

Activity Report 2022



Senator Annie Hoey, IFPA Medical Director Dr Cairíona Henchion, UNFPA's Jacqueline Mahon, Senator Lorraine Clifford Lee & Holly Cairns T.D. at State of World Population report launch 2022.

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1. About the IFPA

The IFPA was established by seven volunteers in 1969 and has been at the fore in setting the agenda for sexual and reproductive health and rights nationally and internationally since then. Its volunteer founders were operating at the edges of the law. They worked in defiance of the State's blanket ban on contraception to alleviate the suffering it caused. That defiance has remained our defining trait. Our very existence was a challenge to the State's ill treatment of women and so the association was often under attack. But our story is more triumph than struggle. For every advance in sexual and reproductive health and rights in Ireland, the IFPA has been the vanguard.

Today we get on with the work of providing the best possible sexual and reproductive healthcare. This includes contraceptive and abortion care, cervical and STI screening in our clinics, pregnancy counselling through our national network of counselling centres, medical training to doctors and nurses, sexual health training to care providers and community groups, and a pioneering FGM (female genital mutilation) treatment service. However, these services do not tell the whole story. In parallel with them, we do unseen work that is nonetheless transformative. When sexual and reproductive health and rights reform is not on the political radar or is seen as politically toxic, the IFPA has never wavered in its advocacy, consistently taking the State to task for failing in its human rights obligations.

We engage at all levels, from making submissions to Government departments, to publishing reports and policy briefings, to working with parliamentarians. The IFPA gives voice to our clients' experiences by providing evidence to UN human rights monitoring bodies and supporting legal challenges.

All of our work is underpinned by our understanding of sexual and reproductive health and rights.

2. Serving our clients

Following the global pandemic, 2022 saw a return to normality for our sexual and reproductive health services. Demand for core services, such as cervical screening and long-acting reversible contraception, returned to 2019 levels, with more than 2,200 cervical smears and 1200 LARC insertions provided across the year.

Routine STI screening was significantly impacted by the pandemic, but this service also returned to form with almost 500 screenings provided across our two clinics in 2022.

Our early abortion service continues to go from strength to strength. Last year, IFPA staff delivered almost 2,200 abortion care appointments, including first and second consultations, additional visits and follow-up care. The development of abortion law, policy and services remains a core priority for the organisation and our clinical and advocacy staff continue to work closely together to ensure parliamentarians and policymakers are informed by the experience of accessing and providing abortion care as well as human rights standards and international best practice.

In September 2022, we were proud to be amongst the first providers of the new State-funded contraception scheme. Universal access to contraception has been a core advocacy goal of the IFPA since its establishment more than fifty years ago, and we will continue to advocate to ensure the new scheme is expanded to all who need it.

2022 also saw a significant upsurge in demand for our specialist FGM Treatment Service. Across the year, IFPA Medical Director, Dr Caitriona Henchion, and FGM Counsellors, Ms Aine Ward and Ms Joanna Sweeney, provided 203 medical and counselling appointments to FGM survivors. This represents a 269% increase on service provision in 2021.

3. Leave no one behind: advocating for access

Throughout 2022, we maintained a focus on the principle of the Sustainable Development Goals—to leave no one behind and meet the needs of the furthest behind first. We advocated persistently to change the department of health policy that only those with PPSNs can access abortion and contraception without payment, as this policy discriminates against recently arrived migrants and asylum seekers.

2022 saw a major advance in contraception policy, the IFPA's founding issue, with the introduction of the first phase of free contraception, something we have long advocated for.

This has transformed access to contraception for people between 17 and 26. It took a lot of work to achieve this change, including meetings with the Minister, the Department of Health and the HSE about the operation of the scheme and also with regard to the contract, the HSE's

communications and public health promotion. And, of course, political and media advocacy to urge the extension of the scheme to younger and older age-groups.

As the only dedicated FGM treatment service in the country, this clinic plays a unique and critical role in ensuring those affected by FGM receive high-quality medical and psychological care in a culturally sensitive, safe and non-judgmental environment. Insufficient funding to support the FGM Treatment Service is a major concern for the organisation and we continue to engage with the funder, the HSE Social Inclusion Unit, in this regard.

