

# ACCESS IS NOT ENOUGH

| PAI | 2015 ANNUAL REPORT

At PAI, we are motivated  
by one powerful truth:  
A woman who is in charge  
of her reproductive health  
can change her life and  
transform her community.





# QUALITY

*noun* \ qual-i-ty \ 'kwä-lə-tē

A high level of value or excellence.

## Quality. What does it mean to you?

In our daily lives, perhaps it's getting a product or service that meets our needs and expectations. To us, quality means being respected, having autonomy, and being able to make full and informed choices about every aspect of our lives.

At PAI, this is especially true for women and girls around the world. We believe that all people, in particular women and girls, should have access to the quality, comprehensive reproductive health care they need and deserve.

For more than 50 years, PAI has been relentless in our goal to expand access to global reproductive rights. As a critical member of our community, you've stood with us every step of the way, and together, we've achieved a lot. In just a generation, the number of women using contraception in the developing world has risen from less than 10 percent to more than half. And U.S. international family planning assistance has grown from \$35 million in 1967 to over \$600 million today. That means more women than ever have access to contraceptives.

We know that access to family planning and reproductive health care is critically important, but too often it is not enough. What about the quality of that care?

When a woman sees her health care provider, is she able to ask questions and get answers about the care she is receiving? Can she only access family planning methods if she is married? Do local customs dictate that she must give up her privacy because a relative must accompany her to her health visit? Is her provider informed and respectful, yet unable to treat her due to an understocked clinic or lack of the necessary health supplies?

## Quality is not easily defined, but we also know it when we see it.

In India, we visited a clinic where we met a 32-year-old married mother of two, who wasn't sure she wanted a third child. She and her husband had

been using condoms, but they found that this was not a convenient method of birth control for them. The young mother had come to the clinic for a consultation on using other contraceptive methods, and after learning more from skilled and respectful health care workers, she made the decision to switch from condoms to a method that fit her needs. Her ability to freely make her own reproductive choices was no accident. Positive policies that guaranteed her right to a range of methods, and ensured funding for skilled personnel helped make it possible.

## This is quality.

PAI fights every day to erode the barriers to high quality reproductive health care around the world. Barriers such as harmful and restrictive policies, insufficient funding, lack of government accountability and discriminatory cultural norms that stand in the way of women receiving the care that is right for them.

In the past year, PAI has worked with our vast network of partners—more than 35 local organizations in 17 countries, policymakers on Capitol Hill, and champions at the United Nations and beyond—to ensure that women everywhere are able to exercise their full range of reproductive rights.

## You are part of that network.

As we look ahead, we call on you once again to stand with us to keep our network strong. Together, we have fought for access. And now we fight for more. From Zambia to Pakistan, from Washington to Geneva, we must go beyond access. We must fight for quality.

*Thank you for joining us.*

SUZANNE EHLERS  
President & CEO

JACKIE PAYNE  
Chair, Board of Directors

# A Relentless Drive to Expand Reproductive Rights Around the Globe

In 2015, PAI and our partners secured unprecedented local funding for quality reproductive health services and supplies and removed political and cultural barriers to care.

At PAI, we are motivated by one powerful truth: A woman who is in charge of her reproductive health can change her life and transform her community.

What does she need to make her own decisions about when and if to become pregnant? First, she needs access to the contraceptives she wants in the form she prefers—that can be a pill, an IUD, an injection, or a host of other options.

That's why for the last 50 years PAI has been relentless in our goal to expand access to reproductive rights around the globe.

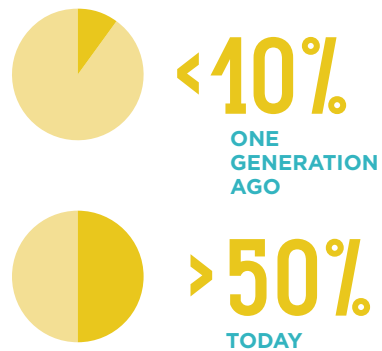
But access is just one important part of the equation. A woman can't be in charge of her reproductive health—and her life—if she also doesn't receive high quality services and supplies. If she's like Kusum whom we met in Uttar Pradesh, India she may know she wants an IUD, may even know that she can get one from the public hospital just a few minutes from her house, but she won't go if she is worried about the hygiene of the facility. Luckily, Kusum had Rajani, a skilled health worker who counsels women and couples in her community. Rajani talked with Kusum about her concerns, and referred her to a private clinic where she felt comfortable getting her IUD.

