



**KIT** Royal  
Tropical  
Institute

# PROJECT ON PREVENTION OF MATERNAL MORTALITY ARISING FROM UNSAFE ABORTION AND ENHANCING ACCESS TO POST ABORTION CARE THROUGH ADVOCACY

Project of the Kenya Obstetrical  
Gynaecological Society (KOGS)  
and the International Federation  
of Gynecology and Obstetrics  
(FIGO)

Final Evaluation

**Title:**

Project on prevention of maternal mortality arising from unsafe abortion and enhancing access to post abortion care through advocacy. This Kenyan project falls under the global FIGO advocacy for safe abortion project.

**Country:**

Kenya

**Timeframe of the project:**

April 2019 – March 2022

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# Abbreviations

<b>CAC</b>	<b>Comprehensive abortion care</b>
<b>COVID-19</b>	<b>Coronavirus disease 2019</b>
<b>FIGO</b>	<b>International Federation of Gynecology and Obstetrics</b>
<b>KIT</b>	<b>KIT Royal Tropical Institute</b>
<b>KOGS</b>	<b>Kenya Obstetrical and Gynaecological Society</b>
<b>PAC</b>	<b>Post-abortion care</b>
<b>SRHR</b>	<b>Sexual and reproductive health and rights</b>
<b>VCAT</b>	<b>Value clarification and attitude transformation</b>



# Introduction

## The international FIGO advocacy 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 – that is, national societies of obstetrics and gynaecology – to become key actors in safe abortion advocacy and national leaders in sexual and reproductive health and rights (SRHR) for women. This international Advocacy for Safe Abortion Project (ASAP) is implemented with national societies in ten countries: Benin, Cameroon, Côte d'Ivoire, Kenya, Mali, Mozambique, Panama, Peru, Uganda and Zambia. The project envisioned to reach its objective through five pathways of change in each country:

1. To strengthen the management and organizational capacities of the national societies
2. To 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 (CAC)<sup>1</sup>
3. To create increased acceptance of safe abortion among health workers, policymakers and the general population
4. To 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. To advocate better generation and use of evidence on abortion in the country.

These mutual, predefined strategies were the result of an extensive needs assessment<sup>2,3</sup> prior to the project. Following this, national societies have 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 these ten units started implementation of the project between July and December 2019. The project ran till 31 March 2022.

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1. Some countries use 'safe abortion' throughout, and others find 'comprehensive abortion care' is a more strategic terminology. The two terms are used interchangeably. All countries include a strong priority on improving acceptance of and access to safe abortion.

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. Olenja J, de Vries I, de Koning K. Kenya country report: needs assessment on safe abortion advocacy. Amsterdam: KIT Royal Tropical Institute: 2018, <https://www.figo.org/sites/default/files/2020-03/Kenya%20Country%20Report%20Final.pdf>, accessed 30 May 2022.

## The project in Kenya

In Kenya, under the guidance of the Kenya Obstetrical and Gynaecological Society (KOGS), the project focused on the prevention of maternal mortality arising from unsafe abortion, and enhancing access to post-abortion care (PAC) through advocacy. The project's name and primary focus changed after the first year as it was not able to operate as an advocacy for safe abortion care due to the restrictive legal and policy environment in Kenya (see section on relevance). 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 Kenya and has served as a reference for its implementation, monitoring and evaluation. The following is a summary of the key activities of KOGS as part of this project.

1. Strengthening the management and organizational capacity of KOGS as a professional society to drive and lead advocacy (pathway 1 of the theory of change). KOGS developed and operationalized various organizational policies, strengthened its (social) media engagement and conference management system. KOGS project staff received FIGO-supported training on various aspects, including advocacy. A project management unit was set up to manage the day-to-day project activities.
2. As part of pathway 2, KOGS collaborated with partners in a CAC network. This report refers to these partners as CAC network members.
3. To support the development of professional norms and values in relation to abortion, KOGS developed in-house training on value clarification and attitude transformation (VCAT) and trained various healthcare workers around the country on this.
4. For pathways 3–5, there was a strong focus on Kajiado county, which was used as a pilot setting to start KOGS's work in advocacy. Activities focused on training community health volunteers, facilitating community dialogues and training healthcare staff on the importance of post-abortion care and clarification of the legal framework. In addition, data were collected from among the community and facilities of Kajiado to gather evidence on the perceptions of abortion and facility preparedness for post-abortion care. To conduct these activities, KOGS initiated collaboration with the county health office, which also had a seat in the steering committee of the project.

Annex 2 provides an overview of KOGS' key outputs for the project. In the first quarter of 2021, a participatory mid-term review was organized to reflect on what was working well in safe abortion advocacy and what had less effect. The primary objective was to learn from how outcomes or changes were achieved and to inform the remaining project period. Its results and subsequent recommendations can be found in the mid-term review report. This report further builds on the findings of that review, and the evaluation covers the full period of the project.

### **Stakeholders of the project**

- Primary stakeholders (change agents): FIGO, KOGS and the project management unit, focal point, safe abortion committee members
- Secondary stakeholders (social actors); people KOGS aimed to influence through advocacy or who were witnesses of the advocacy results. These stakeholders include general KOGS members, partner organizations, healthcare workers, policymakers (Ministry of Health), media, community groups or representatives and others
- Tertiary stakeholders: community members, such as women and their partners accessing CAC services. These people are not directly targeted by the project but may eventually benefit due to an improved enabling environment for safe abortion.

### **Aim and audience of the evaluation report**

With the current phase of the advocacy for safe abortion project coming to a close, an end evaluation was commissioned with the following key objectives, to:

- Document the results and accomplishments of FIGO and member societies
- Analyse the contribution of the project in strengthening the societies and the results achieved
- Assess the project's implementation and lessons learned;
- Extract lessons learned – understanding enabling and hindering factors in advocacy for safe abortion.

To this end, the evaluation team conducted a review exercise from December 2021 to April 2022. The primary users of this evaluation are:

- KOGS, 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 Kenya, to better understand and strengthen their work in the area of safe abortion advocacy, in coordination with KOGS;
- 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 Kenya.

### **Scope of the evaluation**

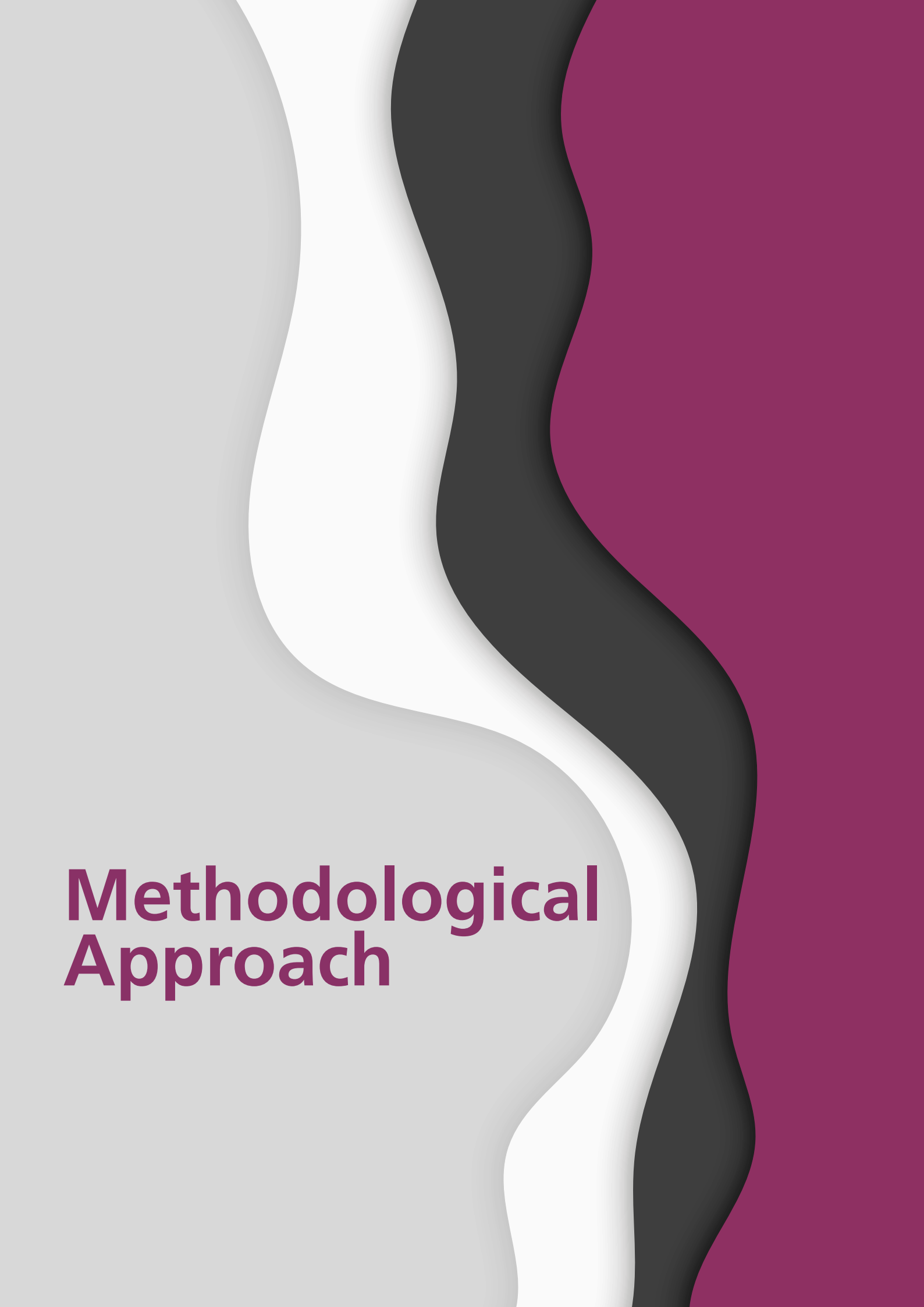
This end evaluation covers the period from the start of the project (April 2019) until end of March 2022, which marked the end of three years of project implementation. The evaluation primarily focused on measuring the effects of the project for primary stakeholders (KOGS, implementing parties) and secondary stakeholders (actors the society aimed to influence). The effects of the project on tertiary stakeholders are qualitatively assessed in the communities targeted by KOGS. However, the project has been too short to measure community impact, in the sense of the number of

## Structure of the report

women accessing safe abortion services, the number of lives saved, and so on. The community component of the project was implemented in Kajiado County. This county was chosen because of the high levels of teenage and unwanted pregnancies that have been documented in the area.

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 the obstetrical and gynaecological societies with the intention that societies would 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 on the likelihood of societies and networks continuing their work towards improving access to safe abortion. On a last note, the sustainability of the outcomes is included in the scope of this evaluation.

Following the introduction there is a short description on the methodological approach in Kenya. The detailed methodology of the final evaluation in ten countries is outlined in a separate methodological appendix. The outline of the findings chapter follows the evaluation criteria of relevance of the project, effectiveness of each of the five pathways of the theory of change, efficiency of project implementation and sustainability of KOGS as an organisation as well as programmatic sustainability. Paragraphs in the findings section are labelled with emphasized texts that highlight the key findings. 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.

## Overview of the evaluation study in Kenya

The study protocol for this evaluation is largely based on the international protocol and adapted to the Kenyan context. International ethical clearance was officially obtained through the research ethics committee of the Royal Tropical Institute (KIT) and that of the Mount Kenya University. Table 1 provides an overview of the evaluation study in Kenya, showing the data-collection method, participants selected, sampling strategy and number of participants.

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

Method	Participants	Sampling strategy	Number of respondents
Membership survey	KOGS members	Convenience sampling during KOGS conference, 16–18 February 2022	95 members
Capacity-strengthening survey	Project management unit, focal point and others who received training by FIGO	All who had received training by FIGO under this project (6)	6 trainees
Key informant interviews with primary stakeholders	Project management unit, focal point, executive committee members, safe abortion committee members	Purposive sampling	11 key informants
Semi-structured interviews and focus group discussions with secondary stakeholders	Network members, policymakers (Ministry of Health), healthcare workers/ society members. Social actors (identified through the outcome harvesting database and action plans)	Purposive sampling	36 in semi-structured interviews 8 in focus group discussions

FIGO = International Federation of Gynecology and Obstetrics; KOGS = Kenya Obstetrical and Gynaecological Society

## Desk review

The following types of evidence were reviewed: programme documents, such as action plans and progress reports; organizational policies and manuals; documents evidencing outcomes, such as those following up activity reports; the outcome harvesting database; policies; guidelines; media items; public and organizational statements; and research reports.



### **KOGS membership survey**

The KOGS membership survey was conducted during the KOGS conference from 16–18 February 2022. This was attended by 366 KOGS members. Respondents were recruited by one of the researchers directly, via the conference communication channels and via posters with a QR code. Respondents were able to fill out the survey on a provided tablet, on paper or on their own device. The survey was filled out by 95 respondents.

There were more responses from males (59%), the mean age was 48 years, and they were all obstetricians and gynaecologists based around the country. All except three identified themselves as members of KOGS, while 79% paid an annual contribution in the past year. Annex 3 gives a complete overview of 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 Kenya, this was the case for six from the wider KOGS implementation team who all filled it out.

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

Qualitative data were collected in March and April 2022 in Nairobi and Kajiado counties. Participants were purposively selected as either primary or secondary stakeholders and data were collected using key informant interviews, semi-structured interviews and focus group discussions. Key informant interviews were conducted with 11 primary stakeholders, including project management unit members (4), KOGS executive members (3), committee members/VCAT trainers (2) and others/KOGS members (2).

Semi-structured interviews were conducted with the Ministry of Health (1), comprehensive abortion care network members (5), steering committee (2), Kajiado County staff (2), health workers (obstetricians-gynaecologists or residents; nurse-midwives and clinical officers) across the country – partly conducted online (22), chiefs, traditional and religious leaders in Kajiado (4).

A total of eight focus group discussions were conducted with health workers (nurse-midwives and clinical officers) in Nairobi (1) and in Kajiado (1), a community health volunteer in Kajiado (1), Kajiado community women (2), Kajiado community men (2) and a Kajiado community leader (1).

The study participants and districts were purposively selected in collaboration with KOGS and Kajiado county office. In coming up with

the final sample, an attempt was made to ensure that different categories of stakeholders who participated in the project were represented in the sample.

### **Notes on outcome harvesting approach**

While outcome harvesting was applied as a continual monitoring approach throughout the project, to monitor the changes that resulted from KOGS's advocacy, KOGS did not manage to harvest outcomes in the final project year. The seven substantiated outcomes from the mid-term review were taken as a starting point to further build on based on the data collection. Through the collected data, additional outcomes were identified.

### **Methodological limitations**

The sampling approach for the membership survey differed between baseline and end line. Both samples, at baseline and end line, were not representative of the full membership and were not completely comparable for key demographics. Therefore, in combination with a relative low number, a difference in percentage cannot be interpreted as a change over time, and statistical significance cannot be provided. Instead, it can give an indication of the previous and current situation among a convenient sample.

For the qualitative data collection, there was difficulty in bringing healthcare providers together to conduct focus group discussions, especially in Nairobi, because of their busy work schedules. To mitigate this, the research team opted to conduct semi-structured one-to-one interviews. In addition, most of the healthcare providers who participated in the qualitative interviews were of different cadres (nurses and clinical officers).

