



KIT Royal
Tropical
Institute

ADVOCACY FOR THE PREVENTION OF UNSAFE ABORTION

Project of the Zambia
Association of Gynaecologists
and Obstetricians (ZAGO) and
the International Federation
of Gynecology and Obstetrics
(FIGO)

Final Evaluation

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Abbreviations

CAC	Comprehensive abortion care
COVID-19	Coronavirus disease 2019
FIGO	International Federation of Gynecology and Obstetrics
KIT	KIT Royal Tropical Institute
GNC	General Nursing Council
MAZ	Midwives Association of Zambia
PMU	Project management unit
SAAG	Safe Abortion Action Group
SRHR	Sexual and reproductive health and rights
VCAT	Value clarification and attitude transformation
ZAGO	Zambia Association of Gynaecologists and Obstetricians



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)¹
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^{2,3} 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.

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

2. Malake NZ and de Vries I. Zambia country report: needs assessment on safe abortion advocacy for the Zambia Association of Gynaecologists and Obstetricians (ZAGO). Amsterdam: KIT Royal Tropical Institute, 2018, <https://www.figo.org/sites/default/files/2020-03/Zambia%20Country%20Report%20Final.pdf>, accessed 14 June 2022.

3. 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 gynaecology. *Int J Gynaecol Obstet.* 2020 Mar;148(3):282-289. doi:10.1002/ijgo.13092.

The project in Zambia

In Zambia, under the guidance of the Zambia Association of Gynaecologists and Obstetricians (ZAGO), the advocacy project focuses on the prevention of unsafe abortion. Annex 1 gives the project's theory of change, which visualizes the main strategies, activities, expected results and long-term objectives and is a reference for its implementation, monitoring and evaluation. Annex 2 provides an overview of ZAGO's key outputs for the project.

In the first quarter of 2021, there was a participatory midterm review 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. The results of the midterm review and its subsequent recommendations can be found in the midterm review report. The present evaluation further builds on the findings of that review and covers the full period of the project.

Stakeholders of the project

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

- Primary stakeholders (change agents): FIGO, ZAGO, the PMU, focal point, ZAGO executive
- Secondary stakeholders: those social actors whom ZAGO aimed to influence through advocacy. These may include general ZAGO 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 are not directly targeted by the project but may eventually benefit from an improved enabling environment for safe abortion.

Aim and audience of the evaluation report

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

- Document the results and accomplishments achieved by FIGO and the member societies
- Analyse the contribution of the project to 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 the evaluation are:

- ZAGO, 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 Zambia, to better understand and strengthen their work in the area of safe abortion advocacy, in coordination with ZAGO

- 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 Zambia.

Scope of the evaluation

This end evaluation covers the period from the start of the project (in April 2019) until the end in March 2022, which marked the end of three years of project implementation.. It focuses on the effects of the project for primary stakeholders (ZAGO, implementing parties) and secondary stakeholders (the actors ZAGO aimed to influence). The effects of the project on tertiary stakeholders are qualitatively assessed in those communities targeted by ZAGO. The project has been too short, though, to be able to measure community impact, in the sense of the number of women accessing safe abortion services, the number of lives saved, and so on.

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 these could continue to flourish after the grant ended. Therefore, the evaluation has assessed the extent to which the societies were strengthened as well as the likelihood that this would be sustained beyond the project. Similarly, when looking at programmatic sustainability, the likelihood of societies and networks continuing their work towards improving access to safe abortion was assessed. On a last note, the sustainability of the outcomes is also included in the scope of this evaluation.

Structure of the report

Following the introduction there is a short description on the methodological approach in Zambia. The detailed methodology of the final evaluation in ten countries is outlined in the final evaluation methods appendix. The outline of the findings chapter follows the evaluation criteria of relevance of the project, effectiveness of the five pathways of the ToC, efficiency of project implementation and sustainability of ZAGO as an organisation as well as programmatic sustainability. Paragraphs in the findings section are labelled with emphasized (bold) 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 Zambia

The study protocol for this evaluation is largely based on the international protocol adapted to the Zambian context. International ethical clearance was obtained through the research ethics committee of KIT Royal Tropical Institute and the ethics review committee of Eres Converge. Table 1 is an overview of the methods, sampling and participants.

Table 1. Methods, numbers and types of participants and sampling strategy

Method	Participants	Sampling strategy	Number of respondents
Outcome harvesting validation workshop	Zambia Association of Gynaecologists and Obstetricians (ZAGO) members, executive and project management unit, partners/ network members, media partners, Ministry of Health	Purposive sampling	20
Membership survey	ZAGO members	From the 85 ZAGO members on the ZAGO membership list, 79 were reached and directly invited to fill out the survey	53/79 (response rate: 67%)
Capacity-strengthening survey	Project management unit (PMU) and ZAGO executive members	Aimed to include all who had received training by FIGO under this project	11 key informants
Key informant interviews with primary stakeholders	PMU, focal point, executive committee members, safe abortion committee members	Purposive sampling	8
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	43 semi-structured interviews 5 focus group discussions

Desk review

Among the documents reviewed were programme documents such as action plans and progress reports; organizational policies and manuals; documents evidencing outcomes such as follow ups of activity reports, the outcome harvesting database; policies; guidelines; media items; public and organizational statements; and research reports.

Notes on outcome harvesting approach

The Zambian team actively harvested outcomes throughout the project period, meaning they regularly visited the field, made physical and telephone follow-ups to explore the effects of their advocacy, to monitor perceptions and behavioural change and to adapt activities where needed. Their outcome harvesting database was used as a starting point in the final evaluation to discuss the accuracy of outcomes during a stakeholder workshop and to further substantiate them during data collection. Fourteen outcomes were substantiated, and one outcome could not be substantiated because of the difficulty of access to faith leaders. This does not mean it did not happen, but the final evaluation did not get further data to support ZAGO's finding.

ZAGO membership survey

The ZAGO membership survey was conducted in April 2022 for four weeks. Sampling was done through ZAGO's membership list. From the 85 ZAGO members on the list, no contact details were available for two. All other 83 members were approached either via telephone or in their facilities (or, as a last resort, via email). Through this, 79 members were reached and directly invited to fill out the survey, and 53 responded. The reasons for no participation or a refusal of consent were too busy, on leave, no interest, right to non-consent, and ignorance about the reason why they were selected to participate.

Respondents were primarily male (79%) and based in Lusaka (62%), and their mean age was 47 years. In comparison with the demographic distribution of the membership, slightly more males than females agreed to participate (70% of ZAGO's membership is male, and 30% female) and relatively more people outside of Lusaka responded (according ZAGO's membership list, 74% are based in Lusaka). The age distribution of ZAGO membership is unknown. All except one respondent identified themselves as a member of ZAGO, while 65% had paid an annual contribution in the past year. Annex 2 lists the key demographics of respondents.

Capacity-strengthening survey

A capacity-strengthening survey was sent out in all project countries to those who had received training by FIGO under this project. In Zambia, out of the wider implementation team (N=6), the survey was filled out by three PMU staff and two executive members.

Qualitative interviews and focus group discussions

Qualitative data were collected in Central (Chibombo, Chisamba and Kabwe districts), Copperbelt (Kitwe, Mufulira and Ndola districts), Eastern (Chipata and Sinda districts), Luapula (Kawambwa, Mansa and Samfya

districts), Southern (Chikankata, Kalomo, Livingstone, Mazabuka and Sinazongwe districts) and Lusaka provinces. Semi-structured interviews were done with chiefs (two), the media (six), traditional healers (three), marriage counsellors (four), teachers (four), police officers (four), healthcare workers (eight), pharmacists (one), tutors/comprehensive abortion care trainers (six), staff from the Ministry of Health (three) and representatives of non-governmental organizations (two), namely MSI Reproductive Choices and Women in Law and Development in Africa. Focus group discussions were conducted with youths (three discussions), marriage counsellors (one discussion) and traditional healers (one discussion). Key informant interviews were conducted with eight primary stakeholders, consisting of PMU, executive and committee members.

The study participants and districts were purposively selected in collaboration with ZAGO stakeholders. In coming up with the final sample, an attempt was made to ensure that different categories of stakeholders participating in the project were represented in the sample.

Methodological limitations

The sampling approach for the membership survey differed between baseline and end line. At baseline, no sampling frame was available and convenience sampling was done during ZAGO's annual general meeting in 2019. As no such meeting took place during the time of end line, this was not possible to repeat. A complete ZAGO membership list with contact details was available, however, so this was used as a sampling frame. Out of the 79 gynaecologists approached, 26 refused to participate, which may have contributed to a self-selection bias. Both samples at baseline and end line were not representative of the full membership and are not completely comparable for key demographics. Therefore, in combination with a relative low number, a difference in percentage with the baseline cannot be interpreted as a change over time and statistical significance cannot be provided. Rather, there is an indication of the previous and current situation among a convenient sample.

For qualitative interviews, the research team was not able to reach the planned number of interviews for some stakeholders, such as chiefs, religious leaders and primary stakeholders, as they had other commitments during the study period. Failure to conduct the targeted number did not affect the quality of data, as saturation was reached. One outcome, relating to a religious leader, could not be substantiated, however. Three respondents refused to be recorded as they considered the subject to be sensitive. These respondents allowed the research team to take notes instead and agreed that their information could be considered in the analysis.



Findings on Relevance

Relevance of the project design and set up

The interviewed stakeholders confirmed the relevance of the project with a focus on advocacy driven by the Zambia Association of Gynaecologists and Obstetricians (ZAGO). All five pathways of the theory of change, but especially those on improving acceptance and sensitization on the law, were felt to be relevant for the context of Zambia.

Most of the interviewed respondents, representing both primary and secondary stakeholders, stated that the project was relevant in creating and fostering a conducive environment for promoting safe abortion and women's health, by facilitating the development of platforms and resources to communicate issues regarding comprehensive abortion care (CAC) services, including the prevention of unwanted or unplanned pregnancies through family planning. This communication was done through advocacy to targeted stakeholders such as healthcare providers (student nurses and tutors), teachers, the police, traditional counsellors, chiefs, traditional healers, media and the youth.

"Ah yah, I think it's been very relevant, it's given us lots of platforms to communicate and also resources to communicate...So I think it has been very relevant, both creating awareness and creating the resources needed to be heard on safe abortion." – ZAGO executive, semi-structured interview

"There was learning [from ZAGO], especially when starting, it was a bit difficult for headmen to pass on the information to the young children, but after learning...but after we learnt it was easy...and saw how the children are dying...So, the question was, will you as a parent allow a child who is ten years old to give birth? So on this point, we really understood because, she might die or the baby might die, the child's mind will also not be okay after the process...So, this time, chiefs from different communities have begun to raise awareness and support advocacy for safe abortion services...because everyone has rights and I have girl children. If my girl who is ten years old gets pregnant, I will allow her to terminate." – Chief, semi-structured interview

Most of the interviewed respondents indicated that the project improved communication on issues regarding safe abortion services such as the benefits and availability of these services. Awareness creation, especially for healthcare providers, schools and communities, including demand generation, was felt to be vital as ZAGO had previously focused on improving safe abortion services – and yet uptake of the services remained low. It was reported that this awareness creation contributed to increased acceptability and accessibility of safe abortion services in health facilities and communities. Anecdotal information from various respondents indicated that this consequently resulted in a reduction of unsafe abortion and deaths from unsafe abortion.

