



**KIT** Royal  
Tropical  
Institute

# ADVOCACY FOR COMPREHENSIVE ABORTION CARE PROJECT

Project of the Society  
of Gynaecologists and  
Obstetricians of Cameroon and  
the International Federation of  
Gynecology and Obstetrics

Final Evaluation

**Title:**

Advocacy for Comprehensive Abortion Care Project End Evaluation Report

**Country:**

Cameroon

**Timeframe of the project:**

April 2019 – March 2022

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**Timeframe of the evaluation:**

January to April 2022

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**Date:**

July 2022

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## Acknowledgements

We appreciate the commitment, support and dedication of those who participated in the interviews and surveys for this evaluation. Special thanks go to the project management team of the Society of Gynaecologists and Obstetricians of Cameroon (SOGOC), who provided their tremendous support to make this evaluation possible, including the focal person of the project, the president of SOGOC and committee members. We are grateful for the support in the organization, and specifically the mobilization of members for the survey.

Thanks to all participants for your openness and willingness to critically reflect together with partners, and for contributing to the learning journey of successful advocacy for women's sexual and reproductive health and rights in Cameroon. Finally, thank you to the team at the International Federation of Gynecology and Obstetrics, for its continuous support, feedback and flexibility during the evaluation process.





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# Abbreviations

|              |  |
|--------------|--|
| <b>ACAC</b>  | Advocacy for Comprehensive Abortion Care   |
| <b>ACMS</b>  | Association Camerounaise pour le Marketing Social  |
| <b>CFA</b>   | Central African CFA Franc  |
| <b>FIGO</b>  | International Federation of Gynecology and Obstetrics  |
| <b>ODAS</b>  | Organization for Safe Abortion Dialogue (Organisation pour le Dialogue pour l'Avortement Sécurisé)       |
| <b>SOGOC</b> | Society of Gynaecologists and Obstetricians of Cameroon (Société Gynécologues-Obstétriciens du Cameroun) |
| <b>SRHR</b>  | Sexual and Reproductive Health and Rights  |
| <b>VCAT</b>  | Value Clarification and Attitude Transformation  |



# Introduction

## The international FIGO Advocating for Safe Abortion Project

From April 2019 to March 2022, the International Federation of Gynecology and Obstetrics (FIGO) worked with ten of its member associations (i.e. national societies of obstetrics and gynaecology) to become key actors in safe abortion advocacy and national leaders in sexual and reproductive health and rights for women. The international Advocating for Safe Abortion Project has been implemented with national societies in ten countries: Benin, Cameroon, Ivory Coast, Kenya, Mali, Mozambique, Panama, Peru, Uganda and Zambia. The project envisioned reaching its objective through five pathways of change in each country, to:

1. Strengthen the management and organizational capacity of the national societies
2. Establish or strengthen a coordinated network with like-minded stakeholders and health system partners to advocate safe abortion and improved access to comprehensive abortion care<sup>1</sup>
3. Create increased acceptance of safe abortion among health workers, policymakers and the general population
4. Ensure communication and sensitization about the national legal frameworks and guidelines on safe abortion and, where applicable, engage in educational non-lobbying advocacy for improved legal dimensions and guiding principles
5. Advocate the better generation and use of evidence on abortion in the country.

These mutually predefined strategies were the result of an extensive needs assessment<sup>2,3</sup> prior to the project. Following this, the national societies developed their own country- and society-specific action plans based on local contexts and priorities. The project started in April 2019 with a set-up phase through locally established project management units, after which the ten units began implementation between July and December 2019. The project ran until 31 March 2022.

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1. Some countries use *safe abortion* throughout and others find comprehensive abortion care to be more strategic terminology. The terms are used interchangeably. All countries include a strong priority on improving the acceptance of and access to safe abortion. Comprehensive abortion care includes all elements to prevent unsafe abortion, including family planning, post-abortion and safe abortion care.

2. de Vries I, van Keizerswaard LJ, Tolboom B, Bulthuis S, van der Kwaak A, Tank J, de Koning K. Advocating safe abortion: outcomes of a multi-country needs assessment on the potential role of national societies of obstetrics and gynecology. *Int J Gynaecol Obstet.* 2020 Mar;148(3):282–289. doi: 10.1002/ijgo.13092.

3. Socpa A., de Koning K., Cameroon country report: needs assessment on safe abortion advocacy: for the Society of Gynaecologists and Obstetricians of Cameroon (SOGOC). Amsterdam: KIT Royal Tropical Institute, May 2018, <https://www.figo.org/sites/default/files/2020-03/Cameroon%20Country%20Report%20Final.pdf>, accessed 14 July 2022.

## The project in Cameroon

In Cameroon, under the guidance of the Society of Gynaecologists and Obstetricians of Cameroon (SOGOC), the Advocacy for Comprehensive Abortion Care (ACAC) project aims to reduce cases of maternal mortality, as a high percentage of these are caused by unsafe abortion. The ACAC project therefore focuses on advocating comprehensive abortion care. The target audiences were reproductive health policymakers, the Ministry of Public Health, the Ministry of Women's Empowerment and Family and other related ministerial departments, lawmakers, SOGOC members and healthcare providers, like-minded organizations, community-based organizations, and the public.

Annex 1 gives the project's theory of change, which visualizes the main strategies, activities, expected results and long-term objectives of the project in Cameroon and serves as a reference for its implementation, monitoring and evaluation. During the first quarter of 2021, a participatory midterm review was organized to reflect on what was working well in comprehensive abortion care advocacy and what was having less effect. The primary objective was to learn from how the outcomes or changes had been achieved, if any adjustments were needed, and to inform the strategies for the remaining project period. The midterm results and subsequent recommendations can be found in the midterm review report.

### Stakeholders of the project

The evaluation considers the following to be stakeholders of the project:

- Primary stakeholders: FIGO, SOGOC project management unit, focal point and committee members.
- Secondary stakeholders: social actors the society aimed to influence by advocacy. These may include general obstetricians and gynaecologists, SOGOC members, network members, healthcare workers, policymakers from the Ministry of Public Health, journalists, and community groups or representatives.
- Tertiary stakeholders: community members, such as women and their partners accessing comprehensive abortion care services. These people are not directly targeted by the project, but are the intended long-term beneficiaries of an improved enabling environment for safe abortion.

### Aim and audience of the evaluation report

With the current phase of the ACAC project coming to a close, an end evaluation was commissioned with these key objectives, to:

- Document the results and accomplishments achieved by FIGO and the member societies
- Analyse the contribution of the project in strengthening the societies, and the results achieved
- Make an assessment of the project implementation and the lessons learned
- Extract lessons learned to understand the enabling and hindering factors in safe abortion advocacy.

To this end, the evaluation team conducted a review exercise from January 2022 to April 2022. The primary users of this evaluation are:

- SOGOC, to reflect on and learn from the project, its achievements and possibilities for continued strengthening of its work, including the sustainability of the results
- Project partners in the country, to better understand and strengthen their work in the area of safe abortion advocacy, in coordination with SOGOC
- FIGO, to reflect on and learn from the project and to inform strategic decisions
- The donor, to have a good overview of the achievements and learning from the project in Cameroon.

### **Scope of the evaluation**

This end evaluation covers the period from the start of the project in April 2019 until the end of March 2022. The evaluation focused on measuring the effects of the project for primary stakeholders (SOGOC and implementing partners) and secondary stakeholders (actors the society aimed to influence). The scope of the project was to strengthen the societies, influence policy and the attitudes of healthcare workers and the public at large. The duration of the project has been too short, though, to measure its effects on the public at large/tertiary stakeholders, such as on their attitudes, on the number of women having access to safe abortion services and on the number of saved lives. Only anecdotal information was provided by primary and secondary stakeholders on how they perceived changes among the general public.

While the evaluation includes an assessment of the relevance, effectiveness, efficiency and sustainability of the project, the latter received particular attention. From the start of the project, attention has been paid to strengthening societies of gynaecologists and obstetricians with the intention that they continue to flourish after the grant ends. The evaluation therefore assessed the extent to which the societies were strengthened and the likelihood that this would be sustained beyond the project. Similarly, when looking at programmatic sustainability, an assessment was formed of the likelihood of societies and networks continuing their work towards improving access to safe abortion. The sustainability of the outcomes is included in the scope of this evaluation.

### **Structure of the report**

Following this introduction, there is a short description on methodology. The findings are structured against the evaluation criteria of relevance, effectiveness, efficiency of project implementation, and sustainability of SOGOC as an organization and programmatically. The report ends with a discussion and recommendations.



# **Methodological Approach**

The methodology, including evaluation matrix, methods and tools applied, is described in more detail in the evaluations methods appendix.

**Table 1. Overview of methods, type of participants, sampling strategy and number of participants**

| Method  | Participants  | Sampling strategy   | Number of respondents  |
|---|---|---|--|
| Desk review of these documents: action plans, quarterly reports, policies, manuals, media items, the website of the Society of Gynaecologists and Obstetricians of Cameroon (SOGOC), research reports, midterm review, outcome harvesting database, and documents evidencing the outcomes | –   | –   | –  |
| Membership survey   | SOGOC members   | Convenience sampling  | 42 respondents: from the 218 listed SOGOC members, 100 SOGOC members were approached, and 60 filled out the survey (but 18 of these did not meet the criteria for the survey, as they indicated not to be members) |
| Capacity-strengthening survey   | Project management unit, focal point and others who received training by the International Federation of Gynecology and Obstetrics (FIGO)   | Aimed to include all who had received training by FIGO under this project | 4 respondents  |
| Key informant interviews with primary stakeholders  | 3 members of project management units, 1 focal point, 4 SOGOC committee members, 2 SOGOC regional focal points, 1 SOGOC member, 1 FIGO representative   | Purposive sampling  | 12 participants  |
| Semi-structured interviews with secondary stakeholders  | Representatives of DKT International, SisterSpeak237, and Sourires de Femmes, a journalist, a delegate from the Ministry of Women's Empowerment and Family, the co-chair of the Advocacy for Comprehensive Abortion Care network, and a researcher/SOGOC committee member | Purposive sampling  | 7 participants   |

## **SOGOC membership survey**

The evaluation team reached out to 100 members of Society of Gynaecologists and Obstetricians of Cameroon (SOGOC) individually by phone, with a request to fill out the SOGOC membership survey. These 100 SOGOC members had been selected out of a list of 236 received from the SOGOC secretariat and regional focal points. To have a good representation of all the ten regions in the survey, 50 members in total were randomly selected from the Littoral and Centre regions as most members (168 out of 218) were based here. For the other eight regions, all SOGOC listed members (50) were approached individually. Out of the 100 selected SOGOC members, 42 respondents completed the survey, on their own mobile device using a weblink. Eighteen people out of the 60 who started the survey indicated not to be a member and so did not qualify to continue the survey. Of the 42 remaining respondents, 15 were female and 27 were male. Twenty respondents indicated being active members paying their annual contribution, while 22 were non-active members. Most respondents (79%) had been a member of SOGOC for more than five years. Annex 2 gives an overview of the respondents' key demographics.

## **Capacity-strengthening survey**

A global capacity-strengthening survey was sent out in all project countries to people who had received training by FIGO under this project. In Cameroon, six people had followed FIGO-initiated training, and four people from SOGOC's executive committee and the project management team responded.

## **Qualitative interviews and focus group discussions**

Qualitative data were collected in March and April 2022 in Yaoundé and online conversations were held through Zoom or WhatsApp with participants who were based in other regions of Cameroon (Far North, West and Centre). Participants were purposively selected as either primary or secondary stakeholders and data were collected using key informant interviews and semi-structured interviews (see Table 1).

The selection of study participants happened in collaboration with the project management unit and aimed to ensure that different stakeholders per pathway were represented in the sample.

## **Methodological limitations**

The sampling approach for the membership survey differed between baseline, where data were collected during a SOGOC conference, and end line, where data were collected by approaching members individually in the ten regions. Both samples, at baseline and end line, were not representative of the full membership and were not completely comparable for key demographics. Added to this, there was a relative low number of respondents, so a difference in percentage cannot be interpreted as a change over time, and statistical significance cannot be provided. Instead, the results can give an indication of the previous and current situation among a convenient sample.

For the qualitative data collection, although many attempts were made to get appointments with two parliamentarians and a representative of the Ministry of Public Health, and to engage a representative of the Organization for Safe Abortion Dialogue, the evaluators did not succeed to interview them. With regard to the survey tool, four respondents filled out the survey and several of the respondents did not attend all training sessions, as some staff turnover also happened among the project management unit members during the project implementation period.

It has been difficult to get insights into the content of the messages that were used in the public awareness sessions and by the media. The fact that the qualitative narratives revealed that stigmatized perceptions and ambiguity about the law were strongly rooted and needed continual attention indicates the need to closely monitor if the type of messages used were having the desired effect. This was, however, not feasible to cover in this end evaluation.



# Findings on Relevance

## Relevance of the project design

The Advocacy for Comprehensive Abortion Care (ACAC) project was designed to conduct advocacy on comprehensive abortion care, in an approach adjusted to the context of Cameroon by the Society of Gynaecologists and Obstetricians of Cameroon (SOGOC). The project focused on five pathways, and this section assesses the relevance of these strategic choices.

### Relevance of the project design

SOGOC has the legitimacy to advocate comprehensive abortion care. This end evaluation assessed the relevance of SOGOC as the implementing organization of the ACAC project. The participants who were interviewed, whether primary or secondary stakeholders, were unanimous in saying that the choice of SOGOC to implement this project was relevant. Participants indicated that the society had the legitimacy and professional expertise to advocate comprehensive safe abortion care.

As a secondary stakeholder expressed: *“Who else but gynaecologists are better placed to talk about women’s reproductive health issues?”* Besides SOGOC’s technical and clinical expertise, another reason given was the reputations of its executive members, who were known and recognized nationally and internationally. Their long-term engagement, credibility and expertise helped the ACAC project to enter spaces where decisions on healthcare are made, like the Ministry of Public Health, for them to discuss the importance of comprehensive abortion care in this restrictive social and legal Cameroonian context.

### **Advocacy was relevant to comprehensive abortion care sensitization and improved access**

According to all interviewees, the use of advocacy has been very relevant for the project. First, it was relevant to address the gap in awareness about the scale of the impact of unsafe abortions on the maternal mortality ratio; few stakeholders had been aware that unsafe abortions are one of the major causes of the high maternal mortality rate in Cameroon. Second, advocacy was relevant to creating more awareness on the legislation itself, and the services that could be provided within the limitations of the law. Advocacy was also relevant to openly discussing the subject and breaking through the stigmatization and taboos. It helped to bring more like-minded parties – such as the ministries, non-governmental organizations and media – together on this topic and created a more conducive environment to discuss comprehensive abortion care more widely in Cameroon.

