

2016 FP2020 ANNUAL COMMITMENT UPDATE QUESTIONNAIRE RESPONSE



IPAS

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In September 2016, Ipas shared the following update on progress toward achieving its Family Planning 2020 commitment during the 2015-2016 time period (commitment included below for reference).

POLICY & POLITICAL UPDATES

Ipas continues its advocacy for increased access to safe abortion, postabortion care and family planning at the global, regional and national levels. Key global advocacy efforts, support to others, and results in 2015-16 included contributing to WHO's upcoming publication on human rights indicators for contraception; providing technical assistance on abortion-related training for NGOs working on reproductive health issues in humanitarian settings, joining the FP2020 Expert Advisory Community sub-group on strengthening rights-based family planning; and advocating successfully for safe abortion to be included as a proven strategy for improving women's health in the Secretary General's Global Strategy for Women's, Children's and Adolescents' Health. Select results of Ipas's advocacy and policy-related technical support to in-country partners for 2015-16 include:

- **Bangladesh:** Increased investment in and integration of family planning, MR and PAC as evidenced by increased procurement of Manual vacuum aspiration (MVA) by the Directorate General of Family planning and Directorate General of Health Services.
- **Bolivia:** Approval of the Bolivian Ministry of Justice's "Guide to the Care of Victims of Sexual Violence" which includes clear obligations to provide victims with emergency contraception and legal abortion under guidelines established by a previous Constitutional Judgment.
- **India:** Increase in national budget allocation for Comprehensive Abortion Care by 27% over previous year.
- **Malawi:** Inclusion of language on abortion and family planning included in the National Human Rights Action Plan and the Gender Policy 2016.
- **Nepal:** Government of Nepal has allocated funding to provide comprehensive abortion care at no charge to women in public sector facilities.
- **Nigeria:** Support to the Federal Capital Territory Ministry of Health to develop protocols on clinical management for victims of violence. Ipas also participated with partners in state-level advocacy resulting in several positive outcomes related to access to contraceptives and other commodities, including:
 - Lagos & Ogun state governments have initiated the 'last mile' distribution concept with support from UNFPA, in which a logistics distribution company delivers commodities to the end-user site/providers in order to eliminate stock-outs.
 - Lagos state government has provided consumables to public sites to ensure that the FP services are completely free – at no cost to the woman.
 - The Katsina State Hospital Services Management Board established a revolving drug fund for each health facility, allowing it autonomy to procure instruments and commodities as they are needed and ensure commodity availability.
- **Pakistan:** Endorsement of the Woman-Centered Postabortion Care Manual by the Ministry of National Health Services, Regulation & Coordination, for training doctors and midlevel providers in PAC, including postabortion FP.

Ipas has continued to strengthen the capacity of staff and partners to utilize Social and Behavior Change Communication (SBCC) approaches to increase women's (including young women's) access to reproductive health information and services. Globally, Ipas greatly expanded our family planning-focused programming, conducted over 2000 community-based education and outreach activities in 14 countries in Africa, Asia and Latin America and the Caribbean aimed at improving knowledge on contraception. Activities ranged from large-scale community outreach events to radio call-in

shows to counseling sessions and beyond. These activities reached nearly 980,000 individuals 70% of whom were women and 65% of whom were youth.