“So this project has more emphasis on advocacy. So the emphasis is on advocacy, the previous ten-year project running from 2009 to 2016 focused on service delivery. The issue then was about how many women accessing termination of pregnancy, how many women are being attended to when accessing family planning, legal issue surrounding abortion for the providers. We had improved service delivery by that time, but question was, do the women know about it, do the providers themselves know about the existence of this safe abortion services? So that’s how the next phase looked more at advocacy.” – ZAGO executive, semi-structured interview

It was also indicated that the project helped to build the capacity of the stakeholders and health facilities in providing and advocating safe abortion services and the prevention of unsafe abortion. Capacity building was done through the training of health workers and other stakeholders on the various components of CAC, including technical skills, value clarification and legal education. It was stated that the training helped health workers and other stakeholders to provide CAC information and services with confidence, and also positively fostered a change of attitude towards women seeking abortion. ZAGO, through a donation from another partner, also provided equipment and medical supplies directly to a few health facilities and through medical superintendents. (It is important to note that provision of equipment was outside the scope of this project.)

“Ah, it has been very relevant, I think. We have made strides actually from where we started to training, not only gynaecologists but also other cadres, including nursing midwives and others who look after women who are seeking abortion care. Whatever the nature of the abortion, we have made very tremendous strides personally, both in capacity building of different facilities with equipment training the different cadres in service provision and overall in terms of attitude towards women seeking abortion care.” – Member of ZAGO technical working group, semi-structured interview

“ZAGO has come at the right time...I did not know [about its existence]... It’ll help a woman out there understand, I wish most sensitization can be done so that a woman out there knows that these things can be done besides that patient, that client that I had, another one came and said, for me, I just wanted to take herbs so that it can come out. I said for what? No, because what she explained, but after explaining to her to say these things can be done in a safer way to prevent you coming back with other complication.” – Nurse, Copperbelt province, semi-structured interview

The strategies that focused on sensitization of the legal framework on abortion in Zambia were felt to be another major relevance of the project (pathway 4). The sensitization included informing different stakeholders such as healthcare providers (student nurses and tutors), teachers, the

police, traditional counsellors, chiefs, traditional healers, media and the youth on the provisions of the legal framework, including the range of conditions for which termination of pregnancies was allowed. Undertaking this task was felt to be important, given that the law was highly debated, poorly understood among community members and healthcare providers alike, and was shrouded in a culture of silence that discourages the discussion of rights.

"Yah, that programme was very, very relevant...I know that people who are involved, the healthcare providers themselves, the police and other cadres, I think they tried to touch all stakeholders trying to bring them on board in order for them to understand at least the minimum of the legal framework on abortion in Zambia." – ZAGO executive, semi-structured interview

"And mostly the activity is to create awareness regarding safe and unsafe abortion in Zambia, which in most cases when we look at the laws, which most of us did not know that we have some laws existing...In short, we have been involved with ZAGO to ensure that we create awareness to our women and just people in our community about safe and unsafe abortion." – Chief, semi-structured interview

Many participants also mentioned the relevance of strengthening ZAGO (Pathway 1), especially the development of the secretariat, which further strengthened the visibility and involvement of ZAGO in maternal and health programmes at the national level. Already in the midterm review, stakeholders such as in the media and healthcare professionals had expressed that receiving their information from and feeling backed up by an authority like ZAGO assured them. They felt they were talking to a reliable source and that what they were doing was within the law. This was reconfirmed during the final evaluation.

"It's difficult to quantify, but I will say that the contribution of ZAGO is quite good because of the nature of the organization. As an organization, ZAGO, this is their main field of intervention and they are the custodian's problem in the country and as a professional body then they came in the community and did the sensitizations. I will accept that the community is much more receptive of ZAGO doing it as opposed to other civil society organizations, especially organizations that are international because [of their foreign agenda] and so on a professional body too much authority and mandated to look at issues of gynaecology in the country, their impact is obviously significant." – Representative of a non-governmental organization, Lusaka, semi-structured interview

Creating partnerships or networks (Pathway 2) was appreciated because the causes of unsafe abortion are cross-cutting and addressing them requires systemic and coordinated efforts. For many years, Zambia has had a Safe Abortion Advisory Group (SAAG), a subgroup of the Ministry of Health technical working groups that addresses barriers in access to safe

abortion care. The SAAG is Ministry of Health-led and has representation from a variety of health and human-rights civil society organizations. Previously, individual ZAGO members would take up a position in the SAAG, but ZAGO was not institutionally represented. ZAGO is currently a formal member of the SAAG, but during the midterm review, it was reported that the SAAG had become inactive as a result COVID-19 affecting the relevant project outcomes. At the time of the end line, the work of the SAAG had just restarted. Although the initial aim of strengthening the pre-existing SAAG did not work out as anticipated, ZAGO started strengthening partnerships with other stakeholders, such as the media, youth groups and community representatives. It was mentioned that this networking fostered collective action in conducting community advocacy. Finally, the use and generation of evidence (pathway 5) was stated as key to enhancing the credibility of advocacy and sensitization messages.

Elements that were mentioned to be missing or could be improved were the availability of communication and education materials in local languages and the involvement of people living with disabilities and the inclusion of appropriate educational materials for them.

“And then translation of booklets into local language for easy understanding, in as much as we have started involving the traditional leaders, do we have enough materials that are in local languages to cater for that catchment area or for that person? Do we have enough materials in Bemba, Tonga, Lozi materials, Nyanja materials to ensure that everyone is considered? So these trainings I have attended, materials are just centred in English.” – Youth, Kabwe, Central Province, focus group discussion

“I would say the thing that I noticed missing from the ZAGO training is lack of involvement of people living with special needs, people living with disabilities, because in as much as we want to advocate for these things, we shouldn’t leave anyone behind. So the people living with disabilities were not involved, they were not, they didn’t participate, I didn’t see anyone participating of which I thought they are being left out.” – Youth, Kabwe, Central Province, focus group discussion

Relevance to the needs and priorities of national societies and their members

A majority of the gynaecologists felt the project addressed ZAGO’s and its professionals’ needs, especially in terms of knowledge and information on the law, and capacity building on CAC.

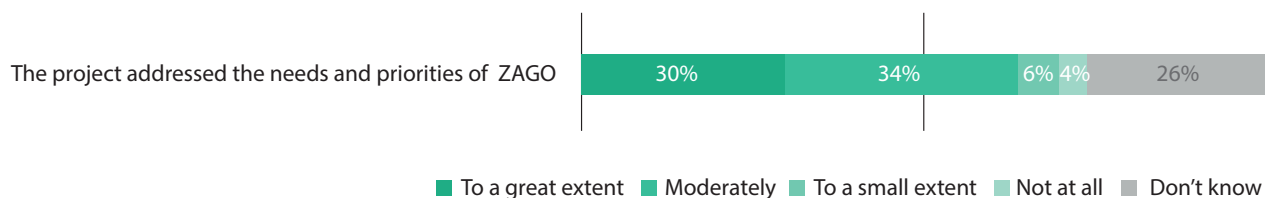
Despite having a legal context in which a termination of pregnancy can be requested on health or broad socio-economic grounds, Zambia still experiences high numbers of unsafe abortion. Most of the interviewed respondents, representing both primary and secondary stakeholders, indicated that access to abortion services in Zambia had long been a challenge and high rates of complications arising from unsafe abortion continued to occur. Limited knowledge about the law among professional

associations and their members, and in the community, the stigmatization of abortion, and the socio-cultural and religious beliefs regarding abortion have all contributed to unsafe abortion. Most of the participants thus mentioned that the ZAGO project met or addressed the safe abortion needs and priorities of national obstetrics and gynaecology societies and their members through providing knowledge and information on the law, building capacity on CAC and sensitizing other community members on CAC.

“There is one aspect I like on ZAGO because they wanted to add the teaching of safe abortion to be part of the teaching for people who are doing...who are specializing in obstetrics and gynaecology because, yeah, we have a lot of gynaecologists but many of them who are not in the system, they don’t know the latest techniques in terms of safe abortion.”
 – Doctor, Copperbelt Province, semi-structured interview

Of the surveyed gynaecologists, a majority of 64% felt that the project addressed the needs and priorities of ZAGO and its members to a moderate or a great extent, while 26% answered they did not know (Figure 1).

Figure 1. Extent to which the project addressed the needs and priorities of ZAGO and its members in relation to safe abortion according to survey respondents (N=53)



From an analysis of the 37 responses to the open follow-up question on how the project addressed the needs, most answers emphasized that it raised awareness and contributed to sensitization, information sharing, training, research and multilevel stakeholder engagement. Some answered that it increased the availability of commodities, increased access to services and contributed to the prevention of mortality. One respondent felt that the project focused “too much on termination rather than primary prevention”.

Relevance to the needs and priorities of stakeholders

Most secondary stakeholders, including healthcare workers, media, youths, policymakers and community representatives, indicated the project was relevant to them, especially in relation to knowledge on the law, the availability of services and capacity on CAC.

Most of the interviewed respondents stated that ZAGO activities were aligned or compatible with the priorities of the Ministry of Health to reduce unsafe abortion through community engagement and the provision of adequate and safe medicines. This compatibility enabled ZAGO and its members to easily integrate its project activities into its work schedules. A member of staff from the Ministry of Health provided more information on this alignment.

“Yeah, so in terms of health system, we are talking of gaps in service delivery reducing unsafe abortion is the reproductive health policy, where you see that ZAGO is aligned and working with the priority of the Ministry of Health because it is part of the policy. So through ZAGO we have seen that they have been able to stand in the gap and provide the knowledge as well as work within the priorities of Ministry of Health.” – Pharmacist, Ministry of Health, semi-structured interview

As described for ZAGO members, other health workers, media stakeholders, traditional leaders, teachers, policymakers and youths also indicated that the project addressed their needs and priorities in relation to safe abortion through capacity building on CAC as well as the provision of information and knowledge on the abortion law, the prevention of unsafe abortion, and access to safe and free abortion services. One trainer for health workers explained that the project was in line with what they trained at the college and with the mandate of health workers to save lives.

“When you look at the focus of ZAGO, which is to prevent unsafe abortions, what they were trying to do was to save lives. We also have that focus as healthcare providers so the ZAGO project is in line with our priorities...Even when we train the learners, the focus is the same. They will one day competently conduct safe abortions or [manual vacuum aspirations].” – Nurse tutor, Copperbelt Province, semi-structured interview

“So, I think ZAGO really aligned itself well with the, the ministry [of education], because it had to bring out these issues, you know, youngsters, they want to explore, they want to do this and that. And so they are coming on board and addressing, outright, the issues that are affecting them, the pregnancy issues, unsafe abortions and all that, and they fall pregnant, they should not run to these illegal, you know, facilities run to traditional healers, but let, let them go to the actual facilities, you know, health facilities, where they’ll be helped.” – Teacher, Copperbelt Province, semi-structured interview

A generally felt need that the project did not contribute to was the shortage of reproductive health commodities. It must be noted that service delivery, including the supply of commodities, was not an objective of the project. However, the shortfall of commodities indicated the need to advocate strengthened health systems with a secure supply chain. Despite some notions that the project increased the availability of commodities occasionally, it was also mentioned that the poor availability of commodities and supplies, such as drugs for conducting safe abortion, affected meeting the needs and priorities.

