EVERYONE HAS A ROLE

2015 ORGANIZATIONAL REPORT

provide
EVERYONE HAS A ROLE

2015 ORGANIZATIONAL REPORT
<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TABLE OF CONTENTS 2</td>
</tr>
<tr>
<td>LETTER FROM THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR 5</td>
</tr>
<tr>
<td>WE HAVE GROWN 6</td>
</tr>
<tr>
<td>WHERE WE WORK 7</td>
</tr>
<tr>
<td>HOW WE TRAIN 8</td>
</tr>
<tr>
<td>WHO WE TRAIN 8</td>
</tr>
<tr>
<td>WHERE WE TRAIN 10</td>
</tr>
<tr>
<td>TRANSFORMING HEALTHCARE 11</td>
</tr>
<tr>
<td>OUR REACH 12</td>
</tr>
<tr>
<td>IN 2015 13</td>
</tr>
<tr>
<td>TRAINING TO TRANSFORM HEALTHCARE 14-15</td>
</tr>
<tr>
<td>SUPPORTERS 18-20</td>
</tr>
<tr>
<td>FINANCIAL HEALTH 21</td>
</tr>
<tr>
<td>STAFF 22-23</td>
</tr>
</tbody>
</table>
LETTER FROM THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR

2015 was a year of incredible transformation at Provide. With teams of organizers and trainers bringing skills and resources on abortion to health and social service providers in seven southeastern and midwestern states, our reach is greater than ever. Even more exciting than our own growth and development are the on-the-ground changes we are seeing as a result of our work. Hundreds of those we train—nurses, social workers, case managers and advocates—are redefining their professional role to serve as resources to women seeking abortion care, and doing so with the support of the institutions for which they work. With these changes, we are building the health and social service system we need when it comes to abortion. Responsive. Non-judgmental. Caring. With the information and tools offered by Provide, they are showing us what it looks like to provide their patients and clients with compassionate care in the face of abortion controversy, and creating a bright spot in the landscape of abortion access. Our appreciation to all who are making this change possible. We have only just begun, but with each professional we train, with each site that integrates support for abortion access into their practice, we are a step closer to a system of care that ensures access for everybody.

Onward and upward,
Jennifer Marshall Pepper, Board President
Melanie Zurek, Executive Director

Board Members
Jennifer Marshall Pepper, President • Mary O’Doherty, Treasurer • Christy Fujio, JD, MA, Clerk • Katherine Bourne, MPH, Director • Susan Dickler, MPA, MSW, Director • Samantha Morrison, Director • Dan Pellegrom, MDiv, Director • Francine Stein, MPA, Director • Jamila K. Taylor, PhD, MPA, Director • Melanie Zurek, EdM, Director

“In a society that often resorts to telling others what to think and do, Provide teaches healthcare providers how to support others’ decisions and help women make the best choice for their own lives. Abortion rights are a complex and divisive issue, but Provide’s focus on patient care and empowerment of choice is a cause worth getting behind.”

~ Bustle.com article, The One Women’s Rights Organization To Donate To This Holiday Season If You Want To Make A Real Impact, December 2015
WE HAVE GROWN

Our PROGRAM. Our EXPERTISE. Our IMPACT.

For years we thought of ourselves as a small national organization. One of our longest serving Board members liked to refer to us as “scappy.” But in 2015, with a doubling of investment from our largest funder, we undertook a significant expansion—giving us the capacity to do more work and to do better work. Expanding into new states in 2015 (Alabama, North Carolina and Tennessee) and in the coming year (Arkansas), as well as laying the groundwork for expansion into Mississippi, Louisiana, and Georgia (2017).

The expansion allowed us to add several key positions including a Director of Program Evaluation, two Regional Directors, a Storyteller, and new State Coordinators in Alabama and Tennessee.

As we grow, we pride ourselves on our ability to remain nimble and responsive to the realities on the ground, constantly learning as we go.
“Your training helped me realize that I should not let my opinions interfere with my referrals. I learned to say, ‘THIS IS YOUR DECISION.’”
~ Social Worker, West Virginia

Empathy and Professional Ethics.

Before trainings 28% of trainees made abortion referrals when their clients asked for them.
After trainings, 78% said they would do so.

3-FOLD INCREASE IN REFERRALS

Our work is grounded in our belief that everyone has a role when it comes to abortion access. From an agency receptionist who might answer a caller's questions about care, to the social worker offering counseling, to the CEO who sets agency policy, each can have a profound impact on a woman's experience and access. This is why we take a team-wide approach to training, encouraging all agency staff to participate and step into their role. Our team-based approach not only helps prepare all levels of staff to support abortion referral-making, it also promotes a sense of shared purpose and peer support around meeting client needs, even among those uncertain about or opposed to abortion.

