



REPORT OF A 2-DAY WORKSHOP

ON

CREATING AWARENESS OF REPRODUCTIVE RIGHTS AND CREATING A LEGAL SUPPORT NETWORK FOR LITIGATING REPRODUCTIVE JUSTICE

ORGANISED BY LAWYERS ALERT


WITH SUPPORT FROM AFYA NA AHAKI

11TH -12TH APRIL, 2023
ABUJA, NIGERIA



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LAWYERS ALERT

BACKGROUND

Lawyers Alert, within the framework of the project; Litigating Reproductive Justice in Nigeria, with support from Afya Na Haki (Ahaki), held a capacity-building workshop for CSOs, legal practitioners, human rights defenders, select government agencies, legal service providers, etc., titled **Building a Justice Network for Reproductive Rights in Nigeria**.

The workshop held in Abuja, the FCT, from 11th -12th April 2023. In attendance were the Executive Secretary National Human Rights Commission (NHRC) and other notable human rights defenders and development experts.

Workshop Aim & Objectives

The workshop aimed to build participants' capacity and create a legal support network to facilitate access to reproductive rights for Women and Girls in Nigeria through progressive and collaborative SRHR litigation. Specific objectives included

- To Facilitate Understanding of the concept of Reproductive Rights
- Create a legal support network for advancing reproductive Justice – SRHR
- Develop a joint action plan towards independent and collective actions addressing reproductive justice issues in Abuja and Lagos.

Participants were led through seven (7) sessions during the two-day event. The sessions led by development and subject experts explored the concepts of SRHR and Justice, the roles of different stakeholders, lessons from other climes, network building to galvanise support and consolidate efforts, and specific actions for the network.

Workshop Sessions

S/N	Presentation Title	Presenter
1	Project Overview: Goal, Objectives Trajectory, Outcome	Rommy Mom
2	Lawyers Alert Documentation Tool on SRHR in Nigeria LadokT	Isele Sor
3	Abuja Women Raids: lessons for Networks	Mojirayo Ogunlana-Nkanga
4	Actors, Stakeholders, Rights, Roles & SRHR: Parliamentarians, Judges, Lawyers, Media, CSOs, Opinion Leaders, Community heads, Law enforcement officers	Bamidele A Jacobs
5	Understanding SRHR: What are reproductive rights? Nigeria country infractions and remedy landscape	IPAS - Doris Ikpeze
6	Stakeholder Response to Reproductive Rights: Reproductive Justice and the Courts: Lessons from other jurisdictions and the Nigerian Response	Bamidele A Jacobs
7	Accountability and Stakeholder Response to SRHR: Advocacy, Documentation, Budget Engagements, Litigation, Monitoring of Courts, Media	Rommy Mom
8	Networks, Coalitions, and Functionality	Emmanuel Azu

OPENING CEREMONY

Mr. Rommy Mom, the President of Lawyers Alert, thanked all participants for sparing time to attend the workshop despite their tight schedules. He noted that all human rights, including reproductive rights, are God-given; as such, no one has the right to deprive other humans of their rights. However, Nigerian citizens, especially women, have been deprived of their reproductive rights for decades due to societal practices and a lack of implementation of reproductive rights and justice laws.

He continued that the conversation around SRHR is necessary because although Nigeria has made some progress in enacting and reviewing laws through interventions by CSOs and rights-based agencies such as the NHRC, the laws are yet to be implemented.

We are here today as lawyers, the media, health providers, CSOs, and rights defenders to contribute and facilitate the creation of a Legal Support Network to support access to reproductive rights through litigation, legal representation, legal services, and advocacy for the full implementation of laws that can advance equality, gender equity, and reproductive rights of all the sexes, especially that of women in the country.

GOODWILL MESSAGE - AFYA NA AHAKI

A goodwill message was delivered by Mr. Ibrahim Nsereko, Head of Advocacy and Capacity Enhancement at Afya Na Ahaki, the project funding partner.

He thanked Lawyers Alert for honoring the request to partner with Afya Na Haki towards advancing the work on reproductive Justice litigation in the region. He stated that Reproductive Justice Litigation is not a new subject. It has evolved over the years from the campaigns by American women pushing for their reproductive rights. However, we now have the opportunity to contextualize Reproductive Justice Litigation (RJL) within our African context. The collaboration with Lawyers Alert (L.A.) has allowed us to contextualize reproductive Justice within Nigeria.

For this particular meeting, we believe that whoever is on board and in the room has a major contribution to do to ensure that we have an environment where women, in the room has a major contribution where women can access health professionals providing social and reproductive health and rights services, including safe abortions. Are assured of timely, timely, free legal representation so that women can freely access services at facilities without fear of being arrested or incarcerated. On the other hand, health workers are confident in providing health services to women without harassment.

He further stated that the Legal support network in Nigeria, with representation in Abuja and Lagos, will not only be instrumental in guiding policy conversations, most importantly, the required free legal support to women and health workers, but also very key in trying to shape and support SIL initiatives. We found the LSN also very key in supporting conceptualizations in litigations and supporting partners doing PIL. If the LSN is established in Nigeria, we will have a safe environment for women and health workers to provide and access services. We are honored to have collaborated with L.A. and call upon you to support them to ensure the initiative is realized.

I wish you great deliberation.

KEYNOTE ADDRESS

Dr. Tony Ojukwu OFR, SAN, the Executive Secretary National Human Rights Commission, gave the keynote address

He gave a historical introduction and conceptual clarification of the concept of SRHR. He noted that giving effect to Sexual and Reproductive Rights means adopting a rights-based approach to reproductive processes, including healthcare. And this requires a positive and respectful approach to sexuality and sexual relationships and the possibility of having pleasurable and safe sexual experiences free of coercion, discrimination, and violence.