“It was strong on creating awareness, it was very strong informing the public but we know that informing the public entails that the services should be readily available, and what we had in the past few months, or I would say in a year or so, we had quite a big challenge on commodities and supplies...I know that to some extent they provided some drugs here and there but I think it was stronger on advocacy than was on providing medicine as well as equipment.” – Ministry of Health representative, semi-structured interview

The engagement of the media in the project provided an opportunity for increasing coverage through information on safe abortion, and also helped in reducing misconception and myths about the abortion law. During radio and television programmes, interviews and discussions were conducted where different presenters such as lawyers and health providers would give a clear understanding of legal and other aspects of abortion.

“In terms of needs and priorities, I think ZAGO prioritized the media. Without the media, there is no information that can be disseminated. The media are everywhere.” – Media representative, semi-structured interview

Youths appreciated that the project enabled them to know about the availability of legal abortion services. They said this awareness helped them to access free safe abortion services in the health facilities.

“Will say it’s to a larger extent, whereby I knew about safe abortion because of ZAGO and I even knew that it’s legal to do abortion because of ZAGO. And the knowledge that I have acquired about safe abortion is because of ZAGO, so I can say it’s to a larger extent.” – Youth, Kabwe, Central Province, focus group discussion

Marriage counsellors also reported that they became aware that girls and women had the right to seek safe abortion services at the facility during the project period. As a result, they started encouraging girls to seek safe abortion services at the hospital.

“So this programme has helped me to know that young girls have the right to go to the hospital to seek safe abortion. Because, before the programme came through, I didn’t know that girls can go to the hospital

because I was thinking that once they go to the hospital, they will be taken to the police to be arrested and that's what most girls used to know. In addition, this programme has also helped me in that I am now able to encourage young girls to go to the hospital to have safe abortion." – Marriage counsellor, focus group discussion

Some counsellors expressed that they could not start conducting advocacy at the community level due to a lack of manuals and materials. It was recommended that for the advocates to perform their duties properly, they needed to be provided with learning materials for them to refer to when they went out in the community to sensitize people.

"No, I haven't yet started because I was not given any book to show as proof or evidence, more especially when I go in the community to teach them, because it becomes difficult just by teaching someone without any proof." – Marriage counsellor, focus group discussion

Some traditional marriage counsellors and traditional healers in the focus group discussion, however, indicated that the project did not meet their priorities and needs in that they no longer had the source of income from the abortion services they used to conduct. They further stated that the project did not provide an alternative source of income.

"It did not align itself to our priorities or rather interests. This is because for us, when you give someone some herbs or help them abort, we used to be given some money. And that something was helping us sustain ourselves." – Marriage counsellor, Luapula Province, semi-structured interview



Chiefs at a workshop on termination of pregnancy and comprehensive abortion care in Ndola, Copperbelt Province - Photo: Kachali Lambwe



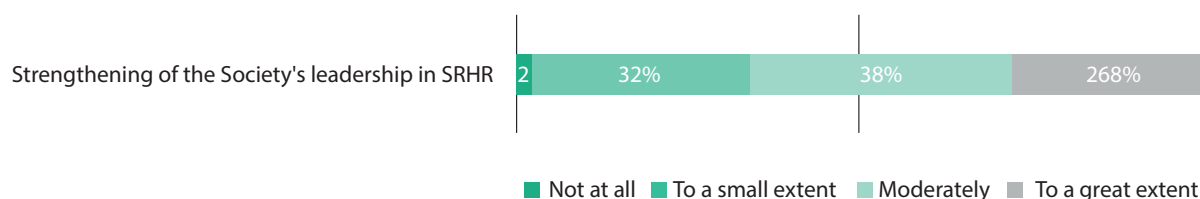
Findings on Effectiveness

Results for Pathway 1: A strengthened national society

A majority of the surveyed gynaecologists felt that ZAGO's leadership role in SRHR had strengthened, and they rated ZAGO's communication on various aspects, including on its position on abortion, as good or excellent.

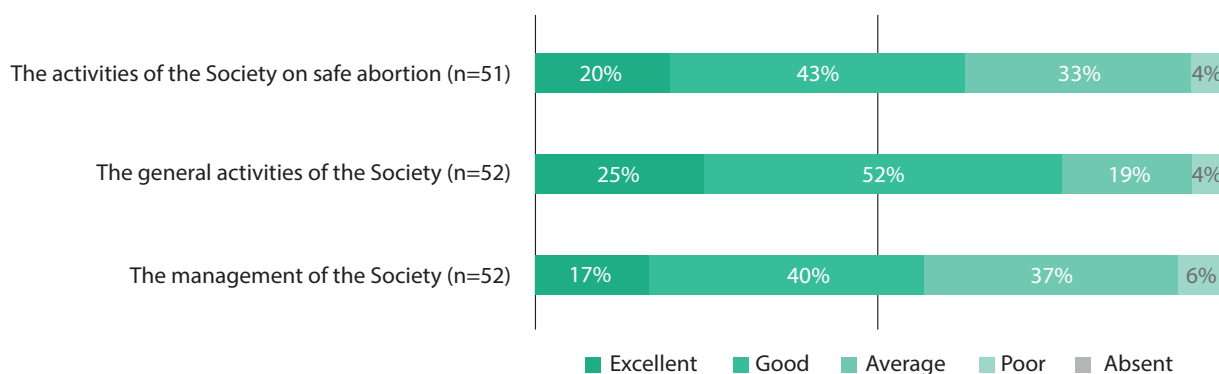
A vast majority of 98% of the surveyed gynaecologists felt that ZAGO's leadership role in SRHR for women had strengthened in the past three years at least to a small extent (Figure 2). Half of the respondents rated ZAGO's SRHR leadership role, including on access to safe abortion, to be either strong (21%), very strong (25%) or extremely strong (4%). A majority (83%) of those who said that the role had strengthened in the past three years felt that this change of leadership was influenced by the project.

Figure 2. Extent to which ZAGO's leadership role in SRHR for women strengthened in the past three years, according to surveyed gynaecologists (N=53)



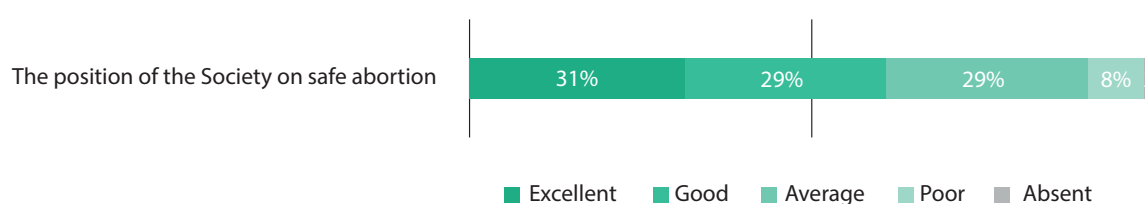
The communication of ZAGO on its management and general activities, and its communication on activities on safe abortion were generally well rated (Figure 3).

Figure 3. Appreciation of ZAGO's communication on various topics by survey respondents (N=52)



Under the project, ZAGO developed a position paper on abortion, which was disseminated via digital copies, meetings, CAC training and seminars, emails, social media platforms and the website. The communication of ZAGO about its position on safe abortion was rated by the majority (60%) of the surveyed gynaecologists as either good or excellent (Figure 4). During the baseline, this was the case for only 25% of the survey respondents.

Figure 4. Appreciation of ZAGO's communication on its position on safe abortion by survey respondents (N=51)



Seventy-seven per cent answered yes to the question of whether ZAGO had a position on safe abortion, compared with 4% who said no and 19% who said they did not know. During the baseline, there was no formal position yet, but in the baseline sample, 48% of the survey respondents said ZAGO had a position. Regarding the content of the position (an open question filled in by those who answered yes; N=41), all answered in line with ZAGO's position paper: ZAGO advocates the prevention of unsafe abortion and maternal mortality, the right to choose and have access to safe services within the law.

Of those who answered that ZAGO had a position on safe abortion (N=41), a majority (76%) felt the position was known by its members. Some felt it was adopted at the institutional level (34%), publicly available (46%) and known by other stakeholders (46%).

A majority of survey respondents indicated ZAGO played a role in the advocacy of safe abortion, and facilitated its members in advocacy.

Nearly all respondents (92%) felt that ZAGO played one or more roles in advocacy (Table 2).

4. ZAGO's position paper on abortion (16 July 2021) is available via <https://za-go.net/download/zago-position-paper-on-abortion>. (accessed 17 June 2022)

Table 2. “What role does ZAGO play in advocacy for safe abortion?” (multiple answers possible)

Answer options (multiple answers possible)	N=53
ZAGO creates partnerships with other stakeholders to improve access to safe abortion	75%
ZAGO informs its members and/or health providers about the legal frameworks and technical guidelines	74%
ZAGO shares technical recommendations on safe abortion to key stakeholders (e.g. Ministry of Health)	70%
ZAGO generates evidence on safe abortion (research, data registers)	60%
ZAGO promotes reflections on professional attitudes towards safe and legal abortion	51%
ZAGO informs the public and increases demand generation for safe abortion	51%
I don't know	12%
ZAGO plays no role in advocacy for safe abortion	8%

In addition, 74% said ZAGO facilitated its members in advocacy through encouraging members to participate in meetings with key stakeholders about safe abortion; 68% said they did so through sharing materials, toolkits and guiding documents; and 66% answered that ZAGO facilitated advocacy through training or webinars on advocacy. Facilitation through publishing or presenting members' papers on safe abortion topics (e.g. in the society's journal or at the annual conference) or inviting members to provide input in the development of technical guideline on safe abortion was ticked by 44% as a way that ZAGO facilitated its members in advocacy.

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 ZAGO as an organization.

In the global capacity-strengthening survey for implementers of the project, ZAGO respondents (N=5) indicated that, through the various training delivered by the project, they generally felt a strong improvement in the knowledge and skills (Figure 5) and their ability to apply this learning in practice (Figure 6). All types of training were mentioned in the top three of those most successful and valuable to them, as they positively impacted the work in the project and applying what was learned. FIGO-provided tools and resources were mentioned to be used a lot to a great extent. Respondents' recommendations were to conduct refresher training, especially for communication strategy and social media, and to provide more practical scenarios and examples.

