

# IFPA ANNUAL REPORT 2012

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# access choice & advocacy



SEXUALITY, INFORMATION  
REPRODUCTIVE HEALTH & RIGHTS

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# Vision

At the IFPA we envisage an Irish society where all people can enjoy a fulfilling sex life and can make informed choices in their sexual and reproductive lives; where there is full access to high quality information, education and health services regarding sex, sexuality, conception, contraception, safe abortion and sexually transmitted infections.



# About the IFPA

THE IRISH FAMILY PLANNING ASSOCIATION (IFPA) IS IRELAND'S LEADING SEXUAL HEALTH CHARITY. THE ORGANISATION PROMOTES THE RIGHT OF ALL PEOPLE TO SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND DEDICATED, CONFIDENTIAL AND AFFORDABLE HEALTHCARE SERVICES.

Motivated by the suffering caused by the State's blanket ban on contraception, the IFPA was established by seven volunteers in 1969. Since then the IFPA has been to the fore in setting the agenda for sexual and reproductive health and rights both nationally and internationally.

Today the IFPA offers a comprehensive range of services which promote sexual health and support reproductive choice on a not-for-profit basis.

The IFPA provides medical services from its clinics in Dublin city centre and Tallaght as well as crisis pregnancy and counselling services at 11 centres nationwide.

The IFPA delivers family planning courses to doctors and nurses and also provides education and training on reproductive health issues to service providers, young people, parents and community groups.

With a strong track record in providing high-quality medical services, pregnancy counselling and education, the IFPA is a respected authority on sexuality and health and is regularly called upon to give expert opinion and advice.

The IFPA works with partner organisations and civil society to raise awareness of the importance of sexual and reproductive health at home and all over the world. The IFPA's mission is to enable people to make informed choices about their sexual and reproductive health and to understand their rights.

## MISSION STATEMENT

The IFPA, its members, affiliates and supporters:

- ➔ Promote and protect individual basic human rights in reproductive and sexual health, relationships and sexuality.
- ➔ Promote and defend the right of all persons, including young people, to decide freely the number and spacing of their children (if any), so that every child is a wanted child.
- ➔ Are committed to obtaining equal rights for women and young people, and to their empowerment in obtaining full participation in, and benefit from, social, political and economic development.
- ➔ Are committed to working in alliance with all those who share our aims, and in co-operation with interested government and non-governmental bodies.

# Chief Executive's Report

2012 was a landmark year for the Irish Family Planning Association's leadership in promoting sexual and reproductive health and rights (SRHR).

2012 was the final year of the Irish Family Planning Association's (IFPA) work on the Sexual Awareness for Europe (SAFE) project. As part of this project, the IFPA led a policy subgroup and played a lead role in developing the Compendium on Young People's SRHR Policies in Europe. This publication provides a comprehensive snapshot of national policies on young people's sexual and reproductive health and rights in all SAFE partner countries.

The IFPA's dance4life programme also arrived at its successful conclusion in 2012. HIV and sexual health capacity-building workshops were delivered to 2,439 young people in schools and youth groups across Ireland. dance4life reached its target of delivering the programme to 4,500 young people over its three year lifetime.

The IFPA provided almost 17,500 sexual and reproductive services to clients at our two family planning clinics in Dublin in 2012. The economic recession continued to have a detrimental impact on health services. The IFPA was no exception, facing further budget cuts of 5.3%. Over the past four years, the IFPA has seen HSE funding reduced by almost 25%, severely limiting our ability to respond to the sexual and reproductive health needs of medical card clients, including many women and girls who are on low income or living in poverty. The IFPA continued to work hard to ensure our services remained accessible to women under financial pressure. However, the onus remains on the Irish Government to provide adequate resources for family planning services for all people in Ireland.

In 2012, our pregnancy counselling services provided information and support to almost 4,000 women, girls and couples. Our counselling department continued to respond to the specific needs of women and girls, in particular those who most heavily experience the burdens imposed by being forced to travel abroad for abortion services.

The IFPA's education and training department expanded the network of organisations to which it delivers sexual and reproductive health education and training through a number of programmes, including: a sexual health training programme, the skills4life programme and the Speakeasy programme. Speakeasy was further developed in 2012 to meet the unique needs of parents and carers of people with intellectual disabilities.

The IFPA shared evidence-based information with a wide range of audiences in 2012 through the use of new media. Three new video clips were launched: *Abortion in Ireland, Breaking the Stigma: a HIV/AIDS information clip*, and a video of the IFPA's oral statement to the UN Human Rights Council in Geneva, on the occasion of the adoption of the Universal Periodic Review (UPR) Working Group report.

In November 2012, staff from across IFPA departments joined academics, parliamentarians, journalists, medical professionals, young people and civil society organisations in Ireland's first ever Sexual Health Awareness Week (SHAW). The week consisted of public meetings, debates and interactive workshops on a variety of topical sexual health issues.

A momentous year for reproductive health and rights came to a close with the Taoiseach Enda Kenny's announcement that legislation and regulations would be enacted to give effect to the ruling of the European Court of Human Rights in the case of A, B and C v Ireland. In a year that also saw the twentieth anniversary of the "X case" ruling, this commitment marked a turning point in a process which began in 2009, when the IFPA supported three women, known as A, B and C, who challenged Ireland's restrictive abortion laws at the European Court of Human Rights.

As Chief Executive Officer of the IFPA, I would like to acknowledge the support and hard work of current and former staff, board members, funders, supporters, clients and volunteers.

We look forward to continued work with you all.

Niall Behan  
CHIEF EXECUTIVE OFFICER

# Chairperson's Report

On behalf of the Board of Directors of the Irish Family Planning Association (IFPA), it is my privilege to introduce the IFPA's Annual Report for 2012.

The chapters that follow this introduction illustrate one of the unique aspects of the IFPA: the diversity and range of initiatives and tasks undertaken by IFPA staff and volunteers. The chapters give a flavour of the services delivered to clients through the IFPA's medical and crisis pregnancy counselling services. They highlight the impact and wide-ranging nature of the IFPA's advocacy work, for example in progressing much-needed reform in Ireland and highlighting the global and development policy dimensions of sexual and reproductive health and rights.

2012 also presented many challenges. One set of challenges arose out of reduced State funding generally and our reduced income from private clients. This meant that we had to do as much, or more, with fewer resources. A second set of challenges arose due to the intense workload imposed on staff and volunteers, in particular due to issues around the implementation of the A, B and C v Ireland judgment of the European Court of Human Rights.

While it is little surprise that funding for sexual and reproductive health services for medical card clients was further cut in 2012, as in previous years, I would like to echo the observations referred to in the Medical Services chapter of this report. Reductions in funding have unfortunately led to situations where women on medical cards could not be seen and were referred back to their GPs. Access to such services represents one of the most cost-effective and essential health interventions.

2012 will be long remembered for the sharp focus placed on the safety of Irish maternity services. It was the year that the vacuous platitude that Ireland was the safest place in the world to give birth was seen as untenable. It is a central aim of the IFPA to provide women with access to all the sexual and reproductive health services they need so that they can make informed decisions in a safe environment. While progress has been made, the law in Ireland continues to have a chilling effect on the access women have to such services and the ability of Irish medical services, including the IFPA, to deliver them.

The board of the IFPA responded to the challenges arising in 2012 by placing greater emphasis on risk assessment in its strategic work. We also undertook a mid-term review of the organisation's Strategic Plan 2009-2014 and were able to conclude that we have met or surpassed many of the targets contained in the Strategic Plan. The board embarked on a process of updating protocols and procedures in the organisation.

In May 2012, the IFPA was re-accredited as a full member of the International Planned Parenthood Federation (IPPF), having successfully completed an assessment of governance, accountability and financial health. A personal highlight of mine was the invitation to travel to Johannesburg in December 2012 to accept, on behalf of the IFPA, the 'IPPF Member Association Award' at the IPPF's 60th anniversary celebrations. This award is a tribute to the contribution made by everyone associated with the IFPA since it was founded in 1969.

My penultimate task is to thank the Chief Executive of the IFPA, Niall Behan, senior management, staff and volunteers for their work and commitment in 2012. The contents of this report provide many examples of their contribution. I would also like to acknowledge their work in difficult circumstances, in particular in a charged political environment.

Lastly, I would like to thank my fellow directors for their commitment to the work of the IFPA Board in 2012. The task of Chairperson was made much easier by their professional approach and positive contributions.

Kevin Baneham  
CHAIRPERSON



# Medical Services

The IFPA is Ireland's leading sexual health service provider. In 2012, the IFPA provided nearly 17,500 sexual and reproductive health medical consultations at our clinics in Dublin city centre and Tallaght.

Founded in 1969 to challenge the State's ban on contraceptive services, today the IFPA offers a comprehensive range of sexual health services for women and men on a not-for-profit basis. Clinical medical services provided by the IFPA include contraceptive advice, vasectomy services, free cervical screening, sexually transmitted infection (STI) screening and treatment, free post-abortion medical check-ups, women's health checks, fertility and menopause advice and pregnancy testing.

