







Ipas trained healthcare worker providing sexual and reproductive health services to a woman with disability. Photo @Ipas





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# Who We Are

In Nigeria, Ipas has been working to increase women's access to vital reproductive health and voluntary contraception services and ensures that quality treatment for complications of unsafe abortion (post-abortion care) is available. Since our founding in 1973, Ipas has worked to ensure no woman dies from unsafe abortion.

Over the years, our primary focus to elevate access to quality abortion care has evolved. In 2022, we emerged to become partners for reproductive justice, since then, our work has been centered to realize a world where every woman and girl can make safe decisions for their reproductive health and realize her full potential. This is why we continually champion reproductive justice because every woman and girl should be able to manage their fertility and realize their full potential.

## In Nigeria, our primary program focus are:



**Comprehensive  
Abortion Care**



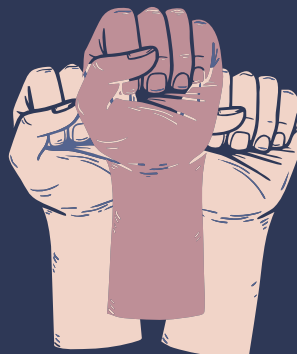
**Prevention and Response to  
Sexual and Gender Based Violence**



**Voluntary  
Contraception**

## Our movement intersectional areas are:

- + Equity Diversity and Rights
- + Feminist Movements
- + Youth and Adolescent Right Movement



- + Disability Rights
- + Gender Justice





**Ipas**  
NIGERIA HEALTH  
FOUNDATION


**ABORTION  
IS HEALTH CARE**  
----- Ipas

**IAWA**  
Part  
for  
Repro  
Just

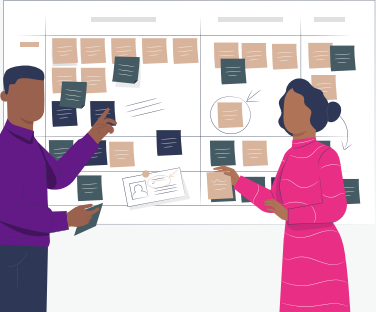


# Our Theory of Change


Cross - Cutting Strategies



**Research**



**Evidence Generation**



**Communication**



**Knowledge Management**



## Impact

All women, girls and marginalized people in Nigeria have the agency to exercise bodily autonomy and access reproductive justice



## Problems

Women, girls and marginalized groups in Nigeria live in an environment that restricts their access to quality SRHR services and limits their decision-making power to determine their own future



## Barriers

Dominant/ Patriarchal Social norms/values/beliefs/practices that condone violence against women and girls and support gender inequality.

Weak and fragmented social services systems/institutions to prevent, protect and respond effectively

Insufficient investments and resources at all levels of government



## Intermediate Outcome 1

National and state laws, policies, regulations and financing are improved to promote bodily autonomy and reproductive justice

National and state governments adopt and implement policies and legal frameworks that protect women girls and other marginalized people's right to bodily autonomy

Civil society and organizations and networks capacity strengthened to advocate for and hold government accountable to implement policies and improved financing for women, girls and other marginalized peoples access to SHHR

Key policy makers champion initiatives, campaigns and advocacies that support women's right to bodily autonomy

## Intermediate Outcome 2

Nigerian health institutions and systems facilitate access to information and resources that promote access to stigma free and quality Sexual Reproductive Health Services for women, girls and marginalized people

Improved skills and attitudes of HCP's to deliver inclusive and gender-responsive comprehensive SRHR services

Strengthened capacity of State/local Health Management Structures to efficiently manage and coordinate sustainable resilient comprehensive SRHR services

Strengthened capacity of public and private health systems to collect and use centralized quality health data for planning, preparedness and continuity of comprehensive SRHR services

## Intermediate Outcome 3

Communities and advocates collectively act to transform norms, practices, and values to support bodily autonomy, especially sexual and reproductive autonomy

Women, girls and other marginalized groups' rights are protected and have improved knowledge and self-efficacy to access safe SRHR services

Improved acceptance of men, boys and power holders for women and adolescent girls' rights and decision making to access SRHR services

Community based organizations capacity built to promote access and linkages to SRHR services including support for selfcare interventions

# + Impact in Numbers

**230,074**

Number of unintended pregnancies averted

**646,814**

Number of unsafe abortions averted

**849,515**

Total number of women that have accessed sexual and reproductive health services

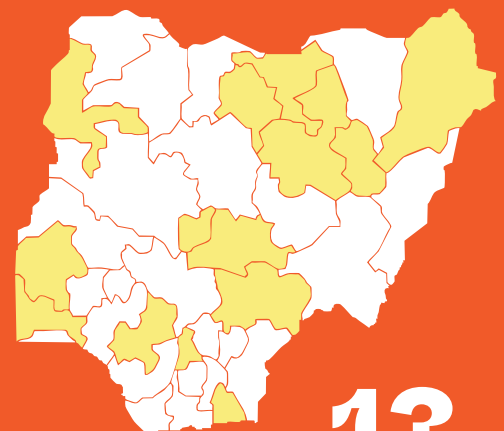
Number of Healthcare workers trained

**7,104**



**648**

Number of Patent Medicine vendors trained



**13**

States of Nigeria supported with policy strengthening actions against sexual violence and to promote abortion access.



