

Ipas Partners for Reproductive Justice

Supporting SRHR & Sustainable Abortion Ecosystems Globally Profile

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Woman from Koyra Khulna, Bangladesh © Fabeha Monir/Ipas

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Introduction

Ipas welcomes the Government's decision to develop a new policy framework for Australia's International Development and humanitarian assistance program.

The Sustainable Development Goals (SDGs) include the target of ensuring universal access to sexual and reproductive healthcare (SRH) services by 2030. A critical component of meeting the SDGs and achieving universal access to SRH services is ensuring that women and girls have sustained access to high-quality abortion-related information, support, and care including comprehensive abortion care (CAC), medical abortion (MA), postabortion care (PAC), and contraception. Ipas's work supports the SDGs and is guided by a holistic sustainability framework that is responsive to local contexts.

More importantly, Ipas believe that access to safe, legal abortion is critical for women's and girls' health, well-being, and is a fundamental human right. If women and girls cannot safely end unwanted pregnancies, their ability to hold jobs, stay in school, exit abusive relationships, and build financial independence are all undercut. People who are disabled, poor, young, lack literacy skills, or are otherwise marginalized face the most extreme barriers to realizing their sexual and reproductive health and rights (SRHR). When safe abortion options aren't accessible, the most vulnerable of women and girls are the most likely to pay heavily with their health and lives. Gender equality cannot be achieved if people are unable to freely exercise this basic right, and sustainable access to safe abortion and contraception is untenable without a society's equal treatment of women and girls and respect for their freedom and dignity.

In 2022, Ipas updated our global branding to reflect our organizational commitment to reproductive justice. The reproductive justice framework, created by black and brown women in the U. S., has tremendous value globally. It centers bodily autonomy—the right to control one's own sexuality, gender, health, and reproduction, and to do so safely and with dignity. Access to abortion and contraception are essential components of reproductive justice, and essential rights for women and girls.

Ipas advocacy and grassroots organisations.

There is enormous opportunity to advance access to abortion and contraception over the coming years. On the policy front, Ipas is deeply inspired by (and proud of our contributions to) Latin America's Green Wave. We can apply lessons from the advocacy and grassroots organizing that supported victories in the Global South such as Argentina, Columbia, and Mexico. Australia as a Global South country can learn from this.

Ipas innovations during COVID

Innovations that Ipas and our partners initiated during the COVID-19 pandemic have potential to increase access and give people more options for abortion and contraceptive care. In response to lockdowns, Ipas country teams successfully implemented a wide array of telemedicine and digital solutions. These included chatbots¹ that provide abortion and contraception information, including on abortion self-care; innovations in virtual training and orientation for providers; and telehealth options that support providers to offer consultations by phone, the internet, or smartphone apps. Ipas teams are working to refine and expand these approaches which can reach people in isolated fragile settings and provide more privacy and control to users.

¹ <https://www.ipas.org/news/got-an-abortion-question-ask-nurse-nisa/> last accessed September 7, 2022.

Threats to Human Rights

However, the right to abortion is under unprecedented threat around the globe. Movements in opposition to sexual and reproductive health and rights (SRHR), LGBTQ rights, human rights, democracy, and gender equality have been growing, with far-right candidates winning elections and seats in government around the world. ² These actors are diverse and well-connected, and work across religious denominations, political affiliations, and geographies. Nowhere is this truer than in the US, where the Supreme Court made a hallmark decision to overturn the constitutional right to abortion (Roe v. Wade). That decision reversed 50 years of progress on abortion rights and signals coming attempts to further erode rights. Conservative Justice Clarence Thomas was quoted as saying that the court “should reconsider” previous decisions regarding rights to contraception, same-sex consensual relations, and same-sex marriage. ³

Ipas will stand strong against these attacks. Ipas’s safe abortion ecosystem framework recognizes that abortion decisions are linked to intersectional areas that affect the lives of pregnant people. Having the right to health, to bodily autonomy or to abortion isn’t enough. We know that economic, cultural, religious, and systemic barriers prevent marginalized communities from accessing their rights. We work to remove barriers and to expand access to abortion and contraception, as an important component of reproductive justice. Ipas is recognized as the technical expert on abortion and how it connects with comprehensive SRHR and addresses intersectional areas on global climate justice, gender-based violence, humanitarian response, and comprehensive sexuality education (CSE) and lack of universal health coverage that keep SRHR out of reach for the most vulnerable. Our work with Rohingya refugees in Bangladesh is a model for integrating abortion and contraception into humanitarian responses

Ipas experience within restrictive environments and legal risk management

With almost 50 years of experience expanding women’s and girls’ access to safe, high-quality abortion and contraception, Over the years, Ipas has built capacity, expertise, and partnerships to mainstream abortion care into reproductive health services globally.

We have expertise working on abortion in the most restrictive and challenging settings, including humanitarian and fragile areas. We know how to manage legal risk in crisis settings and can support actual provision of abortion services. This background is especially critical for furthering our climate justice scope of work.

Working with Governments

Ipas works closely with governments, including national Ministries of Health (MOHs) and state/provincial governments. This supports local control and ownership of abortion services and makes our work more sustainable, as we ensure that government partners budget for and support abortion.

- We serve as thought partners with our government donors and provide research, information, and assistance to parliamentarians and other ministry staff, increasing support for and understanding of SRHR in donor countries.
- Our model is different from many of our partners in that we do not provide abortion services ourselves or create parallel systems, but rather work within and strengthen

² <https://www.theguardian.com/us-news/commentisfree/2021/oct/23/judith-butler-gender-ideology-backlash> last accessed September 7, 2022.

³ <https://www.nytimes.com/2022/06/24/us/clarence-thomas-roe-griswold-lawrence-obergefell.html> last accessed September 6, 2022.

existing health systems (primarily public facilities that serve poor people). This promotes sustainability and strengthens health systems overall.

- Ipas’s sustainable abortion ecosystem framework brings partners together to evaluate the whole picture in a location to identify needs, opportunities, and priorities. We address people’s need and right to abortion from all angles. Our holistic approach includes working on S&Gs and health systems policies in addition to addressing laws, commodities, and financing. We also engage with community and religious leaders, health workers, and civil society to ensure that services are accessible and acceptable to communities. We have decades of experience with clinical training and orientation, and our work to increase accessibility also includes making self-managed abortion safer and more accessible.
- Ipas’s organizational structure supports local control and local expertise. Our country teams have always been led and staffed by local national experts, ensuring strong understanding of context, strong relationships with governments and other stakeholders. Ipas is now implementing a system of shared leadership which will increase sustainability and transform the traditional INGO power structure (see the Management and Organization section). We are moving away from a headquarters-centred model, based in the U. S. toward a networked organisation with disbursed leadership – a system where roles are more fluid and interchangeable within a network with decision making moving closer to implementation. Together, the reimagined Ipas Impact Network can have greater impact than any single country “node. ” Within the network, each node will have increased autonomy, ensuring that our work remains locally driven.
- Ipas’s local leadership and global experience give us the ability to convene stakeholders ranging from grassroots activists to health providers to government officials to contribute to stronger movements for reproductive justice.
- Ipas’s long history demonstrates that we can shift and respond quickly and nimbly to demands of the movement as well as external pressures on abortion rights.

