

## Advocating for Safe Abortion project

### SHARING BEST PRACTICES

The Advocating for Safe Abortion project (ASAP) has just entered the 2nd year of implementation and we want to celebrate the achievements so far. It has been a year full of action that has seen all 10 member societies setting up their Project Monitoring Units (PMUs), strengthening their capacities in project management and advocacy, and beginning the implementation of their action plans. The year ended with the unexpected outbreak of COVID-19, a pandemic that has changed our ways of working and some of our plans for the future, but that has also thought us more than ever the importance of adapting our work to a constantly changing environment where women's right to safe abortion remains a priority.

This newsletter has the objective to bring the 10 countries involved in the project closer to each other and ensure that they have the opportunity to share their work and to learn from each other's experiences. This newsletter is in no way attempting to be comprehensive and to represent all the aspects of the work done by the member societies involved, but hopefully it will bring to your attention some interesting examples of what has been done so far.

Also, the way the information is presented for each society is a bit different since the best practices have been extrapolated from different activities. Some of them have been shared during the regional learning workshops in the form of Power Point presentations, and some were more extensive documents or reports. So if at any point you would like to learn more about any of the featured examples, feel free to get in touch directly with your colleagues within the relevant society.

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# STAKEHOLDERS ENGAGEMENT IN A NETWORK

## CNGOB—BENIN

### Context:

The National College of Gynecologists and Obstetricians of Benin (CNGOB), in partnership with the International Federation of Gynecology and Obstetrics (FIGO), has obtained funding to set up an Advocacy for Safe Abortion Project (PPAS) in Benin.

Indeed, the phenomenon of unwanted pregnancies is increasingly taking on worrying proportions in Benin, from 8,991 to 11,423 cases of abortion per year between 2010 & 2016 (data on unsafe abortions in Benin, SGI / DPP). In addition, the Ministry of Health estimates that unsafe abortions are still taking place and represent up to 15% of maternal deaths (hospital data, Ministry of Health, 2011). A 2016 study on the subject revealed that 73,321 induced abortions and 68,922 spontaneous abortions took place at the

national level. A 5-year study carried out in Benin in 3 hospitals shows that 3,139 women had been hospitalized for incomplete abortions (resulting from voluntary interruption of pregnancy), of which 630 had not required care, 1,277 had been treated with Manual Intra-Uterine Aspiration (MVA) and 537 by administration of Misoprostol (Turner, Senerowics, & Marlow, 2016). Benin is awaiting the decree implementing article 17 of Law No. 2003-04 of March 03, 2003 relating to sexual health and reproduction, because the current legal vacuum opens the way to many abuses.

*A “Cheffe de File” or Head of the Network was elected and plays a key motivating role.*

### Methodology:

The CNGOB PPAS is not the first project in Benin that addresses the theme of safe abortion (SA). Thus, in order to not reinvent the wheel, the PMU relies on building on the past achievements of NGOs / other stakeholders to carry out its activities.

The creation of a network of stakeholders and an advocacy platform for SA is innovative and motivates all stakeholders with an inclusive approach. After a stakeholder mapping was done, a MoU with stakeholders was signed during a networking workshop on March 19, 2020. There was also the election of a “Cheffe de File” or Head of the Network from amongst the stakeholders involved.

Unfortunately, some SRH NGOs were involved at the start but ultimately did not have a favourable position on SA.

The involvement of key resource people from all stakeholders as well as the CNGOB Focal Points throughout project activities such as training sessions and the validation of reports from different consultants has allowed better ownership of the project by stakeholders.

### Critical success factors:

- Excel information sheets sent to NGOs in advance for them to fill in
- Constant & interactive animation of the WhatsApp stakeholder chat
- The involvement of stakeholders in the committees for tender for project activities
- The constant motivating role of the “Cheffe de File”



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# EXPANDING THE ACAC ADVOCACY NETWORK

## SOGOC—CAMEROON



In Cameroon, complications of unsafe abortion accounts for 24.2% of maternal deaths. There is an urgent need to establish a comprehensive approach in ending preventable maternal deaths, which means a change in the perception of comprehensive abortion care (CAC) and the stigma that goes with it.

With these principles in mind, the Society of Gynaecologists and Obstetricians of Cameroon (SOGOC), through the ACAC Project PMU, has prioritized and led the establishment of a coordinated network to advocate for increasing access to CAC services in conformity with the Maputo protocol ratified by Cameroon. 15 partners, including the Ministry of Health (MoH), SRHR organizations, women associations and human rights organisations, have joined the ACAC Advocacy Network so far. The Bureau of the Network is made up of representatives from SOGOC, Department of Family Planning, Ministry of Health, CASM and Cameroanaise pour les Femme Jurists.

