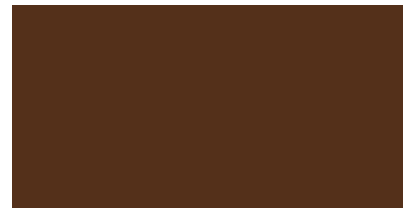


Annual Report 2014



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*I*pas is an international nonprofit organization with a unique mission: to reduce maternal deaths and injuries due to unsafe abortion and to increase women's ability to exercise their sexual and reproductive rights, with a special focus on the right to safe abortion.

Our comprehensive and innovative efforts improve women's HEALTH, increase women's ACCESS to safe abortion and related reproductive health care, and protect women's RIGHTS to make their own reproductive decisions and thus shape their own futures.

Through our many programs and projects, Ipas—in concert with our many global, regional and local partners—has contributed to saving the lives of millions of women. We are committed to ensuring that no woman has to suffer or die because she has an unwanted pregnancy.

We are grateful to our many partners and generous donors who make our work possible, including private foundations, governmental donors and many individual donors.

Elizabeth Maguire



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Health workers talking at Achimota Hospital, Accra, Ghana.

For women in developing countries, access to safe abortion and other reproductive health care is often extremely limited. Legal restrictions and cultural attitudes stigmatize abortion and impede needed change. Women who are poor, young and otherwise marginalized face the greatest barriers and risks. When women can't make safe choices about their reproductive health, they resort to desperate measures to end unintended pregnancies.

As a result, **22 million unsafe abortions occur each year, and more than 47,000 women die.** More than 90 percent of the women who die live in Africa or South-central Asia. Their deaths are entirely preventable.

The key to addressing this injustice is to expand women's access to safe, legal abortion.

Ipas's mission is comprehensive and our work is primarily within the public sector. In fact, of the **4,297 Ipas intervention sites in 2014, 85 percent are public sector facilities.**

We work with health-care systems and providers to increase their ability to deliver safe abortion services, including contraception and related reproductive health care. We support ministries of health in their efforts to write standards and guidelines for abortion care that will ensure access for as many women as possible. We work to increase access to medical equipment and drugs that are needed for high-quality services.

We help educate policymakers about the importance of providing safe abortion services as a matter of public health and human rights. And we support local and community efforts to advocate for laws, policies and practices that enable women to exercise fully their sexual and reproductive rights.

With our governmental and NGO partners, we have also worked to ensure that health-care facilities are appropriately equipped and **services are improved in hospitals and health centers, including more than 3,200 sites at the primary level in 2014.** We have also encouraged health systems to bring care closer to women in their communities by decentralizing services and training midwives, nurses, and other midlevel providers rather than relying only on doctors. And we support the introduction of manual vacuum aspiration and medical abortion, so that women have access to safe and effective termination methods recommended by the World Health Organization.



© Ipas

Ethiopia: From law reform to practice

Since Ethiopia eased abortion restrictions in 2005, Ipas and the Ministry of Health have worked to improve and expand safe abortion care. With Ipas support in more than 600 public health facilities around the country, providers benefit from training and mentoring in safe abortion and contraceptive counseling. More than 80,000 women received comprehensive abortion care in 2014. Medical abortion, which provides a safe and effective termination option for women, particularly those in rural areas, accounts for 65 percent of all first-trimester abortions at Ipas sites, and more than 550,000 women opt for some form of postabortion contraception. Additional tens of thousands of women are served annually in private facilities as well.



© Ipas

In 1973, Ipas began manufacturing and distributing manual vacuum aspiration (MVA) instruments, a simple handheld technology for uterine evacuation recommended by the World Health Organization and widely used all over the world. Now, WomanCare Global (WCG)—created by Ipas in 2009 in order to expand women's access to safe abortion technologies as well as contraceptives, is now an independent partner and is the sole distributor of Ipas MVA instruments. In the last five years, more than 800,000 reusable Ipas MVA aspirators were distributed worldwide—enough to serve more than 20 million women.



Pharmacy worker in Nepal.