Ipas Theory of Change

The ultimate outcome in Ipas’s Theory of Change is to create sustainable abortion ecosystems. We define a sustainable abortion ecosystem as “a dynamic condition in which resilient local stakeholders and systems are actively accountable and committed to abortion rights and responsive to everyone’s abortion needs. This Ultimate Outcome is based on the Ipas sustainability framework, which reinforces the interconnectedness between all outcome levels in this theory of change.

Ipas uses human rights-based analyses, framing, and implementation strategies that are tailored for the local context. The result of our work is intended to be increased recognition and exercise of **human rights and equity**. To ensure that a given ecosystem has a solid base for **partnerships and collaboration** after we leave, our model requires that we engage in collaborative strategic planning discussions with the key stakeholders and partners. The abortion ecosystem will not survive without adequate **local expertise**, so our programming must include technical support and capacity strengthening at every stage. We need to ensure that the government is accountable and takes ownership of abortion provision, so we involve the government at every major stage of the work. Ipas works with communities and professional associations to hold **policymakers and governments accountable** to meeting the needs of this ecosystem. This is reflected in our community engagement strategies and long tradition of working with local CSOs and grassroots networks. As donors and global initiatives move to direct funding to local groups, Ipas lends our expertise and processes to facilitate these connections and resource flows. **Women-centered** means we strive to understand what women and girls want and need and engage users directly to improve the abortion ecosystem.

In our sustainable abortion ecosystem model, Ipas has identified eight programming components that help us understand and influence the dynamics around individuals seeking abortion care (please see the diagram at right). Ipas has a particular advantage in addressing the full ecosystem and developing the best strategies for each geography. Because we are not a direct service provider or social marketing organization, we can identify and support local partners minimizing duplication of effort, and work in collaboration to identify and address gaps in the ecosystem. This framework allows us to focus our resources on the existing gaps where we can make a difference and amplify the impact of other partners/actors in the system. We have seen the power of this approach in the face of the COVID-19 pandemic, as our teams had to reassess the needs and gaps in their settings and pivot to different approaches and new innovations, and we understand it as key to lasting change. While Ipas will update the Strategic Framework in the next few months, we will not make significant shifts that will impact the structural outcomes we want to see.



Immediate Outcomes and Geographic Scope

The following sections outline the three immediate outcomes in the Ipas Theory of Change and provide examples of activities that support those results. Ipas's work from FY24 - 28 will be focused in our country and regional nodes (*denotes country or regional node) which are currently:

- *Africa*: Africa Alliance* (based in Kenya, also working in Uganda and with regional East African partners), Democratic Republic of the Congo (DRC)*, Ethiopia*, Francophone Africa (Benin, Burkina Faso, Cameroon, Côte d'Ivoire*, Guinea, Madagascar, Mali), Mozambique*, Nigeria*, Southern Africa Program (Malawi*, South Africa, Zambia*).
- *Asia*: Bangladesh*, India* (where we partner with the Ipas Development Foundation), Indonesia*, Myanmar*, Nepal*, and Pakistan*.
- *Latin America and the Caribbean (LAC)*: Argentina, Bolivia*, Chile, Colombia, Ecuador; Ipas Latin America * Regional Office (working in Costa Rica, El Salvador, Guatemala, Honduras, Mexico, and Nicaragua).

Addressing Stigma

Because stigma is a major barrier to improving abortion access, Ipas includes stigma reduction as a cross-cutting outcome in our Theory of Change. As the recent overturn of Roe v. Wade starkly exemplifies, progress on abortion can be easily lost if it is not firmly rooted and carefully guarded. Ipas understands where and how abortion stigma is most pervasive and harmful within a given abortion ecosystem and holds unique expertise in designing tailored stigma-reduction strategies.

Over the coming years, Ipas country nodes will continue to work to increase the abortion knowledge of civil society organizations (CSOs) as a key strategy to tackle stigma. We will support CSOs to build their capacity to advocate for women's and girls' SRHR. Values Clarification and

Attitude Transformation (VCAT) workshops have proven effective for helping dispel myths and prejudices about abortion, abortion providers, and people who choose to have abortions. We will collaborate with partners locally, using methodologies such as VCAT to chip away at the societal norms that stigmatize sexuality and abortion and inhibit women and girls from acting on their reproductive health decisions. We will continue to identify SRHR champions, supporting them on efforts to enhance social support and the enabling environment for women seeking care. This work is intended to strengthen leaders who are sensitized to women's SRHR needs and who will advocate for women's and girls' right and ability to make reproductive choices.

There are more details below under Outcome 1 and Outcome 3 about Ipas's work that will result in stronger SRHR and social justice movements with local ownership which will also reduce abortion stigma. Ipas's efforts in communities to identify and support champions among youth, women, traditional and religious leaders to advocate for abortion access and help communities understand the magnitude of unsafe abortion and its contribution to maternal mortality is pivotal for addressing abortion stigma.

Immediate Outcome 1: Increased Political Support and Leadership

In a sustainable abortion ecosystem, government stakeholders prioritize SRHR and respect, protect, and fulfill human rights obligations. They ensure meaningful access to comprehensive abortion care for all who need it, informed by available health information, and include funding for services. To sustain political support and leadership, effective and reliable champions for abortion access must be present throughout government and the public and private health sector, and an effective civil society movement must mobilize around advocacy and political accountability for abortion access.

Ipas's results under Immediate Outcome 1 feed into the Intermediate Outcome of Improved Policies, Laws, and Financing. Ultimately, results in this area protect abortion as a human right without unnecessary or harmful barriers limiting access. Financing for abortion and contraception ensures affordable and equitable access to these services. Efforts under this outcome support legal and policy advocacy that improves gender-responsive policies, legislation, and financial commitments to safe abortion care. Examples of broad activities that support these outcomes are below.

Global and Regional Advocacy to Advance Political Support and Leadership on Abortion

Ipas will continue to engage with global and regional bodies to promote accountability for the human rights of all women seeking abortion and related reproductive health care. This includes making submissions to human rights authorities on treaty accountability and advocating for reproductive health and safe abortion language in global and regional human rights processes, including the Commission on the Status of Women (CSW), the Conference on Population and Development (CPD), and the SDGs and post-2015 framework. This work keeps SRHR, and specifically abortion, visible for international development efforts. Ipas and our partners advocate for abortion and SRHR (including advocacy for universal health coverage – UHC – that includes abortion and contraception) in United Nations spaces, facing off against the opposition groups that target these same spaces to undermine gender equity and reproductive rights. At the Generation Equality Forum, Ipas co-led gathering commitments to abortion funding with 35 signatories. Ipas was a convener of the Global Safe Abortion Dialogue where we participated in framing eight priorities for expanding abortion access globally.

