



Ipas Development Foundation

ANNUAL REPORT 2014-2015

162,946 WOMEN SERVED THROUGH IDF'S CAC AND CCC INTERVENTIONS

81% of women received post abortion contraception

91% of women received first trimester services

84% of women received services with appropriate technology

Ipas Development Foundation in FY15

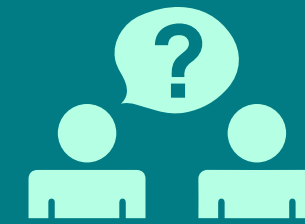


58,856 YOUNG WOMEN (15 – 24 YEARS) WERE OFFERED CAC SERVICES

101 ACTIVE TRAINING CENTERS



618 NEW SERVICE DELIVERY SITES ACTIVATED, OF WHICH 502 WERE AT THE PRIMARY LEVEL, REACHING THE POOREST AND MOST VULNERABLE POPULATIONS



100% OF ALL IDF-TRAINED DOCTORS RECEIVED POST-TRAINING SUPPORT



IDF HAS TECHNICAL ASSISTANCE MOUs WITH 14 STATES FOR CAC AND 2 STATES FOR CCC



EXPANDED PROVIDER BASE FOR ABORTION CARE BY TRAINING 474 FIRST-TIME CAC SERVICE PROVIDERS

General Body Members of Ipas Development Foundation

Dr. Manju Chhugani

Principal, Jamia Hamdard College of Nursing, Jamia Hamdard University

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)

Board of Directors of Ipas Development Foundation

Mr. Vinoj Manning

Executive Director, Ipas Development Foundation

Mr. Kooloth Govindan Rajeev Kumar Nambiar

Director – Finance, Ipas Development Foundation

Ms. Anisha Aggarwal

Director – Development & Communications,
Ipas Development Foundation

Foreword

It is my pleasure to present to you Ipas Development Foundation's (IDF) annual report for the financial year 2014-2015. We as a team are very glad to have continued to reach increasing numbers of women with safe, comprehensive abortion care; for many of these women it will have been their first time receiving these services at a public health facility, and for many of these facilities it would have been the first time that they would have been able to offer these high quality services.

FY15 has internally been a watershed in IDF's growth and evolution as we have completed a full year as an Indian entity and successfully expanded our domain of work to include comprehensive contraceptive care.

The rationale for IDF's continued existence is the value addition we make to our key stakeholders; in addition to the women we serve, the continued confidence of the Ministry of Health and Family Welfare, Government of India, state governments and our civil society partners remains a matter of pride. The attrition rate at IDF continues to be low, serving as further validation of our organizational climate. Therefore, the external and the internal have been a source of deep satisfaction and have revitalized us to continue our efforts to reduce unsafe abortion and expand contraceptive choices.

IDF places a sharp focus on its vision of improving sexual and reproductive health in India and we can only do so with your continued support and collaboration.

Vinoj Manning
Executive Director
Ipas Development Foundation



Serving Women

In FY15, April 1, 2014 to March 30, 2015, Ipas Development Foundation (IDF) underwent an expansion in our scope, geographically and thematically. Most of our resources continued to go toward ensuring access to comprehensive abortion care (CAC); we expanded our program interventions and worked closely with the governments of 11 states – Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, and West Bengal. In these states, we worked intensively to strengthen health systems and providers and increased their ability to offer CAC services, including contraception.

We oriented community health intermediaries on legal aspects of abortion and availability of CAC services and equipped them with adequate information to guide women seeking safe abortion services. We formalized our partnership with the government of Uttar Pradesh to initiate the CAC program in the state. We continued to provide support to the CAC programs in Meghalaya and Uttarakhand.

In FY15 we facilitated more than 160,357 CAC Services; 84 percent of these cases were given abortion care using appropriate technology — Medical Abortion (MA) or Manual Vacuum Aspiration (MVA). 81 percent received post abortion contraception before leaving the facility. Of these 160,357 cases, 91 percent received first trimester abortion care. 58,856 cases were of young women between the ages of 15 and 24.



Ipas Development Foundation now works in 14 states to ensure access to safe abortion and in 2 states to expand access to contraception.

Building Capacities

Ipas piloted the CAC program in 2002 in three districts with the objective of establishing CAC services in the public health system. In FY15 we implemented the full program in 11 states where we trained eligible providers and followed up with intensive need-based support at their sites to enable initiation and continuation of high-quality CAC services. Providers trained by IDF in these 11 states conducted 155,000 CAC cases in FY15. Most women who received CAC services in the public sector were poor with no or limited choices to explore safe and quality services. These women would most likely have had to approach unsafe providers in the absence of services offered by IDF-trained providers.

Key Highlights

- An International Organization for Standardization (ISO) certified CAC training program at 101 district and medical college hospitals established as CAC training centers in 11 states.
- CAC training of 638 public-sector doctors, including CAC certification of 474 MBBS doctors to offer legal and safe abortion services.
- Post-training follow up and mentoring support to each and every trained provider to identify and address barriers to service provision. This includes assisting local officials to resolve issues related to facility-infrastructure and supply of essential equipment and drugs; and clinical mentoring of trained providers to bolster their clinical confidence for service provision. Of the 638 doctors trained, 82 percent provided services regularly.
- Made CAC services available at primary health centers thereby reducing the time and cost required by a woman seeking an abortion service - of the 618 public-sector facilities activated in FY15, 81 percent were primary health centers.



