KIT Royal Tropical Institute

Zambia Country Report

NEEDS ASSESSMENT ON SAFE ABORTION ADVOCACY

FOR THE ZAMBIA ASSOCIATION OF GYNAECOLOGISTS AND OBSTETRICIANS (ZAGO)

COMMISSIONED BY THE INTERNATIONAL FEDERATION OF GYNAECOLOGY AND OBSTETRICS (FIGO)

CONDUCTED BY: KIT ROYAL TROPICAL INSTITUTE – HEALTH UNIT

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List of abbreviations

CAC	Comprehensive Abortion Care
CSO	Central Statistical Office
CEDAW	Convention on the Elimination of All forms of Discrimination against Women
ECSACOG	East Central and Southern Africa College of Obstetrics and Gynaecology
FIGO	International Federation of Gynaecology and Obstetrics
GRZ	Government of the Republic of Zambia
HMIS	Health Management Information System
ICPD	International Conference on Population and Development
LARC	Long Acting Reversible Contraceptive
MA	Medical Abortion drugs
MAZ	Midwifery Association of Zambia
MOH	Ministry of Health
MSZ	Marie Stopes Zambia
MVA	Manual Vacuum Aspiration
MWAZ	Medical Women's Association of Zambia
PPAZ	Planned Parenthood Association of Zambia
SAAG	Safe Abortion Advisory Group
SADC	Southern Africa Development Community
SGBV	Sexual Gender Based Violence
TOP	Termination of Pregnancy
UTH	University Teaching Hospital
WHO	World Health Organization
WilDAF	Women in Law and Development in Africa
ZACOMS	Zambia College of Medicine and Surgery
ZAGO	Zambia Association of Gynaecologists and Obstetricians
ZMA	Zambia Medical Association

Glossary

Abortion	Termination of pregnancy prior to 20 weeks' gestation or a fetus born weighing less than 500 g (WHO). Definitions and cut-off point for gestation vary. In Zambia the cut-off point for viability is set at 28 weeks (MoH, 2009).
Unsafe Abortion	A procedure for termination of a pregnancy done by an individual who does not have the necessary training and/or in an environment not conforming to minimal medical standards (WHO).
Safe Abortion	Both of the following criteria are met: a) abortions are performed with a method recommended by the WHO and b) the person providing the abortion was trained (Ganatra *et al.*, 2017).
Less Safe Abortion	Only one of the following criteria are met: a) abortions are performed with a method recommended by the WHO or b) the person providing the abortion was trained (Ganatra *et al.*, 2017).
Least Safe abortion	None of the following criteria are met: a) abortions are performed with a method recommended by the WHO and b) the person providing the abortion was trained (Ganatra *et al.*, 2017).
Surgical Abortion	Use of transcervical procedures for terminating pregnancy, including vacuum aspiration and dilatation and evacuation (D&E) or dilatation and curettage (D&C).
Medical Abortion	Termination of pregnancy through the use of misoprostol, alone or in combination with mifepristone.
Post Abortion Care	An approach for reducing deaths and injuries from incomplete and unsafe abortions and their related complications.
Comprehensive Abortion Care	An approach combining different levels of prevention in abortion care; primary (prevention of unintended pregnancies), secondary (providing safe induced abortions for all legal indications) and tertiary (treatment of complications by providing access to quality PAC)
Illegal Abortion	Termination of pregnancy contrary to the laws regulating abortion
Legal Abortion	Termination of pregnancy where permitted by law

Executive Summary

This report describes the needs assessment set out to provide better and more in depth understanding of the capacity and needs of the Zambia Association of Gynaecologists and Obstetricians (ZAGO) in relation to FIGO's forthcoming multi country safe abortion advocacy project. The needs assessment unveiled that ZAGO would like to take a broader approach when addressing abortion and prefers discussing Comprehensive Abortion Care (CAC), rather than safe abortion as a separate entity. This resulted in the following focus for the needs assessment in Zambia: advocacy for *Comprehensive Abortion Care*, with acknowledgement of the law (permitting safe abortion in certain circumstances) and safe abortion as one of the essential elements.

The needs assessment involved conducting a literature review, a survey of members of the association, key informant interviews with stakeholders at various levels, the majority being associated with ZAGO, as well as a stakeholder workshop for ZAGO members and partners. The literature review highlighted the existence of unsafe abortion as a public health concern and one of the major contributors to maternal mortality and morbidity. The existing relatively liberal law on abortion accompanied by standards and guidelines on CAC provide an opportunity for safe abortion advocacy, addressing existing barriers and supporting service provision. However, safe abortion advocacy is still hindered by fear of stigma and discrimination given the strong religious and cultural environment. ZAGO has a comparative advantage as an association of respected technical experts who directly interface with women's and community's experiences with unsafe abortion. This places it as a critical voice on safe abortion to influence and shape public opinion and policy for comprehensive abortion care.

Building its base as an advocate, including for comprehensive abortion care, the association will require to address the various and potential challenges as were identified during the key informant interviews and the two day's workshop. This could include the following:

- Strengthen ZAGOs governance and visibility
- Develop an association position on safe abortion which is well communicated to its membership
- Develop and strengthen the evidence base for comprehensive abortion care advocacy
- Create and strengthen an advocacy network of comprehensive abortion care actors
- Create awareness on the law on abortion and consequences of unsafe abortion
- Advocate for procurement support and, in collaboration with partners, develop a strategy to ensure continuous supply of reproductive health commodities including contraceptives (Long Acting Reversible Contraceptives), Medical Abortion drugs (MA) and Manual Vacuum Aspiration (MVA) kits

These recommendations, identified in collaboration with ZAGO, are taken forward and translated into a preliminary action plan with tangible activities and outcomes. The action plan will be further developed in collaboration with ZAGO and FIGO and be a source of inspiration for the development of a future 3-year program proposal for safe abortion advocacy in 10 countries (Kenya, Benin, Cameroon, Ivory Coast, Mali, Mozambique, Panama, Peru, Uganda, Zambia).

1. Introduction

This country report is the result of a needs assessment conducted by KIT Royal Tropical Institute with the Zambian Association of Gynaecologists and Obstetricians (ZAGO) regarding abortion related advocacy. Zambia is one of the ten countries participating in a broader Needs Assessment for an upcoming multi-country FIGO-led project that aims to increase the capacity of national obstetrics and gynaecology societies to become national leaders in safe abortion advocacy work. While the primary focus of the FIGO initiative was to strengthen the capacities of the association in relation to *safe abortion* advocacy, the executive committee and other members of ZAGO soon indicated that safe abortion advocacy is an approach that is too narrow to them and not a field in which ZAGO wants to operate. With regard to the multiple factors contributing to mortality of unsafe abortions and the diversity of members in the association, the executive committee prefers a more holistic approach. Conversations between the executive committee and consultancy team resulted in the following focus for the needs assessment in Zambia: advocacy for *Comprehensive Abortion Care* (CAC), with acknowledgement of the law (permitting safe abortion in certain circumstances) and safe abortion as one of the essential elements.

Needs Assessment Purpose

The Needs Assessment is the first phase of FIGO's upcoming multi-country safe abortion advocacy project. It should provide a better and more in depth understanding of the capacities and needs of national societies of obstetrics and gynaecology that the following three-year project could address. Also, it should provide more clarity on how FIGO can strengthen more effectively the capacities of national societies, in this case ZAGO. This includes the provision of recommendations on the content of the capacity building program by developing country action plans with budget, as well as a comprehensive program proposal for the whole ten countries.

Needs Assessment Objectives

The specific objectives are that by the end of the needs assessment in ten countries, FIGO should have:

- Insights on the situation of abortion in each country
- Understanding of the capacity and needs of each National Obstetrics and Gynaecology Society on abortion advocacy
- Plans of Action for each National Obstetrics and Gynaecology Society developed through a collaborative process
- Recommendations on FIGOs role to strengthen the capacity of the ten National Societies as abortion advocates, translated into a comprehensive proposal

2. Methodology

This Needs Assessment was formative of character and applied a highly participatory approach. Constant mechanisms of communication and feedback with ZAGO took place in order to create mutual understanding and joint objectives. As described in the introduction this resulted in a change of terminology from safe abortion to the more holistic CAC approach.

The following methods were used in order to meet the objectives of the assessment:

1. Desk study review

A desk study review on existing literature and evidence was committed between March and April 2018 through a desk review tool. Academic databases and grey literature were searched for the relevant themes as addressed in the assessment framework[2]. ZAGO and key stakeholders were requested for relevant input.

2. Online survey

An online survey, using Survey Monkey software, was sent out to all 54 registered members of ZAGO to ask them about their membership of ZAGO, the position of the association towards safe abortion and their own professional and personal position towards safe abortion. On 13 March 2018 email invitations were sent out directly from the software. Despite a reminder on 5 April 2018, this resulted in a low response rate of 8. On 16 April 2018, it was decided to send a web link in an email communication to all ZAGO members. The web link was not secured by a password. This immediately increased the response rate to 20. On 20 April, a reminder was sent out by the president of the society via WhatsApp. The survey remained open for 6 weeks and closed on 25 April 2018. By that a time a total response rate was reached of 24, with a survey completion rate of 96%. Only 1 respondent did not continue after question 4, because he realized he was doing the survey for the second time. These answers were not included in the analysis. Analysis over the 23 remaining responses (100% completion rate) was done using the Survey Monkey software.

3. Key Informant Interviews

A total of 12 key informants were interviewed between 15 April and 4 May 2018. They included representatives from the Zambia Association of Gynaecologists and Obstetricians (ZAGO), the Zambia Medical Association (ZMA), Ministry of Health (MOH), Ipas Zambia, Marie Stopes Zambia, Action Aid, an independent SRHR journalist, Women in Law and Development in Africa (WilDAF) and the Midwifery Association of Zambia (MAZ). With permission, the interviews were recorded by tape and notes were documented. The notes were collated and organized along thematic areas (coded) as outlined in the findings section. The findings were analysed taking into account the various perceptions regarding safe abortion and comprehensive abortion care.

