

CREATIVE BRIEF

8th January 2019



Project Title: Breaking Barriers to Safe Access to Abortion (BB SATA)

Project overview

The BBSATA project is aimed at breaking barriers to safe and legal access to abortion. Through advocacy, building capacity with Values clarifications training for Health workers, organizing comprehensive sexual education for adolescent girls, changing state policies on medical abortion and also creating referral pathways for young girls to curb unsafe abortion.

Deliverables

- To empower key influencers with skills and information to support adolescent access to SRH services including modern methods of contraception and safe abortions.
- To mobilize a critical mass of CSOs to speak for improved adolescent sexual and reproductive health and rights.
- Drive values clarification and attitudinal transformation among service providers and community.
- Expand CSE training for in-school youths visiting clinics for routine medical purposes in focal states.

- Create referral pathways for target groups seeking access to safe abortion.
- Create an opportunity where every pregnancy is wanted and every girl is given equal right to realize her full potential.

Audience

The key audiences were young teenage girls in institutions of learning, and also Health workers.

Key Message/ quote

“We want a world where every life matters and every pregnancy is wanted.”

Project Background

<p>Background of the project/ intervention , including donor, partners, location of intervention</p>	<p>In 2017, the organization received support from a UK-based Organization, AmplifyChange. The grant was to improve the SRHR of young girls in Edo and Delta States of Nigeria. The project was carried out within the space of 12 months and it went through different phases and implementation plans from fruition to completion.</p> <p>Teenagers especially those in secondary schools are beginning to have sex at an earlier age that was experienced in the past.</p> <p>According to the National Urban Reproductive Health Initiative (NURHI), current studies indicate that about one-quarter of Nigerian adolescents are sexually active, with the age of sexual debut ranging from 10 to 15 years. Research has also shown that only about 40% of abortions are performed by physicians.</p> <p>In Nigeria in 2012, an estimated 1.25 million induced abortions occurred, equivalent to a rate of 33 abortions per 1,000 women aged 15–19 years Based on the Nigeria education system, a 10 – year old girl should be in primary school. Therefore, if she sexually debuts in primary school, she is coming into the secondary school with a lot of experience.</p> <p>It is therefore necessary that we get to talk about comprehensive sexuality education and contraception including medical abortion to adolescents so they don't make wrong choices. Teenage pregnancy raises a major health concern due to the associated high morbidity and mortality for both the mother and the child.</p> <p>Furthermore, adverse social consequences, particularly dropping out of school affects adolescent girls who get pregnant. The idea of the project is not to enforce abortion but to promote easy access to abortion services by all, especially teenage girls who do not wish to get pregnant.</p>
<p>Intervention methodology and approach</p>	<p>The Youth Network carried out 6 main activity-framework or methodology in carrying out this project:</p> <ol style="list-style-type: none"> 1. Initial Baseline Survey 2. Comprehensive Sexuality Education 3. Organizational Working Plan (ODP) 4. Capacity Building of Healthcare Professionals 5. VCAT sessions in both states 6. Media Engagements <p>The 'Do No Harm' approach from previously successful EndFGM program was adopted into this project.</p>
<p>Achievements recorded</p>	<ol style="list-style-type: none"> 1. 216 students trained in the first CSE session in Delta State. 2. 122 students trained in Edo State. 3. 21 CBOs trained in both states. 4. M&E comprehensive tool developed and published for public use.
<p>Challenges</p>	<ol style="list-style-type: none"> 1. Initial cultural and religious rejection 2. Lack of materials and previous forays into the abortion area.

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