Meeting the reproductive health needs of women and girls worldwide
We believe in a world where every woman and girl can determine her own future.

Ipas works globally to improve access to safe abortion and contraception so that every woman and girl can determine her own future. Across Africa, Asia and Latin America, we work with partners to make safe abortion and contraception widely available, to connect women with vital information so they can access safe services, and to advocate for safe, legal abortion.


Board of Directors

Manju Badlani, MA
Laurel, Maryland, USA

Pamela Barnes, Chair, MBA
New York, New York, USA

Laurie G. Campbell, MBA
New York, New York, USA

Ishita Chaudhry
New Delhi, India

Linda DeNicolia
Virginia, USA

Yirgu Gebrehiwot, MD, MSc
Addis Ababa, Ethiopia

Trish Karlin, MBA
Sherman Oaks, California, USA

Hans Linde
Göteborg, Sweden

Hayford Mensah, CPA, MBA, MS
Silver Spring, Maryland, USA

Monica Ogutu, MPhil, PhD
Kisumu, Kenya

Piper Orton, MBA
Auburndale, Massachusetts, USA

Mario Martín Pecheny, PhD
Buenos Aires, Argentina

Carlos Plazas, MS
Baltimore, Maryland, USA

Sanjeev Prasad, LLB
Ottawa, Canada

Rubina Sohail, MD
Lahore, Pakistan

John Stanback, PhD
Chapel Hill, North Carolina, USA

Louise Winstanly, LLB, MS
Chapel Hill, North Carolina, USA

Photo: © Sara Gómez/Ipas
What women want and need

At Ipas, we believe in a world where every woman and girl can determine her own future. In order to do that, women and girls need power. They need power to make decisions about their own bodies. Fundamentally, they need the power to safely make their own reproductive health decisions—including when and with whom to have sex, when and if to get pregnant, and if they do, whether to continue a pregnancy.

Complex factors in a woman’s country, community and personal life all intersect to put her in control of making her own reproductive health choices—or to prevent her from doing so. No matter the circumstances, all women and girls must know where and how to access safe abortion and contraception. We also know women and girls want to feel supported in their decisions and be able to access services without facing stigma or discrimination. And we know they need high-quality abortion and contraceptive care from trained providers—plus the legal right to access this care.

That’s why Ipas is unapologetically focused on women and girls who want contraception or abortion, and we build our programs around their needs and how best to support them. After all, women are essential to the well-being of their families and communities. Our work to promote their reproductive health and rights is central to global development and stability. For us, it all starts with understanding what women want and need when it comes to their reproductive health.

Anu Kumar
Ipas President and CEO
Our global impact

We helped avert an estimated **389,000** unsafe abortions*

We helped avert an estimated **592,400** unintended pregnancies*

**731,261** women and girls received abortion care at Ipas-supported facilities**


** This includes abortion with pills provided through Ipas-supported access points such as pharmacies, in addition to traditional health facilities.

Reaching women who want contraception

During 2019, we surveyed almost 2,000 abortion clients at a sampling of 272 Ipas-supported health centers in eight countries. Findings show our model of safe abortion care—which includes contraceptive services for women who want them—reaches a high percentage of women who were not previously using contraception.

* Learn more about our survey results on pages 6–7

Of the women we surveyed who accepted contraception after their abortion, on average:

- **59%** were not using a method before their visit
- **40%** were first-time contraception users
- **90%** got the method they wanted
Women need high-quality reproductive health care that includes safe abortion and contraception. That’s why we support public health systems’ efforts to provide these vital services. We train health professionals, provide clinical guidance and equip health facilities in urban and rural communities. We also work with governments’ ministries of health to develop national standards and guidelines for safe abortion care. In 2019, we began supporting more than 1,000 new facilities, plus we added 250 Ipas-supported access points for abortion with pills—places like drug shops and pharmacies where people can obtain high-quality medications.

**Our impact on health care**

We supported **6,658** health facilities (including access points for abortion pills)

We trained **6,019** health providers

80% of women accepted contraception after their abortion

40% of women who received abortions were under age 25*

2,597,468 contraceptive services provided at Ipas-supported facilities

*for whom data is available
Abortion self-care is health care

Abortion self-care—an abortion with pills without a prescription—is on the rise globally due to the growing availability of simple, safe, highly effective medications, and because women’s need for safe abortion, on their own terms, is not being met.

This is the case in Bolivia, where abortion is legally restricted, driving many women and girls to end unwanted pregnancies themselves using abortion pills they obtain from pharmacies or elsewhere. Unfortunately, the internet contains both correct and incorrect information on the dosing regimen for abortion with pills and how to handle any complications, and it can be difficult for women to tell the difference. Recognizing the possible harm these women and girls will face if they don’t have accurate information on how to safely use the medications, Ipas Bolivia is training volunteer “community agents” who provide women with the information they need.