4. Stakeholder workshop

A two days stakeholder workshop took place in Lusaka on 18th to 19th April, 2018. The purpose of the workshop was to identify the needs of ZAGO for CAC advocacy and develop a plan of action for the next advocacy proposal that will be developed for the national societies of obstetrics and gynaecology in ten countries involved in the needs assessment.

The objectives were that by the end of the workshops participants have:

- Discussed and identified opportunities and barriers for providing comprehensive abortion care, including safe abortion, in the country based on the desk review presentation and own experience.
- Explored their personal and professional values related to abortion and identified activities for improving access to comprehensive abortion care based on professional ethics.
- Explored the implications of the national abortion law and policies for access to safe abortion.

[2] The needs assessment framework can be found in the inception report, dd. 26 January 2018

- The ability to explain the concept and levels of advocacy and identify challenges and barriers of abortion advocacy.
- Identified the strengths and weaknesses of the national society in CAC advocacy.
- Formulated action points for a CAC advocacy programme.

A total of 20 participants attended, most (16) being present for both days, some attending only parts of the first or second day. A full program of the workshop and list of participants can be found in Annex 1.

Challenges and Limitations

While efforts were taken to involve the ZAGO executive committee from the inception phase of this project[3], internal and external communication failures and a change in board composition compared to when FIGO initiated this project with ZAGO, resulted in some challenges to conduct the needs assessment as it was originally designed. In the week prior to the country visit, the board indicated not to agree with the scope and objectives of the needs assessment and more specifically about the advocacy for safe abortion. FIGO acknowledges the board's objections and is receptive to ZAGO's concerns on working solely on safe abortion advocacy and their desire to take a more holistic approach. It has been expressed by FIGO that it is against its ethos to direct national societies' workings and that advocacy for improved provision within the fullest extent of the law or dissemination of knowledge does not necessarily mean advocacy for abortion itself. As described earlier, it was agreed to continue the needs assessment with a focus more on advocacy for CAC, including safe abortion, than merely safe abortion alone. Furthermore it should be clearly stated that ZAGO has the final say in how they want their approach to be and whether they want to continue with FIGO's overall project as will be designed during the planning workshop in London at the end of May. As for all national societies in the project, FIGO takes along the outcomes of the needs assessment and ZAGO's concerns and suggestions in the design of the project.

Due to the challenges above, which needed increased communication efforts from both sides in order to decide on common objectives, there was a delay in planning of activities. This resulted in slightly less interviews conducted than planned. A concern of the executive committee was that the participant list for the workshop was not balanced enough, with a majority being ZAGO members in favour of safe abortion advocacy. Efforts were taken to engage more opposite voices, but without success. This might also be due to the fact that people attend a workshop when the topic is close to their hearts. However, several executive committee members attended the workshop and had very valuable contributions to the discussions around the topic and ZAGO's role.

Unfortunately, not all stakeholders invited for the workshop were able to attend and especially the role and perspective of the MoH was missed. Stakeholders from MoH were unable to attend due to travel obligations, but MoH supported the needs assessment and made itself available for an interview.

[3] Inception Report of needs assessment on safe abortion advocacy (KIT, 26 January 2018).

3. Findings

3.1 Literature review

Country background

Zambia's population has been growing rapidly since the country's independence in 1964. The rapid population growth places an increasing burden on the national economy, particularly on the country's capacity to address the health needs of an increasing population. Zambia has a current population of 15.1 million, and 47% of Zambia's population is under the age of 15 (CSO et al, 2014). Zambia is currently classified as a lower middle-income country. Since 2006, the country has been implementing the Vision 2030, which aims at transforming it into a prosperous middle-income nation by 2030. Despite the major improvements recorded in macro-economic performance, there is not yet a significant impact on the socio-economic well-being of the population, majority of whom are poor and vulnerable (MOH, 2017)

Fertility rate

Zambia continues to have a high fertility rate with a total fertility rate of 5.3. Women with lower educational backgrounds (no education or primary education) and those in a lower wealth quantile have higher fertility rates and are more prone to unintended pregnancy. Adolescent pregnancy is a major public health concern in Zambia as twenty-nine percent (29%) of adolescent girls aged 15 to 19 are already mothers or pregnant with their first child (Population Council et al, 2017). Zambian adolescents experience early sexual debut. The findings from the 2013 -2014 Zambia Demographic Health Survey (ZDHS) show that women aged 25 – 49 experienced early sexual debut, with a median age at first sexual intercourse being 17.3 years. Early sexual debut is compounded by adolescent pregnancy, with a national adolescent fertility rate of 141 births per 1000 women for girls ages 15 to 19. Adolescent pregnancy tends to be unintended (MOH, 2017). Teenage pregnancy is much higher in rural areas (36 percent) than urban areas (20 percent). At the national level, the proportion of teenage pregnancies has hardly changed in the last six years raising an urgent need to provide SRHR information and services, including comprehensive abortion care, to this age group (CSO et al, 2014).

Contraceptive use and unmet need

Knowledge of at least one contraceptive method is nearly universal among both women and men in Zambia. Based on key informant interviews, we may conclude that this knowledge may be attributed to a wide dissemination of contraceptive messages through national family planning campaigns and mass media. According to the ZDHS (CSO et al, 2014), forty-nine (49%) percent of currently married women are using a method of family planning; 45% a modern method and 4% a traditional method. Use of any method is higher among women who are currently married (49%) than among sexually active unmarried women (39%). A similar pattern is seen in use of modern methods for currently married women (45%) and sexually active women (38%). Women in urban areas are more likely to use contraceptives methods than those in rural areas given that contraceptive methods are more readily available and accessible in urban than in rural areas. Contraceptive use also increases with an increase in education and the wealth quantile (CSO et al, 2014).

The Zambian public health sector remains the major provider of contraceptive methods, with financial and technical support from various partners, serving more than four in five users (82%). However, women still experience unmet need for contraceptive services, with twenty-one percent (21%) of

currently married women having an unmet need for family planning services; 14% for spacing births and 7% for limiting them. This unmet need for contraceptives is higher among women aged 15-19 at twenty-five percent (25%). Unmet need may result in unintended pregnancies which sometimes cause women to want to seek abortion services (CSO et al, 2014).

Gender Based Violence (GBV)

Zambian women are exposed to violence, both physical and sexual, resulting in 43.4% of 15 to 49 year old females having experienced physical violence since the age of 15 and 17.2% having experienced sexual violence. While the percentages generally increase with age, women are exposed at a young age; 8.2% of the girls aged 15-19 and 16.3% of the women aged 20-24 have experienced sexual violence (CSO et al, 2014). A study conducted by Population Council among girls aged 15 to 24 in urban slums in Lusaka found pervasive levels of violence for adolescent girls both at home and in the community. Seventy percent (70%) of girls in the study reported having been teased or sexually harassed in school and 53% reported having been molested (Brady et al, 2010). This violence is driven by harmful gender norms formed at an early age and by unequal power relations which not only give rise to violence but also the acceptance of it (Austrian et al, 2010). This affects women and girl's positive health seeking behaviours as most rely on the decisions and influence of their spouses, parents or partners to seek care. This further reflects women and girls lack of bodily autonomy and control over their sexual and reproductive health and rights.

Unsafe abortion

Unsafe abortion remains a major challenge in Zambia despite an abortion law that is considered liberal. Abortion still remains among the top five causes of maternal mortality in Zambia whose maternal mortality ratio stands at 398 deaths per 100,000 live births (CSO et al, 2014). In 2009, the Ministry of Health (MOH, 2009: pg iv) estimated that "about 23% of incomplete abortions were among women younger than 20 years, while 25% of maternal deaths due to induced abortions were in girls younger than 18 years. Hospital based studies show that 30 to 50% of acute gynaecological admissions are currently as a result of abortion complications, a big proportion being from unsafe abortion" (MOH, 2009). The United Nations Development Programme (UNDP) reports that in Zambia an estimated 38 women die every month during pregnancy and childbirth, and unsafe abortions account for approximately 30 percent of all maternal deaths (UNDP, 2013). In addition to maternal deaths many women face the results of severe morbidity. A cross-sectional hospital based study in 35 districts over 5 months in 2013-2014 showed that 16% of admitted complications post-abortion were near-miss cases, leading to a near-miss ratio of 450 per 100.000 livebirths (Owolabi *et al.*, 2017). The national Health Management Information System (HMIS) does not have indicators to document access to safe abortion while documentation of cases of unsafe abortion is inadequate. This has impacted the documentation of the actual magnitude of unsafe abortion and current safe abortion access (Macha et al 2014).

LEGAL AND POLITICAL CONTEXT

Legal and policy framework on abortion

Zambia is a signatory to various international and regional commitments which are supportive of women's sexual and reproductive rights. These commitments include the Maputo Protocol, the Convention on the Elimination of All forms of Discrimination against Women (CEDAW) and the Southern Africa Development Community (SADC) protocol on gender and development, as well as

consensus documents such as the International Conference on Population and Development (ICPD). While the Zambian government has not domesticated all of these commitments, it has used their tenets to inform the development and review of national laws and policies for an enabling policy and legal environment for SRHR.

The Zambian legislative framework on the termination of pregnancies is consists of the Republican Constitution, the Termination of Pregnancy Act and the Penal Code. The Republican Constitution makes allowance for the termination of pregnancies when provided in accordance with provisions of an Act of Parliament for that purpose. The Termination of Pregnancy (TOP) Act is the principal legislative Act on the termination of pregnancy. It was enacted in 1972 with amendments in 1994. The TOP Act permits an abortion to be performed if a registered medical practitioner, and two other registered practitioners, one of whom is specialized in the branch of medicine in which the patient is specifically required to be examined, are of the opinion formed in good faith that continuation of the pregnancy would constitute (GRZ, 1994);

1. A risk to the life of the pregnant woman
2. A risk of injury to the physical or mental health of the pregnant woman
3. A risk of injury to the physical or mental health of any existing children of the pregnant woman to such extent that the risk is greater than if the pregnancy were terminated
4. A substantial risk so much that the child to be born would suffer from such physical or mental abnormalities as to be seriously handicapped

Furthermore, in determining whether the continuance of the pregnancy would include such a risk as mentioned above, account may be taken of the pregnant women's actual and reasonably foreseeable environment or of her age (GRZ, 1994). Additionally, due to the escalating number of sexual gender-based violence (SGBV) cases, the Zambian Parliament in 2005 amended sections of the Penal Code to extend the provisions under which a female child can access safe, legal abortion to include instances of rape and defilement (GRZ, 2005).

