



The Giving Common

An Initiative of the Boston Foundation

www.thegivingcommon.org

Ibis Reproductive Health



General Information

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Cambridge, MA 02138
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Website

www.ibisreproductivehealth.org

Organization Contact

Britt Wahlin admin@ibisreproductivehealth.org

Year of Incorporation

2002

Statements & Search Criteria

Mission Statement

Ibis Reproductive Health is an international nonprofit organization with a mission to improve women's reproductive autonomy, choices, and health worldwide. Our core activity is clinical and social science research, focused on issues receiving inadequate attention in other research settings and where gaps in the evidence exist. Our agenda is driven by women's needs and prioritizes increasing access to safe abortion, expanding contraceptive access and choices, and integrating HIV and comprehensive sexual and reproductive health services. We partner with advocates and other stakeholders who use our research to improve policies and delivery of services in countries around the world.

Background Statement

Ibis Reproductive Health is an international nonprofit organization with a mission to improve women's reproductive autonomy, choices, and health worldwide. Ibis was founded in 2002 by Charlotte Ellertson who aimed to build a research organization that directly impacted women's lives and made it easier for them to access the tools and services they need to control their fertility and protect their health. We continue Charlotte's legacy today. Our core activity is clinical and social science research, focused on issues receiving inadequate attention in other research settings and where gaps in the evidence exist. We partner with advocates and other stakeholders who use our research to improve policies and delivery of services in countries around the world.

Our work focuses on increasing access to safe abortion, expanding contraceptive access and choices, and integrating HIV and comprehensive sexual and reproductive health services.

- **Women's priorities.** We put women's autonomy, rights, and decision making at the forefront of our work.
- **Bold ideas.** We seek out and evaluate innovative strategies to improve women's reproductive health and choices.
- **Rigorous research.** We conduct research to uncover evidence about what women need, what barriers they face, and what is working for them.
- **Simplified access.** We apply our research to create solutions that make it easier for women to obtain the resources and tools they need to control their fertility and protect their health.
- **Strong partnerships.** We implement and disseminate our research and solutions with established advocates and health care providers on the ground.

Impact Statement

Over the past year, Ibis:

Celebrated our 10th anniversary.

Advanced our goal to move an oral contraceptive (OC) pill over the counter (OTC) in the United States: In November 2012, the American College of Obstetricians and Gynecologists formally endorsed moving OCs OTC and cited our research showing that women are interested in OTC access to OCs and able to self-screen with checklists to determine whether using OCs is safe for them. Since then, pharmaceutical companies have shown increased interest in sponsoring an application to the Food and Drug Administration for an OTC OC product and we have seen positive media coverage supporting OCs OTC.

Launched a national forum in South Africa to facilitate large-scale progress towards reduction of teenage pregnancy. Meetings have been attended by government representatives, NGOs, and researchers, who have developed concrete strategies and campaigns to advance discussion on this topic.

Expanded communications: We have packaged our research into accessible research briefs, making our findings more user-friendly and accessible. We also continue to be cited increasingly in the media and blogosphere.

Our goals for the next year are to:

Expand organizational partnerships: Ibis works closely with advocates, policymakers, and other stakeholders at each step of the research and dissemination process. We plan to increase and sustain existing collaborations to determine relevant subject matter, increase our ability to conduct larger-scale projects, and put evidence generated by Ibis into the hands of those in the best positions to enact change.

Launch an annual survey in order to respond to urgent research needs from advocates and to collect rigorous, up-to-date data on critical reproductive health policy and service delivery questions. This work will allow us to deepen our partnerships with advocates and respond to the data and research needs of the organizations leading grassroots and policy advocacy campaigns.

Needs Statement

Our most pressing needs are to:

1. Overhaul our website: We created the website when Ibis was founded in 2002, and we require an up-to-date website that allows us to better showcase our comprehensive body of work and makes it easy for stakeholders to find relevant information.
2. Expand our development and communications staff: Ibis plans to grow Ibis's budget by 30% by 2015, and we need additional staffing to help us meet our goal. Additionally, growing our communications activities is an institutional priority, and we require more staff to support our growing social media presence, respond to media and information requests, and create and disseminate relevant materials.
3. Sustain staffing support in our Johannesburg, South Africa office: We are currently seeking an office head for our Johannesburg office.