2012 marked the 20 year anniversary of the IFPA clinic opening in Tallaght. To mark the occasion, the Clinic Manger reached out to local community organisations to raise awareness of the IFPA's services. The clinic engaged with Travellers' groups, organisations of people with disabilities, and local probation services to deliver workshops on the importance of attending for regular cervical screening.

The IFPA continued to play a key role in the delivery of Ireland's National Cervical Screening Programme, CervicalCheck, with 4,139 women screened for cervical cancer at IFPA clinics in 2012. January marked the fifth anniversary of European Cervical Cancer Prevention Week awareness campaign in Ireland, which is led by the IFPA.

In May, the IFPA welcomed the launch of EllaOne in Ireland. EllaOne is an emergency contraceptive pill which can be taken up to 5 days after unprotected sex. The effectiveness of EllaOne is sustained over 5 days, unlike Levonelle (the 3 day pill), which effectiveness decreases over this time. EllaOne is available in Ireland on prescription, and provides women and girls with an important second chance to prevent unintended pregnancy.

In 2012, 2058 screenings for STIs were carried out at IFPA clinics, representing an increase of more than 16% over 2011. A growing concern for the IFPA is the lack of access to STI screening services. Persistent barriers to testing remain for individuals in remote areas who do not have access to public hospitals, as well as those on low income, especially young people, for whom the cost of STI screening at private clinics is prohibitive. Reports from the Health Service Executive (HSE) Health Protection Surveillance Centre (HPSC) show that the number of STI cases in 2011 reached the highest rate ever recorded in Ireland, with a 300% increase since recording began in 1995. Chlamydia, gonorrhoea and genital herpes reached their highest incidence rate, with rates of notification increasing by 19%, 33% and 44% respectively.

Despite much public debate concerning the incidence of STIs in Ireland, the need to develop adequate and accessible screening services has not been addressed. Affordable screening services for people on low income, particularly young people on low income, who represent the group with the highest incidence of STIs, are insufficient and inequitable. Considering the advent of highly accurate, inexpensive and increasingly convenient screening methods, and the relative simplicity and effectiveness of most STI treatment, facilitating greater access to STI screening is an extremely cost-effective way of addressing a serious public health issue – realising the right of all people in Ireland to sexual and reproductive health.

In August 2012, the IFPA's Medical Director was invited to participate in the Government's National Sexual Health Strategy Services Subgroup. The IFPA provided input to the HSE in relation to the National Sexual Health Strategy, highlighting the urgent need to develop a strategy which is founded on a rights-based approach, adequately resourced and underpinned by effective implementation and review measures. The IFPA further proposed that the strategy recommend the provision of free universal contraception and screening for STIs.

Meanwhile, the IFPA has been unable to meet increased demand for services from some medical card clients as a result of a 5.3% reduction in funding from the HSE. Over the past four years, the IFPA has seen HSE funding reduced by almost 15%, seriously limiting our ability to respond to the sexual and reproductive health needs of women and girls on low income. This lack of funding means that some women with medical cards who sought our services could not be accommodated and were referred back to their GPs.

“Investment in providing women and girls with access to modern contraceptives is one of the most cost-effective health interventions. Yet funding for these health services is being cut. Ireland urgently needs a National Sexual Health Strategy committed to resourcing and prioritising programmes which will achieve universal access to contraception and sexual health services.”

DR CAITRIONA HENCHION, IFPA MEDICAL DIRECTOR

## MEDICAL SERVICES

In 2012, 55 doctors and nurses availed of the IFPA's popular Certificate in Contraception Theory, which is designed to give family doctors, nurses and other medical practitioners the knowledge and skills necessary to provide a family planning service of high medical standard to their patients.

The post-graduate course comprises two days of theoretical training and six sessions of practical training. The programme is certified by the Reproductive & Sexual Health Committee of the ICGP and has An Bord Altranais Category 1 approval.

# IFPA Cervical Cancer Screening Survey

## BACKGROUND

2012 marked the fifth anniversary of Cervical Cancer Prevention Week, an IFPA-led campaign which aims to raise awareness of the importance of cervical screening. A smear test is the most effective way to detect changes in the cells of the cervix and ensure that women receive treatment of a pre-cancerous stage. CervicalCheck, Ireland’s National Cervical Cancer Screening Programme, provides free cervical smears to women aged 25 to 60.

The first three year cycle of the CervicalCheck screening programme saw an uptake exceeding 60% of the eligible screening population, thereby achieving its target for coverage during the first screening cycle. The programme aims to achieve 80% coverage of the eligible population by the end of the second three-year screening cycle, which comes to an end in 2014.

With CervicalCheck and the equally successful HPV vaccination programme introduced in 2010, Ireland can radically reduce the incidence of cervical cancer over the coming decades. A Health Information and Quality Authority study indicated that an 80% uptake of HPV vaccination would be sufficient for the programme to significantly reduce the incidence of cervical cancer and to become cost effective. The HSE has reported an uptake of 82% in the number of schoolgirls taking part in the vaccination programme.

The annual report of CervicalCheck for 2010 to 2011 revealed that while overall uptake was excellent, women over the age of 45 were less likely to avail of screening than younger women. The IFPA undertook a review of Cervical Screening statistics at our Cathal Brugha Street clinic from the beginning of CervicalCheck in 2008 to December 2012. We wanted to see if our screening population showed a similar trend. The data is presented below.

TABLE 1 – AGE PROFILE OF WOMEN PRESENTING FOR SMEARS AT THE IFPA CITY CENTRE CLINIC

AGE GROUP	NUMBER	PERCENTAGE
18-24	251	3.23%
25-44	5730	73.80%
45-60	1636	21.06%
>60	148	1.91%
Total number of smears taken	7765	100%

This is broadly similar to the CervicalCheck data (see Table 2 above), but with an even more marked preponderance of younger women screened. The figure for women under 25 is slightly higher than the national figure recorded by CervicalCheck. This is because our recording period started in September 2008 at the outset of

TABLE 2 – CERVICALCHECK DATA ON AGE PROFILE OF WOMEN PRESENTING FOR SMEARS

AGE GROUP	PERCENTAGE
18-24	0.8%
25-44	66.6%
45-60	30.7%
>60	1.7%

the National Cervical Screening Programme. At this stage women below the recommended screening age range (25 – 60) but with a previous abnormal smear were included in the programme. It is also likely that since our clinic is primarily used for contraceptive advice, younger women of a reproductive age attend.

We also examined smear results according to age to assess differences in the detection of abnormal results across the age groups. We analysed the results of all smears according to two age groups: women over 45 and women under 45. The numbers of each result are indicated as a percentage of the total smears in that age group. The data is presented in Table 3.

Women over 45 were more likely to have a negative smear, with 91.5% of women over 45 receiving negative results and 81% of women under 45 receiving negative results. However, a significant number (8%) of women over 45 had abnormal results. These abnormal results were more likely to be low grade abnormalities than their under 45 counterparts, with the notable exception of glandular abnormalities, which were at least as likely to occur in the older as in younger women.

The most noteworthy finding is that, while abnormal results appear less likely in women over 45, a very significant number is nonetheless detected. As the average age of invasive cervical cancer diagnosis is 45, women in this age group who have not been screened regularly in the past are an especially important target group.

The CervicalCheck age range is between 25 and 60, with women over 60 years who have never had a smear test also eligible. There has been some discussion about whether this age range should be broadened. We analysed the data for women under 25 and over 60 to assess whether there is a need for regular cervical screening in these age groups. The data is presented in Table 4.

The most striking figures were those for unsatisfactory smears (P1). While the data in the overall groups showed a very low rate of unsatisfactory smears, and no difference in the rate between women under 45 and over 45, when the figures for women at extremes of age are analysed, the results are quite different.

Our findings show that 6% of women under 25, and 2.7% of women over 60, had unsatisfactory smears. These results were mainly due to inflammatory cells in the younger women and insufficient cells in the older women. It would appear from our data that the test itself is less useful at these age groups.

The abnormal result rate was very much what would be expected in view of what we know about the role of HPV in the development of cervical cancer. Rates of abnormal cell detection fall off in the over 60s, with very few high grade lesions being detected. Three high grade lesions were detected among women over 60. One woman was still in 10 year follow-up after a LLETZ (large loop excision of the transformation zone) treatment for a high grade lesion. One woman had borderline AGC (atypical glandular cells), a result which was followed up at 3, 6, 9 and 12 months; all follow-up results were negative and no treatment was required. The third woman had abnormal cells of endometrial, rather than cervical, origin and on referral was found to have an invasive adeno-carcinoma of the endometrium. This was a coincidental finding—a smear test would not be an effective screening test for endometrial carcinoma.