4. Review of the abortion law

The review of the 2018 abortion law was the major focus of 2022. The IFPA made an extensive submission to the review process. The independent Chair of the review, barrister Marie O'Shea, attended the IFPA's high profile launch of a major UN report, *Seeing the Unseen: the Crisis of Unintended Pregnancy*. This report was the flagship annual report of UNFPA, the UN agency for sexual and reproductive health.

This was a year of bringing policy makers and influencers into our clinic. Ms O'Shea spent a morning at the IFPA clinic in Cathal Brugha St, where she saw the service at first hand and we presented our perspectives on abortion care, critical issues with and flaws in the law, and issues regarding its operation in practice. We also held a meeting with Health Minister, Stephen Donnelly TD and Minister of State Frankie Feighan at our city centre in the context of the National Women's Health Action Plan. The Minister has referred to this meeting numerous times in the Dáil in positive terms.

The review was a focal point of our work throughout the year, with the IFPA medical director and advocacy team appearing before the Health Committee for a long session on the operation of the 2018 Act.

A major concern was the lack of clarity as to whether the review would have a mandate to make recommendations about the legislative aspects of abortion care or be constrained and address operational aspects only. Throughout the year, we provided information on the urgent need for an approach that encompassed law reform through press releases, media interviews, social media, briefings for politicians and our engagement with healthcare professionals.

The IFPA engaged with the authors of the 2022 HSE Unplanned Pregnancy and Abortion Care (UNPAC) study, and the report on providers' perspectives on the law, which were published as part of the review process. We also made a submission in relation to safe access zones in October 2022.

In spring 2022, Dr Caitriona Henchion, Maeve Taylor and Alison Spillane appeared before the Health Committee to highlight the IFPA's concerns with the legal framework for abortion care. We also challenged the Minister and the Department repeatedly during the year over the legal

framework for contraception, the review of the abortion law and funding issues. In November, we held an information day for politicians at Buswells Hotel, with leading abortion care providers to discuss barriers to access to abortion. Thirty-five politicians, including ministers, were in attendance, with representation from all parties as well as independents

5. Media

We reached new levels of engagement on social media with creative approaches on Twitter and Instagram. We drew on the IPPF Greats series of artwork that has been made available to IPPF members. We saw increased engagement by govt officials, departments and the key healthcare providers and influencers with our socials.

Minister for Health Stephen Donnelly posted a video of himself and Minister for State Frank Feighan outside the clinic. Dr Henchion appeared in a Department of Health video about the launch of the free contraception scheme.

The website was constantly revised and improved.

The IFPA was visible throughout the year in national media, beginning in January with a major interview with Niall Behan by PA Media, which was syndicated widely. We were quoted in all the broadsheets: *Irish Times*, *Independent*, *Examiner*, *Times Online*, *Journal.ie*, *Belfast Telegraph*, and occasionally in the *Sun*, *Daily Star*, *Mirror and Mail*. Major appearances included an op ed in the *Medical Independent*, a major spread in the *Irish Times* Weekend Section, with Dr Henchion extensively quoted, and wide coverage on radio of comments by the IFPA group that appeared before the health Committee in March.

In addition, we were covered by national and regional radio, and online outlets. The IFPA also contributed a double page spread on emergency contraception for the *Irish Pharmacy News*.

6. Education and capacity building

The IFPA's education and capacity building work continued through the year. Ten Speakeasy and Speakeasy Plus courses were delivered to parents, social care workers and teachers. The two-day online contraception course was held over two days in June and attracted 33 participants.

Dr Henchion delivered training and capacity building sessions for a wide range of audiences, in relation to abortion care, FGM treatment and contraception.

As a member of the Clinical Advisory Forum for Abortion Care, Dr Henchion was instrumental in advocating for the retention of telemedicine abortion as part of the abortion model of care.

We have also partnered with University College Cork in a research project on the experiences and perceptions of the law of committed abortion care providers in Ireland, to highlight the positive aspects of abortion care provision

and challenge some of the harmful narratives around conscientious objection.

The IFPA has also been represented, with speaking roles, at a number of academic conferences, including the European Society for Contraception and Reproductive Health held in Ghent; "Women travelling to seek abortion care in Europe: the impact of barriers to legal abortion on women living in countries with ostensibly liberal abortion laws", University of Barcelona; the FIAPAC (Federation of Abortion and Contraception Providers) congress in Riga in September.