The TOP Act provides legal guidance on who can provide services and the place in which the service can be provided. It recognizes medical practitioners (doctors) as the cadre to provide safe abortion services and that outlines that such services should be provided in a hospital. However, it provides that a termination of pregnancy can be carried out in any other "place" regardless of level of care, or health facility, if the termination was an emergency one necessary to save the life or prevent grave permanent injury to the physical or mental health of the pregnant woman (GRZ, 1994).

Standards and Guidelines on reducing mortality and morbidity from unsafe abortion

In 2008 the Ministry of Health in collaboration with the World Health Organization (WHO) and Ipas commissioned a strategic assessment on the problem of unsafe abortion in Zambia based on an assessment of the WHO Strategic Assessment approach to strengthening reproductive health (Fajans et al, 2016). The exercise had the following three strategic objectives: to ascertain the scale of unsafe abortion; to find out how the need for abortion can be reduced and to ascertain how access to safe abortion services could be improved. One of the main findings was that abortion services were being provided in a vacuum. While the law existed, it did so, on a "*stand alone*" basis with no clear policy framework for standards and guidelines in implementing services (MOH, 2008). This led to the development of the 2009 Standards and Guidelines in reducing maternal mortality and morbidity in

Zambia with some members of ZAGO being part of the technical team (MOH, 2009). In 2017 the ministry led Safe Abortion Advisory Group (SAAG) produced a revision of the guidelines taking in account the latest evidence and international guidance, such as the 'Safe Abortion: technical and policy guidance for health systems' (WHO, 2012; MOH 2017). While the operationalisation of these new guidelines was on hold for a long time awaiting sign off by the minister, they were recently signed by MOH. This coincidently happened in the same week that this needs assessment took place. The Standards and Guidelines provide a holistic approach to CAC. The approach is based on the epidemiological concepts of primary, secondary, tertiary and quaternary prevention in health care (see textbox below).

FOUR LEVELS OF PREVENTION

1. The most preferred approach is primary prevention which refers to all the actions taken to protect the population from a health problem. In preventing unsafe abortion, primary prevention refers to preventing unwanted/unintended pregnancy. This can be done through comprehensive sexuality education including information on abstinence, counselling on contraceptive services, improving access to (emergency) contraceptive services and prevention of rape and incest and thus is a function for all sectors of society including religious bodies, the education system, families, all socio-cultural structures, as well as the health system.
2. Secondary prevention involves early detection of unintended pregnancy and the provision of safe and comprehensive abortion services in order to prevent recourse to unsafe abortion. The services include woman centred counselling, termination of pregnancy to the full extent allowed by the law and provision of ante-natal, safe delivery and adoption services to women who choose to carry their pregnancies to term, depending on whether such women want to keep the pregnancy, have a baby or have it adopted.
3. The third component of comprehensive abortion care is tertiary prevention which deals with complications of abortion, including from unsafe abortion by offering Post Abortion Care (PAC). This level of care aims at preventing permanent disability and death in patients who already have complications either from spontaneous or induced abortion.
4. Quaternary prevention includes the provision of post abortion contraception as well as linkages to other SRH and social support services such as screening and management of sexually transmitted infections and cancer screening (MOH, 2017). By applying all the levels of care to the problem of unintended pregnancy, the MOH aims to drastically reduce morbidity and mortality resulting from unsafe abortion. Under the Standards and Guidelines for Comprehensive Abortion Care, services will be guided by the principles of a woman's choice to available options, equitability of access to services by women of all socio-economic classes and place of residence, and high quality of services at all levels of healthcare.

From: *Standards and Guidelines for Comprehensive Abortion Care in Zambia (MOH, 2017)*

The Standards and Guidelines also outline consent process for minors (girls below the age of 16 years) that the service provider should encourage minors to consult a parent or a trusted adult about their pregnancy. Where parents or legal guardian approval to terminate pregnancy is provided it must be documented. However, the best interest of the minor will take precedence over that of parent or guardian and must be made on the principle of the evolving capacities of the minor to participate in

decision making affecting her life. It emphasizes that providers should act in good faith in the interest of the minor and this may involve leaving out parental or guardian consent (MOH, 2017).

Other supportive legislation

In 2015 the Zambian government also enacted the Gender Equity and Equality Act which provides that a woman has a right to adequate sexual and reproductive health, which includes the right to: access sexual and reproductive health services; access family planning services; be protected from sexually transmitted infection; self-protection from sexually transmitted infections; choose the number of children and when to bear those children; control fertility; reproductive rights education; and choose an appropriate method of contraception. Subject to any other written law, a woman has the right to choose whether or not to have a child (GRZ, 2015). The Act further provides that a health officer shall: respect the sexual and reproductive health rights of every person without discrimination; respect the dignity and integrity of every person accessing sexual and reproductive health services; provide family planning services to any person demanding the services, irrespective of marital status or whether that person is accompanied or not accompanied by a spouse; and impart the information necessary for a person to make a decision whether or not to undergo procedures, or to accept any service, affecting their sexual and reproductive health (GRZ, 2015).

Legal implications of illegal abortions

The Penal Code, Sections 151 to 153, criminalizes unsafe and illegal abortions. A person who performs an abortion in violation of the provisions of the TOP Act is subject to the punishments prescribed in the Penal Code for the performance of an illegal abortion. Any person who, with intent to procure the miscarriage of a woman or female child, whether she is or is not pregnant and unlawfully administers any poisonous or noxious substance or uses force may be convicted to imprisonment for a term not exceeding seven years (MOH, 2017). Any person who unlawfully supplies to or procures for any person anything whatsoever, knowing that it is intended to be unlawfully used to procure the miscarriage of a woman or female child is liable upon conviction to imprisonment for a term not exceeding fourteen years. Any woman wo undertakes the same act is liable upon conviction to imprisonment for a term of fourteen years whereas any female child is liable to such community service or counselling as the court may determine (GRZ, 2005).

SERVICE DELIVERY ENVIRONMENT

Barriers to care

Although induced abortion has been legal in Zambia since 1972, many women still face logistical, financial, social, and legal barriers to access safe abortion services, and undergo unsafe abortion instead (Parmar *et al.*, 2015).

Zambia's TOP Act contains cumbersome requirements that must be met before a termination can be performed. These onerous regulations, such as requiring signed permission from three medical practitioners, one of whom should be a specialist in a country with few physicians has hindered the expansion of safe abortion services. Despite the standards and guidelines giving provision for trained midlevel providers to provide services in line with WHO task shifting (MOH, 2009), midlevel providers have been harassed providing abortions in the country. Marie Stopes International (MSI), the country's largest private abortion provider, was banned from providing abortions for more than three years not following TOP Act regulations. Additionally, the complexities and nuances of Zambia's TOP Act are difficult to understand, leaving most of the population confused about their abortion rights

(Cresswell *et al.*, no date; Geary *et al.*, 2012). In this environment, unsafe abortion has persisted and many women, especially in rural areas, continue to struggle to navigate the health system and get the permissions required to have legal abortions in time (Likwa, Biddlecom and Ball, 2009).

A study on understanding abortion trajectories in Zambia (Coast and Murray, 2016) identified three care-seeking trajectories that ended in the use of hospital services: clinical abortion induced in hospital; clinical abortion initiated elsewhere, with post-abortion care in hospital; and non-clinical abortion initiated elsewhere, with post-abortion care in hospital. The study revealed that pathways to a termination of an unintended pregnancy can be complex and iterative. Women may try multiple options including private and public health facilities as well as consulting unqualified providers. The pathways are influenced by; i. the advice of trusted others; ii. perceptions of risk; iii. delays in care-seeking and receipt of services and; iv. economic cost (Coast and Murray, 2016).

Leone et al. (2016) did a cost analysis on the individual-level economic burden of safe and unsafe abortion in Zambia. Apart from direct costs (e.g. hospital fees, medicines) they also incorporated indirect costs (e.g. loss of income, transport and accommodation costs) in their analysis. Costs of women having had a safe abortion in the University Teaching Hospital (UTH) Lusaka were compared to costs of women having an unsafe clandestine medical abortion or other unsafe abortion initiated elsewhere with post-abortion care at the hospital. It was found that unsafe abortion with post abortion care (average costs 72,36 USD) costs women 27% more than a safe abortion (average total coast 52,60 USD). For both categories, safe and unsafe abortions, unofficial provider payments, are responsible for the largest component of the major financial burden to women. In addition it was found that adolescents and poorer women are more likely to use unsafe abortion (Leone *et al.*, 2016).

The barriers to safe services are exacerbated by social and religious stigma associated with abortion in Zambia, the surrounding issues are usually not discussed. Stigma and confusion about abortion access and rights are exacerbated by strong, organized opposition from faith-based organizations. A lack of knowledge is a significant barrier. In a study on attitudes on safe abortion in Zambia (Geary et al. (2016) reviewed that “the belief that abortion is immoral was widespread but was not associated with lack of support for legalization. Instead, it was associated with belief that women need access to safe services. These findings suggest that increasing awareness about abortion law in Zambia may be important for encouraging more favourable attitude”.

