Ipas Partners for Reproductive Justice
NIGERIA HEALTH FOUNDATION

IMPACT REPORT

FISCAL YEAR 2022

Contents

Cover Photo: A Midwife in a Primary Health Care Centre in Jigawa State during the Donation of Pelvic Models by Ipas
Contributors: Lucky Palmer, Amade Sam, Yinka Adojutelegan, Doris Ikpeze, Ephraim Awoosejo, Ayobami Akiode, Grace Ifenne, Rachel Ogunlana, Patricia Emodi
Photo by Rachel Ogunlana
Design by Patricia Emodi
@Ipas Nigeria Health Foundation

From the Desk of the Country Director

I am proud to share some of the key impacts of our work in 2021-2022. For 20 years, Ipas has worked in Nigeria to ensure that vulnerable women and girls are able to live their full potential through expanding access to comprehensive reproductive health services, including abortion and contraception.

Over the years, our work has morphed beyond working to realize expanded access to abortion and contraception for women and girls individually to sustaining systems and structures that guarantee access to reproductive justice. As you will see, we are focusing more on creating sustainable abortion ecosystems. In such ecosystems, people have the information they need to make decisions about reproductive health, there's community and health-system support for human rights and abortion access, and laws and policies support full bodily autonomy.

Across our key programming areas, you will see strong impact areas that we have contributed to by strengthening the abortion ecosystem. The goal is to broaden equity and access to sexual reproductive health—and support bodily autonomy for all. To reinforce our commitment to fostering gender equality, we have updated our brand to reflect and address other barriers that women and girls face when accessing services to sexual and reproductive health.

We are moving forward as a partner for reproductive justice to build collaborative synergy and deliver sustainable systems that enable women and girls to self-determine their sexuality and futures. I am inspired when I look at our accomplishments over the past years and our contributions to delivering key health outcomes for gender equality.

Lucky Palmer
Country Director
Ipas Nigeria Health Foundation

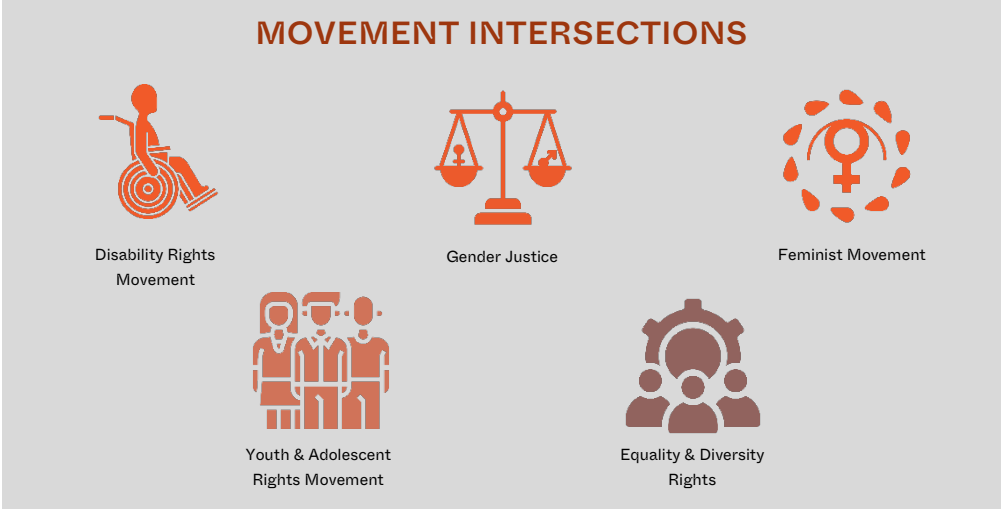
Advancing Reproductive Justice

Ipas Nigeria Health Foundation Board of Directors at the Rebrand launch

Central to our believe that every person should have the right to bodily autonomy and the ability to self-determine their future, we re-launched our brand to become Ipas Nigeria Health Foundation - Partners for Reproductive Justice.

Our shift towards reproductive justice reflects Ipas's ongoing effort to put power in the hands of the people that are most vulnerable, the women, and girls. We recognize that having the right to sexual and reproductive health services, including contraceptives and safe abortion isn't enough. In Nigeria, women and girls face economic, cultural, religious, and systemic barriers that prevent them from accessing their rights. This has informed the expansion of our programme areas to cover Abortion, Contraception and Protection against Sexual and Gender-Based Violence.