Speaking on the extent of Sexual and Reproductive Rights, he quoted the International Conference on Population and Development, which defines Reproductive Rights as encompassing the Rights of couples and individuals to: attain the highest standard of sexual and reproductive health and make decisions about reproduction free of discrimination, coercion, and violence. It is about human sexuality and reproductive issues concerns, including death and disability related to pregnancy, abortion, and childbirth.

Addressing these concerns is important for the realization of human rights, especially as sexual and reproductive health is related to multiple human rights, including the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of discrimination.

He re-echoed the Sister Song Women of Color Reproductive Justice Collective stance that Reproductive Justice is "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities."



Dr Tony Ojukwu the Executive Secretary of National Human Rights Commission giving the Keynote Address

Given that all rights are equal, interconnected, and inseparable, the Government has obligations to respect, protect and fulfill rights related to the sexual and reproductive health of all persons.

Consequently, scaling up human rights protection and interventions to promote, protect and enforce Sexual and Reproductive Health Rights in Nigeria is an imperative sequel to government commitments. It is, therefore, imperative that Lawyers Alert's initiative to build a Justice Network in this critical area of our social existence is laudable and underscores the role of Civil Society in advancing human rights, especially as no single stakeholder can achieve the desired results.

He called on organizations and networks working on Reproductive Justice in Nigeria must work together and align efforts to overturn restrictive reproductive health laws and practices, defend survivors, create awareness, and remove procedural barriers to reduce the prevalence of violations related to sexual and reproductive rights. Building platforms and partnerships to expand the scope and Understanding of reproductive rights and building effective networks for litigating reproductive Justice and rights issues are key.

Recommendations

1. The establishment of the Network for Reproductive Rights in Nigeria to improve related healthcare and enhance Access to Justice For Aggrieved Persons, their Family Members, and society is a reinforcement of the role of Civil Society in advancing human rights
2. Building on the Existing International and Local Human Rights Frameworks - Applying their Standards Or Benchmarks To Sexual And Reproductive Concerns
3. Enhanced Budgeting for infrastructural improvement
4. Human Rights Education on Sexual and Reproductive Health Rights is imperative
5. Addressing Social Determinants of Reproductive Health such as cultural practices, religion, etc
6. Establishment of effective Internal Grievance Mechanisms in Healthcare facilities
7. Reporting for Redress of Negligence or Unprofessionalism in Healthcare Settings needs to be encouraged. Many incidents are unreported
8. Litigation to have court pronouncement in this important area of our existence to expand jurisprudence



The E.S., NHRC Dr Tony Ojukwu is joined by Isese Sor of Lawyers Alert and Philip Akpavie in a group photo

AIMS & OBJECTIVES

Project Overview, Objectives, and Expected Outcomes

Mr. Rommy Mom, the president of Lawyers Alert, gave an overview of the project. He mentioned that the project was developed in Response to the high prevalence of sexual and reproductive health and rights violations in Nigeria.

The violations, which are in the form of denial of access to Sexual and Reproductive Health (SRH) services, poor quality service, and laws restricting and criminalising access to reproductive services, rights, and Justice, have resulted in high levels of maternal deaths, making Nigeria one of the countries with the highest maternal mortalities in the world.

The project is built on the premise that if the structures that create awareness, overturn restrictive SRHR laws, repeal procedural barriers, defend women imprisoned under restrictive laws, advocate against push backs of reproductive rights and Justice, etc., are put in place; then 70% of issues around reproductive rights and Justice will be addressed.

The strategy of intervention was developed around three broad objectives:

- I. To facilitate the creation of a legal support network in Nigeria comprising Lawyers, CSOs, the Gender unit of the Nigeria Police, and Media to support and advance reproductive Justice.

2. To sensitize and build the capacity of legal support network and Lawyers on Strategic Impact Litigation (SIL) using the Maputo protocol and other ancillary laws.
3. To provide a rapid legal response to women and girls being prosecuted owing to their reproductive rights and engage in Strategic Impact Litigation.
4. To enhance awareness by Lawyers, CSOs, and Media on SRHR and Justice

The envisaged project impact is improved access to Sexual and Reproductive Health Rights (SRHR) and Justice for Women and Girls in Nigeria.



Mr. Rommy Mom, The President of Lawyers Alert, setting the pace for the technical sessions

TECHNICAL SESSIONS

Day I

Session I

Lawyers Alert Violation Documentation Tool on SRHR in Nigeria (LADOKT)

Isele Sor led the session; she gave a synopsis of the Lawyers Alert Documentation Tool, LadokT. LadokT is a web-based tool developed by Lawyers Alert for monitoring, collating, and documenting data on SRHR Violations in select states in the country. The tool captures data on Sexual and Reproductive Health Rights (SRHR) Violations in Nigeria, with the view to understanding the prevalence rates and nature of violations and developing strategies and contextual action plans for addressing identified issues.

Purpose

The need to develop a data collation tool that addresses the lack of reliable data in critical areas, such as SRHR, design and deploys tailored interventions to address the challenges.

The need to know accurately the violations suffered by marginalized communities such as Female Sex Workers (FSW), Persons Who Use/Inject Drugs (PWID), Persons with Disabilities (PWDs), Persons Living with HIV (PLWH), Violence Against Women and Girls (VWG), Men who have Sex with Men MSM), and the LGBTQI+ Community.