7. Engagement at the international level

In 2022, we strengthened our links with the IPPF at European and global levels. We continued our work within two IPPF consortiums—Countdown 2030 Europe and Globalcare. Through the former we work on global development policy from the SRHR perspective, drawing on the consortium expertise, research and policy analysis. This allows the IFPA to be a respected and often the only voice on SRHR in development policy.

Through Globalcare, we work with a group of IPPF member associations in 12 countries across all the regions of the world on abortion policy, discourse and service provision. In 2022 we developed a needs analysis in relation to waiting spaces in the abortion context. Project officer Molly O'Meara began a consultation process for a redesign of our Tallaght clinic for 2023, based on human centred design and aimed at the creation of a space that supports empowered choices and challenges stigma.

Through Globalcare we have had the opportunity to work closely with Ipas, the leading global abortion rights organisation, and this has infused our work on media, messaging, advocacy and communications.

We also supported the IPPF to organise a high-level UN event: a side event on sexual and reproductive rights with the Irish government during Ireland's term on the UN Security Council. The Irish Ambassador chaired the meeting, which attracted representatives of around 30 states, and was held during Women Peace and Security Week.

Support from UNFPA, the UN agency for reproductive health, allows us to maintain the high quality of work with respect to the All Party Oireachtas Interest Group on SRHR. In 2022, we briefed the APG on issues ranging from the review of the 2018 Act, anti-choice legislation, safe access zones, fetal medicine, overseas development policy.

8. State of World Population Report

Our main engagement with UNFPA is through the annual launch of the State of World Population report. In 2022, we returned to an in-person event, and had a very lively and

well-attended gathering after two online launch events during the height of the Covid19 pandemic.

In addition to the launch by the Director General of Irish Aid, standing in for the Minister for Development, Irish Aid announced funding for UNFPA's work in Ukraine at the event: €1.5 million. The launch was attended by a large cohort of healthcare professionals, public servants from Departments of Health and Foreign Affairs, development NGOs, national NGOs and academics. The event was followed by a working lunch with APG members, DFA officials and UNFPA.

At the end of 2022, DFA made additional funding available to UNFPA's work in the Horn of Africa. During the year Senator Lorraine Clifford Lee represented the APG at an event of the Interparliamentary Union in Rwanda and at an event on SRHR issues in fragile states organised by the European Parliamentary Forum on Sexual and Reproductive Rights in the Basque country.

The IFPA also supported UNFPA to host a meeting with members of the Joint Oireachtas Committee on Foreign Affairs in New York, during a weeklong meeting to New York and Washington, D.C.

9. Strengthening, reinforcing and renewing the IFPA

Behind the scenes, 2022 was a year of strengthening, reinforcing and renewing the IFPA's infrastructure and putting in the building blocks to support the new Strategic Plan. Under the leadership of the Finance, Audit, and Risk Committee (FARC) and with a new Financial Controller, Michelle O'Leary, in post from May, revised financial protocols and controls were put in place, with an emphasis on efficiency, transparency and value for money in all transactions, careful budgeting and planning, and rigorous reporting. New insurance arrangements were established with an increased focus on digital security. This is supported by an online employee training programme on all aspects of digital security.

An employment assistance programme was introduced. The induction processes for counsellors were revised and enhanced. Two of our nurses began a nurse prescriber course.

Governance

In relation to governance, returns were made to the Charities Commission and Lobbying.ie. We received the recommendations of the 2021 HSE audit. All actions were implemented promptly, except for the recommendations regarding pay and conditions, as the HSE has not indicated any plan to provide adequate resources to fund this recommendation. Advocacy in this regard continues.

A gender assessment was carried out as part of our work on the IPPF Citizens, Equality, Rights and Values project. The senior management team carried out an audit of human resources issues. A new HR system was introduced along with a range of additional supports for staff.

Technical infrastructure

On the technical side, 2022 saw the installation of new air-conditioning, with UV filtering, in the Cathal Brugha St clinic. A new cloud-based phone system was introduced and all staff received training on its use. We entered a new website maintenance contract.

Electronic charting

Improvements were made to the Helix electronic charting system for a more detailed reporting on the EMA service, which created greater efficiencies within the clinic and allowed Alison Spillane, Senior Policy and Research Officer, to compile data for a presentation at the biannual conference of FIAPAC, the international federation of abortion care providers, in Latvia in September. This was part of Alison's work with clinic colleagues in 2022 to collate and analyse data from the IFPA's EMA service to create a unique and robust evidence base which can inform policy and practice and which underpins our advocacy.