- In Kenya, Ipas expanded its efforts to promote postabortion contraceptive access for young people. The behavior change program focuses on improving contraceptive access and increasing demand for contraceptives among adolescents and youth in urban and rural communities, as well as in-school and out-of school and other vulnerable youth populations. At the community level, outreach primarily relies on strategically packaged communication mix of interpersonal communication, mass and social media and strong referral and linkage to services. Key agents supporting the strategy are peer educators, CBOs and Community Health Volunteers. Ipas also conducts community dialogues with key stakeholders such as parents and health administrators to build support for young people's access to reproductive health rights.
 - In Bangladesh, Ipas continued using SBCC approaches to provide information and content on family planning as an integral component of preventing unwanted pregnancy and unsafe abortion. In community dialogue meetings with young women (from 2014-16), discussion of contraception methods and types were a key focus. Interactive Popular Theatre in rural areas also included messages about pregnancy prevention measures, menstrual regulation and postabortion care, and information of where to go for contraceptive methods. Ipas partnered with local organizations and radio stations to produce and broadcast radio-magazine serials focusing on modern family planning methods. The serials provided accurate information to the general public, combating myths and misconceptions related to FP, especially LARC, and raised awareness about the FP services available in local facilities. In conjunction with the serial broadcasts, listener clubs were held monthly in select communities with high listenership. Each group, usually comprised of 20-25 people, were facilitated by a local NGO health volunteers who lead the group in discussions about the information on family planning covered in the serials.
 - In Bolivia, Ipas carried out a project with FP2020 funds to reduce unintended pregnancies through a collaboration between the public health system and youth leaders in La Paz. Ipas trained 139 public health-care professionals in providing the full range of contraceptive methods at 13 youth-friendly health-care facilities, and trained 352 youth leaders aged 10-24 to talk to their peers about how to obtain contraceptive services at those facilities. With this information, youth educators were able to inform 12,547 adolescents (aged 15-19) about contraceptive services at the 13 facilities. Those facilities then provided a contraceptive method to a total of 736 young people (including 193 adolescents) between September 2015 and February 2016.
- In Ethiopia, Ipas collected lessons learned on the impact of SBCC capacity building, finding that using an SBCC approach has led to a shift from mass-entertainment driven strategies to dialogue-based interpersonal communication strategies, and in community intermediaries positioning themselves as “facilitators” rather than “educators” in ways that appear to have strengthened rapport with community members and retention of contraception and abortion related information. Messages women receive from community health workers are reinforced by messages they encounter in media channels and in information, education, and communication (IEC) materials.

In every country where Ipas has a presence, Ipas continues to work with ministries of health and public sector clinical facilities at every level – tertiary, secondary, and primary. In most cases, abortion and contraception are provided alongside other maternal and child health services. In addition, in community-based work, Ipas and partners are implementing activities in a broader SRHR framework.

- Partnering with MOH representatives to improve contraceptive access, Ipas held capacity building workshop and training on LARC provision in Nepal, with providers and health systems staff from the Asia region and in Zambia and Kenya with providers and health systems staff in Africa.
- In Kenya, Ipas is partnering with UNFPA and MSK to expand contraceptive access. In Ghana, Ipas is partnering with MSI and Pop Council to increase FP contraceptive access.

FINANCIAL UPDATES

- This annual commitment recognizes that family planning is integrated across Ipas's programs based on the design of Ipas' current strategic plan. This figure remains a good estimate of Ipas' spending on family planning-based work for 2015/16, Ipas notes, with about half of the \$10 million spent on projects in Ghana, Ethiopia, Kenya, Bangladesh and India that are exclusively or significantly about family planning.

- During 2015/16 Ipas continued to partner with WCG to make safe, high quality MVA instruments available. Ipas maintains a priority on ensuring access to the instruments in low resource settings and actively seek partnerships with donors, governments, distributors, multi-bilateral agencies and others to support and expand these activities.
- In addition to the collaboration with WCG, Ipas provides technical assistance to health systems to improve the availability of the full-range of contraceptive methods. Where needed, Ipas provides initial seed stock of contraceptive methods in procedure rooms in Ipas-supported facilities where abortion and postabortion care services are provided and stop-gap supplies where there are method stockouts, to ensure that women are able to receive services until facility supply and distribution channels resolve the issue.

PROGRAM & SERVICE DELIVERY UPDATES

Ipas-supported programs, in partnership with national/regional/state health systems, train and orient clinical providers in safe abortion care and postabortion care, postabortion contraception, including long-acting reversible contraception, and referral for other sexual and reproductive health services.

- In the July 2015-June 2016 period, Ipas clinically trained or oriented 7,731 health-care providers, in 17 countries. In the same period Ipas supported 4,849 clinical sites, of which 802 in 6 countries offer comprehensive contraceptive care (beyond postabortion family planning).
- Globally, approximately 40% of clinically trained providers during the last year were midlevel providers (i.e., nurse-midwives, auxiliary nurse-midwives, clinical officers).
- From July 2015 – June 2016, 75% of women receiving abortion services received a modern contraceptive method at the time of care in health facilities to which Ipas provided support.
- *Note – July 2015-June 2016 data are pending validation*

Ipas staff conduct research, monitoring and evaluation of post-abortion family planning (PAFP) service delivery in Africa and Asia. Ipas developed a set of recommended family planning indicators that incorporate human rights principles. Completed and ongoing research in PAFP includes factors that affect acceptance and continuation of long-acting reversible contraceptives (LARC) post-abortion and operations research on interventions to improve PAFP and evaluations of innovative models to improve PAFP using mobile health (mHealth). Research results published in 2015/16 are listed below, along with FP-related studies that continued through 2015/16.