It has been difficult to get insight into the content of all the messages that were cascaded in the field, such as through the media and in the community dialogues. The fact that qualitative narratives reveal that stigmatized perceptions and ambiguity about the law are strongly rooted and need continual attention indicates the need to closely monitor which messages are forwarded and the type of language that is used.



# Findings on Relevance

## Relevance of the project design and set up

***Stakeholders feel KOGS is in a good position to drive sexual and reproductive health and rights (SRHR) advocacy. To operate, though, the initial project design had to be adapted to conform Kenya's restrictive policy environment and KOGS's diversity***

Both primary and secondary stakeholders generally appreciated that KOGS had the capacity, trust and respected position to advocate on issues of SRHR at the national as well as the county level. It has the knowledge, and if it has accurate information and takes a position, it will be respected. KOGS can influence policy at the national level because its members hold senior positions at the Ministry of Health.

*"..... KOGS has that capacity to do advocacy because even when we go to train the health workers, they really listen to us, the message can go...even if you introduce yourself like we work for KOGS, they are like, you can see even the look, they are always happy to hear from us."* – key informant interview, member of the project management unit

This project was designed as an Advocacy for Safe Abortion Project (ASAP), but was not able to operate as such due to the policy environment in Kenya and the divergent positions of the KOGS membership on safe abortion. The Ministry of Health position is that it does not support advocacy for safe abortion, but does support the provision of post-abortion care services. As a result, the focus of the project shifted to address unsafe abortion and post-abortion care and the name was adapted accordingly.

*"....so basically, the reason why KOGS changed this title is because the Ministry of Health can only support post abortion care and not safe abortion advocacy."* – key informant interview, comprehensive abortion care (CAC) network member

Despite this position, some stakeholders still thought that KOGS should take the leadership in advocating access to comprehensive SRHR for girls and women at the national level as well as the county level.

*"KOGS will have been in the right position to do it [advocacy on safe abortion]. It's actually the most natural organization that is committed to sexual and reproductive rights of women. But the unfortunate thing is that the current leadership maybe shying away, from taking the leadership mantle on issues related to safe abortion services."* – key informant interview, secondary stakeholder

Interviews with the KOGS executive and secondary stakeholders in Kajiado indicated that KOGS focusing at the community level and on post-abortion care (PAC) was the right thing to do because unsafe abortion was a major problem in the community. Through community dialogues, it was able to

address issues of abortion stigma and to provide information on access to PAC services. The training of community health workers on unsafe abortion enabled them to identify and refer clients for PAC.

*"...part of the work we were doing in the community was to get the evidence that this problem [unsafe abortion] is there and people know about this problem, and they need solutions. Of course, the issue is not to encourage people to have abortion, but to have people know that they can prevent unnecessary and unwanted pregnancies and in cases where the law provides for, they should be able to access safe services from health facilities."* – key informant interview, KOGS executive

KOGS primary stakeholders, CAC network members and other secondary stakeholders reported that the project aligned well with national priorities and existing initiatives in reproductive health with particular focus on the prevention of unsafe abortion and access to PAC services. Following discussions with the Ministry of Health, it was felt that the project needed to align with the ministry's preference on PAC. The ministry was not further involved with the project.

*"...this project aligns very well with the Ministry of Health mandates of PAC, because the ministry has not been very keen on CAC, but it has been very keen on PAC."* – key informant interview, KOGS executive

*"...as you've seen from our title is to enhance provision of post-abortion care and the Ministry of Health prerogative at the moment is to equip all the hospitals in the country to have dedicated PAC rooms. Of course, that was one of our major findings from our research, that most hospitals did not have sufficient preparation for PAC services. With these results, we aligned ourselves to what the ministry wants and basically guide the ministry to develop these services."* – key informant interview, KOGS executive

Other projects on PAC were identified in the literature, such as Planned Parenthood Global's Closing the Gap Project from 2018–2020,<sup>4</sup> with which no collaborations were established.

The five pathways of the theory of change were found to be relevant and appropriate by both primary and secondary stakeholders for creating an enabling environment for the prevention of mortality from unsafe abortion in Kenya, and remain relevant for improving the environment for CAC. The study shows that the project has supported KOGS to develop a constitution, a strategic plan, policies and operational manuals, among other outputs (see effectiveness section). Strengthening management and organizational capacity was found to be a prerequisite for KOGS to take leadership. This pathway and others reinforced each other. CAC network members were glad that KOGS took leadership and started participating

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4. Mbehero F, Momanyi R, Hesel K. Facilitating uptake of post-abortion contraception for young people in Kenya. *Front Glob Womens Health*. 2022 Jan 20;2:733957. doi:10.3389/fgwh.2021.733957.

in and supporting their meetings (pathway 2). Network meetings were seen as opportunities for sharing experiences and information, which in turn allowed network members to strengthen their staff and legacy (e.g. the nurses and clinical officers) and bring them on board in implementing CAC activities, including for pathways 3 and 4. These two pathways on improving perception and understanding of the legal framework were found to be essential to address the multiple barriers to access of safe abortion services. During the training, healthcare workers were sensitized on how to work within the law. However, the evaluation also shows the ongoing conflicting views on the legal framework of abortion in Kenya. Network members expressed that there were still no clear national guidelines on 'safe abortion' in Kenya and that the law on safe abortion remained restrictive. The situation of "when the health and life of mother is in danger" was found not to be well defined and understood by the healthcare workers interviewed (or the key informant said this about health workers).

"The problem is that the government has not, there are no clear guidelines, on the interpretation of that law. That's why we need to have, other than now, the post-abortion care project, which is going on, we should follow up the issue of the safe abortion" – key informant interview, CAC network member

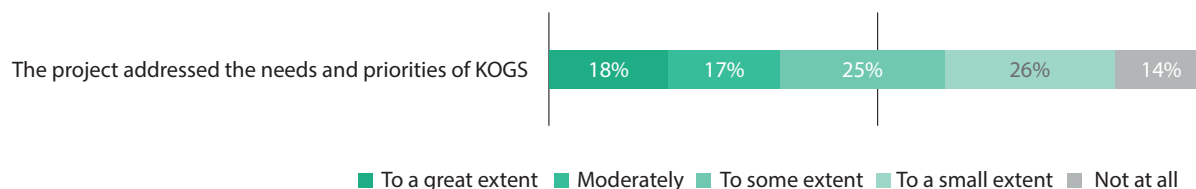
Finally, KOGS engaged in research on PAC services (pathway 5), which enabled it to engage with the Ministry of Health and Kajiado county, and this has influenced advocacy activities. The KOGS executive reported that the results of the research informed the design of PAC services in Kenya and the community dialogues in Kajiado county.

## Relevance in relation to the needs and priorities of KOGS and its members

***Though not all KOGS members felt the project addressed their specific needs and priorities, the fact that abortion was being more openly discussed within KOGS and with room for diverse views was seen as an important gain and a stepping stone for a changing environment***

Of the surveyed gynaecologists, 60% felt that the project addressed the needs and priorities of KOGS and its members, for some to a great extent (see Figure 1). Twenty-six per cent indicated this to be to a small extent and 14% felt the project did not align to the needs and priorities at all. From an analysis of the 35 answers to the open follow-up question on how the project did address their needs, most gynaecologists emphasized the importance of information sharing, and knowledge and skills training to its members (including on the legal rights to safe abortion). Other gynaecologists emphasized the importance of community involvement, the alternatives to unsafe abortion offered and how such a project would help to reduce related morbidity and mortality. Various members also indicated not being aware or not involved in the project and therefore not able to

**Figure 1. Extent to which the project addressed the needs and priorities of KOGS and its members in relation to safe abortion, according to survey respondents (n=95)**



say anything. One respondent indicated that the communication on the project could have been improved: *"The project as expressed above has never been announced publicly to the general membership... there has been provision of information to challenge members through 'values and attitude transformation', but no such 'project' has been defined to the membership at large."* A slight majority (55%) felt moderately to extremely informed about the project, 32% slightly informed and 14% not informed.

These various answers were also reflected in key informant interviews with members of the project management unit and executive committee, who felt that the project addressed the need for providing information to its members to understand the legal framework for safe abortion in Kenya.

*"There was need for knowledge, there was need for clarification about the legal framework in the country on safe abortion... There was need in the society to create a strong secretariat..."* – key informant interview, member of the project management unit

*"So, in that sense we have a lot, because again, apart from that as I said some of our members, quite a number of our members have actually been moved in this and they have learnt. Now once we get sort of a critical mass as it were, it'll be a lot easier now for us even going forward, we'll know, this is what we need to do, this is how we need to do it and then it be easier to go and do other things in, in other counties as well."* – key informant interview, KOGS executive

It was also felt that the project strengthened KOGS as a professional society by building the capacity of the secretariat and developing organizational policies and procedure manuals. It thus lay a foundation for other projects to be born and be able to work with other local organizations and consortiums on aspects of SRHR advocacy. The KOGS secretariat is also better able to communicate with its members through the website and social media.

The value clarification and attitude transformation (VCAT) training by KOGS has brought some change in the perception and attitude of society members on the abortion debate. Through this training, members with divergent views were able to sit together and contribute to discussion around abortion; something that could not have happened before.

*"The project has helped us because we are able to communicate to people through the website and the social media platform, which we did not have." – key informant interview, member of the project management unit*

*"Providing a space to talk about the project, bringing together guys from different camps. We know there is pro-life, pro-choice, and it provided a platform where both could sit in the same room discuss, and even some very hostile people attended, and it was quite positive even from how they gave their feedback...just opening the minds of people that there is more beyond one individual personal belief." – semi-structured interview, VCAT trainer*

*"Now people can have a discussion about abortion without necessarily generating into a fight [laughs]. Because now someone can sit down and possibly listen to you – before, you could not bring up the topic. The topic can just degenerate, and you cannot continue with the conversation." – key informant interview, KOGS VCAT trainer*

KOGS remains to have a membership with diverse views on safe abortion. Being a professional body, it opted to take a neutral position it felt would be inclusive to all members as well as aligning with the position of the Ministry of Health. The society also conducted VCAT training for its members.

*"...the one thing I liked about the project is that it was neutral, the project was not taking a pro- or an anti- side, it was not taking any of the sides... because the KOGS membership is diverse, there are some who are pro-life, there are others who are pro-choice and they are all obstetricians and gynaecologists trained in the same universities, if the project takes other sides, the project was neutral, all it did was to give facts and the right information to its membership." – key informant interview, member of the project management unit*

*"...as a professional body, we did not want to engage in [taking sides]. And so, we tried as much as possible to get everyone on board. And then the second part was to do extensive VCAT, value clarification and attitude transformation, of our members. We had various seminars targeting different groups. And we had members who, even those who were completely opposed to the terminology, they accept that some of these are real problems that we have in the communities that need solutions." – key informant interview, member of the project management unit*

While this neutral position may have ensured the inclusion of members who were initially opposed to the project, it also caused some frustration with those who would like to have seen more progressive action and who felt that pre-existing advocates from within KOGS were rather excluded from the project.



## Relevance in relation to needs and priorities of stakeholders

*“But you see, there’s no involvement of the same within the membership of the society. And that’s why I’m saying there’s a bit of deficiencies. It may be a few members of the society who are involved in the project and they’re the ones who are doing it, but it is not to the wider [membership] of, engaging society members in the country.” – semi-structured interview, KOGS member*

***The project addressed high information needs in relation to abortion, most specifically for healthcare workers and the community in Kajiado, while ongoing negative attitudes, as expressed in focus group discussions and interviews with communities, show that a wider group of stakeholders is in continual need for information and value clarification***

Findings on the outcomes of the project in relation to healthcare workers and (Kajiado) community attitudes reveal that the project addressed needs of these specific group, particularly in information provision and value clarification regarding abortion.

A majority of the interviewed healthcare workers across the country who had received VCAT training reported changes in their perception on safe abortion, understanding of the legal framework, a change in attitude towards clients on safe abortion, and improved communication and practical counselling skills with their clients. Through this training, health workers were provided with information on CAC, the relationship with reducing maternal mortality and clarification of the context in which abortion is allowed to the full extent of the law.

*“...so I think counselling skills were very well covered, with good practice sections, there was also a talk of...you know methods of evacuating the uterus. I think the counselling, history taking and being able now to empathize and listen to the patient perspectives, that was very well passed on to the participants.” – key informant interview, VCAT trainer*

During the community dialogue sessions in Kajiado, KOGS facilitators felt how strong the need and demand for information was. The sessions focused mainly on the dangers of unsafe abortion and the importance of seeking post-abortion care. Community members appreciated and accepted the information given to them about unsafe abortion. From the focus group discussions, however, it appears that a majority was not comfortable and open in discussing safe abortion. There remains resistance to the concept of safe abortion due to the cultural and religious beliefs and stigma attached to women and girls who have undergone abortion, indicating a continual need to improve public perception.

*"I can say that we have been trained on issues of unsafe abortion, on the side of young women, since nearly all of us are past that stage. However, the training was very relevant because we have been informed about unsafe abortion and through that knowledge, we can now help our girls not to practise it anymore, but rather carry pregnancy to term."* – focus group discussion, older women, Kajiado

The Ministry of Health's participation in this project has been minimal. This was mainly due to the initial design of the project as a Safe Abortion Advocacy Project. This partly led the KOGS leadership to refocus the title of the project. Members of KOGS contributed to the ministry's revision of national guidelines on PAC; development of data collection tools to be incorporated in the national health information system and in designing the expansion of PAC services at the county level.

*"One area that I felt was not well done was engagement with the Ministry of Health. We did have meetings, we did have some progress, but I felt that the progress was not sufficient to the kind of level that we expected them to really engage and improve, though in the final leg of the project, we had very fruitful meetings with the Ministry of Health and I think it was opening up to a new phase of our partnership. So that's one area I felt was a bit of a weakness."* – key informant interview, KOGS executive

In the last year of the project, KOGS engaged more in the media on SRHR issues through a media consultant. The fact that, as indicated by this media consultant, the media fraternity and managers remained very conservative when it came to publishing abortion-related stories – which they regarded as foreign/western ideology – indicates a remaining need to address the perceptions in the media.