It is noteworthy that approximately 7% of this group had abnormal smears. While the overall number in this group (148) is very small, making it difficult to draw conclusions, further investigation of long-term outcomes in these patients would be worthwhile.

Rates of abnormal cell detection are higher than average in the under 25s, which is as expected, as this is the commonest time for acquiring HPV infection. However, the majority of these abnormal results are low grade. The aim of cervical screening is to detect persistent

HPV infection and treat only these individuals. The data indicates that many transient HPV infections are likely to be detected in the under 25 age group, necessitating repeat tests and possible unnecessary colposcopy referrals. As in the over 60s, there were no invasive cervical cancers diagnosed. This would appear to support the non-inclusion of women under 25 from routine screening.

The most notable finding from our survey is that smear test uptake decreases with increasing age. Women over 45 are less likely to attend for smears, and targeted efforts are needed to change this pattern. Reminding women about screening is often done in the course of consultations for contraception, or even when they attend with their young children. As women pass reproductive age and their children become young adults, these opportunities are lost. In the past, when cervical screening was done on a purely opportunistic basis, it was frequently done in the post-natal period. This has led to an association in the minds of many women and health professionals between childbirth and the need for cervical screening. Health professionals need to dispel this myth and explain the need for regular screening regardless of continuing reproduction.

To improve smear uptake among women over 45, it is important to ensure they are registered with the National Cervical Screening Programme. Once women are registered, CervicalCheck reminds them to make appointments. Doctors could also invite female patients of eligible age to attend for a smear test. Finally, we need to continue to disseminate information about cervical cancer, screening and vaccination, with an emphasis on the need for women to continue screening until the age of 60.

TABLE 3 – SMEAR RESULTS FOR WOMEN IN KEY AGE GROUPS (WOMEN UNDER 45 AND WOMEN AGED 45 AND OVER)

RESULT	TOTAL	<45	% OF ALL <45	>45	% OF ALL >45
All Smears	7765	5981	—	1784	—
P1 Unsatisfactory	39	30	0.5%	9	0.5%
P2 Negative	6465	4832	80.79%	1633	91.54%
P3 & P3a Atypical Squamous Cells of Unknown Significance (ASC-US)	697	596	9.96%	101	5.66%
P3b Atypical Squamous Cells Occasional High Grade (ASC-H)	31	27	0.45%	4	0.22%
P4 Low Grade Squamous Intraepithelial Lesion (LSIL)	356	331	5.53%	25	1.4%
P5 High Grade Squamous Intraepithelial Lesion, Moderate (HSIL Moderate)	71	70	1.17%	1	0.06%
P6 High Grade Squamous Intraepithelial Lesion, Severe (HSIL Severe)	72	71	1.19%	1	0.06%
P8a Atypical Glandular Cells, Borderline or Favour Neoplastic (AGC)	34	24	0.4%	10	0.56%

TABLE 4 – SMEAR RESULTS FOR WOMEN IN KEY AGE GROUPS (UNDER 25 AND OVER 60 YEARS)

RESULT	<25	% OF ALL <25	>60	% OF ALL >60
All Smears	251	—	148	—
P1 unsatisfactory	15	6%	4	2.7%
P2 Negative	170	67.7%	134	90.5%
Low Grade Changes (P3, P3a & P4)	59	23.5%	7	4.7%
High Grade (P3b, P5 & P6)	7	2.8%	1	0.7%
P8a Atypical Glandular Cells, Borderline or Favour Neoplastic (AGC)	0	0%	2	1.5%
Invasive Cervical Cancer	0	0%	0	0%



# Counselling Services

In 2012, the IFPA counselling department continued to deliver a professional and client-centred service at 11 locations nationwide. The counselling service is provided by professional accredited psychotherapists and counsellors, and is funded by the HSE Crisis Pregnancy Programme.

We provided free, confidential, non-directive counselling to nearly 4,000 clients through our pregnancy counselling network and national pregnancy helpline. Face-to-face counselling was delivered to 1,504 clients in 2012, which represents an increase of 6% on the previous year.

The IFPA saw continued expansion of post-abortion care services, with women who attended for post-termination counselling accounting for 44% of the service's client base. This represents an increase of 82% compared to the previous year. Of this number, 18% were new clients.

Multiple factors account for this upsurge in demand for post-abortion counselling, including an increased number of women attending with complex circumstances surrounding their unplanned pregnancies, requiring sustained support. The increase in demand indicates improved awareness of and confidence in the high-level of service provided by the IFPA counselling department.

2012 saw a 10% increase in the number of migrant women presenting for counselling services. Many migrant women, especially asylum seekers, face additional barriers to accessing safe abortion services. These can include language barriers, lack of familiarity with Irish law, lack of awareness of crisis pregnancy counselling services and travel restrictions.

These burdens can cause delay in accessing abortion services. Such delays can lead to a more invasive and expensive procedure, adverse consequences for physical and mental health, and can put women's lives at risk. The IFPA works to respond to the needs of women who most heavily experience the burdens imposed on them by being forced to travel for health services.

Women attending IFPA crisis pregnancy counselling services after receiving a diagnosis of fetal anomaly accounted for 3% of clients in 2012. Many of these clients are referred by maternity hospitals, indicating that the service provided by the IFPA is known and trusted across the country.

In 2012, 23% of women had their first counselling session before the ninth week of gestation. A further 20% of clients had their initial counselling session between the ninth and thirteenth week of gestation. 2012 saw a 30% decrease in the number of women presenting for services between the seventeenth and nineteenth week of pregnancy, and a 76% decrease in the number of women presenting at over twenty weeks. This is due to improved awareness

of our service, which facilitated women in accessing counselling services at an earlier stage of their pregnancy.

The majority (42%) of clients presenting for face-to-face pregnancy counselling in 2012 were aged between 25 and 34. Just over one quarter (28%) of clients were aged between 17 and 24. Women aged between 35 and 44 accounted for 25% of our client base.

### KEY STATISTICS 2012:

- ➔ 1,504 women, girls and couples received face-to-face crisis pregnancy counselling, an increase of 6% on last year.
- ➔ 305 women and girls received telephone pregnancy counselling.
- ➔ 2,495 callers to the IFPA national pregnancy helpline received support and counselling appointments.
- ➔ Migrant women accounted for 16% of clients, representing a 10% increase on 2011.
- ➔ 3% of clients made contact with the IFPA's counselling services after receiving a diagnosis of fetal anomaly.
- ➔ 36% of clients attended with a partner/friend/family member or health care professional.

GESTATION	2012	percentage
Under 8 weeks	347	23%
9-12 weeks	296	20%
13-16 weeks	151	10%
17-20 weeks	37	2%
Over 20 weeks	10	1%
No Gestation (PA clients)	294	20%
Unknown	369	24%

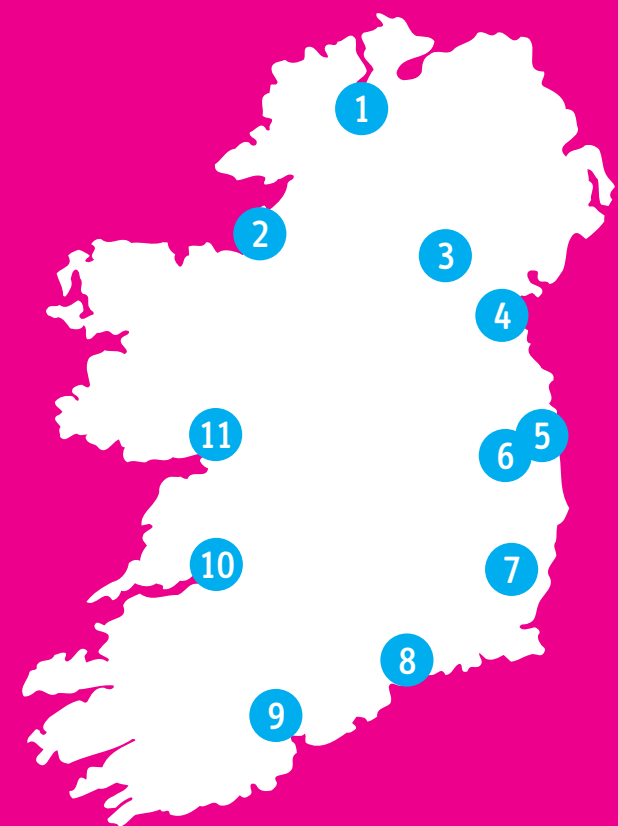
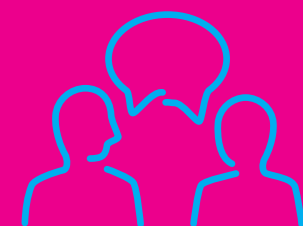
AGE	2012	percentage
Under 17	48	3%
17-24	417	28%
25-34	633	42%
35-44	372	25%
44+	19	1%
Unknown	15	1%

“We know from our clients that the burden of travelling to access safe abortion services disproportionately affects marginalised women and girls, including migrants and those living in poverty. Our counselling service is committed to understanding the specific needs of clients in diverse circumstances and providing comprehensive information in order to support women and girls to exercise their choices.”