*“I think the advocacy played a role. I have, for example, all these contacts that we talk that we think in the creation of a network and MOUs [memorandums of understanding] with ministries. It is all the work of advocacy. We started by trying to create a favourable environment and*

*then contacting the individual, the minister, before we even got into the news. So our advocacy comes in everything that we are doing, and I think it was useful to do it, to insist on the component of advocacy and people can talk freely on radio and television.”* – key informant interview with member of the project management unit

The advantage of advocacy and working in partnership was that it moved people from not discussing the topic of abortion, to starting dialogues on it.

***All five pathways were relevant to creating a conducive environment for comprehensive abortion care***

A theme of the evaluation was the relevance of the objectives to achieving the project goal in creating an enabling environment for comprehensive abortion care. According to the interviewees, all the pathways of change were relevant to working towards and achieving the outcomes.

**Pathway 1: Strengthening SOGOC's organization and management**

Strengthening SOGOC was considered as very relevant to creating a more enabling environment to access comprehensive abortion care. For the SOGOC members interviewed, the project has helped to strengthen the skills of members on advocacy issues and on the society's internal management procedures. The project allowed SOGOC to re-establish regional bureaus throughout Cameroon, which helped to start ACAC training and activities in these different regions. The decentralization of SOGOC's structures to the regions was needed to reach more members and health workers with whom to communicate and share information on safe abortion techniques and legal procedures in the very different contexts of the regions.

**Pathway 2: Strengthening a network**

Prior to the project, activities on safe abortion were taking place within the Cameroonian context, but there was no network in place that covered such a diversity of stakeholders, and coordinated actions at a national level were missing. Moreover, the limited knowledge of the restrictive legal framework among key actors, and a lack of specialized and accurate communication on safe abortion care in the media were other factors that have been addressed, and made the establishment of the ACAC network very relevant to creating a conducive environment for comprehensive abortion care in Cameroon.

The ACAC network was led by a representative of the Ministry of Health and involved civil society organizations, the Ministry of Women's Empowerment and Family, and journalists sharing strategic and operational ideas on safe abortion. The ACAC network supported SOGOC in the

execution of the ACAC project's vision, which led to the creation of joint advocacy objectives in partnership with the network:

*"I think one of the really good and strong things about the way the work has been done in Cameroon is that it's been done in partnership. So the advocacy objectives were set by the network rather than just by the society."* – Key informant interview with primary stakeholder

The establishment of the ACAC network has been useful, according to primary and secondary stakeholders, in coordinating advocacy work for improved legislative procedures on abortion and for increasing public awareness. The ACAC project has facilitated a synergy of actions between SOGOC, civil society organizations, journalists, the Ministry of Women's Empowerment and Family and the Ministries of Health and Justice on the issue of comprehensive abortion care. The ACAC network organized many sensitization sessions with health, police, justice and youth professionals on the consequences of unsafe abortion and the importance of comprehensive abortion care within the limitations of the law. Similarly, it helped to break the taboo of the abortion debate in the public space because of the media network involvement, and the use of social media, newspapers and television to inform the public about the need for comprehensive abortion care and the legal framework for it in Cameroon. All primary and most secondary stakeholders emphasized that the ACAC network had been relevant. They emphasized that advocacy should not be done in isolation – with a variety of influential stakeholders engaged, SOGOC could create more impact than by itself. Some primary stakeholders also stressed that the ACAC network would also be relevant to sustaining the advocacy activities once the current donor funding came to an end.

### **Pathway 3: Improving the perception of professionals and the public**

Prior to the project, healthcare providers were hostile to comprehensive abortion care because of their own conviction, and the restrictive legal context in Cameroon. In addition, the stigmatization of abortion in the Cameroonian public space made both patients and medical staff extremely cautious about abortion issues. Interventions deemed essential included raising awareness of the consequences of unsafe abortion cases, the law and regulations, and the Maputo Protocol, combined with value clarification workshops to adjust professional and public perceptions. Over the three years of the project, there have been health professionals, including SOGOC members, who have had negative positions towards safe abortion but who have demonstrated a change in their perception, becoming active in comprehensive abortion care advocacy. Pathway 3 was also therefore well regarded by interviewed stakeholders as a relevant pathway of change to improve the environment for comprehensive abortion care.

#### **Pathway 4: Communication and sensitization on the legal framework and guidelines**

At the beginning of the project, many health workers, lawyers and police officers were of the impression that comprehensive abortion care was illegal in Cameroon, and health workers were afraid to conduct any comprehensive abortion care due to the existing penal code. It was in this particularly complex legal context for healthcare workers that the ACAC project arrived in Cameroon. They were not aware of the legal framework and guidelines, including article 14 (2) (c) of the Maputo Protocol, where state parties are called on to take all appropriate measures to *“protect the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus”*.

This pathway was considered as relevant because, in many cases, the above-mentioned stakeholders did not differentiate, or were not knowledgeable about the procedures to apply, in the cases of comprehensive abortion care, or emergency abortion care such as in rape cases or incestuous pregnancy cases within the limitations of the law – especially in the current context of conflict in the anglophone and Far North parts of Cameroon, where displacement and forms of sexual violence have increased. Adjusting these legal procedures has been considered relevant for SOGOC and network members, taking into consideration the mental and physical health of women and girls who have experienced rape or incest. Finally, preventing unwanted pregnancy due to rape was also relevant for SOGOC because it would help to prevent children being born out of unwanted pregnancies, and the subsequent exposure to discrimination, stigmatization and marginalization.

#### **Pathway 5: Generation and use of evidence**

The Association Camerounaise pour le Marketing Social (ACMS) with Population Services International (PSI) and the Cameroon National Association for Family Welfare (CAMNAFAW) have previously conducted research on abortion in Cameroon. CAMNAFAW conducted a study aiming to produce evidence on abortion in Cameroon. This study would give ACMS and other partners a basic overview of the situation of abortion in Cameroon. We could not, however, obtain this study. The other study conducted by PSI and ACMS in 2017 looked into the determining factors of abortion in Cameroon. More quantitative and qualitative data were thus needed to support SOGOC's advocacy messages. This pathway, focusing on the generation and use of evidence, was therefore considered as relevant, since the data are needed to support training, communication messages, media outputs and to influence different ministries to improve access to comprehensive abortion care and to reduce barriers in the legal procedures to obtain safe abortion. Two studies were initiated by SOGOC during the ACAC project. In addition, as the current Cameroon

Demographic Health Survey does not include any information on abortion or post-abortion care, SOGOC developed a database with more relevant indicators and variables.<sup>4</sup>

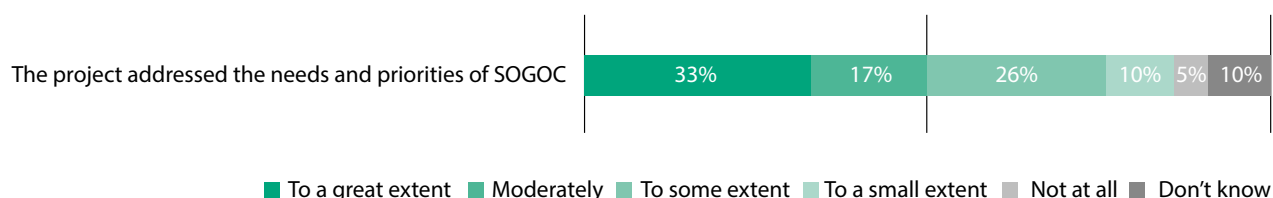
*“And, now, about setting up the data. It was also a very relevant objective. I really hope that the SOGOC network will allow us to have access to this data in due time. You can also put it on the internet, so that, as soon as you need it, you can use it directly without necessarily having to go to the [gynaecological] hospital, but I think it was a real relevant objective.”*

– secondary stakeholder, semi-structured interview

### Addressing unsafe abortion was a need and a priority for SOGOC members

When looking at if the ACAC project was in line with the needs and priorities of SOGOC and its members, a majority of the surveyed respondents (76%) agreed that it was (Figure 1). Exactly a third of respondents were of the opinion that this was the case to a great extent, 26% felt this was to some extent and 17% thought it was moderately the case.

**Figure 1. Extent to which the project addressed the needs and priorities of the society and its members in relation to safe abortion, according to survey respondents (n=42)**



The responses of participants during the interviews gave a similar impression. Primary and secondary stakeholders confirmed that the management of unsafe abortions was a need and a priority. Prior to the project, this topic was hardly openly discussed, let alone addressed in a comprehensive manner within SOGOC and with other stakeholders in a public arena.

*“Yes, that [the project] has reminded us of the various laws of our penal code. We have all now seen that our penal code is one of the most repressive and restrictive on Earth.”* - SOGOC executive committee member, key informant interview

4. Socpa A., de Koning K., Cameroon Country Report. Needs Assessment on Safe Abortion Advocacy the society of Gynecologists and Obstetricians in Cameroon ( SOGOC) KIT May 2018 <https://www.figo.org/sites/default/files/2020-03/Cameroon%20Country%20Report%20Final.pdf>

Decentralizing the office and activities improved the presence and visibility of SOGOC in the different regions of Cameroon among its members and other healthcare workers. Before the project, there was a need to decentralize activities in the different regions where SOGOC members were established, as there was a lack of regional representation. Another need for SOGOC members was to meet more regularly, which was more complicated when the organization was present only in Yaoundé. Both needs were addressed during the project with the establishment of ten regional SOGOC bureaus. This improved the flow of information sharing among SOGOC members and helped SOGOC and its members to give information about and debate safe abortion in Cameroon, and to engage other stakeholders in the different regions.

The management of SOGOC as a professional organization was seen to have improved significantly with the establishment of functional regional offices. These offices have management teams that could advance the agenda of SOGOC in the respective regions. This regionalization has gone a long way to increasing the number of active SOGOC members in the regions, according to SOGOC executives.

***The ACAC network has built on previous initiatives and, with its diversity of members, brought added value to the advocacy on comprehensive abortion care***

Pathway 2 (the creation of the network, and working in close collaboration with the network) ensured that the ACAC work was relevant for partners and other stakeholders. The qualitative data demonstrate that the project, in its purpose, objectives and approach, has succeeded in creating a network of partners from different backgrounds, has filled a gap of needs to improve joint advocacy on comprehensive abortion care, has added value to the priorities of other stakeholders and has not duplicated initiatives, but built on existing collaborations and initiatives.

The stakeholders engaged were a variety of government agencies (such as the Ministries of Health and Women's Empowerment and Family), health professionals, pharmacists, the media, community-based associations and civil society organizations.

The advocacy work done around the legal framework and reducing the complexity of procedures was seen as relevant for the civil society organization members of the ACAC network. For instance, Sourires de Femmes, with its vision to defend the rights of survivors of sexual and other forms of violence, indicated that the project was in line with its vision, to improve the access to comprehensive abortion care for sexual violence survivors.

At the level of policymakers, the Ministry of Women's Empowerment and Family found an ally in the ACAC network to address sexual violence

and to interact and jointly promote the integration of the comprehensive abortion care services needed for women affected by rape, incest and other forms of sexual violence. The project came as an opportunity for the ministry to better respond to the needs of women in distress, and notably to prevent unsafe abortion. Thus, the objectives of the project were aligned to the activities and the priorities assigned to this ministry. In this perspective, this ministry contributed to the project by signing a memorandum of understanding to collaborate with the ACAC network, as the actions taken could lead to an improved provision of integrated services for female rape victims.

Other engaged stakeholders were journalists, who formed a network and joined the ACAC network as well. The network of journalists and media professionals saw an opportunity to continue the reproductive health and rights activities they had originally set up with the Cameroon National Association for Family Welfare. Their role within the network was to enhance evidence-informed dialogues within the media and the public to improve public perceptions and gain understanding for the need for comprehensive abortion care.



# Findings on Effectiveness

## Results for pathway 1: a strengthened national society

Pathway 1 of the ACAC project was the strengthening of SOGOC with the vision to become a national leader on sexual and reproductive health and rights (SRHR), including comprehensive abortion care, in Cameroon. The findings on how SOGOC has been strengthened cover three sub-themes: SOGOC's role in advocacy, overall management and organizational management

### ***Main observed changes under pathway 1:***

- SOGOC members are better able to advocate comprehensive abortion care and became more visible on the topic of safe abortion internally, at the level of ministries, non-governmental organizations and in the media.
- SOGOC has developed guidelines and organizational procedures, which improved its collaboration within the society and with others.
- SOGOC has taken steps to decentralize its leadership by establishing ten regional bureaus in the different regions of Cameroon.
- SOGOC members show more support for the agenda of the ACAC project, reflected in how gynaecologists and obstetricians have supported the ACAC activities and expressed themselves during SOGOC meetings on the issue

In the context of this project, advocacy is the process of informing and sensitizing decision-makers and healthcare providers to develop, change and implement improved safe abortion policies and practices. At first, there was limited capacity within SOGOC to advocate safe abortion or for SOGOC to be a spokesperson on this topic.

*"There were gaps within SOGOC in terms of communication and advocacy. They were not experienced in this area and building their capacity was very relevant."* – primary stakeholder, key informant interview

*"SOGOC members were not initially spokespersons, they had to learn how to do it and how to communicate to get their messages across and ultimately played a vital role, because they know the reality on the ground."* – secondary stakeholder, semi-structured interview

At the start of the project, various SOGOC members adjusted the advocacy message from one of safe abortion to one of comprehensive abortion care. They started with advocating against the risks of unsafe abortions and how they lead to high maternal mortality rates. SOGOC members learned how to conduct advocacy planning, which encompassed the process by which goals are set, targets are selected and influencing strategies are created. With the increased experience of SOGOC communicating, advocating and sensitizing about safe abortion, and its engagement with more

experienced advocacy organizations like ACMS, it was able to engage several communities based organizations (CBOs) in support of safe abortion, through sensitization sessions.

*“Many CBOs came on board on the theme of safe abortion. They were very receptive to the coalition of societies and the workshops, where the awareness-raising activities took place. They learned it so well that they became champions themselves.”* - Primary stakeholders, key informant interview

One of the direct effects of the increased advocacy capacity and actions taken by SOGOC was an increased visibility, and the society raised its profile in the area of safe abortion among health care workers, NGOs, the ministries and in the media.

Pathway 1 also focused on improving the skills of the society's executive members to become more effective and efficient in its management. There were areas for improvement for SOGOC, to better direct, organize and administer procedures. The qualitative data reflected that the executive members of SOGOC had seen their capacities strengthened, and they specifically emphasized and appreciated the development of SOGOC's business plan.