With inadequate SRHR education and a lack of awareness of where to access contraception and safe abortion services, adolescents resort to unsafe abortion. Girls and young women in Zambia commonly attempt abortions with harmful methods such as inserting knitting needles, implements, cassava stems, and charcoal ash in their vaginas; and consuming bleach, battery acid, or an overdose of medication. Women access unsafe abortions in the community more frequently than safe abortions from formal service providers in part to avoid judgmental treatment by service providers. A study conducted at the University Teaching hospital (Likwa et al., 1996) reviewed that women presenting with complications from unsafe abortion generally were 15–19 years old (60%), had some secondary education (55%), were unmarried (60%), had had no previous pregnancies (63%) and were students who wanted to continue their education (81%). This highlights the need to raise awareness of the risks of traditional methods and the opportunity for legal safe abortion while increasing the capacity of service providers to provide sensitive, non-judgmental, and confidential care (Likwa et al., 1996).

General health services and infrastructure

The government of the Republic of Zambia is committed to improving the quality of life for all Zambians, and this commitment is demonstrated through the government's efforts to improve health care delivery by reforming the health sector. In 1991, the government launched radical health policy reforms characterised by a move from a strongly centralised health system in which the central structures provided support and national guidance to the peripheral structures. An important component of health policy reform is the restructured primary health care programme. The government is committed to providing efficient and cost-effective quality basic health care services for common illnesses as close to the family as possible through implementation of the Basic Health Care Package (BHCP) at all levels of care.

However, a study on the ability of health facilities to provide abortion services (Campbell *et al.*, 2016) found that in Zambia, "only 30 % of the 1369 facilities could potentially offer basic TOP services, 3.7% comprehensive TOP services, 2.6 % complete basic Post Abortion Care (PAC) services, and 0.3 % comprehensive PAC services (four facilities). Capability was highest in hospitals, except for FP functions. Nearly two thirds of Zambians lived within 15 km of a facility theoretically capable of providing basic TOP, and one-third within 15 km of comprehensive TOP services". The study also discovered huge urban-rural disparities in access to abortion care services. Comprehensive PAC services were virtually unavailable to the rural population. This shows that rural and marginalized women are underserved with CAC services as most of the services provided are concentrated in the urban areas.

The Zambian Government is the largest provider of Comprehensive Abortion Care services, with support from local and international partners such as Ipas Zambia, Marie Stopes and PPAZ. While the provision of Post Abortion Care (PAC) is almost universal in a number of facilities especially hospitals and lower level facilities providing Maternal and Neonatal and Child Health (MNCH) services through the Emergency Obstetric and Neonatal Care (EmONC) package, the provision of induced abortion is provided in limited facilities. In the urban areas, induced abortions can be accessed through the pharmacies and drug stores, non-governmental organizations-owned clinics such as Marie Stopes Zambia and Planned Parenthood Association of Zambia (PPAZ), private clinics and hospitals as well as selected public health facilities. Most of the aforementioned access points provide the service at a cost which leaves women from low-income households, and young women particularly at the disadvantage as they are unable to afford the services. This makes free TOP services provided by public facilities more accessible to women (Baseline assessment conducted by Ipas Zambia in Eastern, North-western, Luapula and Muchinga Provinces).

ADVOCACY ACTIVITIES AND ACTORS

Zambia has only few advocacy actors on safe abortion, more so now with the reinstatement of the Global Gag Rule which prohibit Non-Governmental Organizations (NGOs) that receive United States of America federal funding to provide abortion counselling or referrals, advocate to decriminalize abortion or expand abortion services. Local organizations who receive USAID funding are shying away from abortion-related activities out of fear of losing USAID funding. The anti-choice movement has used this opportunity to strengthen their voice and enhanced their organizing against safe abortion.

The current safe abortion advocacy actors include civil society, SRHR activists and other opinion leaders. The Safe Abortion Advisory Group (SAAG), a sub group of the Ministry of Health Technical Working Groups has played a coordination role for civil society advocacy actions resulting in a call for

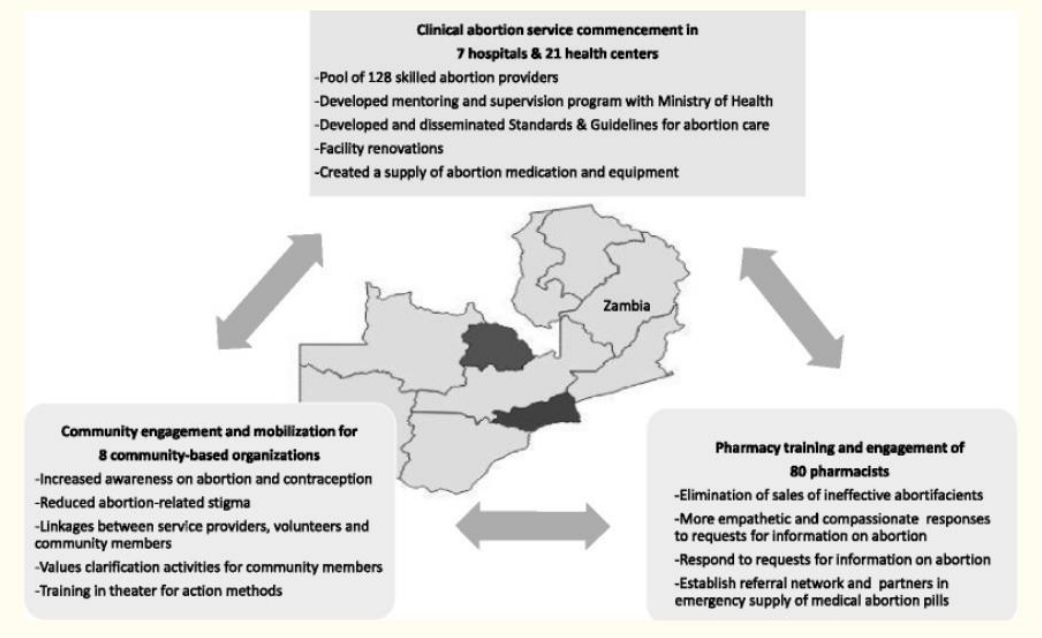
policy reform to address barriers. The advocacy efforts resulted in the Ministry of Health instituting a Regulatory Impact Assessment (RIA) in 2015. The RIA, which is a prerequisite for legal reform by a government ministry, was conducted by an independent legal consultant to assess current barriers to abortion access across Zambia and make recommendations for policy and legal reform. The RIA report recommended that TOP Act be repealed and replaced. The legal opinion was that while a Statutory Instrument (SI) is easier to amend than the TOP Act, it is only a short-term solution and can easily be overridden by Parliament and is restricted to prescribed and procedural matters.

During the constitution reform process, the anti-choice movement managed to introduce the personhood clause "life begins at conception," with no explicit exception for other existing laws such as the TOP Act, in the Bill of Rights. On August 11, 2016, the Bill of Rights was taken to a public referendum per the constitutional requirement for any proposed amendments to the Bill of Rights. The referendum was held alongside the Presidential, Parliamentary and Local Government, and did not meet the required threshold to pass. This clause remains a challenge as it is unclear if another referendum will be conducted in the near future.

Previous initiatives on reducing mortality from unsafe abortion

ZAGO participated in the previous FIGO initiative running from 2008 to 2016 on the prevention of unsafe abortion. The project mainly focused on prevention (the whole line from primary to quaternary prevention), training and service delivery. The activities of ZAGO related to the provision of and training of providers in postpartum contraception in-facility, increase of safe legal abortion services at the central hospital UTH, using safer techniques for abortion (MVA and medical abortion) and the use of Long Acting Reversible Contraceptive (LARC) post-abortion (Jaldesa, 2014). Published results showed that among abortion related admissions in UTH (from incomplete abortion to those seeking a legal safe termination) patients receiving a safe legal termination increased from 3.2% in 2009 to 7.7% in 2011 (Macha *et al.*, 2014). Crude numbers show an increase from 410 safe terminations in 2011 to 800 in 2013 and to over 1000 in 2014 (Jaldesa, 2014). In addition the acceptance of LARC following abortion increased in UTH. In 2016 18.4% of the treated adolescents and 12.5% of adults started using LARC following abortion, compared to respectively 1% and 4% in 2011 (Macha *et al.*, 2018). Activities and related results mainly concentrate around UTH in Lusaka and are not extended to rural areas.

A collaboration between MOH, UTH and Ipas for 2 years between 2009 and 2011 focused on the provision of CAC services in 208 public health facilities in Lusaka and the Copperbelt. The figure below demonstrates the integrated components of the intervention (Fetters *et al.*, 2017).



Integrated component of the Zamiba CAC implementation science introduction and scale up. From: Fetters et al. (2017)

At the end of the intervention 25 sites provided abortion services, the provider attitudes in the facility improved and a harm reduction model was achieved by identifying pharmacists as partners in Medical Abortion Provision (Fetters *et al.*, 2017). Following a training on medical abortion pharmacy workers who reported referring women to a health care facility for CAC services significantly increased from 47% to 68% (Fetters *et al.*, 2014).

3.2 Online Survey

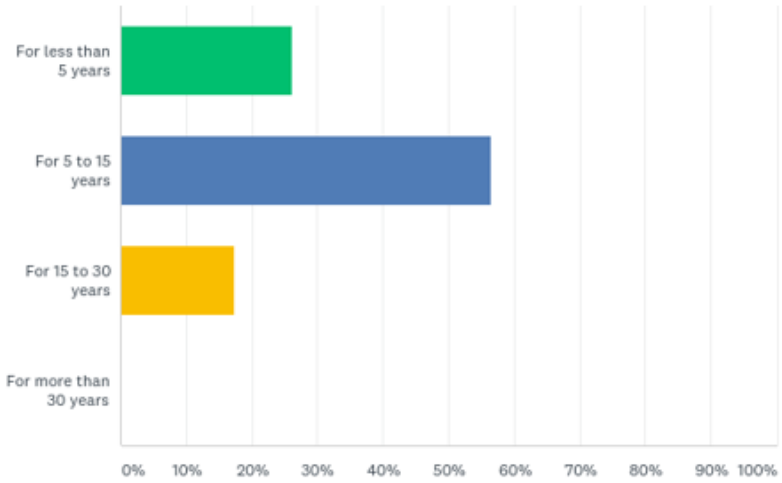
With 23 complete responses to the survey out of 54 ZAGO members, the response rate of the survey reached 43%. While this a relatively good response rate in comparison to the other countries of the needs assessment, the survey cannot be seen as a reliable representation of the complete variety of ZAGO members. While it was emphasized that ZAGO is interested to hear the voices of all members, regardless of their position, it is expected that mainly those who have strong feelings about the topic took the effort to respond. The majority of the people who took the effort to fill in the survey were generally supportive of safe abortion. Strong opposing views were minimally represented.