Medical abortion: increasing health and access

Perhaps more than any other technology, abortion with pills gives women greater access to safe services. **Just in the last five years, Ipas supported the availability of medical abortion drugs, services, and information in numerous settings including Ipas-supported sites in 15 countries, helping to ensure that more women could benefit from this transformative technology.** In addition to community-level health facilities and providers, pharmacists and medicine sellers offer a promising avenue for increasing women's access to the medications, along with appropriate and accurate information about how to use them and referrals to nearby services as needed. Ipas is piloting projects in several countries to develop this approach to medical abortion drugs and information.

Even when abortion services are legal, women encounter barriers to access. They often lack knowledge, skills or social support to seek services. Gender discrimination shapes women's ability to make and exercise reproductive choices, and abortion in particular is highly stigmatized in many settings.

In recent years, we've increased our focus on community engagement, working with national and local partners. We've supported street dramas, radio and television programs, hotlines, and community health workers to give women information about safe abortion and reproductive health and rights. We've studied the roots of abortion stigma so we better understand the roadblocks women face when seeking reproductive health care and can develop interventions to mitigate stigma. In Zambia, for example, we found that some people view abortion as a "contagion" and treat women harshly if they seek abortions. Through community education and awareness-raising in Zambia and other countries, we hope such attitudes will change over time.

"The work of Ipas does not cease to amaze—the professionalism, the humanness and the passion with which you approach saving women's lives." –Dr. Roland Edgar Mhlana, former Ipas Board member and obstetrician-gynecologist in South Africa



Nepal: Community health workers connect with women

The Ministry of Health in Nepal has trained more than 50,000 Female Community Health Volunteers (FCHVs) throughout the country. Through a two-day training program developed with help from Ipas, more than 11,000 FCHVs are now able to counsel and refer women for maternal health care or safe legal abortions. "I do this because it is satisfying; I don't want to see mothers and children die," said Ranju Sapkota, a FCHV in Nepal's Kavre district. Sapkota confirms that the training on safe abortion made a huge difference in her ability to help her community. Another FCHV in Kailali District agreed: "Village women are taking safe abortion services from approved sites now," she said, acknowledging that in the past women had risked their lives to abort clandestinely.

Since Nepal reformed its abortion law in 2002, Ipas has worked closely with government and NGO partners to strengthen safe abortion care and truly broaden women's access to services. In just 10 years, the maternal mortality ratio has been cut in half and safe abortion is offered in every one of Nepal's 75 districts.



Building the evidence base for policy change

In the past decade, Ipas researchers have helped make the global case for abortion policy reform through a series of studies of the magnitude, severity, and costs of unsafe abortion complications, as well as national-level strategic assessments. A number of these studies have been carried out in collaboration with the Guttmacher Institute and the World Health Organization (WHO)—as well as local universities and research organizations—transforming policy debates in a number of countries, including Ethiopia, Ghana, Kenya, Malawi, Senegal, Zambia and Cambodia. Ipas researchers have led the way in innovation in service delivery for the past 25 years, demonstrating cost-effective approaches to abortion-related care. We have also been a principal partner with WHO in disseminating two editions of WHO technical and policy guidance for safe abortion.



Working to ease restrictions on U.S. support for safe, legal abortion in developing countries

Since 1973, the Helms Amendment has precluded use of U.S. foreign aid to “pay for the performance of abortion as a method of family planning,” even in countries where abortion is legal. It has been applied in U.S. funded programs as a total ban on speech and action in support of access to safe abortion—without regard to the legally permitted exceptions of abortion in cases of rape, incest or danger to the life of the woman. Together with other partners, we are working to educate members of Congress, White House officials and other policymakers on the need to ensure correct implementation and ultimately to repeal this harmful policy.

“The tragedy of an abortion-related death is the discounted value given to a woman’s lost life. Even one such death is too many; but without strong evidence of the loss, national policies and public opinions will not change. Ipas’s research has helped secure human and reproductive rights and saved the lives of vulnerable women and their families. Congratulations, Ipas, on four decades of incredible leadership in making the world safer for women.” –Dr. Amy O. Tsui, Professor, Johns Hopkins Bloomberg School of Public Health, and Ipas Board Member

Women's ability to exercise their reproductive rights depends on supportive laws and policies at all levels and an end to the criminalization of abortion where restrictive laws remain in place. Ipas works with hundreds of civil society partners around the world to advocate for policy reforms and ensure that women can truly exercise their reproductive rights.