In cognition of key intersection areas including youth movements, disability rights, equity and diversity, feminist movements, and gender justice that exists to limit access to reproductive health and rights, Ipas Nigeria Health Foundation is leading the way to advance reproductive justice for women, girls, and marginalized persons in Nigeria.

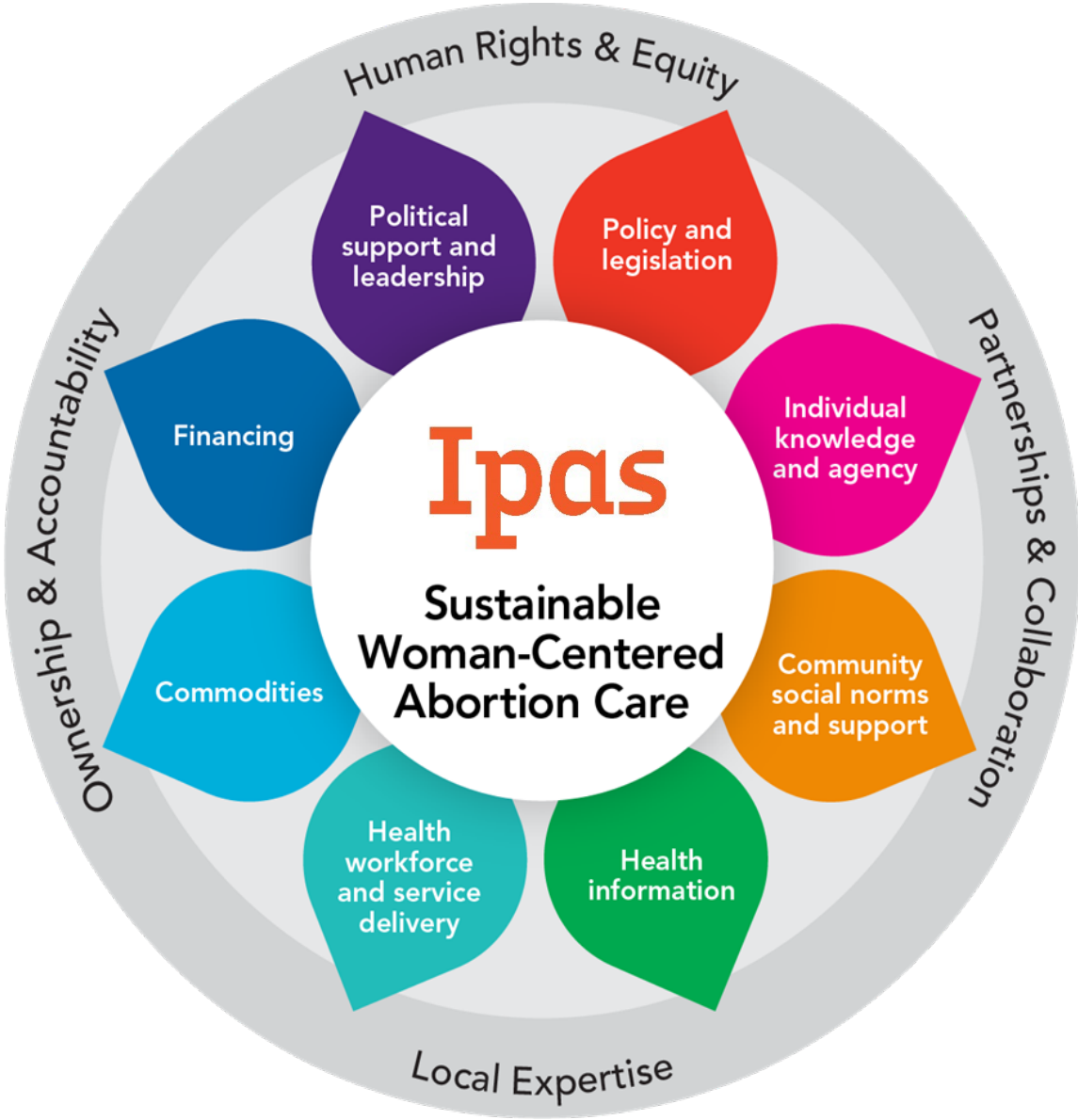


Our Eco-system Approach

Recognizing that many factors influence an individual's ability to access abortion, we work with partners across systems, institutions, and communities to assess, design and implement sustainable abortion care.