Member characteristics of respondents

Both older and younger gynaecologists responded to the survey. The majority had been an obstetrician/gynaecologist and a member of the society for 5 to 15 years.

Q1: For how long have you been an obstetrician/gynaecologist?

Answered: 23 Skipped: 0



All respondents indicated to be a member of any other professional body, in most cases being the Zambia Medical Association (ZMA). In addition there were also members of the East Central and Southern Africa College of Obstetrics and Gynaecology (ECSACOG), the Zambia College of Medicine & Surgery (ZACOMS) and the Medical Women's Association of Zambia (MWAZ). Most of the respondents (95,6%) felt moderately to very involved with the society and a majority (61%) said to often attend activities of ZAGO, mainly being regular meetings and conferences.

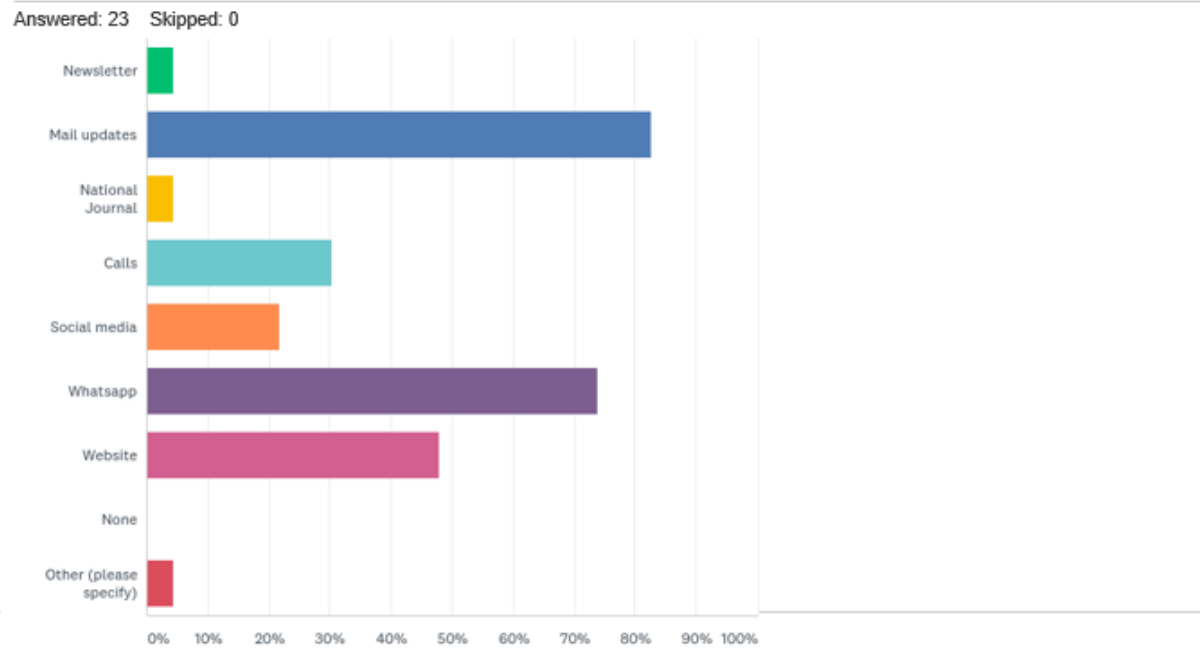
Communication between ZAGO and its members

A majority answered to receive communication of ZAGO through mail updates (83%) and WhatsApp (74%). Other routes of communication (newsletter, national journal, calls, social media and website) are recognized as such only by a minority of the respondents. Communication is mostly (39%) perceived as infrequent or when the need arises.

A vast majority (78%) said communication is acceptable, but can be strengthened, the other 22% values the communication as poor. Some accompanying comments:

'The association should maximize use the website and improve communication regarding technical matters. Most communication currently is administrative.'
'Sometimes I receive information at short notice or through a second person.'
'As a member, I am not sure where the association stands on various women and maternal health issues'
'Its membership is small. It's a young organisation that is just structuring its mandate.'

Q8: What are the existing routes of communication between the Zambia Association of Gynaecologists and Obstetricians and its members?



About ZAGO's position towards safe abortion

Most respondents answered that ZAGO does not have (56%) or that they don't know about (13%) a clear position of ZAGO towards safe abortion. Of the 30% that say to know about ZAGO's position on safe abortion, the majority answered that it follows the constitution to provide abortion for women in need and that they agree with that (43% agree, 57% strongly agree). One person said ZAGO does not advocate for safe abortion and also strongly agreed with that. A minority of 30% said that ZAGO informs members about new evidence on abortion, abortion laws, policies and practices and almost all (91%) would like to receive more information, especially regarding policy, legal social and cultural aspects, methods of safe abortion and adolescent SRH. Also information about alternatives to abortion, such as adoption, and about second trimester abortion were desired by some members.

About respondents' position towards safe abortion

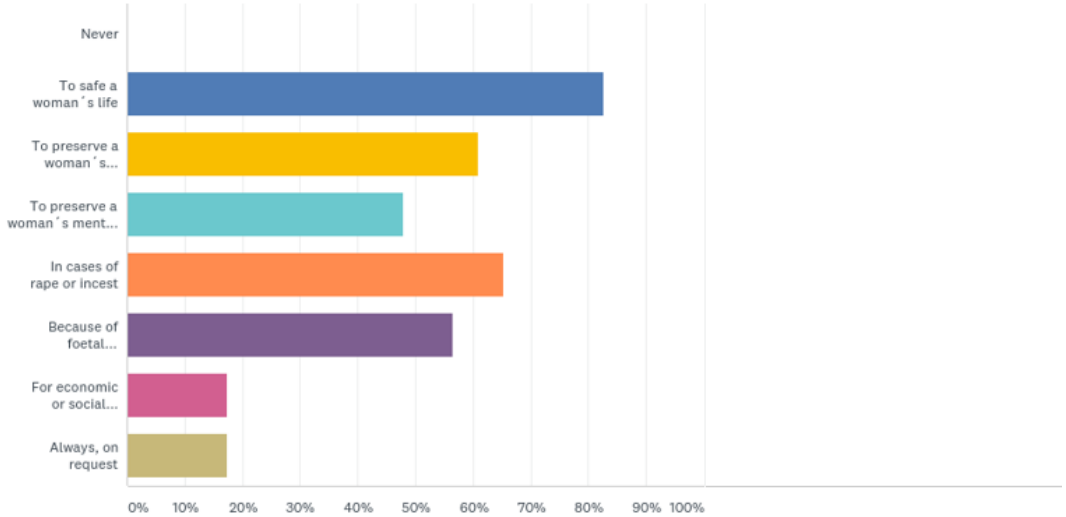
On average, respondents to the survey felt quite informed (score 3.4-4.2 on a scale of 5) about the following abortion topics:

	NOT INFORMED	SLIGHTLY INFORMED	MODERATELY INFORMED	INFORMED	VERY INFORMED	TOTAL	WEIGHTED AVERAGE
The national laws on abortion	0.00% 0	8.70% 2	13.04% 3	26.09% 6	52.17% 12	23	4.22
International guidelines on safe abortion	8.70% 2	17.39% 4	30.43% 7	13.04% 3	30.43% 7	23	3.39
National Policies on safe abortion	0.00% 0	13.04% 3	21.74% 5	21.74% 5	43.48% 10	23	3.96
Practical information related to the practice of safe abortion (guidelines, recommendations, procedures)	0.00% 0	8.70% 2	21.74% 5	30.43% 7	39.13% 9	23	4.00
International guidelines on post abortion care	0.00% 0	26.09% 6	13.04% 3	30.43% 7	30.43% 7	23	3.65
National Policies on post abortion care	0.00% 0	13.04% 3	8.70% 2	43.48% 10	34.78% 8	23	4.00
Practical information related to post abortion care (guidelines, recommendations)	0.00% 0	17.39% 4	17.39% 4	30.43% 7	34.78% 8	23	3.83

A majority felt that abortion should be permitted to save a woman's life, to preserve a woman's physical health, in cases of rape or incest and/or because of fetal impairment. A minority felt that abortion should be permitted to preserve a woman's mental health, for social or economic reasons or always, on request. No one felt abortion should never be permitted.

Q22: Under which circumstances do you think safe abortion should be permitted/legal?

Answered: 23 Skipped: 0



A vast majority of the respondents agreed with the following statements:

- Safe abortion is part of healthcare and should not be separated from the rest of medicine (22% agree, 43% strongly agree)
- Health workers should have the right to decide whether to perform or not safe abortions according to their personal values and positioning towards abortion (35% agree, 35% strongly agree)
- Health workers opposing to perform safe abortion should be obliged to refer women to other health workers that will perform a safe abortion (30% agree, 43% strongly agree)
- Health workers have role to play as advocates for safe abortion (39% agree, 26% strongly agree)
- Post abortion care is part of healthcare and should not be separated from the rest of health care (22% agree, 65% strongly agree)
- Health workers should be obliged to provide post-abortion care to all women, no matter if the abortion was legal or not (22% agree, 74% strongly agree)

And disagreed with:

- Safe abortions should be only performed in private clinics, not in the public health system (78% strongly disagree, 17% disagree)
- Specialized health workers (Obs-Gyn) should be obliged to perform safe abortions in cases where it is permitted by law (35% strongly disagree, 30% disagree)
- Health workers should report to the respective authorities cases with signs of illegal abortion (39% strongly disagree, 26% disagree)

A majority of the respondents said they would support ZAGO in advocacy for safe abortion.