Figure 5. Extent to which project implementers (including members of the project management unit) feel their knowledge and skills have improved following training delivered through the project (N=5)

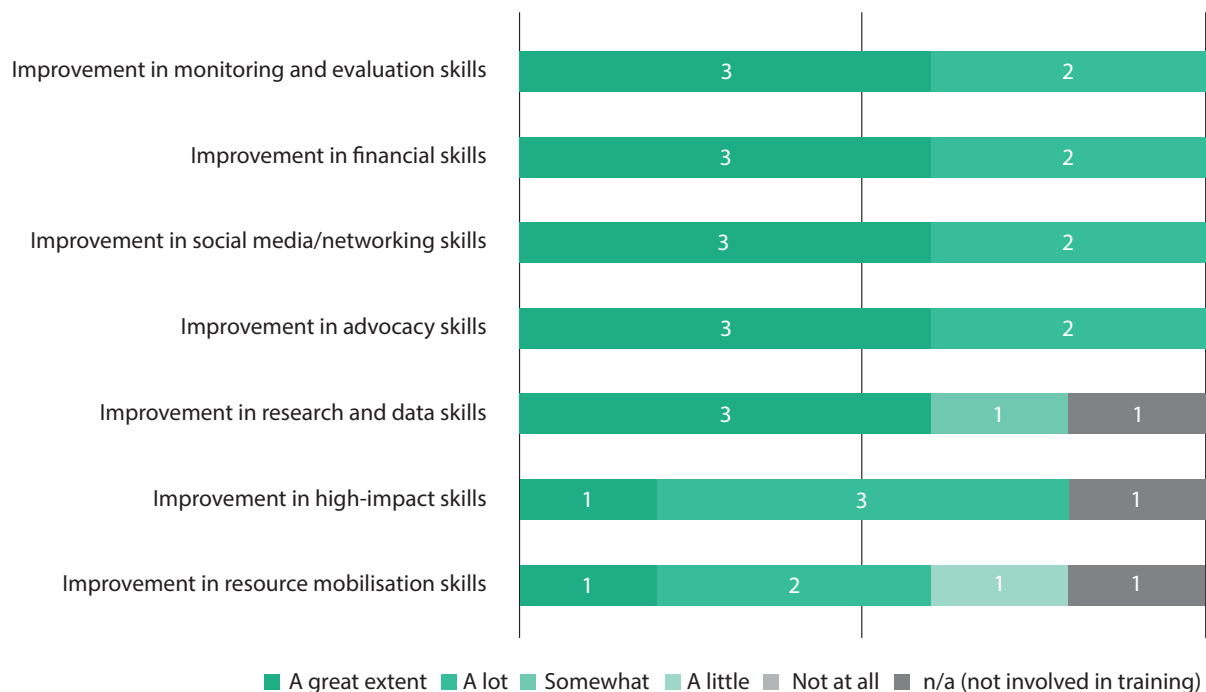


Figure 6. Confidence felt by project implementers (including members of the project management unit) to apply learning in practice. "I feel confident to..." (N=5)



During the key informant interviews, a primary stakeholder confirmed that training strengthened the capacity of ZAGO in conducting advocacy. They especially learned how to package information for different target groups such as community members (youths versus adults), community leaders, health workers and media groups. A targeted approach was felt to help them in ensuring that the information that was provided responded to the needs of the target groups.

“Initially no, but we had to undergo advocacy training. We had to undergo advocacy training after that when we developed tools. So even in the execution of these activities it accorded us opportunity to be able to kind of profile our target. So the way we package the information was based on our target group. So for example, if we are going to meet the law enforcement guys, we knew that we were not going to be very particular about the hard science and things like that but just the social issues.” – ZAGO executive, semi-structured interview

Key informant interviews with primary stakeholders further highlighted the strengthening of ZAGO’s coordinated management structure, with comprehensive management practices and communication systems. This was made possible through the availability of dedicated staff who were paid by the project.

“ZAGO is more organized, there is a structure, there has been systems that have been put in place, financial things, and there is a visible secretariat, yah, you can see that something is happening. There was a change in constitution, a lot of system-strengthening activities have been done.” – ZAGO executive, semi-structured interview

The presence of a strong, supportive leadership was identified as an important factor to operationalize the project and strengthen ZAGO’s role in advocacy.

As previously described during the midterm review, the implementation of the Zambian project started relatively late compared with the other countries due to the need to find internal consensus on the project and topic. This consensus was sought through an internal debate that was led by national evidence and a focus on the interests of the women of Zambia. Through this, a growing network of like-minded obstetricians and gynaecologists supported the project and, during a vote in June 2019, the majority decision was in favour of the project. This democratic vote further smoothed the way for implementation.

The findings during the end evaluation confirmed the importance of a supportive leadership to effectively implement a project in relation to safe abortion advocacy. In the capacity-strengthening survey, PMU members indicated that the society’s leadership supported the project a lot and were available when needed. During qualitative interviews, most of the

Box1: Developed policies, manuals and other activities supporting the project and strengthening ZAGO:

- Communications and advocacy strategy
- ZAGO human resources and staff benefits manual
- ZAGO finance and administration manual
- ZAGO 2020 constitution, adopted by the members during the 2021 annual general meeting.

Under development:

- ZAGO strategic plan, 2022–2026
- ZAGO business case
- ZAGO sustainability plan.

Other activities supporting the project and strengthening of the society:

- Establishment of a ZAGO technical working group on CAC
- Three PMU staff and 19 ZAGO members completed a course on project management
- Regular press releases and media briefings
- ZAGO's membership has grown to 85 members, compared with 68 at the start of the project.

ZAGO's social media engagement

- Reactivation of ZAGO website, 47 updates done in the final quarter (106 updates cumulatively)
- Started Twitter account: growing number of followers; 643 visits in final project quarter (1,270 cumulative)
- Started Facebook accounts: ZAGO main page (671 followers), Safe Choices Campaign (1,591 followers)
- Articles on abortion posted in final project quarter: 27 on website (51 cumulative); 9 on Facebook (24 cumulative) and 18 on Twitter (38 cumulative)

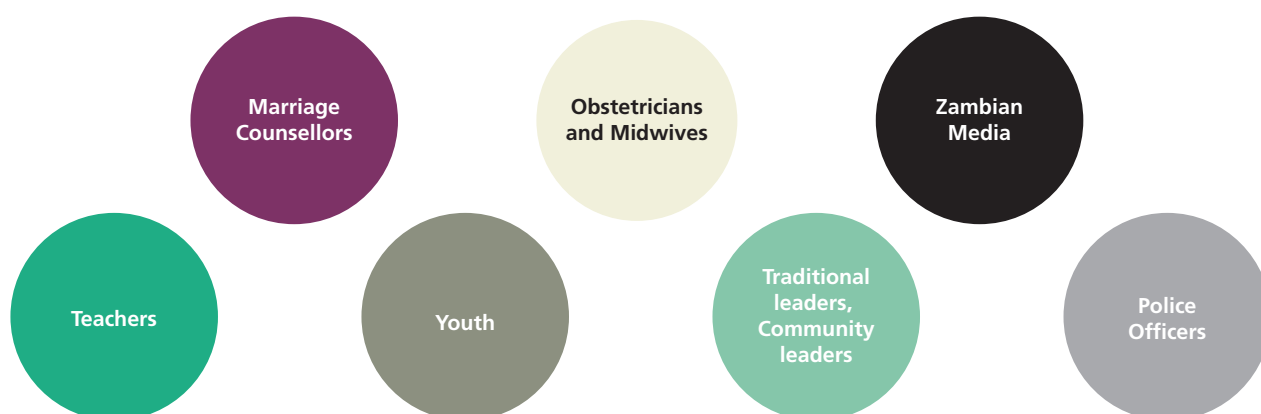
respondents reported that committed and visionary leadership by the ZAGO executive and ZAGO president motivated ZAGO to undertake the planned activities. The leadership was committed towards reducing death from unsafe abortion. Because of the visionary leadership in place, the organization experienced growth, with new gynaecologists coming on board (the membership grew from 68 to 85 over course of the project). The leadership also focused on creating linkages with the Ministry of Health, a goal that was easily realized as the ministry was receptive towards ZAGO. The leadership focus and vision were augmented by the responsive administrative support that was provided by the secretariat.

"Yah, I think we had a very good discussion in terms of ZAGO's president, he has really been pushing; I think for me that is one big factor and I think the project team at secretariat has been excellent as well and they have been – probably I would say the Ministry of Health as well – being receptive with the activities. It contributed positive success of the project."
– ZAGO executive, semi-structured interview

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. Under each pathway, we begin by presenting the main outcomes, including the extent to which the project contributed to these changes, followed by the enabling and hindering factors.

The main social actors who demonstrated change, as identified in the midterm review and end line, were ZAGO membership and executive, Zambian media, obstetricians and midwives, the youth, and marriage counsellors, traditional leaders, community leaders, teachers and police officers.



Results for Pathway 2: Strengthened networks

The strengthening of networks and partnerships was engaged as a strategy in the project for stronger advocacy. While the planned strategy mainly focused on strengthening the pre-existing Ministry of Health-led SAAG, this group became temporarily inactive as a result of COVID-19. However, new collaborations with other stakeholders resulted in changed commitment and information provision by media, youth groups and chiefs.

Project outcomes on strengthened networks:

- Youth groups in provinces increasingly started activities to support the advocacy of safe abortion services
- Media houses increasingly reported abortion-related stories
- Chiefs began to raise awareness and to support the advocacy of safe abortion services.

The two outcomes on the involvement of youth and media houses were substantiated both during the midterm review and the end-line evaluation, while the one on the involvement of chiefs was harvested in the final year and substantiated at end line.

Strengthened collaboration with youth, media and chiefs supported these groups to take leadership in advocating safe abortion, contributing to a wider reach for ZAGO.

As described during the midterm review, ZAGO engaged youth groups in Lusaka for the development of the Safe Choices campaign. By then, youth groups indicated that the approach of community dialogue forums, debates and the use of social media platforms had been key to them. Previously, the topic was considered a taboo among these groups. According to the interviewed youth groups during the midterm review and at end line, the ZAGO project had been the first to directly raise awareness on this topic to them. Youth educators felt empowered with the right knowledge on abortion and in turn had been sensitizing other youths in communities.

The following points made in a focus group discussion with youths demonstrate how their actions further contributed to an improved enabling environment.

“Just to add on, ZAGO has come in a good way such that us youths deserve privacy and all this has been given to us by ZAGO and I can talk to the people even through social medias. Even at the clinics, they terminate pregnancies for free instead of paying 500 kwacha.” – Youth, Copperbelt, focus group discussion

“What I can say is that ZAGO has really helped us because sometimes the youths would go elsewhere instead of going to the clinics, but due to the information we give, things are better.” – Youth, Copperbelt, focus group discussion

It was also flagged in the midterm review that, from the start of the project, ZAGO developed a media strategy and started collaboration with media houses by informing them and inviting them via press releases and media briefings (e.g. media breakfasts) to report on specific ZAGO-led activities. Media partners expressed the importance of their collaboration and the significance of having ZAGO as a reliable source of information.

Activities within Pathways 3–5 contributed to these strengthened partnerships.

To further strengthen these partnerships with the media in 2021, ZAGO held workshops with about 105 journalists in Kabwe, Kitwe, Livingstone and Lusaka to further inform them on ZAGO's work, Zambia's legal

framework, and the use of evidence on abortion. The following quotes illustrate how these actions contributed to more appropriate messaging in the media.