*"...training journalists is always a good thing, I have not done that in this project, what I have done is basically trying to make sure that I provide KOGS with the resources they need to put out a story or to put out a well-informed piece that is all rounded and that is rich with facts and not personal beliefs, but in the future perhaps, I would recommend for lots of training [for journalists]."* – key informant interview, media consultant



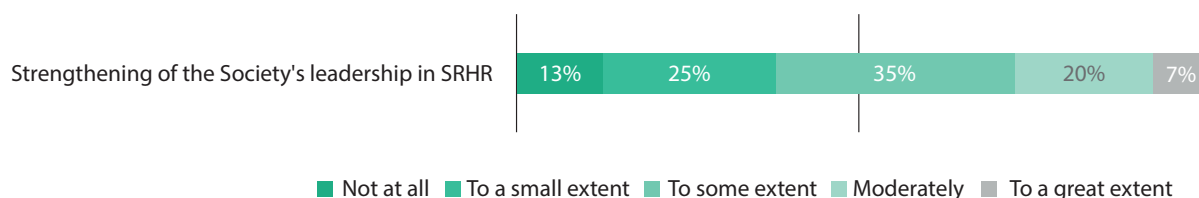
# Findings on Effectiveness

## Results for Pathway 1: A strengthened national society

***Surveyed gynaecologists felt that KOGS's leadership role in SRHR for women had been strengthened over the past years. However, dissemination, communication and institutionalization of its position on abortion could still be improved***

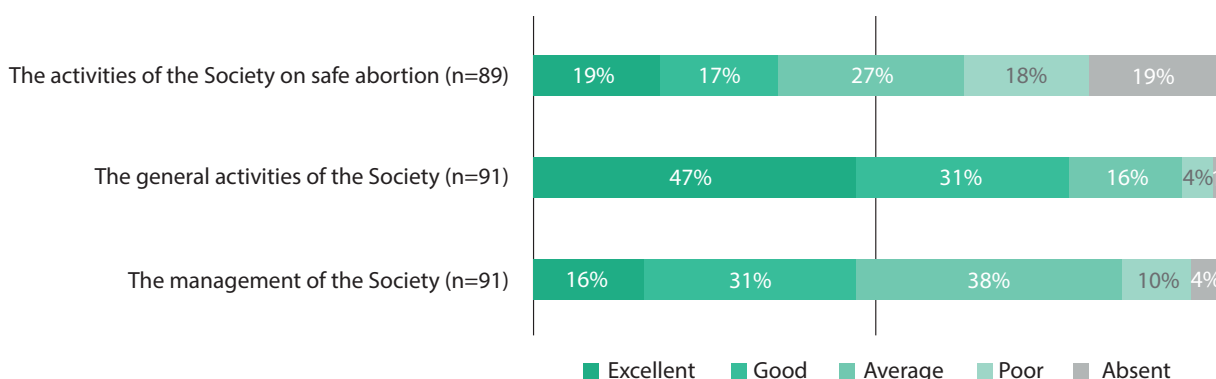
A vast majority, 87% of the surveyed gynaecologists, felt that KOGS's leadership role in SRHR for women was strengthened in the past three years, at least to a small extent (see Figure 2). Most (55%) now rated KOGS's leadership role in SRHR for women, including on access to safe abortion, to be either strong (34%), very strong (14%) or extremely strong (7%). Another majority (75%) of those who said that the role strengthened in the past three years felt that this change of leadership was influenced by the project. Due to a difference in the sample at baseline and end line, the survey results are not able to show change over time, but it is interesting to note that, at baseline, KOGS's membership was less convinced about its performance as a leader in SRHR, with 35% rating leadership in SRHR as strong at that time.

**Figure 2. Extent to which KOGS's leadership role in SRHR for women did strengthen in the past three years, according to surveyed gynaecologists (n=95)**



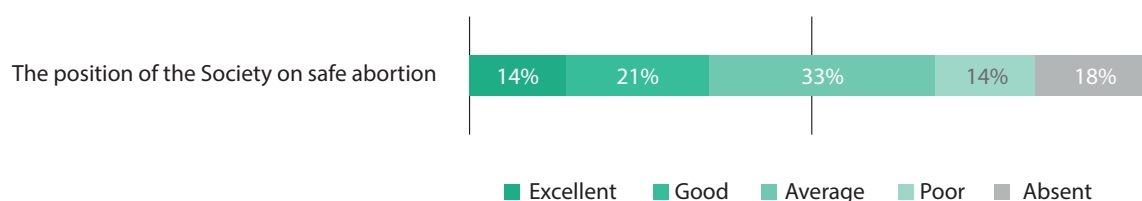
The communication of KOGS on its management and general activities was generally well rated (see Figure 3). The communication on the activities on safe abortion was rated less strong, although 36% still rated it as good or excellent. At baseline, this was 15%.

**Figure 3. Appreciation of KOGS's communication on various topics by survey respondents (n=89–91)**



Under the project, KOGS developed a position statement on abortion, which was initially disseminated via meetings, email and WhatsApp. The statement outlines a summary of the legal and policy frameworks and aligns KOGS's position to this framework, human rights and the regulations on conscientious objection. The communication of KOGS about its position on safe abortion was rated by the gynaecologists surveyed as average (see Figure 4). During the validation meeting, the KOGS executive reported that the position paper had not been shared widely with its members because it had not yet been approved by the Kenya Medical Practitioners and Dentists Council and that, because of the divergent views, not all KOGS members would be happy with its contents.

**Figure 4. Appreciation by survey respondents of KOGS's communication on its position on safe abortion (n=91)**



Seventy-two per cent said the position changed over the last three years at least to a small extent, while 28% answered it did not change at all. Sixty-five per cent answered yes to the question whether KOGS had a position on safe abortion, compared with 11% who said no and 24% who said they did not know. Regarding the content of the position (an open question, filled in by 51), most respondents provided an answer in line with one of the following on the position of KOGS regarding safe abortion: KOGS supports the provision of (quality) services (7); to the extent as provided by the constitution (12); referring to the conditions of safety (3); or as a strategy to reduce maternal mortality and morbidity (3). Six indicated KOGS's position was neutral. Other answers varied or did not refer to a specific position, but more to a role or mandate (to advocate, increase awareness, train, support policy development, etc.).

Of those who answered that KOGS had a position on safe abortion (N=62), a majority (61%) felt the position was known by its members. However, 65% felt the position was not adopted at the institutional level, nor that the position was publicly available, and 71% felt it was not known by other stakeholders.

***A majority of survey respondents indicated KOGS played a role in advocacy for safe abortion and facilitated its members in advocacy***

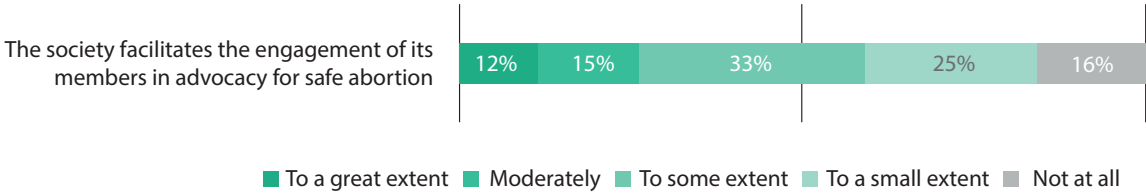
A vast majority (86%) of the surveyed gynaecologists felt KOGS played one or more roles in advocacy (see Table 2).

**Table 2. Roles indicated in answer to: What role does KOGS play in advocacy for safe abortion?**

Answer options (multiple answers possible)	N=95
KOGS shares technical recommendations on safe abortion to key stakeholders (e.g. Ministry of Health)	61 %
KOGS generates evidence on safe abortion (research, data registers)	43 %
KOGS informs its members and/or health providers about the legal frameworks and technical guidelines	53 %
KOGS promotes reflections on professional attitudes towards safe and legal abortion	40 %
KOGS creates partnerships with other stakeholders to improve access to safe abortion	42 %
I don't know	12 %
KOGS plays no role in advocacy for safe abortion	9 %

In addition, 60% felt that KOGS facilitated the engagement of its members in advocacy for safe abortion at least to some extent (see Figure 5). They said KOGS did this mostly through providing training or webinars on advocacy (73%), encouraging members to participate in meetings with key stakeholders about safe abortion (58%) and sharing materials, toolkits and guiding documents (44%), but less through publishing or presenting members’ papers on safe abortion-related topics (e.g. in the society’s journal or annual conference; ticked by 33%) or inviting members to provide input in the development of technical guidelines on safe abortion (25%).

**Figure 5. Extent to which KOGS facilitates the engagement of its members in advocacy for safe abortion, according to survey respondents (n=95)**

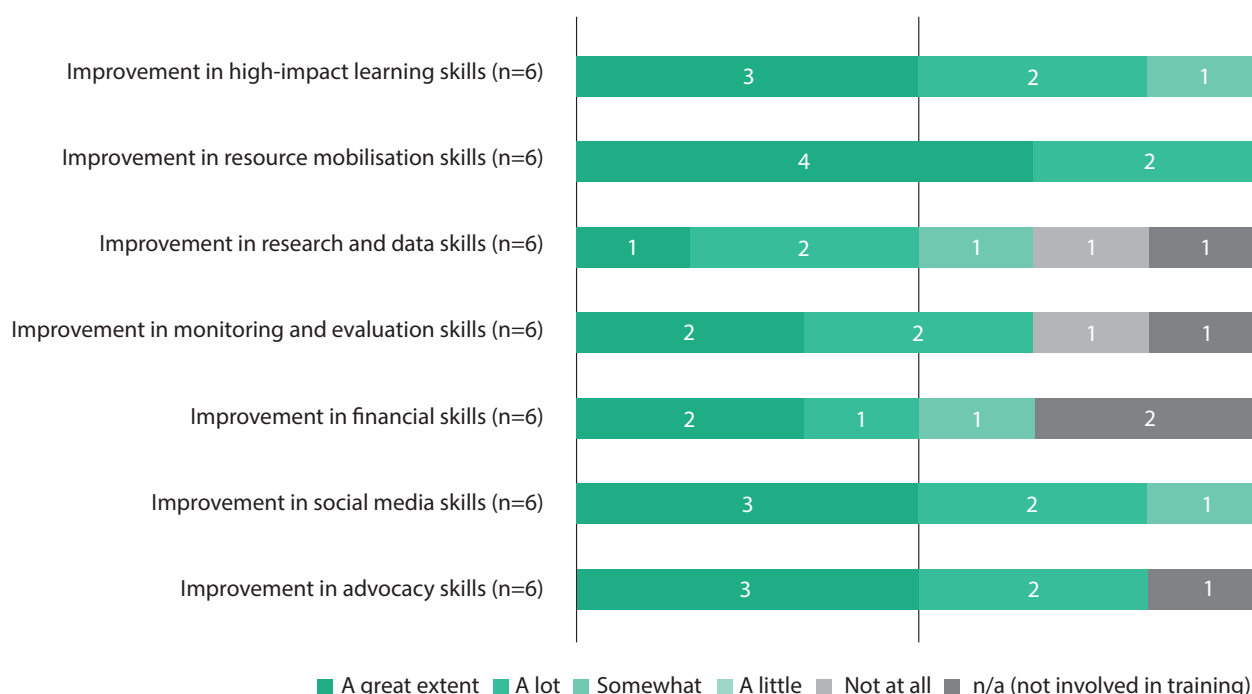


***Primary stakeholders who received training through the project by FIGO or others felt a strong improvement in their knowledge and skills, while the project also provided space to operationalize various policies and systems that strengthened KOGS as an organization***

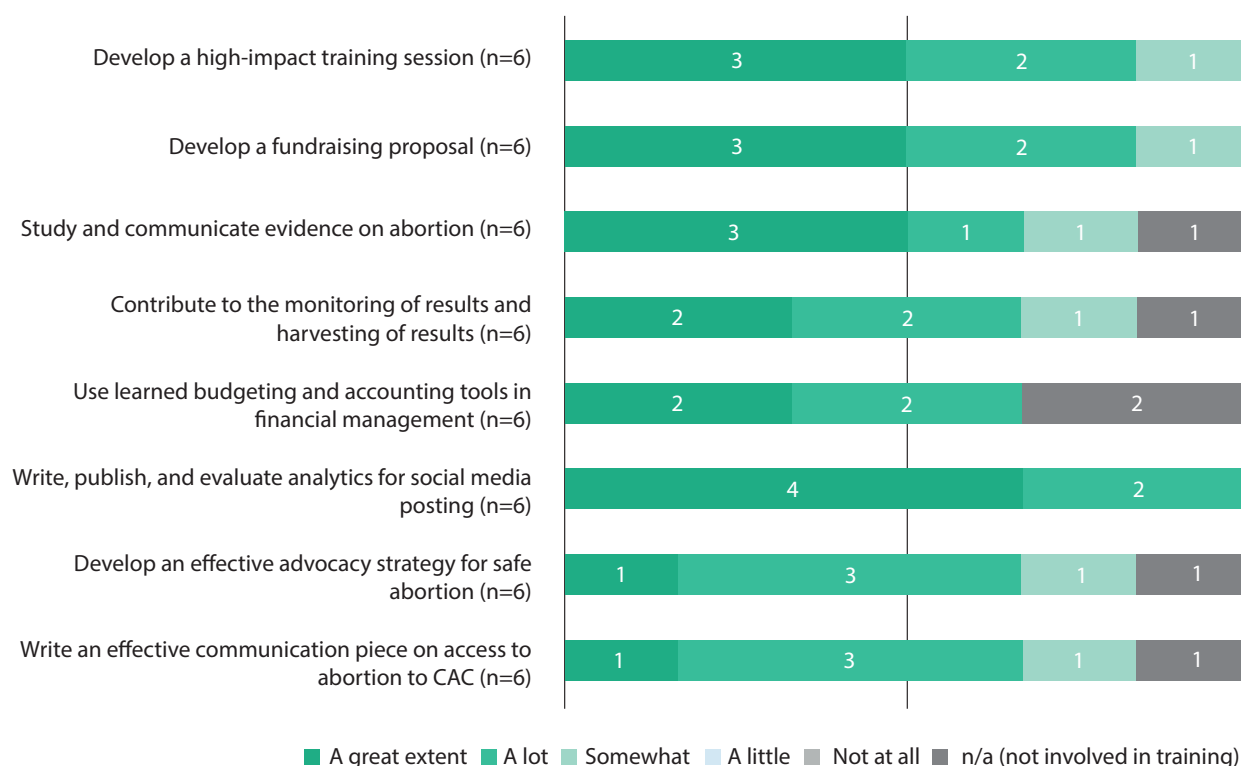
In the global capacity-strengthening survey for implementers of the project, KOGS respondents (n=6) indicated that, through the various

training sessions delivered by the project, they generally felt a strong improvement in knowledge and skills (Figure 6) and their ability to apply this learning in practice (Figure 7). They indicated the training on advocacy and communication, on social media and on fundraising to be the most successful and valuable to them and that these would contribute to the sustainability of the organization. FIGO provided tools and resources, which were mentioned to be used to a great extent. Respondents' recommendations were to allocate more time and to deliver more training, including certification.

**Figure 6. Extent to which project implementers (including project management unit members) feel their knowledge and skills have improved following training as delivered through the project (n=6)**



**Figure 7. Confidence project implementers (including project management unit members) feel to apply learning in practice. “I feel confident to...” (n=6)**



The appreciation of the strengthened capacity of project staff was further confirmed in key informant interviews with primary stakeholders. In addition to the training, KOGS got the opportunity within the project to develop other resources that supported the strengthening of KOGS. This strengthened its social media involvement and led to the formation of two subcommittees on SRHR and communication and advocacy (see Box 1). These were believed to contribute to the sustainability of KOGS’s work.