EVELYN GERAGHTY, IFPA COUNSELLING DIRECTOR

### IFPA COUNSELLING LOCATIONS NATIONWIDE

- |                       |              |
|-----------------------|--------------|
| 01 LETTERKENNY        | 07 GOREY     |
| 02 SLIGO              | 08 WATERFORD |
| 03 MONAGHAN           | 09 CORK      |
| 04 DUNDALK            | 10 LIMERICK  |
| 05 DUBLIN CITY CENTRE | 11 GALWAY    |
| 06 TALLAGHT           |              |



# Education & Training

The education and training department works to achieve the IFPA’s vision of empowering individuals to make informed choices in their sexual and reproductive lives. In 2012, the IFPA delivered sexual health training to a total of 987 people including students, carers, parents, health workers and individuals from community groups.

The IFPA’s popular Speakeasy programme is an eight-week course designed to not only inform people on sexual and reproductive health, but also equip participants with the necessary skills to confidently discuss issues such as relationships and sexuality with their children. In 2012, the Speakeasy programme was delivered to 84 participants from 10 different community groups. 2012 also marked the first launch of Speakeasy Plus, a tailored programme for parents and carers of young people with disabilities, which was delivered in partnership with Irish Autism Action. The Speakeasy programme is supported by the Crisis Pregnancy Programme.

The IFPA offers a sexual health training programme that covers the basics of HIV and STI prevention, sexual and reproductive health and rights, legislation and consent, as well as factual and up-to-date advice on contraception. This course is suitable for anyone who wishes to know more about sexual health, such as teachers, carers and youth workers. In 2012, this course was delivered to 29 participants – including HSE staff, teachers, social workers, youth workers and students.

The Royal College of Physicians in Ireland (RCPI) invited the IFPA to participate in a Sexual Health Policy Group set up to guide the development of Ireland’s first ever Sexual Health Awareness Week (SHAW). As part of this consultation process, the IFPA gave input on a spectrum of issues relating to sexual and reproductive health and rights. The IFPA, in partnership with the Crisis Pregnancy programme, co-authored RCPI’s “Position Statement on Education: Enabling Informed Decision and Promoting Education,” which embraces the World Health Organisation (WHO) working definition of sexual health. The SHAW platform and position statements played a central role in building momentum towards the establishment of Ireland’s first National Sexual Health Strategy. The document was part of a series of position statements relating to sexual health promotion in Ireland, which were launched on the inaugural day of SHAW in May 2012.

To mark World AIDS Day (WAD) on December 1st 2012, the education and training department facilitated HIV/AIDS peer-education workshops with transition year students in Ireland. These workshops explored the stigma associated with HIV and challenged both direct and indirect discrimination experienced by people living with HIV in Ireland.

The IFPA also developed an animated video clip on December 1st to raise awareness on WAD 2012 about the importance of encouraging an open and informed dialogue around sexual health, and reducing stigma against people living with HIV/AIDS in Ireland. The animated clip dispels myths about HIV/AIDS and seeks to involve young people as agents of change in the global HIV/AIDS response.

In 2012, the European Commission approved the multiannual “Keep Me Safe: Empowering Young People with Learning Disabilities” project, which will run through to 2015. Initiated by the International Planned Parenthood Federation European Network (IPPF EN) Regional Office, the project brings together 13 member associations to harness best practice, expertise and proven strategies for preventing sexual abuse and violence against young people with learning disabilities. The IFPA’s Education and Training Coordinator was appointed to represent Ireland on an EU-wide expert panel, which will mentor and build the capacity of other European IPPF member associations to respond to the sexual and reproductive health needs of youth with learning disabilities. The panel will aim to develop a best practice toolkit and guide for professionals who facilitate sexual health work with people who have an intellectual disability.

The IFPA’s comprehensive range of sexual health resources continued to be in demand in 2012. Among the most popular was the IFPA’s Contraceptive Display Kit for teachers, trainers and health professionals. The kit contains a user manual with information on Irish law, tips for providing sexuality education classes, and activities to use with groups. It also includes a range of IFPA leaflets along with samples of 10 contraceptive methods and a condom demonstrator.

## 2012 TRAINING OUTCOMES:

- ➔ Launch of IFPA video *Breaking the Stigma*. The video aims to dispel myths surrounding HIV/AIDS and involve young people as agents of change in the global HIV/AIDS response.
- ➔ Evidence-based position statement on sexuality education, *Enabling Informed Decision and Promoting Education*, was co-authored by the education and training department and launched as part of the first annual RCPI Sexual Health Awareness Week 2012.
- ➔ Partnered with Tallaght Travellers CDP in the development of STI and Contraception information leaflets, tailored for members of the Traveller community.

“The course was delivered to an ethnically and culturally diverse group of people in the Clondalkin Intercultural Centre. Feedback from the participants was very positive. They have learned a lot about relationships and sexuality and built confidence in their abilities to speak to their children at different stages of development. The course helped participants to adjust to new social norms and overcome some cross-cultural norms. At the same time, participants with diverse experiences helped to enrich the discussions in a very positive way.”

LYUBA MOORE, CLONDALKIN INTERCULTURAL CENTRE COORDINATOR – PARTNER IN THE DELIVERY OF THE IFPA’S SPEAKEASY TRAINING PROGRAMME



IFPA Contraceptive Display Kit



Participants from the Connect People Network take part in one of the IFPA’s sexual health and rights workshops



# Youth Initiatives

In 2012, the IFPA continued its work with the Union of Students in Ireland (USI) by delivering sexual health training to welfare officers and providing information to students at campuses nationwide. During Sexual Health Awareness and Guidance Week (SHAG Week), IFPA counsellors held stalls at colleges in their local area to share information on contraception, STI screening, and counselling services for young women experiencing unplanned pregnancies. The IFPA also held information stalls in colleges as part of the USI Sexual Health Education Roadshow, which promoted better sexual health among student populations, and raised awareness of available services.

Throughout 2012, the IFPA continued its partnership with the youth clinic at St. James' GUIDE clinic. Through this partnership, the GUIDE clinic refers young people to the IFPA for youth-friendly contraceptive services and pregnancy counselling. Together, the IFPA and GUIDE clinic cooperate to meet the highest standards in child protection and health service provision.

2012 saw the final year of the IFPA's work on the Sexual Awareness for Europe (SAFE) project. Through this project, family planning associations assisted policy makers in 16 countries to improve or create effective policies and programmes to address the sexual health needs of young people. The project was co-ordinated by the IPPF's European Network.

The IFPA's role was as leader of the SAFE Policy Subgroup. This subgroup included the family planning associations in Cyprus, Slovakia and Portugal. Together the associations developed a policy assessment tool and carried out training to build the capacity of partner organisations to work for policy change.

The final evaluation of SAFE in 2012 confirmed that the collective development of policy tracking tools across the network as a whole had been an important part of the project and was "very powerful". In the words of one participant: "Knowing when to change tack and how, what to do if you are blocked, the policy framework tool gives you that confidence."

The IFPA also played a lead role in developing the Compendium on Young People's Sexual and Reproductive Health and Rights (SRHR) Policies in Europe. This publication provides a snapshot of national policies on young people's sexual and reproductive health and rights in all the SAFE partner countries.

As a further part of the SAFE project, the IFPA invited secondary schools and youth groups in Ireland to participate in a Safer Sex Message competition. The competition sought to promote positive

messages on safer sex, which were developed by and for young people. The winning entries communicated clear messages regarding the importance of choice, mutual responsibility and informed consent for young people. The IFPA presented competition winners with their prizes during Ireland's first ever Sexual Health Awareness Week (see Key Events for more).

## OTHER HIGHLIGHTS:

- ➔ 2012 saw the successful completion of the IFPA's dance4life programme. See Dance4life for more.
- ➔ In May, the IFPA's Medical Director delivered a presentation on international best practice during a public discussion on the age of consent as part of SHAW 2012.
- ➔ The IFPA welcomed the Government's commitment to develop a National Sexual Health Strategy.
- ➔ In January, the IFPA Director of Counselling delivered a presentation on the IFPA's pregnancy counselling services to a nationwide group of student welfare officers.

“Young people reported that they felt their views and ideas had been taken seriously: ‘Each person got their say’ / ‘Everyone got a job in the process. We involved the whole class.’ They also felt that they had learned a lot about sexual health and rights by participating in the competition, and that this had ‘reinforced’ their learning: ‘You can only learn so much from the class’ / ‘The role-playing made it a lot easier to understand.’ The timing of the competition was deemed to be very crucial, in that it was held towards the end of the academic year when students would be more comfortable talking about their sexual health.”