"I think trainings helped a lot, not only the media, 'cause sometimes you find the media can get information, keep it without even using it. But I think from the emphasis that was there from ZAGO...stories were done in visual capacities...the sessions were very interactive and then from the interactive, because you could ask any questions, others knew the same training, it could give personal experiences, you know? So, I think point for, I think all in all, it was good platform that ZAGO had provided." – Media representative, Copperbelt, semi-structured interview

"Well, I think in terms of the communication skills, we now got the language that should be used, how to address the victims, for example victims of [unsafe] abortion. How do you address this? It sharpens us... how ZAGO trained us we know how to phrase the story, when somebody coming from such a situation, you know, how to address such a victim in a story, how to contact them, so that the story itself doesn't leave harm on them, also the victims themselves do not feel that society, is looking down on them. So, in terms of communication skills I think, was well equipping, because we have the knowledge of what sort of language to use in terms of writing." – Media representative, Copperbelt, semi-structured interview

To seek collaboration with community leaders, in the second half of 2021, ZAGO started to train 38 chiefs in various provinces (Eastern, Central, Copperbelt, Luapula, Lusaka, Northern, North-Western and Southern provinces) on CAC, the legal framework, statistics and evidence to bring attention to the challenges and extent of unsafe abortion in Zambia. Following these interactions, ZAGO observed that the chiefs started to support the advocacy of safe abortion services and that some chiefs issued instructions banning their subjects from conducting illegal and unsafe abortions, while referring clients to health facilities. Thereafter, ZAGO continued engaging the chiefs to contribute to addressing unsafe abortions.

During qualitative interviews with the ZAGO executive and community-level stakeholders, it was confirmed that these interactions encouraged community actors – such as chiefs, traditional healers and counsellors – to advocate safe abortion and to improve access to CAC.

"Yes, it is true, because at first (during first meeting with ZAGO), they even called the traditional healers who used to bring about these problems. So we taught them everything about this and we made a committee that whoever is calling themselves a traditional healer, should present a certificate so that we know what they really do and practise. We further told about these traditional herbs that if anyone goes to them seeking for herbs to terminate their pregnancy, they should not try to do it because they will be taken to the police." – Chief, semi-structured interview

Multi-stakeholder engagement and the provision of platforms for advocacy, such as the Safe Choices campaign, contributed to amplified messages and spaces for building collaboration among different stakeholders.

Responses from the media and the ZAGO executive emphasized that building networks with a variety of stakeholders was important as it helped in opening doors to different targets, and increased the coverage, reach, legitimacy and credibility of the safe abortion messages.

"I would say of course the different training that we did with stakeholders you know the health providers, we have the journalists, we have the youths, we have the church, we have the community leaders...ZAGO has been putting across the TV programmes, the radio yes. So that's how it was able to influence this change...A lot of people were participating there and I confirm that." – Media representative, Copperbelt, semi-structured interview

"The association reaching broader stakeholders to get involved in this aspect. So when you have more people involved, more voices having this discussion, the people are hearing from different voices and also of course the people that we don't trust other professional but if they hear it from other people that they look up them to they should be able to get the message." – ZAGO executive, key informant interview

The end-line study revealed that ZAGO members and partners actively discussed with stakeholders to join their campaign for promoting safe SRHR choices. These discussions emphasized not only the benefits of safe choices but also teamwork in dealing with unsafe abortion. Furthermore, ZAGO created spaces and provided platforms for discussing SRHR. Meetings, workshops, radio and television programmes helped in building collective action towards addressing unsafe abortion.

"So for me I am one person that speaks about collaboration and partnerships so I will not really say that it's ZAGO entirely but I will say it's through collaborative effort with other stakeholders and other people on the ground. I will say maybe ZAGO has amplified and has given platforms and at the end of the day, through the collaboration with the people on the ground who might not really be entirely working for ZAGO but maybe have come across maybe on different platforms and maybe have been invited and I believe of course ZAGO has amplified voices, have amplified efforts of course through providing, they have given resilience in terms of coming up with partnerships and creating synergies. Yah, so it's like the efforts will be given to each and every stakeholder, to each and every activist who is out there who has been both on the ground and also out there. Getting to ZAGO its collaborative efforts." – Youth, Kabwe, Central Province, focus group discussion

Collaborations with representative bodies of other professional cadres, such as the Midwives Association of Zambia, medical licentiates and clinical officers, helped to increase awareness-raising of SRHR issues, including safe abortion, among other health workers, and also the visibility and recognition of ZAGO.

Midwives, medical licentiates and clinical officers have also been involved in sensitization meetings on the legal framework and CAC. Over the project years, ZAGO's collaboration and interactions with the Midwives Association of Zambia (MAZ) have grown. ZAGO participated in the day to commemorate midwives in 2020. Further, during the ZAGO annual general meetings in 2020 and 2021, members of MAZ participated through sharing their experiences in CAC. Midwives were also involved as facilitators in most of the training on CAC. During the stakeholder meeting held to substantiate the final outcomes of the project, MAZ was represented by two members, who provided further information on how they had collaborated with ZAGO in CAC activities. A clinical officer also participated in the final outcome-harvesting meeting. The medical licentiates were tasked with the responsibility of facilitating CAC mentorship.

"So I did talk about other professional groups, I did mention Medical Association of Zambia, Midwifery Association of Zambia and you know that you cannot do this work just on your own, you have to have other groups on your side, so Zambia Midwifery Association of Zambia has been part and parcel of this process. So what ZAGO gained, the Zambia Midwifery Association of Zambia also gained." – Ministry of Health representative, semi-structured interview

It was also noted that this collaboration could be further leveraged when clear mutual objectives and joint action plans were defined.

An increased visibility of ZAGO led to strengthened collaboration with Ministry of Health at the institutional level, but due to COVID-19, the Safe Abortion Action Group had been inactive for a while.

The increased visibility by ZAGO through more involvement by ZAGO in SRHR issues, a growing ZAGO membership and the presence of a strong secretariat resulted in an improved recognition and involvement of ZAGO by the Ministry of Health for various SRHR issues, such as maternal perinatal death reviews and the development of COVID-19 guidelines on SRHR, including the right to safe abortion.

"The others, the ones for strengthening the association has worked very well, ZAGO is now strong, Ministry of Health now recognizes ZAGO, especially maternal newborn health, we now are the leaders in maternal perinatal deaths reviews, every week we lead the process. We are called

on to offer opinion on reproductive nature, we are visible, and we have the secretariat management unit.” – ZAGO executive, semi-structured interview

The improved recognition further manifested itself in various ways, including the Ministry of Health attending the ZAGO annual general meetings, officiating during ZAGO training workshops and participating in the final meeting that was held to substantiate the final outcomes of the project. Furthermore, ZAGO and the Ministry of Health jointly conducted CAC training and radio programmes on CAC.

“ZAGO was not doing this work alone; they actually work together with other partners as well as Ministry of Health. In terms of sustainability, ZAGO was not working as an independent entity but partnering with Ministry of Health.” – Healthcare worker, Ministry of Health, semi-structured interview

“There have been a lot of organizations, there is ZAGO itself, there has been Ministry of Health and affiliated institutions that promote safe abortion, like UNICEF, radio programme called Tikambe [on Zambia National Broadcasting Corporation] and other radio stations. So they [Ministry of Health] have been in collaboration with ZAGO in hosting like Tikambe for example. Tikambe is an affiliate project of the Ministry of Health, where the young people go on radio to talk about sexual reproductive rights, safer sex, prevention of pregnancy and safe abortion, hygiene, yeah.” – Media expert, semi-structured interview

As previously described, the Ministry of Health-led SAAG had temporarily been inactive and had just restarted. One SAAG meeting was held very recently in February 2022, where ZAGO was represented by one of its members. According to the action plan report, the meeting came up with a draft SAAG advocacy strategy paper. The evaluation study did not get further insight on the process and outcome of this.

While network building was much easier at a high level, the situation was complex at the community level due to the diversity of actors and of cultural and religious values.

At the community level, the diversity and values gave the stakeholders different positions on the advocacy of safe choices. It was reported that some stakeholders did not get to know each other due to long distances between them, thereby affecting the sharing of information and experiences.

“As marriage counsellors, we were four, but the only problem which was there is that we didn’t really get to know each other properly because these other people were also coming from far areas like one counsellor was coming from Lundazi and another one was a witch doctor/traditional health.” – Marriage counsellor, semi-structured interview

Further, the lack of good representation among community stakeholders during the training affected networking between them. It was reported that inviting one person from a group to attend a meeting alone made it difficult for this person to explain and convince others on the importance of being involved in advocating safe abortion.

Results for Pathway 3: Create increased acceptance for safe abortion

During the midterm review, initial changes in increased acceptance for safe abortion were observed among healthcare workers (especially obstetricians and midwives), marriage counsellors and youth. In the final year of the project, these changes were also seen in the Ministry of Health facilities, faith-based leaders, traditional healers and guidance teachers.

Project outcomes on acceptance for safe abortion:

- Health workers began to change approach and attitude when providing abortion services to young people
- Youths increased the demand for improved access to safe abortion services facilities
- Marriage counsellors started to integrate the topic of abortion in their counselling
- Traditional healers began to refer clients seeking abortion medicines to the health facilities
- Nurse tutors incorporated the teaching of CAC into the training of nurses after orientation
- Ministry of Health facilities improved access to CAC services in the country
- Secondary school teachers demonstrated awareness of the importance of safe abortion and SRHR education in counselling their pupils
- Faith-based leaders embraced messages on comprehensive sexuality education and the termination of pregnancy within the law (*not substantiated*).

The last outcome regarding faith-based leaders could not be substantiated as the evaluation team did not have access to relevant respondents to be interviewed. Others were further substantiated during the stakeholder workshop, interviews and focus group discussions in the final evaluation. The narratives in this chapter provide more insight on what happened and how.

Sensitization sessions, with elements of value clarification and attitude transformation, legal sensitization and sharing of ZAGO-generated evidence, were key in creating increased acceptance among various stakeholder groups.

ZAGO targeted a wide group of stakeholders, including healthcare workers, law enforcers, the media and community groups with sensitization sessions, including elements of value clarification and attitude transformation (VCAT), legal sensitization and evidence on safe abortion. Annex 2 gives an overview of the number of sensitization sessions

conducted and the people involved. Qualitative data indicated that the training of different stakeholders in VCAT made people revisit their positions and perspectives on safe abortion, as will be further elaborated in this chapter.

For health workers, some mentioned that the training helped them to differentiate between their individual and professional roles/positions. It was reported that the training helped in reducing social stigmatization, labelling and name calling against people involved in providing abortion. Further, the reporting of abortion-related matters also changed after journalists attended VCAT training, from being condemning to becoming more educative in nature.

“The media, I think the VCAT played a big role because we could see that the way they used to report abortion-related issues, even pregnancy generally is different, and the tone was different. The stigma was off, you know those funny tittles they used to use to attract people, which maybe to a victim would really be stigmatizing...So their perception is different and so what you see when you read in the recent past, especially in the mainstream media of course, what you see is more kind of on the educative aspect and also trying to bring out the dangers of unsafe abortion.” – ZAGO executive, semi-structured interview

Box 2 outlines some of the other key activities to create increased acceptance for safe abortion.