“The community agents we’ve trained have been very motivated to share this critical information because they know it’s going to save women’s lives”

ADELA YAPU, Ipas Bolivia program manager
Our impact on abortion access

We worked with partners to educate 1,031,601 people about safe abortion in workshops, trainings and other activities.

**Women want respectful care**

Fear of being stigmatized or discriminated against by health providers prevents many women and girls from seeking safe abortion care. That’s why one of our measures of high-quality care is how women and girls feel about the services they receive. In our 2019 survey* of abortion clients at Ipas-supported health facilities, on average:

- 95% said they were treated with dignity and respect
- 93% said they would return to this facility for additional care
- 93% said they would recommend this facility to a friend
- 90% said they trusted staff to give private/confidential care

*Learn more about our survey results on pages 6–7.

For many women and girls, lack of information is a major barrier to safe abortion and contraceptive care. Working with local partners, we find innovative ways to connect women and girls with the health information and care they need. This includes reaching out through hotlines, community health advocates, radio programs, street theater, youth dialogues and social media.

We aim to eliminate all the barriers women and girls face when seeking care—which also include stigma, discrimination and a lack of social support and power to make one’s own reproductive health decisions. That’s why our programs include outreach and training on safe abortion for youth, communities, policymakers, reproductive health advocates and even non-clinical health center staff.
Women and girls who are young, poor, unmarried, with limited education, living in rural areas, and/or who have a disability are at higher risk for unsafe abortion due to the additional barriers they face when trying to access safe abortion and contraception. We have these women in mind when we build our programs. Our staff—and the safe abortion advocates we support—are driven by the belief that ALL women deserve the same ability to access reproductive health care.

During 2019, we surveyed almost 2,000 abortion clients at a sampling of 272 Ipas-supported health centers in eight countries. The women and girls we serve differ in each country we surveyed due to local context and culture and the specific strengths of—and challenges faced by—each of our programs. We’re using our findings to evolve our programs, expand our reach, and serve more women and girls with the greatest need for safe abortion and contraception.

In most countries surveyed, we serve women and girls who are younger and more educated than the average woman of reproductive age in their countries—and more of our clients are unmarried compared to the average.

Information is power, and that’s why educated women have a less challenging time accessing safe abortion when they need it. We’re working to find new and innovative ways of reaching women with less education and ensuring they know how to access contraception and safe abortion if needed.

We’re working very hard to ensure young women and girls can access safe abortion services when needed. Young people face so much more stigma and discrimination around sexuality, and an unplanned pregnancy can destroy a young person’s life, ambitions and bright future—putting young women and girls at particularly high risk for seeking an unsafe abortion. “

MORI OGAMBI, Ipas Africa Alliance community access advisor

In many societies—and in Nepal—unmarried women have a harder time accessing reproductive health care than married women. Not only do they face stigma and discrimination for being sexually active, but they are more likely to lack a supportive partner, sufficient funds and transportation to reach services, and necessary information about how to prevent pregnancy or end an unwanted one. We are working to reduce stigma and educate young, unmarried women about sexual and reproductive health—including access to safe abortion—so they don’t resort to unsafe methods.”

RADIKA NAYAJU, Ipas Nepal project officer
Advancing gender equity to meet women’s needs

In villages in Jharkhand State, India, youth leaders—trained by Ipas Development Foundation (IDF)—are sharing sexual and reproductive health information and chipping away at traditional gender roles. IDF initially focused on female youth leaders but realized they needed to involve men in order to make real change and meet women’s needs.

**Durga Charan Munda** is a youth leader who informs other men about sexual and reproductive health, helping them be more supportive partners. Durga says he used to think this information “was only for women, and that there was no place for men.” Now, he knows that sexual and reproductive health information is for everyone.
Our impact on abortion rights

Working with partners, we contributed to achieving 188 policy outcomes*

Partnering for success

We simply could not do our work without the collaboration, support and expertise of our many partners worldwide—including ministries of health, international NGOs, community-based organizations, and regional coalitions. In 2019, we engaged with 101 new partners. We strive to always bring value to our partnerships, and we’re proud that of those partners who completed our annual survey, 98% said they would recommend that other organizations partner with us as well.


Women and girls can’t determine their own futures without laws and policies that support access to safe abortion and contraception—and we know that criminal abortion laws only increase the number of people who resort to unsafe abortion methods. Ipas advocates around the world for safe, legal abortion by educating policymakers about the need for safe abortion, training police and lawyers on how to uphold women’s rights within legal systems, and partnering with local groups that build community support for sexual and reproductive rights.

* We define policy outcomes as both high-level and intermediate outcomes that help shift the legal and policy environment in favor of reproductive health access. These include favorable policy, regulatory and guideline changes at the national or regional level; government budget commitments to funding reproductive health; positive public statements from key figures; and positive statements, declarations or resolutions from international bodies.
Abortion rights = Human rights

“A grassroots movement empowers real people from all walks of life to express why safe, legal abortion will save lives in their communities.”