## CASE STUDY OF THE SAFER SEX MESSAGE COMPETITION FROM THE EXTERNAL EVALUATION OF THE SAFE II PROJECT



Poster created by the Girls' Group at the Base in Ballyfermot, one of the winning entries in the IFPA's Safer Sex Message competition • Breanna Coyle, IFPA FETAC and Training Officer, at an IFPA stand during the Sexual Health Road Show • Students at NUI Maynooth during SHAG week



# Dance4Life

2012 saw the successful conclusion of the IFPA's dance4life programme. HIV and sexual health capacity building workshops were delivered to 2,439 young people in schools and youth groups across Ireland. By reaching a total number of 4,506 students, dance4life successfully reached its target of delivering the programme to 4,500 young people over its three year lifetime.

dance4life is an international initiative which uses dance and educational workshops to support young people to take responsibility for their own sexual health, and to engage with global efforts to curb the spread of HIV. The programme is active in 24 countries across 5 continents, and with funding from the European Commission and Irish Aid, was offered by the IFPA education and training department free of charge in Ireland.

At the heart of the programme is the dance4life drill, a hip-hop dance that is taught to young people in all participating countries. The drill is delivered by a team of trained volunteers, which includes people living with HIV. Young people also participate in a skills4life workshop to equip them with the knowledge and life skills needed to protect themselves against HIV and other sexually transmitted infections. These workshops focus on how HIV affects the lives of young people in the developing world, and raise awareness of the Millennium Development Goals.

As part of the IFPA's focus on bringing dance4life to marginalised and hard-to-reach groups, the team visited Balinasloe to deliver the programme to Traveller girls from Galway city and Salthill, and Pavee Point Traveller and Roma Centre in Dublin.

act4life, the final stage of the dance4life programme, incorporates both outreach and advocacy. In 2012, the IFPA supported young people to carry out a series of creative, youth-led act4life projects aimed at sharing knowledge gained through dance4life with their peers. Young people shared the programme's key messages on HIV prevention through new media, including digital videos, online quizzes on HIV/AIDS facts and drama performances. Young people also hosted a letter writing campaign to TDs and Senators, which led to a debate in Dáil Éireann regarding Ireland's commitment to curbing the spread of HIV both in Ireland and the developing world.

act4life reached new heights through a series of nationwide youth-led events to mark World AIDS Day in December 2012 (see Advocacy Highlights for more). Young agents4change created a dedicated World AIDS Day website featuring activities as diverse as art competitions, condom demonstrations, and a carolling session to benefit Open Heart House, an organisation which empowers and supports people living with, and affected by HIV/AIDS in Ireland.

An evaluation commissioned by the European Commission found that young people in Ireland demonstrated a greater level of knowledge on HIV prevention and the Millennium Development Goals than their peers in England, Scotland and Wales. The findings attest to the success of the IFPA's dance4life programme in building the capacity of young people to understand HIV/AIDS in a development context, and protect themselves from HIV and other STIs, while at the same time inspiring them to become meaningfully involved in the global HIV/AIDS response.

### ADVOCACY HIGHLIGHTS:

- ➔ 6,000 free condoms were distributed by third-level students who delivered condom demonstrations at sexual health information stalls on the Clonmel Campus of Limerick IT and Blanchardstown IT.
- ➔ Transition year students from Larcy College in Monaghan participated in HIV and sexual health skills4life workshops to mark World Aids Day 2012.
- ➔ The dance4life facebook page, which features videos and images of activities conducted across the country, attracted almost 700 'likes'.

“Our youth theatre group performed the dance4life drill, shared skits on sexual health and a slideshow of images from the dance4life visit to Carne. I want to take this opportunity to thank you for changing the lives of these young people. They have been given a platform from which to be able to talk about sexuality in a way that they have never before experienced. They are all empowered, in a very real way, by the actions they have taken as agents for change. The dance4life programme should be compulsory for every teenager in Ireland.”

FIONA QUINN, LIMERICK ARTS OFFICER



Students at Larcy College in Co. Monaghan participate in the skills4life programme • Launch of *Breaking the Stigma* video clip, which aims to dispel myths about HIV/AIDS • Students mark World AIDS Day with a sexual health information stall at LIT

# Communications, Campaigns & Publications

In 2012, IFPA used new and traditional media to bring messages promoting a human rights-based approach to sexual and reproductive health to a wide audience.

In January, the IFPA teamed up with the National Cervical Cancer Screening Programme to promote European Cervical Cancer Prevention Week. During the annual campaign, 22,000 Pearl of Wisdom badges and information leaflets were distributed to pharmacies, healthcare professionals, community organisations and Irish Daffodil Centres (see Key Events for more).

In February, the IFPA produced *Abortion in Ireland*, an online animated information clip. The clip gives clear information about the reality of abortion and the law and dispels myths that stigmatise women who seek abortion services. The IFPA created this resource to facilitate open, honest dialogue on abortion and ensure that the way people talk and think about abortion in Ireland is informed by evidence. The video was launched in February at a National Women's Council of Ireland (NWC) members meeting on abortion law in Ireland. To date, the animation has been viewed more than 17,000 times.

The IFPA website received a complete redesign in 2012, introducing new images and banners to improve the overall look and user-friendliness of the site. A new content management system was developed for the website, which facilitates easier and more frequent updating of news, events and information.

Throughout 2012, the IFPA issued press statements on a range of issues and current affairs relating to sexual and reproductive health and rights. IFPA press releases informed media coverage of topics as diverse as implementation of the A, B and C v Ireland decision and a visit to Ireland by the UN Special Rapporteur on the situation of human rights defenders. Throughout the year, the media asked the IFPA to comment on a variety of news stories relating to adolescent pregnancy, STIs, contraception, HIV, young people's sexual health, sexuality education, abortion, menopause and overseas development assistance.

Key broadcast activities by IFPA representatives included coverage of the 20 year anniversary of the "X case" on RTÉ Radio One's Pat Kenny Show and TV3's Morning Show with Sybil and Martin, as well as interviews about sexual health and the IFPA's Men Engage project on Newstalk Radio's Sean Moncreiff Show. The IFPA was

interviewed regarding Ireland's restrictive laws on abortion and contraception for "Banned: A Look at Censorship in Ireland."

During the year, the IFPA contributed op-eds to *The Irish Times*, "New expert group must vindicate right to abortion" and *The Sunday Business Post*, "Abortion Debate Government's Decision to Legislate is the Right One." An opinion piece which focused on the inadequacy of legislating only to save women's lives was also carried in *Village Magazine* in May and the magazine used an image from the IFPA's *Abortion in Ireland* animation on its front cover.

As a member of Dóchas (Irish Association of Non-Governmental Development Organisations), the IFPA is a signatory of the Dóchas Code of Conduct on Images and Messaging and is committed to publishing images and messages that avoid stereotypes or sensationalism and maintain full respect for human dignity.

### OTHER PUBLICATIONS:

- ➔ Launch of *Breaking the Stigma*, a HIV/AIDS information video clip, on World AIDS Day 2012. See Education & Training for more.
- ➔ Launch of a video clip of the IFPA's oral statement to the Human Rights Council on the Government's rejection of all Universal Periodic Review recommendations related to abortion.
- ➔ IFPA published an opinion piece in *The Irish Times* regarding the establishment of an expert group on abortion.

“This year the Government took a small, but very significant step towards protecting and fulfilling women’s right to life. Now Ireland must take the next steps towards a humane and rights-based abortion regime that vindicates women’s right to physical and mental health. And services must be put in place before, not after, the next tragic case occurs.”

NIALL BEHAN, CHIEF EXECUTIVE OF IFPA, IN A SUNDAY BUSINESS POST OP-ED ON WHY THE GOVERNMENT’S ANNOUNCEMENT THAT LEGISLATION AND REGULATIONS WILL BE ENACTED TO GIVE EFFECT TO A, B AND C V IRELAND AND X CASES IS A POSITIVE STEP FOR WOMEN’S REPRODUCTIVE HEALTH RIGHTS IN IRELAND, DECEMBER 2012.



In May, *Village Magazine* featured an image from the IFPA's *Abortion in Ireland* video clip on its front cover



# International Advocacy

In 2012, the IFPA had significant success in its mission to increase awareness of the importance of sexual and reproductive health at the international level.

During 2012, the IFPA continued to act as the secretariat for the Irish All Party Interest Group on Sexual and Reproductive Rights, Health and Development. This group is part of the European Parliamentary Forum on Population and Development (EPF), a Brussels-based parliamentary network consisting of 27 All Party Parliamentary Groups from across Europe, which focuses on improving sexual and reproductive health and rights.

Three members of the All Party Group, Chair Olivia Mitchell TD, Anne Ferris TD and Maureen O’Sullivan TD, participated in the Fifth International Parliamentarians Conference, which addressed implementation of the Programme of Action emerging from the International Conference on Population and Development (ICPD/ICPD). The conference was organised by EPF and UNFPA and took place in Istanbul, Turkey. At the end of the conference, participants pledged to advocate for increased national and external funding for implementation of the ICPD agenda in order to achieve greater access to sexual and reproductive health, including family planning.