And produce data that will be used to drive evidence-based advocacy around resource allocation, policy & law reforms, and other interventions to address the needs of the community

SRHR Violations Data

Accordingly, Lawyers Alert (L.A.) has a comprehensive analysis and report of the SRHR violation findings in Nigeria from 2017, 2019, 2020, 2021, and 2022.

This document has become a huge resource for vulnerable groups, state and non-state actors, CSOs, and the media, not only as an informative document and a strong tool for advocacy and interventions.

Summary of Findings

States with the Highest Violation Rates

The states with the highest violation rates across the four reports (2017, 2019, 2020, and 2021) are the FCT with the highest violations twice, in 2017 and 2019. Lagos also topped twice in 2020 and 2021. Benue had the second-highest violations in 2017, 2020, and 2021 respectively.

Lagos came third in the ranking of top violations in 2019 and 2020. While Anambra had the least violations in 2017, Rivers, Ebony, Kogi, and Katsina had the least violations in 2019. Abia, Kogi, Bayelsa, Ebonyi, Nasarawa, Ekiti, Katsina, Yobe, and Sokoto have the least violations, with less than 1% in 2020 and 2021, respectively.

A full report of the SRHR violations as documented by LADOCKT can be accessed on the Lawyers Alert website: <https://www.lawyersalertng.org/>

She concluded that the findings from LadokT highlight that SRHR violations, especially of key populations, are prevalent in the country and deeply rooted in communities. This underscores the need for relevant stakeholders to urgently push for interventions to address and curb this issue effectively.

In addressing concerns about the lack of violations reports in Delta and other states, it was revealed that the tool was first deployed in six states, representing Nigeria's six geopolitical zones. However, the tool is being expanded. It has been expanded to include a collation of data on petty offenses. Similarly, the tool will be expanded to cover the entire country.

Session II

Abuja Women Raids: Lessons for Networks

A legal practitioner, rights defender, and specialist in SRHR litigation, Ms. Mojirayo Ogunlana-Nkanga led the Abuja Women Raids: Lessons and Networks session.

She gave a narrative of the Abuja Women Raid incident, how Justice was obtained for the victims through SIL, and lessons learned. The 'Abuja Raids' began on April 26, 2019, when a mob of men and women numbering over 100, marauding through clubs, hotels, and other legitimate centers of business in Abuja, rounded up law-abiding women under the guise of arresting sex workers.

The raids were allegedly commissioned by the Acting Secretary Social Development Secretariat of the FCT, Safiya Umar, an official saddled with the responsibility of protecting persons within the FCT, particularly women, and children. The women, targeted for their gender, suffered sexual violations and physical and mental torture while in detention at Utako Police Station.

The arrested women were physically assaulted, and menstruated women were denied access to sanitary towels. The arrested women were detained in most unsanitary conditions. They were denied bail and legal representation between April 26 and 29, 2019, a development that infringed on their human rights.

The raids, organized by the AEPB with support from other law enforcement agencies, brought to the limelight the unethical practice of rounding up women at street corners, hotels, and clubs, which has been going on for years in Abuja and other parts of Nigeria.

Following the raids, civil society organisations (CSOs) came together with support from Lawyers Alert, OSIWA, Amnesty International Nigeria, and other rights bodies. A public interest suit was filed on behalf of the victims to protect their fundamental rights through a team of lawyers comprising Deji Ajare, Mojirayo Ogunlana-Nkanga, Bamidele Jacobs, Jennifer Ogbogu, Miriam Orika, Chigoziem Onugha, and Augusta Yaakugh.

After more than two years, an Abuja Federal High Court delivered judgment in favour of victims of the victims – six women who were subjected to gender-based violence by agents of Nigeria's Federal Capital Territory Administration

In the judgment delivered on August 5, Justice Evelyn Maha held that the victims' rights were violated after they were arrested without cause, detained, and subjected to beatings and dehumanising treatment.

Sums ranging from N2 million to N4 million were awarded as damages in favour of the victims against the Abuja Environmental Protection Board (AEPB), the Nigerian Security and Civil Defense Corps (NSCDC), the Inspector General of Police, and Inspector Thomas Nzemekwe (AKA Yellow).

The Court also issued an injunction restraining the Nigerian Police Force, NSCDC, and other security agencies from arresting women based on gender.

The Executive Secretary of the NHRC, Tony Ojukwu, described the judgment as historic. "History has once more been made in the landmark court judgments on the notorious raids of women and girls in the

streets of Abuja by the Abuja Environmental Protection Board and other law enforcement agents," he added that the court verdict should serve as a wake-up call for law enforcement agents to desist from activities violating the human rights of citizens.



MsMojirayo Ogunlana-Nkanga leading the session on the Abuja Women Raids, Lessons and Networks.

Recommendations and Lessons

1. The judgment was an important step in protecting the rights of sex workers and challenging impunity for violations of the rights of sex workers – prevalent in many societies.
2. There is urgent need to commence public interest litigation to secure judicial intervention for victims of SRHR.
3. The National Human Rights Commission (NHRC) set up a Special Investigative Panel on Sexual and Gender-Based Violence in Nigeria.
4. Communities and grassroots sensitization and engagement of traditional leaders and religious leaders.
5. Police officers should be trained and sensitised around SRHR at the recruitment phase, and the police training should include conversations around SRHR and Justice.



Mr Ibukunle of Legal Aid Council contributing to discussions

Session III

Actors, Stakeholders, Rights, Roles & SRHR

Parliamentarians, Judges, Lawyers, Media, CSOs, Opinion Leaders, Community heads, Law enforcement officers- By Bamidele A Jacobs LL.B., B.L., LL.M.