Service Categories

Reproductive Health Care

Geographic Areas Served

Ibis's regions of focus include Latin America and the Caribbean, sub-Saharan Africa, and the United States. Most of our work spans these and has relevance to multiple regions. We also work locally in the cities and regions where our three offices are based.

Please review online profile for full list of selected areas served.

Programs

Abortion

Description

Ibis aims to increase access to safe, affordable, high-quality abortion care and establish such care as a human and reproductive right.

Our objectives are to:

- Ensure access to safe, affordable, high-quality abortion care where abortion is legal for a broad range of indications, and increase access to abortion care in settings where safe abortion is restricted.
- Identify and test innovative strategies and promote proven ways to improve abortion services and technologies, with a particular focus on medication abortion methods and second-trimester procedures.
- Generate and synthesize data on ways to reduce mortality and morbidity associated with unsafe abortion and promote the integration of abortion into the broader maternal health agenda.
- Provide information, education, and training about abortion to health providers and consumers in a range of settings.

Budget

1,122,000

Category

Health Care, General/Other Reproductive Health

Population Served

Females, ,

Program Short Term Success

Near term achievements include: expanding public funding for high-quality abortion access, answering outstanding questions about the best clinical approaches to second-trimester abortion care, demonstrating the effectiveness and feasibility of new, women-centered abortion provision models, and making abortion an integral part of the international maternal health agenda.

Program Long term Success

Ibis aims to increase access to safe, affordable, high-quality abortion care and establish such care as a human and reproductive right. Unsafe abortion kills nearly 70,000 women each year around the world and many more experience significant morbidity that affects their lives and health. In legally restricted settings in particular, women may have no options but unsafe providers or methods if they wish to end a pregnancy. Where abortion is legal, many women cannot access or afford safe, high-quality abortion care. We work to increase access to safe abortion services, and we envision a world where guaranteed access to care makes it possible for all women to lead healthy sexual and reproductive lives.

Program Success Monitored By To achieve our intermediate and ultimate outcomes, we have identified short-term (0-3 years) and medium-term (3-5 years) indicators and long-range goals for our body of work. We use a set of cross-cutting indicators, which apply to all our projects and areas of work, as well as activity-specific indicators, which measure the progress for each of our projects. Within each of our three key areas of work we measure indicators related to research (the number of studies funded, launched, and published, among others); collaborations with local, state, national, and international advocates; communications (the number of articles, blog posts, and other materials published, people who receive or request materials, and references to Ibis in other publications, among others); and policy and advocacy (the number of materials developed, policy campaigns or organizations that feature our research, and meetings held with policymakers, among others).

Examples of Program Success Medication abortion is very simple: you just take two pills. But laws in many US states require a physician to hand over the pills to the woman, making abortion less accessible, especially for women in rural areas of the US. In 2008 Planned Parenthood of the Heartland in Iowa launched an innovative program to offer medication abortion at outlying clinics without a doctor on site using telemedicine. Patients meet with a nurse who reviews their medical history and performs an ultrasound; a doctor reviews this information, has a video consultation with the patient, and then punches in a code to open a box that dispenses the medication, which the nurse then gives to the patient. Ibis, together with Provide, evaluated the service and found not only that telemedicine provision is safe and effective, but also that women who had the telemedicine service were more satisfied with their experience. Our research has been used to fight back against proposed bans on telemedicine abortion.

Contraception

Description

Ibis aims to expand access to and information about contraception and support women in deciding when and how to use the full range of contraceptive products.

Our objectives are to:

- Expand access to the full range of safe and effective contraceptive options, including emergency contraception, long-acting methods, and other underutilized methods, with an emphasis on regions and populations with the least access and those at high risk of maternal morbidity and mortality or unintended pregnancy.
- Simplify contraceptive technologies and the ways women obtain and use them.
- Incorporate evaluation of the social, economic, community, and structural factors that shape women's options and choices regarding contraception and childbearing into our work.
- Improve access to accurate, culturally and linguistically appropriate information about contraception.
- Promote research and policy advocacy to increase access to existing and investment in new methods that can prevent pregnancy and HIV/STIs.