We have supported local advocacy for legal reform efforts in Bolivia, Ethiopia, Kenya, Malawi, Mexico, Mozambique, Nepal, Nigeria, Sierra Leone, and other countries by helping to strengthen coalitions of civil society groups and continue similar efforts in every region. Regional-level efforts in Africa, in collaboration with the African Union and other institutions, have improved the policy and social environment.

And we are actively engaged in the global movement to advance and protect women's sexual and reproductive health and rights, collaborating with United Nations organizations, international health professional associations, and organizations and networks promoting women's human rights.

"In a very short time, Ipas has worked effectively to break the silence on the long-neglected issue of unsafe abortion, especially in Africa, and translate the promise of women's reproductive rights into reality."

—Dr. Frederick Torgbor Sai, Ghana, former President of the International Planned Parenthood Federation and recipient of the 1993 United Nations Population Award



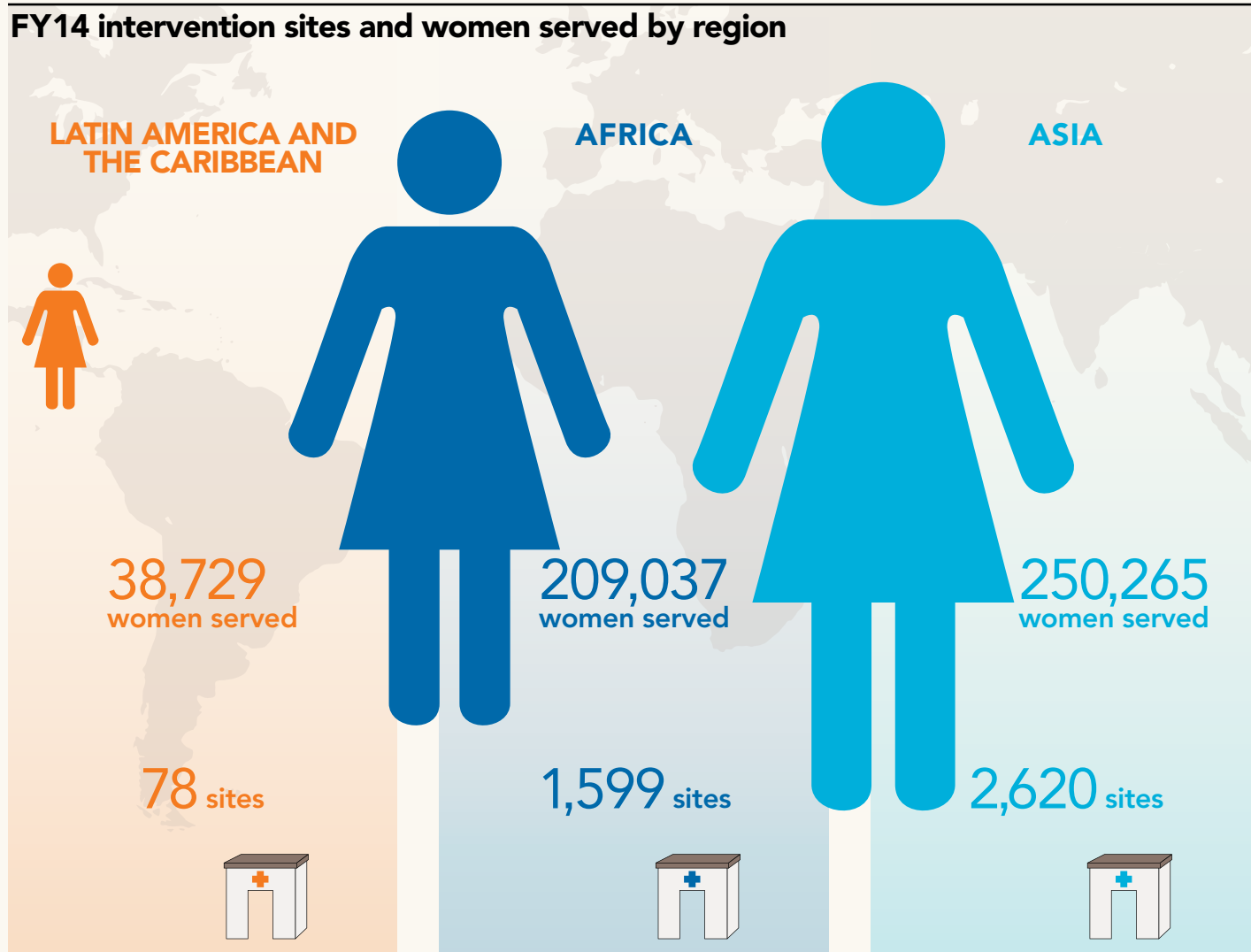
Court ruling paves the way for expanded access to legal abortion in Bolivia