Q24 Would you support the Zambia Association of Gynaecologists and Obstetricians in advocacy for safe abortion?

ANSWER CHOICES	RESPONSES	
Definitely	39.13%	9
Very probably	17.39%	4
Possibly	21.74%	5
Probably not	8.70%	2
Definitely not	13.04%	3
I don´t know	0.00%	0
TOTAL		23

3.3 Key Informant Interviews (KII)

Key informant interviews were conducted as part of the needs assessment with a total of 12 informants. These included representatives from Ipas Zambia, Marie Stopes Zambia (MSZ), Women in Law and Development in Africa (WiLDAF), ActionAid, Zambia Medical Association (ZMA), Ministry of Health (MOH), Midwives Association of Zambia (MAZ), a journalist and Representatives from the Zambia Association of Gynaecologists and Obstetricians (ZAGO).

Table 3: Key Informant Interview participants

No.	Name of Association/Organization/Institution	Number of respondents
1	Ipas Zambia	2
2	Journalist	1
3	Marie Stopes Zambia (MSZ)	1
4	Women in Law and Development in Africa (WiLDAF)	2
5	ActionAid	1
6	Zambia Medical Association (ZMA)	1
7	Ministry of Health (MOH)	1
8	Midwives Association of Zambia (MAZ)	1
9	Zambia Association of Gynaecologists and Obstetricians	4 (of which 2 overlap with respondents above)
	Total	**12**

The data collected from the key informant interviews were coded for the following themes;

- Safe abortion environment
- Organization position on safe abortion
- Relationship with other associations and organizations
- Obstacles to safe abortion advocacy
- Current role in CAC advocacy
- Opportunities for strengthening CAC network

Safe abortion environment

All the respondents acknowledged that the law on abortion is relatively liberal in Zambia, and its implementation is supported by the standards and guidelines on reducing maternal mortality and morbidity in Zambia. There is also consensus that there is political will and government commitment to safe abortion as well as to international commitments supporting their provisions. All the respondent, however, noted that the law has some challenges in that it requires 3 physician (medical doctor) signatures for safe abortion services to be provided as well as the fact that it does not recognize non-physicians (non-medical doctors) to provide the service. While this is acknowledged, most of the respondents feel that this is no need to revise the law or make it more liberal as it is sufficient in itself.

> *"What we need is people to be responsible. We need to strengthen our education. I am afraid if we open access to safe abortion, it will leave people with a lack of responsibilities and they will get more [sexually transmitted] infections"* (ZAGO member).

On the one hand, key informants who are supportive of safe abortion view the current environment as not being open and safe enough for health care providers to provide services without fear of harassment, litigation and/or discrimination. On the other hand, the key informants who are not supportive of safe abortion, while recognizing that unsafe abortion is one of the contributors of maternal mortality, feel that the magnitude and impact of unsafe abortion is blown out of proportion. They feel that there are bigger contributions to make in addressing other causative factors of maternal mortality such as haemorrhage than merely focusing on safe abortion.

Organization position on safe abortion

Given that Zambia is a Christian nation, safe abortion is viewed as a sensitive and controversial topic, making the ministry and partners prefer the use of a holistic reproductive health approach rather than solely focusing on safe abortion.

> *"As you know safe abortion is a highly sensitive topic around the world. The ministry is a bit reluctant to provide safe abortion services, we rather prefer to focus on holistic reproductive health services. Within the MOH we accept the TOP Act; offering termination in certain situations"* (Ministry of Health Official)

The Ministry of Health's role in safe abortion is clear and includes; training of health care providers, provision of supplies and equipment for safe abortion services as well as the dissemination of the standards and guidelines govern safe abortion provision. MoH also leads the Safe Motherhood Technical Working Group and a Safe Abortion Advisory Group (SAAG) consisting of various stakeholders and meeting on a quarterly basis. The SAAG was formed to address specifically the challenges related to abortion. This is achieved through a work plan developed to guide the provision of information and services.

Individual ZAGO members are represented in the SAAG and actively participate in advocacy and programming on safe abortion. However, it remains unclear to what extent ZAGO, as an association, takes position in the SAAG. ZAGO has no association position on safe abortion. This has also affected ZAGOs visibility and voice as a public health expert on the issue. ZAGO members are not homogeneous, they have varying views and personal beliefs on safe abortion which has impacted their ability to play an advocacy role given their expertise and strategic positioning. Discussions on the topic in history have led to fights and members disassociating themselves from the society. ZAGO wants to avoid that and feels responsible for all members. Therefore it seems easier to not be too outspoken about abortion related issues. It is envisaged that a desk review documenting evidence (facts), laws and policies will help generate consensus for the development of the associations position.

> *"We could come up with a position where we acknowledge the facts and the national laws and policies that are there. My personal discomfort is the push from certain parties to change the law. We as an association we have not been comfortable with that."* (ZAGO member)

Zambia Medical Association (ZMA) to which ZAGO is affiliated, has a stronger and publicly communicated standpoint on abortion. This has made the association more visible and viewed as a public health expert by the general public. This has been further strengthened by their open communication with MoH and engagement with the media. While ZAGO has been called upon by the media for comments and technical opinion, they have shunned away from active media engagement.

> *"We should have an open discussion within ZAGO about what our position and direction is [on safe abortion]. In advocacy for safe abortion it is good to look for other partners in the environment where ZAGO is working, that are supportive for safe abortion"* (ZAGO Member)

All the other organizations interviewed, expressed support for safe abortion when provided within the provisions of the law and in line with WHO guidance on safe abortion.

Relationship with other associations and organizations

The key informant interviews revealed that there are various players on safe abortion which goes beyond the professional associations. While MoH has tried to leverage this expertise and interest through the coordination of the SAAG and Safe Motherhood Technical Working Group, there remains room for more synergy and concerted advocacy efforts.

Most of the respondents indicated engagement of ZAGO on public health issues including safe abortion but were of the feeling that ZAGO was not visible enough and did not have a strong voice on safe abortion. More so, some associations and organizations felt that ZAGO did not want to engage with them and shunned interaction and partnership. This has negatively impacted ZAGO's visibility, overshadowed its relevance and negatively affected its networking and partnership in abortion.

Obstacles in safe abortion advocacy

As discussed before the variety of personal beliefs within the society hampers the ability for ZAGO to speak as one voice on the topic of abortion. While the executive board acknowledges the professional obligations of a professional network, the overall conviction is that the approach should leave no one behind. Therefore ZAGO prefers to have a CAC approach rather than a safe abortion advocacy approach. While one respondent mentioned that Zambia, apart from ZAGO, is ready for the safe abortion advocacy approach, most respondents were of the opinion that Zambia is not ready to shift from CAC to safe abortion advocacy. Some express the fear that an approach which is too liberal will create a stronger opposition and the risk to move backwards, rather than ahead.

There is presence of a strong opposition and anti-choice movement strengthened by the introduction of the Ministry of Religious Affairs and National Guidance. In line with Zambia's declaration as a Christian nation, the ministry provides input in policy review and implementation based on Christian and moral values.

> *"The reinstatement of the global gag rule has also strengthened the anti-choice organization who use the United States of America as an example that even progressive states that champions women's SRHR can call for restrictions on safe abortion provision and advocacy"* (WiLDAF representative)

While various studies on the magnitude and impact of unsafe abortion have been conducted, these have often been limited to small scale studies. This has resulted in inadequate evidence on the

national magnitude and impact of unsafe abortion, thereby limiting evidence for safe abortion advocacy. Many policy makers believe safe abortion is a western concept championed by western countries, therefore a lack of home grown research and evidence regresses safe abortion efforts.

Despite the law on abortion existing from as far back as 1972, there is a lack of awareness on it among communities, health practitioners and law enforcers. This has been exacerbated by the lack of alignment of the penal code and the TOP Act, which gives rise to the belief that abortion is illegal in Zambia. This creates fear for advocacy and service provision, as people fear police harassment and abortion related stigma and discrimination.

Conscientious objection is also a major obstacle to both safe abortion advocacy and service provision. Zambia does not have a large number of doctors and specialists so conscientious objection further reduces the available pool for doctors to provide certification for abortion services as well as participation in safe abortion advocacy.

Current role in CAC advocacy

There has been advocacy at various levels for safe abortion resulting in the recently signed revised Standards and Guidelines on Comprehensive Abortion Care (2017). There has also been continued advocacy for the domestication of international commitments and consensus documents that support women's SRHR. Some organizations are conducting community awareness on the law on abortion and the availability of services while other partners, including ZAGO are conducting awareness on age-specific, culturally sensitive sexuality education and emphasising the need for abstinence and pregnancy prevention. The more professionalized media has also increasingly played a critical role by providing evidence-based information to the public and engaging ZAGO members for technical opinion on public health matters including safe abortion.

Opportunities for strengthening CAC network

Various opportunities to strengthen safe abortion network exist both within and outside ZAGO. ZAGO has a diverse pool of experts with knowledge, technical expertise and experience in the provision and advocacy for CAC. This creates an opportunity for ZAGO to be the strong voice on CAC and other SRHR issues. ZAGOs comparative advantage provides an opportunity for it to influence national opinion and policy and positions of other professional bodies including ZMA.

Opportunities to support CAC exist, including on prevention of unintended pregnancies, with specific attention for youth friendly services, strengthening post-abortion care, creating awareness on the law on abortion, advocacy for continuous training and supply of commodities and equipment (MVA, MA drugs and LARC) for service provision, values clarification and attitude transformation sessions for health care providers, MoH officials and key decision makers. This can be enhanced by ZAGO taking efforts to improve its visibility, creating open communication channels with MoH, taking an interest in public health and strengthen its networking and partnership.