Budget

503,000

Category

Health Care, General/Other Reproductive Health

Population Served

Females, ,

Program Short Term Success

Near term achievements include: moving an oral contraceptive pill over the counter in the United States, and increasing access to a wide range of contraceptive methods in family planning services and programs.

Program Long term Success

Ibis aims to expand access to and information about contraception and support women in deciding when and how to use the full range of contraceptive products. Access to contraception is critical for women's reproductive and human rights, and family planning is also one of the most cost-effective strategies for reducing maternal mortality and HIV infection rates. Millions of women around the world do not know about or have access to a safe and effective method of contraception, and many more are barred from the full range of methods. In addition, a number of highly effective and acceptable long-term contraceptives are significantly underutilized. Prescription requirements, unnecessary medical visits or tests, and restrictive guidelines not based in evidence limit access to contraception, as do limited availability of supplies and lack of knowledge among providers about the full range of methods. We want women have evidence-based information and direct access to the full range of contraceptive methods and options so that they can easily plan and space their pregnancies and lead healthy reproductive lives.

Program Success Monitored By To achieve our intermediate and ultimate outcomes, we have identified short-term (0-3 years) and medium-term (3-5 years) indicators and long-range goals for our body of work. We use a set of cross-cutting indicators, which apply to all our projects and areas of work, as well as activity-specific indicators, which measure the progress for each of our projects. Within each of our three key areas of work we measure indicators related to research (the number of studies funded, launched, and published, among others); collaborations with local, state, national, and international advocates; communications (the number of articles, blog posts, and other materials published, people who receive or request materials, and references to Ibis in other publications, among others); and policy and advocacy (the number of materials developed, policy campaigns or organizations that feature our research, and meetings held with policymakers, among others).

Examples of Program Success In November 2012, the American Congress of Obstetricians and Gynecologists (ACOG) released a committee opinion giving full support for over-the-counter oral contraceptives. The opinion was widely covered in the media, and cited our research showing that women are interested in OTC access to OCs and able to self-screen with checklists to determine whether using OCs is safe for them. Since then, pharmaceutical companies have shown increased interest in sponsoring an application to the Food and Drug Administration for an OTC OC product and we have seen positive media coverage supporting moving an OC OTC. We hope that the ACOG Opinion will help us move closer to our goal of getting a registered OTC OC in the United States and improving all women's access to safe, effective contraception.

HIV and sexually transmitted infections (STIs)

Description	<p>Ibis aims to strengthen links between HIV prevention, care, and treatment and comprehensive sexual and reproductive health care.</p> <p>Our objectives are to:</p> <ul style="list-style-type: none">• Generate evidence on the best ways to integrate reproductive health and HIV services, documenting women’s preferences, health benefits, and cost-effectiveness in a range of settings.• Increase access to and information on the full range of contraceptive methods for women with HIV and women at high risk of HIV.• Collect data on and promote attention to abortion and other stigmatized and/or under-addressed reproductive and sexual health issues and services in the context of HIV/AIDS.• Identify innovative ways to better address the sexual and reproductive health needs of young women, simultaneously tackling unintended pregnancy, HIV and STIs, and gender-based violence.• Ensure that our work addresses the epidemic of gender-based violence and its links to HIV and reproductive ill health.
Budget	454,000
Category	Health Care, General/Other Reproductive Health
Population Served	Females, ,
Program Short Term Success	<i>Near term achievements include:</i> integrating HIV prevent, care, and treatment into sexual and reproductive health services, including abortion care and the provision of long-acting methods and ensuring that services and policies address South African young women’s comprehensive health needs.
Program Long term Success	Ibis aims to strengthen links between HIV prevention, care, and treatment and comprehensive sexual and reproductive health care. In many cases, reproductive health services, including family planning and abortion, are offered separately from VCT and HIV prevention and treatment services. Women who want to prevent pregnancy, are planning pregnancies, or are currently pregnant may also want to protect themselves from HIV and other STIs, or may need care and support to manage HIV infection and disease. The integration of family planning and HIV treatment and care is increasingly being addressed in the field; Ibis works on this issue but focuses our efforts on reproductive health services like abortion and healthy sexuality that are not currently being adequately addressed. We want all women to be easily able to obtain care safely and easily, and to ensure that services and policies address their comprehensive sexual and reproductive health needs.