Bamidele A Jacobs, director of legal, Lawyers Alert, made a presentation on the Actors, Stakeholders, Rights, and Roles of SRHR in the country. He identified each category of influencers and actors and highlighted their roles in addressing SRHR issues and how the roles are interwoven with that of others. His presentation is summarized below:

Stakeholders

- A stakeholder in a process is a person, organization or an entity that can affect or that is being affected by the policy being promoted.
- They are "Actors" and "Interested Parties"
- For SRHR, they are the People, Health Workers, Parliamentarians, Judges, Lawyers, Media, CSOs, Opinion Leaders, Community heads, Law enforcement officers etc

Parliamentarians

- Make and amend the laws
- Appropriate funds
- Cause public officers to account.

- Holding public hearings

Judges (Courts)

- The last hope of the common
- Interpretation & application of laws: Law is what the Court says it is (Realism School)
- Decisions as precedents Roe V. Wade and the recent overturning of the same and implications.
- Require judicial activism

Lawyers

- Social engineers
- Being proactive – Take the lead: Chapter 2 of the constitution, prerogative orders (mandamus, certiorari and prohibition), SIL on inconsistencies in the law
- Being innovative – Explore the law: locus standing

Media

- Basic knowledge of issues
- Strategic Reporting: when, for whom and how
- Investigative reporting
- Naming & Shaming

Civil Society Organizations (CSO's)

- Policy advocacy and development
- Service delivery and program implementation
- Technical support and capacity building
- Budgetary influence

Opinion & Community Leaders

- They shape opinion in the community
- They are the strong voice that impact on decision making
- They could champion parallel set of unwritten laws

Law Enforcement Officers

- Handy in times of emergency
- Usually the first point of contact
- Handle most prosecutions

Interactions in the session underscored the significant roles of all actors in addressing SRHR violations and remedial actions. The agreed area of advocacy was the need for the Nigerian Government to be in tune with the current realities around SRHR and review old laws on SRHR to accommodate the emerging realities so that citizens, especially women, can have unhindered access to reproductive rights services, which will guarantee healthy lives and achievement of their full potentials.

Session IV

Understanding Sexual And Reproductive Health Rights (SRHR): What Are Reproductive Rights? Nigeria Country Infractions and Remedy Landscape IPAS - Doris Ikpeze

The session led by Doris Ikpeze gave a detailed analysis of the concept of Women's Sexual and Reproductive Health and Rights. [SRHR] identified basic sexual and reproductive rights, the relationship between reproductive and human rights, policies and regulations, and goals for SRHR in Nigeria.

Introduction - Definition of Health - WHO definition of Health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.

Introduction Sexual and Reproductive Health and rights or SRHR is the concept of human rights applied to sexuality and reproduction.

It is a combination of four fields that are more or less distinct in some contexts, but less so or not at all in other contexts.

These four fields are:- sexual Health, sexual rights, reproductive Health and reproductive rights. In the concept of SRHR, these four fields are treated as separate but inherently intertwined

Sexual Health the World Health Organization, defines sexual Health as:-

"Sexual Health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."

Sexual Rights - defined by WHO as: - right of women freely and without coercion, violence or discrimination, to have control over and make decisions concerning their own sexuality, including their own sexual and reproductive Health. The U.N. Commission on Human Rights has established that if women had more power, their ability to protect themselves against violence would be strengthened.

Reproductive Health According to the World Health Organisation, Health is a state of complete physical, mental and social well-being and not merely the absence of infirmity (sickness). Reproductive Health addresses the reproductive process, functions and system at all stages of life. It therefore implies that a person should have a responsible, satisfying and safer sex life, and that they will have the capability to reproduce and the freedom to decide if, when and how often to do so

Reproductive rights Reproductive rights reflect human rights that are already internationally recognized.

These rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so. It includes the right to attain the highest standard of sexual and reproductive Health.

It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence as expressed in human rights documents.

What are the Basic Sexual and Reproductive Rights?

Sexual and Reproductive Rights as laid down in Article 14 of the Maputo Protocol, signed and ratified by Sierra Leone include:

- Right to comprehensive sexuality education
- Right to adequate, affordable and accessible health services

- Right to family planning education
- Right to control fertility and access contraception
- Right to self-protection from STI including HIV and Aids
- Right to access SRHR services for rape, incest and to preserve the mental and physical Health of the mother and foetus
- Right to decide when to have children, spacing of children and how many
- Right to maternal care (before the pregnancy, during the pregnancy and six (6) to eight (8) weeks after with pregnancy after the baby is born; and nutrition services during breastfeeding).
- Right to be informed of your health status and that of your partners'. For eg. You have the right to know if your husband/wife has been tested positive for a sexually transmitted disease for you to seek treatment or take prevention.

Relationship between Reproductive Rights and Human Rights

- It is important to note that Reproductive Rights are Human Rights and should be treated as such. The Government should therefore:
 - Respect rights – e.g. not formulate policies and laws that require authorization by husbands or partners for women to obtain R.H. services.
 - Protect rights – e.g. taking positive actions against hospitals that refuse to provide healthcare services such as the provision of family planning services based on discrimination purposes.
 - Promote/fulfill rights – e.g. implementing programs for women who are at high risk of contracting HIV/AIDS.
 - Tools needed to ensure sexual and reproductive rights are fulfilled, respected, promoted, and protected as basic human rights

a. **Laws** – that ensure an enabling legal environment that promotes and protects sexual reproductive Health and rights is very vital. This effort may include law reform processes at all levels (From community by laws to legislative processes in Parliament). Laws can be divided into International and National Laws.