Box 2: Examples of key activities by ZAGO to create increased acceptance for safe abortion

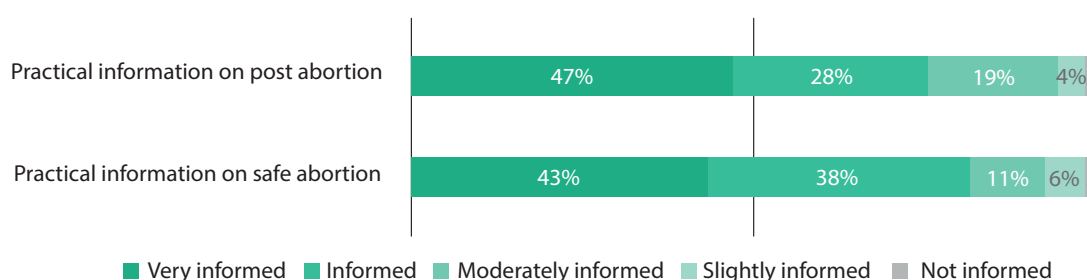
- ZAGO developed seven comprehensive abortion care (CAC) training modules for the two days of training health workers who were CAC providers.
- ZAGO assessed eight nursing schools across the country on the integration of CAC into training curricula and, following this, trained nurse tutors on CAC and the legal framework in Zambia.
- Information, education and communication brochures produced and distributed across the country. The materials contain important information about ZAGO and the Safe Choices campaign.
- International Safe Abortion Day 2021 marked in three districts (Kabwe, Kafue and Chipata):
 - Six radio and TV stations covered stories on CAC and Safe Abortion Day
 - Several sensitization activities were organized including art works (drawings, march past on streets, poems, drama performances and radio shows)
- ZAGO advocated the possibility of the Ministry of Health including a CAC module in the training curriculum of community-based volunteer groups known as safe motherhood action groups: a letter has been drafted requesting the inclusion
- ZAGO ran the programme Inside Health on two television stations. Three series were aired on Zambia National Broadcasting Corporation and 13 series were aired on Kenmark Broadcasting Network.
- ZAGO ran 30 radio programmes: 13 series on Millennium Radio in Lusaka; 13 series on Flava FM in Kitwe, Copperbelt Province; and four series on Power FM in Livingstone, Southern Province – various SRHR issues were discussed, including safe abortion.

Survey results indicated that gynaecologists were increasingly exposed to training on abortion via ZAGO, and half of the gynaecologists indicated their professional position had changed in the past three years. ZAGO's membership remains diverse, though, on professional perceptions towards safe abortion.

A majority of the surveyed gynaecologists had ever received training on safe abortion care (74%) or post-abortion care (77%). Fifty-eight per cent had ever completed training, a seminar or workshop on professional and personal norms and values towards legal and safe abortion. Of those who had ever completed training on either VCAT, safe abortion or post-abortion care (N=41), 63% had done so through ZAGO. At baseline, this was 25%, indicating that an increasing number of gynaecologists might have been receiving training on abortion via ZAGO since the project started.

A majority of the surveyed gynaecologists felt well informed about practical information (guidelines, recommendations, procedures) on safe abortion and post-abortion care (Figure 7).

Figure 7. How informed surveyed gynaecologists/members felt about practical information (guidelines, recommendations, procedures) on safe and post-abortion care (N=53)



Regarding their professional attitude towards abortion, 21% of surveyed gynaecologists agreed to some extent with all four statements of FIGO's 2006 resolution on conscientious objection.⁵ However, 74% agreed at least with the statement to refer women to safe abortion services. These figures were similar at baseline. More recently, FIGO added to its statement on conscientious objection⁶ that the refusal of care using claims of conscientious objection could not be used for post-abortion care. This statement was supported by 47% of the surveyed gynaecologists (9% agreed and 38% strongly agreed), indicating that a large number of gynaecologists still felt post-abortion care services may be refused based on conscientious objection. A majority of 72% indicated that their professional position was similar to their personal position, while 19% said it differed. Others did not know or did not answer. For nearly half of the

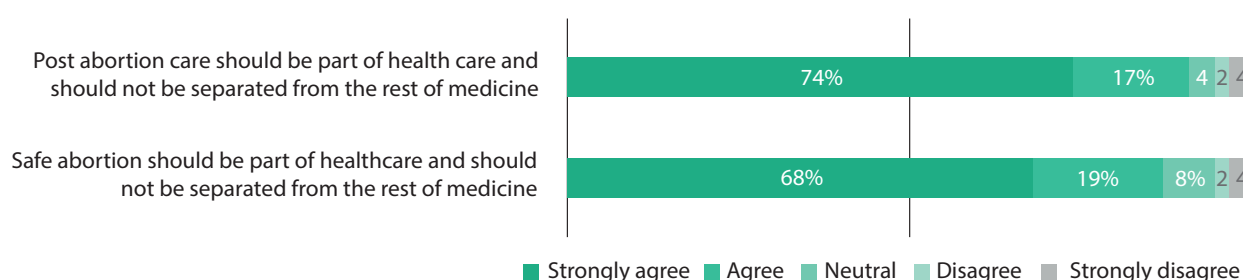
5. International Federation of Gynecology and Obstetrics (FIGO). Resolution on 'conscientious objection' (2006). London: FIGO, 2006, <https://www.figo.org/resolution-conscientious-objection-2006>, accessed 9 June 2022.

6. International Federation of Gynecology and Obstetrics (FIGO). Conscientious objection: a barrier to care. London: FIGO, 2021, <https://www.figo.org/resources/figo-statements/conscientious-objection-barrier-care>.

respondents, their professional position had changed in the last three years to a small or great extent, of which 58% said this was influenced by the project.

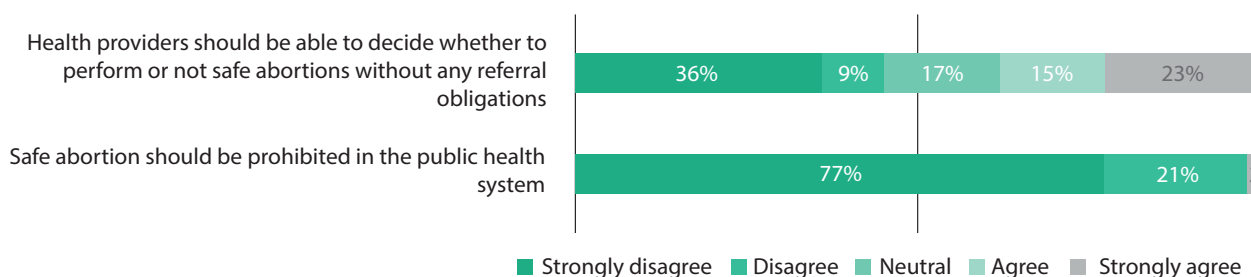
A majority of respondents felt that both post-abortion care and safe abortion care should be part of healthcare and not separated from the rest of medicine (Figure 8). In addition, none of the respondents felt that safe abortion should be prohibited in the public health system, and only one was neutral about this (Figure 9).

Figure 8. Survey respondents' opinion on the inclusion of abortion care within the health system (N=53)



To the survey question of what they would do if they received an abortion request under circumstances permitted by law, 68% would inform her about safe, legal abortion procedures and eventually provide it in line with the national technical guidelines. An additional 17% would refer her to another health worker who could inform her about, and provide, a safe, legal abortion, meaning a total of 85% of the surveyed gynaecologists were willing to provide and/or make referrals for safe abortion services within the law. However, interestingly, a majority felt health providers should have autonomy to decide whether or not to perform safe abortions or were neutral about this (Figure 9).

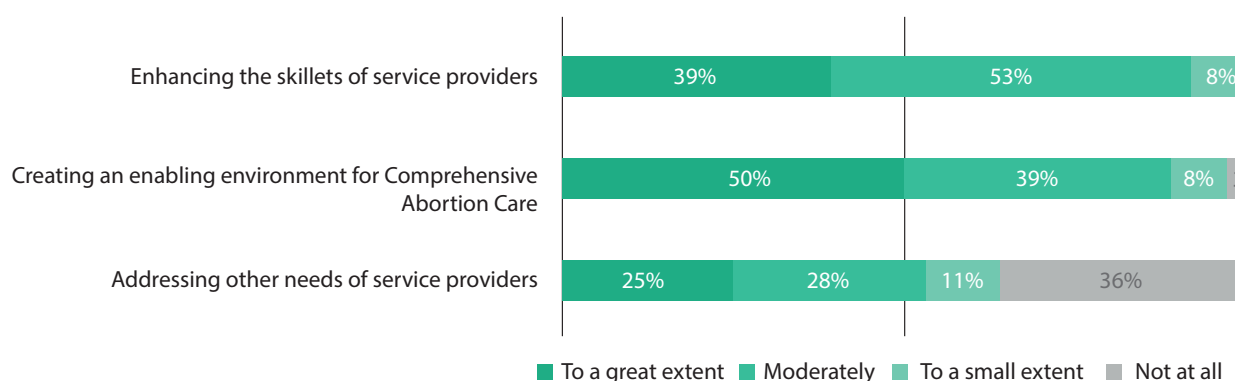
Figure 9. Survey respondents' opinion on the place of safe abortion care in the public health system, and the autonomy of healthcare providers (N=53)



Both survey results and qualitative interviews give indications that the project contributed to a more enabling environment for CAC in facilities, but continued efforts are needed.

Of those survey respondents who indicated being moderately to extremely informed about the project (N=36), a vast majority felt that the project contributed to enhancing the skill sets of service providers (92%) and to creating an enabling environment for CAC (89%) at least to a moderate extent (see Figure 10). Fifty-two per cent also felt the project addressed other needs of service providers.

Figure 10. Extent to which surveyed gynaecologists with knowledge of the project thought the project contributed to various changes (N=36)



In qualitative interviews, health workers narrated how the project had triggered an acceptance to offer safe abortion services and a less judgemental approach, as expressed by this gynaecologist:

“Personally I would say we have really changed because a long time ago we would refer patients people would just say am not comfortable having to do the abortion. I would rather the person come on a different day or not even referring a patient to anyone who would help. But for now we are open, we don’t call each other terminators anymore, we’ve minimized, we have really changed a bit hoping for the best. I think mostly it has been the availability of the medication now.” – Healthcare worker, Lusaka, semi-structured interview

Through interviews with healthcare workers and with the Ministry of Health, access to safe abortion services was found to be improving. It was felt that the initiation of this improvement had already started before the project came in. ZAGO further contributed by training healthcare providers and creating community demand.

“What we have seen now is we have seen an increase in the number of women and adolescent girls that are able to access safe abortion care services compared to those who come for post-abortion care. Initially, we

are used to seeing a lot of clients that reported with complications from abortion compared to those that came for abortion care services so there is a change in the trend and then, the other thing I have seen now is that we are seeing more and more of the healthcare providers becoming more open in terms of discussing abortion care services and also the provision of abortion care.” – Ministry of Health healthcare worker, semi-structured interview

Following the training of nursing tutors, to better integrate education on CAC and the legal framework into education for nursing, they indicated that they felt empowered with knowledge to further educate their students on the issue.