Expanding Contraceptive Choices


In June 2014 we embarked on a new project to expand access to comprehensive contraception care (CCC) in two states – Jharkhand and Madhya Pradesh – in collaboration with the Ministry of Health and Family Welfare (MoHFW) and the respective state governments. Using an innovative onsite training model, IDF's mobile training teams train doctors, nurses, and other eligible health service providers to offer women contraceptive choices and care. We follow this up with clinical mentoring and programmatic support to ensure sustained, high-quality services.

Redefining Public-Private Partnerships

Yukti Yojana is a unique public-private partnership through which women receive free abortion care from accredited private clinics, it aims to complement existing public sector services and make available high-quality abortion care free-of-cost to women in Bihar. IDF continued to assist the government of Bihar in facilitating Yukti Yojana in FY15. Initiated in 2011, the program, provided 1133 CAC services each month through private clinics in the state.

Private clinics are reimbursed by the District Health Society for the provision of these services – in FY15, private clinics were reimbursed total of ₹ 1,428,864 under Yukti Yojana.





Ensuring Access for Young Women in Urban Slums

In Pune, Maharashtra, we worked with women, especially young women, from urban slums to inculcate informed attitudes toward contraception and abortion.

An end line study conducted in 2015 showed that the intervention was successful in building youth capacities; empowering young women with correct information and informing them of youth-friendly reproductive health services; training and sensitizing providers to the SRH needs of young women and documenting the experience of working with young and urban populations.

Engaging with Communities

IDF reached thousands of women through our behavior change communication (BCC) strategy with information on SRH, particularly on access to safe abortion. Our goal was to inform women about availability of safe services and to create referral points within the community for women seeking an abortion.

Pilots for Potential Scale Up

Given on-ground limitations of instituting an effective and resource optimal BCC strategy, Ipas India is testing two communication models, high-intensity and low-intensity, in Dewas and Hoshangabad of Madhya Pradesh, respectively.

In Dewas, a multi-pronged BCC strategy was introduced to increase awareness among the 300,000 women we reached in FY15. The strategy included interpersonal communication through group meetings and interactive games; 2000 wall paintings; 2000 street plays; and distribution of low-literacy reference material.

In the low-intensity model employed in Hoshangabad, we oriented community health workers on SRH and safe abortion and tasked them with relaying this information to their communities and serving as a link between women and safe services. We will assess the effectiveness of these models through an endline study in 2016.



Assisting National-Level Initiatives

IDF efforts to ensure access to CAC have helped us to translate our on-ground experience into technical assistance to the MoHFW. Key initiatives completed in FY15 include:

- Revision of National CAC training and service delivery guidelines to bring them in line with the current World Health Organization guidance
- Adoption of IDF's training manuals to develop a GOI CAC training package aimed at standardizing CAC trainings across the country
- Mass media campaign that included television and radio spots to raise public awareness that legal, safe abortion services are available in India
- Institutionalization of a quarterly reporting format to be used routinely across all states to monitor key CAC indications

In a major step towards prioritizing CAC services within the National Health Mission, in May 2014, we collaborated with the MoHFW to bring together 177 participants from 30 states and union territories for a national consultation in New Delhi. . The meeting was also used as the platform for releasing the revised national CAC Training and Service Delivery Guidelines and the mass media campaign. An action plan that was developed as a result of the deliberations at the consultation was widely disseminated by the MoHFW, bringing safe abortion to the attention of officials across the country.

Following this, IDF facilitated the dissemination of the national CAC training package and conducted meetings in four states – Madhya Pradesh, Assam, Karnataka, and West Bengal – with key stakeholders including government officials and CAC master trainers to ensure the adoption of updated national guidelines.

Responding to another key requirement that was highlighted in the consultation in May, the MoHFW invited IDF to lead a consultative process of drafting and disseminating a critical guidance detailing strategies for ensuring access to safe abortion services and addressing gender biased sex selection in the country. The handbook was released in 2015, and is intended to provide clarity to implementing authorities about the provisions of the MTP and The Pre-Conception and Pre-Natal Diagnostic Techniques Act; information to service providers on compliance with the Laws and guidance on planning; and guidance to government and civil society on executing effective communication on the two issues



Release of the National CAC Training package at the National Consultation on Prioritizing Comprehensive Care for Women within NHM, May 19-20, 2014 by the Secretary (Health and Family Welfare), Joint Secretary (Reproductive and Child Health) and technical officers of the Maternal Health Division, MOHFW, Government of India.



The IDF Team

As of March 2015, IDF had 33 staff and fulltime consultants working out of Delhi and 103 in our state offices. While it was a year of rapid program expansion our annual climate survey stood testament to the high-level of employee engagement and positive organizational climate that has characterized the past years. The overall average score of the FY15 Climate Survey was 4.16 out of a possible total of five. The score reflects staff attitudes on Individual Job Characteristics; Supervisory Support; Team Relations; Organizational Design; and Culture/Work Environment. The IDF climate has held steady even with substantial internal changes and expansion. Our attrition rate continued to be very low, further validating the organizational climate.

Statement of Expenses

	FY 13-14			
	Amount	% of total	Amount	% of total
Employee salary & benefit expenses	1,23,30,957	7%	2,31,93,423	10%
Project related expenses	13,73,22,838	81%	17,08,31,836	75%
Other expenses	1,88,50,861	11%	2,95,46,316	13%
Depreciation expenses	15,60,380	1%	54,13,681	2%
Finance costs	31,341	0%	72,404	0%
Total	17,00,96,377	100%	22,90,57,660	100%



**E-63, Vasant Marg, Vasant Vihar
New Delhi – 110057
Tel: +91.11.4606.8888**

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.