Mid-Term Evaluation of Ipas

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The mid-term evaluation assessed Ipas against the current Strategic Plan (SP) which covers FY2018-FY2023. The review covered the first two fiscal years of the SP, July 2017 to June 2019. Overall, this evaluation found that Ipas is currently a high performing organization that is critical for the health and lives of millions of women around the world. This is particularly true because Ipas’s unique qualities and mission mean that many of its achievements could not be accomplished by any other entity. Overall it is making good progress to date against the current Strategic Plan (SP) which covers 2018-2023. Some strategic areas are clearly still in development and others require updating to take advantage of technological advances.

The Evaluation Team carried out its analysis mainly between December 2019 and June 2020. It included more than 120 interviews with key informants – both inside and outside of Ipas. Evaluators visited three countries, but had to assess two others virtually, due to the Covid pandemic – which also has had a major effect on Ipas’s ability to carry out its work. The work was organized around the five ‘Outputs’ that are established in Ipas’s SP:

**Output 1**  (Goal: Enabling environment supports women and girls’ access to high quality abortion and contraceptive care)

Since its foundation 1973, Ipas has worked to promote legal, regulatory and policy environments that makes safe abortion and contraceptive care available for everyone. This involves technical assistance, training, research, advocacy and partnership at global, regional and national levels. It also means adapting the approach to local legal and normative constraints – for example, in countries where abortion is only legal in case of rape or serious danger to a mother’s health.

A range of stakeholders attested to Ipas’s continuing and collaborative role in gradual progress across many countries. Often it is not easy to measure Ipas’s share of credit, especially as sometimes it is sensible to take a low profile on a taboo subject, and the current metrics do not capture much of this type of work’s success. In some cases there are setbacks, sometimes unexpected. Despite this, Ipas is extending its work, both technically and normatively, into areas where women have little or no access to care – including in humanitarian situations; where gender-based violence takes place; with unwanted pregnancies beyond 13 weeks; or where children’s education allows misinformation about sexuality to spread.

Ipas has also developed expertise over several years with Medical Abortion (MA – abortion through use of pills rather than a clinical procedure). But demand for MA is growing so quickly, especially by women who wish to take pills away from a clinic environment (Abortion Self-Care – ASC), so more work is needed, as well as greater collaboration with the private sector, if safety and quality are to be assured.

**Output 2**  (Goal: High-quality abortion and contraceptive care are available, accessible, and acceptable to women and girls)

Support to service delivery is the other historical mainstay of Ipas’s activity. About 80% of Ipas’s service delivery work is in the public sector. Mainly this has involved strong support to the staff of public health care systems, at government invitation - though some public sector trainees also take their improved clinical skills into the private sector. This support occurs in Africa and Latin America, but in largest numbers in Asia.
Here too Ipas delivers impressive results. This includes clinical training; equipment and commodity support; quality of care assurance; and, more recently, attention to the patient’s clinical experience, mainly via surveys. Ipas supports over 3,000 access points (from pharmacies to clinics and hospitals), though some are within health systems that face many challenges and so not all yet meet the highest standards. A small but growing number of health facilities have become strong enough that they no longer need Ipas’s support, deliver good services unaided and indeed can act to help other parts of their health systems to do the same.

The activities under this Output tend to be easily measurable, and this is an area where the largest donors have particularly directed funding, often also mandating intensive monitoring and evaluation (M&E). More attention could be paid to the private sector, which includes private clinicians, facilities, pharmacies and other retailers and is where half or more of women seeking abortions turn in many countries. Many younger women are wary of public facilities and so this demographic is less well served by Ipas at present.

**Output 3** (Goal: Women and girls have the social support, knowledge, and self-efficacy to access safe abortion and contraception)

This output reflects an organization-wide effort to put the needs of women and girls more firmly at the centre of programming, compared to a historic focus more on health professionals and policymakers. One strand involves trying to better understand the powerful stigma that remains around abortion — by individuals, within communities and among/towards health care providers. Other initiatives look at barriers such as the lack of reliable information; at levels of ‘self-efficacy’; and at community norms and support.

For this Output Ipas partners much more with other civil society organizations (CSOs) that work directly with women and girls in the community, which represents quite a change from work with Ministries of Health and professional bodies. These CSOs are varied, some representing youth or indigenous peoples, for example, and some rely on Ipas for assistance.

Ipas is also developing new diagnostic tools, to assess barriers to care access and how to overcome these, many of which are pioneering. While this work is an important complement to ‘supply side’ work of Outputs 1 and 2, it is challenging to measure progress and the evidence base of what works is not yet fully present. Some Ipas Country Offices are applying this Output in innovative ways, adapted to their contexts, rather than the Output being centrally led. Organization-wide strategies have to address the key issues of Youth and Gender have not yet been implemented.

**Output 4:** (Goal: Ipas is a bold and effective organization)

Output 4 relates to how Ipas functions as an organization. The most important input is the staff themselves, and Ipas benefits from very dedicated employees, who have long been known for their clinical knowledge and experience in particular in delivering the first two Outputs and in working with other stakeholders. Increasingly there is also greater professionalism in areas such as M&E, finance, IT and human resources. These are supported by technological systems that have also visibly strengthened over the SP period, to varying extents rolled out to Country Offices. So in many ways effectiveness has indeed increased, and the new initiatives mentioned above can be seen as evidence of policy boldness.
Increasingly, some donors and organizations are taking a technical approach to ensuring that funds are used to ensure maximal impact – a so-called Value for Money (VfM) perspective on economy, efficiency, effectiveness and equity. Ipas has made a useful start to carrying out this sort of analysis and initial signs are that the organization scores highly, although only a fraction of this is captured with current measurement. Ipas is also innovative in its generation of research and evidence, and uses M&E well for internal learning at central level and in some countries.