Program Success Monitored By To achieve our intermediate and ultimate outcomes, we have identified short-term (0-3 years) and medium-term (3-5 years) indicators and long-range goals for our body of work. We use a set of cross-cutting indicators, which apply to all our projects and areas of work, as well as activity-specific indicators, which measure the progress for each of our projects. Within each of our three key areas of work we measure indicators related to research (the number of studies funded, launched, and published, among others); collaborations with local, state, national, and international advocates; communications (the number of articles, blog posts, and other materials published, people who receive or request materials, and references to Ibis in other publications, among others); and policy and advocacy (the number of materials developed, policy campaigns or organizations that feature our research, and meetings held with policymakers, among others).

Examples of Program Success In South Africa, where young women experience high rates of both unintended pregnancy and HIV, we have built a body of work focused on young women's comprehensive sexual and reproductive health. We coordinate a national forum of diverse stakeholders whose main objective is to facilitate large-scale progress towards reduction of teenage pregnancy in South Africa. Our national-level meetings have been attended by government representatives, NGOs, and researchers. Informed by these meetings and our previous research on young women's SRH, and in partnership with local NGO Sonke Gender Justice, we are beginning to develop a national campaign to address teenage pregnancy geared towards policymakers. The forum has made progress at local and national levels to create materials and develop techniques to discuss sexual and reproductive health needs of young women with health care providers in local communities.

Management

CEO/Executive Director

Executive Director	Ms. Kelly Blanchard
Term Start	Nov 2004
Email	kblanchard@ibisreproductivehealth.org

Experience

Kelly Blanchard holds a Master of Science in Population and International Health and a Bachelor of Arts degree in social studies from Harvard University. Prior to joining Ibis Reproductive Health, she was a Fulbright Scholar in Ghana and worked as a Program Associate at the Population Council in New York and South Africa, where she managed a growing regional program on reproductive health. Kelly joined Ibis in 2003 as an Associate and opened our Johannesburg office. Her research has focused on emergency contraception, medication and surgical abortion, microbicides, and barrier methods for HIV prevention; she has authored or co-authored more than 40 articles on reproductive health in developing and developed countries. In 2006 Kelly received the Outstanding Young Professional Award from the Population, Family Planning and Reproductive Health Section of the American Public Health Association. She also received the Darroch Award recognizing excellence in research to advance sexual and reproductive health from the Guttmacher Institute in 2009. Our Board of Directors appointed Kelly President of Ibis in November 2004.

Senior Staff

Sarah Calkins

Title Director of Finance and Administration

Experience/Biography

Britt Wahlin

Title Director of Development and Communications

Experience/Biography

Daniel Grossman

Title Vice President for Research

Experience/Biography

Staff Information

Full Time Staff	13
Part Time Staff	5
Volunteers	4
Contractors	0

Staff Demographics - Ethnicity

African American/Black	0
Asian American/Pacific Islander	0
Caucasian	0
Hispanic/Latino	0
Native American/American Indian	0
Other	15 0

Staff Demographics - Gender

Male	1
Female	14
Unspecified	0

Formal Evaluations

CEO Formal Evaluation	Yes
CEO/Executive Formal Evaluation Frequency	Annually
Senior Management Formal Evaluation	Yes
Senior Management Formal Evaluation Frequency	Annually
NonManagement Formal Evaluation	Yes
Non Management Formal Evaluation Frequency	Annually

Plans & Policies

Organization has a Fundraising Plan?	Yes
Organization has a Strategic Plan?	Yes
Organization Policy and Procedures	No
Nondiscrimination Policy	Yes
Whistleblower Policy	No
Registration	Yes
Permit?	Yes

Board & Governance

Board Chair

Board Chair	Ms. Beth Fredrick
Company Affiliation	Johns Hopkins Bloomberg School of Public Health
Term	Oct 2011 to Oct 2013
Email	bethfredrick@live.com