Every woman deserves Kusum's choice.

Unfortunately, global gains in access are being eroded by violations of women's rights to high quality reproductive health services.



## NUMBER OF WOMEN USING CONTRACEPTION IN THE DEVELOPING WORLD



### HOW DOES THIS SHOW UP?

- In laws that guarantee high quality services but are not enforced or harmful laws that restrict women's choices and undermine quality of care.
- In insufficient funding to properly equip health facilities and train personnel to provide a high level of care.
- In lack of investments to support local champions to take innovative and culturally-appropriate solutions that advance reproductive rights to scale.
- In violations of young people's rights to privacy and denial of care when they seek comprehensive sexual and reproductive health services.
- In cultural or religious barriers that can undermine high quality clinical care and narrow a woman's contraceptive options.

Luckily, we are at a key moment. Local champions are demanding that governments uphold the full range of women's rights—including upholding the right to quality reproductive health care. In a more connected world, these champions are also better able to exchange ideas and develop innovations to remove some of the toughest barriers to reproductive rights. In 2015, we continued to stand with them so their voices could not be shut out.

Globally, a new sustainable development agenda recognizes reproductive rights—including high quality sexual and reproductive health care—as an integral part of a shared framework to improve health, wealth and well-being. That requires developing country governments to take greater responsibility for fulfilling reproductive rights and for donor countries like the United States to improve their own records on reproductive health.

Finally, a new set of challenges from a growing refugee crisis to epidemics like Ebola and the Zika virus lend a new urgency to investing in high quality reproductive health services—not just as emergency and life-saving interventions, but as critical to long-term health and security.

In 2015, PAI and our partners secured unprecedented local funding for quality reproductive health services and supplies—often for the first time in a country's history—and removed political and cultural barriers to care. Thanks to our advocacy, we continued to push back threats to international family planning assistance in the United States, and to demand that U.S. foreign policy does not stand in the way of a woman's reproductive health and rights. Just as we have done for the past 50 years, PAI remains steadfast, fighting on every front to advance women's rights to quality reproductive health care.



# REMOVING POLICY BARRIERS

PAI SUPPORTED  
REPRODUCTIVE HEALTH  
POLICY WINS  
WITH

10 PARTNERS

IN  
9 COUNTRIES

TOGETHER WITH OUR PARTNERS,  
WE ARE WORKING TOWARD A WORLD  
WHERE NO POLICY ROADBLOCKS DENY  
WOMEN HIGH-QUALITY, EFFECTIVE  
AND AFFORDABLE REPRODUCTIVE CARE.

Far too often, laws and policies made overseas and in the United States prevent women from receiving the quality reproductive health care that is their right. These can be good laws that are not enforced, like Zambia's many policies and legal frameworks around youth sexual and reproductive health, or harmful policies, like the United States' Helms Amendment that denies women life-saving care.

In 2015, PAI continued to be leader in the movement to change the way the Helms Amendment is implemented—to allow funding of safe abortion care for women who are pregnant as a result of rape or incest, or whose pregnancy threatens their lives.

We continued to support civil society champions working to advance reproductive rights with grant funding and technical assistance to fight for the creation and implementation of policies that ensure high quality care.

To deepen that support, we launched QUEST (Quality Upheld: Every Service, Every Time), a multi-million dollar initiative which seeks to uncover and understand the factors that undermine quality. A key component of QUEST will be arming advocates in five different countries (Democratic Republic of Congo, Ethiopia, India, Myanmar and Pakistan) with the tools to hold governments accountable for progress on providing high quality reproductive health care.

Finally, over the past two-and-a-half years, we have worked with our partners in Zambia to support coordination among government ministries around youth sexual and reproductive health. Last year, their efforts resulted in the Vice President declaring teen pregnancy a national crisis. This formal declaration created a mandate for government ministries to work together, resulting in the first-ever shared and costed work plan to address teenage pregnancy in Zambia.

Together with our partners, we are working toward a world where no policy roadblocks deny women high-quality, effective and affordable reproductive care.

“Though abortion is restricted in Kenya, the reality is it’s mostly restricted for poor and rural women.”