Published results, 2015/16

- Benson J., Andersen, K., Brahmi, D., Healy, J., Mark, A., Ajode, A., & Griffin, R. (2016): What contraception do women use after abortion? An analysis of 319,385 cases from eight countries, *Global Public Health*, DOI:10.1080/17441692.2016.1174280
<http://dx.doi.org/10.1080/17441692.2016.1174280>
- Banerjee, S. K., Gulati, S., Andersen, K. L., Acre, V., Warvadekar, J., & Navin, D. (2015). Associations between abortion services and acceptance of postabortion contraception in six Indian states. *Studies in Family Planning*, 46(4), 387–403. doi:10.1111/j.1728-4465.2015.00039.x
<http://www.ncbi.nlm.nih.gov/pubmed/26643489>
- Samuel, M., Fetters, T., & Desta, D. (2016). Strengthening postabortion family planning services in Ethiopia: Expanding contraceptive choice and improving access to long-acting reversible contraception. *Global Health, Science and Practice*, 4(Suppl 2), S60–72. doi:10.9745/GHSP-D-15-00301
<http://www.ncbi.nlm.nih.gov/pubmed/27540126>

Ongoing studies:

Africa

- **Contraceptive method mix in post-abortion family planning (PAFP): Opportunities to address women with unmet need for long-acting reversible contraception (LARC) (Ethiopia)** - Investigators: Melaku Samuel, Tewodros Tolossa, Ashenafi Alemayehu

- **Post-abortion contraceptive uptake and continuation among abortion clients in primary, secondary and tertiary facilities in Ghana.** Investigators: Samuel K. Antobam and Heather M. Marlow
- **Evaluation of intrauterine device and implant provision by Ipas-trained providers and their clients in Nigeria.** Investigators: Kristen Shellenberg, Sikiratu Kailani, Nkiruku Okwesa, Alice Mark, Amy Coughlin, Risa Griffin
- **Increasing access to post abortion family planning among women in Eastern Uganda.** Investigator: Erick Yegon

Asia

Predictors of modern contraceptive use four months post-abortion: Findings from a prospective study of uterine evacuation clients in Bangladesh. Investigators: Erin Pearson, Kamal Biswas, Rezwana Chowdhury, Kathryn Andersen, Sharmin Sultana, SM Shahidullah, Michele Decker

Ongoing: mHealth feasibility study to promote PAFP use (Bangladesh)

Findings:

- Using mHealth is feasible among post-abortion clients. Need to look into options for low literacy populations, and linking with call center to discuss/receive personalized information.

Ongoing: Using mHealth to support PAFP use: A randomized controlled trial (Bangladesh)

Findings:

- Interactive voice response system preferred by women (this is what is currently being developed), need to focus on information on method women selected so that they see the messages as relevant, identified key barriers to long-acting methods (mainly myths, fear of side effects/infertility, fears about not being able to get LARCs removed)

Lessons learned from the postabortion contraceptive improvement model in Rautahat district of Nepal

Investigators: Indira Basnett, Parash Prasad Phuyal, Mukta Shah, Om Narayan Jha, Erin Pearson

Association between postabortion contraceptive acceptance and sociodemographic, facility and procedure characteristics: Analysis of hospital-based data in Nepal

Investigators: Swadesh Gurung, Deeb Shrestha Dangol, Indira Basnett

Ipas continues to be a resource for the review and development of national or state standards, guidelines, protocols, or national training curricula that include service delivery protocols. Most of these national guidance documents include provision of contraceptive information and services at all levels of the health system including community level. Additionally, Ipas annually updates evidence-based guidance on abortion care and postabortion care, including postabortion contraception, through its *Clinical Updates in Reproductive Health*.