International Laws are those signed by our country, together with other countries in agreement that certain rights should be enjoyed by all people within those countries.

b. **Policies and Regulations** – formulation of policies can increase access to healthcare services and put regulations in place to ensure the enforcement of laws. Service delivery policies/guidelines respect client's rights to access to quality information and services free from bias, discrimination and violence

Goals of SRHR

1. Access education regarding sexual and reproductive Health, End to female genital mutilation
2. Increased women's empowerment in social, political, and cultural spheres
3. Adolescent sexual and reproductive health needs
4. Comprehensive sex education
5. The right to decide all matters related to their sexuality
6. Access to sexual and reproductive health services without discrimination (including safe abortions wherever legal)
7. End child marriage
8. End harmful traditional practices against women i.e.- female disinheritance, female circumcision
9. End all forms of violence against women.



Ms

Doris Ikpeze leading the discussions after her presentation

Interactive Session

1. Several factors, such as female genital mutilation, corrective rape, and religious & cultural practices, constitute constraints to pleasurable sex.
2. Most identified reproductive health rights issues stem from cultural and religious beliefs and values.
3. Sexual rights include the willingness or unwillingness to go through the reproductive process.
4. There is a need to engage stakeholders with the view to changing and reviewing some identified gaps in our constitution, especially regarding the age of a child bride. Until the Nigerian constitution is reviewed and identified loopholes are addressed, we will continue to move in cycles.
5. In the Nigerian context, religious leaders are stronger or more influential than the constitution; they also play key roles in influencing values and beliefs. Therefore, an effective advocacy strategy would include the religious leaders prominently and secure their buy-in.
6. As Lawyers Alert has demonstrated with the LadockT tool, there is a need for the network to consciously begin to collate data on abortion prevalence in the country to build the network's SIL.
7. Deploy more creative and strategic ways to engage with the stakeholders regarding issues of SRHR and navigate obstacles. The Nigerian constitution is not explicit on SRHRs; however, chapters 2 & 4 of the constitution can be used to engage within the lines of fundamental human rights.
8. There is a need to intensify advocacy toward the domestication of the Maputo protocol.



Participants at the workshop

Day 2

Session V

Stakeholder Response to Reproductive Rights: Reproductive Justice and The Courts: Lessons from other Jurisdictions and the Nigerian Response

The session was led by Bamidele A. Jacobs, titled: Stakeholder Response to SRHR and the Courts.

He gave an analysis of the difference between Reproductive Rights and Reproductive Justice. The emergence of the concepts and the gaps necessitated the modification of reproductive rights and reproductive justice.

The presentation explored the various court responses on SRHR issues in several countries and continents. He analysed the court ruling in each case and the fundamental beliefs and opinions that influenced the court resolutions. He critically examined the Nigerian Response to the demand for complete adherence to SRHR, review, and implementation of relevant laws.

He defined Reproductive Justice as the complete physical, mental, spiritual, political, social, and economic well-being of women and girls based on the full achievement and protection of women's human rights.

Asian Communities for Reproductive Justice (ACRJ) combines "reproductive rights" with "social justice." So the name was coined, and women activists of African descent in the U.S. developed the framework in 1994. It says that you have a right to: Control your own body, Choose to have or not to have children, Choose how you'll have children, and Take care of your children in a healthy and safe community; the women weren't included in the reproductive rights movement, They sought to offer a broader view of reproductive freedom.

A. The Indian Supreme Court's X v Govt. of NCT Delhi

It was a petition file by a 25-year-old unmarried woman seeking to terminate her pregnancy arising out of a consensual relationship where her partner had refused to keep his promise of marriage

On 29th September 2022, a three-judge bench of the Indian Supreme Court passed its judgment in a petition concerning the right to abortion for unmarried women.

In a major progress for reproductive Justice in India, the Court decided in favour of unmarried women and recognized their equal right to access abortion

Lessons & Nigerian Response

The principal legislation on abortion in India is the Medical Termination of Pregnancy Act, 1971.

It provides conditions under which a termination of pregnancy may be allowed up to 24 weeks by registered medical practitioners (RMPs). These conditions are risk to the life or grave injury to the physical or mental Health of the pregnant woman, or risk to the child.

The Medical Termination of Pregnancy Rules, 2003 further provides that pregnancy due to rape or sexual assault, change in marital status, pregnancy in disaster setting, physical disability, and mental illness amongst others will also be considered conditions for abortion.

The latest amendment to the Rules was in 2021.

B. The USA: Griswold v. Connecticut (1965)

Estelle Griswold, executive director of the Planned Parenthood League of Connecticut, was convicted under a Connecticut law for giving information, instruction, and other medical advice to married couples concerning birth control.

The law prohibited any person from using "any drug, medicinal article or instrument for the purpose of preventing conception."

In a 7-2 decision, the Supreme Court ruled that the law was invalid, finding that it infringed on the right to marital privacy established by the Bill of Rights. Griswold paved the way to greater access to birth control for unmarried individuals.

C. The USA: Roe v. Wade (1973)

A Texas resident sought to obtain an abortion; however, Texas law prohibited abortions except when the life of the pregnant woman was endangered.

In a 7-2 decision, the Supreme Court ruled that a constitutional right to privacy includes the right to an abortion.

The decision had been overturned by the same Supreme Court on June 24, 2022.