—Monica Oguttu, CEO, KMET



In Zambia, PAI and our partners are addressing teenage pregnancy. Our efforts resulted in the Vice President declaring teen pregnancy a national crisis. This formal declaration created a mandate for government ministries to work together, resulting in the first-ever shared work plan to address teenage pregnancy in Zambia.



# INCREASING FUNDING

PAI SECURED  
**\$12.5M INCREASE**  
FOR INTERNATIONAL FAMILY PLANNING

IN PRESIDENT OBAMA'S BUDGET REQUEST

No one likes to talk about money. Fortunately, for women and girls around the world, PAI doesn't have that problem. We talk about money all the time. Because we know that funding affects every aspect of a woman's ability to receive high quality reproductive health care.

How can a clinic run without electricity? How can a healthcare provider offer critical services without proper supplies and personnel?

PAI advocates both internationally and in the United States to make sure money is specifically allocated for reproductive health services and supplies.

In the past year, PAI worked with partners in Benin, Burkina Faso, Kenya, Mauritania, Senegal and Zambia to effectively push national and local governments to establish new budget lines for reproductive health supplies and increase existing funding for sexual and reproductive health.

In the United States, we continued our advocacy on Capitol Hill to successfully prevent funding cuts for international family planning and reproductive health in the 2016 U.S. foreign assistance budget, and won an increase in funding for international family planning and reproductive health in the President's 2017 budget request.

No woman should be denied quality reproductive health care due to lack of funding. PAI fights every step of the way to make sure sufficient funding is available to keep clinics open, to train and equip health care providers, and to get women the care they need.

“We still have challenges. We often have electrical outages and lack anesthesiologists.”

—Dr. I.H. Khan, Kanpur, India



DR. I.H. KHAN, CHIEF MEDICAL OFFICER AT THE KANPUR RURAL COMMUNITY HEALTH CENTER IN INDIA, IS COMMITTED TO PROVIDING HIGH QUALITY CARE.





Charity Salima, a retired nurse midwife, started the private Chilinde Clinic in 2008 after she secured a total of 100,000 Malawian Kwacha, or about 200 U.S. dollars in donations to get started. Today, the clinic has about 30 to 40 deliveries each month and even has its own ambulance—a rarity in a country where there are less than five ambulances for 40 clinics.

# SUPPORTING LOCAL CHAMPIONS

PAI DISBURSED  
**\$1.5M**  
TO  
**35 PARTNERS  
IN 17 COUNTRIES**

TO SUPPORT THEIR EFFORTS TO ADVANCE REPRODUCTIVE RIGHTS.

Advocates, organizers, and policy makers at the community level play an enormous role in shaping reproductive health policies and outcomes. That's why PAI works to support local champions—both civil society actors and elected officials—in communities where they live.