In February 2014, in response to a case brought by a Bolivian parliamentarian, the country's highest court removed the requirement that women seek judicial authorization to obtain a legal abortion (abortion is legal in Bolivia only in cases of rape, incest, and risk to the woman's health or life). At the urgent request of the Ministry of Health, immediately following the ruling, Ipas provided technical assistance on the drafting of norms and guidelines for care for victims of sexual violence and for abortion care, which is to be provided free of charge in the public sector. We also immediately began providing technical assistance and training to selected public health facilities in three of Bolivia's nine departments (states)—La Paz, Santa Cruz, and Tarija—where more than half of Bolivia's population lives.

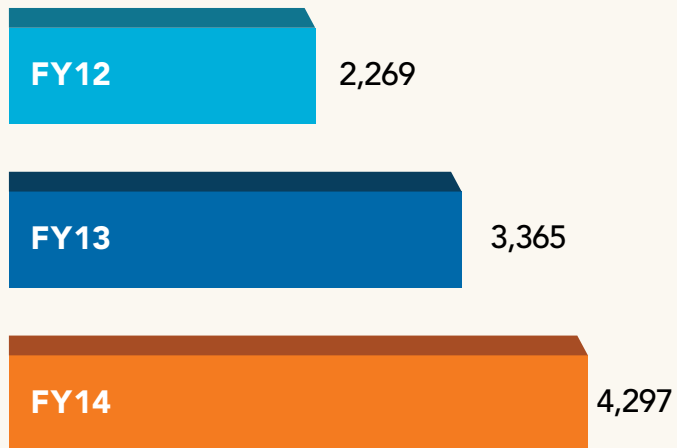
RESULTS. FY14 (July 2013 — June 2014)

Over the past three years, Ipas has significantly increased efforts to provide safe abortion and postabortion care to women. In FY14, roughly 500,000 women received services in 4,297 sites around the world. And more than three quarters of the women served accepted a contraceptive method—an integral part of comprehensive abortion care.