In a sustainable abortion ecosystem, local stakeholders are accountable and committed to abortion rights and responsive to everyone's abortion needs. People have the information they need to make decisions about abortion and reproduction, there is community and political support for human rights and abortion access, there are strong health systems and a trained workforce, and there are laws and policies that support comprehensive abortion care, sexual and reproductive health, and bodily autonomy.

Our approach to building these ecosystems is rooted in the understanding that there are four main "drivers" integral to achieving sustainability: human rights and equity, partnerships and collaboration, local expertise, and ownership and accountability.



Women who participated in a mobile clinical outreach on sexual reproductive health and family planning.

Key Results of our Work

12,050
Unsafe Abortions Averted

247,854 Persons Reached and sensitized about sexual and reproductive health, and sexual and gender-based violence information in Oyo, Imo, and Edo State.

21,248 No of women who accessed Comprehensive Abortion Care and Contraception services.

235 Number of health care workers trained on Comprehensive Abortion Care Provision.

206 Police officers trained on Women's Sexual Reproductive Health & Rights and their roles in the implementation of the VAPP law

6 Policy changes on safe abortion access

4 Number of CBOs trained and supported to implement User centred community-led interventions

2 Standards and Guidelines for the medical management of victims of Gender Based Violence developed in Ogun and Benue State.

7 States supported with the VAPP law passage and operationalization - Zamfara, Gombe, Adamawa, Borno, Ogun, Benue, and Bauchi.

Sustaining Structures for Reproductive Justice

Domestication and operationalization of policies and laws remains a barrier to advancing reproductive justice in Nigeria. We have worked to ensure the implementation of the Violence Against Persons Prohibition (VAPP) act in Nigeria to provide a legal framework that protects women and girls from gender-based violence and guarantees comprehensive sexual reproductive care to victims of rape. We supported the dissemination of the law and training of police officers in Adamawa, Benue, Jigawa and Ogun States. We also supported the gazetting of the law and trained police officers on the VAPP law in Edo State.

To deepen our programming in facilitating the operationalization of the law at state levels, Ipas Nigeria Health Foundation supported the State Ministries of Health in domesticating the Standards and Guidelines (S&G) for the medical management of gender-based violence victims. This is the only guideline in Nigeria that operationalises the health component of the VAPP law and expands access to Sexual and Reproductive Health and Rights (SRHR) services to survivors of gender-based violence. Following multiple training, the S&G has currently been integrated into healthcare facilities at state levels and is used by healthcare officials to manage survivors of gender-based violence.

At state government level, we worked to support the governments to domesticate the law in the state and build collaborative partnerships with the police to operationalize the VAPP law. Our work with the Nigerian Police has been a huge success as part of our programming to strengthen the implementation of the VAPP law at state levels.

Within the period under review, over a hundred and fifty police officers of different cadres have been trained in seven Nigerian states namely - Imo, Edo, Ogun, Oyo, Jigawa, Benue, and Adamawa on the VAPP law, and its S&G. As a result of our training, we have immensely contributed to the changes in negative behaviours and attitudes towards victims of sexual violence who seek sexual reproductive health services.

> ***"I am amazed that we have such an organization that prioritizes women's wellbeing. Women are at risk of losing their lives to quack doctors that render abortion services. I think that Ipas and the police are the same – we all work to protect lives. Our work with Ipas has broadened our horizons to see that women are not just property; they have rights just as men do".***
>
> *Superintendent of Police, Ebun*

Additionally, we have sensitized communities on the VAPP law and enabled women and girls to realize their sexual health rights in marginalized communities. This has led to the report of cases of sexual violence to the police and to Sexual Assaults and Referral Centres (SARC).