As an example of regional stakeholder support, the Ipas Africa Alliance will continue to engage with the African Union (AU) through its secretariat—the African Union Commission (AUC)—and

through the other AU representative bodies and structures like the Pan-African Parliament and the African Commission on Human and Peoples' Rights (ACHPR). A key approach is to identify the actors, initiatives, and regional venues where policy is debated and to advocate directly or through champions for relevant and adequate inclusion of abortion. Ipas will continue supporting the ACHPR's abortion decriminalization campaign (launched in January 2016) and engage with AUC Commissioners and Ambassadors around the movement. We will also strengthen Ipas's relationship with the Pan-African Parliament to support the domestication of the Maputo Protocol⁴ and enhance policy advocacy in Ipas's country offices across Africa.

Ipas has taken a leadership role among Southern Africa Development Community (SADC) partners and stakeholders to support action to reform restrictive abortion laws and for governments to respect, protect, and promote women's and girls' reproductive health and rights. During the next grant period we will work with our partners to ensure that the specific demands outlined in a communiqué following the November 2021 SADC Partners and Stakeholders convening are addressed. These included national parliaments in the SADC working towards domestication of the SADC SRHR Strategy of 2019 – 2019 by putting in place laws and policies to ensure access to safe and legal abortion; and monitoring the extent to which states take steps to provide SRHR commodities and train and recruit health workers.

Ipas also works with partners to organize regional Safe Abortion Dialogue convenings to bring partners together to enhance communication and develop strategies for improving access to abortion. Ipas has held regional meetings in LAC, Asia, Anglophone Africa, and Francophone Africa and will continue to convene these gatherings to support networking, communication, and developing common strategies.

Ipas will continue advocating to end foreign assistance policies that impose restrictions on abortion access around the globe. For example, Ipas was a main contributor to drafting the [Abortion is Health Care Everywhere Act](#) that was reintroduced in the U. S. House of Representatives on March 9, 2021. The legislation removes the Helms Amendment⁵ from statute and replaces it with proactive language stating that U. S. funding *shall* be used to provide comprehensive reproductive health care services and information, including abortion services, training, and equipment. Ipas will continue to work in partnership across a range of stakeholders to drive advocacy for Helms repeal in Congress and build support within the Biden-Harris administration for progressive SRHR policies and to clarify exceptions for abortion care under current US foreign aid.

National Advocacy to Advance Political Support and Leadership on Abortion

Ipas conducts a variety of activities to improve political support and leadership on abortion nationally. See Attachment 1, Theory of Change, for examples of activities. All Ipas country offices have strong partnerships with local community-based organizations (CBOs) who are critical

⁴ The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol) is the main legal instrument for the protection of the rights of women and girls in Africa. Article 14 of the Maputo Protocol guarantees women's right to health, including sexual and reproductive health. Under Article 14 (2) (c) of the Maputo Protocol, State's Parties are called upon to take all appropriate measures to "protect the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus. " The Maputo Protocol is the first treaty to recognize abortion, under certain conditions, as women's human right which they should enjoy without restriction or fear of being prosecuted.

⁵ The Helms Amendment prohibits foreign assistance from paying for the "performance of abortion as a method of family planning" or to "motivate or coerce any person to practice abortions. "

advocacy partners. The involvement and support of women's, youth, and intersectional community groups enable us to design activities that are relevant to local communities and help us identify and support local champions to help drive advocacy efforts. We share Ipas tools such as [Roots of Change](#), which provides modules for groups to coordinate their own activities around abortion.

The steps laid out in Ipas's Sustainability Toolkit start with identifying and bringing together all the stakeholders—individuals, groups, or organizations that are currently or should be engaged in programming for the abortion ecosystem and to plan for sustainable and stable access to abortion. This includes community members or gatekeepers, local civil society organizations, religious leaders, international nongovernmental organizations, professional associations, and representatives of government ministries. By bringing these actors together at the outset to identify needs and gaps, the initial dialogues inform designing a sustainability plan, monitoring and evaluation plan, and implementation plan. This allows interventions to be designed with local ownership and the greatest possibility for success and sustainability over time. While the process for change is complex and often takes many years, gathering the stakeholders at the outset is invaluable.

Ipas contributed to 54 policy changes that promote access to abortion (including law changes, policy and regulatory changes, and budget procurements or commitments) in 13 countries (Argentina, Bolivia, Ecuador, Honduras, India, Indonesia, Kenya, Malawi, Mexico, Nepal, Nicaragua, Nigeria, Pakistan). As an indication of increased political will and leadership, there were 42 positive public statements and commitments supporting access to abortion from key influencers in Ipas intervention countries. This is all work that can be built on in the future, as advocacy is an ongoing need and initial policy changes can often be leveraged for additional improvements or reforms.

Leveraging WHO Guidelines

The [World Health Organization \(WHO\) released a new *Abortion care guideline*](#) in March 2022 to protect the health and rights of women and girls. By putting the power and authority of the WHO behind a progressive approach to abortion, the Guideline has the potential to accelerate access to care for people most in need around the globe. In addition to clinical recommendations to improve quality of care, the Guideline recognizes abortion as a human right and recommends removing unnecessary policy barriers to facilitate abortion access. The Guideline also includes recommendations for telemedicine and self-care; and it supports self-managed abortion up to 12 weeks gestation. Ipas is playing an important role in disseminating the Guideline to policymakers, health-care providers, and advocates. As an example, Ipas Francophone Africa and Le Centre ODAS partnered with the WHO on a regional webinar to disseminate the guidelines in June 2022, with attendance from diverse organizations in different Francophone countries.

Ipas teams will leverage the WHO recommendations to work with local partners, including MOH to improve access to abortion. One way of doing this will be to use WHO recommendations to improve S&Gs, which are a critical element of abortion service delivery. Standards and guidelines translate abortion laws and policies into practical service delivery guidance; without them, women may not get the care they need and are allowed by law. Ipas works with MOH and local partners to review S&Gs to increase quality of and access to abortion care. It is critical that the process of development is participatory and includes key stakeholders, including health system administrators, facility managers, providers and end users, to ensure that the S&Gs are appropriate and will be adopted and implemented.

Ipas will also leverage [WHO's consolidated guideline on self-care interventions for health: sexual and reproductive health and rights](#) to support the SDG commitments. To influence national policymakers, Ipas will work with human rights authorities and legal experts to promote global standards that decriminalize women who seek abortion without the involvement of a health professional.