*“So we had lectures on how to build a business plan, which was very good.”* – SOGOC executive committee member, key informant interview

Apart from the business plan, a human resources guide was reviewed, including various working methods, policies and management procedures. The guide helped to put these procedures further in place within SOGOC. Other policies were also developed or revised (Box 1), creating clarity about SOGOC's position on comprehensive abortion care. And a new manual was created, it focused on how to manage referrals and providing medical care for rape survivors. This manual provided guidance to SOGOC members and other health professionals in how to manage cases of sexual violence, rape and incest.

*“The police who see a pregnant girls, he does not care. But ACAC is there. We did not know that the doctor himself who is with the girl can go to the police to file a complaint, while it is you who is the first entry point to life. Now, we know [due to the manual] that it is our role in these situations [when a girl is raped], which ensures that everyone knows exactly what to do. We even see them in 72 hours to a girl who is raped. We have to respond to this problem within 72 hours.”* – secondary stakeholder, interview

Through the project, SOGOC's website has also been improved. It is now updated regularly with information about the project and its activities.<sup>5</sup>

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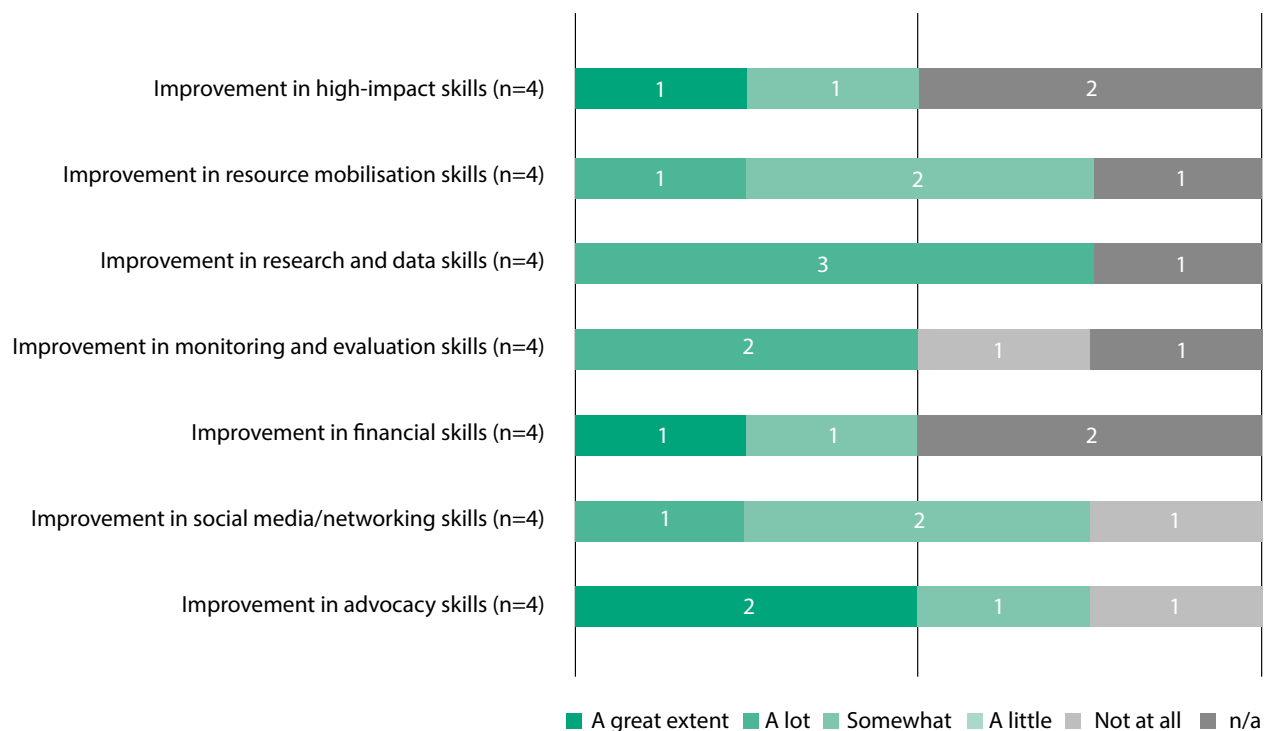
5. See <https://www.sogoc-cm.org/acac>

#### **Box 1: Society management documents and policies developed or revised**

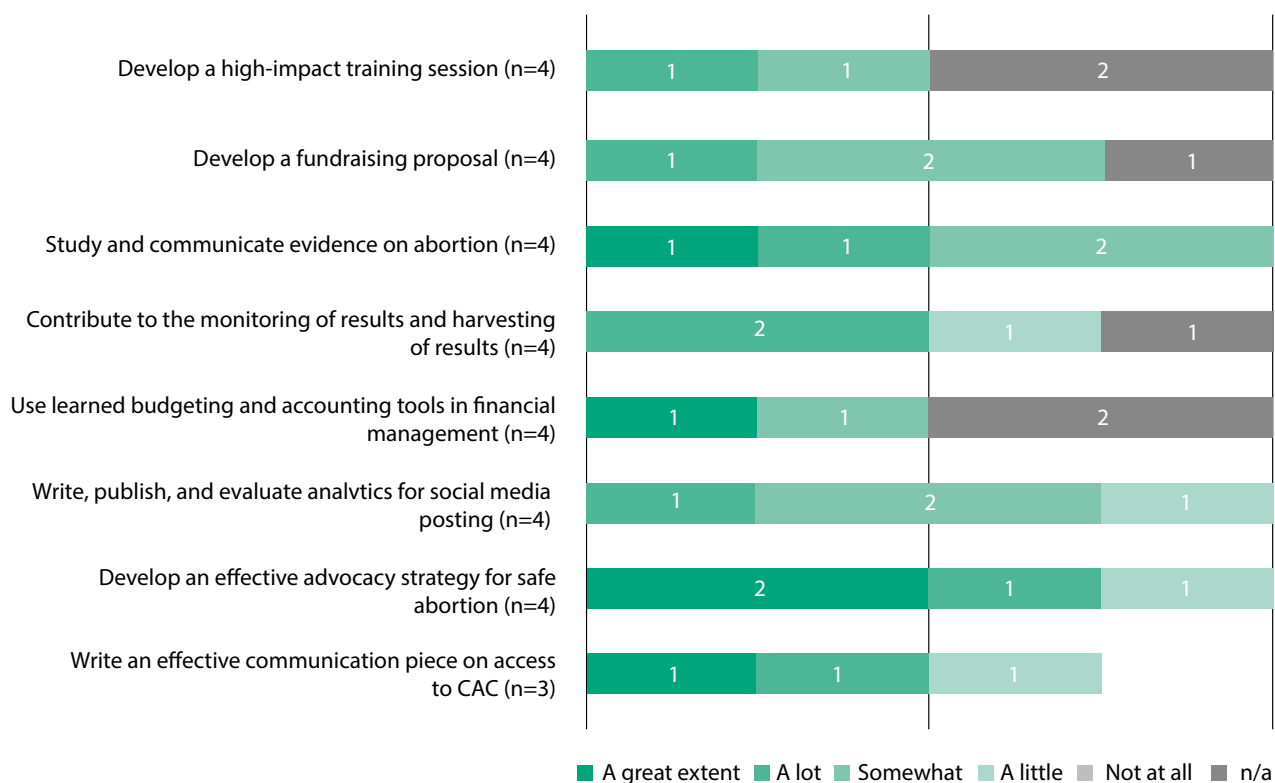
- **Position statement on abortion**
- **Policy on conscientious objection**
- **Code of conduct manual**
- **Constitution**
- **Human resources manual**
- **Communication strategy**
- **Business plan**
- **Resource mobilization guide**
- **Referral pathway guideline on rape**

During the implementation of the project, SOGOC executive committee members and the project management unit increased their capacities on the mobilization of material, financial and human resources with the support of FIGO and KIT Royal Tropical Institute on monitoring, evaluation and learning. Through an online questionnaire, members of SOGOC's executive committee and the project management unit were asked about the improvement of their skills. Looking at the knowledge and skills (Figure 3), the greatest improvement was in advocacy skills, to a great extent for two people, and somewhat improved for one person. On research and data, three people indicated they had learned a lot. For all the other themes, there was quite a diverse response, as not everybody attended all training sessions. On the application of skills, there was also a diverse picture (Figure 4). Respondents felt most confident in developing advocacy skills, two to a great extent and one a lot. Two people felt confident to a great extent, and one person somewhat, in contributing to monitoring and the harvesting of results. The diverse perspectives on the skills depended partly on the role of the person. For instance, a finance person felt more confident in applying the skills for using budget and accountability tools in financial management.

**Figure 3: Extent to which project implementers (including project management unit members) felt their knowledge and skills had improved following training (n=4)**



**Figure 4: Confidence project implementers (including project management unit members) felt to apply learning in practice. 'I feel confident to...'**

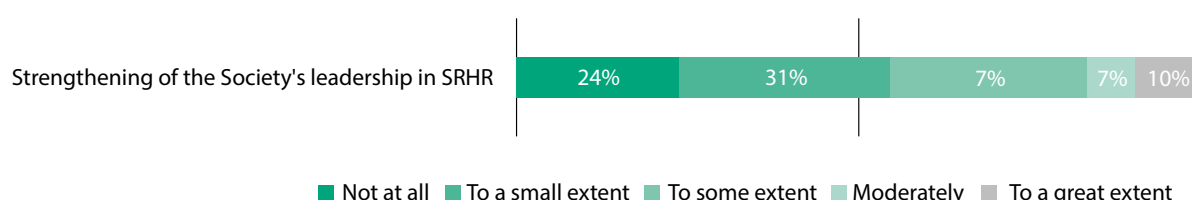


The capacity-strengthening survey showed that the four respondents were in general satisfied with the training provided by FIGO. None had any input on what could be improved.

***SOGOC's leadership role has been appreciated but there is room for improvement in the communication and engagement in advocacy of SOGOC members***

Approaching half (45%) of the surveyed society members, similar to the baseline results (48%), perceived the society's leadership role in SRHR for women, including on access to safe abortion, to be strong to very strong. As shown in Figure 5, around three quarters of the society member respondents (76%; n=42) thought that the leadership of the society on SRHR had been strengthened in the last three years and that this change was influenced by the project. The data did not reveal why no increase at the end of the project was observed on how members perceived the strength of the society's leadership role in SRHR, despite three out of the four respondents indicating that the leadership was strengthened. Positive feedback on SOGOC's leadership was given during the qualitative interviews. The project management unit expressed feeling very much supported by SOGOC's executive committee in conducting the work. This view was also expressed by the four respondents of the SurveyMonkey questionnaire, who agreed a lot or to a great extent. Several SOGOC members have also fed back that there was a desire to get younger SOGOC members to join the executive team. Several primary stakeholders indicated that renewed and younger leaders could bring in a fresh dynamic to speed up some important activities, like the resource mobilization. Opportunities to diversify SOGOC's executive committee could happen during the elections that will take place during the annual conference in October 2022.

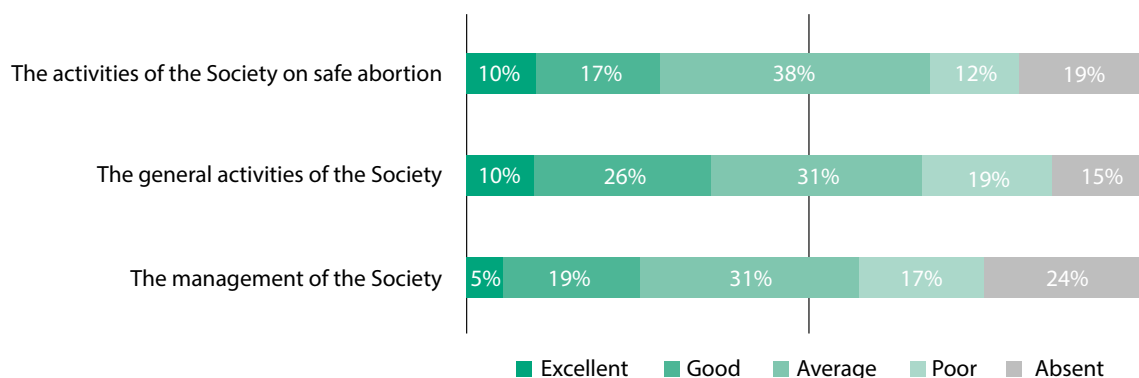
**Figure 5: Extent to which SOGOC's leadership role in SRHR for women did strengthen in the past three years, according to surveyed gynaecologists/members (n=42)**



When looking at the role of SOGOC and the appreciation for its communication on SOGOC's activities on comprehensive abortion care (Figure 6), 27% of SOGOC surveyed members valued this communication as good to excellent and 38% valued it as average. For 19% of the respondents, communication was absent.

Thirty-six per cent of respondents indicated that the communication on the general activities of SOGOC was good to excellent. Thirty-one per cent said the communication about SOGOC's management was average and 24% said it was good to excellent. A quarter of respondents (24%) perceived the communication to be absent on this matter.

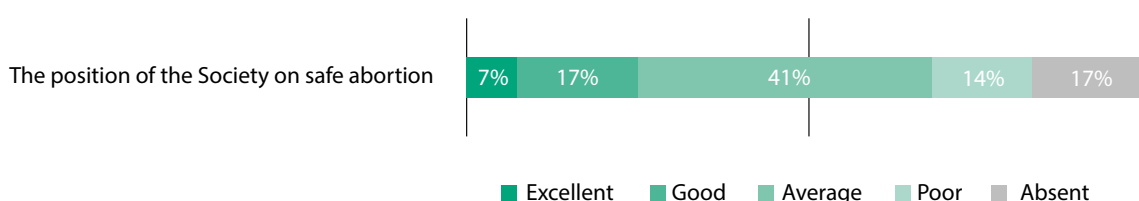
**Figure 6: Appreciation of SOGOC's communication on various topics by survey respondents (n=42)**



SOGOC has a safe abortion policy – not yet publicly available – that was reviewed during the ACAC project. Almost two thirds of respondents (64%) correctly indicated that the society had a position on safe abortion. Of these 27 respondents who were aware it had a position, 18% said it was publicly available and 82% correctly identified that it was not. Sixty-seven per cent of these survey respondents indicated that SOGOC's position on abortion was not adopted at an institutional level. Fifty-nine per cent indicated that they thought SOGOC's position was known by its members. More will be needed for SOGOC to have its position adopted at the institutional level. Only 22% of these members who knew the society had a position indicated that other stakeholders knew this.