*“So, these committees we are very confident will take up the mandate of following up on the campaigns against other SRHR challenges. We are very well equipped in terms of training, maybe not so much about resources, but it’s something we can be able to try and get and then at least move forward.”* – key informant interview, KOGS executive



### **Box1: Developed policies, manuals and other activities supporting the project and strengthening of KOGS**

Policies and manuals as developed by KOGS under the project, supporting the strengthening of the society:

1. 2020–2025 KOGS strategic plan
2. Finance manual
3. Human resources manual
4. Communication and advocacy strategy plan
5. Record management policy
6. Quality and risk management policy
7. Payment and refund policies and procedures
8. Workplace guidelines
9. Work-from-home policy
10. Sexual harassment-free policy
11. Governance and accountability policy
12. Travel policy
13. Decision-making procedures
14. Safeguarding policy (or child protection policy and/or vulnerable adults policy)
15. Human resource (HR) guidelines, such as on remuneration, including overtime pay policies from the existing HR manual
16. Anti-bribery policy (or gifts and hospitality policy)
17. Anti-slavery and human trafficking policy
18. Conflict-of-interest policy
19. Anti-bullying and harassment policy
20. Whistleblowing policy
21. Award-of-contract policy
22. Code of ethics for professionals

Other activities supporting the project and strengthening of the society:

1. Reactivation of the KOGS website, updated with technical content and the membership portal. The website continues to receive new visitors and the domain is now used to host KOGS-mandated meetings.
2. Active social media platforms created:
  - Facebook page (2,444 followers)
  - Twitter (1,165)
  - Instagram (881).
3. Establishment of an SRHR committee with terms of reference and appointment letters.
4. Establishment of an overall communication and advocacy committee that works hand in hand with the SRHR committee.
5. Engagement of a media consultant supporting the visibility of KOGS in national print and television media.
6. Set up of a KOGS conference management system, contributing to growing conferences and financial sustainability.

Through FIGO support, the project managed to participate in international events, such as the International Abortion Day, International Women's Day, and the follow up of Kenya's United Nations Human Rights Committee review.

*"Being an umbrella organization of all [FIGO], the mother of all the organizations, they have different experiences from different countries from developed countries to developing countries...so FIGO actually helps us look if we are working in this space, there are other organizations which are probably similar, similar stories, which we can share with them. And then the most important thing is the support that this international organization, which is recognized all over the world 132 countries, and the evidence that we have. So, we tap into that experience, which is of absolutely great value for KOGS."* – key informant interview, KOGS executive

***In the course of the implementation, KOGS's leadership demonstrated a positive change towards the project***

As described during the mid-term review, KOGS was familiar with conflicting opinions internally on issues like abortion, including among KOGS's leadership. It was indicated that overcoming internal resistance took time, and challenged advocacy for a long time after starting the project as there remained division on whether KOGS had a role to play on safe abortion advocacy. However, during the mid-term review, it was found through qualitative interviews that, following internal VCAT training in 2020, KOGS's council members were more sensitive to, and had a more positive attitude towards, CAC. These findings were further substantiated during the final evaluation. Qualitative interviews with primary stakeholders reported a positive change in the leadership role of KOGS on CAC because of the project, partly because of the internal VCAT training and through a repackaging of the message.

*"...when we started the project, the project was titled safe abortion advocacy and we felt from our membership diversity and different perspectives a risk of, of being misunderstood. We had to change the nomenclature to prevention of maternal mortality from unsafe abortion and enhancing provision of post-abortion care services."* – key informant interview, member of the project management unit

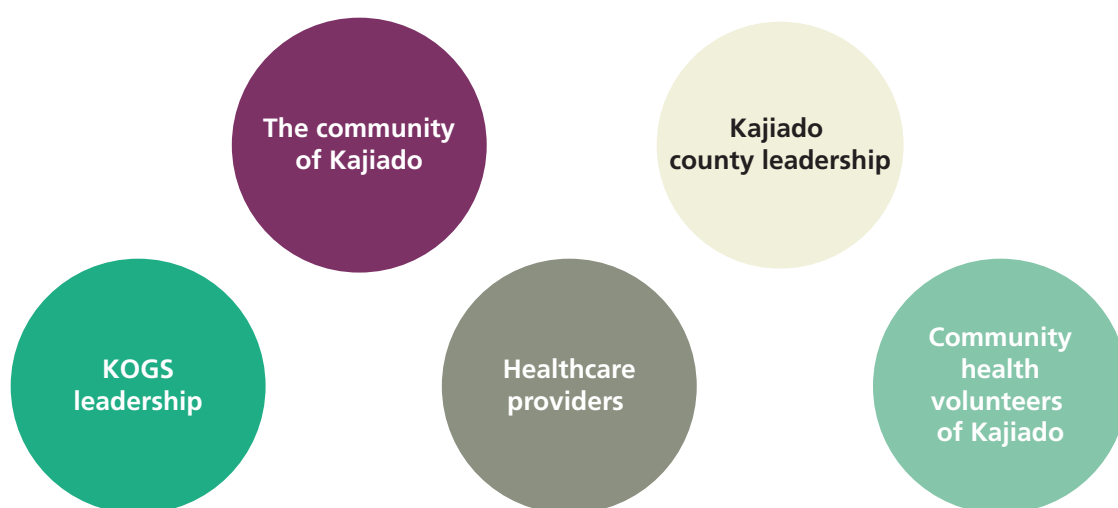
With time, the leadership positions of KOGS also changed as terms ended. The current president indicated that KOGS's leadership was in full support of the project.

*“Repackaging [the message], not necessarily throwing it away, but repackaging the message and say, okay, we can do the same thing, but a difference like different approach. ...So, in terms of that, we are fully in support of the project. Otherwise, it'll not have come this far. So, the fact that it has come this far and we are grateful for all the things that the project has done, the good things that we are receiving, it means that the management is in tandem with the project.” – key informant interview, KOGS executive*

In the capacity-strengthening survey, project management unit members also indicated that the society's leadership supported the project to a great extent. The council and president were mentioned for their contribution to project implementation, especially in national level engagements with the Ministry of Health and other stakeholders.

## Results for Pathways 2–5: Overview of advocacy results

Pathways 2–5 focused on achieving change through advocacy. This section provides an overview of how the society's advocacy efforts influenced others and initiated change in relation to safe abortion. The main social actors who demonstrated change, as identified in the mid-term review and end line, were:



## Results for Pathway 2: Strengthened networks

### Project outcomes on strengthened networks:

- KOGS's network grew in size and strength, with memorandums of understanding signed with seven partners, and KOGS guiding with a leading voice;
- Partners engage KOGS as an authority and entry point into the community and other platforms to talk about CAC issues.

***A network that contains a diversity of experts and different cadres of health workers facilitates shared experiences and creates opportunities for synergy; KOGS was regarded as an authority in SRHR and so its contribution and opinion is highly valued by other professionals and members of the community***

To strengthen collaborative support within the field and engage other cadres of health workers, KOGS initiated a CAC network. Since the start of the project, the network has grown in size, with seven partners signing a memorandum of understanding with KOGS as the mother partner: Reproductive Health Network Kenya, the Center for Reproductive Rights, the Midwives Association of Kenya, the Kisumu Medical and Education Trust, Kenya Clinical Officers Reproductive Health Society and Kenya Progressive Nurses Association. In September 2020, the professional bodies of the network, each with its own professional workforce, formally agreed to collaborate in advocacy activities. Since then, the network has engaged in quarterly meetings to connect and exchange information, and have joined efforts and merged expertise for several activities (see Box 2).

During qualitative interviews, network members acknowledged that KOGS had been the convener of network meetings (CAC Technical Working Group), which they regarded as a safe place to come together and share experiences and create opportunities for synergy. Network members acknowledged the important role KOGS played in the SRHR space and that the society's viewpoint was highly regarded by other medical professionals and members of the public. Members of other professional associations recognized the important role KOGS played in strengthening the networks. KOGS is regarded as an authority in SRHR and so its contribution and opinion is highly valued by other professionals and members of the community.

### **Box2: Overview of joint activities undertaken with the network:**

- Community health volunteer training manual and community handbook
- Volunteer training
- Community dialogue days
- Legal workshop with members, community leaders and comprehensive abortion care network members
- Presentations at conferences of clinical officers, KOGS and the Midwives Association of Kenya

*"...I am seeing KOGS' role so strongly at the county level. Where we have engaged KOGS representatives in the county, the providers get comfort and space to be open to discuss the issues, but where KOGS leadership is not involved, even at the county level, there is a lot of fear...people are not free and you cannot even get data for advocacy...going forward, it is critical that KOGS ensures it's functional at all levels, especially now that health is devolved in Kenya." – key informant interview, CAC network member*

*"...so we have always expected KOGS to be there and give a voice because you know leaders listen to them because they are the leaders in this area, of course county stakeholders appreciate those statements... because they know [KOGS] is an authority." – key informant interview, VCAT-trained provider*

*"I think there was a lot of strengthening of and collaboration between networks. Our team has been able to work synergistically with KOGS very well towards the objective of improving quality maternal newborn care, and especially when it comes to provision of comprehensive abortion care." – key informant interview, CAC network member*

*"We've been able to collaborate in other activities because of the link that we've had with this project. For example, there is a time when we were invited as panellists in one of the activities within KOGS, which was very good for us as Midwives Association of Kenya to discuss at the same table with KOGS issues affecting women." – key informant interview, CAC network member*

Primary stakeholders indicated that through the project, KOGS had also been able to engage the leadership of other societies and the media, and to some extent had kept the conversation about abortion going.

*"It has been possible through the project to talk to other societies and chairpersons of other societies. Every time we do something, we have gone out to the media, we have also been able to get in touch with the Ministry of Health, reproductive health unit whose head is one of us." – key informant interview, KOGS executive*

However, it was seen as a missed opportunity that KOGS did not join the reproductive and maternal health consortium of 21 members that provides technical assistance to the Ministry of Health in the development of policy guidelines and training materials. While KOGS is not a member, its members participate in this consortium in their individual capacity.

*"...we have an organization called Reproductive and Maternal Health Consortium of 21 members, civil society organizations [non-governmental and civil society organizations] that work in the area of sexual reproductive health. Most of the members have got [a memorandum of understanding]. They are the ones who support the Ministry of Health in the development*

*reproductive health guidelines; but KOGS as an organization is not a member of the consortium, but, individual members, like the secretary general is a member.” – key informant interview, CAC network member*

## Results for Pathway 3: Create increased acceptance for safe abortion

### Project outcomes on acceptance for safe abortion:

- Kajiado county health leadership changed perceptions on and are supportive of PAC
- VCAT trained healthcare providers demonstrate less judgmental approach to patients seeking CAC and feel equipped and empowered to support patients with CAC issues
- Community health volunteers in Kajiado discuss the prevention of unsafe abortion and women's rights during household visits
- Community members feel informed about the dangers of unsafe abortion, the legal framework of Kenya on abortion and the availability of PAC services
- Young people and parents in the community are more open to discuss the issues of reproductive health with each other.

To support the development of professional norms and values in relation to abortion, KOGS developed in-house training on value clarification and attitude transformation (VCAT) under the leadership of KOGS past president and FIGO President Elect Anne-Beatrice Kihara. See Annex 2 for an overview of the number of VCAT training sessions conducted and people involved. In addition, a number of other sensitization sessions,<sup>3</sup> including community dialogues, webinars and other meetings, were conducted with various stakeholders. A community health volunteer handbook and manual were developed to guide the community sessions in Kajiado county. During the mid-term review, the substantiated outcome that changed perceptions on PAC in the Kajiado leadership was identified as an important prerequisite to conducting the community activities in Kajiado. The Kajiado leadership has been strongly engaged in all steps. This section further elaborates on the effects of VCAT training on healthcare providers and of the sensitization session on the community.



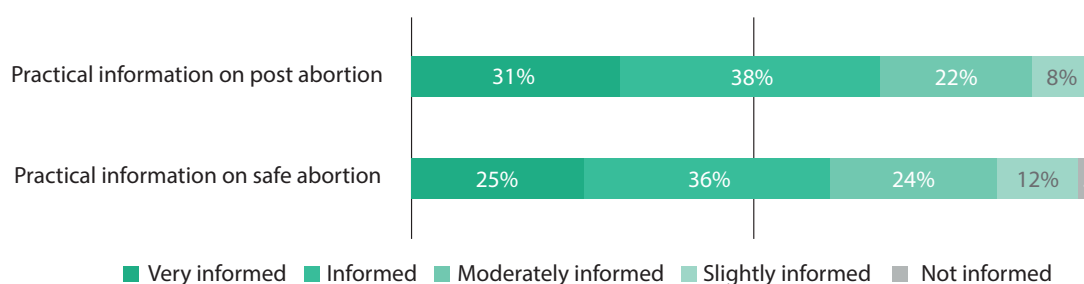
VCAT training for health care providers by FIGO president elect Anne Kihara - Photo: Moses Obimbo



***KOGS's membership remains diverse on professional perceptions towards safe abortion, although qualitative interviews indicate that VCAT contributed to a changed perception and non-judgemental approach towards clients seeking safe CAC***

Forty-two per cent of the surveyed gynaecologists ever completed a training, seminar or workshop on professional and personal norms and values towards legal and safe abortion, 72% ever received training on PAC, and 56% on safe abortion care. Of those who ever completed training on either VCAT, safe abortion or PAC (n=75), 40% did this through KOGS. These figures were similar at baseline. A majority of the surveyed gynaecologists felt informed about practical information (guidelines, recommendations, procedures) on safe abortion and PAC (see Figure 8).

**Figure 8. How informed surveyed gynaecologists feel about practical information (guidelines, recommendations, procedures) on safe and post-abortion care (n=95)**



Regarding their professional attitude towards abortion, 37% of the surveyed gynaecologists agreed to some extent with all four statements of FIGO's 2006 resolution on conscientious objection.<sup>5</sup> Forty-two per cent did not agree with all statements, but agreed at least with the statement to refer women to safe abortion services. At baseline, these figures were similar. More recently, FIGO added to its statement on conscientious objection,<sup>6</sup> that refusal of care using claims of conscientious objection could be used for PAC. This statement was supported by 85% of the surveyed gynaecologists (22% agreed and 63% strongly agreed). A majority of 61% indicated that their professional position was similar to their personal position, while 22% said it differed. Others did not know or did not answer. Only 17 respondents gave an explanation to this, reflecting the diversity of KOGS's legacy. Some said that their professional position was similar to their personal one and guided by moral and religious obligations. Others said they were not supportive, but as a service provider were compelled to offer professional care and/or to refer. Under the project, KOGS developed a code of professional ethics but it does not contain guiding principles on how to deal with conscientious objection.

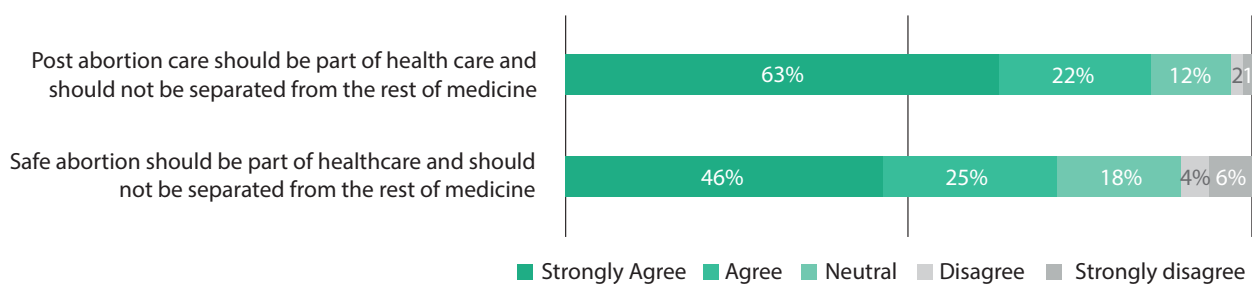
5. FIGO. Resolution on 'conscientious objection'. London: 2006, <https://www.figo.org/resolution-conscientious-objection-2006>, accessed 29 May 2022.