Trained over 1,500 health and social service professionals:

- Social Worker
- Counselor
- Case Manager
- Nurse
- Doctor

Why we focus on health and social service providers.

Health and social service professionals play a critical role in the health and well-being of their clients and our communities. We believe abortion services and support should be included as part of regular healthcare, without stigma or judgment. We are committed to providing a supportive environment along with resources and skills to help these professionals—especially when abortion is an uncomfortable topic. With over twelve million people in the health and social service professions across the US, the potential impact of a supportive way to address abortion is enormous, not only as professionals, but as parents, siblings, community members, and friends.

WHO WE TRAIN

Why we train the types of trainees we train.

Our work is grounded in our belief that everyone has a role when it comes to abortion access. From an agency receptionist who might answer a caller's questions about care, to the social worker offering counseling, to the CEO who sets agency policy, each can have a profound impact on a woman's experience and access. This is why we take a team-wide approach to training, encouraging all agency staff to participate and step into their role. Our team-based approach not only helps prepare all levels of staff to support abortion referral-making, it also promotes a sense of shared purpose and peer support around meeting client needs, even among those uncertain about or opposed to abortion.
Why systems change matters.

At Provide, we believe what matters most is a woman’s ability to get care and support from the provider in front of her when she is in a moment of need. But providers don’t operate alone and staff changes can happen frequently. This is why we work to integrate change throughout the entire system in which providers operate. Our technical assistance program works with systems leadership to support the adoption of agency-wide protocols and practices that support abortion referral-making as regular and ongoing practice. This sustains the impact of our trainings and normalizes abortion referral-making as an established aspect of client and patient care. Already an integrated part of the training we deliver, in 2016 will be rolling out an enhanced Technical Assistance program that will bring even greater systems-level change, where it matters most.

Our goal is to train all the service providers in each system, making lasting systemic change.

Where we work in the systems we work in.

Not all women have the same experience accessing abortion. Some know about abortion services and are able to access abortion even where clinics are scarce. Others have family and friends who will help them. But for another group of women, those with complex life situations and limited resources, the assistance of a health or social services professional may be the critical link to their ability to access a wanted abortion.

Our work focuses on the systems of care that are already reaching women in need.

The agencies we train serve over 30,000 women with unintended pregnancies each year, and we have the potential reach thousands more. Our goal is to make abortion referrals a standard practice within the five most critical publicly-supported systems of care for women of reproductive age: those that reach the greatest number of women, and those that reach women at times of particularly critical need for support.

Why we work in the systems we work in.

Systems we work in:

- Public Health
- Substance Abuse
- Native American/Tribal
- Family Planning
- Domestic Violence
- HIV

WHERE WE TRAIN

TRANSFORMING HEALTHCARE
Everyone has a role

Everyone has a role

IN 2015

women.

We trained 1,525 people

We reached

30,500

women.

Responding to complexity and need.

The professionals we train serve women likely to experience multiple barriers to abortion care—poor access to general healthcare, lack of finances and transportation, involvement in abusive relationships, lack of linguistically and culturally-appropriate care. Our trainings help workers identify and respond to these barriers with resources, compassion and support. By also offering our trainings in Spanish, we help bridge language and cultural gaps for Spanish-speaking workers and clients. Our trainings ensure that women experiencing complex needs will be met with empathy, compassion and information when they need it most.

"...it was a REFRESHER, an ENERGIZER, for the IMPORTANCE OF MY ROLE. It reminded me of the importance of what I do, and really a refresher on the IMPACT OF WHAT I DO. Because I get stuck in the day-to-day of what I do, but to remember when I am referring a client the IMPACT it can have..."

~Nurse, North Carolina

OUR REACH

Each professional we train sees on average 20 WOMEN a year

with UNINTENDED PREGNANCY

We reached 30,500 women.
Everyone has a role

The session starts. Monika stands in front of the class and asks, “Think about a time when you went to a healthcare professional and you needed something and you didn’t get what you need.” The participants sit and recall as she lets the room think for a moment, “You don’t have to share the incident, just tell us how it made you feel.” A gentleman in the corner chimes in:

The ball is rolling, the others chime in:

All of the words are met with nods and agreement. Not one person had trouble recalling a bad healthcare experience.

“Now, think about a time where you got what you needed—how did THAT feel?”

Imagine, Monika says, if a woman with an unintended pregnancy came to you. How do you want that woman to feel? How would you be able to help?

Our trainings help workers connect their experiences to their professional role. Monika says, “They don’t always speak up in the trainings, but they are affected by it. I had one woman follow me out to my car to tell me that I had changed her life, she had had an abortion thirty years ago and had never spoken of it until now. It’s those moments that make it so rewarding.”

