



Ipas @40: Four decades of life- saving service delivery

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FORTY YEARS after our founding, Ipas remains committed to providing training and clinical mentoring and other provider, facility and health systems support essential for high-quality abortion service delivery.

Much work remains to be done, but as Ipas turns 40, we can point to significant accomplishments:

- * Results-oriented projects and programs in more than 25 countries
- * State-of-the-art clinical training for more than 10,000 health-care professionals annually
- * 200,000 high-quality uterine evacuation procedures at Ipas-supported

health-care facilities in fiscal year 2012 alone

- * 1,000 transformational values clarification sessions in more than 32 countries since 2002
- * Enough reusable Ipas manual vacuum aspirators distributed worldwide in 2008–2012 to serve 20 million women

The numbers, however, are only part of the story. We asked a few colleagues to offer their reflections on the impact Ipas has made in the global movement to improve access to and delivery of safe and legal abortion care and to reduce deaths and disability from unsafe abortion.



Monica Oguttu, midwife and abortion rights champion, Kenya

“My turning point was when I was trained by Ipas in 1996. I will never look back or be stopped from advocating for safe abortion. Since I left Kenyatta National Hospital in 1996, I have continued to train countless midwives in Kenya and the region. I am glad that my association with Ipas has greatly built my capacity year after year, making it easier for me to train, advocate and engage communities in discussing abortion issues.”

To support health-care providers and advocates like Oguttu, we implement values clarification, training and clinical mentoring and programmatic support to improve attitudes, clinical and service delivery skills, infrastructure, equipment availability and the enabling environment for health systems to provide abortion to the highest possible standard of care.

Ipas has implemented values clarification and attitude transformation

(VCAT) sessions with facility managers, providers and other health workers. We have also built the capacity of numerous health trainers, systems and international agencies to lead VCAT workshops aimed at improving providers', managers' and other stakeholders' attitudes toward providers and women who seek care. In a global evaluation of our VCAT interventions, we documented significant improvements in participants' knowledge, attitudes and practice intentions and shifted most individuals from negative to supportive attitudes.

In countries where midwives such as Oguttu are authorized to provide abortion care, Ipas works to support them as providers and advocates for safe abortion care and strengthens the capacity of midwifery and other professional associations. More than 10,000 midwives have received Ipas training in uterine evacuation since 2000.



Dr. Nozer Sheriar, secretary general of FOGSI, India

“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.”

Partnerships with ministries of health and professional associations such as the Federation of Obstetric and Gynaecological Societies of India (FOGSI),

where Dr. Sheriar, a member of the Ipas Board of Directors, serves as secretary general, have been instrumental. In collaboration with ministries of health and professional associations, we develop and implement national clinical standards, guidelines and protocols, advocate with regulatory authorities to expand authorizations for more provider cadres to perform abortion and strengthen service delivery and commodities distribution systems to create an enabling environment for

enhanced abortion care.

Our comprehensive training and holistic health systems interventions have resulted in providers who are competent to offer women life-saving, compassionate abortion care to the fullest extent allowed by law, even in countries where abortion is legally restricted.



Dr. Marleen Temmerman, Director of Reproductive Health and Research, WHO, Geneva, Switzerland

“Over the past 10 years, Ipas has been a key partner in efforts to implement the WHO technical and policy guidance on safe abortion. The organization’s ongoing work in Africa, Asia and Latin America is crucial to country and regional efforts to reduce maternal mortality and morbidity from unsafe abortion and to strengthen the sexual and reproductive health and rights of women and adolescents.”

Working with health experts such as Dr. Temmerman, Director of the Department of Reproductive Health and Research and other programs at the World Health Organization (WHO), Ipas has provided technical input on the development and review of global abortion care guidance, including WHO’s 2012 *Safe abortion: Technical and policy guidance for health systems, Second edition*. Collaborating with ministries of health and other partners, Ipas has contributed to the development or review of at least 50 national guidance documents in more than 25 countries. These documents are essential for translating health laws and policies into practice, estab-

In recent years, Ipas has provided technical support to approximately 1,500 service delivery sites each year. This enabled more than 200,000 women in fiscal year 2012 alone to receive safe abortion care at Ipas-supported health facilities. At least 75 percent of those women received a modern method of contraception before leaving the facility.

lishing standards of care and outlining health system staff’s professional responsibilities. Ipas works in dozens of countries to revise national guidance, curricula and other service delivery tools in accordance with the latest WHO and other guidance and provide women with safe abortion care to the fullest extent allowed by law and reduce unsafe abortion-related maternal deaths and injuries.

Ipas also has played a major role in conducting research on abortion. As recently as the early 1990s, few organizations were conducting research on abortion, especially unsafe abortion. Over the past two decades, Ipas has developed a body of research—on topics such as postabortion contraception and the efficacy and reduced costs of recommended abortion methods—that have provided the foundation for changes in policies and practices around the world. Our current research is exploring leading-edge topics such as abortion stigma, community access to medical abortion and abortion care for young women.

Ipas is a nonprofit organization that works around the world to increase women’s ability to exercise their sexual and reproductive rights, especially the right to safe abortion. We seek to eliminate unsafe abortion and the resulting deaths and injuries and to expand women’s access to comprehensive abortion care, including contraception and related reproductive health information and care. We strive to foster a legal, policy and social environment supportive of women’s rights to make their own sexual and reproductive health decisions freely and safely.

Ipas is a registered 501(c)(3) nonprofit organization. All contributions to Ipas are tax deductible to the full extent allowed by law.

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40 YEARS AND UNDAUNTED

While significant progress has been made in reducing unsafe abortion, an estimated 47,000 women still die from unsafe abortion each year. Eliminating abortion-related deaths entirely remains Ipas’s goal. We will continue to inspire—and be inspired by—dedicated health-care champions like Monica Oguttu, who recently told us: “I witnessed so many deaths at Kenyatta Hospital as a provider and nurse manager, and I said enough is enough. So I continue to be a safe abortion crusader...I believe that, with support from Ipas, the time will come when Kenya will be like other developed countries where women can walk into a clinic and get safe abortion as a part of their reproductive health services.”