

IPAS COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



EWEC Secretariat, PMNCH, FP2020 self-reporting questionnaire to assess progress on implementation of commitments to the Global Strategy on Women's, Children's and Adolescents' Health.

COMMITMENT PROGRESS SUMMARY NARRATIVE

Ipas continues to progress toward our original FP2020 and EWEC commitments, which roll over in support of the Updated EWEC Global Strategy (2016-2030). In partnership with diverse stakeholders, we support clinical provider training; country-level advocacy for progressive abortion law and policy; community outreach to ensure that women have the knowledge, skills, and social support to exercise their reproductive rights; and the global manufacturing and distribution of high-quality manual vacuum aspiration instruments.

During Fiscal Year 2017 (July 1, 2016 - June 30, 2017), Ipas provided 689 clinical trainings and 135 clinical orientations for comprehensive abortion care. Through these clinical trainings and orientations, we reached 9,580 participants with new clinical content. Eighty-three percent (457,194) of all women who received abortion care at Ipas intervention sites received a modern contraceptive method before discharge (among women for whom we have contraceptive data). An additional 1,129,026 modern contraceptive services were provided to women and men as part of Ipas-supported stand-alone contraception programs in Bangladesh, Ethiopia, Ghana, India, Kenya, Nicaragua, Nigeria, and Zambia.

In FY17, nine Ipas intervention countries expanded women's access to safe abortion by finalizing, approving, and/or disseminating abortion-related regulations and other policy documents. Ipas contributed input or guidance to 11 global or regional abortion-related statements or policies. Ipas also supported ongoing efforts to liberalize restrictive laws and to protect existing laws against regressive changes in 28 countries. In May 2017, Ipas and DKT International launched an exclusive partnership in which the Ipas Manual Vacuum Aspiration (MVA) technology will be licensed to DKT for global distribution, furthering our joint mission of providing safe and high-quality family planning and abortion care for the estimated 56 million women worldwide who choose to have an abortion each year. The Ipas MVA kit is used in over 100 countries, including the U.S., and is the world's most utilized, safe and effective surgical abortion technology.

In the first half of Fiscal Year 2018, Ipas has explored innovative solutions to cross-disciplinary issues that impact a woman's right to access safe abortion and/or contraception. For example, we worked with gender-based violence experts to set up a study on postabortion contraceptive counseling in Bangladesh. Ipas has also identified and engaged with organizations working on comprehensive sexuality education (CSE) to promote integrating abortion into CSE programs. We have identified opportunities at the global, regional, and national levels to influence and advocate for CSE

THEMATIC COMMITMENT PROGRESS

Ensure universal access to Sexual and Reproductive Health and Rights (SRHR)

Percentage of women of reproductive age (15-49) who have their need for family planning satisfied with modern methods

Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

Number of countries with laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education

Proportion of men and women aged 15-24 with basic knowledge about sexual and reproductive health services and rights

Geographic Coverage. Check all the geographical levels that you implement your commitment-related activities in?

Global
Regional
Country

Linkage to National Health Strategies. Are commitment-related objectives and/or targets aligned with the national health strategy of the country or countries in which activities take place in?

Yes

Please provide details on how your organization selected its commitment-related objectives and/or targets. Responses should describe the overall process and any consultations held with government, non-government, and/or civil society entities during this process, if any.

The success of each Ipas country program depends on close collaboration with government; we partner with government stakeholders at all levels, from national ministries of health to individual public health facilities, to advance sustainable access to safe abortion and contraception. The objectives/targets indicated above are informed by and align with the priorities of our government partners.

Geographical Updates. Have you made any changes to the geographical focus of your commitment?

No

AREAS TO ADD

Democratic Republic of the Congo
Indonesia
Mozambique

EVERY WOMAN EVERY CHILD FOCUS AREAS

Sexual and Reproductive Health and Rights

Applicable

Sexual and Reproductive Health and Rights data

Current status: ongoing

Activities Implemented:

- In FY17, Ipas provided 689 clinical trainings and 135 clinical orientations.
- Ipas partnered with 438 community groups/networks on community outreach projects in FY17.
- Ipas contributed input or guidance to 11 global or regional abortion-related statements or policies in FY17.
- Ipas identified and engaged with organizations working on comprehensive sexuality education (CSE) to promote integrating abortion into CSE programs in FY18.
- Ipas worked to support the availability of affordable contraceptives and other products through our partnership with DKT International.

Results Achieved: In FY17, Ipas's clinical trainings and orientations reached 9,580 participants. In partnership with community organizations, Ipas reached 1,075,336 women and 365,099 men through 56,170 community education and engagement activities in FY17.

Community Engagement: Yes

Health System Resilience: Yes

Service Delivery Included: Yes

Geographical Coverage: Both Urban and Rural

Humanitarian and Fragile Settings

Applicable

Humanitarian and Fragile Settings data

Current Status: Ongoing

Activities Implemented:

- In FY17 and FY18, Ipas has responded to the acute Rohingya refugee emergency in Bangladesh with provider trainings.
- In November 2017, five Ipas staff attended the Inter-Agency Working Group on Reproductive Health in Crisis (IAWG) annual meeting in Athens, Greece. We participated in agenda planning for the annual meeting, and collaborated with IRC, CHANGE, and Gynuity to lead and facilitate a day-long Safe Abortion Care (SAC) workshop for approximately 75 attendees.
- In early FY18, Ipas established a formal MOU with the IRC to provide TA globally and at the country level to move their organization toward SAC provision.

Results Achieved:

- In Cox's Bazar, Bangladesh, Ipas established quality sexual and reproductive health services, including safe abortion and postabortion care, in six public health care facilities and two camps in early FY18.
- Through the leadership of our partners, in collaboration with Ipas, abortion care content was highlighted and normalized throughout this annual meeting and showcased more than any other past IAWG meeting.

- Under the new MOU, Ipas trained and supported an IRC staff member to facilitate a VCAT cascade training in Bangkok and provided SAC training for 14 IRC staff in Ethiopia in early FY18.

Health System Resilience: Yes

PROCESS RELATED COMMITMENT PROGRESS

Have challenges faced during the implementation of commitment-related activities resulted in either delays or unsuccessful implementation? Note: If you experience any challenges in completing this questionnaire, please list them under this section

Yes

Describe the factors that contributed to commitment-related activities being delayed or to an unsuccessful implementation. If delayed, what was needed or is needed, if the problem is current, to restart the activities impacted?

In January 2017, U.S. President Donald Trump implemented and expanded the Global Gag Rule (GGR), also known as the Mexico City Policy. The Trump GGR restricts organizations that receive U.S. global health funds from using private funds to inform or educate their government on safe abortion or to provide legal abortion services. Local Ipas partners have been forced to make decisions under this policy, which has also reinforced abortion stigma and stifled national discourse around comprehensive reproductive health care. In response, Ipas is working to educate our partners about the GGR's exact parameters to avoid over-interpretation and documenting the policy's impact for advocacy purposes

Have you made any changes to either the funding or implementation partners associated with your organization's commitment?

Yes

PARTNER

Partners to be removed. Please list below any partners that are no longer working on this commitment.

WomenCare Global

PHOTOS AND VIDEO

If you prefer to share links to your high-quality photos and/or videos, please share it here:

<https://spotlight.ipas.org/a-critical-need>

Please list below the individual/s or organization/s that should be acknowledge below for any video, photo, or document uploaded. If multiple items are uploaded, please specify the acknowledgement by item.

Farzana Hossen, all photographs

Please provide the following information on the Government's point of contact for this update:

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