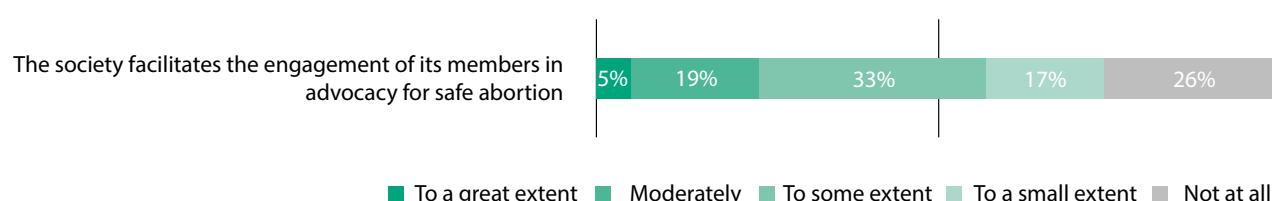
With regard to communication about the position on safe abortion (Figure 7), 28% of respondents agreed it was good to excellent and 41% considered it was average. SOGOC could therefore further strengthen its communication with members.

**Figure 7: Appreciation of SOGOC's communication on its position on safe abortion by survey respondents (n=42)**



Five per cent of survey respondents (Figure 8) indicated that SOGOC facilitated the engagement of its members in safe abortion advocacy to a great extent, 19% moderately and 33% to some extent. Twenty-six per cent of respondents said this was not happening at all. There was no information on why a quarter of people did not feel engaged, because all the qualitative interviews took place with those SOGOC members who had been strongly engaged in the project.

**Figure 8: Extent to which SOGOC facilitated the engagement of its members in safe abortion advocacy, according to survey respondents (n=42)**



Of the 42 respondents, 33 society members (79%) reported that SOGOC had a role to play in safe abortion advocacy. Of the roles mentioned, the prevailing one for SOGOC was to share technical recommendations with key stakeholders such as the Ministry of Health. The second most mentioned role was to inform members and healthcare professionals about the legal framework and technical guidelines on SRHR. Only 2% of respondents said SOGOC did not have a role to play in advocacy (Table 2).

**Table 2: The role SOGOC plays in safe abortion advocacy (n=42)**

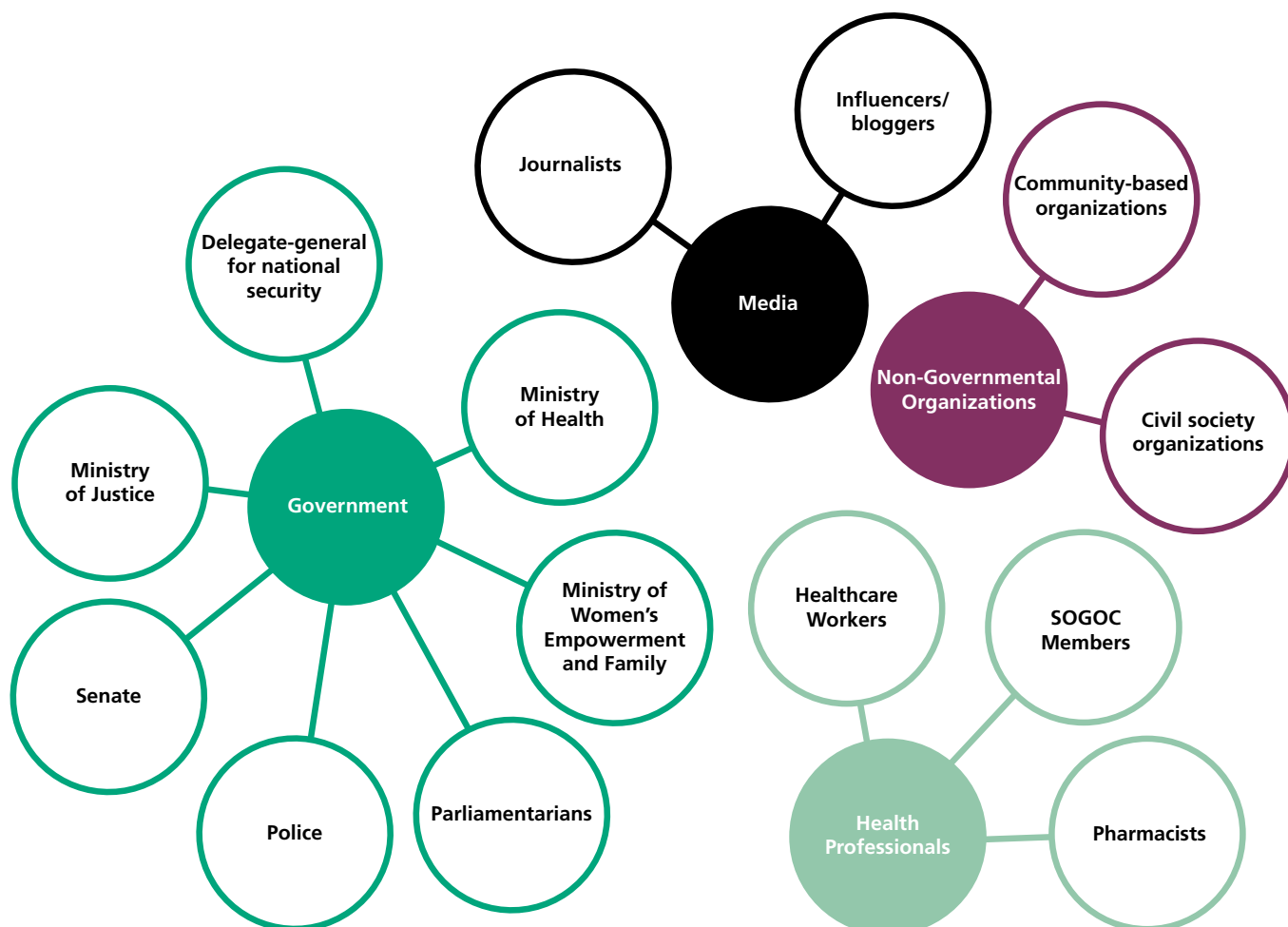
| Knowledge of survey respondents   | Percentage |
|---|------------|
| Does not play a role  | 2%         |
| Shares technical recommendations with key stakeholders such as the Ministry of Health             | 57%        |
| Generates data and evidence on safe abortion  | 31%        |
| Informs members and healthcare professionals on legal frameworks and technical guidelines on SRHR | 40%        |
| Promotes reflections on professional attitudes towards safe abortion                              | 36%        |
| Builds alliances with other stakeholders to improve access to safe abortion                       | 38%        |

Based on the outcomes of the survey, there is room for improvement with regard to the communication towards SOGOC members about management, SOGOC's general activities, SOGOC's position on safe abortion and the ACAC activities. With SOGOC's technical expertise, and its legitimacy to discuss safe abortion care, there is still a great potential to further reinforce SOGOC's advocacy through the further strengthening of the engagement of its members in this.

In summary, the factors that contributed to the strengthening of SOGOC leadership in general and on comprehensive abortion care were the technical expertise and credibility of SOGOC executive committee members. Their long-term engagement in comprehensive abortion care helped to get other stakeholders with existing advocacy experience engaged on this topic. This external expertise helped SOGOC to quickly come up to speed with good practices for comprehensive abortion care advocacy. Another favourable factor was the competent and supportive project team, which helped to achieve the results. Through its professionalism, the project management unit team with the advice from the SOGOC executive committee, it was able to tackle, in a strategic manner, a very sensitive topic. A constraining factor that was mentioned by some ACAC network members during the midterm review was the availability of SOGOC members for ACAC project activities, due to their busy work schedules.

## Results for pathways 2–5: overview of advocacy results

Pathways 2–5 focused on achieving change through advocacy. This section gives an overview of how SOGOC’s advocacy efforts influenced others and initiated change in relation to safe abortion. The following are the main social actors who demonstrated change:



## Results for pathway 2: strengthened networks

### *Substantiated project outcomes under pathway 2:*

- Twenty-three like-minded associations and the Ministry of Health have given their written consent to be part of the ACAC network.
- Within the Ministry of Health, the director of family health has pledged support to advocate increasing the access to safe and comprehensive abortion care.
- The department of family health became more open to including comprehensive abortion care as a priority.
- The minister of women's empowerment and family signed the project's logbook expressing her willingness to support the project in whatever way possible.
- Under the lead of the minister of women's empowerment and family, messaging around safe abortion was emphasized for the first time during the '16 days of activism' activities.
- The Ministry of Women's Empowerment and Family engaged the ACAC network in the national activities on International Women's Day.
- The Cameroon Association of English-Speaking Journalists has signed the engagement letter to be part of the ACAC network.

The ACAC network brought a variety of stakeholders together, each with its own added value, who were collaborating and jointly advocating improved access to comprehensive abortion care and referral for rape cases in Cameroon.

The ACAC network, which is dedicated to the issue of comprehensive abortion care, was established and chaired by a representative of the Ministry of Health in Cameroon. The network has 23 members, each with its own added value and role to play, and is fully functional.

*"Well, I think this is one of the strategies of this partnership and we brought in many more partners because that network that we're talking about has about 20-something organizations, not persons, but organizations that have come together. And they're not all like-minded, some that have their own opinions in line with their own objectives of their society. But at least they have come together for a common vision for a common pathway."* – primary stakeholder, key informant interview

Collaborations within the network helped SOGOC and the society staff to get up to speed with advocacy expertise on comprehensive abortion care. The network had the existing expertise of ACMS, for instance, and the Association of Midwives of Cameroon in comprehensive abortion care advocacy. This was an efficient and cost-effective way for the project to be advised on effective advocacy strategies and messaging in Cameroon. Through the activities of this network, the Ministry of Justice, the police, journalists, parliamentarians, the Ministry of Women's Empowerment

and Family, and women's associations are committed to improving the management of rape cases through comprehensive abortion care. In spite of this, the legal environment is not yet conducive to it. The law prohibits abortion in Cameroon, except, with lengthy procedures, in two cases: when the pregnancy is the result of rape or if it is justified by the need to save the mother's life. The notable change, therefore, is that, through the ACAC network, the debate on safe abortion has been brought to the attention of some parts of the government that are capable of bringing about changes in the law, and of civil society, which can support the implementation of the legal framework, and advocate and sensitize at the community level. One of the activities conducted by the network was the establishment of a core team that led a study on the effects of the administrative and legal procedure on safe abortion services; and jointly prepared a policy brief on providing time-sensitive abortion care to victims of rape that was addressed to the Ministry of Health. The collaboration with the different ministries increased the attention for comprehensive abortion care, created by the activities of the project and the ACAC network.

*"I think that by making this an issue that also involves the Ministry of Justice and the Ministry of Women's Affairs, I think that the way the issue has been addressed has allowed for the involvement of a lot of different stakeholders who have the ability to influence what happens to women in this situation. And I think that was really positive."* – primary stakeholder, key informant interview

Furthermore, the ACAC project under pathway 2 has contributed to the capacity building and training of several stakeholders within the network, in terms of knowledge of the legal framework of abortion, and has made resources such as grants available.

*"Civil society, we women's associations, were not already trained and informed about our role, especially the real access of women to medical abortion in Cameroon. This is already a big step that they have taken. Involving institutional organizations in this network, notably MINPROFF [the Ministry of Women's Empowerment and Family], Ministry of Justice and the Ministry of Health, is also a big step forward."* – secondary stakeholder, semi-structured interview

The establishment of a network has not only strengthened the bonds to stand together to address the same cause, but has also contributed to the improvement of knowledge about unsafe abortion and comprehensive abortion care, and of knowledge about referral pathways and rapid case management in situations of sexual violence, especially where the legal procedures would have caused more harm to the victim. From the perspective of the interviewees, the network was a strong asset to be able to advocate comprehensive abortion care, where members of the network each brought in their own added value.

*“Creating the ACAC network under this project is probably the area that has achieved the most,”* said a primary stakeholder in a key informant interview. Despite the existence of a common vision to work on the reduction of maternal mortality, the different perceptions of potential network members were considered a real challenge. This created a situation where some organizations withdrew at an early stage from the network. This situation was inevitable in a Cameroonian context where, in many cases, any form of abortion remains unacceptable under certain religious beliefs. However, the open discussion of SOGOC on its evidence-informed position on comprehensive abortion care helped the ACAC project to identify and find its allies.

These challenges of having different views on abortion were visible not only in the network itself, but in all activities related to the theme of safe abortion.

*“... in the functioning of the network in an appropriate way. There were a lot of challenges, difficulties. The difficulties were overall ... were related to the fact that in our society, abortion is perceived as a taboo subject ... it was to sit down, talk about it with the children or talk about it with other family members or go to the countryside, for example, talk about abortion. It was kind of a taboo subject.”* – secondary stakeholder, semi-structured interview

In the survey, when asked about SOGOC’s effort in alliance building, 38% of surveyed SOGOC members reported that the society did build alliances, but the remainder felt it did not. These survey results are not in line with the qualitative interviews with primary and secondary stakeholders, including the harvested outcomes. The qualitative data showed that SOGOC had built new alliances with and through the ACAC network. The fact that almost two thirds of SOGOC respondents did not feel SOGOC built alliances could be a consequence of members lacking information about the project or the ACAC network.

The network was also seen as a way to sustain SOGOC’s advocacy efforts with like-minded organizations and institutes. At the same time, it was also expressed by a stakeholder that there were concerns about the sustainability of the current ACAC network activities, as the network has been funded by the project to date. Some small initiatives have started, however, where all members of the network are contributing with fees and work on resource mobilization to be able to continue with the execution of important activities.

The following are outputs of the ACAC network:

- 23 network members
- 12 network meetings
- Activities:
  - Drafting and validating national advocacy strategy
  - Reviewing six-minute video on champion stories
  - Setting up a core team to lead research/survey on the effects of the administrative and legal procedure on safe abortion services
  - Preparing a policy brief on providing time-sensitive abortion care to victims of rape
  - Social media campaign for the 16 days of activism against gender-based violence.

## Results for pathway 3: create increased acceptance for safe abortion

### *Substantiated project outcomes under pathway 3:*

- The national newspaper allowed one of its renowned reporters to cover and report extensively on the abortion-related ACAC project launch.
- 15 SOGOC members have improved understanding on the importance of health ethics, and are supportive of developing a code of ethics for SOGOC and have assigned a team to do so.
- Police forces have been instructed by the delegate-general to domesticate article 14 c of the Maputo Protocol signed by Cameroon in all their investigations on abortion-related cases. This is the first service note of its kind within the police force of Cameroon that is instructing officials of the judicial police to domesticate the Maputo Protocol.
- Healthcare providers and pharmacists have changed their perceptions, which became visible in the increased demand and use of medical abortion products.
- The general public has engaged in social media like Facebook and have received ACAC key messages, and some bloggers have shared these messages and engaged their followers.

