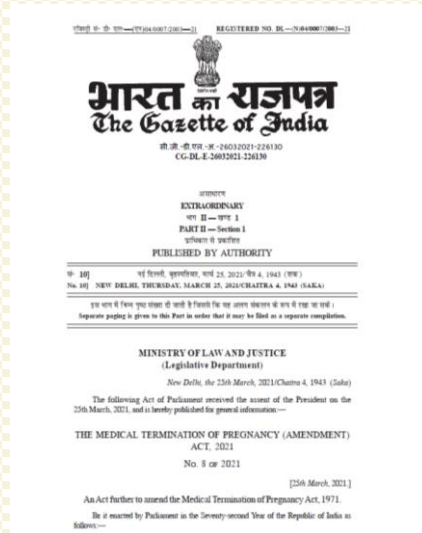
Consolidating the range of experience and depth of our efforts, we defined an ecosystem framework for our work going forward. We are driven by a vision to ensure unhindered access to abortion and contraception care for women, particularly vulnerable young women and girls, and believe this requires the creation of a sustainable ecosystem that is supportive and responsive to their sexual and reproductive health (SRH) needs. The ecosystem framework adopts a holistic and integrated approach to prioritize SRH access across all levels – policy and guidelines, financing, health system, community, and individual levels.

As we work towards a sustainable ecosystem, we recognize we need to continually keep evolving and look at better ways of working. This is why innovations have been a key focus for us this year – from developing artificial intelligence-powered solutions to conducting innovative research, from leveraging digital platforms to implementing initiatives for building organizational resilience. As part of our health system work, we focused on strategizing decentralization of SRH services to lower-level facilities and expanded our community-focused initiatives to focus on men and a range of influencers to strengthen women's agency for SRH.

**2021 provided new learnings and new directions to the way we work, and we hope to build on these as we plan our future strategies.**







## Amendments to the Abortion Law

The Medical Termination of Pregnancy (Amendment) Act, 2021 was approved and notified by the Government of India in March and September 2021, and the amended Rules were notified in October 2021. The amended law expands the gestation limit for legal abortions from 20 to 24 weeks for special categories of women and reduces the requirement of the opinion of registered medical practitioners for abortions up to 20 weeks from two to one.

IDF has been providing technical assistance to the national government in operationalizing the law and rolling it out at the state levels. At the national level, we are assisting the government in the development of:

- Guidance note for operationalizing medical boards for abortions beyond 24 weeks in cases of substantial foetal abnormalities, including list of potential congenital abnormalities to be considered for approval/denial of termination as well as few termination regimes from global resources
- Guidance note on operationalizing medical abortion training and medical abortion training manual.
- Revised CAC Training and Service Delivery Guidelines.
- Revised documentation formats for CAC.
- Range of IEC materials for officials, service providers, community intermediaries, and the community.

Further, we collaborated with governments of five states – Assam, Bihar, Madhya Pradesh, Odisha, and Rajasthan – to conduct state-level dissemination of the amended law. The workshops were attended by key state- and district-level officials, trainers, and public sector service providers. We are also leveraging district-level CAC and family planning meetings for further penetration of the information to all relevant stakeholders.

# NATIONAL GOVERNMENT

## 50 years of legal abortion in India

On August 10, 1971, India enacted the MTP Act that legalized abortions under certain conditions. Marking the day, we launched our short film on the country's abortion journey – with glimpses of gains and hopes – and our role in it as partners of the Ministry of Health and Family Welfare, Government of India, and others.



Working consistently through two decades in the country, we have cemented our partnership with the government and with the public health system. Here's a snippet of **acknowledgment by Dr Manohar Agnani** of the Ministry of Health and Family Welfare, Government of India

## Nodal Officers' Workshop 2022

Working in collaboration with the National Government, we hosted the State Nodal Officers' Workshop 2022 with participants from nine states, and Dr. Sumita Ghosh from MoHFW, GoI. Focused on disseminating the amended abortion law, the workshop included interactive sessions and poster presentations by state officials for sharing experiences and learnings.



# STRENGTHENING HEALTH SYSTEMS

## Building capacities of abortion providers

We continued our technical assistance to 10 state governments and facilitated training of service providers, strengthening of health facilities, and sensitization of health workers to expand safe abortion services in the public sector. In addition, as part of ongoing capacity building, we conducted provider resilience workshops that were a platform for the providers to share their experiences and learnings in offering abortion services. With participation of 25 providers from nine states, the workshops highlighted interesting field realities and provided deep insights into their work. We plan to scale up these workshops to continue to provide a supportive environment for abortion providers in the country.



## Decentralizing contraceptive services

Complementing our training efforts to strengthen comprehensive contraceptive services in Assam and West Bengal, we undertook efforts to decentralize contraceptive availability at Health and Wellness Centres (HWCs) to bring services closer to where women stay. We strengthened 100 HWCs across 17 districts in the two states by orienting relevant providers and undertaking other facility strengthening activities.