> ***"I was supported by CBO members to report my case to the police, when some youth attacked and tried to rape me when I was coming from School"***
>
> *Cases Reported: Gender-based Violence.*
> *Age of respondent: 21 years*
> *Location: Dutse, Jigawa State*

Training of Police officers on their role in the implementation of the VAPP law in Borno state

Mainstreaming Disability- Inclusive Sexual and Reproductive Health and Rights in our Programming

Kabiru Muhammed facilitating training on mainstreaming persons with disability in strategic plans for postabortion care service delivery

Disability-inclusive Sexual and Reproductive Health and Rights (SRHR) links to the global commitment to leave no one behind, to multiple sustainable development goals, and importantly to the 2006 UN Convention on the Rights of Persons with Disabilities (UN CRPD). Persons with disabilities often face negative social attitudes and exclusion from accessing their sexual and reproductive health and rights due to discrimination and poor accessibility - despite having the same universal rights to access these health services as anybody else. Women and girls with disabilities are likely to experience 'double discrimination due to their gender and disability.

To strengthen disability rights to reproductive justice, Ipas Nigeria Health Foundation has worked with the Joint Association of Persons with Disabilities both at the national and state levels to ensure women living with disabilities access reproductive justice. We also created linkages between the association and the police by sharing hotlines and direct contacts of Divisional Police Officers in all our focal states with women with disabilities. The police have also made commitments to refer women with disabilities who are victims of gender-based violence to health facilities.

> ***"We have facilitated strong linkages between women with disabilities and SARC centres in their respective states, where they can access their SRHR needs".***

Doris Ikpeze
Senior Advisor, Access, Policy & Advocacy
Ipas Nigeria Health Foundation

Strengthening Institutionalization of Capacity Building for Post Abortion Care (PAC)

Health outcomes are vastly improved through inclusive and resilient health systems that can provide quality and affordable life-saving services, particularly for the most underserved and marginalized groups. The COVID-19 crisis has underlined the need for strong health systems to meet the challenges of today and that of tomorrow. We have worked collaboratively at state levels to achieve these aims, and innovatively developed our programming using evidence-based solutions to strengthen healthcare systems in the short and long term.

During the year in review, the Jigawa and Gombe State Ministry of Health (SMOH), with support from Ipas Nigeria Health Foundation, developed and piloted the first On-the-Job Training (OJT) Guideline for Comprehensive Abortion Care (CAC) services.

From the assessment conducted on the OJT process, health workers who were trained through the OJT model were shown to be just as competent as health workers trained in through the traditional classroom training model. Also, all cadres of health workers who went through the OJT model did not have a significant difference in competency.

The CAC OJT model provides a more cost-effective CAC training approach that offers improved clinical competency outcomes compared to historical classroom-based models. The results offer promise for alternative methods for advancing the sustainability of the health workforce and service delivery component of Nigeria's abortion ecosystem, beyond Jigawa and Gombe states, and are already having a ripple effect on other public sector service delivery approaches.

The Jigawa State government has released 13 million naira to scale the OJT process in the state.

Nurse/midwives receive on the job (OTJ) training at General Hospital Bichi.

To complement these efforts, Ipas Nigeria Health Foundation has strengthened the pre-service capacity for delivery of quality CAC services by reviewing the postabortion component of the nursing and midwifery curriculum as stipulated by the Nursing and Midwifery Council of Nigeria (NMCN) for the training of nurses and midwives across training institutions in the country. Through collaboration and support of the NMCN, our contribution to the curriculum includes the dedication of a new unit entirely dedicated to PAC with extensive teaching on all PAC components including Medication abortion, postabortion family planning, and setting up PAC services.

The curriculum unit for Gender issues in Reproductive Health was also expanded to include topics like teenage pregnancy, gender-based violence, identification, immediate care and referral of survivors of sexual and gender-based violence, policy framework for prevention of gender-based violence in Nigeria and key provisions of the VAPP ACT,2015 as it relates comprehensive care for survivors of sexual violence including CAC.

This will ensure graduates of nursing and midwifery across the country have the capacity to support a wider range of SRHR services more effectively. We are working with the Nursing and Midwifery Council (NMCN) to disseminate the revised curriculum to nursing and midwifery tutors across selected schools and training institutions in the country.

> *"The technical support we got from Ipas has been the game changer in addressing maternal mortality in Jigawa State. The on-the-job training is a cost-effective approach that allows healthcare officials to build capacity in Post Abortion Care and Comprehensive Abortion Care while they are in their facilities. In Jigawa State, we have instituted budgetary allocations to cascade this process in the State".*

Dr. Shehu Sambo,
Director, Primary Health Care,
Jigawa State Primary Health Care
Development Agency.