Opposition Monitoring and Mitigation

Ipas has made a significant investment in monitoring and addressing opposition movements because they have always posed a major threat to progress in our work, and to the safety of our staff and partners. This work has never been more important. Around the world, extremist individuals, groups, and governments are on the rise, emboldened by right-wing electoral victories. Not only is SRHR under threat, so are liberal democracies and the civil liberties and human rights of all.

As opposition players have become more powerful, Ipas is taking steps to better monitor and mitigate their impact. To date, disparate and loosely connected organizations and networks have focused on exposing and countering various aspects of the opposition. However, the opposition is no longer loosely affiliated; rather, the concerted assaults on democracy, rights, and liberties have become broader, more connected, more visible, and more damaging with the rise of the far right over the past several years. With new funding, Ipas is creating a hub through which various opposition monitoring and mitigation groups and networks can share information and strategies and coordinate responses and core funding will assist with this effort. Ipas will organize and anchor the hub, collecting and sharing the intelligence gathered by Ipas and our partners. Ipas will also employ staff across the Ipas network to work on opposition monitoring, thereby building capacity outside of the United States. Ipas will design and disseminate rapid response strategies that will provide a logistical framework for us and our partners to counter threats against SRHR and LGBTI rights. Finally, we will coordinate with key stakeholders to ensure that strategies are implemented.

Immediate Outcome 2: Improved Knowledge and Support

Ipas's results under Immediate Outcome 2 feed into the Intermediate Outcome of Enhanced Agency and Social Norms. Results under this Outcome ensure that social norms support people's ability to exercise their SRHR free from abortion stigma and discrimination. To do this, Ipas builds the capacity of CBOs and CSOs, community health workers, local champions, and volunteers, and other community members so they are informed and empowered to uphold women's and girls' human rights. Efforts under this outcome build a sustainable abortion ecosystem where accurate information on abortion is available and accessible, and people have access to MA drugs with or without a prescription. Abortion decisions are based on need and preference, and pathways to abortion are clear and accessible. Please see the diagram of the Theory of Change for this Outcome.

Supporting local partners and strengthening movements

Strengthening locally led social movements to advance women's and girls' rights to access safe abortion and contraception is a critical component of sustainability, since it builds local ownership and expertise. Successful community-level work often involves developing coalitions and partnering with civil society organizations via grantmaking, network development, or other mechanisms. To sustain the abortion ecosystem, we must sustain social change—and we see grantmaking as an integral part of this work. We harness resources to enable a powerful movement by making grants to organizations closest to the work.

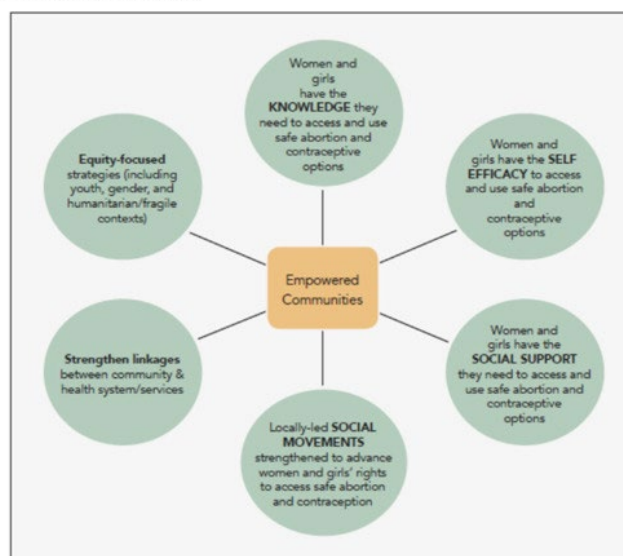
Ipas programs collaborate with local CBOs to implement diverse community engagement activities, sharing leadership with our partners. We also work with local leaders and the media to decrease abortion-related stigma and misinformation. Tackling misinformation is particularly critical at a time when the opposition feels emboldened by US Supreme Court reversal on *Roe v. Wade*. Ipas country programs are witnessing pushback on previously approved abortion guidelines and laws. The need for clear and accurate information and activism is urgent. Choosing partners with strong ties to communities and complementary skills and priorities to Ipas's is key to our joint success.

Ipas employs user-centered design to collaborate with beneficiaries, developing projects and programs that reflect women's needs and advance women's and girls' access to SRHR in their communities. Project design incorporates ongoing engagement with stakeholders and beneficiaries, including periodic key informant interviews to listen and understand user needs and ideas; prototyping and testing new materials or approaches with users; and regular review of results data with users and stakeholders to ensure local leadership and ownership.

Ipas provides technical assistance and robust resources to equip community leaders, SRHR and gender advocates, and people seeking abortion and contraceptive services to build and support local ownership of the safe abortion ecosystem—and to build women's and girls' agency in securing the services they need. For example, Ipas's framework for Social and Behavior Change (SBC), called "Shifting Gears," is a tool for systemically designing and adjusting programs and projects to meaningfully increase access to and use of safe abortion options rather than unsafe options. The framework and user guide provide step-by-step guidance to translate broad policy, community engagement and service provision outcomes into the norm and behavior change strategies that will help achieve those outcomes. Additional tools and resources that Ipas uses for this work include:

- [Advocacy lens: 2022 WHO Abortion Care Guideline to support advocates](#)
- [Promoting Access to Self-Managed Abortion: Considerations for managing legal risk](#) (co-created with the Centre for Reproductive Rights)

The Theory of Change



- [A practical guide for partnering with police to improve abortion access](#)
- The [Abortion Self-Efficacy Scale](#) (a 15-item tool to measure abortion self-efficacy at the individual and community level)

Ipas shares these resources and many more for free on our website and conducts workshops on specific resources like Roots of Change (described under Outcome 1), Shifting Gears, and VCAT toolkits.

Ipas

- Partners with and strengthens the capacity of local community organizations to conduct formative assessments and use data to create responsive, user-centered programs and interventions
- Conducts grantmaking and/or offer technical assistance to local community organizations to develop, pilot, and scale up innovative abortion and contraception self-care models, community-level stigma reduction activities, and social accountability strategies
- Strengthens the competence, confidence, and commitment of local community organizations to integrate abortion programming into their long-term organizational priorities
- Links grantees for movement-building and cross learning at national and international levels

FOCUS ON YOUTH

Young people, especially if they live in poverty, suffer the most from lack of access to abortion with young women and girls accounting for [nearly one-third of all unsafe abortion-related deaths each year](#). Youth leaders are important allies and beneficiaries for Ipas's work since they know best what they need and can better reach their peers to dispel stigma.