***Sensitization sessions – with elements of value clarification and attitude transformation (VCAT) – legal sensitization and the sharing of SOGOC's evidence-informed messages were key in creating increased acceptance among various stakeholder groups.***

Objective 3 focused on working to improve the perceptions of professionals and the general public to promote an enabling environment for comprehensive abortion care, in a context where induced abortion is regarded as highly controversial, and where there are heavy penalties for practitioners and women in need for safe abortion. All these factors make it difficult to talk about safe abortion care. It was in this environment where the ACAC project had to operate. Many different training sessions were therefore organized among influential stakeholders like the Ministry of Health, the Ministry of Justice, lawyers and parliamentarians. These focused on sensitization to adjust policies and practices on health

provision, prevention of unsafe abortion, and law and policy enforcement, and to make the general public more aware of the consequences of unsafe abortion. Annex 2 gives an overview of the type of trainings and the audiences that have been targeted during these trainings.

The ACAC project provided an in-depth reflection on the complications of abortion as one of the leading causes of maternal death in Cameroon. Trained stakeholders under pathway 3 concluded that this dramatic situation was preventable when comprehensive abortion care is offered, especially when legal and regulatory constraints are lifted.

*“Unsafe abortion contributes to 25%–30% of maternal mortality. It’s a huge leap if we could reduce it to zero by doing normal medical abortions. Under normal conditions, we would automatically reduce maternal mortality by 30%.”* – SOGOC member, key informant interview

During the implementation of the project, evidence from studies and testimonies was used in training sessions and VCAT workshops to promote perception change among different stakeholder groups, including professionals (midwives, gynaecologists and pharmacists), and among the general public (e.g. parents and young people). Legislators, executives from the Ministries of Health and Women’s Empowerment and Family, the police and the media were also exposed to knowledge aiming for an environment of safe abortion acceptance. In addition to these value clarification workshops, health professionals were trained in the clinical technique of providing comprehensive abortion care. As a result, some professionals – who at the beginning of the project were against abortion care – gradually changed their perceptions in support of provision or referral for comprehensive abortion care.

*“There are already many gynaecologists who are now convinced that we can expand the texts with regard to the law on abortions, since they are now convinced that by wanting to prohibit, we rather register a high number of maternal deaths. So, already, at the level of SOGOC itself, there have been many changes, the membership rate for this project has increased, because at the start, many did not even want to hear about abortion.”* – primary stakeholder, key informant interview

According to the interviewed stakeholders, health professionals started to understand during the value clarification workshops that they could keep their internal convictions and personal values while they offered the necessary care for a patient or client in need or referred them to another health professional and provided adequate information. Despite their personal convictions, these health professionals now agreed that they could not be a gatekeeper preventing the client from having access to comprehensive abortion care. As another outcome, some health professionals also realized that the law was too restrictive and they became convinced it should be expanded.

The VCAT training to counter stigma and change attitudes motivated trained midwives in the West Region to continue the training among other midwives, which was not a planned activity under the ACAC project. For the midwives trained by the project, it was important to cascade it to others, for them to have a better understanding around their personal and professional attitudes on the provision of safe abortion care, and to improve access, especially for adolescents in need.

Another tangible change in perception, which translated into action, was the awareness and increased use of abortion pills, particularly misoprostol, among the trained health providers and pharmacists. The observed attitude change was harvested as an outcome after the midterm review and substantiated by partner DKT International and a primary stakeholder. DKT International, which is active in the procurement of abortion pills, indicated that a returning increase of demand occurred after the ACAC project training had happened with these providers.

*“Other changes we have seen that have shown a change in perception are the increase in misoprostol demand among pharmacists and the availability of these pills. This shows that perceptions have changed.”* – member of the project management unit, key informant interview

***Survey results indicated that gynaecologists were increasingly exposed to training on abortion via SOGOC, and 12 gynaecologists indicated their professional position had changed in the past three years. SOGOC’s membership remains diverse on professional perceptions towards safe abortion.***

In the end evaluation survey, specific questions were asked about the position of SOGOC members on comprehensive abortion care. These questions were also asked at baseline. As indicated before, both samples were not representative of the full membership and not comparable for key demographics. Along with the relative low number of respondents, this means a difference in percentage with the baseline cannot be interpreted as a change over time. Nine out of the 42 surveyed society members agreed with the four statements of FIGO’s 2006 resolution on conscientious objection (Annex 3). At baseline, more respondents agreed with the resolution (16 of 50 respondents). Seventeen respondents (40%) of the 42 society members agreed to at least refer women to safe abortion services, despite not agreeing to the resolution. This was similar to the baseline findings (40% of 50 respondents). It would have been hoped that, through the activities of the ACAC project, more respondents to the end line survey would have agreed with the four statements, or that more would have referred women to safe abortion services. These results show that more work needs to be done to improve the perceptions of safe abortion within the SOGOC membership.

In the set-up of the ACAC project, quite a number of SOGOC members had already received VCAT training, so the project focused more on providing technical training. Of the 218 members, 129 had had training on safe abortion techniques and procedures, and 15 had received VCAT training during the implementation of the project.

Among the respondents of the survey, however, only 10 out of the 42 (24%) completed training, a seminar or a workshop on professional and personal norms and values towards legal and safe abortion, and 28 respondents (67%) completed training (on VCAT, safe abortion or post-abortion care) provided by the society. Despite a vast number of SOGOC members seeming to have been trained in VCAT outside the project, many more members were not trained in this area. In the second phase of the project, more emphasis is therefore needed, via the regional focal points, to provide VCAT training among more members. This observation was also confirmed by a SOGOC member during the interviews.

*“Especially, you know, we are a society ... very pious whose people perceive it as a crime. It’s hard to get people to admit that it can be a cure ... So, I feel like we haven’t finished the value-clarification stage.”*  
– SOGOC member, key informant interview

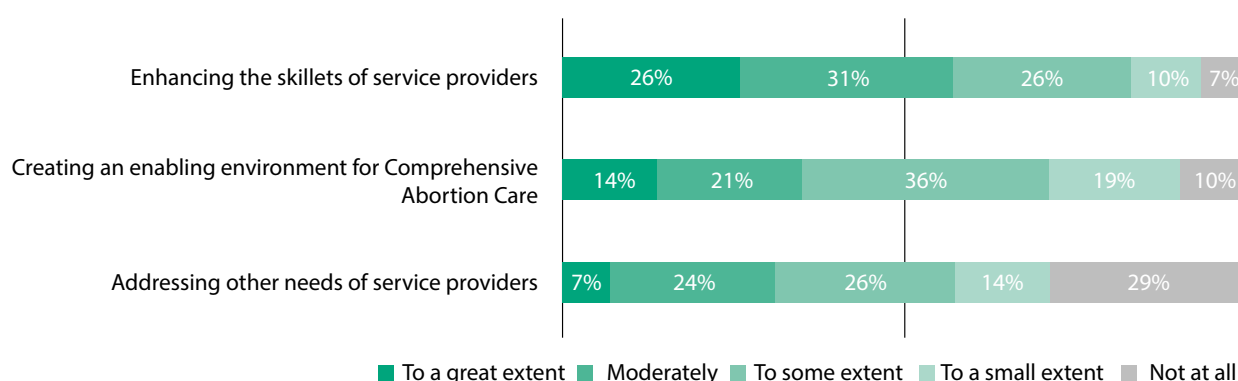
When looking at the provision of abortion according to the law of Cameroon, it permits induced abortions only when the woman’s life is at risk, to preserve her physical and mental health, and in cases of rape or incest. Two thirds of respondents (67%) indicated being willing to provide safe abortion services according to the law and 88% indicated being willing to provide and/or make referrals for safe abortion services according to the law. However, less than a majority (40%) felt that health providers should be able to decide whether to perform safe abortions or not, without any referral obligations (see Figure 10). The percentages were similar during the baseline study (Annex 3). Forty-eight per cent of the 20 surveyed respondents strongly agreed that a healthcare provider could never refuse to provide post-abortion care by claiming conscientious objection. These findings show that there is more support by SOGOC members to provide safe abortion care according to the law and they are less in agreement with FIGO’s 2006 resolution on conscientious objection.

Looking at changing perceptions, of the 42 respondents, 12 (29%) indicated that their professional position on safe abortion had changed in the last three years. Eight respondents elaborated more on how this changed, saying they had become more favourable towards safe abortion care, supported the ACAC project or wanted to contribute to the reduction of maternal mortality.

One respondent indicated that they had become less dogmatic, and that safe abortion could be practised when following the criteria. The criteria being referred to were unclear, but they would most likely be the law.

In addition, the majority of 42 SOGOC members surveyed agreed that the ACAC project had added value and that it did contribute to changes in relation to enhancing skills, creating an enabling environment for comprehensive abortion care and fulfilling other needs of service providers (Figure 9). Twenty-six per cent of respondents indicated that the project had contributed to enhancing the skill sets of service providers to a great extent and 31 per cent said it had done so moderately. Just over a third thought the project had contributed to some extent to an enabling environment for comprehensive abortion care. Twenty-nine per cent thought the project had not addressed other needs of service providers. Twenty-six per cent expressed that the project did to a small extent and twenty-four percent thought moderately. The type of other needs the project contributed to were resource mobilisation and funding, provision of manual vacuum aspiration treatment, materials, training and supply, and wider topics of family planning, prevention of STIs and psychotherapy in groups.

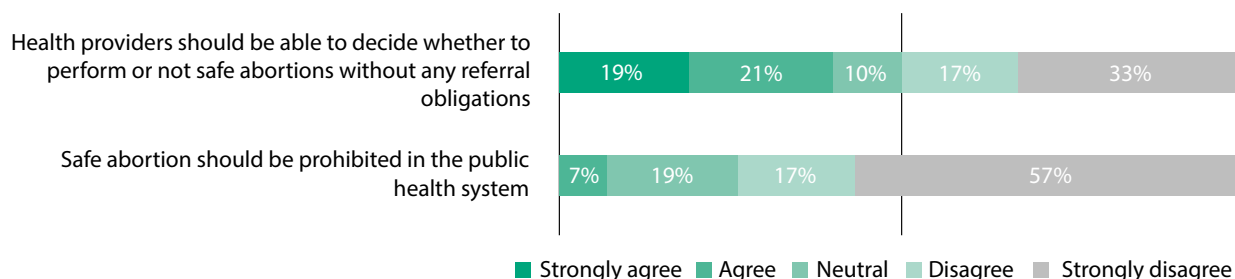
**Figure 9: Extent to which surveyed gynaecologists/members think the project contributed to various changes (n=42)**



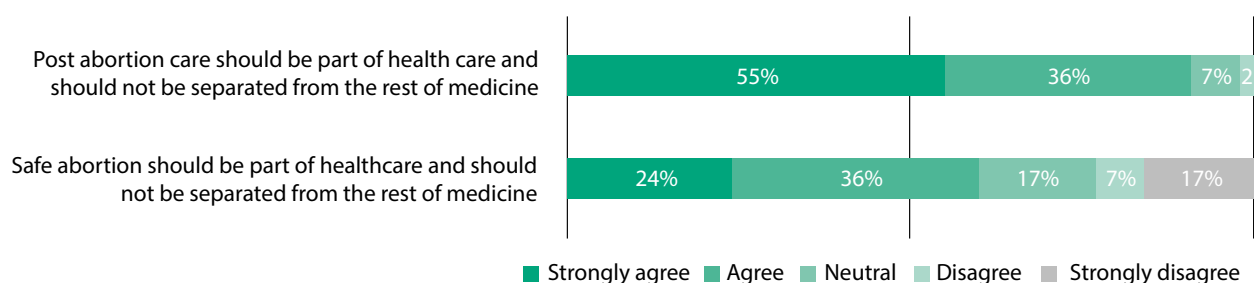
***SOGOC members have a very diverse opinion around autonomy in providing and health workers being an advocate for comprehensive abortion care.***

With regard to health providers autonomy to providing safe abortion care (Figure 10), 40% of respondents agreed that a healthcare provider should be able to decide themselves to perform safe abortions. Despite that 88% had indicated being willing to provide and/or make referrals for safe abortion services according to the law. Half of respondents disagreed or strongly disagreed with this statement to decide to perform safe abortions. In addition, a majority (74%) felt that safe abortion should not be prohibited in the public health system. The opinions around the inclusion of post-abortion care in healthcare (Figure 11) show vast agreement – 91% of respondents agreed on its inclusion. On safe abortion care, a smaller majority (60%) agreed it should be a part of healthcare.

**Figure 10: Survey respondents' opinion on the place of safe abortion care in the public health system and the autonomy of healthcare providers (n=42)**



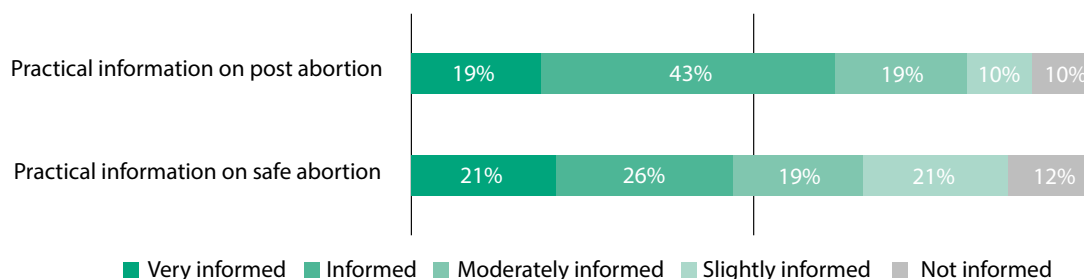
**Figure 11: Survey respondents' opinion on the inclusion of abortion care within the health system (n=42)**



Almost half of surveyed members (48%) agreed that health workers had a role to play as advocates of safe abortion. Almost 70% of surveyed members, though, had not had any experience in advocacy. Of those who did have experience (31%), seven had been engaged in disseminating and communicating with members and/or health providers about the legal frameworks and technical guidelines, six had been engaged in developing technical recommendations on safe abortion, five in actively promoting reflections on professional attitudes towards safe and legal abortion, and four had been engaged in generating new evidence and developing partnerships with other stakeholders to improve access to safe comprehensive abortion care.

In relation to how informed members felt about practical information (Figure 12), the majority (81%) felt moderately to very informed about post-abortion care. They felt slightly less informed about safe abortion.

**Figure 12: How informed surveyed gynaecologists/members feel about practical information (guidelines, recommendations, procedures) on safe and post-abortion care (n=42)**



***The network of journalists has been instrumental to bringing messages across to the general public in Cameroon.***

The media and other stakeholder groups, after training and workshops, have been instrumental in the choice of words and the approaches to communicating safe abortion to the general public.