Addressing Gaps in Evidence to Action

Investigating the nexus between abortion and sexual violence

Despite the passage of the VAPP law, women and girls still suffer sexual violence. In many instances, this leads to unintended pregnancies and unsafe abortions. Pregnancy that arises from sexual violence bring greater complications to the life of the survivors and confronts them with the additional challenge of decision-making regarding the pregnancy in Nigeria's restrictive legal abortion context.

To build evidence for advocacy, Ipas Nigeria Health Foundation conducted research that established the nexus between unsafe abortions and sexual violence. From our conducted study, pregnancy may occur among 13.2% to 36.6% of female sexual violence survivors from their first experience of forced or pressured sex. On a national scale, 43.2% keep the pregnancies, while 32.8% undergo induced abortions.

In most cases of rape, survivors usually opt for induced abortion without medical or professional consultation to prevent or avoid the negative impact it could generate. For young adolescents who are forced to keep the pregnancies from rape, these pregnancies further limits access to education and exacerbate poverty. Survivors who are adolescents manage the pregnancies by opting for menial jobs including street hawking to raise income for child delivery and support. However, these instances are far worsened for survivors in humanitarian contexts.

The rising trend of sexual violence in Nigeria calls for a context-specific and survivor-centred approach to relieve the torture and negative aftermath of rape on the victims. Abortion is healthcare; therefore, interventions should support sexual violence survivors in terms of health and well-being.

Women and children queue to enter one of the UNICEF nutrition clinics in Muna informal settlement, which now houses more than 16,000 IDPs (internally displaced people) in the outskirts of Maiduguri the capital of Borno State, north-eastern Nigeria

Cross section of participants during the Kano state NHMIS abortion data review meeting

Ipas Nigeria Health Foundation is leading in ensuring abortion data reporting in collaboration with the Nigeria Health Management Information System (NHMIS). Our approach has improved abortion data reporting as part of NHMIS data in Jigawa and Gombe state.

Through our partnership approach, we are working with NHMIS on a national scale to highlight the importance of abortion data reporting and train critical stakeholders on how to document abortion data.

> *"Ipas supported us to build our capacity in abortion data gathering and documentation. Currently, we work with the State Health Management Information Systems and identified different indicators for abortion data gathering. We have also trained reproductive health coordinators and community healthcare providers to document abortion data accurately"*

Rabiu Garba,
Monitoring & Evaluation Advisor
Jigawa State Ministry of Health

Shifting Decision Power in Reproductive Health Choices

Women, girls, people with disabilities, adolescents and other marginalized groups face the risk of preventable death and severe injury and harm when their ability to make informed decisions about their own bodies, health, and lives, and to access and use quality sexual and reproductive health services, is restricted. These social and gender norms and power/economic imbalances also underpin various forms of abusive behaviours and practices including sexual abuse and exploitation and sexual harassment.

Through a human rights-based approach, Ipas Nigeria Health Foundation is advancing reproductive justice by putting power in the hands of the people that are most vulnerable, the women, and girls. In Nigeria, we are accelerating access to reproductive health in vulnerable communities by:

Working with CBOs to develop user-centred interventions that expands access to abortion self-care services in selected communities.

Improving the capacity of Patent and Proprietary Medicine Vendors (PPMV) to provide quality medication abortion and support self-care needs of vulnerable women and girls.

Changing attitude and norms to sexual reproductive health including abortion, menstrual hygiene, and family planning.

About 248,000 women and girls were empowered with context-specific sexual and reproductive health information, including sexual-based violence. The messages were shared through peer-health educators' sessions, social media platforms, and e-fliers.

> *"I didn't have certain information about female sexual rights, here I have met with females that are able to speak freely. I have been able to enlighten myself more on girls' sexual and reproductive rights"*

Victor Sulieman,
Community Peer Influencer
Oyo State

Retired health worker, Yelwe Abduwlahi from the Federation of Muslim Women's Association of Nigeria (FOMWAN) participating in training on gender-based violence

Partners for Reproductive Justice

Ipas_Nigeria ipasnigeria Ipas_Nigeria

P.O. Box 5188 Garki,
Abuja, Nigeria
ContactUs@ipas.org
www.ipas.org/nigeria

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