**Output 5: (Goal: Ipas is a valued partner globally and locally)**

The last Output covers how well Ipas works in partnerships – including with international and UN agencies, donors, national governments, regional networks, and CSOs. It focuses in particular on how effectively Ipas has established new partnerships and strengthened existing collaborations, engaged with donors and secured new funding, engaged with partners at country level and its external communications.

While this was not well captured by the current indicators, there was solid evidence from interviewees, country visits and document analysis that Ipas is much valued for its policy and technical expertise, though its newer areas of activity are less well known. A 2019 partnership survey produced a 94% positive rating. Several aspects of Ipas’s work create sustainable benefits in countries, and this is now more visible thanks to Ipas’s new ‘Abortion Ecosystem’ perspective. An area of risk is Ipas’s dependence on a narrow funding base which subjects Ipas to changes in donor strategies and support.

Communication will need to develop to keep pace with continuous change in technology, client/donor expectations and the evolving SRHR sector. The organization also carries out a vital function in monitoring the various forces of opposition to its objective of access to safe abortion and to other sexual and reproductive health and rights (SRHR). But these functions are somewhat under-resourced and need further investment.

**Performance against TOR and DAC criteria**

The Evaluation’s Terms of Reference (ToR) additionally ask for an assessment against four criteria: relevance; effectiveness; measurement; and partnerships.

**Relevance:** Ipas’s traditional work on strengthening public health systems and the enabling environment, building the evidence on abortion using country data and collaboration with government in country, continues to be very relevant to the vital needs of millions of women. The current SP includes additional areas of work that reflect changing contexts and neglected issues, e.g. increased focus on women and girls’ needs, service availability in humanitarian situations and increasing access to MA and ASC, all of which further increase Ipas’s relevance. But there are areas in which relevance could be increased: such as increased engagement with the private sector, including health providers, pharmacists and drug sellers, and further widening of partnerships.

**Effectiveness:** Ipas has demonstrated effectiveness in training and support for service delivery, resulting in increased numbers of women receiving abortion and contraceptive care. However, Ipas is unlikely to achieve its milestones for the number of clients receiving services – often because these were set aspirationally. Ipas has maintained its organisational effectiveness in terms of its staffing and its partnerships, and increased its organisational effectiveness in terms of governance,
research, finance and IT systems and VfM. There is scope to improve the effectiveness of fundraising and communications. Work under Outputs 1, 2 and 3 would be stronger if underpinned by a clearer and more coherent approach to gender and youth. It is difficult to assess the effectiveness of Ipas’s work on the enabling environment, given the challenges of attribution of policy changes, although qualitative evidence is positive. It remains too early to assess the effectiveness and results of work on women and girls’ knowledge, self-efficacy and social support. Significantly improved systems and in some areas, human resources, have also helped strengthen Ipas’s effectiveness.

**Partnership** Ipas is a valued partner and a go-to organization for technical and policy expertise on abortion care both globally and at country level. Ipas has consolidated existing collaborations and has increased its number of partners in the past two years, from 60 to 101. It has taken strategic steps to establish new partnerships with organisations working in humanitarian contexts and with organisations focusing on and led by specific population groups, e.g. young people, disabled women, and indigenous people, both to further its principles and to expand the scope and effectiveness of its programming. Ipas is also viewed as having established good partnerships with governments, both by government representatives and by other stakeholders.

**Measurement** The introduction of the SP was mirrored by changes in the M&E framework and reporting against both the SP and the global M&E system. The new M&E framework has helped to increase effectiveness, with indicators that in principle ensure focus. These changes have taken place relatively quickly with much effort going on behind the scenes. In practice the M&E framework lacks a clear Theory of Change (although Ipas is starting to work on one). Some indicators could be strengthened, progress is slow towards organizational milestones and information is still missing across a range of other indicators (see M&E reflections above under each output for coverage of measurement). The M&E system is so far also not yet able fully to capture the changing reality of ASC (channels, quality, consumer response), although an initial M&E framework has been developed and data is being collected. Moreover, many indicators are new and Ipas still in the process of building many tools. Yet, both centrally and in country visits, there was good evidence of motivation and innovation, even where M&E is challenging.

**Looking to the future**

The Evaluation contains a range of specific operational recommendations relevant for the remainder of the SP to 2023. In many cases these confirm that Ipas should continue with existing activities – for example further extension of advocacy and policy work related to humanitarian contexts under Output 1 and maintaining a fruitful partnership with a health commodity organization under Output 2. Some involve further steps: developing formal strategies to engage with youth and gender issues in Output 3 and a comprehensive Theory of Change to cover all Outputs, based on Ipas’s ‘ecosystem’ approach; as well as addressing some M&E data gaps. Some actions, such as revision of Site Progress Reports, are apparently already underway. Other improvements would involve additional investment – for example, expanding opposition monitoring work and strengthening external communications – although the evaluation consultants recognize that this is not easy in the short term, given the recent reduction in donor funding.

But the safe abortion and SRHR sectors are developing rapidly, with a steady shift from public to private services recently accelerated by the Covid pandemic. Therefore the Evaluation also has
suggestions for beyond the timeframe of the mid-term evaluation. These include: a range of further interactions with the private sector from financing initiatives to public-private partnerships; and engagement with other sectors of development, such as broader health care and economic empowerment.

Conclusion

Ipas is generally performing well against the five Outputs of its 2018-23 Strategy. There are ways in which it could improve further, some of which are already happening. The organization remains a vital and unique resource, transforming lives across their world and helping women and girls determine their own futures.