*“Within the media, there is a social change that is the themes that they address a little more easily now than before. Because they always talk about the seriousness or the harm of abortions that are hidden, they also talk about some of the information that I have followed with the journalists.”* – secondary stakeholder, key informant interview

At the media level, journalists have formed a network to better report and to sensitize the Cameroonian public opinion on the issue of comprehensive abortion care. A network of journalists was first trained on post-abortion care protocols and the related legal framework by the ACAC project. The training also informed journalists about the Maputo Protocol ratified by the Cameroonian state. This endorses extended access to safe abortion care. Similarly, their understanding of the restrictive legal framework on safe abortion was strengthened. SOGOC was also able to build the capacity of the journalists on the use of the appropriate terms related to safe abortion, and functioned as a resource during for instance interviews.

*“It was so difficult to chase a good resource person, but within ACAC, sometimes we had a meeting. Oh, if you are working on a story and you need some good people for this or this, you can contact us. And at the last meeting, the doctor who did the research, he gave me his card and he said he is available for an interview, you know, on the subject. So it [SOGOC] is also making different resource persons available to the media, people within the [ACAC] network. We are exporting that a lot, So they [SOGOC] have supported us, to work with, let’s say, the media spaces, which is where we work.”* – secondary stakeholder, semi-structured interview

As a result of the intervention, these journalists became more knowledgeable about comprehensive abortion care, and wrote articles in public and private newspapers, produced television reports on the urgency of comprehensive abortion care, and used social networks to communicate to as wide an audience as possible about the urgency of safe abortion for women experiencing sexual violence. Annex 4 lists some of the media successes, especially articles in a national newspaper, the Cameroon Tribune.

*“So what ACAC did was normalizing the selling of these stories, normalize it ... by bringing different journalists together to show them the picture, this is the problem, these are the challenges. Instead of having one story in a week, or one story in a month, now for every activity you have several newspapers reporting, several people talking about. I think it is normal, women are dying. We cannot talk about it, and hush forward. And then other colleagues are saying, oh if this is happening, I want to do a story on the radio. That is what that network of journalists has done, it has normalized the speaking about these stories. I am not saying that the stigma and resistance in storytelling is gone, but it is considerably less.”*  
– secondary stakeholder, semi-structured interview

Efforts to improve the public perception of abortion included the award of a grant to SisterSpeak237, a journalists’ association that has broadcast widely on safe abortion care in Cameroon, via television, radio and social media channels. Some bloggers who were connected to SisterSpeak237 reached out to their followers – the general public – and provided relevant information on maternal mortality linked to unsafe abortion.

*“In terms of the media, I know that they [SOGOC] have worked with bloggers on the issue ... also people who are in the local media, especially television and radio. I think there is the Association of Women Journalists... which is present in the social media, who have also done the advocacy on it.”* – secondary stakeholder, interview

Various training and information sessions were provided under the project, and there was a certain improvement in the perceptions of professionals and the general public. The sociocultural environment, however, is resistant to changing perceptions, continued efforts are needed to adjust attitudes across all levels of Cameroonian society, including the legislation.

*“There is still a lot to be done, on the inclusion in the penal code, which would be advantageous and would help to broaden the scope of abortions a little, to give women a little more freedom.”* – primary stakeholder, interview

## Results for pathway 4: communication and sensitization about legal frameworks and guidelines

### Harvested outcomes under pathway 4:

- The delegate-general for national security sent correspondence to his collaborators asking them to take into serious consideration the Maputo Protocol, particularly article 14 (c), in all investigations in abortion-related cases.
- The Ministry of Health has become more open to including safe abortion as a priority and to contributing to the revision of the Cameroonian abortion-related law.
- The vice-president of the senate has sent requests for detailed information on the modification of articles 337, 338 and 339.
- A parliamentarian has written to the senate about maternal mortality, the Maputo Protocol in the country and the modification of article 339 of the penal code, and another has written to the parliament on the same matters.

***The ACAC project raised awareness about the legal framework and its limitations. This was key for the improved understanding of legal rights, for advocating a widened scope under the penal code, and to developing a manual that informed healthcare workers about the procedures to consider in the cases of rape and incest.***

The penal code in Cameroon allows abortion when a woman has been raped or if the pregnancy is life-threatening, but affected women still have difficulties accessing abortion care in a timely manner. The process is long and difficult. The situation is further aggravated by the stigma attached to abortion, and the non-implementation of article 14, Section 2 of the ratified Maputo Protocol.

Under pathway 4, the ACAC project has achieved some substantial changes. These started with the awareness and advocacy activities that reached out to, informed and trained police, lawyers, magistrates, healthcare workers, journalists and parliamentarians. These groups have been informed about the law, the legal framework and the ratification of the Maputo Protocol. These sessions gave participants knowledge of the situations in which comprehensive abortion care was allowed.

*“At the level of policymakers and around the law, a lot of sensitization around the existing law and the legalization of the laws was required. This occurred with magistrates and lawyers. They were not aware of the legal framework around safe abortion. Neither were the healthcare providers, and the police.”* – primary stakeholder, key informant interview

Advocacy activities have also taken place to simplify the information on the legal procedures for women and girls who are victims of rape, specifically for women who did not have access to emergency contraceptive services after becoming pregnant. This was an important activity, as there had been little awareness of how the penal code differentiated safe abortion care. Article 337 of the penal code punishes the voluntary interruption of pregnancy and sets out heavy penalties for carrying out induced abortion. The only justifications allowed for voluntary interruption of pregnancy are therapeutic abortion when the continuation of the pregnancy may endanger the life of the woman, and abortion resulting from rape, as provided for simultaneously in article 339 of the penal code and article 29, paragraph 2 of the code of ethics for physicians. Article 337, paragraph 1 of the penal code punishes *“the woman who procures the abortion for herself or who consents to it”*, and especially the health professional who performs this abortion. Medical personnel can be sentenced to between one and five years in prison and fined between CFA100,000 and CFA2 million. In addition, the judge may order the closure of the professional premises, which will lead to a ban on the practice of medical personnel.

These advocacy activities happened through the development of a regulatory framework aiming to operationalize the Maputo Protocol, with various project partners and stakeholders under the leadership of SOGOC. Information and communication sessions were held with professionals and other target audiences to better inform and educate them on the effects of the non-application of the ratified Maputo Protocol. Several parliamentarians also took responsibility for pleading for a revision of article 339 of the penal code. During sensitization sessions and VCAT workshops, relationships were established with parliamentarians, who came to understand the importance and the necessity of modifying the law (article 339 in particular) to allow medically indicated abortions. Two parliamentarians who had attended a VCAT workshop took action by submitting questions to the Ministry of Health and Ministry of Justice, and these questions have been presented at the levels of the senate and the parliament, to demand the implementation of article 14c of the Maputo Protocol and the modification of article 339 of the penal code.

Another result harvested during the midterm review was the initiative taken by the delegate-general for national security, who instructed police officers to take the ratification of the Maputo Protocol call into account, which widens the scope of access to comprehensive abortion care.

*“... a note to all ... police stations and judicial police services that every time there is a complaint regarding abortions, the Maputo Protocol must be taken into account. Now, taking into account the Maputo Protocol is already widening the scope of action; in fact, it gives a little more freedom to women in terms of abortion.”* – primary stakeholder, interview

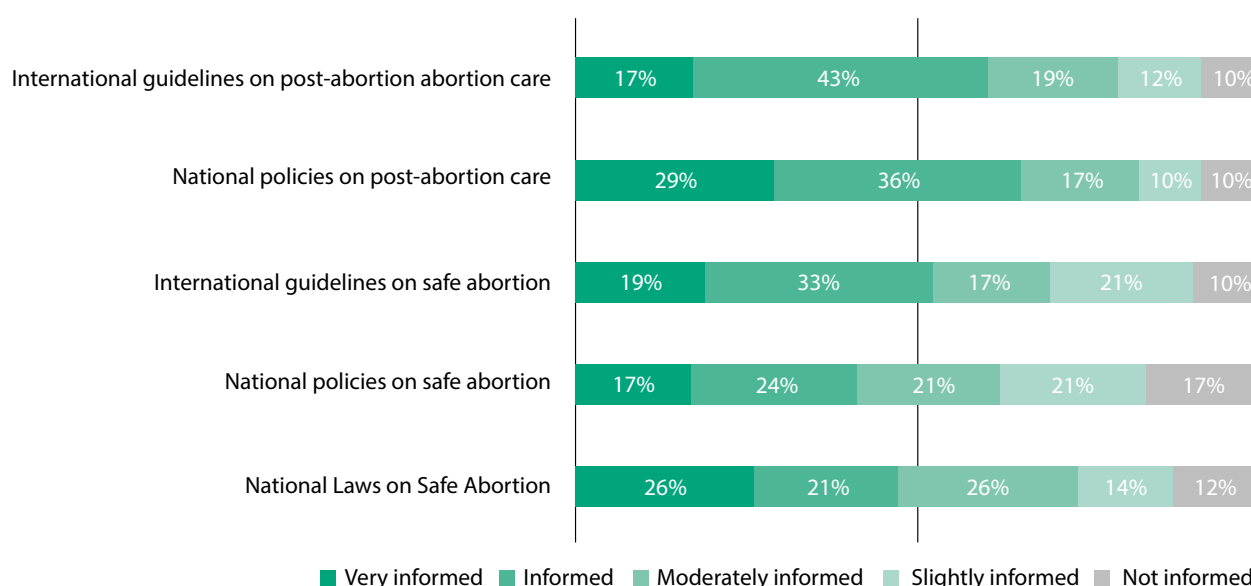
Finally, the ACAC project has proposed shortened procedures in a manual developed with many different stakeholders, including the Ministry of Health, to facilitate female sexual violence survivors to access safe abortion care. This comprehensive manual instructs healthcare providers on how to act urgently in rape cases as a health provider alongside other legal entities, to prevent pregnancy, and in the case of a pregnancy, the actions to take to induce an abortion urgently. For instance, the doctor has to write a report within 24 hours and send it to the judge, who would rule within 24 hours.

*“We sat down with a consultant who did this work with us and who talked about managing referrals. How do we deal with these referrals in order to shorten the procedure? That’s why this document now says to the lawyers, to the police, to everybody to treat rape as an emergency because the longer you wait, the more complications there are if the pregnancy is more advanced.”* – SOGOC committee member, key informant interview

***SOGOC members can benefit from more knowledge of the law and policies in place in Cameroon.***

Among the SOGOC members, there is space to further improve the knowledge of the legal circumstances under which abortion is lawful. Only 26% of members surveyed at the end line knew the valid circumstances under which abortion was legal, and 36% knew of the existence of national technical guidelines on safe abortion (Figure 13). However, more of the surveyed members felt that they were very informed on post-abortion care national policies (65%) and international guidelines (60%). On the laws, policies and guidelines on safe abortion, between around 40% and half of respondents felt informed or very informed.

**Figure 13: How informed surveyed gynaecologists/members feel about abortion laws, policies and guidelines (n=42)**



## Results for pathway 5: generation and the use of evidence

### *Substantiated outcomes under pathway 5*

- Findings from the literature review under the project were translated into a policy brief developed by the ACAC network. This will be presented to the Ministries of Health and Justice.
- Health workers were trained in data collection and are registering unsafe and safe abortion cases in the health facilities/clinics/district hospitals in the ten regions of Cameroon.
- Unintended outcome: students conducted a mixed methods study that was not finalized, focused on the determinants of clinical, therapeutic and prognostic abortion at the Yaoundé Central Hospital.

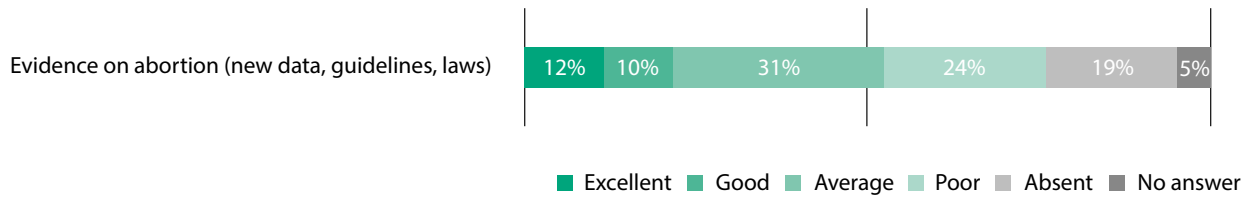
***SOGOC has produced studies generating evidence that has contributed to its advocacy activities towards the Ministry of Health, parliament and senate about the impact of administrative and legal procedures on safe abortion services.***

The use of evidence is an indispensable part of an advocacy project. During the last year of the project, three outcomes, including one unintended outcome, were generated under pathway 5. In , two studies were conducted, but one of the two studies, a mixed methods study titled: “*Contribution de l’avortement non sécurisé dans la mortalité maternelle dans quelques hôpitaux de Yaoundé*” was not finalized due to a position transition of the researchers and internal disagreement within SOGOC on the quality of the study. Although the report and article were almost finalized, data has not been used to inform the advocacy work. The literature review, though, was conducted in 2021, of the impact of administrative and legal procedures on safe abortion services. This supported members of the ACAC network to develop an evidence-informed policy brief on improving access to safe abortion for eligible cases. The policy brief has been presented to the Ministry of Health after the ending of the first phase of the project. The literature review helped SOGOC to have a better overview of existing evidence, and can support the further identification of knowledge gaps/ research needs in relation to safe abortion data.

Furthermore, the ACAC project developed a data-collection system in year three, specifically to monitor the number of unsafe and safe abortion cases arriving at health facilities in the ten regions, as the Cameroon Demographic Health Survey does not collect specific data on abortion or post-abortion care. This information will provide more insight into the number of cases and the scale of such unsafe abortions, and could be a pilot of specific indicators to be measured nationally by integration in the Cameroon Demographic Health Survey.

SOGOC communication around evidence about safe abortion was viewed by a third of the members surveyed as average, by a quarter as poor, and by a fifth as excellent (Figure 14). There is thus room for improvement in sharing more evidence with the membership.

**Figure 14: Appreciation of society's communication on evidence on safe abortion (new data, guidelines, laws)**





# Unintended effects

The implementation of the project gave the actors a more realistic perception of the legal and punitive environment of the abortion law and the stigmatization surrounding safe abortion care. This caused a slight change in the name of the project, which was initially called the Advocacy for Safe Abortion project, but had to be adjusted to the term comprehensive abortion care, as it would otherwise immediately deter engagement with the project.