Our trainings empower healthcare and social service workers by recognizing the challenges of their work and giving them the resources to respond to women’s needs around abortion.

The training starts with a special round of introductions. Participants are asked to tell their superhero story—why do they come to this work?

To loosen up the room with an example, the trainer from South Carolina, Monika, tells her story: twenty years in domestic violence prevention and working to empower women. The attendees listen intently, nodding—it’s clear that they relate. Starting with the nurse to the left, they start to tell their stories. Each person comes to the work to right a personal experience or because of a call to help others. With each superhero story the confidence in the room builds and others wait to nod and support each other. The exercise reminds them: yes, we do hard work, and yes, it is important.

“… it kind of reaffirmed that I DO NEED TO BE THAT STRONGER ADVOCATE, that it’s not always black and white…”
~ RN, West Virginia

TRAINING TO TRANSFORM HEALTHCARE

Importance of identifying with women in need.

The session starts. Monika stands in front of the class and asks, “Think about a time when you went to a healthcare professional and you needed something and you didn’t get what you need.” The participants sit and recall as she lets the room think for a moment, “You don’t have to share the incident, just tell us how it made you feel.” A gentleman in the corner chimes in:

The ball is rolling, the others chime in:

All of the words are met with nods and agreement. Not one person had trouble recalling a bad healthcare experience.

“Now, think about a time where you got what you needed—how did THAT feel?”

Imagine, Monika says, if a woman with an unintended pregnancy came to you. How do you want that woman to feel? How would you be able to help?

Our trainings help workers connect their experiences to their professional role. Monika says, “They don’t always speak up in the trainings, but they are affected by it. I had one woman follow me out to my car to tell me that I had changed her life, she had had an abortion thirty years ago and had never spoken of it until now. It’s those moments that make it so rewarding.”
“Before the training I felt scared to talk about abortion because many people have strong religious beliefs. I was scared of opening my mouth to say what I think is correct. Now I feel confident giving the information without fear or shame. **Now I feel that I need to give everyone the information and make clear they can make their own decisions and they need to be respected. It is very important to give the information they need without shame or fear of what are they going to think about us.**”
~ Community health worker, South Carolina
Together we carry forward a powerful model for what compassionate and supportive abortion care looks like in the face of abortion controversy, including when that controversy includes one’s own ambivalence or opposition to abortion. We know that this will bring us to a place where abortion is better understood, more normal, less stigmatized, and ultimately, accessible.

WHY IS FINANCIAL SUPPORT SO CRITICAL?

Major donors who commit $1,000 or more annually

Provider(d) Circle

Major donors who commit $1,000 or more annually

Annual Supporters


*Janice Birdis Peter and Susan Birdis * Mark Birdis and Diana Graff * Jennifer Birdis and David Graff

Foundations

Anonymous Anonymous 2 Anonymous 3 Argyos Foundation Avis and Clifford Barrus Medical Foundation Brush Foundation Compton Foundation Ettinger Foundation Lisa and Douglas Goldman Foundation girls just wanna have fun of Horizons Foundation Irving Harris Foundation OMA Fund of the Ms. Foundation for Women New Directions Foundation David and Lucile Packard Foundation Prentice Foundation Samuel Rubin Foundation Mary Wohlford Foundation

* Given for 5+ consecutive years

** Given for 10+ consecutive years
“I have been impressed with the empathic ways that Provide’s trainers understand the best ways to reach nurses, counselors, and social workers who are key to women’s access to abortion services. Seeing healthcare providers become accepting of the importance of making this crucial medical service available to women who need it makes me hopeful. Provide’s access work is as essential as the legislative impacts made by other organizations.”

~ Carol Axelrod, Provide houseparty host and Provide(d) Circle member

2015 Income

- Grants = $2,590,333
- Contributions = $131,042
- Other = $37,839

2015 Expenses

- Fundraising = $192,536
- Management = $217,727
- Program = $1,907,352

2015 Projects

- Communications
- Nursing
- Referrals

2015 income in excess of expenditures plays a vital role in sustaining and supporting future work. Provide ensures that all funds are spent in support of our mission to ensure abortion access and in accordance with donor restrictions.
Everyone has a role

Who we are and why we are good at what we do.

Our team is made up of a group of people who care deeply about women. We are people who live in the communities we work. We are people who love the places in which we work.

We have the benefit of experience in HIV service delivery, substance abuse counseling, domestic violence case management, and safety nets health service. This experience roots us in a deep compassion for women and the workers who serve them and positions us to be highly effectively in engaging and supporting these systems.