We also focused on strengthening integration of contraception into government's telemedicine program (eSanjeevani). In Assam, we assisted the National Health Mission to conduct trainings on newer contraceptives for medical officers from the state's 'Sampark' teleconsultation hub and medical officers from the functional medical college hubs with focus on tele-screening of women for first dose of MPA. Similarly in West Bengal, we conducted virtual orientation of district hub doctors to enable them to provide contraceptive services through eSanjeevani.



# RESEARCH AND EVALUATION

Along with program monitoring, we conducted community-based assessments and evaluations to understand gaps, assess the efficacy of interventions, and inform future programming.

## Highlights of key research undertaken:

Commissioned by the Family Planning division, MoHFW, we conducted an exploratory study to understand the trends and determinants of Centchroman use and experiences and perceptions of health care providers offering family planning services in the public health system in Assam and West Bengal.

The exploratory study adopted both quantitative and qualitative research techniques, including time series and descriptive analyses of records of health facilities, client satisfaction survey, and in-depth interviews with health service providers, stores in charge, and ASHAs.



To assess the efficacy of our youth-focused interventions, we conducted community-level research studies with young women and their key influencers in Assam, Jharkhand, and Madhya Pradesh. The results reaffirm that our program led to improved SRH knowledge among young women and

created a supportive ecosystem that ultimately led to improved pathways to service access.

We provided technical assistance in conducting a large-scale, formative research on DMPA-SC, a self-injectable contraceptive, covering 17,000 women, 750 providers and 1,000 pharmacies across 19 states. The research provided key insights and recommendations for introduction of DMPA-SC in the private sector and self-injection.

# STRENGTHENING COMMUNITY AWARENESS ON SRH

Through a mix of in-person reach and by leveraging digital technologies, we worked with community-based health workers including ASHAs and Anganwadi workers, and women and men in the community to improve awareness on contraception, abortion, and other sexual and reproductive health topics.



**गर्भपात के बाद परिवार नियोजन**

डॉ० अश्विनी कुमार  
संयुक्त निदेशक, परिवार कल्याण  
महाविदेशालय, लखनऊ, उत्तर प्रदेश

**मिशन Health**

डॉ० देवेन्द्र त्रिपाठी  
राज्य निदेशक,  
आईपीएस डेवलपमेंट फाउंडेशन

सजीव प्रसारण 08.04.22 को सायंकाल 06 बजे, पुनः प्रसारण 09.04.22 को प्रातः 6 बजे, डी०डी० यू०पी० पर  
Watch on YouTube : [www.youtube.com/c/DoordarshanUttarPradesh/live](http://www.youtube.com/c/DoordarshanUttarPradesh/live)

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Provided technical assistance to the government of Karnataka for **branding selected intra-city trains** with awareness campaigns on comprehensive abortion care and family planning. The trains covered eight districts of Karnataka across two months.



Participated in the Mission Health Program organized by the National Health Mission, Uttar Pradesh for a **live talk show on safe abortion**; the show was telecast on Doordarshan Uttar Pradesh



**Oriented ASHAs** to disseminate SRH information and improve referrals to health facilities



Conducted information **sessions with couples** on family planning methods



Facilitated **street theatre** in intervention villages for community sensitization on SRH



# PILOTING INNOVATIVE SOLUTIONS TO EXPAND SRH AWARENESS



## Technology solution for SRH for rural youth

Leveraging technology for reaching rural youth, we developed and launched *Disha Didi* in June 2021– IDF's interactive, WhatsApp-based chatbot. Co-created with young people in Jharkhand and Madhya Pradesh, the bot responds to queries on SRH topics like menstrual health, adolescence, contraception, abortion, reproductive tract infections, sexually transmitted infections, and Covid-19, and offers human counseling support when needed. Over the past year, the bot reached more than 10,000 unique users and had over 21,000 user engagements.

## #MenEngage

To garner the support of men for women's SRH access, we launched a pilot in the Namkhana and Sagar blocks of Sundarbans, West Bengal. We trained local men from the community to be peer educators to lead community-based activities. These peer educators are making focused efforts to enhance men's knowledge on SRH, especially contraceptives and abortion – nurturing them as change agents and supportive allies



## Digital campaign to normalize SRH conversations

Voices2021 was IDF's endeavor to initiate insightful conversations on SRH with urban young people. The two-month campaign aimed to simplify vocabulary around SRH, especially abortion, and to engage young people on SRH issues that matter to them. Beginning with an online survey to assess attitudes, beliefs, and information gaps on SRHR, the campaign was supported by video interviews with experts (click [here](#) to access); a media campaign with over 5,000 total engagements; newsletters shared with over 900 contacts on a weekly basis; and a webinar.