6. FIGO. Conscientious objection: a barrier to care. London: 2021, <https://www.figo.org/resources/figo-statements/conscientious-objection-barrier-care>, accessed 29 May 2022.

KOGS's position statement on abortion does though state that conscientious objection should be clarified and used respectfully, in combination with referral when needed, and does not apply in emergency situations.

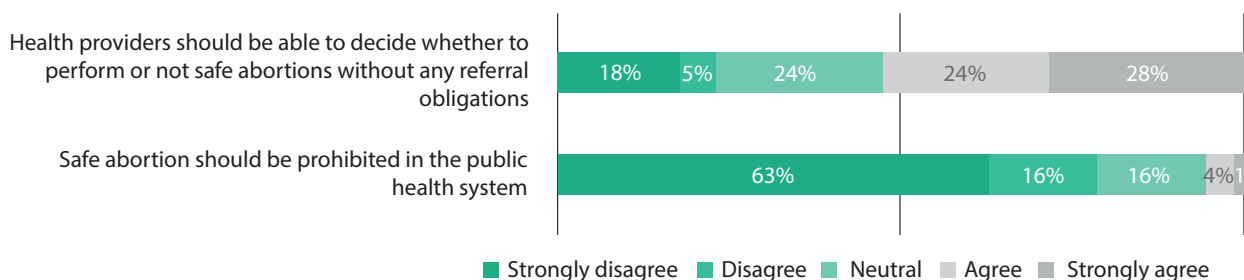
A majority of respondents felt that both PAC and safe abortion care should be part of healthcare and not separated from the rest of medicine (see Figure 9). In addition, a majority felt that safe abortion should not be prohibited in the public health system (see Figure 10).

**Figure 9. Survey respondents' opinions on the inclusion of abortion care within the health system (n=95)**



To the survey question of what they would do if they received an abortion request under circumstances permitted by law, 51% would inform the woman about legal safe abortion procedures and eventually provide it in line with the national technical guidelines. An additional 31% would refer her to another health worker who could give information about and provide a legal safe abortion, meaning a total of 82% of the surveyed gynaecologists were willing to provide and/or make referrals for safe abortion services according to the law. However, interestingly, a majority felt that health providers should be able to decide whether to perform safe abortions or not, without any referral obligations (see Figure 10).

**Figure 10. Survey respondents' opinions on the place of safe abortion care in the public health system and the autonomy of healthcare providers (n=95)**





Discussions with CAC network members, healthcare providers and primary stakeholders confirmed that the KOGS membership continued to have divergent views on safe abortion.

*"...it is still divided, there are some KOGS members who will not even talk about abortion, they would better talk about postpartum haemorrhage or hypertensive diseases in pregnancy where they would engage, but when it comes to comprehensive abortion care, it is divided. Some of them are really fighting and intimidating other service providers, so that area needs panel beating [reparation]." – key informant interview, VCAT trainer*

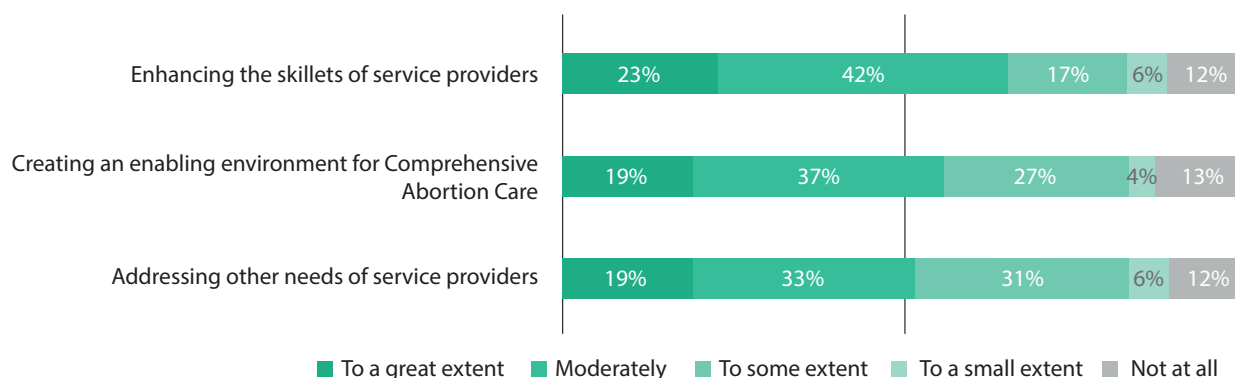
However, the qualitative interviews and focus group discussions with VCAT-trained healthcare providers also indicated that the project contributed to improved professional perceptions on safe abortion for those who were trained. The VCAT training structure helped healthcare workers to separate their moral judgement from the needs of the client, which made service delivery client-centred. The majority of VCAT-trained healthcare providers said that, before the training, they were very judgemental and stigmatized clients based on their moral judgement. But after the training, they were now able to sit down with the clients, listen to them, give the available options, and refer them appropriately.

*"...personally, it changed my perception because, unless it came as an inevitable abortion or incomplete, that is when I would consider giving the services to the patient as an emergency but right now, that training really changed my perception. I can sit down and have a patient, I listen to them, and I never used to do that because I would see it as either right or wrong, but now we sit down and talk, reason together and come to a conclusion and it is the patient who decides, so it is patient-centred. We are there to give them support, that was not what I used to do before." – key informant interview, VCAT-trained health provider*

***Gynaecologists felt the project contributed at least to some extent to the skill set of service providers and an improved enabling environment; VCAT-trained healthcare providers felt equipped and empowered to support patients with CAC issues***

Of those respondents who indicated being moderately to extremely informed about the project (n=52), a majority felt that the project contributed to enhancing the skill sets of service providers (82%) and to creating an enabling environment for CAC (83%) at least to some extent (see Figure 11). Eighty-three per cent also felt the project addressed other needs of service providers, including: equipment and supplies, continued medical education, contraception counselling, availability and use, understanding of the law, and VCAT.

**Figure 11. Extent to which surveyed gynaecologists with knowledge of the project think the project contributed to various changes (n=52)**



Community health workers in Kajiado North reported that they noticed a change in the way healthcare providers handled clients in need of comprehensive abortion services. Previously, health workers could even call the police if they saw a patient come to the hospital with incomplete abortion, but now such a patient would be treated with care, compassion and dignity.

*"I have seen the doctors nowadays are not like the doctors who were there back then, because you could enter the room and even before you tell of the cause, maybe the miscarriage is due to the weak uterus, he calls other people to come and see what is happening, so maybe someone may fear because of a previous incident and think that the hospitals have not changed, but we the community health workers, we encourage them and tell them the hospitals have changed, so they come there confidently knowing they will be assisted."* – R1 focus group discussion, community health volunteer, Kajiado

*"...it [VCAT training] actually helped me so much because I am a clinical officer and because we are the first people the clients come to, I have many girls coming and it was like I was stuck and I didn't know what to do with them. So that project when it came to us and we were taught the value and all those things, our attitude changed and we felt empowered, like personally I felt empowered, knew now I am very confident in the office, even though a girl comes I know what to talk to her, know where to refer her in terms of her gestation period so it is like it empowered me in my work."* – key informant interview, VCAT-trained healthcare worker, Kajiado

***Following the training of community health volunteers, the prevention of unsafe abortion was discussed during household visits in Kajiado***

Through KOGS's own monitoring activities and feedback from trained community health volunteers, it was found that the volunteers conducted over 1,800 household visits where the prevention of unsafe abortion was discussed (see Table 3). In addition, they held 57 community dialogues and distributed 200 Information, Education and Communication (IEC) materials.

**Table 3. Number of household visits conducted by community health volunteer**

District	Number of household visits	Number of community dialogues	IEC materials distributed
Kajiado South	350	12	50
Kajiado East	478	15	35
Kajiado North	452	10	46
Kajiado West	245	11	41
Kajiado Central	326	9	32

The findings and feedback from the community were used by KOGS to further advocate the information needs in the community with the Ministry of Health. The evaluation did not get insight into the content of the messaging.

***Community members show appreciation for knowledge on the legal framework and availability of PAC services in facilities, but maintain a strong stigmatized perception on abortion***

During focus group discussions, community members indicated having learned a lot from the community dialogues about, among other subjects, the legal framework and the availability of services in facilities. They also indicated that more women sought services in the hospital.

*P1: "We have learned a lot, and that learning led to different changes. To start with, we have been taught circumstances when abortion is allowed and those when not allowed. We have also been taught on the issues that propagate unsafe abortion, like female genital mutilation, that leads to teenage pregnancy and the young girls out of fear, end up procuring unsafe abortion. When we learnt all these, I found the attitudes of people around abortion have slightly changed, since they understand now that in some cases, abortion is allowed due to health reasons. Unlike before when abortion is not even mentioned. It was a serious, chaotic issue to mention in the community." – focus group discussion, young women, Kajiado*

However, when further asked about their opinions on people who ever sought an abortion, the perceptions in the community remained strongly negative and stigmatizing.

*P2: "To me, I can say the person is a sinner. If you sought an abortion, you have killed, and biblically, you are not supposed to kill. So it is very bad."*

*P3: "According to me, I can say it is not a good act. Am saying this because, when for instance it is a girl, her name is spoiled, and the parents are also blamed by the community, in the view that they don't care about their children and that is why they practise such immoral acts. They can even alienate the parents and denied respect in the community, including denial to access to certain services, or participate in certain communal ceremonies."*

*P1: "I also find it to be wrong, because she will not have any say in the community. You could easily find yourself being judged negatively, and being branded negative names. People will start saying she has been doing all through, this is not her first abortion. She is so evil, she needs to be kept away to avoid spoiling our children" – focus group discussion, young women, Kajiado*

In the focus group discussions, it was reported that community dialogue sessions had created an open environment where young people and their parents were educated on the dangers of unsafe abortion, measures to take to prevent unsafe abortion and the available options for girls with unwanted pregnancy. The option embraced by the majority of community members was that of carrying the pregnancy to term to avoid unsafe abortion.



Community dialogue sessions in Kajiado county - Photo: Moses Obimbo

Elderly women reported increased knowledge of the dangers of unsafe abortion because of the community dialogue sessions, and so reported reduced cases of unsafe abortion among girls who had been encouraged to carry their pregnancies to term. A minority view among the older women was that girls could be advised to undergo safe abortion if the need arose. Where unsafe abortion had occurred, they were encouraging women and girls to seek PAC.

*P8: "According to me, I can say we have seen many changes. For instance, since that dialogue was held, we haven't seen girls practising unsafe abortion. When we were trained, we talked to our girls, and asked them to carry pregnancy to term, without fear, and without doing unsafe abortion. So that training has taught us as parents to bring our children closer so that we can advise them to avoid unsafe abortion." – focus group discussion, older women, Kajiado*

*P2: This training has given us courage to counsel our daughters that if by any chance the pregnancy is not legit, and have a reason to terminate, they should visit a doctor to help them do it safely, without risking their lives." – focus group discussion, older women, Kajiado*

Young men were more receptive of safe abortion and PAC. They reported supporting their girlfriends to seek professional help rather than conduct unsafe abortion.

*P6: "I can say there is change because, even men who before the training didn't bother such cases of unsafe abortion, came to realize that they ought to know and support their women to get all kind of maternal-related services." – focus group discussion, young men, morans, Kajiado*

*P4: "According to me, there is a shift in attitudes towards unsafe abortion on the side of the youth. There before, when a girl become pregnant, the boy responsible for that pregnancy advises her to go for abortion since they cannot bring up the baby. When we were trained, we saw a change in that attitude because the parents to the girl are ready to support their daughter to bring up the baby, and let her go to school. Therefore, the pressure that used to push these two people to opt for unsafe abortion has reduced." – focus group discussion, young men, morans, Kajiado*

*P2: "In my view, for those who have participated in the training, there is a change in attitude since they understand the reasons behind unsafe abortion, the risks associated with unsafe abortion and the circumstances to which safe abortion is necessary. In this case, you find young men of our age advising their girlfriends not to attempt unsafe abortion in case of pregnancy, but rather visit a doctor to seek for help. Unlike before whereby if the young man knows that he cannot be able to provide basic needs for the newborn, he will support the girl to do unsafe abortion or he ran away from home to avoid being questioned." – focus group discussion, young men, morans, Kajiado*



A religious leader interviewed said that community members had come to understand the aspects of abortion and PAC. He was less judgemental in his responses compared with the chief, who held the view that abortion was a criminal act and he would like to uphold the law; a statement that indicated his limited understanding of the provisions of the law on abortion.

Through the interviews, various enabling and constraining factors for improved professional and public perceptions were identified (Table 4).

**Table 4. Enabling and constraining factors for improved professional and public perceptions**

Enabling factors	Constraining factors
Value clarification and attitude transformation (VCAT) training of healthcare workers	Negative attitude and stigma from healthcare providers
Better understanding of the legal framework of abortion in Kenya	Diverse views and positions of KOGS members influenced by culture and religious values
Knowledge that comprehensive abortion care saves women's lives	Neutral position of KOGS on safe abortion
Improved confidence of healthcare workers in discussing and in the provision of safe abortion	Few healthcare providers trained on VCAT in a facility
Expansion of the scope of work of other cadres to include comprehensive abortion care	Negative attitude and stigma from some community members
The community strategy provisions	

### ***Public responses to media items on abortion remain negative and hostile***

As described earlier, in the final project year, KOGS engaged more in the media on SRHR issues. Insights from KOGS's media consultant indicated that it was still difficult to engage the media. Most media managers declined to clear articles on abortion for publication, fearing a backlash from members of the public. The media consultant reported receiving emails and calls that at times were threatening in response to articles that touched on abortion.

*"I noticed that many media managers are still conservative, they are largely conservative in Kenya, there is still a belief that abortion is a conversation that is coming from international community."*

*"I have gotten calls, I have gotten emails from people, some I don't even know, I have never met them before but they are able to get my contacts, write me an email, disagreeing with me strongly, strong terms, some are threatening; stop telling us about abortion, so our society is still largely conservative."* – key informant interview, media consultant

***KOGS could make increased use of the internal interest and capacity to conduct advocacy, given the discrepancy between those who feel that health workers have a role to play in advocacy, those who actually take up the role, and those who do so through KOGS***

Regarding healthcare providers' advocacy role, 73% of the surveyed gynaecologists felt that health workers had a role to play in advocacy for safe abortion (34% agreed and 39% strongly agreed), while 42% were ever involved in advocacy for safe abortion. Among those who mentioned ever being involved (n=40), most of this involvement (63%) was independent, while 32% was (at least partly) through KOGS. The advocacy role mentioned most was "disseminating and communicating with members and/or health providers about the legal frameworks and technical guidelines" (65%). Other roles were more or less equally employed (43% involved in developing technical recommendations on safe abortion, 40% involved in generating new evidence on safe abortion, 45% involved in actively promoting reflections on professional attitudes towards safe and legal abortion and 45% involved in developing partnerships with other stakeholders to improve access to safe abortion).

## **Results for Pathway 4: Sensitization and implementation of legal frameworks and guidelines**

### **Project outcome on law sensitization**

- Healthcare providers feel better informed about the Kenya legal framework for abortion.