D. Zubik v. Burwell (2016)

The Supreme Court employers must provide coverage for contraceptives, either through their own healthcare coverage plans or through a third party in the case of a religious exemption.

E. The Benin Experience

In October 2021, Benin became the most recent country in Francophone Africa to expand access to abortion care, amending its 2003 reproductive health law.

The law now authorizes abortion in cases when the continuation of the pregnancy would cause material, educational, professional, or moral distress to the woman, adding to existing authorizations for rape, incest, and preserving the Health of the woman or fetus.

F. The Nigerian Situation

In the South, the relevant provisions are sections 228, 229, 230, 297, and 328 of the Criminal Code.

In the North, the relevant provisions are sections 232, 233, 234, 235 and 236 of the Penal Code.

S282 (2) of Penal Code which says a man cannot rape his wife if she have attained puberty.

- I. Countries around the world have reviewed old laws on SRHR to accommodate new and emerging realities, the Nigerian Government, relevant agencies should push for and review our laws to be in tune with the current realities so that women in the country can live healthy lives and achieve their full potentials.

Session VI

Accountability and Stakeholder Response to SRHR: Networks, Coalitions, and Functionality MS. Emmanuela Azu

Reproductive Justice Network, Coalition and Functionality

The session centered on creating functional reproductive justice rights networks for creating awareness and carrying out SIL on SRHR issues in the country. The excerpt of the presentation is given below:

Sexual and reproductive health rights: including access to sexual and reproductive health care and information and autonomy in sexual and reproductive decision-making are human rights. They are universal, indivisible, and undeniable.

Access to full, comprehensive health care that includes sexual and reproductive health can change the course of an individual's life and has a positive ripple effect on uplifting communities.

Networks tend to be loose, flexible associations of people and groups brought together by a common interest or concern to share information and ideas. Coalitions are groups of people or organizations working together to pursue a single goal.

A coalition is a group of individuals and/or organizations with a common interest who agree to work together toward a common goal. That goal could be as narrow as obtaining funding for a specific intervention or as broad as trying to permanently improve permanently the overall qualfor most people in the community.

The individuals and or organizations involved might be drawn from a narrow area of interest or might include representatives of nearly every segment of the community, depending upon the breadth of the issue.

The Legal Support Network (LSN) is a coalition of organizations and individuals working towards advancing reproductive Justice. This network brings together groups with a variety of different perspectives and expertise in order to promote reproductive justice issues, advocate for policies, and set legal precedents that support the Health and well-being of individuals and families.

Coalitions may be loose associations in which members work briefly to achieve a specific goal and then disband. They may also become organizations in themselves, with governing bodies, particular collective

responsibilities, funding, and permanence. They may draw from a community, a region, a state, or even the nation as a whole. Regardless of their size and structure, they exist to create and support efforts to reach particular goals.

Building an effective reproductive health network requires a comprehensive approach involving multiple stakeholders and strategies. Here are some steps that can be taken to build an effective network on Reproductive Health.



Emmanuela Azu making a presentation on Networks, Coalitions, and Functionality

Identify key stakeholders: Identify the key stakeholders who can contribute to your network. This may include healthcare providers, advocacy organizations, lawyers, media, community leaders, policymakers, and others who have an interest in reproductive Health.

Establish common goals: Once you have identified the key stakeholders, establish common goals that everyone in the network can work towards. This may include litigating SRHR, increasing access to contraception, reducing maternal mortality rates, promoting sex education, or improving access to reproductive healthcare services.

Develop communication strategies: Communication is key in building an effective reproductive health network. Develop communication strategies that enable stakeholders to share information, resources, and best practices. This can include regular meetings (virtual and or physical), email updates, and social media platforms.

Define roles and responsibilities: Clearly define the roles and responsibilities of each coalition partner, including leadership roles, task assignments, and resource contributions.

Promote collaboration: Encourage collaboration among stakeholders by creating opportunities to work together. This can include joint initiatives, funding opportunities, and other collaborative efforts that promote reproductive Health.

Support advocacy efforts: Effective networks on reproductive Health should also support advocacy efforts that promote reproductive health rights and policies. This can include engaging policymakers and advocating for legislation that supports reproductive Health.

Monitor and evaluate progress: It is important to monitor and evaluate the network's progress to ensure that it is achieving its goals. This can be done through regular data collection and analysis, feedback from stakeholders, and monitoring of outcomes.

Overall, building an effective network on reproductive Health requires a comprehensive approach that involves multiple stakeholders and strategies. By working together, stakeholders can promote reproductive Health and ensure that everyone has access to the care and resources they need.

Within and outside of Nigeria several organisations have at one point attempted to build a network of reproductive right advocates however they seem to fade away as quickly as they are formed.

Functionality of a Coalition

1. The functionality of a coalition depends on its specific goals and objectives. However, some common functions of a coalition include:
2. **Litigation:** Coalitions can come together identify a SRHR issue and approach the Court for judicial pronouncements and it becomes a precedent upon which other cases can rely
3. **Advocacy and lobbying:** Coalitions can engage in advocacy and lobbying efforts to influence public policy and decision-making at the local, state, or national level.
4. **Community organizing:** Coalitions can mobilize community members to take action on issues affecting their communities.
5. **Resource sharing:** Coalitions can share resources, including funding, expertise, and networks, to support collective efforts.
6. **Capacity building:** Coalitions can provide training and other capacity-building opportunities to coalition partners to enhance their skills and knowledge.
7. **Education and awareness-raising:** Coalitions can educate the public and raise awareness about specific issues or causes.