“Then us as nurse tutors were trained in these things so that we could also teach the nursing students at our nursing school here at Ndola Teaching Hospital. So what happened is that this time we have a component of CAC in the subjects that we teach our learners. They will go out of the school, graduate and will be handling these things, so there is need for them to know about these things. Otherwise, the training was so packed and we learnt a lot from the trainers.” – Nurse tutor, Copperbelt, semi-structured interview

However, the interviews also showed that while there had been some positive change, this was only a start and required continued efforts.

“Even as healthcare workers we have our religious beliefs and other things we attach meaning to, so to change that thought, we need continuous training. Otherwise, there are still a lot of people who are uncomfortable conducting abortions. Then you are saying that the project is coming to an end or has ended and we have only been trained twice. I still see gaps. Well, I can say I have seen changes just here at the hospital, the healthcare providers have changed their approach to handling abortion services. A long time ago we used to see that many of the doctors or nurses were very sceptical in handling these cases and some were very judgemental.” – Nurse tutor, Copperbelt, semi-structured interview

While some health workers have embraced and are providing safe abortion services, others still judge and stigmatize people who come to access reproductive health services. In one focus group discussion, young people complained that such negative attitudes by some health workers prevented young people from accessing the services. A few youths also complained that some health workers tended not to provide good care to adolescents when they came for abortion and other reproductive health services.

“So for me it’s a two-way – firstly the judgements from some healthcare providers. This is something that has come up in all the meetings that I have had in regard to accessibility of adolescent friendly services...Most young people are failing, even when they have the right information, they fear being judged. You go to the facility and go to this healthcare provider

and you tell them you want contraceptives, they will start asking you, you started having sex? You are young.” – Youth, Lusaka, focus group discussion

Another youth who was involved via youth groups was of the view that the content was not adequate for nurses to effectively offer the services to young people. The youth recorded that CAC should be offered as a stand-alone subject.

“Maybe in terms of the curriculum itself, also they have to make sure that they also incorporate it to become a stand-alone topic so that each midwife, as they are graduating, they will have the knowledge of CAC so that we don’t have the shortage of maybe providers in the hospitals.” – Youth, Kabwe, Central Province, focus group discussion

To address this and following the recommendations from the midterm review, ZAGO recently started a mentorship programme in the pre-final quarter of the project. Through this, ZAGO conducted training for CAC mentors aiming to equip them with the necessary tools for effective CAC service delivery. Nineteen health workers from 13 health facilities in Central, Copperbelt and Lusaka Provinces attended the workshop. The training had three days of theory and two days clinical practice. The effects of this programme yet have to be revealed.

Qualitative data indicate increased acceptance was created among the youth, community leaders, teachers, the media, the legal community and police officers.

Qualitative data also showed the acceptability of safe abortion had moved beyond health workers to include community members, community leaders, teachers, the media, the legal community and police officers. Following the training and sensitization, media groups, for example, increasingly started to report on abortion. It was reported that the media adopted a more positive approach compared with the past, when most of the reporting was judgemental and portrayed all forms of abortion as a taboo. Journalists now understood more than before that the programme was contributing to achieving the national maternal health indicators rather than promoting promiscuity among young people.

“Yes, it’s actually true, from the time I attended the first workshop I was meant to develop interest in understanding the abortion subject and I have done a lot of articles on the subject because am well informed and am able to understand public opinion or perception on the subject. So we’ve seen a number of articles, we’ve seen a number of radio shows on comprehensive abortion care on Safe Choices campaign, on access to sexual reproductive health services, on how to prevent early pregnancy and generally on sexual care and protection. We’ve seen a lot of articles, they are now being educated in schools, they are able to participate

in quiz, able to participate on radio shows, competitions, and that in itself speaks volumes as to the impact that the education that they have attained from these training workshops, is enough for the media to develop interest and to probe more on what can be done on the subject.”

– Media representative, semi-structured interview

The secondary school teachers indicated in interviews that they had become more aware of the importance of safe abortion and SRHR education when counselling their pupils.

“After those trainings, you know, we had to think on the way we operate. Of course, when you look at the syllabus that we use, even in guidance and counselling, for example, in our schools, such provisions are there, and that information is there, but it might not be adequate. So, you know, certain things, you feel maybe they don’t affect the children that much. But after that, you know, enlightened enlightenment, then we thought, I think we need to seriously relook at the way we do things.” – Teacher, Copperbelt, semi-structured interview

The community members interviewed reported a reduction in the social stigmatization of safe abortion services. Furthermore, the marriage counsellors and traditional healers indicated there had been a reduction in the use of traditional health healers for abortion services, with a preference for health facility services. Some traditional healers also committed to stop offering abortion services after being made aware of their negative impact. An increased acceptance of safe abortion services was also facilitated by an understanding of the legal framework on abortion among the community members.

“One of the things that I really like is the fact that they have now accepted people to have abortion from the hospital as long as you have a reason, but way back, each time a young girl is pregnant, we used to go to the witch doctor to use traditional medicine.” – Marriage counsellor, semi-structured interview

However, the restrictions in the legal framework, including the need for signatures, may still hamper access. A traditional healer explained the legal framework as follows:

“We do encourage them to go to the hospital for abortion but they taught us that it’s not everyone who goes to the hospital for abortion and they manage to do so because when they go there they are asked for serious reasons why they want to do that, so only those that are in a critical situation are allowed to have an abortion and there should be someone who agrees to that before having an abortion and it’s not all the nurses who are mandated to conduct abortions.” – Traditional healer, Sinda, semi-structured interview

Qualitative narratives also reveal that stigmatized perceptions are strongly rooted and need continued attention.

It was also found that cultural factors slowed down the process of accepting safe abortion. Primary and secondary stakeholders reported that many people were socialized to think that life began from conception and that abortion brought bad luck, including being hunted and a failure to have children in future. Further, a reliance on traditional medicine limited the acceptance of health facility-based safe abortion services. For Christians, abortion was regarded as a sin and so should be avoided. It was reported that religious and cultural beliefs triggered stigma and a bad attitude among community members towards people who provided information or sought abortion services.

“My comment is that it is not easy for people to accept abortions, because there is a belief that a child is a blessing from God. And the culture and religion there, they support each other on abortion...religion says thou shalt not kill. Life begins from conception...we have been socialized to believe culturally, that a person who aborts...will have a bad luck in future.” – Teacher, Copperbelt, semi-structured interview

“I also shared the knowledge with my colleagues and of course a few learners though it wasn’t really successful being a semi-urban/rural where we are working from. I had a lot of negatives come the community. For them, it came out as if I was encouraging children to abort and you know the negative impact of that, especially traditionally, that is where I find it difficult.” – Teacher, southern province, semi-structured interview

Though sensitized stakeholders seemed willing to cascade their gained knowledge, they mentioned being in need of training materials; absence of the right materials induced the risk of inappropriate messaging.

Delays in providing notes or materials to the stakeholders who attended workshops affected the start of the sensitization processes within their workplaces and communities.

“Okay, ahh we haven’t worked on it because we are still waiting for a leeway from ZAGO. Because ZAGO promised to give us notes. You can’t facilitate, minus a note book, I mean a pamphlets or flyers. You can’t carry out sensitization without proper information – you end up misleading the nation. we were just taken there as trainers of trainers and we were seated, we don’t have handouts, we don’t have and we haven’t carried out sensitization.” – Police officer, semi-structured interview

Marriage counsellors and traditional healers in Kitwe started to develop their own materials. However, as they searched for information and photos on the web, these were also influenced by pro-life narratives.

A majority of survey respondents felt that health workers had a role to play in safe abortion advocacy, and an increasing number seemed to be involved in advocacy via ZAGO.

Regarding healthcare providers' advocacy role, 83% of the surveyed gynaecologists felt that health workers had a role to play in advocating safe abortion (21% agreed and 62% strongly agreed), while 64% had ever been involved in safe abortion advocacy. Among those who mentioned ever being involved (N=34), 77% had been involved, at least partly, through ZAGO (53% had been involved both independently and through ZAGO; 24% had been involved completely through ZAGO). At baseline, only 21% had been partly involved through ZAGO.

The advocacy role that was mentioned most was disseminating and communicating with members and/or health providers about the legal frameworks and technical guidelines (74%), followed by actively promoting reflections on professional attitudes towards safe and legal abortion (59%), developing partnerships with other stakeholders to improve access to safe abortion (47%), informing the public and creating demand for safe abortion (47%), generating new evidence on safe abortion (41%) and being involved in developing technical recommendations on safe abortion (38%).

Results for Pathway 4: Communication and sensitization about legal frameworks and guidelines

The three main outcomes that were harvested in relation to sensitization about the law throughout the project and were substantiated during the stakeholder workshop, interviews and focus group discussions in the final evaluation are shown below.

Project outcomes on law sensitization

- **Trained stakeholders, including marriage counsellors, teachers, police officers and youths, have increased awareness on the legalities of safe abortion and share new knowledge with their communities**
- **Police officers change their approach in handling cases of abortion**
- **Members of Parliament pledge support for the advocacy of comprehensive sexuality education, including SRHR and safe abortion services.**

Various stakeholders reconfirmed that the integration of legal education in ZAGO's training was key for the improved understanding of legal rights and was seen as an essential step contributing to an increased acceptance of abortion, as it encouraged stakeholders, including service providers, to believe that what they did was within the law.

During the midterm review, it was already found that the integration of legal education in ZAGO's training was key for the improved understanding of legal rights among various stakeholders. For most of the trained stakeholders, the information on the legal framework was new. Youth educators indicated feeling empowered with the right knowledge on abortion and in turn had been sensitizing other youths in communities. Marriage counsellors expressed that this information had opened their eyes – it had been the first time they were informed on the legalities of abortion. Through the marriage counsellors, information was trickling down to other counsellors and the community. Training and information on the legal frameworks were also found to be an essential step contributing to the previous objective (to create an increased acceptance of abortion), as it encouraged stakeholders, including services providers, to believe that what they did was within the law.

In the final year of the project, ZAGO further leveraged this strategy. Qualitative interviews in the final evaluation confirmed the importance of this understanding of the law. The teachers and police officers who were interviewed agreed that the project had helped them to know about the legal framework on abortion. Teachers who were interviewed reported that this awareness helped not to stigmatize learners who had undergone abortion. This police officer indicated that awareness would enable her to provide better services:

"And the issue of legal framework now came in, how they get protect, especially from us, who deal with law because we used to arrest those guys because we thought it was an offence to terminate the pregnancy. We used to regard that it was an offence, we didn't know, we used to take people to court because they have aborted but when ZAGO came in, they taught us that actually it's not illegal, its legalized now in Zambia, you can terminate the pregnancy if you don't want it." – Police officer, southern province, semi-structured interview

Conversely, a quote from another police officer demonstrated the lingering discourse of criminalization as opposed to promoting the right to access. The officer noted that since they had been made aware of the law, it would help them to maintain it, including against unsafe abortion.