ZAGO has been working to strengthen its fundament as a professional association. This led to a comprehensive Strategic Plan for the years 2017-2021, looking forward "to contribute to the excellence of their practice and the improvement of women and adolescent girls health" (ZAGO, 2017). While medical problems, such as abortion, are not specifically addressed in the strategic plan, many of the desired outputs and outcomes cross-link with the proposed CAC advocacy project, such

as on information sharing, Continuing Medical Education, capacity strengthening of other professionals, the production of policy papers and briefs, media engagement, partner strengthening, the preparation and adaptation of policies and an advocacy strategy. The figure below shows the envisioned outcomes from the strategic plan.

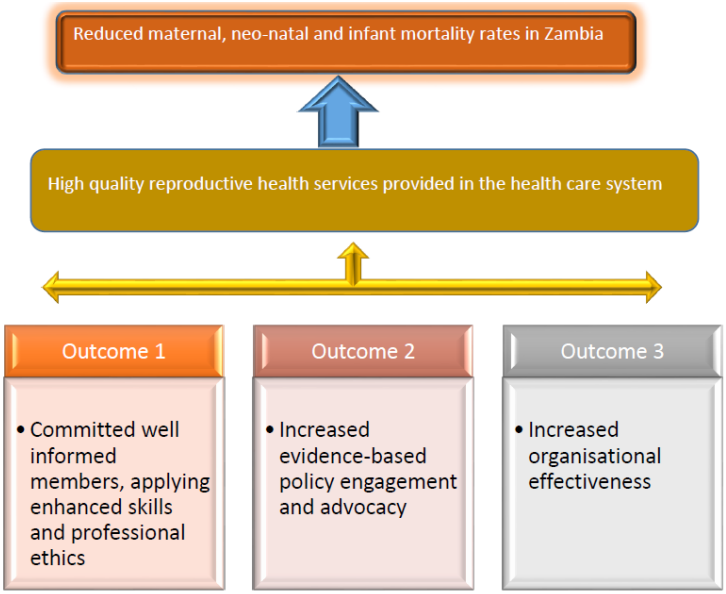


Figure 1 Summary of impact and outcomes. From: ZAGO strategic plan (2017-2021)

Some of the conditions as outlined in the strategic plan are also essential for a successful CAC advocacy project. This includes strengthened organisational capacity with an office and staffed secretariat and mobilised financial resources. ZAGO should actively implement its strategic plan and also expedite the process of conducting the desk review on unsafe abortion so as to develop consensus for the ZAGO position on safe abortion. ZAGO members being close to women's and community experiences on unsafe abortion can inform research and provide capacity building to other organizations, professional bodies and bilateral partners on the magnitude of unsafe abortion and need to implement a CAC approach.

3.4 Stakeholder workshop

Throughout the sessions of the workshop, many elements related to ZAGO's capacity for CAC advocacy emerged. They are summarized below and grouped under the following overarching themes: administrative capacity; service delivery; inclusivity; and evidence building. The elements are used in the development of action plan.

Administrative capacity

- Need for a secretariat
- Need for a fundraising strategy
- Improved communication between ZAGO and its members
- Technical Working Group (TWG) on CAC and development of a policy position
- Recruit all obstetricians-gynaecologists into ZAGO, i.e. make membership mandatory for professional practice

Service delivery

- Need for commodities; without ensuring a continuous supply of RH commodities there will be a gap between the people being sensitized around CAC and those able to receive the services
- Review of and debate on RH costs (practice of women being charged for services)
- Need for access to correct information about RH services and channels of referral
- Entranced confidentiality on RH topics, including CAC, at health facilities
- Need for scale up successes of the previous ZAGO-FIGO initiative on prevention of unsafe abortion, e.g. sensitization & training on LARC

Inclusivity

- Need for an open dialogue on sensitive topics and willingness to take an organisational standpoint; improved visibility of ZAGO
- Cognisance of the fact that ZAGO is a diverse group of people; interventions should be cohesive and not leave people behind
- Broad sensitization of public and health providers on SRHR, CAC services and TOP act
- Debunking myths (that TOPs are illegal, you will never have children, child spacing)
- Sensitization of traditional healers on consequences of unsafe abortions
- Strengthen/improve the relationship with social workers & the social welfare department under Ministry of Community Development (MCD) for social support
- Sensitize and strengthen linkages with pharmacists on safe abortion & strengthen pharmaceutical regulations
- Strengthen the adolescent health package

Evidence building

- Strengthen data management around CAC
- Build evidence further beyond UTH
- Document evidence for use in advocacy

Social Networks

During group work social networks for comprehensive abortion care were identified. Annex 3 provides a summary of allies and networks where potential allies could be found. This should be seen as a dynamic table. Along the way new allies can be identified and potential allies can move.

Strengths, Weaknesses, Opportunities and Threats

The main outcomes of the SWOT analysis can be found in Annex 4.

Action plan

As a final exercise, groups started on defining objectives and activities for an action plan on CAC advocacy. The action plan has the overall objective to strengthen the capacity of ZAGO on advocacy for CAC to then, ultimately, reduce mortality and morbidity as result of unsafe abortion. Activities should serve to reach the objectives and will include the different advocacy levels and social networks addressed during the workshop.

Objectives and activities were formulated around the following overarching themes:

1. Strengthen capacity of the society
2. Improve partnership and networking
3. Contribution to greater acceptance of safe abortion
4. Improve legal & policy dimensions
5. Ensure a process for generation and use of evidence for action

Many of these objectives align with ZAGO's strategic plan. The upcoming FIGO project therefore provides a great opportunity to implement this plan in relation to CAC advocacy, but also to learn from this project to strengthen other priority topics for ZAGO and vice versa. After the stakeholder workshop the consultancy team continued to develop the action plan, including deliverables. The action plan will continue to be developed in consultation with ZAGO and FIGO.

A preliminary action plan can be found in Annex 5.

4. Conclusions

The needs assessment on CAC advocacy involved conducting a literature review, a survey of members of the association, key informant interviews with stakeholders at various levels, the majority being associated with ZAGO, as well as a stakeholder workshop for ZAGO members and partners. The literature review highlighted the existence of unsafe abortion as a public health concern and one of the major contributors to maternal mortality and morbidity. A relatively liberal law on abortion and standards and guidelines on Comprehensive Abortion Care (CAC) provide an opportunity for both safe abortion advocacy to address existing barriers and support service provision.

However, in advancing a CAC advocacy project, the needs assessment highlights various challenges including;

- **Strong religious and cultural influence –** with Zambia being a Christian nation, the SRHR advocacy is limited by Christian and moralistic perspectives and values. This gives rise to abortion related stigma and discrimination for another advocating for, providing and/or accessing safe abortion.

- **Lack of awareness on the law on abortion –** despite a relatively liberal law on abortion, there is a lack of awareness on it among communities, health practitioners and law enforcers. This results in fear of abortion related stigma and discrimination for participating in safe abortion advocacy and provision. This is exacerbated by the lack of alignment of the TOP Act with the penal code, which gives rise to the belief that abortion is illegal in Zambia.

- **Lack of ZAGO position on safe abortion** – ZAGO has no association position on safe abortion. This has also affected ZAGOs visibility and voice as a public health expert on the issue. ZAGO members are not homogeneous, they have varying views and personal beliefs on safe abortion which has impacted their ability to play an advocacy role given their expertise and strategic positioning.

- **Strong anti-choice** movement- There is an emergence of a strong opposition and anti-choice movement strengthened by the introduction of the Ministry of Religious Affairs and National Guidance. In line with Zambia's declaration as a Christian nation, the ministry provides input in policy review and implementation based on Christian and moral values. This is sometimes in conflict with women's choice and enjoyment of their sexual and reproductive rights. The strong presence and increased funding of the anti-choice movement has reduced the visibility and advocacy efforts of safe abortion proponents

- **Lack of data on safe abortion:** for health providers who perform safe abortion, because of fear of arrest, this is not recorded as such. There is therefore lack of sufficient data that can be used for safe abortion advocacy.

ZAGO has a comparative advantage as an association of technical experts who directly interface with women's and community's experiences with unsafe abortion. This places it as a critical voice on safe abortion to influence and shape public opinion and policy for Comprehensive Abortion Care.

Recommendations for future program

Building its base as an advocate, including for Comprehensive Abortion Care, the association will require to address the various and potential challenges as were identified during the key informant interviews and the two day's workshop. This could include the following:

- Strengthen ZAGOs governance and visibility
- Develop an association position on safe abortion which is well communicated to its membership
- Develop and strengthen the evidence base for comprehensive abortion care advocacy
- Create and strengthen an advocacy network of comprehensive abortion care actors
- Create awareness on the law on abortion and consequences of unsafe abortion
- Advocate for procurement support and, in collaboration with partners, develop a strategy to ensure continuous supply of reproductive health commodities including contraceptives (LARC), Medical Abortion drugs (MA) and Manual Vacuum Aspiration (MVA kits)

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Annex 1 Program and participants of stakeholder workshop

The original program is outlined below. Due to time constraints the program was adapted during the days. Starting time was later and some components were skipped (crossed below).