***The non-availability of standards and guidelines for safe abortion remains a stumbling block. Despite a lack of progress in the policy environment, KOGS has taken several actions to improve the implementation of the law; outcomes need to be monitored***

The availability of standards and guidelines for safe abortion have been a long-known stumbling block in Kenya. After the withdrawal of the 2012 'Standards and guidelines for reducing morbidity and mortality from unsafe abortion in Kenya', a court ruling in 2019 prescribed their reinstatement, but this did not happen and the ruling was pulled back in 2020.

In interviews, the majority of healthcare providers and CAC network members expressed the view that, with the absence of national guidelines on CAC, the legality of offering safe abortion services in Kenya remained a grey area. After training on the legal framework, some healthcare workers remained confused as to whether to offer the service or not, and whether the service they provided was legal or illegal. At the time of this evaluation, the court case was still unresolved and this has hampered the implementation of the law, and KOGS has assumed a neutral position in a bid to remain within the law.

*“...there were two things that I was actually expecting that would come out of this support – one was the standard guidelines you know it has always been a thorn in the neck so that is still not very clear because you go to other counties they tell you that there is no legal framework for offering safe abortion in Kenya and therefore that is still, it is a very grey area.” – key informant interview, CAC network member*

*“KOGS has to go with the law. I mean, they have to obey the law and the current law which is there for the ministry’s direction is on PAC. So, if you say that their position on safe abortion is not known, of course they’re on the safe side, because there are no guidelines.” – key informant interview, CAC network member*

*“But if the KOGS are able to get some funding and follow up that court case, then we can say that, once abortion is being done in the [Ministry of Health] facilities, then, KOGS can take a position that time. But right now, they can’t take any position.” – key informant interview, CAC network member*

However, various other activities have been undertaken that should support the communication, sensitization and implementation of the legal framework (see below). These activities will have to be monitored closely to assess their effects and make adjustments where needed.

### **Activities and outputs developed by KOGS under the project to support the communication, sensitization and implementation of the legal framework**

- KOGS supported and guided a revision of the (pre-existing) national post-abortion care guidelines, which were further distributed through the Ministry of Health.
- It contributed to the joint sector statement to operationalize the bill of rights and facilitate access to sexual and reproductive health and rights.<sup>7</sup>
- KOGS submitted a memorandum on the proposed reproductive health bill.<sup>8</sup> The memorandum’s content was discussed with the chairperson of the parliamentary health committee, also giving visibility to KOGS’s agenda among the decision-makers. The reproductive health bill is still under review.
- In collaboration with legal experts, KOGS developed a legal paper on the discrepancy between the constitution, bill and the penal code. The paper was disseminated with the Kajiado health management team and reproductive health stakeholders.
- In collaboration with the Center for Reproductive Rights and with Reproductive Health Network Kenya, KOGS developed a rejoinder report following Kenya’s United Nations Human Rights Committee review. The report is in press.

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7. KOGS. Joint sector statement: operationalize the bill of rights and facilitate access to sexual and reproductive health and rights. Nairobi: 2020, <https://kogs.or.ke/2020/08/08/12856-2>, accessed 29 May 2022.

8. KOGS. KOGS submission on the proposed reproductive health bill. Nairobi: 2020, <https://kogs.or.ke/2020/08/08/12888-2>, accessed 29 May 2022.



***Through sensitization sessions, secondary stakeholders felt better informed about the Kenyan law, but its interpretation remains ambiguous and within a restrictive narrative***

KOGS's work under this pathway primarily focused on sensitizing stakeholders on the Kenyan law. Through sensitization sessions on the legal framework, KOGS, together with partners from the CAC network, reached out to various stakeholders to educate and sensitize them on the correct interpretation of the law (see Annex 2).

Elements of legal clarification were also integrated in the VCAT training. The interviewed health workers indicated that, during the VCAT training, the issue of the legal framework was addressed and they were reminded of their role as health workers, their limits and how they were supposed to work within their legal duties in order not to break the law. They indicated that they got a better understanding of the law through the legal sensitization and VCAT sessions. Members of the public in interviews were still mostly of the opinion that abortion was illegal in Kenya.

Interviewer: *"Do you think abortion is allowed by the Kenyan law?"*

Response: *"I don't know, but I think it is not allowed because I heard of a case where the police arrested a woman caught having procured an abortion in Kitengela."* – key informant interview, Chief, Kitengela

*"It is still...I would say there are still grey areas, because the larger public does not understand it, so I think the project would still need to be cascaded to a wider audience, because you see it is one thing for you to understand but it is another thing for you to...the mob that would lynch you doesn't understand and it doesn't matter, so I think a small group with awareness has been created but we need a larger group to appreciate."*

– key informant interview, health worker – VCAT trainer

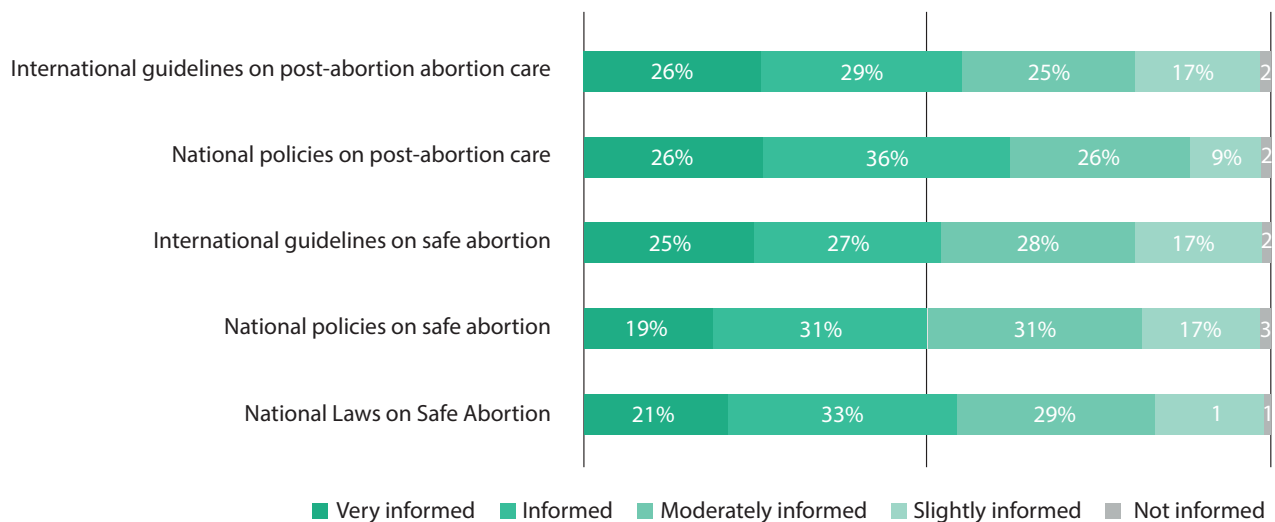
In addition, the narratives around the legal framework were still often phrased in a restrictive manner ("illegal, unless...") rather than on what the law provided ("legal in the cases of..."). Also, the understanding of "health in danger" as an indication for abortion was found to be unclear, not well defined and not used.

*"Okay, what I know is that abortion is not legal in Kenya, isn't it? Unless under medical condition, situation that threatens the life of a mother that is when abortion can only be done, otherwise the other aspects are illegal and that is the law that I know."* – semi-structured interview, trained healthcare provider

P1: “I stated earlier that abortion is a crime in the Kenyan constitution. It is a crime and if one is found doing it, you can be jailed because it is against the law. However, when the doctors confirm that the life of a mother is in danger, the law allows them to terminate the pregnancy in a safe way.”  
– focus group discussion, young women, Kajiado

Figure 12 shows how well informed the gynaecologists surveyed currently felt about abortion laws, policies and guidelines.

**Figure 12. How informed surveyed gynaecologists feel about abortion laws, policies and guidelines (n=95)**



Forty-four per cent of the surveyed gynaecologists knew the legal circumstances under which abortion was legal in Kenya (save a woman’s life, preserve physical health). Seventeen per cent correctly said that no national technical guidelines on safe abortion existed. These figures were similar at baseline.

Table 5 provides an overview of the enabling and constraining factors for an improved legal framework in Kenya, as identified by respondents.

9. The global abortion and SRHR policies database of the World Health Organization/United Nations was used as the main reference for the legal circumstances that had to be marked (save life, preserve health); those who included “never” or “on request” were identified as false answers. Further, a non-strict calculation was applied, which meant that the responses on circumstances that could have broad interpretations (e.g. mental health, rape or foetal impairment) and were therefore not specified in the abortion database, did not determine the indicator on knowledge.

10. In Kenya this monitoring and evaluation indicator should be taken with caution. Officially the technical guidelines are not there; however, they were withdrawn. Therefore, someone who answers that the technical guidelines are there might still be aware that they were withdrawn. Also, there may be confusion with the availability of PAC guidelines, which was not separately asked about.

**Table 5. Enabling and constraining factors in working towards an improved legal framework**

Enabling factors	Constraining factors
Understanding of medical reasons for undertaking safe abortion among healthcare workers	Lack of clear guidelines and reference policy documents from the Ministry of Health on comprehensive abortion care
Position paper on safe abortion and unsafe abortion developed by KOGS and disseminated	Divergent views on the interpretation of the law as to when abortion is permitted.
Lack of clear understanding of the legal framework on when abortion is permitted	Neutral position of KOGS on safe abortion
Creating awareness for a larger critical mass of healthcare providers and stakeholders	Determination of the court case on the national guidelines on comprehensive abortion care in Kenya is still pending
Dissemination of legal provisions on abortion through professional associations such as KOGS, the Midwives Association of Kenya, clinical officers and their respective national conferences	Legal framework for offering safe abortion in Kenya is still a grey area
Breaking down the meaning of the provisions of the law on abortion during training of healthcare workers (e.g. the VCAT training), using a legal expert	Lack of understanding of the legal provisions of when abortion is permitted, even among health professionals
	Cultural beliefs and religious beliefs on abortion

## Results for Pathway 5: Generation and the Use of Evidence

No outcomes were identified on generation and use of evidence, however KOGS conducted various activities and research outputs to support the generation and use of evidence.

KOGS has been generating evidence on perceptions towards abortion and facility preparedness for PAC in Kajiado and has used evidence to advocate an improvement in the provision of these services by local and national policymakers and the integration of abortion indicators in the Kenya Health Information System

Data on the situation analysis of teenage pregnancy and unsafe abortion for Kajiado county were used during the community dialogues and training. The project has been able to collect data from the community on the preparedness of prevention of unsafe abortion and the provision of PAC. These data have been used to advocate improvement in the provision of these services. The results of this advocacy have yet to be seen. The data KOGS collected in Kajiado county have been presented during stakeholder meetings at Kajiado county, national professional conferences (Midwives Association of Kenya and KOGS) and international conferences. Two manuscripts have been drafted for publication in international journals.

*“The data we have collected, it has been very well used, we are publishing in the international journal, that is the FIGO and the regional one, so publishing the data we have collected from Kajiado county and of course that data after publishing we hope that we will have an influence in policy and decision making.”* – key informant interview, member of the project management unit

KOGS has been advocating that the Ministry of Health adds indicators on safe abortion in the Kenya Health Information System, for data to be collected to inform policymakers.

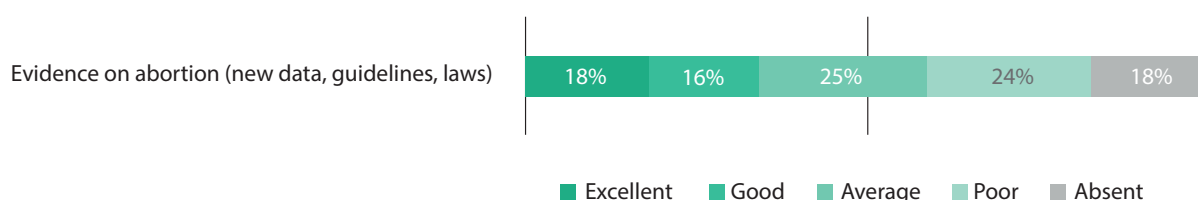
*“...it is through this project that for a long time we are going to see data on abortion being collected at the [demographic health information system, DHIS], because now that data which will be collected at the DHIS from the county, it is in the register, it is going to inform policymakers.”* – key informant interview, member of the project management unit

*“...the Kenya health information system needs to capture this data – for a long time this has not been captured, and I think there’s a push and the Ministry of Health introduced an element through one of our campaigns.”* – key informant interview, member of the project management unit

The current status of newly integrated indicators was unclear during the time of the evaluation and could not be confirmed with the Ministry of Health, but needs close monitoring for follow-up.

The communication on the evidence on safe abortion (new data, guidelines, laws) was generally rated as average (23%) by the gynaecologists surveyed (see Figure 13).

**Figure 13. Appreciation of KOGS’s communication on evidence on safe abortion (new data, guidelines, laws) (n=89)**





# Findings on Efficiency

## Team set up

The KOGS project management unit consisted of a focal point, a project manager, an administration officer and a finance officer. They were supported by the president, chief executive, the KOGS SRHR committee and the communication and advocacy committee. There was also a project steering committee composed of external partners. The continuity of the team faced various challenges over the lifetime of the project. The first focal point and project manager left in the final quarter of 2019 and were replaced early in 2020, and the term of the second project manager was not extended after January 2021. A new project manager started in May 2021. In November 2020, the team had to deal with the sudden loss of the chief executive of KOGS, who had been closely involved and provided guidance on project implementation.

***Project staff indicated being satisfied with the current team set up, clear about their roles and greatly valued the technical support received from FIGO***

In the capacity-strengthening survey:

- All six respondents indicated that their roles within the project were very clear to them (to a great extent for a lot of them).
- FIGO's technical support to the project implementation was valued as timely and of good quality to a great extent (all six).
- KIT's technical support in guiding the outcome harvesting to support the monitoring and evaluation function of the project was valued as timely and of good quality to a great extent (all six).
- On the question what type of support had been lacking that would have made the project more successful, it was mentioned that support from strategic stakeholders like the Ministry of Health had been a challenge, and alignment with like-minded actors could be improved to avoid parallel activities and funding.

From the qualitative interviews with primary stakeholders it was observed that the current team composition was right as it took into account both the technical and the administrative needs of the project. It was also reiterated that their roles and responsibilities were clear and they worked together as a team, exhibiting cooperation and collaboration under good leadership. The staff expressed the view that their capacity had been built through relevant training as part of the strengthening of the society and this enabled them to execute their roles and responsibilities appropriately. Working with partners and other stakeholders, including the community, was also reported to be efficient in terms of the release of facilitative resources. The development of a human resource policy, a financial procurement manual and a strategic plan were necessary tools developed to provide guidance and streamline processes to support project activities and reporting.

The resources made available by FIGO were described as adequate in terms of financial and technical support, while the current society leadership was

lauded for its support of staff and programmes as well as engaging other stakeholders through the CAC network, and the community through the county government.

*“When it comes to strengthening of the office, I think that goes without saying that KOGS is one of the health associations in Kenya with the strongest secretariat I have worked with in my opinion.”* – key informant interview, midwife, CAC network member

Reference was also made to the generosity of the funding from FIGO that enabled the society to accomplish various activities as well as the technical support from KIT.