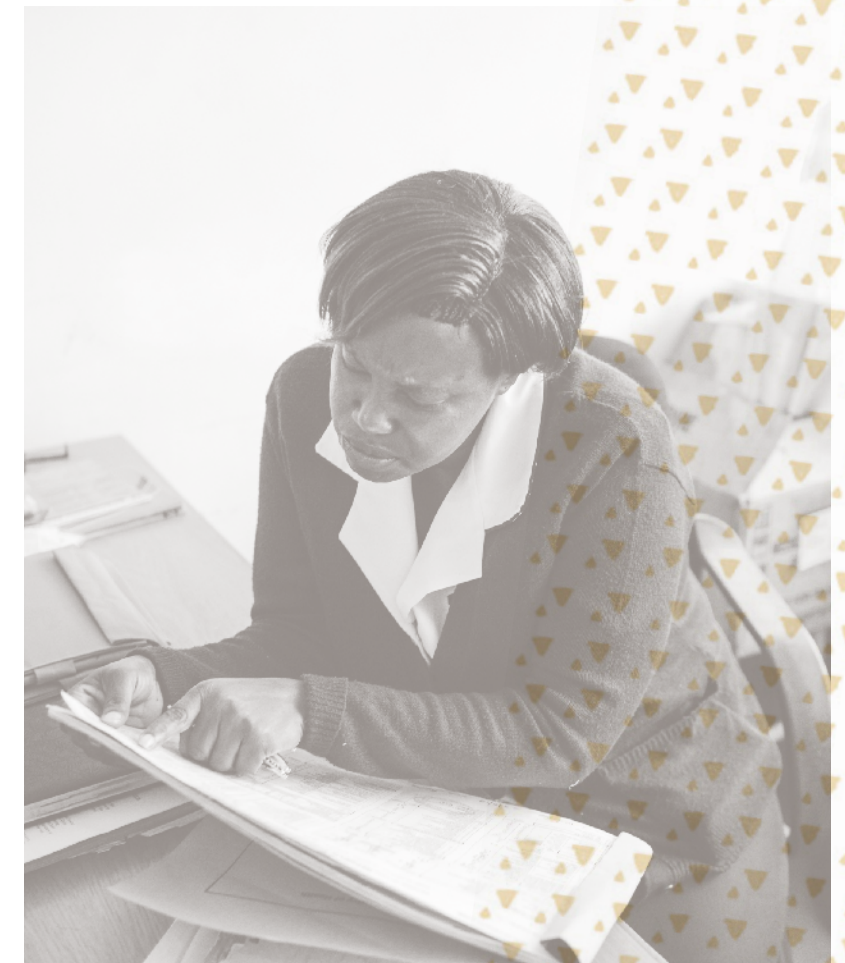
A hallmark of PAI's work is partnering with local organizations in the global South to provide them with financial resources and advocacy coaching to advance reproductive rights in their own countries. In 2015, PAI disbursed \$1.5 million to 35 grantee partners in 17 countries to support their efforts to hold their national governments accountable for advancing reproductive rights.

With grant support, PAI Kenya partners KMET and the Center for the Study of Adolescence (CSA) worked with local officials in Homa Bay and Busia counties to draft the counties' first family planning and reproductive health strategies. Work like this is critically important, because partners like KMET and CSA translate the advocacy coaching they receive from PAI to technical assistance for local officials who are often passionate about making a difference, but may have little awareness of sexual and reproductive rights issues and are often inexperienced in developing or implementing strategies and policies. With civil society champions and government officials working closely together, Homa Bay and Busia County are making significant progress in improving and expanding the quality of reproductive health care women receive.

In the United States, PAI worked with a coalition of over 20 organizations to draft bipartisan, bicameral legislation that commits the U.S. to work with global partners to end preventable maternal, newborn and child deaths within a generation by scaling up the most effective, evidenced-based interventions, including contraception.

“We really need to build the capacity of our county government officials. They need a lot of support. They don't know what to do, and when money does not come on time, they feel frustrated, and that frustration affects their performance.”

—Monica Oguttu, CEO, KMET





“The reproductive health strategy gives the county health team the mandate to continue working in this area.”

—Busia County Health Director, Department of Health and Sanitation

# PROTECTING YOUTH RIGHTS

In Togo, Senegal and Zambia, PAI partners expanded access to high quality reproductive health services by securing new policies that would allow community health workers to provide critical family planning services to vulnerable populations like young people.

Adolescents frequently face structural and cultural barriers to exercising their sexual and reproductive rights. Provider bias and social norms often discourage or prevent young people from obtaining comprehensive services—especially when individuals feel that confidentiality and privacy may not be maintained. As a result, in many regions, contraceptive use among youth and adolescents remains low. Nearly one in five girls in the developing world becomes pregnant before the age of 18 and nearly two million girls under the age of 15 give birth each year.

In 2015, PAI collaborated with our global partners to reduce these barriers. In Togo, Senegal and Zambia, PAI partners expanded access to high quality reproductive health services by securing new policies that would allow community health workers to provide critical family planning services to vulnerable populations like young people, economically disadvantaged women and families, and those in hard-to-reach areas.

PAI also analyzed the youth-focused reproductive health government work plans of nine countries to understand gaps in funding and policy implementation. This research has been used by advocates and partners in Niger and Burkina Faso, as well as a larger coalition of advocates in West Africa to create advocacy strategies focused on youth sexual and reproductive health and rights.

“When I started, I was afraid to even say the word ‘condom.’”

—*Sapna Kumari Kushwaha*, family welfare counselor





“We act as the link  
between young people  
and the community.”

—*Samira Adams*, vice coordinator, WAYAN a youth sexual  
and reproductive health organization.