In Malawi, youth are important members of the [Coalition for Prevention of Unsafe Abortion \(COPUA\)](#). COPUA educates the public on unsafe abortion and builds grassroots momentum for law reform. COPUA's members include community-based organizations, youth-focused non-governmental organizations, policymakers, traditional leaders and others. The coalition engages with the community through a wide range of activities, including workshops, educational dramas and radio programs. Unsafe abortion appeared to be rising during the COVID-19 pandemic, so [Ipas-trained youth SRHR educators met with chiefs](#) and local community leaders in Ndirande to help them understand how to prevent unintended pregnancies in their communities. The youth educators also worked with them to protect SRHR as essential services that must continue during the COVID-19 pandemic.

In Western Africa in July 2022, the Ipas Francophone Program and Le Centre ODAS, organized the first ever [Regional Safe Abortion summit for feminists and youth champions of Francophone Africa](#). The meeting was held in Abidjan with 18 youths from 9 countries across Francophone Africa (Benin, Burkina Faso, Côte d'Ivoire, Cameroon, the Democratic Republic of Congo, Guinea, Madagascar, Mali, and Senegal). The summit aimed to strengthen the regional movement for safe abortion and create a space for feminist and youth champions to discuss pressing challenges and opportunities for safe abortion access in the Francophone Africa region. The abortion champions participants were able to i) share and reflect on lessons learned from their respective local contexts and experiences with systemic and cultural barriers to safe abortion, ii) think collectively about how to strengthen the abortion movement both in the country and the regional level to enable the environment for SRHR, including abortion rights, and iii) plan for ongoing capacity building and peer support for advocacy and communication technics to amplify local voices for abortion right in Francophone Africa.

Providing technical assistance for integrating SRHR into government health system and Universal Health Coverage programs

According to the WHO, universal health coverage (UHC) means that all individuals and communities receive the health services they need without suffering financial hardship. UHC is at the intersection of individual human rights and public health and is an opportunity to further advocate for SRHR, including safe abortion services. Ipas builds on current work to:

- Advocate for SRH-inclusive benefits packages at the country level: Ipas country programs will convene technical working groups of partners and donors to develop their national UHC implementation plans, including costing information. We can also ensure that local civil society and communities' voices, particularly of youth and feminist organizations, are being heard during the process.
- Provide technical support to governments implementing SRH-inclusive UHC packages: Ipas provides a range of technical assistance, such as training service providers, orienting community intermediaries and groups, conducting stigma reduction and VCAT interventions with service providers/community intermediaries and groups, or supporting providers through networks and on-the-job training. We will continue to support governments in their monitoring efforts by developing integrated monitoring plans to measure coverage and quality of SRH services. We can also strengthen government commodity systems (forecasting, budgeting, supply chain) for SRH service provision.
- Hold governments accountable: CSOs and communities must hold their governments accountable to national and global commitments to provide equitable access to high-quality SRH services. CSOs should ensure that national governments produce policies in support of access, affordability, and equity as they build out coverage and financing schemes for UHC. One of the primary mandates of UHC is to leave no one behind. Ipas can utilize various tools and approaches, such as gender analysis, client exit interviews, and socioeconomic status profiles, to ensure that SRH services are available to all populations and that marginalized populations are purposefully being included.

Immediate Outcome 3: Strengthened Pathways

Results from Immediate Outcome 3, Strengthened Pathways, feed into Intermediate Outcome 3: Improved access, availability, quality, and acceptability. Results under this outcome ensure that pathways to abortion are clear and accessible and that access to abortion is readily available and integrated throughout the health care system, with services that are free of stigma, respect human rights, and are available through a trained and supported health workforce that meets service delivery standards.

Training and support for high-quality abortion services, in and out of facilities

For decades, Ipas has trained doctors, midwives and nurses to safely and respectfully perform abortions and provide counseling on contraceptive options to ensure high-quality abortion care and continues to produce [training materials](#) and [clinical guidance](#) to support those efforts. We will continue to clinically train and orient health workers to provide CAC, PAC, and contraception with an emphasis on improving quality of care. Ipas will continue to support each country node's pool of strong lead trainers by ensuring they receive the latest clinical guidance, evidence, and resources. Ipas also conducts training of trainers and supports master trainers who are equipped to respond quickly and can mentor others.

As abortion self-care rises globally, so too does our investment in materials and resources developed for women to use to safely and successfully manage their [abortion with pills](#). Self-managed abortion is increasingly the method of choice for people seeking abortions and Ipas teams are working to make abortion self-care safe and accessible. Each year, millions of women around the world opt for abortion self-care to manage unwanted pregnancy; an estimated 73% of

abortions in India are managed through self-care.⁶ The WHO's task-shifting guidelines on abortion indicate that if women know their gestational age, have correct information about how to use MA drugs, and can access a community-based health-care provider, they can safely manage medical abortions outside of health facilities. Even in low-literacy, low-resource settings, women can assess completion of abortion in the first trimester. Researchers have attributed a worldwide decrease in abortion mortality to the introduction of abortion with pills outside formal health-care settings.⁷ As the WHO strongly affirmed in the Abortion Care Guideline, self-managed abortion using medication is a common, safe, and simple health-care intervention when carried out by...individuals with a source of accurate information" ([WHO, 2022](#)).

Ipas develops and disseminates information, tools, and resources directly to women and girls for facilitating their choices, which is especially important for abortion self-care. Correct information combats stigma and increases safety of self-managed abortions. We are working to ensure that women get accurate information for abortion self-care, to build evidence regarding quality of abortion care in out-of-clinic settings, and to better understand what women need and prefer for abortion self-care. There are resources to support the right to abortion self-care on [this section of Ipas's website](#) that includes [this guide](#) to help people know if they can use abortion pills to end an unwanted pregnancy. We will continue to provide training and educational resources to pharmacy workers, and to community partners and CBOs, so that they can provide accurate information to people seeking self-managed abortion. As an example, in India, IDF developed and piloted a user-centered solutions package for improving women's ASC experience and outcomes and conducted research to assess its efficacy. IDF facilitated "abortion diaries" for a deeper understanding of the feelings and emotions of women undergoing ASC. With a better understanding of the support women need, IDF will fine-tune their strategies and scale-up interventions for wider impact.

Technical assistance to public and private health systems and providers in supply forecasting/management and integration into national and regional supply chains

Abortion and contraceptive commodities are essential for ensuring women can have a safe abortion and prevent unwanted pregnancy. Ipas will continue to strengthen national supply chains and advance policies that support a steady supply of abortion and contraceptive commodities. Ipas's work in this area includes:

- Advocating with local governments for the inclusion of abortion commodities on national essential drug lists by participating in technical working groups and sharing resources and research
- Training providers and pharmacy staff on proper inventory management practices for abortion commodities
- Providing seed stock of abortion commodities for newly trained providers and responding in kind to stockout situations
- Providing training with Ipas's forecasting guide
- Providing technical support to governments on commodity quantification (by sharing data, participating in quantification workshops, etc.)