FY14 intervention sites and women served by region

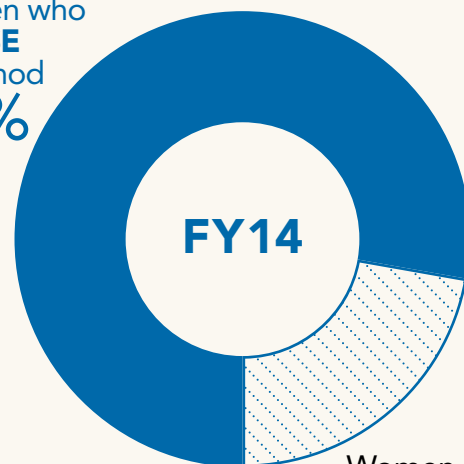


Intervention sites



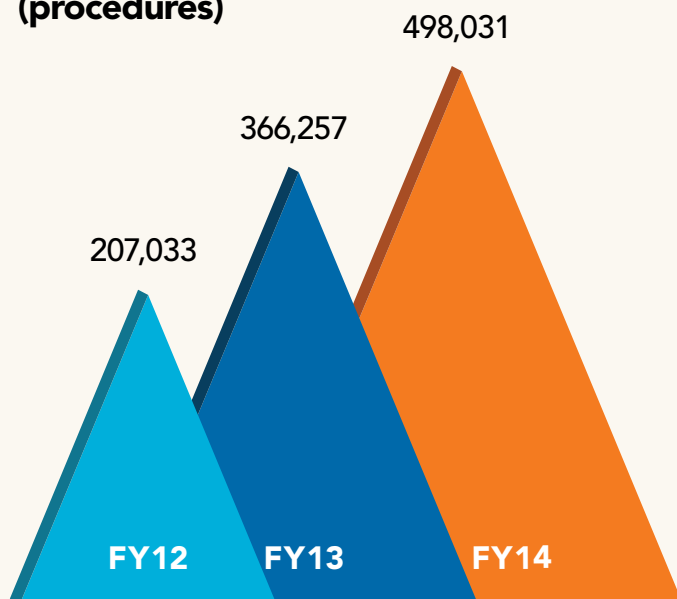
Postabortion contraception

Women who
CHOSE
a method
78%



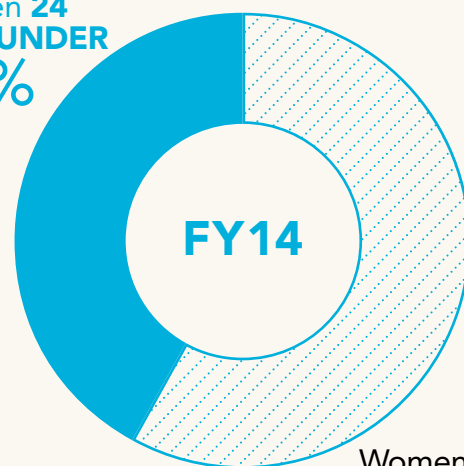
Women who **DID NOT CHOOSE**
a method
22%

Number of uterine evacuation (procedures)



Uterine evacuation procedures by age

Women **24 AND UNDER**
42%



Women **25 AND OLDER**
58%

IPAS COUNTRY PROGRAMS

US: Ipas Global

LATIN AMERICA
AND THE CARIBBEAN

Bolivia
El Salvador
Guatemala
Mexico
Nicaragua

AFRICA

Africa Alliance
Kenya
Mozambique
Tanzania
Uganda

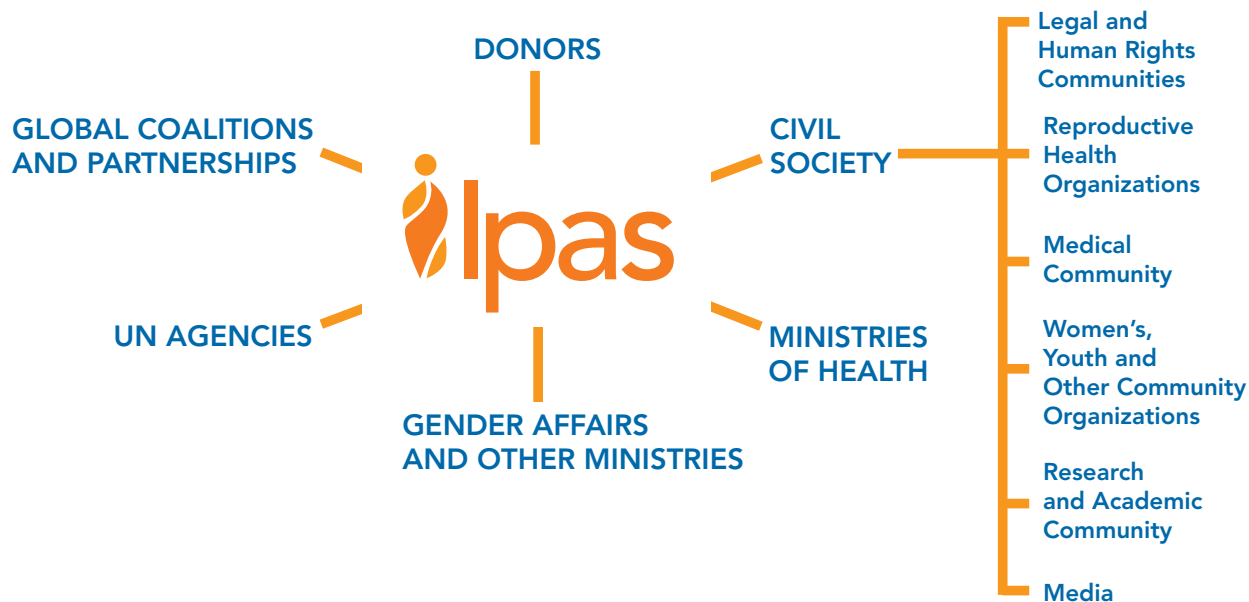
Ethiopia
Ghana
Malawi
Nigeria
Sierra Leone
Zambia