# PROMOTING CULTURALLY APPROPRIATE INTERVENTIONS

PAI GRANTED  
**\$570,000**  
TO



**18 FAITH-BASED ORGANIZATIONS**

TO PROMOTE FAMILY PLANNING IN THEIR COMMUNITIES.

Deeply entrenched attitudes on tradition, culture, religion, and women's and girls' position in society often limit opportunities for women to make comprehensive and informed choices about their reproductive health. PAI draws on the influence of local community, religious leaders and civil society organizations to work within their communities to shift these views and advocate for the rights of women to high quality care.

Through the Faith + Family Planning Fund, we provide faith-based organizations in the developing world with small grants and technical support to hold governments accountable for providing quality family planning and reproductive health services. We have provided 18 grants totaling \$570,000 to faith-based organizations in 8 countries. In Kenya, the Supreme Council of Kenya Muslims (SUPKEM), worked with Imams and lead Muslim scholars to dispel myths about contraceptive services and demonstrate how family planning is consistent with the teachings of the Quran in order to reduce stigma and increase uptake of contraceptive services.

“We have injectables, IUCDs and Norplant, but there are still problems. Sometimes when a husband finds out, he will remove the Norplant with a knife.”

—*Cecilia Oduor*, Records Officer, Rabuor Health Center





“Because most people receive counsel from their religious leaders, our goal was to work with clerics as one way to ensure that people get the right information about sexual and reproductive health from the people they trust most.”

—*Abdullatif Shaban*, Director General of the Supreme Council of Kenya Muslims (SUPKEM)

# SEIZING THE FUTURE

“This is just a beginning. We have lots left to do.”

—Edford Mutuma, former Executive Director, PPAZ

PAI fights every day to erode the barriers to high quality reproductive health care around the world.

In 2015, PAI helped pave the way for every woman to have the quality reproductive health services and supplies she deserves.

And our work is far from over.

In 2016, PAI will continue to advance a woman’s right to quality sexual and reproductive health care, no matter where she lives in the world.

We will continue our steadfast support of local organizations and partners to create positive change in their own communities. We will remain focused on marginalized communities—like young people—as well as new opportunities to promoting reproductive rights—such as working with faith-based communities—to make sure these critical voices are heard. And we will not shy away from fighting for safe, legal access to abortion services and care for women who need it.

We will renew our call for equity and rights through programs like PAI’s new Primary Health Care Initiative, which aims to bring together key public health organizations to strengthen primary health care systems—systems that are often on the frontlines of providing reproductive health services and fighting against preventable diseases. We will focus on contexts in which reproductive rights for women are often forgotten, like post-conflict settings and humanitarian crises.

And we will continue to hold governments accountable, including the U.S. government, to ensure good policies and adequate funding are in place to give women the quality care they deserve.

We have come a long way in 50 years, but we know we cannot stop now. We hope you will continue to be part of this movement with us. Together, we can create a world of opportunities for women everywhere.





# PAI 2015 FINANCIAL RESULTS

PAI'S 2015 FINANCIAL STATEMENTS SHOW AN OVERALL DECREASE IN NET ASSETS OF \$1.6 MILLION DUE TO PLANNED SPENDING OF RESTRICTED GRANTS RECEIVED AND RECOGNIZED IN PREVIOUS YEARS.

Most of PAI's programs are supported by restricted grants, many of which cover multiple years. Generally Accepted Accounting Principals require restricted grants covering multiple years be recognized in the year in which they are received as temporarily restricted net assets. These net assets are then released from restriction as related program costs are incurred in 2015 and in subsequent years.

PAI is a 501(c)(3) not-for-profit organization working to promote universal access to family planning and reproductive health services through research, advocacy, and innovative partnerships. Achieving this mission will dramatically improve the health and autonomy of women, reduce poverty, strengthen civil society, and protect the environment. To receive the complete PAI financial statement, please send your request via email to: [finance@pai.org](mailto:finance@pai.org)