⁶ Singh, S. , Shekhar, C. , Acharya, R. , Moore, A. M. , Stillman, M. , Pradhan, M. R. , ... Browne, A. (2018). The incidence of abortion and unintended pregnancy in India, 2015. *The Lancet Global Health*, 6(1). doi: 10. 1016/s2214-109x(17)30453-9

⁷ Ganatra, B. G. , Gerdtz, C. , Rossier, C. , Johnson, B. R. , Tuncalp, O. , Assifi, A. , et al. (2017) Global, regional, and subregional classification of abortion by safety, 2010-2014; estimates from a Bayesian hierarchical model. *The Lancet*, 390 (10110), 2372-2381. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31794-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31794-4/fulltext)

- Working closely with DKT International to ensure that any Ipas Manual Vacuum Aspirator production issues are addressed

Intersectionality

Abortion connects with many issues because, at its core, the right to abortion reflects women’s role in society and determines whether she can realize her full potential. The ability to have an abortion, safely and with support, is connected to other aspects of development, like education and economic stability. Reproductive justice, racial justice, climate justice, and economic justice are intertwined and indivisible. Ipas’s brand shift, emphasizing reproductive justice, was in response to this recognition, and desire to be explicit about our approach and values.

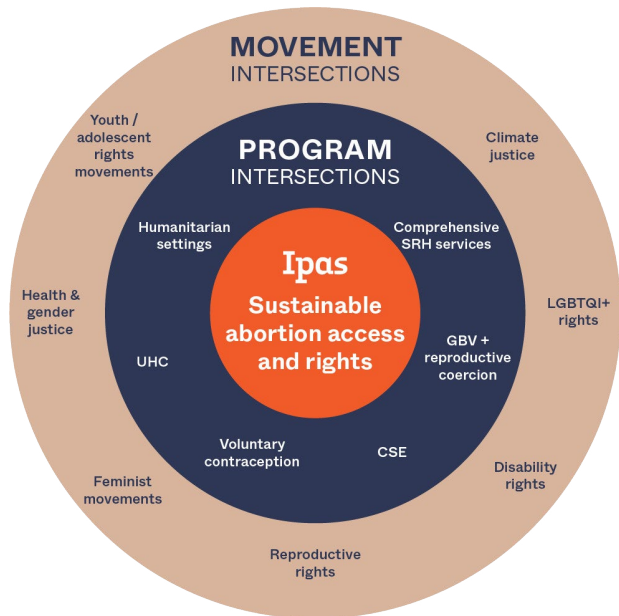
Most of the countries where Ipas works are low- to middle-income and the people we aim to serve are often marginalized and face multiple barriers to accessing reproductive health care. The sustainable ecosystem framework allows Ipas to look at the full ecosystem – all the elements that impact whether people have access to abortion. Accordingly, we work across communities, sectors, and systems to ensure access, equity, and justice.

The following sections outline Ipas’s approach in several intersectional areas. Activities in these areas span all three immediate outcome areas of our Theory of Change, so they are included here rather than the previous sections outlining Immediate Outcomes 1 - 3.

Human Rights

Numerous human rights institutions have articulated access to safe, legal abortion as an essential aspect of protecting, promoting, and fulfilling the rights to life and health. Through concluding observations, general recommendations and case law, United Nations Treaty Monitoring Bodies have recognized that unsafe abortion is one of the leading causes of maternal mortality and morbidity, and that it generally occurs in countries with restrictive abortion laws. These bodies have consistently interpreted the human rights to life, health, privacy, equality and non-discrimination, and the freedom from cruel, inhumane, and degrading treatment or punishment, as requiring state parties to lawfully permit abortion to protect a woman’s health and life. They have advised state parties to decriminalize abortion in all circumstances. Regional instruments such as the Montevideo Consensus and the Maputo Protocol recognize women’s right to abortion as well.

Ipas uses a human rights approach in our programming by serving as a bridge between rights-holders (individuals) and duty-bearers (governments) because we work with individuals, community groups, health systems, and governments. Ipas’s work offers a holistic, rights-based accountability approach by ensuring that abortion care is always available in the hands of women and girls when and where they need it, while also helping the health system and broader social movements collaborate to ensure that public access to safe abortion is never compromised. We improve the provision of abortion care by strengthening public provider support and capacity,



while drawing on community linkages to care to ensure abortion access by diverse cadres at all levels of the health system, including in rural and remote areas.

To address non-discrimination, we prioritize those least likely to have access (those who are most underserved), such as women and girls who are poor, young, or unmarried; refugees, migrants, or displaced; from marginalized castes or groups; survivors of violence; HIV-positive; disabled; or later in gestation. We focus on participation by co-creating mechanisms for individuals and groups to have active and informed participation in matters related to their health.

Supporting abortion care provision also means supporting an individual's right to make free and informed choices about health services, free of coercion and with accurate and comprehensive information about their options. Ipas will continue to use provider education and joint civil society advocacy to integrate abortion into comprehensive sexuality education programs as ways to support this right, especially for young women and girls.

At the community level, we support capacity for local communities, including underserved groups, to meaningfully participate in the design and monitoring of rights-based reproductive health services. We continue to work with diverse partners to integrate a broader human rights and reproductive justice lens to our work, as well as contribute our abortion perspective to this larger agenda. Our work with the public health system will strengthen opportunities for communities and individuals to ensure that abortion standards and services conform to human rights principles.

Gender Equality

Empowerment is a fundamental process and outcome for gender equality. Systems, institutions, and communities can all play a role in increasing women's and girls' self-confidence, self-reliance, and self-efficacy.

SRHR are critical to the achievement of gender equality. Women's ability to make and act upon their own reproductive decisions is fundamental to achieving their full human potential and contributing more meaningfully to their communities and nations. The ability to exercise reproductive rights impacts women's and girls' access to education, their employment opportunities, and their ability to be fully contributing citizens. All of these can be undercut or denied when women and girls are unable to end an unwanted pregnancy.

This reality is reflected in Sustainable Development Goal (SDG) Target 5.6, which seeks to ensure universal access to sexual and reproductive health and rights, with indicators ranging from policy change to women's informed decision making. Ipas's sustainable abortion ecosystem framework places the woman or girl at the center of a larger environment that affects her decisions about her health.

Gender and power dynamics have dire implications on the SRHR of women and young girls. Gender discrimination and inequality is a root cause of unsafe abortion. Inequitable gender roles and harmful social norms, for instance, acceptance of violence against women and girls, or reluctance to inform young girls about comprehensive sexuality education, will continue to be critical barriers to safe abortion care. In response, Ipas aims to integrate gender-responsive approaches into our programming to increase gender equality.

Ipas community partnerships offer a space to address social norms and work with parents and other influential members of society to discuss sexuality, reducing unplanned pregnancies, and ending unsafe abortion. Youth groups and women's groups that partner with Ipas country teams engage men and boys in community talks and SRHR gatherings. For example, partners in Western Kenya hold intergenerational dialogues to discuss adolescent health and referrals to

care, which include youth and parents of both genders. Ipas will continue our work to educate men on the importance of gender equity and the crucial role they can play as partners, family members, community leaders and professionals. This will include continuing our work with the military in Bolivia, with police in Nigeria, with Imams in Bangladesh, and with male community elders in India.