Participants in the conference unanimously adopted the Istanbul Statement of Commitment, in which parliamentarians resolve to ensure that, “sexual and reproductive health and rights, including family planning, are placed as key elements of the new international development agenda after 2014 and into all development and poverty reduction plans and policies, including the process for Rio +20, ICPD Beyond 2014, Beijing +20 and the post-MDG UN Development agenda.”

The All Party Group held two meetings in 2012, including a meeting with Ms. Nora Owen, the Chair of the Irish Aid Expert Advisory Group, which conducted an ongoing review of the White Paper on Irish Aid. Ms Owen addressed the group in relation to gender and development in the context of reproductive health and gender based violence.

In April, a submission was made by the IFPA to the Department of Foreign Affairs in relation to its review of the White Paper on Irish Aid. The submission highlighted the need for increased attention to family planning and sexual and reproductive rights and health in Ireland’s development policy.

In October, Director of the Bolivian NGO CIES (Centro de Investigación, Educación y Servicios), Dr. Jhonny Lopez, addressed members of the All Party Group. CIES receives multi-annual funding from Irish Aid towards providing sexual and reproductive health services to vulnerable young people. During this visit, Dr. Lopez met with Irish Aid to discuss the achievements of “Investing in Bolivia’s Vulnerable Youth” project.

Throughout the year, parliamentarians were briefed on universal access to reproductive health, the UN Commission on the Status of Women, the UN Commission on Population and Development, the Health Behaviour of School Aged Children Report, the Millennium Development Goals and young people’s needs and rights to sexual and reproductive health. These briefings informed parliamentary questions and debate.

During 2012, the IFPA continued to engage with United Nations (UN) human rights processes and mandates. This included advocacy in relation to the Commission on the Status of Women, the Commission on Population and Development, and the Rio +20 UN Conference on Sustainable Development.

To celebrate 60 years of advocating for sexual and reproductive health and rights, International Planned Parenthood Federation (IPPF) hosted a 60th anniversary commemoration event in Johannesburg, South Africa. At the event, the IFPA was awarded the IPPF member association award for contributions to sexual and reproductive health and rights. IFPA Chairperson, Kevin Baneham accepted the award at the event.

The IFPA works with a range of international partner organisations to develop a stronger commitment to, and support for, sexual and reproductive health and rights including the International Planned Parenthood Federation, UNFPA, the European Cervical Cancer Association and EuroNGOs, the coalition of European non-governmental organisations working in the field of sexual health.

At home, the IFPA is an active member of Dóchas, the Irish association of non-governmental development organisations. In 2012, the IFPA provided input to the Dóchas submission in relation to its Manifesto for the EU Presidency.

### OTHER HIGHLIGHTS:

- As a collaborating partner with UNFPA, the IFPA organised the launch of the 2012 State of World Population Report entitled *By Choice, not By Chance: Family Planning, Human Rights and Development* (see Key Events for more).
- IFPA attended Countdown 2015 European high level conference in Brussels which focused on the ways in which addressing the unmet need for family planning in developing countries can increase the impact of future European development cooperation and international aid efforts.

“It is accepted internationally, and the Government agrees, that the provision of reproductive health services to women is essential in tackling the continuing high rates of maternal mortality in the developing world. The ICPD set out a number of clear principles of reproductive health. These include the importance of gender equality and the empowerment of women in reducing poverty and vulnerability, the right of all women to the information and means to make autonomous decisions about their fertility, and the link between women’s control over their fertility and the wider empowerment of women in the economic, social and political life.”

MINISTER OF STATE FOR TRADE AND DEVELOPMENT, JOE COSTELLO TD,  
TOPICAL ISSUES DEBATE ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



Alanna Armitage, Director UNFPA Geneva at the 2012 State of World Population Report Launch • Participants at the fifth International Parliamentarians Conference in Istanbul, Turkey • Young people deliver peer-contraceptive education as part of CIES’ youth programme “Tu Decides”



# Policy Development, Submissions & Presentations

The IFPA is recognised as a respected source of expertise in sexual health thanks to its excellent track record in the provision of medical services, pregnancy counselling, education, training for healthcare professionals and policy development over the last four decades.

The IFPA is regularly called upon by statutory agencies, parliamentary committees, medical associations and service providers to give its expert opinion on a wide range of issues related to sexual and reproductive health and rights.

In March, the IFPA made an oral statement at the nineteenth session of the Human Rights Council (HRC). In its statement, the IFPA emphasised that international human rights bodies, including the UN Human Rights Committee, UN Committee Against Torture, UN Committee on the Elimination of Discrimination against Women and the Council of Europe Commissioner for Human Rights have expressed concern over Ireland’s restrictive abortion laws. The Universal Periodic Review (UPR) Working Group report on Ireland was formally adopted at this HRC session.

In May 2012, the IFPA made a submission to the Department of Foreign Affairs in relation to its draft country report on the implementation of the International Covenant on Civil and Political Rights (ICCPR).

Also in May, the IFPA made a submission to the Oireachtas Committee on Health and Children on the Children First Bill. The submission highlighted the need to achieve a balance between the protection of children and ensuring that young people engaging in consensual sexual activity are not subject to reporting in circumstances that do not endanger their well-being or development.

In June, the IFPA delivered a presentation at a side event at the Human Rights Council in Geneva on Criminal Laws and Women’s Right to Health, which was organised by Action Canada for Population and Development. The event discussed the 2011 report of the UN Special Rapporteur on the Right to Health on the interaction between criminal laws and other legal restrictions relating to sexual and reproductive health and the right to health. The event was addressed by the UN Special Rapporteur on the right to health, Anand Grover. Ipas Ethiopia and the World Health Organisation also addressed the event.

In August and November, the IFPA made submissions to the Committee of Ministers of the Council of Europe in relation to the Government’s implementation of the European Court of Human Rights (ECtHR) judgment in A, B and C v Ireland. The submissions highlighted the need for both legislation and guidelines, rather than secondary legislation only, to give effect to the limited constitutional right to abortion in circumstances where a pregnant woman’s life is at risk.

In November, the IFPA met with the UN Special Rapporteur on the situation of human rights defenders, Margaret Sekaggya, during a five day mission to Ireland. During Ms Sekaggya’s mission, she drew attention to reports and evidence indicating the existence of a smear campaign and stigmatisation of defenders and advocates working on sexual and reproductive rights.

In December, the IFPA made a submission to the Oireachtas Committee on Health and Children following the announcement that it would be holding three days of public hearings in January to advise the Government on the implementation of the ECtHR’s judgment in the A, B and C v Ireland case.

In December, as a member of the Women’s Human Rights Alliance (WHRA), the IFPA helped organise a conference on women’s right to health with the UN Special Rapporteur Anand Grover as the keynote speaker. Mr Grover outlined the impact of criminalisation of sexual and reproductive health services and how criminalisation impinges on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Throughout the year, presentations on the IFPA’s counselling services were delivered to key organisations and groups including Spina Bifida Hydrocephalus Ireland, youth workers, doctors and nurses.

The IFPA’s Medical Director and Director of Counselling were consulted by the Irish College of General Practitioners on the development of a Quick Reference Guide for general practice on the management of unplanned pregnancy. The resource is designed to provide short, evidence-based guidance to assist GPs and practice nurses in the management of unplanned pregnancy and abortion aftercare.

The IFPA’s education and training department was also called upon to make a number of presentations throughout the year, including an invitation by the Law Reform Commission (LRC) to provide an overview of the sexual health needs of people with intellectual disabilities. Following on from this consultative process, recommendations were made by the LRC on the sexual health needs of people with intellectual disabilities.

As part of the programme for Ireland’s first Sexual Health Awareness Week (SHAW), the IFPA’s Chief Executive, Director of Counselling, Medical Director and Education and Training Coordinator delivered workshops and presentations on a range of sexual health issues including: a human rights-based approach to sexual health, adolescent sexual and reproductive health, and eliminating barriers to sexual and reproductive health services.

Throughout the year the IFPA also provided policy briefings to students, researchers and other organisations on a range of topics relating to sexual and reproductive health.

“Only the enactment of legislation is sufficient to satisfactorily address the ways that constitutional, legal, medical, and ethical considerations interact to present serious barriers to pregnant women’s access to the constitutionally guaranteed right to a termination of pregnancy when potentially life-threatening scenarios present.”

## IFPA COMMUNICATION TO THE COUNCIL OF EUROPE, NOVEMBER 2012



IFPA Chief Executive Niall Behan and Medical Director Caitriona Henchion, Senator Ivana Bacik, Special Rapporteur on Child Protection Dr Geoffrey Shannon and others with the winning students of SHAW 2012 transition year competition



# Key Events

## UN SPECIAL RAPPORTEUR HIGHLIGHTS BARRIERS TO SEXUAL REPRODUCTIVE RIGHTS IN IRELAND

In November 2012, the UN Special Rapporteur on the situation of human rights defenders, Margaret Sekaggya, criticised the Irish Government for failure to protect sexual and reproductive human rights defenders from harassment and intimidation. During her official visit to Ireland, Ms Sekaggya met with senior officials and human rights organisations to assess the status of human rights defenders in the country.