Another effect of the project was on the motivation of SOGOC members, who before the project were less committed to society projects, and even to the society itself. Over time, the engagement of members increased.

*“... members of the society became more engaged – that’s very positive for me. When they are better organized, it’s more positive. When they are coming out of the projects, it’s more positive because they can compete for grants. That is more positive.”* – primary stakeholder, key informant interview

As well as the internal unintended effect on SOGOC, there have also been unexpected external effects. The supportive engagement of journalists was a positive but unexpected effect, contrary to the views at the beginning of the project. In fact, initially the media was identified as a major risk because of its biased way of reporting on abortion, in line with the sociocultural environment in Cameroon. However, journalists took the initiative of forming a network to improve the understanding of abortion care among the general public – and so became a project ally.

*“An unintended effect we noticed was around the media. The media was identified as a great risk to the project, where we could have little control over, and they could really have negative implications for the project. But the opposite happened, as after the training with 15 media houses, journalists voluntarily established a network to better inform the public on these issues. This really saved us, as we identified it as the greatest risk within the project.”* – member of the project management unit, key informant interview

Another unexpected effect was the engagement of the Ministry of Women’s Empowerment and Family, as an ally in the ACAC network. The ministry established a memorandum of understanding with the network, and SOGOC was invited to collaborate during the 16 days of activism and International Women’s Day to get messages across on the importance of accessing comprehensive abortion care in cases of sexual and gender-based violence. SOGOC had expected the strongest engagement by the Ministry of Public Health, but it was the Ministry of Women’s Empowerment and Family, from the very start, that directly saw the importance of the project in amplifying change for women and girls, and to work on reducing the high rates of maternal mortality in Cameroon.



# Findings on Efficiency

This section on efficiency takes into account the constitution of the project implementation team, the impact of the COVID-19 pandemic on the project, and other factors that facilitated or hindered implementation.

## Team set up

The ACAC project management team had clear roles and responsibilities and it was observed throughout this evaluation that it was appreciated by the various stakeholders as doing its utmost to advance the project agenda in all respects.

*“Everyone plays their role very well and they are fighters.”* – primary stakeholder, key informant interview

The management team has demonstrated a mastering of the project and has contributed significantly to moving the project forward, despite the turnover of the monitoring and evaluation officer and communications officer. This could have led to implementation challenges as new staff need time, but the newly recruited staff were proficient, and so the overall feedback from interviewees on the work done by the project management unit was very positive.

According to the primary stakeholders in the interviews, the project management unit showed resilience and creativity to continue activities during the peak of the COVID-19 pandemic, demonstrating their expertise and professionalism. The project management unit itself perceived its role as very clear, and members were very supportive of each other. As indicated in the survey on capacity strengthening, the support from FIGO, KIT Royal Tropical Institute and SOGOC was evaluated as good and touched on the essentials required in the project. The flexibility and availability of FIGO coordinators was very much appreciated by the project management unit and the leadership within SOGOC.

Reflections on the role of the monitoring and evaluation officer were mainly related to their underuse. The officer was busy mainly during the harvesting of outcomes. This workload was not sufficient to fulfil the part-time working hours. In hindsight, a full-time monitoring and evaluation officer for the society and all its projects, rather than only the ACAC project, could have been more cost-effective.

*“We thought bringing them in as permanent would have meant using them as M&E [monitoring and evaluation] for SOGOC and not just the project. Because the truth should be told they used to come twice a week, and sometimes even with those twice a week, there was still little to do. They had their peak periods when outcome harvesting was coming. But later, we realized that the society needed an M&E, and the society as a whole needed an M&E.”* – member of the project management unit, key informant interview

## Impact of COVID-19

At the level of the project management body, as well as within SOGOC, the pandemic meant that meetings, national and regional training sessions, plus the SOGOC Annual Congress, and other activities could not be held as planned.

*“COVID-19, now, it came, but the project was a little delayed because see, when it came, our government said we could not meet 50 people at the same time. It was very difficult. It is now getting to three years that SOGOC has not had its congress.”* – primary stakeholder, key informant interview

These delays in completing the activities affected the project implementation. SOGOC and the project management unit had to develop a strategy to prioritize and reschedule activities, and eventually to catch up.

*“We really tried to speed up most of those activities, and then we also had to do an evaluation. The activities necessary were taken out and those that were not captured from the [not clearly said] and that were relevant, we have to put them in and yeah, we had to see how to put in relevant strategies to put in place. Maybe we had several meetings to bring the North. One day per month over a longer period, we decided that it would take three days to the North and do all of these meetings.”* – member of the project management unit, key informant interview

From a financial point of view, COVID-19 forced the project to make budgetary adjustments to cover the costs of facemasks and other materials.

*“... COVID came with a cost implication because we needed to buy a face mask that were previously not budgeted for, COVID meant that we had to buy hand sanitizers that were previously not budgeted for.”* – member of the project management unit, key informant interview

Also, to mitigate the effects, the project management unit team organized various meetings and sessions online, but there were limitations, as some members were not accustomed to these means.

*“We tried online but it did not work. It was not effective. A lot of people did not understand how to use Zoom and created extra burdens because sometimes you need to hire someone to go on, connect to Zoom to someone in another region.”* – member of the project management unit, key informant interview

Despite these challenges, according to the interviewees, they had only a limited effect on the implementation of the overall activities. Some activities were delayed, others were organized in a different manner, but there were no major consequences overall on the activities that needed to be conducted.

## Enabling and hindering factors

### **Enabling Factors**

Among the contributing factors to achieve the project's objectives were the availability of financial resources, a supportive institutional environment to realize activities, and an efficient organization and communication network.

#### **Availability of financial resources**

It helped that the project had precise budgets and an availability of financial resources from the initial phase of the project. The availability and flexibility in the use of funds allowed the implementation of the activities without any interruption.

The comments of the interviewees around the financial resources made it a favourable factor, but also a risk factor, because the current funding would come to an end.

#### **Creating an institutional environment conducive to achieving results**

SOGOC has been able to quickly expand its branches to the regional level. The advantage of this approach is that obstetricians, who are often also members of SOGOC, work with other institutions and healthcare providers, including the associate members, the midwives. So the already established relations are beneficial in achieving quicker results within the regions, as the midwives play an instrumental role in providing comprehensive abortion care.

*"As SOGOC has put itself in front with offices throughout the regions, SOGOC is already working closely with the Midwives Association. And the midwives are a very large number of healthcare providers who do abortion with complete respect, and in this case, I think that these are the elements that have been decisive." – secondary stakeholder, semi-structured interview*

#### **The development of an effective journalist network**

The emphasis on communicating the project's objectives through the journalists' network facilitated the achievement of results. The comments in interviews show that journalists regularly took advantage of the major national and international events organized to talk about unsafe abortions as well as SOGOC.

*"Every time we have maybe a campaign like International Women's Day, journalists post SOGOC and ACAC projects on Twitter to comment, it's to talk about unsafe abortion. And before, we didn't have that kind of media like all these journalists that are out there ... When we might have*

*a programme, we just shared the information with them, and then they publish it. So it's not, it's not a monetary issue anymore. They're just very engaged in the project activities.*" – primary stakeholder, key informant interview

### ***Hindering factors***

Among the factors that hindered the achievement of the project's results were a legal framework opposed to abortion, and pro-natalist social norms such as the sacredness of having children.

### **The legal framework is obstructing comprehensive safe abortion care**

The legal framework is not favourable to comprehensive abortion care in Cameroon.

*"So we have to work a lot on the legal level ... Challenges like, for instance, justice that we're talking about is going to be a very big challenge for today. And they're just getting started, it's not that easy."* – primary stakeholder, key informant interview

This legal framework also creates fear and distrust among practitioners who wish to raise awareness and mobilize people in the public space for safe abortion.

*"We were also afraid to talk about abortion in the communities, because you can get arrested, because there is also a great reluctance in the communities on the very issue of access to safe abortion in fact."* – secondary stakeholder, interview

### **Natalist social norms against comprehensive abortion care**

The social context is not yet favourable to medical abortion as an act or practice that should be normalized and accessible.

*"This is why we have limited ourselves to doing comprehensive abortion care, without necessarily moving to the other step, which would like abortion to be offered to whoever wants it as healthcare. We have not yet reached the level where people perceive it as a healthcare that a woman can ask for."* – primary stakeholder, key informant interview

Above all, abortion is perceived as a crime in the Cameroonian public space, which is largely composed of religiously devoted people.

*"People want us to talk about the dangers of back-alley abortion. But when we say that yes, we must also allow these girls who are eligible, these women who are eligible, to have an abortion if they wish, many*

*people are still closed to the issue. Because we say, it is God who gives the child. Even if the child is born malformed, it is God who gave. It is not up to the woman to decide to take away this child and it is the same for the victims of violence. So, there is still in fact this very closed perception in the communities on the very question of access to abortion for the woman in question.” – secondary stakeholder, semi structured interview*

## Learning between countries

On the question -in the capacity-strengthening survey- whether respondents had linked with other countries regularly, all four respondents said they had. These exchanges with different societies from other countries have been regarded as very useful (during FIGO conferences, but also on monitoring and evaluation, communication and advocacy), by all the stakeholders who had the opportunity to participate in these meetings and events. There was also a request to further strengthen these collaborations, not only for the purpose of learning from other countries, but also to collaborate further on regional advocacy in countries with similar or more progressive laws, such as Benin. Due to COVID-19, however, exchanges with other countries happened mainly online. It was therefore a relief for SOGOC members and the project management unit to be able to have a face-to-face regional meeting in Ivory Coast during the last quarter of this project.



# Findings on Sustainability

## Financial sustainability

The data available allow us to consider two dimensions: the financial stability and the organizational sustainability of the actions carried out.

Leaders and members of the SOGOC have understood the importance of having a business plan to be able to search for sustainable financing.

*"... we learnt a lot about that business plan because, especially for sustainability, we didn't know how we can sustain ourselves with the little contributions members give a year, it's impossible to run such a society without that dimension."* – primarily stakeholder, key informant interview

The ACAC network is pooling efforts, and the consequent financial contribution of each partner in the network is likely to boost its financial sustainability. Other interviewees believed that the network facilitated more partnerships.

*"I think that some of the partnerships in the network that has developed, I hope that that can be sustainable and that it can continue to have those relationships and work with those partners and, you know, and that kind of puts them in a position to be seen as one of the authorities and people that you need to involve if you want to do this kind of work and move forward."* – primary stakeholder, key informant interview

On International Safe Abortion day in September 2021, the Organisation pour le Dialogue pour l'Avortement Sécurisé (ODAS; Organization for Safe Abortion Dialogue) was launched in Cameroon, with the mission to strengthen the movement for safe abortion in 11 francophone countries in Africa: Benin, Burkina Faso, Cameroon, Ivory Coast, Guinea, Mali, Mauritania, Niger, Senegal, Togo, and the Democratic Republic of the Congo. ODAS would offer training opportunities, share good practices, coordinate strategies and mobilize funding. To further build on the ACAC network activities, alliance-building with ODAS has been set in motion by the project management unit and SOGOC.

## Contribution to stability and organizational capacity-building

SOGOC is a long-established society that had a need to further strengthen its management, organization and to revive regional offices. With the technical and material resources and the current policies and procedures in place, SOGOC has the capacity to be represented and to increase its visibility in the different regions. A SOGOC executive and other participants described the decentralization as an advantage.

*"It must be said that regional offices were created before, but they were not functional. They fell apart along the way. Over the years, some were even lost, some regional office presidents passed away. So, it was a renovation, and it works well because we didn't have them anymore."* – primary stakeholder, key informant interview

## A future for safe abortion

Through the project activities, SOGOC is no longer represented only in the capital, but throughout the country, which has helped to increase its visibility. This has stimulated more members to join.

*“The project made us go national, making our society better known in the country, creating our regional branches, which do the same work as the national society through our collaboration, first getting our message to like-minded practitioners, and then pursuing and coaxing dissimilar people to join the wagon.”* – primary stakeholder, key informant interview

### Sustaining financial resources to continue the advocacy

Despite the project going ahead for another year, the concern of SOGOC and ACAC network partners about the availability of funding for the continuity of activities has not disappeared. This aspect of sustainability has been expressed by many primary and secondary stakeholders.

*“I think the project needs to find a way for the project to be sustainable. I think sustainability is an important issue, because when this project ends, I hope we can get funding to continue because advocacy is not something that is one-time. I mean, to get some changes would sometimes take a long time.”* – secondary stakeholder, semi structured interview

Through the project, SOGOC has the advantage of a business plan and a resource mobilization strategy. Despite these documents and training, several primary stakeholders noted that SOGOC needed someone competent in fundraising.

*“The discourse on the business plan only shows the absence of a resource mobilizer in our structure.”* – primary stakeholder, key informant interview

### The need to pool skills regionally to find sustainable funding

The creation of regional offices has been welcomed by the different stakeholders of the project, but it is important that these should be viable in terms of skills to mobilize resources, to be able to sustain themselves. As the number of members per bureau varies, some small bureaus could look for funding jointly.

*“In each of the ten regions there is a branch of the society and everyone tries to be as active as possible. We have also set a limit. The regions that do not have many gynaecologists can actually join together to make a solid bill and organize the search for funding together. They don’t need to have ten functional regions of the same level. It’s just not necessary, because they wouldn’t be able to fund themselves effectively.”* – primary stakeholder, key informant interview

### **Advocacy to improve the legal framework for safe abortion care**

The project used the opening provided by Maputo Protocol article 14 (c) and advocated the expansion of article 339 of the penal code. Questions have been raised in the parliament and senate and, when addressed, could lead to a revision of the code.

*“We are not yet done with the legal elements that talked about expanding article 339 and Maputo. This is what I am doing now in the assembly, and I am questioning the minister with the questions that we have prepared and sent for this session. I think that all of this and I was saying earlier that the advocacy process we will have to try to continue the advocacy with other ministries, like justice.”* – secondary stakeholder, semi-structured interview

### **The need for regular capacity-building for safe abortion care**

The qualitative data and the outcomes of the SOGOC member survey show a need to continue training and capacity-strengthening at different levels. Capacity-strengthening is needed not only at the level of laws and policies, including the ratification of the Maputo Protocol, but also for VCAT training.