10. Staff changes

2022 saw a number of departures of staff and many new people joining the organisation. Rosie Toner, former Director of Counselling and our longest serving Pregnancy Counsellor, moved on from the IFPA after 17 years. Liz Harper, Deirdre Jones and Ben Howe also finished up with the organisation. Michelle O'Leary and Eimir Molloy joined as Financial Controller and Clinic Services Manager, respectively. Niamh Thompson started as a nurse, and Shauna Fagan as a doctor in the clinics. Frankie Nesirky left to work for the Dublin Rape Crisis Centre. Shelby Gavigan and Caitríona Bolger joined as receptionists. Laura McCaffrey joined as a counsellor. Aine Ward rejoined the IFPA as a Pregnancy and FGM Counsellor. Rita Dunne left. Dolores Liddy, Hayley Baugh joined as nurse/midwives. Sarah McEvoy left the IFPA and Molly O'Meara joined as Project Officer.

We celebrated our staff with social media posts on International Women's Day, International Day of the Midwife, Abortion Provider Appreciation Day, World Contraception Day, International Safe Abortion Day, and World Sexual Health Day.

11. Report from the frontlines: insights from the IFPA's Medical Director, Dr Caitríona Henchion

As Ireland's leading sexual health provider, the IFPA's services include the full range of contraception methods, early abortion care, pregnancy counselling, STI screening and treatment, cervical screening, women's health consultations, menopause consultations and Ireland's only dedicated treatment service for female genital mutilation (FGM).

In 2022, the IFPA's cohesive clinic team of doctors, midwives, counsellors and admin staff continued their priority of maintaining service quality and enhancing the connections between staff across our two clinics.

Focus on contraception

A key development in 2022 was the introduction of the free contraception scheme. This was a focus of significant IFPA advocacy over decades. Since 2019, when a working group was established by the Department of Health, the IFPA had multiple engagements with the working group Chair, the All Party Oireachtas Interest Group on SRHR and other stakeholders to inform scheme development.

The scheme was introduced in September 2022 for 17 to 25-year-olds, with 26-year-olds included from January 2023 and further extension planned for September 2023.

This scheme has been a major success story. Young women are now empowered to choose the best method of contraception for them and to access methods that would be unaffordable otherwise, include long acting reversible contraception (LARC) methods. In our clinical experience, women are more likely to try LARC when the fear of wasting money if it doesn't suit is removed from the issue.

Under the scheme, there is no impediment to clients coming back for checks if they have concerns, as this is covered under the scheme, even if they are over the age limit when the concern arises.

We have seen 800 women in CB St and 1200 in Tallaght for various consultations under the scheme, including 310 intrauterine contraceptive devices and 194 implants.

Advanced nurse/midwife training

We have a team of five very experienced midwives who provide most of the cervical screening, STI screening and post abortion follow-up care. In January, we secured sponsorship to enrol two midwives on the RCSI nurse/midwife prescribing course.

This was a big undertaking. It is a very intensive 6-month course of online lectures, assignments, clinical supervision, and mentoring. I would like to commend Natalie and Catriona for their huge commitment and hard work, and to thank Dr Vina who acted as a mentor. They have passed all exams and assignments and are awaiting their final results. With supervision, they now provide many consultations formerly provided only by doctors. And by next year, they should have full autonomy with regard to prescribing. There has been a significant team effort in putting safe protocols in place for them and updating admin staff accordingly. This is going to be a significant move towards increasing service capacity as the free contraception scheme is expanded.

Abortion Service

It is hard to believe that we are now providing abortion services for almost 5 years. Following the IFPA's decades of advocacy for abortion law reform, we went on to play a significant role in shaping Ireland's new abortion service as part of the HSE Collaborative Group. Thanks to board member Dr Mary Short for advocating for the need to have us there and for her own considerable contribution.

I am not going to talk about the many challenges to commencing a service like this. In January 2019, there were no "expert providers" who had been doing it for years and could provide mentoring and advice. At the beginning, it was like becoming a student, teacher, and expert all within the same week.

I am very proud of the way the IFPA implements the model of care. Everybody in the IFPA has contributed to the genuinely caring, wraparound service our abortion clients receive.