ASIA

Bangladesh
India
Myanmar
Nepal
Pakistan

“Ipas’s tireless dedication to advancing women’s sexual and reproductive health and rights and expanding access to safe abortion is especially commendable. In Latin America and the Caribbean, unsafe abortion is still one of the leading causes of maternal mortality. I hope that Ipas will continue to work in collaboration with women’s groups to ensure that sexual and reproductive health becomes a reality for all women.” –Dr. Mabel Bianco, President of FEIM (Foundation for Study and Research on Women), Argentina, and former Ipas Board member

IPAS PROGRAM PARTNERS



BUILDING A GLOBAL MOVEMENT

At its heart, the fight against unsafe abortion is a fight for women's equality. In recent decades, significant progress has been made. The collective efforts of Ipas and many partners have already resulted in a worldwide reduction in abortion-related deaths and injuries.

In 2014, all but a handful of countries in the developing world allow for abortion in some circumstances. Yet a great deal more remains to be done to implement as well as liberalize current laws and policies to ensure that no woman dies or suffers needlessly due to an unsafe abortion. We must unite around a global movement to expand women's access to contraception and safe abortion—a movement that supports increased availability of appropriate information and care; policy reforms at all levels; the elimination of stigma; and an end to gender inequality and sexual violence.

“In India, where I work, Ipas’s greatest achievement has been the networking and partnerships that it has managed to bring about in the field of reproductive health. Ipas has also managed to bring to the table the government sector. The trainings that have been done for doctors and providers in the public sector have taken safe abortion to areas—and to women—where it would have been only a dream a few years ago.”

–Dr. Nozer Sheriar, Ipas Board member and former Secretary General of the Federation of Obstetric and Gynaecological Societies of India

CONSOLIDATED STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2014

REVENUE	Unrestricted	Temporarily Restricted	Total
Contributions and grants	\$ 12,715,354	\$90,486,633	\$103,201,987
Contracts	9,547,626	—	9,547,626
Investments income	4,842	—	4,842
Other revenue	202,314	—	202,314
Net assets released from donor restrictions	37,664,760	37,664,760	—
Total revenue	\$60,134,896	\$52,821,873	\$112,956,769

EXPENSES	Unrestricted	Temporarily Restricted	Total
Program services:			
Latin America	4,496,695	—	4,496,695
Africa	21,198,844	—	21,198,844
Asia	8,663,791	—	8,663,791
Global	12,448,266	—	12,448,266
Total program services	\$46,807,596	—	\$46,807,596
Supporting services:			
Central operations	10,743,113	—	10,743,113
Development	2,081,806	—	2,081,806
Total supporting services	\$12,824,919	—	\$12,824,919
Total expenses	59,632,515	—	59,632,515
Change in net assets	502,381	52,821,873	53,324,254
Net assets at beginning of year, as restated	19,915,222	43,147,799	63,063,021
NET ASSETS AT END OF YEAR	\$20,417,603	\$95,969,672	\$116,387,275

Note: Total grants and contributions include amounts to be received in future years under grant agreements executed prior to June 30, 2014.

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Erik E. and Edith H. Bergstrom Foundation

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European Commission/Union

Fondo Centroamericano de Mujeres

Finland Ministry of Foreign Affairs

Ford Foundation

German Agency for International Cooperation (GIZ)

The Guttmacher Institute

Interchurch Organisation for Development Co-Operation (ICCO)

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Jhamandas Watumull Fund

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Embassy of the Netherlands, Nicaragua

Embassy of the Netherlands, Kenya

Netherlands Ministry of Foreign Affairs

Norwegian Agency for Development Cooperation

Oak Foundation

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Plan International

Planned Parenthood Federation of America

Prentice Foundation

Schultz-Blackwell Trust

Society of Family Planning

Swedish International Development Cooperation Agency (SIDA)

Asociación de Trabajadores para la Educación, Salud e Integración Social (TESIS)

United Nations Population Fund (UNFPA)

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Women's Foundation of Colorado/
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