Ipas uses various tools to inform gender-responsive interventions, including the sustainable abortion ecosystem assessment, which includes questions related to gender-based violence and women's decision making ability; a community assessment which includes questions related to gender inequalities at the household and community level; a social norm and behavior change framework (Shifting Gears), which includes a central component on gender and power dynamics; and an abortion self-efficacy scale which addresses systemic barriers and empowers women with self-agency in abortion and contraceptive care. In the process of using these tools and others, Ipas collects formative and secondary research and consults with relevant stakeholders to inform our program activities.

Ipas will address the following gender inequalities and gaps through our programming efforts:

- Strengthening health systems' capacity to provide sustainable woman-centred abortion care: interventions at the health facility will reduce stigma felt by women and girls seeking care and normalize abortion services; preservice education and on-the-job training curriculum will incorporate values clarification and attitude transformation
- Integrating gender transformative approaches to strengthen women's and girls' reproductive bodily autonomy: support efforts to increase the ability of women and girls to directly access safe abortion and comprehensive contraceptive services; expand gender-based violence prevention and support services; increase social support and self-efficacy; strengthen evidence on ways to shift harmful gender norms; incorporate age-appropriate content on abortion in comprehensive sexuality education; and further enhance Ipas's user-centred design capacity to ensure that services and approaches are responsive to women's and girls' expressed needs and preferences.
- Amplifying diverse social movements to advocate for woman-centred policies that address abortion and contraceptive care as a human right: enhance participation of women's, youth, and indigenous women's organizations in advocacy and policymaking through intersectional partnerships; and increase the evidence base on impact of discriminatory policy barriers that limit women's and girls' SRHR.

Climate Justice

Climate change disproportionately burdens women and girls. Strained health systems and communities are bearing the brunt of climate shocks and stressors. During climate crisis events, sexual and reproductive health services are often ignored with emergency response focused on food and emergency medicine in humanitarian relief efforts. Yet contraception and abortion are also critical and time sensitive—and have long-term impact on people's futures. Women and girls must navigate the effects of a changing climate on themselves, their family, and their community, without political prioritization or action that responds to the gendered components of climate change. For example, gender and SRHR are systemically excluded or deprioritized in climate policies, financing, and action. Governments' National Adaptation Plans prioritize health sector climate adaptations to build resiliency against negative impacts of climate change, but most of the plans do not include any reference to sexual and reproductive health. Similarly, sexual and reproductive health financing, policies, and programs often lack climate change considerations.

In addition, improved integration of gender, reproductive, and climate justice is central to global

development. Investments in SRHR, including building more resilient health systems, and improving health and delivery of SRHR services in the context of climate change, can reduce the impacts of climate change on communities. Further, improving women's engagement in climate action is key to ensure people can better deal with the impacts of climate change.

Ipas developed a Climate Justice strategy focused on solutions that are systemic, people-centered, equitable, transformational, and led by the groups most impacted. In addition to ensuring services are available in disasters, Ipas works with policy makers to make sure women have a voice in the climate justice movement. Our strategy has four key results areas.

1. Address climate, gender, and reproductive justice programming and evidence gaps.

The findings of our qualitative research study that explored how women's experience with climate change impacts their sexual and reproductive health decision-making, behavior, and outcomes are driving our intersectional work over the next two years, including the need for further research to generate additional evidence on SRHR and climate and solutions that are effective in meeting SRHR needs in the face of climate change. We will leverage [current qualitative research](#) to expand this scope of work.

2. Develop strategic communications and facilitate dialogue to advance climate, gender, and reproductive justice.

We use a variety of media and mechanisms to document and share the nuanced connections between climate, gender, and reproduction. One way we are doing that is through visual storytelling and sharing those stories through [a dedicated website](#), and other channels, including social media.

3. Increase political leadership and financial support for climate, gender, and reproductive justice.

This is essential for systems-level change. For example, in Nigeria, Ipas advocated for integration of a climate and gender justice lens at a national abortion ecosystem dialogue recently convened with the Federal Ministry of Health. Our advocacy led to the inclusion of SRHR information and access in their programming in the national sustainability action plan. Another example is that Ipas, Women Deliver, and WEDO organized a coalition of over 20 partners to commit to collective action and joint advocacy at the nexus of gender equality, SRHR and climate justice.

4. Build and strengthen intersectional partnerships for climate, gender, and reproductive justice to minimize siloed approaches and to collaborate strategically.

Ipas will allocate seed funding to select Ipas teams across the world to advance climate, gender, and reproductive justice. Through an initial investment, Ipas hopes to support Ipas teams to build practical experience applying an intersectional lens in their work by exploring different approaches to advance climate, gender, and reproductive justice at national and local levels.

Each project will leverage Ipas's expertise as a convener to break down siloes across partners and movements. Each has an explicit focus on centering community voices and leadership. Through this investment, we ultimately plan to support our teams and partners to build common ground and explore how we can work across our sectors and across movements more intentionally and with evidence-based approaches, to produce the kind of lasting change we all seek.

Working in Fragile and Humanitarian Settings

Ipas will continue to work directly with leading humanitarian partner organizations to build their willingness and capacity to introduce and deliver safe abortion care (SAC) in their humanitarian programs. We will offer VCAT workshops for agency staff; VCAT training of trainers to build partner capacity to facilitate VCAT workshops within their own organizations; clinical and programmatic trainings on SAC and technical assistance to partner organizations before or during crisis and post-crisis responses; and other customized training plans and SAC orientations that respond to humanitarian organizations' needs and the needs of the women and girls they serve. Ipas developed this [VCAT toolkit](#) specifically for humanitarian settings and for use by humanitarian agencies.

We are developing a new VCAT-derived curriculum addressing SRHR, gender, and power relations in humanitarian settings. The curriculum is intended for humanitarian aid actors across the main sectors of humanitarian action, e. g., water, sanitation, and hygiene (WASH), food security, shelter, logistics and others. The curriculum will encourage in-depth exploration of gender, power, prejudice, and collective responsibility, and culminates with a call to action for accelerating potential change and identifying concrete mechanisms with which to do so. This focus on non-health sector workers differs from our other work to date. It addresses the need for intersectionality, recognizing that addressing gender and power is necessary across humanitarian settings. It is relevant for all Gatekeepers involved in the provision of SRH information and referrals. This is particularly important in the time of increasing efforts to provide abortion self-care and harm reduction in these settings, where there is a need for aid workers to have accurate information or know where to direct women to find it.