Time	Content
8.30– 9.10	Introduction: Welcome and prayers Getting to know each other, expectations, purpose, objectives, agenda, facilitator's participant roles, group norms, evaluation process, housekeeping
9.10-10.20	Presentation preliminary country results; validation of analysis; Presentation of ZAGO's previous work in the prevention of unsafe abortions initiative Dialogue about reasons for abortion and what needs to improve to meet women's need for comprehensive abortion care
10.20-10.35	**Break**
10.35 -11.00	Presentation and discussion results of group work dialogues
11.00-11.30	Implications of national abortion laws on access to CAC and safe abortion.
11.30-12.30	Share positions and personal beliefs and discuss professional responsibilities (moved to day 2)
12.30-13.30	Lunch
13.30-14.00	What is advocacy: concept, levels and challenges
14.00 -14.30	~~Advocacy perspective, risks and benefits in advocacy~~
14.30-15.00	Roles in advocacy
15.00-15.15	Break
15.15 -16.00	Roles in advocacy continued
16.00-16.25	~~Power dimensions in advocacy~~
16.25-17.15	~~Advocate for safe abortion care~~
17.15 –17.30	Evaluation of the day
Day 2	
8.30-9.00	Welcome and prayers Recap of day 1
9.00-10.00	Social networks and reaching different audiences
10.00-10.30	Break
10.30-11.00	Address parked issues (personal beliefs and professional obligations)
11.00-12.30	~~Presentation of achievements weaknesses barriers and opportunities of previous abortion project~~ . Strengths, weaknesses, opportunities and threats of the national society for CAC advocacy.
12.30-13.00	Lunch
13.00-15.00	Develop an action plan for CAC advocacy in small groups
15.00-15.15	Break
15.15 -16.00	Continue develop action plan
16.30-17.00	Presentation and discussion action plans in plenary
17.00-17.30	Evaluation and goodbye

Elaboration on Content of the workshop

The workshop contained eight components:

1. **Introduction:** a session where the background and objectives of the needs assessment and the stakeholder workshop were explained, logistics of the facilitations process, roles and group norms were discussed. Dr. Theresa Nkole, president of ZAGO opened the day and gave a reflection on ZAGO's standpoint to advocate for a more holistic approach rather than solely for safe abortion.
2. **Presentation of draft country results and identification of women's needs for safe and legal abortion:** a session where the preliminary results of the desk review on country background, legal and political context, abortion stigma, service delivery environment and advocacy activities in the country were presented and validated with the participants.
   Dr. Swebby Macha, FIGO's focal point, gave a presentation on ZAGO's activities and outcomes of the previous FIGO initiative to reduce unsafe abortions, running from 2008-2016.
   In a second part of the session case studies about women having obtained unsafe abortion were discussed and analysed in groups. Needs from the perspective of the woman were identified with respect to availability, access to and quality of CAC services, environmental and legal dimensions.
3. **Share positions and personal beliefs; discuss professional responsibilities:** a session where personal barriers and motivations to provide CAC were explored, with the emphasis that everybody has a right to personal beliefs, which are not questioned. Personal beliefs were benchmarked against professional responsibilities and FIGO's resolution on conscientious objection was discussed in the light of remaining barriers (such as limited professionals available in the country).
4. **What is advocacy and why providers as advocates**: a session to define advocacy and emphasize health providers' unique strength for advocacy, based on: first-hand experience, trustworthiness, extensive network, intermediary client-provider, prestige and status.
5. **Three roles of an advocate:** a session to explore one's advocacy role as an educator, witness or persuader within different advocacy scenarios: provider-client, provider-provider, provider-professional network, provider-media, provider-policymaker.
6. **Social networks and reaching different audiences:** a session to explore social networks for advocacy on CAC, identify current and potential allies and ways to reach them.
7. **Strengths, weaknesses, opportunities and threats (SWOT) analysis:** to the CAC advocacy capacity of ZAGO.
8. **Development of an action plan:** a session to, based on the outcomes of the previous session components, identify objectives and activities for the next proposal on CAC advocacy.

The following sources were used for development of the workshop activities:

- Ipas | Providers as advocates for safe abortion care: A training manual. 2009 http://www.ipas.org/en/Resources/Ipas Publications/Providers-as-advocates-for-safe-abortion-care-A-training-manual.aspx
- Ipas | Abortion attitude transformation: A values clarification toolkit for global audiences. 2011 http://www.ipas.org/en/Resources/Ipas%20Publications/Abortion-attitude-transformation-A-values-clarification-toolkit-for-global-audiences.aspx

Participants of the workshop

	Name	Where from	Designation
1	Theresa Nkole	ZAGO/ University Teaching Hospital (UTH) Lusaka	Consultant obstetrician-gynaecologist; President ZAGO
2	Swebby Macha	ZAGO/UTH Lusaka	Consultant obstetrician-gynaecologist; FIGO focal point for ZAGO
3	Richard Mwila	Kanyama Hospital	Consultant obstetrician-gynaecologist; Treasurer ZAGO
4	Eugene Kaunda	Monze Mission Hospital	Consultant obstetrician-gynaecologist
5	Scholastica Nkonde	Women and Newborn Hospital (WNH), UTH Lusaka	CAC nurse
6	Mwansa Ketty Lubeya	WNH, UTH Lusaka	Registrar obstetrics-gynaecology
7	Reward Sibanda	WNH, UTH Lusaka	Registrar obstetrics-gynaecology
8	Mutale Mushekwa	WNH, UTH Lusaka	Registrar obstetrics-gynaecology
9	Rosemary Ndonyo Likwa	University of Zambia; School of Public Health	Lecturer, researcher, consultant population studies
10	Timothy Banda	Ipas Zambia	Policy Advisor
11	Quagy Siamalambwa	Choma General Hospital	Consultant obstetrician-gynaecologist
12	David Lubansa	WNH, UTH Lusaka	Consultant obstetrician-gynaecologist
13	Namakando Simamuna	Marie Stopes Zambia	Policy and Partnerships Officer
14	Gibson Nkhata	WNH, UTH Lusaka	Registrar obstetrics-gynaecology
15	Mulaya Mubambe	WNH, UTH Lusaka	Registrar obstetrics-gynaecology
16	Alexander Kawimbe	Kabwe General hospital	Consultant obstetrician-gynaecologist
	Only parts of day 1:		
17	Samson Chisele	ZMA; UTH Lusaka	Consultant obstetrician-gynaecologist; Vice-president Zambia Medical Association (ZMA)
	Only parts of day 2:		
18	Andrew Kumwenda	WNH, UTH Lusaka	Consultant obstetrician-gynaecologist; ZAGO executive committee member
19	Gertrude Tshuma	WNH, UTH Lusaka	Consultant obstetrician-gynaecologist; ZAGO executive committee member
20.	Muzi Kamanga	WiLDAF	Country Director

Annex 2: Overview of outcome online survey

The summary of responses to the online survey comes in an additional file, in PowerPoint format.

Annex 3 Social Networks

Level	Allies	Potential allies
International level	• FIGO	• African Federation of Obstetrics and Gynaecology (AFOG) • East Central and Southern Africa Organisation of Obstetrical and Gynaecological Societies (ECSAOG) • African Union • Southern African Development Community (SADC) • DKT international • IPPF
Professional network	• Zambia Medical Association (ZMA) • Resident Doctors Association of Zambia (RDAZ) • Midwifery Association Zambia (MAZ)	• Medical Women's Association of Zambia (MWAZ) • Zambia Union of Nurses Organisation (ZUNO) • General Nursing Council of Zambia (GNC) • Health Professions Council of Zambia (HPCZ) • Clinical Officers Association of Zambia (COAZ) • Medical Licentiates Association • Pharmaceutical Society of Zambia (PSZ) • Traditional Health Practitioners Association Zambia (THPAZ)
National policy level	• MoH • Health committee under the parliament	• Ministries of Education (MoE); Ministry of General Education (MoGE) and of Higher Education (MoHE) • Ministry of Gender and Development • Ministry of Justice • Ministry of Information • Ministry of Youth and Sports (MoYS) • Ministry of Religious Affairs and National Guidance • Ministry of Chiefs and Traditional Affairs (MOCTA) • Coalition of African Parliamentarians against HIV & AIDS (CAPAH)
County policy level	• District Health Office (DHO)	• District Commissioners (DC)
NGO's	• Ipas Zambia • Marie Stopes Zambia • Young Women Christian Association (YWCA) • Panos Institute Southern Africa	• Non-Governmental Organisations Coordinating Council (NGOCC) • Society for Family Health (SFH) • Planned Parenthood Association of Zambia (PPAZ) • Family Health International (FHI) • Scaling up Family Planning (SUFP) • Save the Children • Population Council
Bi- & multilaterals	• UNFPA	• WHO • Sida; DFID; the Netherlands
Legal network	• Police	• Law Association of Zambia (LAZ)
Education network	• Zambia Colleges of Medicine & Surgery (ZACOM)	• Schools, colleges, universities • Teachers Union
Religious network		• Church groups • Evangelical Fellowship of Zambia (EFZ) • Zambian Council of Anglican Bishops (ZCAB)
Community		• Traditional leaders
Media		• Public media • Private media

Annex 4 SWOT analysis

SWOT analysis of national society capacity for CAC advocacy

Strengths

- ZAGO is close to the community; present in the field
- ZAGO gets stronger with Strategic plan 2017-2021; instalment of website
- Active Executive committee
- Existing networks in Zambia and links to international organizations
- Representation at policy level; MoH
- Access to the media
- Development and existence of Standards and Guidelines
- Sufficient knowledge on the subject
- Increase in the numbers of specialists in Obs/Gyn, who are fairly well distributed across the nation

Weaknesses

- ZAGO is centralised around Lusaka
- No secretariat
- Not enough CAC providers
- Inadequate (financial) resources to conduct activities, e.g. training
- Lack of consensus on safe abortion; inability to stand up on some of the critical national issues
- Apathy of members to get actively involved
- Membership is voluntary
- Infrequent communication of ZAGO to members; website still scarce in provision of information
- Attitude of health providers towards women in need of CAC services
- Probabilities not fully known by the public

Opportunities

- Liberal abortion laws
- Governmental and infrastructure support
- Availability of line ministries (MOGE, MOYS, MCD)
- Participation in national policy on CAC can be strengthened
- Donor/partner support; diversity of NGO's/partner involvement
- Availability of a relatively independent media; and access to social media (Facebook & WhatsApp)
- Dissemination of policy and guidelines through the website
- Introduction of sexuality education in schools; youth friendly services

Threats

Internal:

- Strong divergent views within the society
- Apathy

External:

- Dependency on donor partners to carry out activities; lack of USAID funding due to Mexico City Policy
- Political, cultural and religious belief interference; e.g. declaration of Zambia as a Christian Nation, Bill of rights (life begins at conception), no access through mission hospitals.
- Inadequate supply of Reproductive Health Commodities

Annex 5 Country action plan

A preliminary country action plan will come in a separate file in excel format.