## We continued to deliver essential reproductive health services to women and girls

FY22

### ABORTION CARE



**851** providers trained to offer safe abortion services from **820** facilities

\*

**83%** of newly trained providers i.e. **705** MBBS doctors are now eligible for the first time to provide CAC services



**1,54,436 women and girls** received abortion care at IDF-supported facilities



**91%** of women accepted a modern method of contraception after abortion

**34%** of women who received services were under the age of 24

**89%** of women received CAC through use of appropriate technology

### CONTRACEPTION

**236** providers trained



**273** facilities supported to offer contraceptive services



**3,09,398** women received contraceptive services at IDF-supported facilities

### ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH



**25** adolescent-friendly health clinics strengthened

**1,60,000** young women aged 15-24 years received SRH information



**55,142** young women aged 15-24 years received SRH services

# IMPACT

## How our programs are improving women's lives

### CAC PROVIDER



*"Earlier, we didn't handle any such cases. We used to refer them to higher institutions which would be really far. After the CAC training, I am handling cases up to 12 weeks of gestation in my institution itself"*

– Dr. Prashant AS, Karnataka

*"Now we are able to talk freely to women about abortion. When women approach us, we are able to provide them with correct information like when can abortion be done, and under what circumstances."*

- Anita Devi, Bihar

### ASHA WORKER



### YOUNG BENEFICIARY



*"The meetings conducted by Youth Leaders where they explain everything are very nice and informative. They take us to the doctors if we have any problem."*

- Himadri Biswas, Assam



Rina Pradhan  
IDF-trained Youth Leader  
Jharkhand

*"Seeing the challenges that women in my community face has greatly influenced my outlook towards my work. I now have a better appreciation of the background influences that impact women's and girls' reproductive decisions," she says. "What I earlier thought to be just a health service, I now realize can actually be life-changing for a young woman. I believe I have the opportunity to positively influence their health and lives, and I am hugely motivated to support them to the best of my capacities."*

**Rina was part of the team conducting community research to understand the impact of COVID-19 on the sexual and reproductive health of women and girls.**



# AWARDS AND RECOGNITION

IDF has been consistently recognized as **Great Place to Work** by the Great Place to Work® Institute. We were ranked as India's Best Workplaces for Women 2021 (top 50), and India's Best NGOs to Work For™ 2021 (top 10)



Great Place to Work-Certified™  
from December 2021 –  
December 2022.  
**Certified for 6 years in a row!**



India's Best NGOs to Work For™  
2021.  
**Recognized for 5 years in a row!**



India's Best Workplaces for Women  
2021.  
**Recognized for 2 years in a row!**

# IDF'S CORPORATE SOCIAL RESPONSIBILITY

**i-Commit** is IDF's CSR program that supports IDF employees to make a social impact within their smaller communities by volunteering their time; IDF deploys financial resources to amplify the impact.

## COVID-19 Relief

IDF employees distributed nutrition kits, education kits, and COVID-19 prevention kits to 280 families in eight slum areas of Bhopal, Madhya Pradesh



## Quality Education





IDF employees donated stationery, school books, and reference material to 80+ students (10-19 yrs) linked to 'Manzil', a youth-led learning center in New Delhi.

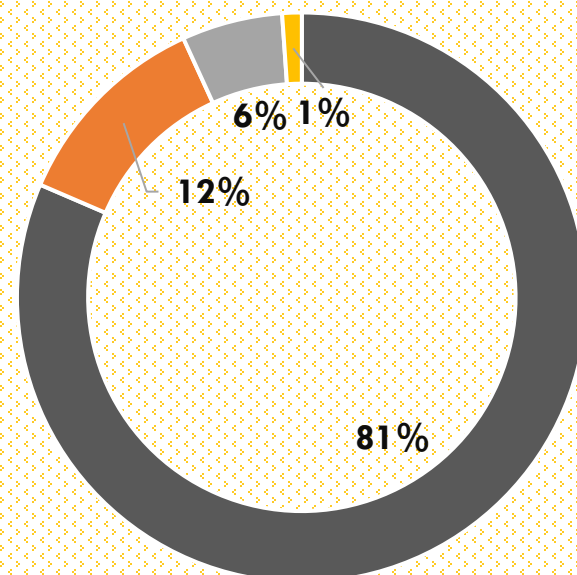


We are grateful to our donors for their continued commitment and support to IDF's mission



## FINANCIAL STATEMENT 2021-22

	Expenditure	Amount
	Project related expense	INR 25,33,83,162
	Employee benefits expenses	INR 3,63,92,300
	Other expenses	INR 1,77,85,193
	Depreciation expense	INR 34,48,498
	<b>Total</b>	<b>INR 31,10,09,153</b>





**IDF has a functional Internal Complaints Committee 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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Disclaimer: 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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