In a statement during her mission to Ireland, Ms Sekaggya expressed her concern at “reports and evidence indicating the existence of a smear campaign and stigmatisation of those advocating for the reproductive rights of women, on the part of vested interest groups using printed media”. She recommended that the Irish Government recognise and protect those who work to ensure the enjoyment of the right to health of women, including sexual and reproductive rights.

Following her visit, the UN Special Rapporteur delivered a report to the Human Rights Council, in which she criticised the Regulation of Information Act (1995), expressing concern at specific provisions of which she determined could pose “significant barriers for counsellors and potentially restrict women’s access to information on sexual and reproductive rights, particularly access to health services available abroad.” The Special Rapporteur also highlighted the disproportionate impact and specific barriers the Regulation of Information Act creates for women in isolated or rural areas, young women, women in State care and migrant women.

In addressing the situation of human rights defenders in Ireland who provide women with information on legal abortion, the report stressed that the stigmatisation of these human rights defenders may lead to the selective enforcement of existing laws and regulations, reinforce existing stigma, and ultimately lead to the criminalisation of legitimate activities.

## STATE OF WORLD POPULATION REPORT LAUNCH

As collaborating partner of the United Nations Population Fund (UNFPA) in Ireland, the IFPA co-ordinated the Irish launch of UNFPA’s State of World Population Report in November 2012. Entitled *By Choice, Not by Chance: Family Planning, Human Rights and Development*, the report explores the reasons why investment in rights-based family planning has proven to be one of the most effective interventions worldwide in terms of realising the rights to health and self determination.

Speaking at the launch, Dr. Niamh Reilly, Co-Director of the Global Women’s Studies Programme at NUI Galway (NUIG), stated: “Recognition of the right to determine when, if and how many children we have is a relatively new and hard-won achievement in Ireland, and an unfinished agenda”. “In the very recent past, our country was transformed once women – and the population in general – gained access to family planning,” stated Dr. Reilly.

Alanna Armitage, Director of UNFPA’s Geneva Office, outlined how access to family planning enables individuals to reach their full potential. “Family planning is one of the most critically important investments that we could make: in health, in women’s rights and in the life trajectories of young people. With age-appropriate sexuality education and access to contraception, the young can truly plan for schooling, work and childbearing on their own terms,” stated Ms Armitage.

The report also highlighted the vast unmet need for family planning which persists across the globe, and the impact that this has on rates of unintended pregnancies and unsafe abortions. Despite promises, resolutions and conventions that affirm the value of family planning, it remains out of reach for a staggering 222 million women in developing countries. The report calls for increased financial support and political commitment to ensuring that rights-based family planning is available to all who want it, when they want it, and that services, supplies and information are high quality.

Guests at the event included ambassadors, diplomatic staff, academics, civil servants, NGO representatives, and politicians, including members of the All Party Group on Sexual and Reproductive Health, Rights, Population & Development.

Alanna Armitage was interviewed on Today with Pat Kenny, and the event was covered in *The Irish Times* and other print and online media.

## IFPA EXPRESSES CONCERN ON IRISH ABORTION LAW AT HUMAN RIGHTS COUNCIL IN GENEVA

In March, national and international human rights organisations expressed concern at the Irish Government’s rejection of recommendations related to abortion, made during Ireland’s Universal Periodic Review in 2011.

Recommendations to Ireland by Slovenia, Spain, Denmark, Norway, the Netherlands and the UK at Ireland’s Universal Periodic Review (UPR) in 2011 called for the implementation of the ruling by the European Court of Human Rights in the 2010 case of A, B and C v Ireland and for Ireland to bring its laws into conformity with international human rights standards.

The IFPA oral statement, which was delivered to the UN Human Rights Council in Geneva by Action Canada for Population and Development on the IFPA’s behalf, told the Council that for Ireland to decline to accept, even partially, any of the six recommendations amounts to a considerate disregard by the Government of its human rights obligations. The statement highlighted that the UN Human Rights Committee, UN Committee Against Torture, UN Committee on the Elimination of Discrimination against Women and the Council of Europe Commissioner for Human Rights, have all expressed concern over Ireland’s restrictive abortion laws.

The Irish Women’s Human Rights Alliance also delivered a statement that was highly critical of the Government’s rejection of the recommendations.

The Universal Periodic Review (UPR) Working Group report on Ireland was formally adopted at this Human Rights Council session. The IFPA’s intervention was quoted in *The Irish Times*. A video clip of the full statement being delivered to the Human Rights Council was disseminated through the IFPA’s social media channels.

## EUROPEAN CERVICAL CANCER PREVENTION WEEK

2012 saw the fifth anniversary of the IFPA’s coordination of Cervical Cancer Prevention Week in Ireland. As the lead member of the European Cervical Cancer Association, the IFPA partnered with CervicalCheck, the National Cervical Cancer Screening Programme, in the delivery of the annual ‘Pearl of Wisdom’ Campaign.

The ‘Pearl of Wisdom’ Campaign is a united global effort to raise awareness of cervical cancer and how it can be prevented. Cervical cancer is the second most common cancer affecting women worldwide, and one of the leading causes of early mortality among women under 44 in Ireland. The campaign seeks to highlight the importance of screening and vaccination programmes in preventing cervical cancer, and advocate for the implementation of these programmes so that girls and women everywhere can be protected.

2012 saw continued expansion of the campaign in Ireland, which reaches out to women, healthcare providers, parliamentarians, community groups and the media. 20,000 pearl of wisdom packs were distributed through health promotion networks including 110 pharmacies, 9 family resource centres, 16 Traveller primary care projects and 37 occupational health teams. The packs included pearl of wisdom badges, an international emblem of cervical cancer prevention, posters, information leaflets and IFPA service information cards.

This was the first year that the Irish Cancer Society participated in the campaign by distributing the packs through its community health education teams and Daffodil Centres in major hospitals nationwide. Pharmacies involved in the promotion of the campaign were offered free screening promotion training from the National Cancer Screening Service.

The campaign received support from prominent Irish women including Labour TD Ciara Conway, who issued a press release encouraging women to attend for free screening. For the third year, broadcaster Maura Derrane lent her support to the campaign, which received significant coverage in national and regional media including interviews on Ireland AM, RTÉ’s Four Live and the Ray D’Arcy Show on Today FM.



UN Special Rapporteur on the situation of human rights defenders Ms Margaret Sekaggya with IFPA Chief Executive Niall Behan



Alanna Armitage, Director UNFPA Geneva, Kevin Baneham, IFPA Chairperson and Dr Niamh Reilly, NUIG, at the State of World Population Launch 2012



Chamber for Human Rights and for the Alliance of Civilisations at the United Nations Office in Geneva, where the IFPA oral statement on Irish abortion law was delivered



Broadcaster Maura Derrane at the launch of European Cervical Cancer Prevention Week



IFPA PARTICIPATES IN FIRST EVER SEXUAL HEALTH AWARENESS WEEK

In May, the IFPA joined academics, parliamentarians, journalists, medical professionals, young people and civil society organisations in the first ever Sexual Health Awareness Week (SHAW). SHAW was launched by the Royal College of Physicians in Ireland (RCPI) to promote better sexual health on a national level. The week consisted of public meetings, debates and interactive workshops on a variety of topical sexual health issues.

The IFPA contributed knowledge and expertise during SHAW by leading a number of talks and workshops during the week. As part of the event's opening plenary session, IFPA Medical Director and Director of Counselling jointly delivered a session on "Challenges, barriers and access to reproductive health services". The IFPA also facilitated two parallel workshops focused on facilitating access to comprehensive counselling for women who have received a diagnosis of a foetal anomaly, and overcoming obstacles to the full range of contraceptive options. As part of SHAW's special focus on adolescent sexual and reproductive health, the IFPA's Education and Training Coordinator delivered a workshop on the popular Speakeasy programme.

SHAW culminated in a public meeting entitled "The age of consent for sexual activity – Have we got it right?". Minister for Justice and Equality and Defence Mr. Alan Shatter gave a comprehensive overview of existing legislation on the issue. The IFPA's Medical Director discussed international best practice for a human rights-based approach to providing medical services to young people below the age of consent. The IFPA's Chief Executive participated in an expert panel chaired by Senator Ivana Bacik.

During the closing ceremony, the IFPA presented awards to the winners of IFPA Safer Sex Message competition for students. Students from Larcy College in Monaghan won first prize. Second prize went to the Girls' Group at the Base in Ballyfermot. The winning video clip and poster are featured on the IFPA website. This competition took place as part of the Sexual Awareness for Europe (SAFE II) project, which received funding from the European Union, in the framework of the Health Programme. International Safe II project partners from Cyprus and Slovakia travelled to Ireland to participate in SHAW events.