Brainstorming Session: what can we do differently beyond donor support as a coalition to sustain impact?

- Professional Skills
- Identify People that are passionate about the cause
- Engage gatekeepers and Promote community ownership
- Pull funds together
- Sharing Responsibilities based on passion and expertise
- Network beneficial to members & beneficiary support
- Build on existing structures & Cooperation
- Profiling Networks & Partnership/collaboration
- Define common vision and mission
- Designate offices to passionate people
- Capacity Building
- Ensure Focal representation
- Action plan

Litigating SRHR Cases

Examples from National Courts

Some Concerns about Social Rights Litigation

- Too costly and time-consuming

- Victory in Court may not necessarily translate to better living conditions for the plaintiffs/applicants
- Rather than advancing the right of the poor, it may be harmful to the poor and vulnerable in society
- It is sometimes contended that the Court is not the best place to address public policy issues involving the allocation of resources
- Litigation may undermine the opportunity for parties to engage in meaningful discussion toward an amicable resolution of issues

Relevance of Social Rights Litigation

- It provides avenues to redress violations of socio-economic rights, including the right to Health
- It serves as a potential tool for achieving change in society
- Litigation provides a catalyst for change in law such that its application can reach beyond the individual case and affect a large number of people
- It helps in creating awareness or drawing public attention to hitherto unnoticed or neglected issues
- It remains one of the potent means of holding the state accountable for failure to meet its obligation under international and national law
- It can facilitate access to good health and services
- It can create standards and norms on specific issues (especially litigation before regional human rights bodies such as the African Commission/Court)
- It can be empowering in the sense that it gives vulnerable and marginalized groups the hope to assert their right
- Some examples of SRHR cases:



Ms Beckely, legal practitioner and human rights defender making a contribution during an interactive session

Uganda

Centre for Health Human Rights and Development and others v Nakaseke District Local

The case concerned Nanteza Irene a mother of three children who went to Nakaseke Hospital in her advanced stages of labour. She was admitted, monitored and given intravenous drugs in preparation for her birth. However, about four hours into her admission, one of the nurses found her to be in obstructed labour and urgently needed an operation to save her life and the baby's.

The nurses then started to look for a doctor to carry out the operation, but were informed by both the hospital administrator and the security guard that the on-duty doctor was not in the hospital. The doctor arrived over 4 hours after the nurses had confirmed that the mother was in need of urgent care. After about 8 hours from the time the expectant mother had arrived at the hospital, she died before the surgery could be carried out.

In his judgement that was delivered on the 30th of April 2015, the judge found that the negligence of the hospital in dealing with the patient had led to her death. The judge noted that from the testimony given by the various nurses on duty, the doctor had not been at the hospital premises when he was urgently needed, having left in the morning and returned late evening when it was too late to save the patient.

The judge expressed his grave disappointment with the doctor's subsequent fraudulent and deceitful actions aimed at placing himself near to the hospital, which included adjusting the time he had arrived, failure to record the exact time of death of the mother as well as the exact cause, saying he had been in the HIV wing which was a mere ten minute walk away from the maternity ward.

Therefore, the Nakaseke District Local Government violated the right to life, access to efficient medical care, dignity and equality for both the mother and her family. Their failure to effectively supervise health personnel to ensure they were present when needed had led to the plaintiff's death. The Local Government was thus asked to pay 35 million Uganda Shillings. The judge also questioned why the plaintiffs had not joined the doctor in question as well as the hospital administrator to the application for the immediate damage caused by their actions or lack of thereof.

Kenyan Experience

Millicent Omya and others v A.G. Federation of Kenya and others

The petitioners were two women who gave birth and were detained by Pumwani Hospital when they could not pay maternity fees in full upon discharge. The first petitioner was referred to the hospital with a potential breech birth and was detained for 24 days after discharge when she was unable to pay her hospital bill.

The second petitioner underwent emergency surgery at the same hospital after experiencing bleeding and a second surgery to insert a catheter after a suspected ruptured bladder; prior to her first surgery, she was made to wait in the reception area for several hours, despite actively bleeding. Upon discharge, she was detained for six days when she was unable to pay her hospital bill.

Neither petitioner was offered assistance by the hospital in paying their bills, despite the first petitioner attempting to seek out both a social worker and the hospital Matron for help.

Both petitioners described inadequate and unsanitary conditions during their detention, including insufficient bedding for the number of detained patients, forcing many to sleep on floors, and inadequate food. The first petitioner was held next to a toilet that flooded repeatedly. Neither underwent medical examinations or treatment during detention, despite having recently given birth and despite the second

petitioner having an apparently septic wound prior to and throughout her detention. The first petitioner discovered after release that she had contracted pneumonia. Each was released only after relatives or friends intervened to make payments towards their bills.

The High Court held that the petitioners' detention at the hospital for failure to pay the medical fees associated with childbirth constituted a violation of their rights to liberty and freedom of movement, to dignity, to Health, and to be free from discrimination. The Court stated that, in order to be lawful, a detention must be carried out by lawful authorities and for just cause. Nothing in Kenyan law provided for medical institutions to subject patients to detention for non-payment, rendering the detentions unlawful, arbitrary, and unconstitutional.

Although the poor treatment in the hospital did not reach the level of torture, the Court held that the inadequate food and medical care, unsanitary conditions, and forced separation from their families and other children constituted cruel, inhuman, and degrading treatment.

The Court also noted the close interrelatedness of the rights to dignity and Health and that these rights are often foundational prerequisites for the enjoyment of other rights and freedoms. The Court found that the unlawful detention was a violation of the right to dignity, and that this was compounded by the poor treatment and conditions that risked petitioners' mental and physical Health and the Health of their newborns.