The Networks partners have developed a Terms of Reference in which is established that membership is free and every member of the network possesses a duly signed engagement letter. They have also worked on a

strategic plan and their main advocacy goal is that the Ministry of Public Health will table a draft bill to the Prime Minister proposing modifications to article 339 of the penal code by May 2021.

### Annual Action Plan

They have also developed and validated an annual Action Plan with different activities, such as sensitization and education campaigns; capacity building workshops; documentation of champion stories from abortion survivors and, advocacy actions to improve the abortion law in Cameroon.

### Challenges

Some of the challenges the team has found are the sensitivity of the objective of the network that make difficult to bring some potential organisations into the network. Abortion is still a very sensitive topic to deal with in Cameroon. Some officials at the MoH are also reluctant to be part of the network because of this sensitivity. The PMU keeps working on the expansion of the network and identifying new like-minded organizations.

### LESSONS LEARNT

- ◇ Collaborating with other like-minded organisations helps to achieve Project objectives faster and avoid duplication of efforts.
- ◇ The ACAC network helps to improve visibility for SOGOC.
- ◇ Patience and resilience is needed to attract and integrate other potential partners.
- ◇ Partnership needs to be free and conform with the objectives of the potential organisations joining the network.



# SETTING UP SOCIETY'S REGIONAL SECTIONS

## SOGOCI—COTE D'IVOIRE

### Objective:

Assess the impact of the establishment of SOGOCI regional sub-sections in advocating for safe abortion.

Methodology - the advocacy for safe abortion took place in three stages:

First step: Preparation of the installation of 10 regional sub-sections, by the selection of 10 health regions; the design of regional offices; the choice of the location of the regional subsection; the choice of regional focal points; preparation of media coverage; meetings with the political and

administrative authorities of the regional sub-sections.

Second step: Installation of sub-sections and training in Values Clarification for Attitude Transformation (VCAT) on safe abortion; leadership training; training in advocacy for safe abortion; practical training in the management of safe abortion for health providers.

Third step: Development of a regional action plan; monitoring - evaluation of the implementation of the action plan of the regional sub-sections; coaching.

*The sub-sections are SOGOCI representatives in their region and thus facilitate the efficient achievement of its objectives.*



### Results:

6 out of 10 regional sub-sections have already been installed.

240 Service Providers (Gynecologists, Doctors and Midwives) have taken part in the installations and training; they are now equipped to register information about safe abortion in their practice.

36 meetings have been held with administrative and political authorities.

Press relations by publication: 20 press contacts for coverage; 03 TV

spots broadcast; 06 radio spots broadcast 126 times; 06 television reports in the 8 p.m. news; 12 written press articles.

The sub-sections are SOGOCI relays in their region and thus facilitate the efficient achievement of its objectives.

### Conclusion:

The installation of 6 regional sub-sections of SOGOCI enabled information, awareness, values clarification for attitude transformation (VCAT), and training in the management of safe abortion for 240 providers in reproductive health across different regions. Monitoring and coaching for the implementation of regional action plans enables improved promotion of safe abortion.

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## ADVOCACY ON SAFE ABORTION

### KOGS—KENYA



In the first year of the project, one of the key focus areas for the KOGS team was to support the Comprehensive Abortion Care network in Kenya .

#### Best practices identified:

- Ensure a wide range of stakeholders on the network, including lawyers. Different partners can play different roles, for example KOGS can give the technical perspective which the legal experts can translate into legal language.
- The network needs to agree on what its role is. In Kenya the general objectives is to reduce issues around unsafe abortion and to strengthen post abortion care within the legal framework. The approach of each member is different, but meetings are held to strengthen and to discuss in order to agree and come to consensus.
- Languages can be a barrier – it's important to translate information into the appropriate language for the target stakeholder. In Kenya this is mainly English and Swahili, but they also work with communities to translate messages into local languages. They also work with the Media and Social Media to reach these communities.
- Form a technical working group which looks beyond the project, in order to try to ensure some continuity.
- Evaluate the communities you are trying to reach in order to assess the impact.

#### **KOGS OBJECTIVES IN THE NETWORK**

- ◇ To strengthen the communication to influence policy.
- ◇ To establish SRHR committee to enhance advocacy work.
- ◇ To utilize standard guidelines in reducing maternal mortality.
- ◇ To come up with evidence based policies, practice and advocacy messages.

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# TRAINING OF INTERNAL COMMITTEE ON “RELIGION AND ABORTION”

## SOMAGO—MALI

### ISLAM IN MALI

Islam has been present in Mali since the 11th century.