MALENA MORALES, Ipas Bolivia director

Reproductive rights, including abortion rights, are human rights. Every person has the right to make informed decisions about their body and health—and to determine whether or when to bear children. Ipas works for a world where sexual and reproductive rights are respected, protected and fulfilled. We work within the United Nations’ human rights bodies and other systems—at the global, regional and national levels—to advance abortion rights in international agreements, programs of action, and human rights jurisprudence so that women can get what they need. We advocate for safe abortion services to be included in universal health coverage, an international effort to guarantee that all people, regardless of where they live, have access to essential, quality health services without financial hardship. And we work with grassroots activists around the world to help fuel the growing reproductive rights movement.
Sexual and reproductive rights are integral to women’s rights and to gender equality. We bring expertise on safe abortion and contraceptive care to make sure that these elements are not left out of the conversation.”

MUADI MUKENGE, Ipas chief of development and external relations

Our goal is always to ensure that sexual and reproductive rights—especially the right to safe, legal abortion—are included in the discussions and negotiations at the UN, including at the Commission on the Status of Women. Because so much stigma surrounds the topic of abortion, it easily gets brushed under the rug. Our job is to prevent that from happening.”

CECILIA ESPINOZA, Ipas senior policy advisor
When Ipas Indonesia Country Director Marcia Soumokil learned she was pregnant 13 years ago, she had two young children. She and her husband knew they could not keep the pregnancy, but when they asked her OB-GYN for help, he scolded them and refused to refer them elsewhere.

Indonesia’s abortion law is restrictive, but a friend told Soumokil about a clinic that operated under a loophole. Unfortunately, she and her husband were led astray by a broker, who took them to a dilapidated building with ripped plastic covering the windows. “Turn around,” Soumokil said to her husband, “I don’t want to die from infection here.” They fled, the broker chasing after them.

“I’m a medical doctor—I should have had better access, better information, but even I didn’t,” Soumokil says. “How many other people become the victim of this kind of manipulation?”

She eventually found the clinic her friend mentioned. After her abortion, Soumokil felt relief. Now, she says she proudly works to reduce the number of “women who have to go through my experience. And to make sure that when the service is there, it’s a quality service.”
## Statement of financial position
Year ended June 30, 2019

### ASSETS

<table>
<thead>
<tr>
<th>Current assets</th>
<th>(in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and investments</td>
<td>$63,436</td>
</tr>
<tr>
<td>Advances and prepaid expenses</td>
<td>$3,132</td>
</tr>
<tr>
<td>Grants receivable</td>
<td>$58,089</td>
</tr>
<tr>
<td>Contracts receivable</td>
<td>$1,866</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td><strong>$126,523</strong></td>
</tr>
<tr>
<td>Fixed assets</td>
<td><strong>$965</strong></td>
</tr>
<tr>
<td>Grants receivable, non-current</td>
<td><strong>$22,428</strong></td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$149,916</strong></td>
</tr>
</tbody>
</table>

### LIABILITIES AND NET ASSETS

<table>
<thead>
<tr>
<th>Current liabilities</th>
<th>(in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$6,656</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net assets</th>
<th>(in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>$25,899</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>$117,361</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>$143,260</strong></td>
</tr>
</tbody>
</table>

| Total liabilities and net assets | **$149,916** |

## Statement of activities
Year ended June 30, 2019

### REVENUE

<table>
<thead>
<tr>
<th>(in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions and grants</td>
</tr>
<tr>
<td>Contracts</td>
</tr>
<tr>
<td>Other revenue / expense</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
</tr>
</tbody>
</table>

### EXPENSES

<table>
<thead>
<tr>
<th>Program services</th>
<th>(in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latin America</td>
<td>$5,824</td>
</tr>
<tr>
<td>Africa</td>
<td>$22,979</td>
</tr>
<tr>
<td>Asia</td>
<td>$14,346</td>
</tr>
<tr>
<td>Global</td>
<td>$12,127</td>
</tr>
<tr>
<td><strong>Total program services</strong></td>
<td><strong>$55,276</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supporting services</th>
<th>(in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central operations</td>
<td>$11,007</td>
</tr>
<tr>
<td>Development</td>
<td>$1,948</td>
</tr>
<tr>
<td><strong>Total supporting services</strong></td>
<td><strong>$12,955</strong></td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>$68,231</strong></td>
</tr>
</tbody>
</table>
Donate

Our donors help us increase access to safe abortion and contraception for women and girls around the world. Your support allows us to act quickly and meet the reproductive health needs of the people we serve.

There are many ways to give.
Learn more: www.ipas.org/donate

Stay informed

Sign up for email updates www.ipas.org/SignUp
Learn more about our work www.ipas.org

Join the conversation

Connect with us

Twitter.com/IpasOrg
Facebook.com/IpasOrg
@IpasOrg