*“It should be proposed that SOGOC continue to send its trainers to train more people.”* – secondary stakeholder, semi-structured interview



# Discussion

Advocacy of comprehensive abortion care is complex and takes place in challenging dynamic environments. To create a more conducive environment, all five pathways of the theory of change of SOGOC were considered as relevant in the context of Cameroon. All pathways achieved results in the project time, but the most tangible results were achieved under pathways 1–3. There was the increased professionalism and visibility of SOGOC itself (pathway 1), the development of the Advocacy for Comprehensive Abortion Care (ACAC) network (pathway 2) and the perception changes among a great variety of stakeholders active in different disciplines (pathway 3). The only limitations were in following up on the perception changes in the community. These three pathways have contributed to actions that have engaged even more stakeholders, reduced the taboo against openly discussing abortion and questioned the righteousness of the existing legal framework. The activities have also contributed to an increased visibility of SOGOC as a legitimate actor to advocate safe abortion care. Furthermore, more understanding has been established that clandestine abortion and its consequences are detrimental for the lives of girls and women.

Within the short time span of three years, the project accomplished results under pathway 4 that can lead to promising outcomes in the long term. The project has placed emphasis on sensitizing stakeholders to the inadequacy of the current legal framework, and the reduction of legal procedures through the ratified Maputo Protocol. Adjustments of the legal framework and procedures are in the hands of the parliament, senate and Ministries of Health and Justice. The applied advocacy strategies seem to have taken shape, and there is hope that adjustments will be endorsed. As SOGOC depends on the actions of other stakeholders beyond its own direct influence, continual sensitization, media attention, dialogues, consultation, and evidence from studies can further help to get the messages across. This will need more time and a continual joint effort in the sociocultural context of Cameroon.

The ACAC project has brought a lot of movement among many different external stakeholders, through the ACAC network and beyond. Internally, though, the role of SOGOC members as advocates of comprehensive abortion care could be further strengthened, with the engagement and support of the regional focal points. The survey findings (albeit with a small sample size representing 19% of members) has shown that the diversity of views among SOGOC members around safe abortion has remained extreme. There are both actively engaged members who want the law to be adjusted and very conservative ones who think that safe abortion care should not be part of the public health system. Beyond these diverse opinions, the observed change is that safe abortion is being discussed openly in the society, and there is room for members to express these diverse opinions. Dialogues are seen as an important benefit and a stepping stone to creating a more conducive environment. Continual communication, dialogues and VCAT training are needed, though, for

SOGOC to become more legitimate and a leader at the institutional level on sexual and reproductive health and rights, including on comprehensive abortion care.

The lessons learned from the project indicate that involving the network, the communications officer and particularly journalists from the beginning in the development of a media strategy helped to use the media as an advocacy channel. Reflections on how abortion is currently treated in the media space in Cameroon show that public perception has triggered dialogues for instance on social media during the International Safe Abortion Day and the 16 days of activism against all forms of violence against women and girls. Much remains to be done to improve public perceptions, however, especially in the community.

Encouraging the creation of regional branches has been of paramount importance to SOGOC. At this level, the society's presence within communities can allow it to have an improved overview of what is happening on the ground by, for instance, measuring community acceptance or rejection to the messages on comprehensive abortion in pilot sites.

Pathway 5, which related to the use of evidence to comprehensively address the reduction of maternal morbidity and mortality associated with unsafe abortion, contributed to strengthening evidence-informed advocacy on safe abortion care. Studies started by the end of the second year of the project implementation. The most tangible result was the systematic review of existing data in Cameroon, which was used for a policy brief shared with the Ministry of Health.

Overall, despite the many results obtained, for each of the five pillars to be effectively and formally implemented at a wider scope in the Cameroonian society, a longer time period of advocacy efforts is needed.



# Recommendations

The following recommendations follow from the findings, and from discussions held with the executive committee of the Society of Gynaecologists and Obstetricians of Cameroon (SOGOC), with the project management unit and with members of the Advocacy for Comprehensive Abortion Care (ACAC) network during a validation session in May 2022. The recommendations focus primarily on what is feasible within the next one-year phase of the project.

### **Recommendations for SOGOC**

- In collaboration with the ten regional bureaus, further reinforce the engagement of SOGOC members to become active advocates of safe abortion care, first by increasing the number of trained SOGOC members in value clarification and attitude transformation.
- Improve the communication among members on safe abortion care, general activities, management issues, the society's position, and evidence on abortion.
- Continue with the training of trainers, especially with midwives and community health workers, for them to further sensitize at community level to extend the scope of SOGOC.
- Strengthen the advocacy targeting the Ministries of Health and Justice and the parliament.
- Launch the use of the referral manual for a better documentation of rape cases.
- Assign a person to be in charge of the implementation of the business plan and to support resource mobilization to sustain ACAC activities.
- Ensure completion of the study executed by master students, for the benefit of informing project advocacy.

### **Recommendations for network partners**

- Put more emphasis on communication via social media, by blogs and through appropriate visual materials.
- Share good advocacy practices and evidence-based resources and align with the Organization for Safe Abortion Dialogue to sustain efforts.
- Pilot specific messaging in the community and measure its effectiveness in changing public opinion.

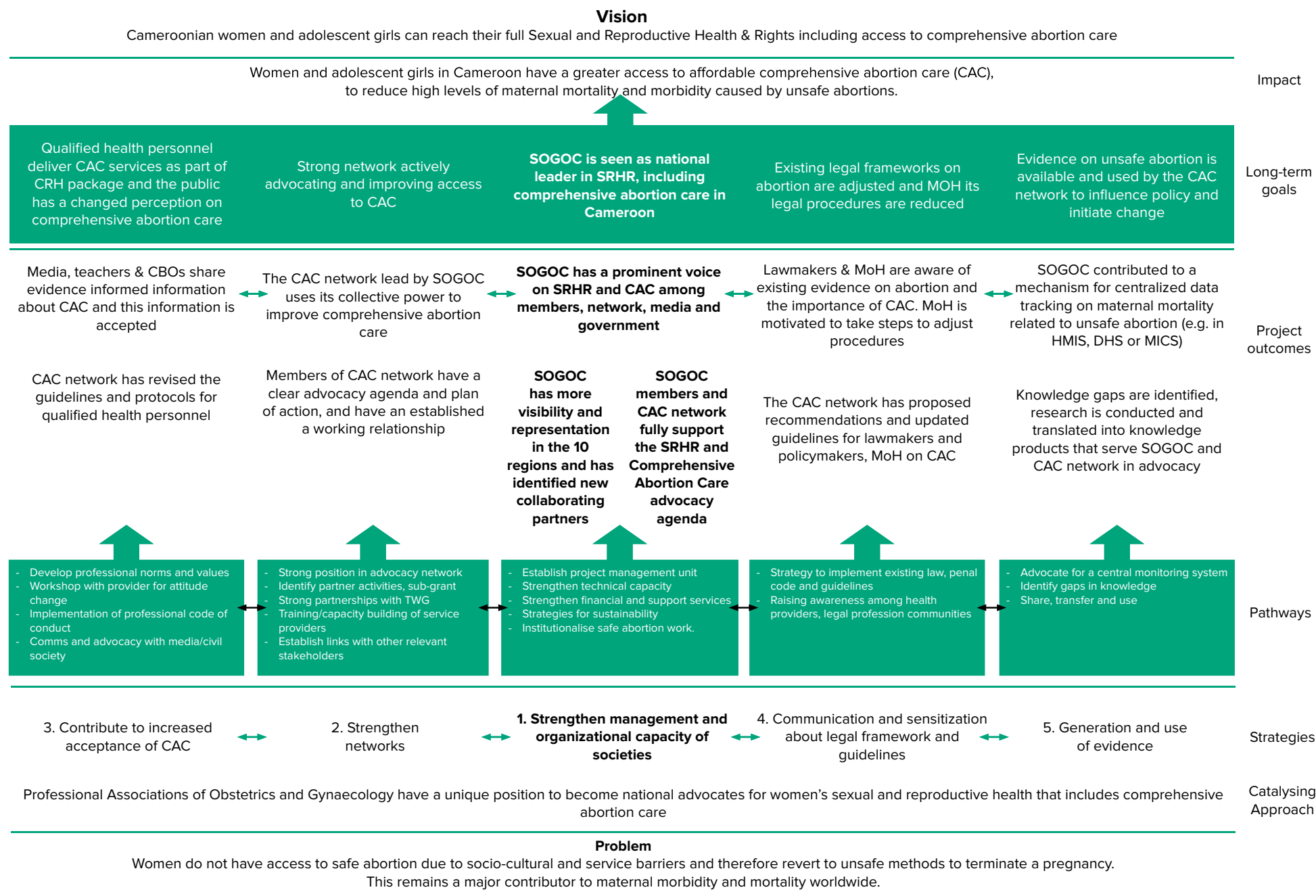
### **Recommendations for the International Federation of Gynecology and Obstetrics (FIGO)**

- Look for a mechanism of the continual capacity-strengthening of health professionals.
- Further improve regional advocacy activities, regional collaboration among societies, and collaboration with the Organization for Safe Abortion Dialogue.
- Focus on resource mobilization in collaboration with societies.



# **Annexes**

# Annex 1. Theory of change for the Cameroon project



## Annex 2. Key project outputs in Cameroon

23



Organisations in the network

12



Joint meetings with the network

7



Joint network activities

45



Participants in VCAT workshops

3

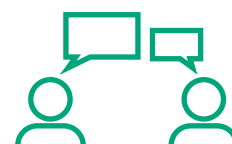


VCAT workshops

Type of participants

SOGOC members and PMU,  
Ministry of Justice,  
Parliamentarians

8



Number of sensitization sessions

Type of participants

Pharmacists, health care  
workers, traditional  
healers, communities

1



Research studies completed

1



Advocacy activities that made use of research findings

1



Sensitization meetings on law and legal framework

Type of participants

Police, lawyers,  
judiciary officers

### Annex 3. Key demographics of survey respondents

| Number of respondents (percentage)<br>(n=42)                     |           |
|--|-----------|
| <b>Gender</b>  |           |
| Female   | 15 (36%)  |
| Male   | 27 ( 64%) |
| Other  | –         |
| <b>Age</b>   |           |
| 18–29 years  | 0         |
| 30–39 years  | 16 (39%)  |
| 40–49 years  | 11 (27%)  |
| 50–59 years  | 9 (22%)   |
| 60–69 years  | 3 (7%)    |
| 70–79 years  | 1 (2%)    |
| 80 years and over  | 0         |
| <b>Member of society (i.e. paid annual contribution in 2021)</b> |           |
| Yes  | 20 (48%)  |
| No   | 22 (52%)  |
| <b>Length of membership</b>                                      |           |
| Under 5 years  | 12 (29%)  |
| 5–15 years   | 18 (43%)  |
| 15–29 years  | 10 (24%)  |
| 30 years or more   | 2 (5%)    |
| <b>Region where respondent works</b>                             |           |
| Centre   | 14 (23%)  |
| Littoral   | 19 (32%)  |
| Far North  | 2 (3%)    |
| North  | 4 (7%)    |
| Northwest  | 2 (3%)    |
| South  | 4 (7%)    |
| Southwest  | 2 (3%)    |
| West   | 8 (13%)   |
| East   | 1 (2%)    |
| Adamawa  | 0         |
| <b>Type of hospital respondent works in</b>                      |           |
| Level III hospital   | 10 (17%)  |
| Central hospital   | 4 (7%)    |
| Regional hospital  | 5 (8%)    |
| Private  | 10 (17%)  |
| Other  | 16 (27%)  |

## Annex 4. Monitoring and evaluation indicators

| Indicator   | Percentage at baseline (n=50) | Percentage at end line (n=42) |
|---|-------------------------------|-------------------------------|
| 1. Percentage of surveyed society members who rated the society's leadership role in sexual and reproductive health and rights for women, including abortion, as strong   | 48% (n=24)                    | 45% (n=19)                    |
| 2. Percentage of surveyed society members who indicated the society facilitated its members' involvement in advocacy for safe abortion at least to some extent  | 56% (n=28)                    | 57% (n=24)                    |
| 3a. Perception of society members on FIGO's statement of resolution on conscientious objection: percentage of surveyed society members who agreed with all four statements  | 32% (n=16)                    | 21% (n=9)                     |
| 3b. Perception of society members on FIGO's statement of resolution on conscientious objection: percentage of surveyed society members who did not agree with all statements but agreed at least with the statement to refer women for safe abortion services | 40% (n=20)                    | 40% (n=17)                    |
| 4. Percentage of society members who were willing to provide for safe abortion services according to the law  | 68% (n=34)                    | 67% (n=28)                    |
| 5. Percentage of society members who were willing to provide and/or make referrals for safe abortion services according to the law  | 88% (n=44)                    | 88% (n=37)                    |
| 6. Percentage of surveyed society members who completed training, seminar or workshop on professional and personal norms and values towards legal and safe abortion in relation to abortion   | 32% (n=16)                    | 24% (n=10)                    |
| 7. Percentage of surveyed members who completed training on value clarification and attitude transformation, safe abortion or post-abortion care, provided by the society   | 56% (n=28)                    | 67% (n=28)                    |
| 8. Percentage of surveyed society members who knew the legal circumstances under which abortion was legal   | 26% (n=13)                    | 26% (n=11)                    |
| 9. Percentage of surveyed society members who knew the existence of the national technical guidelines on safe abortion  | 30% (n=15)                    | 36% (n=15)                    |

## Annex 5: The society in the news

### **The Society of Gynaecologists and Obstetricians of Cameroon featured in the following new stories:**

- 'Ending GBV in Cameroon: SOGOC and media men commune for impactful results', Timesnews 2, November 2021, <https://timesnews2.info/ending-gbv-in-cameroon-sogoc-media-men-commune-for-impactful-results/>
- 'Avortement sécurisé : une alternative aux méthodes hasardeuses', Cameroon Tribune, September 2020, <https://www.cameroon-tribune.cm/article.html/35283/fr.html/avortement-securise-une-alternative-aux-methodes-hasardeuses>
- 'Planning familial :et si on en parlait...', Cameroon Tribune, March 2022, <https://www.cameroon-tribune.cm/article.html/46435/en.html/planning-familial-et-si-on-en>
- Avortement clandestin : la pratique a la peau dure, Cameroon Tribune, September 2021, <https://www.cameroon-tribune.cm/article.html/42504/en.html/avortement-clandestin-la-pratique-la-peau>
- '« C'est l'une des principales cause d'infertilité »', Cameroon Tribune, September 2021, <https://www.cameroon-tribune.cm/article.html/42503/en.html/-cest-lune-principales-cause-dinfertilite->
- 'Cameroun - Initiative: Un collectif de médecins camerounais souhaite vulgariser «l'avortement dans le respect de la déontologie médicale et conformément à la loi»', Cameroon-Info.Net, September 2020, <http://www.cameroon-info.net/article/cameroun-initiative-un-collectif-de-medecins-camerounais-souhaite-vulgariser-lavortement-dans-le-respect-de-383637.html>

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