Our receptionists talk them through the appointment system, dictated by the legal framework, answer questions, offer reassurance, and sometimes must cope with acutely distressed or even suicidal callers. The medical team offers non-judgemental care and sufficient time to gather appropriate medical information, fully explain what should be expected and what might be a reason to seek medical advice, answer all questions, and assess support systems in place.

Counselling is available on demand throughout the abortion care pathway and where a pregnancy ends spontaneously or a woman decides to continue the pregnancy. Counsellors also liaise with and support women whose pregnancy falls outside the legal framework and who must therefore travel for care. The counselling team engages with our younger clients and supports them to include adults in their care if possible. I would like to pay tribute to Roisin Venables, former Director of Counselling, for doing so much to integrate the counselling role with the medical. I think it has benefitted our clients enormously.

We have forged strong links with the maternity units in relation to onward referrals and emergency care, and our team of midwives provide comprehensive follow-up calls with women after their abortion.

During the pandemic, we continued to provide abortion care using telemedicine, at a time when many GP services were too overloaded to do so. To do this safely, we developed a range of additional supports along the care pathway.

Finally, from the start, we wished to monitor and audit our abortion service. I presented an initial audit to a meeting of providers in early 2019. Since then, we have put a lot of work into data collection and analysis. We developed a reporting mechanism to generate service activity data, including client age, parity, gestation at abortion, scan referrals and contraception uptake.

We also conducted a manual chart review to understand why some women did not return to have an abortion after having an initial consultation. Our findings completely dispelled the assertion of the anti-abortion movement that women frequently change their mind during the mandatory waiting period. Most of these cases were women who were referred to hospital for TOP or who miscarried or had an ectopic pregnancy. Only 2.5% decided to continue pregnancy. This exercise is an example of the

IFPA leading the way when the State has failed to establish proper data collection mechanisms to inform service delivery.

As a member of the TOP advisory forum, I continue to provide feedback on concerns or gaps in the service, and the IFPA has also contributed to several studies, including the UNPAC study and the review of the abortion law under the legislation, which was conducted by barrister Marie O'Shea.

FGM Treatment Service

Established in 2014, this is a free service for women who have had FGM. Currently, two doctors and one specialist counsellor provide FGM care.

Initially, client numbers were small. We engaged in significant education with health care professionals and outreach to potentially affected women. The service has now become extremely busy with an increase of more than 300% in attendances over the last 2 years. While some of this increase is due to an increase in inward migration from countries with high rates of FGM, it is also due to the successful outreach and education activities of earlier years.

We now have an over-subscribed service for which we need urgent additional funding from the HSE.

We see complex cases every week, requiring the use of professional interpreters. Women frequently have multiple medical issues, no PPSN or medical card, experiences of multiple traumas including FGM, forced marriage, domestic violence, sexual exploitation, trafficking and violent death of family members, and are now living in challenging accommodation situations with no familial or social support.

As it can be difficult for them to get to us, it is important that we try to resolve as many issues as possible in one consultation. This often involves STI screening, cervical screening, referral to gynaecology, and letters to support claim for international protection, on top of management of complications due to FGM. We have established a direct referral pathway to the Rotunda with Prof Maeve Eogan for surgical management which works very well and gives the women confidence to attend as they know it will be a female gynaecologist who has previously managed FGM.

Many of these women attend for counselling with the IFPA's FGM specialist counsellor, Áine Ward, for several sessions after their initial medical assessment. This helps women manage acute anxiety and PTSD, or to assist with preparation for a hospital visit. Due to the chaotic and often unsupported living situations, some of our time is spent on simple non-therapeutic issues such as claiming travel expenses or putting Google maps directions to other

locations on their phone, looking up train timetables. Some women simply would not be able to re-attend if we did not take this time with them. I cannot stress enough that I simply could not continue this service without Áine, who provides the ongoing support the women need so that Vina and I can continue to see new patients every week.

Most recently, we are dealing with serious child protection issues concerning girls at risk of removal from Ireland for FGM. This has required high-level engagement with Tusla and the Gardai to develop emergency referral pathways. It is another example of the IFPA working carefully and strategically behind the scenes to pressure the State to meet its human rights obligations.

This highlights the way our clinical services and advocacy department work very closely together to keep up with the changing demands of the service.

Conclusion

What is different about the IFPA is the specialist nature of our staff and services. We focus on making the patient journey more accessible and use our service information to advocate for better access and care for those who might otherwise struggle to get it.



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