Mali has been a member of the Organization of the Islamic Conference (OIC) since its foundation in 1969.

In Mali, according to the last census in 2009, 94.8% of the population is Muslim. "Those who are strongly religious have gained political influence, like any pressure group that uses its strengths in society and its capacity for popular mobilization to advance its point of view", that is to say that the voice of the religious is indispensable to undertake any kind of activities in the country.

As safe abortion is a very sensitive subject, from a religious point of view, we have found it important to involve religion in the advocacy process to better achieve the goal.

Several religious sensitivities are seen within SOMAGO. For this, it was first necessary to enlighten each member of the SOMAGO Internal Committee on the theme "Religion and Abortion", so that the success of the project rests on the perception of the members of the Internal Committee on abortion, and its relationship with religion". It is in this context that a workshop bringing together the members of the Internal Committee, the Project Management Unit was organized with the following objective:

To enlighten each member of the SOMAGO Internal Committee (especially those reluctant to secure abortion for religious beliefs) on the vision of the Muslim Religion with regard to safe abortion within the limits of the law in Mali.

#### Methodology:

We have identified a well-lit Imam, who has a lot of experience working with several NGOs here in Mali on issues of Sexual Health, and Reproductive Rights.

He is also a member of RIPOD (Islam Network, Population and Development) and the High Islamic Council of Mali in

which he has a great influence.

The methodology consisted of:

- Reading and explanation of certain verses from the Koran in relation to the rights and duties of women in the family.
- Plenary discussion on situations which can lead to abortion and which are accepted by the Muslim religion
- Questions and answers and clarification of concepts for participants

Participants:

Internal (members of the PMU)

External (Some members of SOMAGO, all members of the Internal Committee of SOMAGO)

#### Results:

At the end of the two days of training with the Imam, all members of the SOMAGO Internal Committee had a positive perception of the practice of safe abortion within the limits of the law in Mali. They were informed about the indications of abortion with regard to the Muslim religion and the rights and duties of the woman and the spouse in the family.

#### Key factors of success:

- The choice of an Imam who has experience working on these issues: Sexual Health and Reproductive Rights, Planning, Abortion, HIV, etc.
- The choice of participants with various sensitivities: some fundamentally opposed to abortion for whatever reason, others much more moderate. The two majority religions in Mali were represented.
- The implementation of this training at the beginning of the project, which will allow a large number of Gynaecologists and Obstetricians and partners to support the practice of safe abortion in Mali.





# BEST PRACTICES ON SAFE ABORTION

## AMOG—MOZAMBIQUE

Mozambique has the most liberal abortion law of any country in the project, after it was changed in 2014. Therefore a key focus of the project is to educate and sensitise people about the new law. Mozambique is a large country, and NGOs have worked together to split the different provinces amongst them in order to streamline their advocacy work. The below is a list of best practices identified across the different areas of work in Mozambique:

- Work with partners to identify focal points in each province who can lead advocacy efforts in that area. They should work closely with community leaders.
- Mapping stakeholders is important to find a range of organisations working in this field.
- Bringing new stakeholders to the network is helpful in spreading the message about the legal change through their own networks and stakeholders in their respective regions.
- It is very important to develop different advocacy techniques with different audiences.
- Use simple and short key messages taking into account people, policy commitments and data/evidence makes a stronger case for influencing decision makers.
- Agreeing official Memorandum of Understanding with Ministry of Health/ other government bodies can help in leverage some action. AMOG are using the maternal mortality angle to engage them on this.
- Accurate up-to-date data is essential for effective advocacy – in Mozambique they are piloting a new data collection technique which will hopefully be adopted as part of the DHS.

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# DEALING WITH INTERNAL OPPOSITION

## ZAGO—ZAMBIA

Internal opposition within ZAGO threatened the project happening in Zambia. The project team however was successful in addressing the opposition and ensuring that the project could take place. These are the strategies and lessons learned identified:

- When there is opposition amongst the leadership, engage likeminded OBGYNs to influence decisions in the interest of women.
- Engage Ministry of Health for support against internal opposition.
- Never underestimate the power of mapping like-minded individuals to advance on Comprehensive Abortion Care.
- Professionalism and the need to save lives should drive CAC services, so you can use abortion statistics to lobby support.
- Map out media to diffuse your messages to target groups.
- Utilise the opportunity of the project to build organisational and individual capacity.
- Go directly to institutions to influence them.