**712**

Police officers trained as Women's Sexual Reproductive Health and Rights advocates and their roles in implementing the VAPP law



# Challenges

Based on Nigeria's restrictive environment, and moral construct, conversations on abortion have become increasingly difficult. This is also fuelled by massive misinformation on abortion access, and the political draw backs on abortion access.

Also, there has been dwindling funds to expand access to abortion and sexual reproductive health access over the years. Despite this, we remain bold in addressing this hidden public health crisis of unsafe abortion.



▲ Patent Medicine vendor offering sexual health services. Photo @Ipas



▲ Healthcare worker providing training on Post Abortion Care through the On-the-Job Training approach. Photo @Ipas

# Testimonials

Ipas training has really influenced my role because now, I find it easier to handle such cases whenever they come before me and whenever I see a survivor



**Zubaida Saidu Umar ESQ,**  
Magistrate,  
Gombe State



**Umar Enan,**  
Legal Officer, the Nigerian Police Force,  
Borno State Command, Borno State.

It has now become known to the police that cases of Gender Based Violence should not be treated as common.




With the On-the-Job training, the training for healthcare workers happens in the facilities. In no time, we were able to train over 100 healthcare workers compared to when we trained people in the classrooms



**Dr Shehu Sambo,**  
Executive Secretary, Primary  
Healthcare Development Agency,  
Jigawa State

“  
I learnt about things to use in order to achieve personal hygiene especially during menstruation. The training gave me more information on how to prevent unwanted pregnancies





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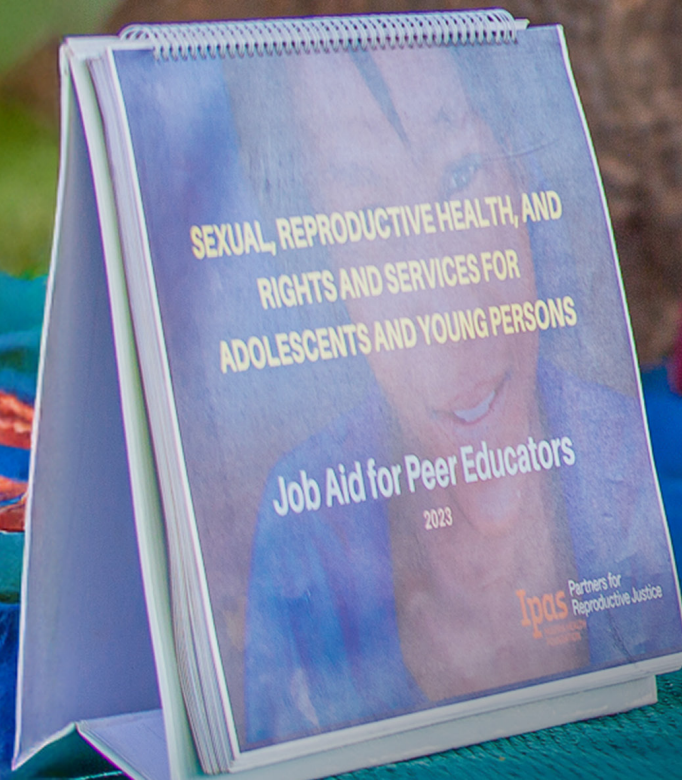




# The Future

We will radically transform how ecosystems in Nigeria advance and protect women and girls of all abilities and backgrounds to act on their abortion reproductive health and contraceptive needs and to protect against sexual and gender-based violence. Our new approach adapts to evolving challenges and opportunities and recognizes that improving the abortion ecosystem requires an intersectional approach. We celebrate the growing network of abortion reproductive health & justice advocates and providers driving innovation and transforming the abortion ecosystem as a collective and firmly believe that everyone has a role to play in shaping the ecosystem.

For Ipas Nigeria, this role means being a bold voice at the forefront of advocacy for abortion, Sexual Reproductive Health & rights and supporting the health system and community networks to expand pathways to abortion care. Our focus will remain on quality, equity and delivering results that last through systems-based approaches.







Peer to peer sessions with adolescent girls to empower young girls with information on their sexual and reproductive health and rights. Photo @Ipas



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