Board Members

Name	Affiliation	Status
Ayo Ajayi	PATH	
Kelly Blanchard	Ibis Reproductive Health	Voting
Beth Fredrick	Independent Consultant	Voting
Ann Furedi	bpas	
Paull Henjinian	Fragomen, Del Rey, Bernsen and Loewy, LLP	Voting
Angela Hooton	National Institute for Reproductive Health/NARAL Pro-Choice New York	Voting
Lisa Kallenbach	Paoli Hematology/Oncology Associates	
Vanessa Northington Gamble	The George Washington University	Voting
John Santelli	Columbia University	

Board Demographics - Ethnicity

African American/Black	0
Asian American/Pacific Islander	0
Caucasian	0
Hispanic/Latino	0
Native American/American Indian	0
Other	8

Board Demographics - Gender

Male	3
Female	5
Unspecified	0

Board Information

Board Term Lengths	3
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Board Term Limits	3
Number of Full Board Meetings Annually	2
Board Meeting Attendance %	94%
Written Board Selection Criteria?	Under Development
Written Conflict of Interest Policy?	Yes
Percentage Making Monetary Contributions	100%
Constituency Includes Client Representation	Yes

Standing Committees

Executive
Nominating
Finance

Financials

Fiscal Year

Fiscal Year Start	Jan 01, 2013
Fiscal Year End	Dec 31, 2013
Projected Revenue	\$2,574,000.00
Projected Expenses	\$2,562,000.00
Endowment?	No
Credit Line?	No
Reserve Fund?	Yes
Months Reserve Fund Covers	0

Detailed Financials

Revenue and Expenses

Fiscal Year	2013	2012	2011
Total Revenue	\$2,025,064	\$2,183,723	\$2,356,872
Total Expenses	\$2,045,527	\$2,042,118	\$1,967,468

Revenue Sources

Fiscal Year	2013	2012	2011
Foundation and Corporation Contributions	\$2,012,123	\$2,140,121	\$2,359,251
Government Contributions	\$0	\$0	\$0
Federal	--	--	--
State	--	--	--
Local	--	--	--
Unspecified	--	--	--
Individual Contributions	--	--	--
Indirect Public Support	--	--	--
Earned Revenue	\$10,092	\$34,748	--
Investment Income, Net of Losses	\$2,781	\$3,563	\$4,296
Membership Dues	--	--	--
Special Events	--	--	--
Revenue In-Kind	\$4,213	\$6,116	\$661
Other	(\$4,145)	(\$825)	(\$7,336)

Expense Allocation

Fiscal Year	2013	2012	2011
Program Expense	\$1,702,241	\$1,678,318	\$1,614,956
Administration Expense	\$313,859	\$324,646	\$339,522
Fundraising Expense	\$29,427	\$39,154	\$12,990
Payments to Affiliates	--	--	--
Total Revenue/Total Expenses	0.99	1.07	1.20
Program Expense/Total Expenses	83%	82%	82%
Fundraising Expense/Contributed Revenue	1%	2%	1%

Assets and Liabilities

Fiscal Year	2013	2012	2011
Total Assets	\$2,180,841	\$2,170,144	\$2,000,271
Current Assets	\$2,163,722	\$2,147,566	\$1,987,739
Long-Term Liabilities	\$0	\$0	\$0
Current Liabilities	\$145,675	\$114,515	\$86,247
Total Net Assets	\$2,035,166	\$2,055,629	\$1,914,024

Short Term Solvency

Fiscal Year	2013	2012	2011
Current Ratio: Current Assets/Current Liabilities	14.85	18.75	23.05

Long Term Solvency

Fiscal Year	2013	2012	2011
Long-Term Liabilities/Total Assets	0%	0%	0%

Top Funding Sources

Fiscal Year	2013	2012	2011
Top Funding Source & Dollar Amount	--	--	--
Second Highest Funding Source & Dollar Amount	--	--	--
Third Highest Funding Source & Dollar Amount	--	--	--

Capital Campaign

Currently in a Capital Campaign?

No

Comments

Foundation Staff Comments

Financial summary data in the charts and graphs above are per the organization's audited financials. Contributions from individuals are listed under foundations and corporations when the breakout was not available.

Please note, the amount in the Other category above for fiscal years 2013, 2012 and 2011 reflects net foreign exchange gain(loss).