*“For all these projects to run, we’ve had to rely on FIGO almost exclusively in terms of financing. FIGO also provided us with a good management portfolio because then we had meetings every quarter, we had reports every quarter, they organized for trainings every quarter, both in terms of advocacy trainings...So FIGO definitely has been a very, very strong partner in making sure that we have grown as a society through strengthening of our pillar one. And of course, exposing us to community by supporting our work and what we’ve been doing in those communities. So that has been a very strong point.”* – key informant interview, KOGS executive

For the future, the team would recommend having the monitoring and evaluation system managed by monitoring and evaluation officer, and the advocacy supported by a communications officer.

*“...though I wish in the future since this project never had a communication person, I wish they would have had a communication position and that person should have been recruited, that is what I feel was missing, that the project would have provided a communication person.”* – key informant interview, member of the project management unit

Another comment said that the delegation of decision-making power would support faster project operations.

## Impact of COVID-19

The onset of COVID-19 affected the implementation of the project, particularly the community activities in Kajiado county, which was one of the first counties to experience lockdown. The project management unit members interviewed reported that, whereas activities were slowed or stopped altogether, the project resorted to online meetings and training to keep going, although the challenges of poor network remained. The resumption of activities was initially with smaller numbers, in keeping with COVID-19 public health measures. This affected the reach of the project.

## Enabling and hindering factors

*"From 2020–2021, all this time it's COVID period and basically, we may not talk much about what we were able to see in terms of the changes we had wanted to see because the meetings were also limited."*

– semi-structured interview, county officer, Kajiado County

*"There were two opportunities we missed because we really wanted KOGS to be involved in Western Kenya to make a statement on the International Women's Day that was last year – we prepared but of course with COVID-19 it did not work."* – key informant interview, Kisumu Medical and Education Trust – CAC member

Table 6 provides an overview of the facilitating and hindering factors for project implementation identified by respondents.

***Leadership support at various levels, and the receptiveness in Kajiado county were some of the most important enabling factors for project implementation, while poor engagement with the Ministry of Health hindered advocacy at the national level***

Internal challenges at the start of the project, followed by smoother operations after a refocus of the project and endorsement of the KOGS council, have proven the importance of a supportive leadership in order to implement the project. The involvement of Kajiado county health leadership from the start and the smooth implementation of community activities in Kajiado are further proof of the importance of this factor. Integration into the health structure that was already in place in Kajiado (network of health facilities, community health volunteers, etc.) was found to be important for the implementation in Kajiado. In general, 'choosing the route' of community advocacy was seen as a strategy where KOGS had the most potency to succeed, partly as it was well accepted in the community, partly as it aligned with the Ministry of Health's focus on PAC, avoiding CAC, and partly as this was where it faced less resistance compared with other levels. Various stakeholders would like to have seen more engagement and advocacy for policy improvement for safe abortion within the confinement of the law at the national level, but the poor engagement of the Ministry of Health was seen as one of the strongest hindering factors for advocacy at this level.

*"I am not involved in the project you are mentioning. Ministry of Health have not been in it. As Ministry of Health, our position is that we do not support comprehensive abortion care. We go with the constitution. We only support PAC. We focus on PAC."* – key informant interview, Ministry of Health

The lack of clarity of the legal framework and policy environment as hindering factors have already been discussed in the effectiveness section.



***Traditional barriers to access at the community level demonstrate the relevance of – and long way to go for – working towards an improved enabling environment for safe abortion***

Despite smoother implementation of the project at the community of Kajiado, multiple hindering factors remained at the community level. These traditional barriers related to sociocultural stigma and beliefs, the negative attitudes of health workers and law enforcement officers, and geographical access among other factors. They are known to be long-existing and demonstrate the relevance of acknowledging that it will take a long time to work towards an improved enabling environment for safe abortion.

*P6: "In my observation, there are several things that hindered me to make the change. First, many people dislike the project, hence making it so hard for us to advocate for the changes. You find some people have a bad perception towards abortion, whether unsafe or safe. They do not even understand the special cases when pregnancy is allowed. Some of them heavily rely on their faith and cultural beliefs."* – focus group discussion, community leaders, Kajiado

*P3: "I can also say churches are another reason behind this. The church is against such teachings, and because majority of the people are Christian who believes in the Bible, they take abortion of any kind to be a sin and cannot even be mentioned."* – focus group discussion, young boys, Kajiado

*P4: "I witnessed a woman who came to hospital with incomplete abortion, instead of the health worker supporting her to get treatment, he started bullying her. 'You are the one who opted for it. You take poisonous substances and you come here to pretend you are innocent? That life you killed will judge you.' This is so discouraging, and it is wrong for the doctor to be that harsh, because the victim will not be able to express herself to give details of her problem."* – focus group discussion, community leaders, Kajiado

*P3: "I can also say the reason why we cannot make the change is because our police sector is against the project's concept. They openly say that if anyone is found procuring an abortion, or helping anyone to do so, they will be arrested immediately. This drives a big fear in us, even if we embrace the project concept."* – focus group discussion, community leaders, Kajiado

*P5: "In my opinion, what hinders the changes to be effective is that we live in a very remote and vast environment. This makes some of these services almost impossible. You find hospitals to be so far, roads are unworthy or no roads at all. This makes it hard to embrace such changes, hence retaining the old behaviour."* – focus group discussion, young men, morans, Kajiado

**Table 6. Facilitating and hindering factors for project implementation**

Facilitating factors	Hindering
<ul style="list-style-type: none"> <li>• Supportive leadership</li> <li>• The health structure is in place and it is easy to come in and implement projects at the county</li> <li>• Staff at the county level are willing to come in and “test the waters” – being trained</li> <li>• Community approach to the project was easy – project was more community oriented</li> <li>• Community sensitization on the effects of unsafe abortion</li> <li>• Community support for treatment of women and girls who have undergone unsafe abortion</li> <li>• Build on the work that is being done by the Ministry of Health by strengthening the health system with regard to post-abortion care (PAC) because there are clear guidelines and policies in this regard</li> </ul> <p><i>“If a funding can come, KOGS can go to the counties and do training and systems strengthening, equipping the facilities and then that is the work is cut for PAC because all the documents, policy documents have been developed.” – key informant interview, CAC network member</i></p> <p><i>“...as far as the safe abortion care is concerned, there’s a room also for escalating this, going to court and pushing the case so that the five-judge bench can rule against that appeal, which has been done by the Christian race forum.” – key informant interview, CAC network member</i></p>	<ul style="list-style-type: none"> <li>• Minimal engagement with the Ministry of Health</li> <li>• Lack of clear guidelines on safe abortion</li> <li>• Lack of clear policy guidelines on safe abortion</li> <li>• Lack of clear legal framework for safe abortion</li> <li>• Divergent views and opinions on the interpretation of the current law leading to court battles between the pro-choice and pro-life civil society groups of stakeholders</li> <li>• The court case on these guidelines has stalled in 2020</li> <li>• Lack of support for the discussion of abortion from the public. This is largely due to cultural and religious beliefs. Members of the public tagging community health volunteers who provide education in the community as “abortion people”</li> <li>• Stigma attached to abortion. Girls who undergo abortion are mistreated, face isolation and are called bad names</li> <li>• Community perception that the project is supporting abortion or encouraging girls and women to have abortion</li> <li>• Lack of support from the healthcare workers in the hospitals, especially public hospitals</li> <li>• Clients who seek treatment for post-abortion care face a lot of backlash and abuse from the healthcare workers</li> <li>• Lack of support from the village administration, which has a strong viewpoint that abortion is illegal</li> <li>• Lack of access to services. Hospitals are far apart and there is a poor road network</li> <li>• Culture and traditional beliefs of the community</li> <li>• Lack of access to healthcare – health services not available, long distances</li> <li>• Culture still very conservative on the discussion of abortion, including among media managers</li> </ul>

## Learning between countries

### ***Linking and learning with other countries, and regional and global networks have been found to be of great importance to KOGS***

FIGO was reported as having supported and facilitated KOGS to have a stronger link to regional networks and global practices. All six respondents to the capacity-strengthening survey indicated the annual learning meetings to be useful to a great extent for connecting with and learning from other countries in the region. Five out of six had linked up with other country teams for learning regularly (a lot to a great extent). The qualitative interviews revealed that sharing views of international (FIGO) milestones with members had also given KOGS the authority to push for advocacy around women's reproductive rights. In terms of learning from other countries, it was observed that the society benefited from exchange with other societies in ten countries.

*"They have different experiences from different countries, from developed to developing countries, there are different strategies as it were and so FIGO actually helps us see if we are working in this space, there are other organizations which are probably with similar stories, which we can share with. And then the most important thing is the support that this international organization, which is recognized all over the world in 132 countries, and the evidence that we have. So, we actually tap in into that experience, which is of absolutely great value for KOGS."* – key informant interview, President, KOGS

*"...and we thought that working together with these teams might strengthen our approach, not just as individual countries, but as a regional body. So we are looking at working with the AOGU, association of Uganda obstetrician and gynaecologists, and then RSOG, Rwandan society of obstetrician and gynaecologists, and recently it's been mentioned on ECSACOG [East, Central and Southern Africa College of Obstetrics and Gynecology], which we are part of membership and then taking part of this campaign. So, it's a new area. We can't say we achieved much, but through our learning activities together, it just created an opportunity for us working together."* – key informant interview, member of the project management unit



# **Findings on Sustainability**

## Sustainability of the strength of KOGS

***Organizational stability has been created through the policies and manuals, established committees, strengthened social media presence and the conference management system, but the financial sustainability of KOGS's work is a concern***

The results described under effectiveness indicate that a lot of investments have been made to strengthen KOGS as a professional body and organization. Policies and manuals have been developed, committees have been established, the social media presence has been strengthened and the conference management system has been set up (see page 29). All these elements are institutionalized and believed to contribute to the stability of the organization.

Primary stakeholders indicate that the project has, in addition, assisted in strengthening the management structure of KOGS by setting a secretariat, recruiting relevant staff, and giving them relevant training and paying their salaries. They indicated that most of the work that was done under this project would not have been possible without a team dedicated to its daily management. However, there are challenges in sustaining the staff costs on the expiry of the project, and some staff will see their contracts end. The main source of funding for the society is through membership fees, conference registration and exhibitions. As a remedial to increase its financial base, the society would want to (i) increase the annual subscription for members (although not all members pay membership fees), (ii) mount short courses where members pay, (iii) write grant applications through the research and development team, (iv) seek out more partnership in reproductive health by working with the reproductive health consortium partners who may be able to fund some of the community activities, (v) approach drug companies to run adverts of their products on the KOGS website. A business case and sustainability plan have been developed.

The following needs were expressed to continue KOGS's work as an advocate of CAC:

- Funding to support and escalate the court case and appeal against the ruling;
- Clear national guidelines on safe abortion;
- Break down in simple terms what is meant by the phrase, “when the life and health of the mother is in danger”, for clarity in understanding by healthcare workers;
- Expanding the current work to other counties in Kenya;
- Expanding the community engagement and dialogues on safe abortion.

## A future for safe abortion

Primary and secondary stakeholders were asked to indicate what aspects of the project were likely to be sustained at the end of the project. Most participants were of the view that, with the project having been around for only three years, coupled with COVID-19 for the better part of the implementation period, it may be unfair to expect to talk about

its sustainability, especially for such a complex and emotive area of safe abortion. The general recommendation was that the project required further funding for it to realize its potential. Nevertheless, stakeholders pointed out areas they believed would be, in the absence of external funding, sustainable, partially sustainable and unsustainable (Table 7).

**Table 7. Sustainability of the project**

Project activities that are likely to be sustained	Project activities that are unlikely to be sustained
<ul style="list-style-type: none"> <li>Capacity of secretariat staff (training undertaken)</li> </ul>	<ul style="list-style-type: none"> <li>Number of staff in the project management unit</li> <li>Payment of per diems for meetings</li> </ul>
<ul style="list-style-type: none"> <li>The functions of the committees: sexual and reproductive health and rights (SRHR) subcommittee and the communication and advocacy subcommittee. The committees can continue meeting</li> </ul>	<ul style="list-style-type: none"> <li>KOGS participation in the training of healthcare workers at the county level</li> </ul>
<ul style="list-style-type: none"> <li>KOGS can continue to participate in regional network meetings, especially those that are online, for information sharing and learning</li> </ul>	<ul style="list-style-type: none"> <li>KOGs participation in community dialogues and engagement at the county level</li> </ul>
<ul style="list-style-type: none"> <li>Programme documents and policies developed for the society (strategic plan, human resources, financial/ procurement manuals, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Media publications</li> </ul>
<ul style="list-style-type: none"> <li>Linkages with network members (comprehensive abortion care network). The meetings can continue, especially online, with KOGS as the convenor</li> <li>The network created can continue working loosely with KOGS, especially on the legal frameworks</li> </ul>	
<ul style="list-style-type: none"> <li>Training documents (training materials on value clarification and attitude transformation, or VCAT, community health volunteer booklets) can be used by other partners at the national and county levels</li> </ul>	
<ul style="list-style-type: none"> <li>County-level activities can be sustained, especially the training of healthcare workers in VCAT and of community health volunteers</li> <li>County can integrate these activities in its SRHR budgets</li> </ul>	

A challenge that was observed was that the reproductive health coordinator and county obstetricians were not actively involved in the project.

In the absence of further funding, it is possible that the project can continue at the county level, where the community activities can be mainstreamed in the routine community activities. However, a challenge

that was observed was that the project did not build the capacity of key stakeholders in Kajiado. Training was conducted by a small group of gynaecologists travelling down from Nairobi, but the skills to train should be cascaded to healthcare workers and SRHR champions operating in the county. Also, county obstetricians and gynaecologists were not actively involved.

What various stakeholders at all levels have been clear about is that the project opened up the conversation on a topic that had been taboo and the cause of dispute, even within a professional society like KOGS that stands for the sexual and reproductive health and rights of women in Kenya.

*“I don’t know how sustainable it would be but what am certain about is that that conversation is already going on in the public, it is already being discussed by the everyday person, so I would say what this project has done, I would say they have lit a spark, of the conversation so people are talking, those who are for, they are saying they are for, those who are against they are saying they are against – so they have started the spark and I think people are going to have that conversation.” – key informant interview, media consultant*



# Discussion



Advocacy for safe abortion care is complex and takes place in challenging dynamic environments. The evaluation of the project in Kenya shows that achievements cannot always be captured in hard advocacy outcomes (i.e. in a demonstration of how social actors, organizations or systems have changed as a result of the advocate's effort). Yet it shows that we learn especially from the strategies and the nuances of what happened within the complex abortion-restrictive society of Kenya.

The evaluation of the project and the course of events have shown that internal changes within KOGS needed time and took place before external changes could be initiated. To create support within KOGS, the project implementers made some strategic choices, including changing the name and focus of the project, and choosing a neutral position, which according to some stakeholders will have affected the strength of the advocacy, especially at the policy level. But could a more progressive project have taken place, or would dispute and backlash have hampered it? The results show that KOGS remains a society with diverse strong views and that being inclusive to all members is a major challenge. Indicators like the decision authority of health providers on whether to perform safe abortions without any referral obligations show how strong the feeling of autonomy is. But while not all members feel the project addressed their specific needs and priorities, the fact that abortion is being more openly discussed within KOGS and with room for diverse views is seen as an important gain and a stepping stone for a changing environment. Simultaneously, all types of stakeholder indicate the importance of a respected authority like KOGS to take up the role of the advocate.