To advance this scope of work, we will continue to develop and disseminate [tools and resources for partners that can be downloaded from our public website](#). Current resources include:

- Trauma-informed care for abortion providers treating sexual violence survivors in humanitarian settings – a resource for frontline abortion trainers and health workers
- A legal risk management tool for organizations and providers to help understand abortion law and manage legal risk, exploring opportunities for organizational, as well as national reforms
- A postcard for humanitarian professionals provides an overview of manual vacuum aspiration (MVA) for safe abortion with a focus on humanitarian settings—plus instructions for how to obtain MVA equipment through Inter-Agency RH Kits and from DKT WomanCare.
- Several medical abortion guides to provide accurate information to clinicians and people seeking information on having an abortion, with assistance or on one's own, with medical abortion.

Ipas continue to contribute research and evidence to show the need to include abortion and contraception care in humanitarian responses, and to expand the knowledge base on effective responses.

In Bangladesh, Ipas supports 49 health care facilities for Rohingya refugees (45 Cox's Bazaar and four on the island of Bashan Char). For the 900,000 refugees living in the camps, these facilities provide access to family planning services, postabortion care and essential and legal abortion services—known as menstrual regulation (MR) in Bangladesh. The government recently moved refugees to the island so we have expanded support to this area. We will build on results from the past with include:

- Ipas not only implemented services, but also documented both our methods and advocacy for global policymakers and advocates. [“Navigating the crisis landscape: engaging the ministry of health and United Nations agencies to make abortion care available to Rohingya refugees”](#) in **Conflict and Health**, and [“Expanding Access to Comprehensive Abortion Care in Humanitarian Contexts: Case Study from the Rohingya Refugee Camps in Bangladesh,”](#) in **JSTOR** are two examples.
- To date providers have performed almost 38,000 procedures, nearly 75% of which were for safe and legal terminations, most with medication (March 2022 figure)
- Trainings in abortion care for after 13 weeks gestation have also been conducted in Bangladesh as part of the ongoing response to identified needs in the camps
- This collective and on-going work shows that the demand for abortion care exists among refugees and that services can be integrated into an acute humanitarian response with institutional support and with championing by technical experts.

Other Ipas country teams that are engaging in humanitarian initiatives include [Ipas Ethiopia’s work in the Tigray region](#), and our teams in Nigeria, Mozambique and the DRC. Southern Africa is exceptionally vulnerable to the impacts of climate change, with frequent flooding, droughts, and the conflicts that these environmental stressors cause leading to frequent humanitarian and emergency events. Ipas staff in Southern Africa countries have a broad range of experience and expertise, with many staff members having experience in humanitarian response in professional roles prior to Ipas. To leverage this experience, we are developing a comprehensive approach to renewing, enhancing, and sharing these skills to ensure that SRH care, including abortion and contraceptive care, will be included in current protracted crises and future emergency events driven by climate change.

Monitoring, Evaluation, and Learning

Ipas has a global Monitoring and Evaluation (M&E) results framework that allows for consistent reporting on key indicators at the global level and flexible project-level reporting at the country level. Ipas tracks progress toward the global indicators using standardized tools across the organization. Data tracking and storing occurs in either Ipas’s global monitoring system (Terra – Microsoft Dynamics) or our intranet and collaboration system (Luna – Microsoft Sharepoint). Ipas also tracks objectives related to organizational effectiveness, partnerships, learning, and innovation.

Individual projects use M&E frameworks to help design program measurement. An accompanying M&E plan helps teams track activities and maintain the scope, schedule, and budget of a particular project. Project monitoring and data collection follows Ipas’s current practices. Data are entered into Ipas’s systems on an ongoing basis as information is received from field monitoring. Data in Terra are then cleaned, analyzed, and validated following Ipas’s standard operating procedures and reported annually. Data quality audits are conducted regularly to ensure accurate recordkeeping of all monitoring forms and data entry to the systems.

Ipas’s M&E approach is implemented with full involvement of our country teams and local partners and includes standardized monitoring of Ipas’s work across the abortion ecosystem. Monitoring data is used on an ongoing basis for project performance improvement. Ipas routinely tracks our cross-cutting activities and outcomes across our work in policy, community engagement, and health access. Our health systems monitoring has expanded to reflect all access points where women and girls may receive abortion care, even those outside of the formal health sector; Ipas continues to track service data and quality measures for abortion and contraception services

across these access points. Data are summarized in donor reports, semi-annual reports to the Ipas Board of Directors, regular reports, and in presentations to Ipas Directors and all staff. Ipas teams plan for meaningful year-on-year increases (from baseline to endline) in the measures that advance the abortion ecosystem. We are intentionally moving away from a focus on the size and scale of Ipas's organizational contribution to acknowledge that creating sustainable change within the abortion ecosystem is about more than Ipas—it relies on supporting local stakeholders to drive sustained social change for abortion access and rights.

Management and Organization

Ipas is evolving from a hub and spoke model of a traditional INGO with headquarters making most high-level strategic decisions and holding power and responsibility, to a structure where power, responsibility, and decision making are shared.

The elements of Ipas's new management structure are designed to ensure country ownership, shared network leadership, and that decisions are made closest to where the work is conducted. Focus on results will be strengthened because country and service nodes will be mutually accountable and share responsibility in the leadership structures. Please see Attachment 4, for a diagram of the Ipas Impact Network.

As an organization that has been working on the highly stigmatized topic of abortion for almost 50 years, Ipas takes risk seriously and addresses it at different levels.

Crisis Management Team

A cross functional Crisis Management Team (CMT) supports Ipas country leaders to preempt potential crises and to lead a coordinated response to a crisis at headquarters, in Ipas intervention countries, and where Ipas has travelers. This role includes serving as a primary point of communication with country leaders and maintaining limited authority to make binding decisions on behalf of Ipas.

Enterprise Risk Management

Ipas defines an enterprise risk as any significant event or circumstance that could affect or impact the achievement of our mission objectives – including strategic, operations, reporting, and compliance risks. Our comprehensive enterprise risk management (ERM) approach allows us to anticipate, identify, prioritize, and manage risks to mission objectives.

Ipas's Enterprise Risk Management Council, comprised of staff from across the Ipas Network, embeds risk management and management into Ipas's daily operations to minimize risks and surprises, to maximize opportunities, and to be more responsive to the ever-changing needs of our network and communities we serve and support. The Council assures that risk management decisions are aligned with Ipas strategies, made on an informed basis, and shared across our organization.

Conclusion

Ipas is grateful to DFAT for the opportunity to submit its responses to the four questions posed to assist in the development of the new International Development Policy. Ipas remains a bold and unapologetic voice for the right to abortion and contraception at a time when these are targets for opponents of gender equality, human rights, and democracy. Abortion is health care, and it is health care that should be available and accessible to all. Ipas will continue to create a world where every woman and girl has the right and ability to determine her own sexuality and reproductive health.