### Lessons learnt from ZAGO Internal Opposition

- NEVER underestimate the power of mapping like minded individuals TO advance CAC.
- Get support from FIGO & MOH – positions on Abortion are usually clearly outlined.
- Professionalism & the NEED to SAVE lives should drive CAC services- use ABORTION statistics to lobby support.

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# INTRODUCING A HEALTH MANAGEMENT INFORMATION SYSTEM

## SPOG — PANAMA

In Panama, as many countries across the world, there is a lack of reliable and quality data on Sexual and Reproductive Health (SRH) and, in particular, on abortion. Having a national health management information system (HMIS) is critical not only to better inform policy makers, but also to advocate for improving access to safe abortion services and reduce maternal mortality.

With this goal in mind, the Panamanian Society of Obstetricians and Gynaecologists (SPOG), through the PMU, has prioritized in the first year of the project the provision of trainings to health professionals on the existing national HMIS, called SIP WEB Plus.

Doctors-members of the National Society (SPOG) have facilitated the trainings on SIP WEB Plus to more than 200 health professionals at different levels across the country. Currently, these professionals are registering and collecting systematically reliable data on women's SRH and, in particular, perinatal and abortion.

This will allow the generation of data on abortion (e.g. prevalence, causes, service provision, correlation between maternal mortality and abortion) and post abortion (e.g. family planning), and the use of this data to conduct epidemiology

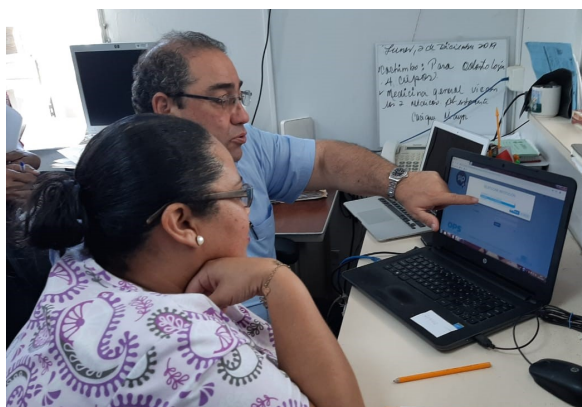
research.

### SIP WEB Plus

The SIP WEB Plus is a free and online platform, provided by the OPS/WHO. It is easy to access and generates open access data. In Panama, this information/history patient system allows to register all abortion circumstances, it has three codes for therapeutic, incomplete and legal abortions.

### Key learnings

- The homogenization of HMIS is essential to generate reliable and quality data on abortion, in order to better inform Sexual and Reproductive Health policies and programmes.
- Having a national norm and regulations in place is key in order to apply and use the same information system in all hospitals across the country.
- The engagement of the Ministry of Health and other Governmental authorities is also crucial in order to be able to put in practice those norms.



*“The homogenization of health management information systems (HMIS) is essential to generate reliable and quality data on abortion, to better inform SRH policies”*

# STRENGTHENING SOCIETY BRANCHES IN DIFFERENT REGIONS

## SPOG—PERU

In Peru, the PMU has prioritized to strengthen the organizational and institutional capacity of the Peruvian Society of Obstetricians and Gynecologists (SPOG), and to increase its membership, especially among young doctors. Having the National Society well positioned is crucial for an effective advocacy work. With this in mind, the PMU has been focused on strengthening the engagement and links between the regional branches and the Society HQ.

SPOG's work plan includes different regional activities, such as the organisation of scientific sessions in the regional branches and safe abortion advocacy workshops. In these sessions, facilitated by doctors members, they encourage regional focal points to organise their own scientific sessions, and they are also invited to join the Safe Abortion Advocacy Network (REDPAAS) and collaborate in the ASAP Project activities.

The team aims to consolidate the Society's position as a SRHR and safe abortion advocacy national leader

before the end of the project.

The team in Peru expects to get between 80 and 90% of Peruvian gynaecologists to become members of the National Society. The team has reached the following Society's branches in the first year of the project: Loreto, Cajamarca, Ayacucho, San Martin, Junin, Piura, La Libertad, Lambayeque, Ica.

### Achievements

The meetings with regional presidents/focal points of the Society have improved administrative planning and encouraged branches' members to organise their own academic activities. Additionally, the organisation of extraordinary scientific sessions has been proved to be a good strategy to get the engagement of the regional steering committees' members in the Society's activities and project, as well as the gynaecologists and obstetricians. It is also remarkable that the PMU has reactivated 6 of the 18 regional branches of the National Society in the first year of the project and has increased its membership.