Ipas promotes increased participation of women and other stakeholders, including youth, in a wide range of our initiatives including policy and decision making. In the past year, Ipas commissioned a literature review of community-led human rights accountability and is now in the process of piloting models for women and communities' increased participation in health policy and decision making as well as in holding facilities and governments accountable to human rights standards related to family planning and reproductive health.

Ipas supported the participation of young leaders at the Women Deliver conference by providing partial sponsorships to 17 young leaders to attend an abortion advocacy workshop that enhanced their capacity to advocate for safe abortion care policies, services and support. Ipas facilitates young people's involvement in policy processes at the country and international level. Several of the country-based examples Ipas reported on last year are ongoing, including engagement with women's, youth, and disability-focused groups in a number of countries.

Ipas is increasing support for SRHR, including family planning and the prevention of unsafe abortion, among religious and community leaders through the following activities:

- In November 2015, Ipas Bangladesh conducted a meeting with local experts on faith-based partnerships, regarding experiences and recommendations in engaging religious leaders on reproductive health and discuss strategies for moving work forward. Ipas Bangladesh continues to engage with religious leaders, training them to lead Community Dialogue Meetings, through which 66 religious leaders were reached over the last year. These meetings built awareness of menstrual regulation and family planning and provided religious leaders with an opportunity to develop action plans for advocacy in their communities.
- In January, 2016 Ipas partnered with the Women's Health Foundation, Alimat and Samsara to hold a roundtable discussion at the International Conference on Family Planning, highlighting strategies for working with religious leaders to reclaim and transform cultural and social norms in Indonesia to advance sexual rights and reproductive health access, and reduce stigma and discrimination against women.
- In February 2016 in Nairobi, Ipas held the Africa Regional Meeting on Faith-Based Partnerships, which brought together Ipas staff from Kenya, Ethiopia, Ghana, Malawi, Nigeria, Zambia, and the United States along with four external faith-based experts, to share strategies and experiences in collaborating and partnering with religious leaders and organizations. Participants shared lessons learned, best practices, and recommendations; country teams developed action plans for future work with faith-based stakeholders. Following this meeting:
- Ipas Malawi hosted a meeting with more than 20 Christian leaders of various denominations to discuss barriers to reproductive healthcare and develop a strategic advocacy plan.
- Ipas Nigeria collaborated with the Nigerian Medical Students' Association (NiMSA) to hold a strategy meeting with 26 young faith leaders from 12 campus-based fellowships (10 Christian and two Muslim) to find common ground and build champions for SRHR among the leadership of these groups. Many young leaders came away empowered and committed to carry out community education on these subjects as well as engage with other faith leaders to build a network of advocates.
- Ipas' Africa Alliance hosted a meeting with religious leaders to discuss the importance of engaging on SRHR as a side event to the African Union Summit in July 2016.

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The following text is the commitment made by Ipas at the 2012 London Summit on Family Planning. To review the commitment online, please visit: <http://www.familyplanning2020.org/ipas>.

Ipas works with health-care systems and providers to increase their skills and capacity to deliver safe abortion services.

POLICY & POLITICAL COMMITMENTS

Ipas will advocate for the removal of policy and regulatory barriers which limit access to family planning and increase recourse to unsafe abortion, will increase the frequency and improve the quality and effectiveness of education and behavior change programs on family planning and will integrate these efforts with other sexual and reproductive health and rights programs (SRHR).

FINANCIAL COMMITMENTS

Ipas is committing US \$10 million per year towards family planning-focused work. Ipas will also work to support the availability of affordable contraceptives and other products through WomanCare Global International, a UK charity closely affiliated with Ipas.

PROGRAM & SERVICE DELIVERY COMMITMENTS

Ipas will also train new cadres of health care workers—4,000 per year—to provide a wider range of sexual and reproductive health services, including post-abortion family planning services, integrating family planning and other sexual and reproductive health services with primary care. Ipas will support research on post-abortion family planning service delivery and will advocate for improved medical service delivery protocols. Finally, Ipas will also promote increased participation of women and other stakeholders in health policy and decision making and will increase support for SRHR, including family planning and the prevention of unsafe abortion, among religious and community leaders.