## STATEMENTS OF FINANCIAL POSITION AT DECEMBER 31, 2015 AND 2014 (IN THOUSANDS)

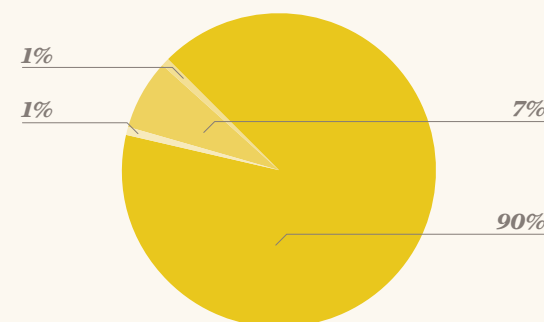
ASSETS	2015		2014	
Cash and cash equivalents	\$	4,002	\$	5,681
Investments		2,849		2,491
Pledges receivable (net)		1,137		1,496
Other receivables		214		192
Prepaid and other assets		406		65
Property and equipment (net)		293		288
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>8,901</b>	<b>\$</b>	<b>10,213</b>

LIABILITIES & NET ASSETS	2015		2014	
<b>Liabilities</b>				
Accounts payable and accrued expenses	\$	545	\$	207
Capital lease obligation		34		43
Deferred rent		430		468
<b>TOTAL LIABILITIES</b>	<b>\$</b>	<b>1,009</b>	<b>\$</b>	<b>718</b>
<b>Net Assets</b>				
Undesignated	\$	1,760	\$	2,113
Designated		2,246		1,800
Unrestricted		4,006		3,912
Temporarily restricted		3,730		5,426
Permanently restricted		157		157
<b>TOTAL NET ASSETS</b>	<b>\$</b>	<b>7,893</b>	<b>\$</b>	<b>9,495</b>
<b>TOTAL LIABILITIES &amp; NET ASSETS</b>	<b>\$</b>	<b>8,901</b>	<b>\$</b>	<b>10,213</b>

## STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014 (IN THOUSANDS)

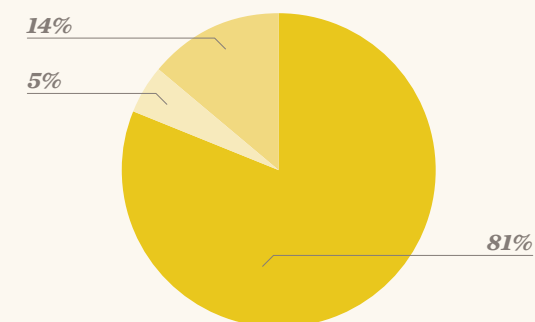
SUPPORT & REVENUES	2015				2014
	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL	
Grants and contributions	\$ 3,039	\$ 2,065	\$ -	\$ 5,104	\$ 9,840
Service contracts	756	-	-	756	948
Investment income (net)	28	-	-	28	50
Other	91	-	-	91	100
Net assets released from restriction	3,762	(3,762)	-	-	-
<b>TOTAL SUPPORT &amp; REVENUES</b>	<b>7,676</b>	<b>(1,697)</b>	<b>-</b>	<b>5,979</b>	<b>10,938</b>
<b>EXPENSES</b>					
Program services	6,001	-	-	6,001	4,609
Resource development	406	-	-	406	587
General and administrative	1,004	-	-	1,004	788
<b>TOTAL EXPENSES</b>	<b>7,411</b>	<b>-</b>	<b>-</b>	<b>7,411</b>	<b>5,983</b>
<b>CHANGE IN OPERATIONS</b>	<b>265</b>	<b>(1,697)</b>	<b>-</b>	<b>(1,432)</b>	<b>4,954</b>
<b>CHANGE IN FAIR VALUE OF INVESTMENTS</b>	<b>(171)</b>	<b>-</b>	<b>-</b>	<b>(171)</b>	<b>(16)</b>
<b>BEGINNING NET ASSETS</b>	<b>3,912</b>	<b>5,426</b>	<b>157</b>	<b>9,495</b>	<b>4,558</b>
<b>ENDING NET ASSETS</b>	<b>\$ 4,006</b>	<b>\$ 3,730</b>	<b>\$ 157</b>	<b>\$ 7,893</b>	<b>\$ 9,495</b>

### 2015 PROGRAM SERVICES



- SEXUAL & REPRODUCTIVE HEALTH & RIGHTS
- U.S. GOVERNMENT RELATIONS
- SUSTAINABILITY
- ORGANIZATIONAL EFFECTIVENESS

### 2015 FUNCTIONAL EXPENSES



- PROGRAM SERVICES
- GENERAL & ADMINISTRATIVE
- RESOURCE DEVELOPMENT

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