### LESSONS LEARNT

- ◇ **Open the Society to young doctors and not having too hierarchical structures help to increase membership.**
- ◇ **Conduct surveys among gynaecologists to gain insights on how much they know about the Society and what they expect or want from the Society help to increase membership.**
- ◇ **To catch the attention and engage gynaecologists and obstetricians in the activities of the Society, including safe abortion advocacy workshops, is key to understand the context and listen their scientific interests.**
- ◇ **The term 'abortion' has to be used carefully in some conservative regions of Peru as abortion stigma influences doctors and population in general.**

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*“Straight forward communication strategies are needed in the context of Peru to advocate for safe abortion. These have to address the problem from the perspective of the women's rights to protect their health and life”*



# MEDIA SENSITISATION PLAN

## AOGU—UGANDA

In Uganda the team has identified the media as a key stakeholder and advocacy target, both within their own right and as a way of reaching the community and other stakeholders. As a result, AOGU developed a media sensitisation plan as a means of defining:

- Key strategies for reaching, working with and influencing the media
- Objectives of the key advocacy messages
- What the key advocacy messages are (broken down by different types of media)

Best practices identified:

- Identify target groups then work with media representatives to develop key messages for each group. Utilise obstetricians to provide the technical facts.
- Work as a group rather than individuals
- If possible work with media practitioners that are already value clarified and support abortion
- Define different messages for different people
- If possible, sensitise members around the country in order to bring them on board.
- Ask the media if you can check the articles before they publish them, in order to try to avoid them publishing incorrect messaging.
- It can be good to frame abortion within broader SRHR messaging. This way you can potentially reach a wider audience, including those that oppose abortion.
- Use listeners' groups to discuss the issues further.

### PROCESS OF DEVELOPING KEY ADVOCACY MESSAGES

- ◇ Called media personnel from all sections of the media, TV, radio, print, online/social media.
- ◇ Selection through Health Journalists' forum.
- ◇ Sensitisation for one day about safe abortion advocacy.
- ◇ During the same training, raised ideas from them about media sensitisation which fed into the strategy.



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### **RUNNING VIRTUAL TRAININGS AND WORKSHOPS**

Due to the recent pandemic and related social distancing and travel restrictions, we have all had to adapt to a new normal made of virtual meetings, trainings, and events. See below some useful resources:

- ◇ [Zoom-friendly warm ups and icebreakers](#)
- ◇ [Learning from the lockdown - running virtual convenings](#)
- ◇ [Training for Change - tools for online facilitation](#) - the free e-book [Leading groups online](#)
- ◇ [Power dynamics and inclusion in virtual meetings](#)
- ◇ [Resources for Online facilitation from 350.org](#)

### **Find key project documents and resources in the ASAP Dropbox:**

[Advocacy and Communications resources](#)

[Finance resources](#)

[Monitoring and Evaluation resources](#)

[Regional meetings](#)

[Resources on safe abortion](#)

### **Check out FIGO's new website:**

<https://www.figo.org/>

And subscribe to [FIGO newsletter](#).



## **UPDATE FROM ASAP HQ TEAM**

Since the beginning of the project, the ASAP team at FIGO HQ has been working to support the set up of Project Management Units (PMUs) within the 10 member societies involved, and providing technical support, capacity building opportunities and guidance for the country teams. A number of in-person visits during the first year have allowed the establishment of good collaboration between HQ project staff and PMUs and the organisation of two regional learning meetings (in Peru and Uganda) has been a great opportunity for some of the country teams to come together and get to know each other and their work. Unfortunately, the outbreak of COVID-19 has hindered travels and we have had to cancel our West Africa regional meeting and many other visits and events. The HQ team is currently working hard to ensure that continuous support is still provided remotely and the Project Coordinators and Accountants are in constant contact with our colleagues through calls, webinars, and WhatsApp. Similarly, everyone is familiarising with new ways of convening virtual meetings and events through different online platforms such as Zoom.

In March 2020 the HQ team also welcomed a new Advocacy and Communication Specialist, Jameen Kaur, who has been supporting the PMUs in refining their advocacy strategies and providing continuous opportunities to learn how to deliver effective and context specific advocacy around safe abortion. The A&C Specialist has also been guiding the preparation for the HQ celebrations of the International Day for Safe Abortion on the 28th of September.

In order to ensure we keep track of all our achievements, M&E has been another key focus of our work as described in the M&E Manual recently developed by the HQ M&E Coordinator. In line with this, our external partner KIT has been assisting each PMU in familiarising with the Outcome Harvesting methodology and by now all countries have concluded at least their first harvest. Currently HQ and KIT are starting to prepare for the Mid-term review that will take place later this year.

### **ASAP team - Who we are**

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