IFPA Chief Executive Niall Behan presents first prize for the Safer Sex Message competition to student Darren McGuigan from Larcy College in Co. Monaghan

IFPA RECEIVES IPPF MEMBER ASSOCIATION AWARD

In November 2012, the Irish Family Planning Association was presented with the IPPF Member Association Award, and received particular acknowledgement for its courageous campaigning for the right to abortion in Ireland. The award ceremony took place as part of the International Planned Parenthood Federation's (IPPF) 60th anniversary celebrations in Johannesburg, South Africa.

At the ceremony, the IPPF honoured individuals and organisations from within the federation's 152 Member Associations who have made outstanding contributions to realising sexual and reproductive health and rights.

All IPPF Member Associations and the Secretariat, which includes IPPF's Central Office and six Regional Offices, gathered with partners, parliamentarians and NGO leaders at the Pan African Parliament in Johannesburg to commemorate six decades of unyielding commitment to realising sexual and reproductive health and rights.

IPPF has grown to become the world's largest sexual and reproductive health and rights advocate and service provider. The federation consists of national Member Associations working with and for communities and individuals in 172 countries, with over 65,000 sexual and reproductive health service delivery points.

The award was presented by Dr Steve Sinding, former IPPF Director General, to Kevin Baneham, IFPA Chairperson, who received the award on the IFPA's behalf.



Kevin Baneham, IFPA Chairperson, receives the IPPF Member Association Award on behalf of the IFPA from Dr Steve Sinding, former IPPF Director General

IFPA'S BOLIVIAN PARTNER ORGANISATION VISITS IRELAND

In 2012, the partnership between the IFPA and Centro de Investigación, Educación y Servicios (CIES) went from strength to strength. 2012 saw the second year of "Investing in Bolivia's Most Vulnerable Youth," a CIES project funded by Irish Aid's Civil Society Fund and supported by the IFPA. The project empowers young people to exercise their rights, and enable them to access sexual and reproductive health information, sexuality education and high-quality services.

The delivery of high-quality information, empowerment and health services to Bolivia's most marginalised young people through this highly successful project is translating into real results on the ground.

CIES provided 47,827 health services to more than 20,000 young people at their regional health centres in Santa Cruz, Montero, Cochabamba, Tarija, Oruro and Sucre during the year. The programme reached 7,644 youth living on the streets with sexual and reproductive health counselling and services, including HIV testing and contraception, with an emphasis on long-acting reversible contraceptives. 1,007 young people completed educational sessions designed to integrate life skills and knowledge of self-care.

The IFPA and CIES have a longstanding partnership. The current phase began with a study tour to Bolivia in 2009, which allowed Irish parliamentarians and journalists to witness CIES' innovative approach to improving the sexual and reproductive health and rights of vulnerable young people first-hand.

In October 2012, CIES Executive Director, Dr. Jhonny López, accompanied by Maria Bordallo from the International Planned Parenthood Federation, visited Ireland. Dr López met with the Chair of the Oireachtas All Party Interest Group on Sexual and Reproductive Rights, Health and Development, Olivia Mitchell TD, and with TDs John Deasy and Dominic Hannigan who participated in the 2009 delegation. In an update to the All Party Group on the progress of the Irish Aid project, he highlighted the importance of the All Party Group's commitment to the work of CIES.

Dr López also met Irish Aid officials during his visit.



Youth Group at CIES Clinic, Cochabamba, Bolivia

IMPLEMENTATION OF THE A, B AND C v IRELAND JUDGMENT

A momentous year for reproductive health and rights came to a close with the Taoiseach's announcement that legislation and regulations would be enacted to give effect to the judgment of the 2010 European Court of Human Rights in A, B and C v Ireland.

The announcement followed the publication of a report by the expert group established to advise the Government on implementation of the judgment. The report found that it would "be insufficient for the State to interpret the Court's judgment as requiring only a procedure to establish entitlement to termination without also giving access to such treatment."

In December, the Dáil debated the expert group report over three days and the Government announced its plans for hearings before the Oireachtas Health Committee. The IFPA was invited to make an oral submission to these hearings.

**KEY POLITICAL STATEMENTS FROM 2012:**  
Minister for Justice and Equality Alan Shatter: "It can truly be said that the right of pregnant women to have their health protected is, under our constitutional framework.

A qualified right as is their right to bodily integrity. This will remain the position.

This is a republic in we proclaim the equality of all citizens but it is a reality that some citizens are more equal than others."

Minister for Health Dr. James Reilly: "The pressing responsibility is to take action to deal with the ruling of the European Court of Human Rights in respect of the A, B and C v Ireland case. The Government already has moved in a direction that can give confidence that the action it takes will be well thought-out on all the necessary levels.... Ireland is committed to ensuring the judgment in this case is implemented as expeditiously as possible."

Taoiseach Enda Kenny: "This is a matter not for any individual parties; this is a matter for the country to get maximum consensus on what is the best and correct thing to do here."



European Court of Human Rights in Strasbourg, where the A, B and C v Ireland case judgment was delivered in 2010



# Financial Report

## INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2012

CONTINUING OPERATIONS	2012	2011
	€	€
Income	2,271,445	2,297,444
Expenditure	(2,243,961)	(2,349,331)
(Deficit) / Surplus on ordinary activities before interest	27,484	(51,887)
Interest payable and similar charges	(15,664)	(17,737)
Surplus/(deficit) for the financial year	11,820	(69,624)

NO STATEMENT OF RECOGNISED GAINS OR LOSSES OTHER THAN THE SURPLUS OR DEFICIT FOR THE ABOVE TWO FINANCIAL YEARS.

## BALANCE SHEET AS AT 31 DECEMBER 2012

FIXED ASSETS	2012	2011
	€	€
Tangible assets	323,499	385,826
CURRENT ASSETS		
Stocks	20,679	24,152
Debtors	48,247	57,845
Cash at bank and in hand - unrestricted	334,051	255,965
Cash at bank - restricted*	195,000	195,000
	597,977	532,962
Creditors: amounts falling due within one year	(829,607)	(797,336)
Net current liabilities	(231,630)	(264,374)
Total assets less current liabilities	91,869	121,452
Creditors: amounts falling due after more than one year	(59,612)	(94,830)
Capital Grants	(30,264)	(36,449)
Net assets/(liabilities)	1,993	(9,827)
RESERVES		
Revenue reserves account	1,993	(9,827)
Members' funds	1,993	(9,827)

\*Funds received from Irish Aid for Bolivian non-governmental organisation Centro de Investigación, Educación y Servicios (CIES) project "Investing in Bolivia's Most Vulnerable Young People"

ON BEHALF OF THE BOARD: KEVIN BANEHAM, CHAIRPERSON AND LESLIE SHERLOCK, DIRECTOR

# Board of Directors

Kevin Baneham / Helen Cornelissen (end of term 10/09/2012) / Karen Ciesielski / Kelly Mackey / Leslie Sherlock / Linda Kelly /  
Aoife Dermody / Cliona Doyle / Jennifer De Wan

# Staff

In 2012 the IFPA had a staff complement of 42 people. The IFPA was also assisted in its work by a number of interns and a vibrant team of volunteers.

IN 2012 THE HEADS OF OUR MAIN DEPARTMENTS WERE:

<b>CHIEF EXECUTIVE:</b> Niall Behan	<b>EDUCATION AND TRAINING COORDINATOR:</b> Anita-Ghafoor-Butt
<b>MEDICAL DIRECTOR:</b> Caitriona Henchion	<b>CLINIC MANAGER, TALLAGHT:</b> Annette Smith
<b>COUNSELLING DIRECTOR:</b> Evelyn Geraghty	<b>CLINIC ADMINISTRATOR, CATHAL BRUGHA STREET:</b> Deirdre Jones
<b>FINANCIAL CONTROLLER:</b> Ben Howe	

# Who We Work With

KEY PARTNERS & FUNDERS:

Action Canada for Population and Development	HRA Pharma Foundation
Catholics for Choice	Health Service Executive
Centre for Reproductive Rights	International Planned Parenthood Federation (IPPF)
Centro de Investigación, Educación y Servicios, Bolivia	Irish Aid
CervicalCheck – National Cervical Screening Programme	Irish Council for Civil Liberties
Countdown Europe Consortium 2015	National Women’s Council of Ireland
Crisis Pregnancy Programme	National Lottery - HSE
dance4life International	Restless Development, UK
Dóchas	Royal College of Physicians of Ireland
EuroNGOs	Sexual Health Centre, Cork
European Cervical Cancer Association	Schering Plough Pharma
European Society for Contraception	St James’s GUIDE Clinic
European Parliamentary Forum on Population & Development (EPF)	United Nations Population Fund (UNFPA)
Family Planning Association Northern Ireland	Women’s Human Rights Alliance



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