The Court held that petitioners were clearly discriminated against based on their economic status and that subjecting patients to detention for failure to pay fees associated with health care services that only women need, such as maternity care, constituted discrimination against women. The Court found that the obligations on states to enforce rights in international conventions in a non-discriminatory manner had immediate effects and were not subject to progressive realization.

Namibian Experience

The Namibia Supreme Court in *Government of Namibia v L.M.* has held that involuntary sterilisation of women living with HIV was in violation of the right to autonomy

- In that case some women living with HIV were coerced to undergo sterilisation without properly securing their consent. Some of the ethical and legal issues raised in that case include:
- Consent was improperly obtained or obtained under duress,
- Health care providers failed to provide full and accurate information regarding sterilisation procedure,
- The women involved were not informed of the contents of the documents they signed
- The impression was given that the women had to consent to sterilization in order to access another medical procedure such as an abortion or caesarian section
- Consent forms were signed while most of the women were in labor and pain.
- Many of the women could not read, write or speak English.

Indian Experience

Laxmi Mandal v. Deen Dayal Harinagar Hospital & Ors, W.P.(C) Nos. 8853 of 2008

Shanti gave birth at home without a skilled birth attendant and lost her life due to post-partum haemorrhage as a result of a retained placenta. It was determined that her death was a result of lack of access to adequate health care due to her socio-economic condition. Her status led to her inability to access the needed services which was compounded with tuberculosis, anaemia and repeatedly giving birth under unsafe conditions, as she had three children.

The Court ordered that her family be compensated for the violation of her rights, for a comprehensive maternal health audit to establish the circumstances surrounding her death and for the family to receive the benefits they were entitled to under the National Maternity Benefit Scheme



Group Session – Group Lagos



Group Session- Group Abuja

Session VII

The Legal Support Network (LSN) Action Plan and Engagement Strategy

Abuja

Barriers and Gaps in Reproductive rights and Justice

- Cultural, Religious and Traditional Institutions
- Restrictive Laws
- Locus Standi – having interest in a case
- Justice Delay – Delayed Justice
- Evidence Gathering
- Identification of willing litigants
- Unwilling judicial activism by Judges

Relevant Stakeholders

- Religious and traditional leaders
- Media personnel
- Legal practitioners
- Medical practitioners
- Parliamentarians
- Judges and Judicial Officers
- Law enforcement agencies
- Victims and Survivors
- CSOs

Strategy for closing identified Gaps

- Develop advocacy messages to engage
- Law makers for review and implementation of new laws
- Judiciary; Lawyers, Judges, and judicial workers
- Community gatekeepers: Traditional rulers, religious leaders
- Citizens: for better Health seeking behaviours,
- Health practitioners for data gathering quality service and collaboration
- Gathering and analyzing data to Identify issues and prospective litigants
- Capacity building
- Monitoring and evaluating progress.

Lagos

Barriers and Gaps in Reproductive rights and Justice

- Laws: abortion laws
- Laws to promote access to justice and family planning choices.
- Lack of comprehensive sexuality education
- Cultural and religious gaps
- Judicial Activism

- Poor awareness and limited facts

Identification of Key stakeholders

- Religious leaders
- CSOs
- Traditional Rulers
- Relevant Government
- Legislators Judiciary
- practitioners
- The Media

Strategy for closing identified Gaps

- Aggressive awareness creation on the identified gaps
- Capacity building for judges and Lawyers
- Advocacies to Fed min of Health, and other relevant government agencies, especially the law reform commission on SRHR issues.
- Sponsoring Bills
- Attending public hearing
- Engagement with the legislature on the need to review archaic laws to conform to current realities.
- Demand review of school curriculum to accommodate comprehensive sexuality education – repeal the directive to remove comprehensive sexual education from schools by ministry of Health

Training Evaluation

Participants' knowledge of SRHR & Justice was evaluated during the workshop using pre & posttest evaluation tools. 15 pre and posttests each were administered before and after the workshop technical sessions.

The test questions assessed participants understanding of the concept of SRHR, what constitute SRHR violations, if SRHR are human rights, individuals' perceived barriers to SRHR, SRHR violations prevalence in Nigeria and remedies, and consent to be a member of the LSN.

The aim was to track and document participants' knowledge of the project theme and training impact.

Pretest

- 60% (9) participants have had prior and basic knowledge of SRHR before the training.
- 40% (6) of the participants could not explain the concept of Reproductive Justice.
- All participants agreed that SRHR rights are human rights and not all women in Nigeria have access to reproductive services.
- All participants agreed to be members of the LSN.

Posttest

- 90% (13) increased knowledge of SRHR, SRHR & Justice, why SRHR are human rights and committed to improve women access to reproductive rights and services through the LSN platform.

Meeting Outcomes

1. Existence of a Legal Support Network in Abuja and Lagos
2. Deepened knowledge of Sexual and Reproductive Rights and Justice by the Legal Support Network
3. Development of the strategy for provision of legal services and litigating reproductive rights by the LSN in Lagos and Abuja.



Participants at Day 1&2 of the workshop

Annexes

Presentations – Day 1 & 2

<https://docs.google.com/document/d/IFpuy37ebH4ZCdSIImrajxzfIRLeDg7eDc/edit#>

Media Links

<https://docs.google.com/document/d/ISSvly7JeGzTsuV-lwxJdzxfrFjATRPrUoNQfxh3Y/edit>

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