In terms of advocacy results, most changes have taken place among healthcare providers and in the community of Kajiado, which was used as a pilot county to develop community advocacy. Outcomes demonstrate changed perceptions and more knowledge in relation to abortion. However, the narratives also reveal that stigmatized perceptions and ambiguity about the law are strongly rooted and need continual attention. They also show the importance of monitoring the content of messages that are cascaded following KOGS's initial activities (e.g. through community health volunteers). A suggestion that was made during the validation meeting was to work more closely with the health promotion department of the county as well as collaborating with the reproductive health team. Media involvement started relatively late in the project. Reflections on how abortion is currently handled in the media, and on the number of negative responses to it, show that much remains to be done in addressing the public perception through the media. Learning from the project indicates that having a media strategy and a communications officer from the start may help to better use the media as a channel for advocacy.

The focus of advocacy efforts by KOGS at the community level has worked well. It has been a good entry point for the organization and a place where

it is respected. Being in the community also provides KOGS with good insights into what is happening on the ground, and what are the needs and the importance of its work. Having strong engagement with the local policymakers (i.e. the Kajiado health leadership) enables the sustainability and integration of KOGS's initial work into existing county strategies.

During the validation meeting, the county representatives expressed their commitment to further accelerate the attainment of the work with community health volunteers and conduct resource mobilization to build on the achievements. The closing months of the project could be used to further the work on this integration and handover, including the capacity strengthening of Kajiado staff and champions of sexual and reproductive health and rights. The scale-up of the work in Kajiado to other counties will be challenging without funding. However, KOGS's SRHR and communication and advocacy committees could leverage the work done through disseminating the developed materials and sharing experiences to SRHR champions in other counties, including obstetricians and gynaecologists. The level of the operation has been centralized to a small group of trainers and could now be cascaded to involve a wider group of advocates. The survey among gynaecologists showed a discrepancy between those who felt that health workers had a role to play in advocacy for safe abortion, those who actually did advocate and those who did so through KOGS, meaning KOGS could make increased use of the internal interest and capacity to conduct advocacy. The interest shown during the KOGS conference from resident gynaecologists, who are organized in the Kenya Association of Trainees in Obstetrics and Gynaecology, show there is a young generation keen to get on board and play its role.

The findings under the various pathways show the interconnectedness of these and that, as assumed for the theory of change, a combination of strategies is needed. Understanding of the law and evidence on abortion helps to improve perceptions, and community work can be used to generate evidence for advocacy. A strong network of partners has also been supportive in all other pathways and reached a variety of stakeholders. The lack of standards and guidelines for safe abortion remains a stumbling block. Despite no progress on the policy environment, KOGS has taken several actions to improve the implementation of the law; the outcomes of these need to be monitored. Having a strong organization is felt to be essential to drive the project and to sustain some of the work. Both primary and secondary stakeholders, as well as the gynaecologists surveyed, feel that KOGS has grown as an organization and a leader in SRHR for women.



# Recommendations

The following recommendations follow from the findings and discussion of the evaluation and will be validated during the stakeholders' meeting. They focus primarily on what is feasible within the ending of the project.

### **To KOGS and partners:**

1. Ensure the integration of KOGS's community work into Kajiado County structures, including building the capacity of the county health teams to be able to cascade the training on value clarification and attitude transformation (VCAT) to other healthcare providers, community members and community health volunteers.
2. Have strong training of trainers at the county and community levels.
3. Continue refresher training for healthcare workers, including obstetrician-gynaecologists and community health volunteers, for knowledge and skills retention on VCAT and the legal framework.
4. Advocates should continually monitor how their messages are cascaded and the language that is used by others, to ensure appropriate messaging. The county health promotion department could be involved to ensure appropriate messaging in the communities.
5. In collaboration with the sexual and reproductive health and rights committee and the communication and advocacy committee, build a wider group of advocates in KOGS, covering a network of counties and involving residents and young gynaecologists through the Kenya Association of Trainees in Obstetrics and Gynaecology. Build a wider group of VCAT trainers through the training of trainers. Leverage the work done by disseminating the materials developed and sharing experiences. Through a network of obstetricians and gynaecologists in the counties, the management of health facilities could be sensitized on the need to strengthen post-abortion care (PAC) services such as a separate room and equipment.
6. Engagement with the Ministry of Health is at a starting point and has been strengthened through the work on PAC. KOGS as an institution should continue to build this relationship. Joining the Reproductive Health Network Consortium, which works closely with the Ministry of Health's Division of Reproductive and Maternal Health, may be another important entry point and platform to further leverage advocacy, making use of the work that has been done and materials and evidence produced.
7. Integrate KOGS's guiding principles on conscientious objection (as stated in its position paper) into the code of ethics and the professional conduct manual. Some of the survey findings indicate it may be of interest to conduct further research on health providers' autonomy, their interpretation of conscientious objection, and referral practices.
8. Operationalize the business case to increase core funding for KOGS. Consider the development of continuous medical education – accredited short courses for a fee.
9. Continue to monitor the effects of the initial steps to improve the implementation of the legal framework and make adjustments where needed.

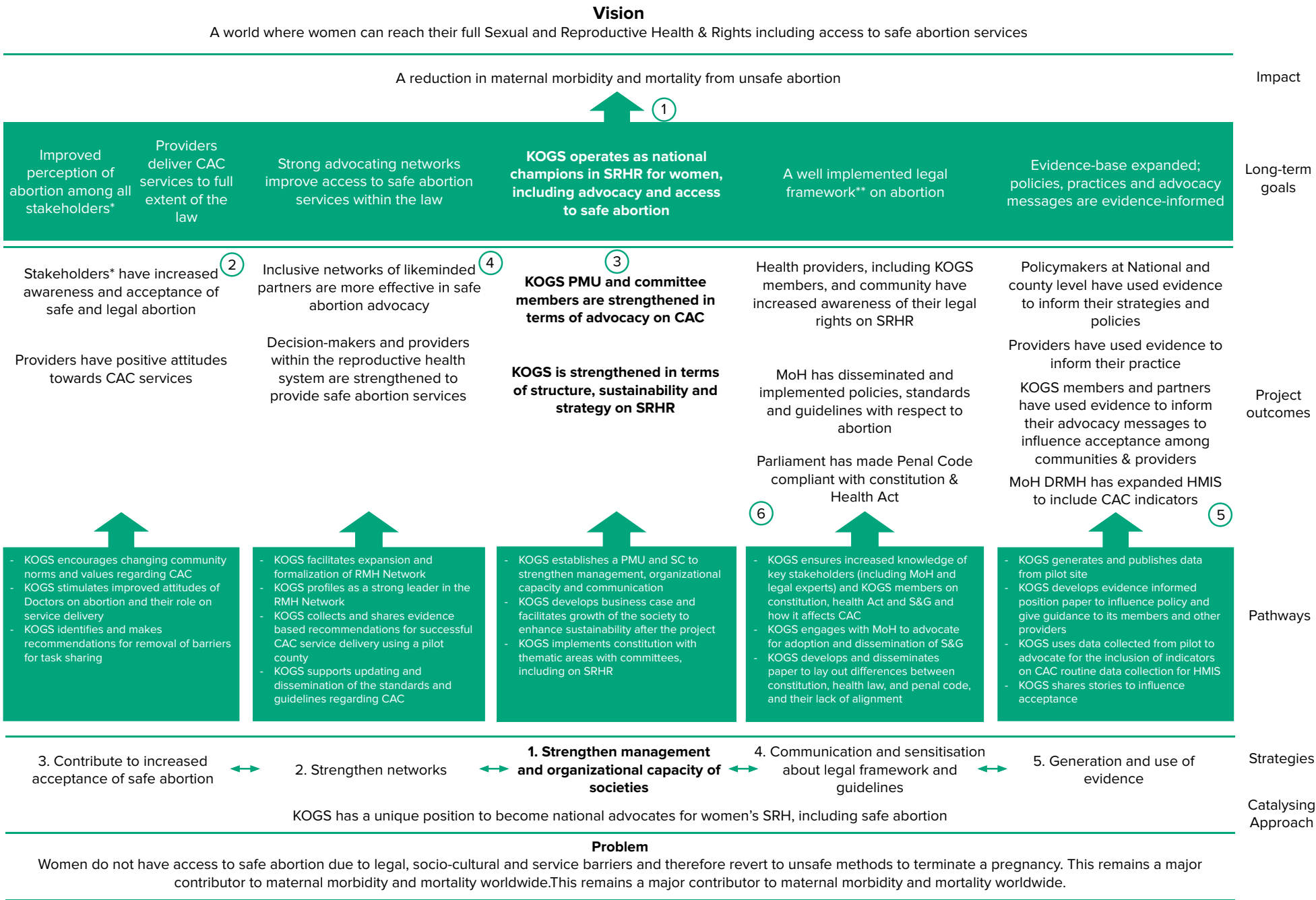
### **Stakeholders' advice for future projects if funding can be obtained:**

1. KOGS to build the capacity of the local youth, local community resource people and champions who can now train or sensitize other young people.
2. Conduct training over the holidays when students and young people are at home.
3. Do more training for community health volunteers.
4. Scale-up to other counties in Kenya.
5. Improve programme management by having a communication officer and monitoring and evaluation staff.
6. Integrate VCAT training in pre-service curriculums and training.
7. Use a media strategy and engagement from the start of the project; train journalists to have a better understanding of the legal framework of safe abortion and to use evidence to generate stories.
8. Funding to escalate the ongoing court case on the implementation of guidelines on comprehensive safe abortion.



# **Annexes**

Annex 1. Theory of change for the Kenya project



## Annex 2. Key project outputs in Kenya

7   
Organisations in the network

7   
Join meetings with the network

20   
Joint network activities

>500   
Participants in VCAT workshops

33   
VCAT workshops

Type of participants [ OBGYN, doctors, nurses and clinical officers

2   
VCAT Training of Trainers


8   
VCAT trainers trained

2   
Research studies completed

46   
Number of sensitization sessions

2   
Advocacy activities that made use of research findings

Type of participants [ Journalists, parliamentarians, communities and other government policymakers

2   
Submissions to peer-reviewed journals

10   
Sensitization meetings on law and legal framework

Type of participants [ MoH staff, community leaders, Community Health Volunteers and health care workers



### Annex 3. Key demographics of survey respondents

Number of respondents (percentage) (n=95)	
<b>Gender</b>	
Female	39 (41%)
Male	56 (59%)
Other	–
<b>Age</b>	
18–29 years	0
30–39 years	21 (22%)
40–49 years	35 (37%)
50–59 years	26 (27%)
60–69 years	12 (13%)
70–79 years	0
80 years and over	1 (1%)
<b>Indicate themselves as member of KOGS (all are gynaecologists)</b>	
Yes	92 (97%)
No	3 (3%)
<b>Active member of KOGS (i.e. paid annual contribution in 2021)</b>	
Yes	79 (83%)
No	16 (17%)
<b>Length of membership</b>	
Less than 5 years	28 (30%)
5–15 years	44 (48%)
15–30 years	19 (21%)
30 years or more	1 (1%)
<b>Region where respondent works</b>	
Nairobi	36 (38%)
Regional centre (e.g. Mombasa, Kisumu, Eldoret, Nakuru)	26 (27%)
Other town	25 (26%)
Rural area	13 (14%)
Other	3 (3%)
<b>Type of hospital respondent works in</b>	
Level VI hospital	18 (19%)
Level V hospital	23 (24%)
Level IV hospital	29 (31%)
Private	45 (47%)
Other	6 (6%)

## Annex 3. Monitoring and evaluation indicators

### Baseline results

Note: the results at baseline and end line have not been shown in a combined table as the samples at each were not representative of the full membership and were not completely comparable for key demographics. Therefore, a difference in percentage cannot entirely be interpreted as a change over time, and statistical significance cannot be provided. Instead, there is an indication of the previous and current situation among a convenient sample.

Indicator	Percentage
1. Percentage of surveyed society members (N=55) who rate the society's leadership role in sexual and reproductive health and rights for women, including abortion, as strong	35%
2. Percentage of surveyed society members (N=55) who indicate the society facilitates its members' involvement in advocacy for safe abortion at least to some extent	44%
3a. Perception of surveyed society members (N=54) on FIGO's statement of resolution on conscientious objection: percentage of surveyed society members who agree with all four statements	41%
3b. Perception of surveyed society members (N=54) on FIGO's statement of resolution on conscientious objection: percentage of surveyed society members who do not agree with all four statements but agree at least with the statement to refer women for safe abortion services	30%
4. Percentage of surveyed society members (N=55) who are willing to provide for safe abortion services according to the law	44%
5. Percentage of surveyed society members (N=55) who are willing to provide and/or make referrals for safe abortion services according to the law	75%
6. Percentage of surveyed society members (N=55) who completed training, seminar or workshop on professional and personal norms and values towards legal and safe abortion	36%
7. Percentage of surveyed members (N=54) who completed training (on value clarification and attitude transformation, safe abortion or post-abortion care) by the society	31%
8. Percentage of surveyed society members who know (all) the legal circumstances under which abortion is legal in Kenya (save a woman's life, preserve physical health) <sup>11</sup>	45%
9. Percentage of surveyed society members (n=55) who correctly say that no national technical guidelines on safe abortion exist <sup>12</sup>	16%

11. The global abortion and sexual and reproductive health and rights policies database of the World Health Organization/United Nations was used as the main reference for the legal circumstances that had to be marked (save life, preserve health); those who included 'never' or 'on request' in were identified as false answers. Further a non-strict calculation was applied, which meant that the responses on circumstances that could have broad interpretations (e.g. mental health, rape or fetal impairment) and were therefore not specified in the abortion database did not determine the indicator on knowledge.

12. In Kenya, this monitoring and evaluation indicator should be taken with caution. Officially, the technical guidelines are not there, but they were withdrawn. Therefore, someone who answers that the technical guidelines were there might still be aware that they were withdrawn.

## End-line results

Indicator	Percentage
1. Percentage of surveyed gynaecologists (N=95) who rate the society's leadership role in sexual and reproductive health and rights for women, including abortion, as strong	55%
2. Percentage of surveyed gynaecologists (N=95) who indicate the society facilitates its members' involvement in advocacy for safe abortion at least to some extent	59%
3a. Perception of surveyed gynaecologists (N=95) on FIGO's statement of resolution on conscientious objection: percentage of surveyed gynaecologists who agree with all four statements	37%
3b. Perception of surveyed gynaecologists (N=95) on FIGO's statement of resolution on conscientious objection: percentage of surveyed society members who do not agree with all four statements but agree at least with the statement to refer women for safe abortion services	42%
4. Percentage of surveyed gynaecologists (N=95) who are willing to provide for safe abortion services according to the law	51%
5. Percentage of surveyed gynaecologists (N=95) who are willing to provide and/or make referrals for safe abortion services according to the law	81%
6. Percentage of surveyed gynaecologists (N=95) who completed training, seminar or workshop on professional and personal norms and values towards legal and safe abortion	42%
7. Percentage of surveyed gynaecologists (N=95) who completed training (on value clarification and attitude transformation, safe abortion or post-abortion care) by the society	33%
8. Percentage of surveyed gynaecologists (N=95) who know (all) the legal circumstances under which abortion is legal in Kenya (save a woman's life, preserve physical health)	44%
9. Percentage of surveyed gynaecologists (n=95) who correctly say that no national technical guidelines on safe abortion exist	17%

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