"It was aligned to the needs and priorities of police officers. This is because what we focus on is to ensure that there is law and order and that the law is adhered to. So when you put sanctions such as 14 years or seven years

in prison for illegal abortions then us, we will ensure that is done and, in the end, people will be going for legal abortions, which are safe, which ZAGO focused on.” – Police officer, Copperbelt, semi-structured interview

It must be noted that international evidence shows that criminalization does not prevent young people from being sexually active or from looking for clandestine services. Empowering them with the right education and life skills has proven to be more effective.

ZAGO supported the implementation of comprehensive sexuality education in Zambian primary and secondary schools, but further monitoring of the development for implementation is needed.

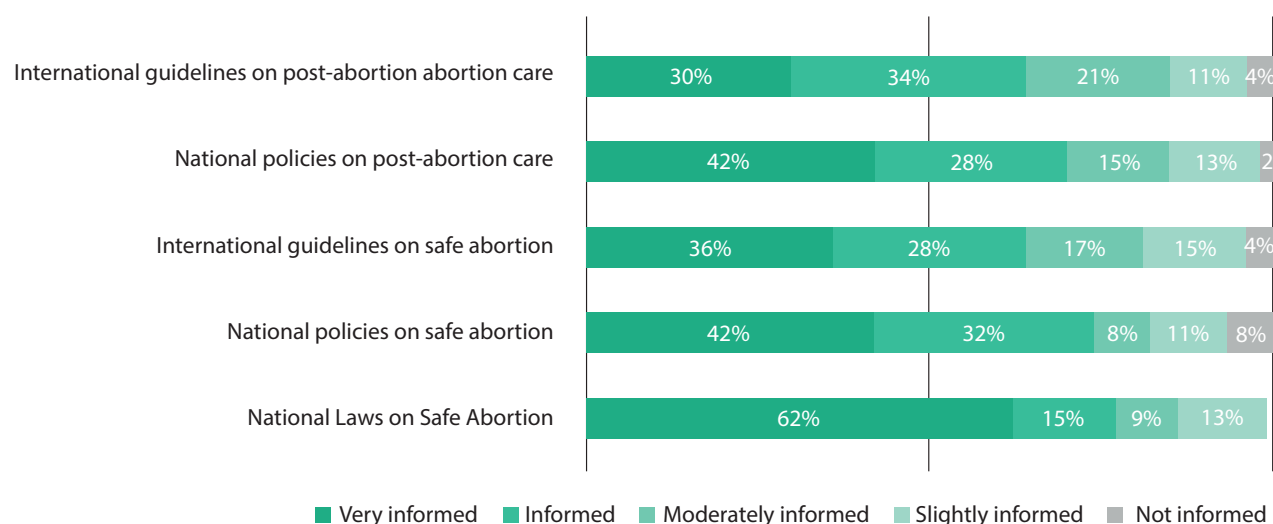
Since 2013, the government has been piloting the teaching of comprehensive sexuality education in primary and secondary schools. Since 2016, prior to the project, ZAGO has, among others, supported this process, through participation in curriculum development (with the United Nations Educational, Scientific and Cultural Organization and the United Nations Population Fund), by issuing a media statement and through attendance at high-level meetings on the roll-out of comprehensive sexuality education in schools. The government was to roll it out in all schools in June 2021 but faced a lot of opposition. In December 2021, Members of Parliament pledged support for its advocacy, including on SRHR and safe abortion services. A national comprehensive sexuality education review has now been done that should give direction to the content and name of the curriculum. ZAGO’s contribution to this was half a day of training in March 2021 for 11 members of the national assembly committee on health, community and social development. ZAGO also provided information, education and communication materials and a factsheet to the law members, providing evidence on abortions in the country.

The evaluation study was not able to reveal to what extent ZAGO’s contribution had led to the parliamentary pledge, in addition to other contributions. Follow-up of the pledge and the ongoing national review process should be monitored and ZAGO can collaborate with other civil society organizations to hold the national assembly accountable on its promises.

ZAGO members generally felt informed on laws, policies and guidelines, especially national laws.

Survey results show that all the sensitization among gynaecologists may have paid off. Figure 11 shows that surveyed gynaecologists felt quite well informed about abortion laws, policies and guidelines. On national laws on safe abortion especially, they felt very informed (63%).

Figure 11. How informed surveyed gynaecologists felt about abortion laws, policies and guidelines (N=53)



Seventy-nine per cent of the surveyed gynaecologists knew the legal circumstances under which abortion was legal in Zambia (to save a woman's life, to preserve physical and mental health, and in the case of fetal impairment).⁷ During baseline 61% of the surveyed members answered correctly.

Seventy-seven percent (77%) correctly knew on the existence of Zambia national guidelines on safe abortion care.⁸ The knowledge on the content of the guideline was tested against three statements, which were correctly identified as true by between 70% and 100% of answers (see Table 3).

Table 3. Knowledge of survey respondents on the content of Zambia national guidelines on comprehensive abortion care

Knowledge of survey respondents	Correct Score
The healthcare provider must bear in mind that the Zambian law is premised on the sound assumption that the life of the mother is paramount to that of the unborn child	94%
Conscientious objection should be dealt with only when expressed by individual staff members and not as a group action, nor as an institution	70%
If a healthcare provider feels uncomfortable in dealing with a client who requests termination of pregnancy, the client must be referred respectfully to a colleague who is willing to assist a client in obtaining services	100%

7. The global abortion and SRHR policies database of the World Health Organization/United Nations was used as the main reference for these legal circumstances; those who included 'never' were identified as false answers. Further, a non-strict calculation was applied, which meant that the responses on circumstances that could have broad interpretations and were therefore not specified in the abortion database (e.g. socio-economic reasons, rape, on request) did not determine the indicator on knowledge.

8. Ministry of Health. Standards and guidelines for comprehensive abortion care in Zambia. Lusaka: Government of the Republic of Zambia, <https://za-go.net/download/cac-standards-and-guidelines>, accessed 14 May 2022.

Table 4 provides an overview of the enabling and constraining factors for an improved legal framework in Zambia, as identified by respondents.

Table 4. Enabling and constraining factors in working towards an improved legal framework

Enabling factors	Constraining factors
Committed leadership	Misinformation remains about the legality of abortion
Availability of communication and engagement spaces	Delays in starting project activities
Capacity building in advocacy	Cultural and religious values regarding abortion law
Involvement of multiple stakeholders, including influencers and different media platforms	Gaps or inconsistencies in the legal framework regarding the age of consent affecting access to sexual and reproductive health and rights services. <i>"There are issues regarding age child should consent. There are some declarations that say a child is anyone below the age of 16, but like the declaration of human rights say a child is anyone who is below the age of 18 you know that right, so we were asking to say which one now here is a child."</i> – Teacher, Southern Province
Collective action within the community and health system by like-minded people	
Support from the Ministry of Health	

Results for Pathway 5: Generation and the Use of Evidence

One main outcome was substantiated under Pathway 5 on the generation and use of evidence. It is important to note that ZAGO has also conducted various activities and research outputs that contributed to advocacy in the other pathways.

Project outcome on generation and use of evidence

- Media houses increasingly using evidence to generate factual stories.

ZAGO has produced various research papers and has used in its advocacy the evidence it has generated for media communication and training activities, to increase the acceptance of safe abortion.

Despite not being able to document a number of outcomes under this pathway, ZAGO conducted various activities and developed at least four research papers, which were used for advocacy and media communication, resulting at least in media houses increasingly using evidence to generate factual stories. Furthermore, ZAGO's evidence has been used in the training activities conducted under Pathways 3 and 4.

The key activities under pathway 5 are the following:

- ZAGO advocated a central monitoring information system on abortion. As a result of this process, indicators were identified and circulated to all members of the technical working group for review. Ten indicators have been identified. Six apply to both the Health Management Information System (HMIS) and the Demographic and Health Survey. Only four indicators apply to HMIS alone. All ten are mainly output and outcome indicators. ZAGO's Council has not yet endorsed the indicators as the technical working group is yet to adopt them.
- Training on operational research (for 22 ZAGO members, nine master's students at the School of Medicine and two PMU officers) by the University of Zambia School of Public Health.
- As a result of the training, a number of studies were conducted and manuscripts have been submitted to peer-reviewed journals.

The key conclusions of these studies conducted by ZAGO follow.

Study 1: Abortion care services in Zambian health facilities: users' experiences and perceptions

Conclusion: "Women delayed seeking care compounded by fear of negative attitudes from the community and healthcare providers. To ensure the provision and utilization of quality abortion-related healthcare services, there is a need to increase awareness of the availability and legality of safe-abortion services, the importance of seeking healthcare for any abortion-related discomfort, and the provision of free services at all levels of care should be emphasized."

Study 2: Others will even call us terminators: barriers and facilitators to provision of comprehensive abortion care (CAC) in Zambia – a qualitative study

Conclusion: "The findings of this study on the several barriers of CAC reinforces the idea that despite having appropriate legal provisions to CAC provision in Zambia, challenges in the implementation of the law and related service provision continue to persist. The identified barriers suggest considering incorporating CAC services into the pre-service training to ensure more trained and skilled providers are available in the public facilities."

Study 3: No woman should be left behind: a decomposition analysis of socioeconomic inequalities in unsafe abortion among women presenting for abortion care services in Lusaka and Copperbelt Provinces of Zambia

Conclusion: "The findings suggest that the unsafe abortion which is preventable is still a problem in Zambia and substantial inequality mainly due to socioeconomic factors and some pregnant-related factors."

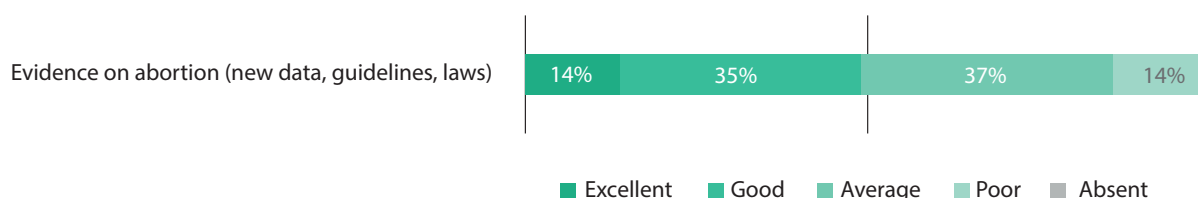
Stakeholders and policymakers should consider socioeconomic strategies to reduce unsafe abortion inequality promoting advocacy to increased access to legal safe abortion and use of modern contraceptives so that no woman is left behind in the prevention of unsafe abortion."

Study 4: The magnitude of unsafe abortions and associated factors among women presenting for abortion care services in public health hospitals in two provinces of Zambia: a multilevel analysis

Conclusion: "Unsafe abortion is determined by both individual and hospital-level factors and interventions targeting its reduction should be heightened. Further, programme implementers and stakeholders should address unwanted pregnancy, lack of knowledge about hospitals that offered abortion services and abortion care services should be accessible."

The communication on the evidence on safe abortion (new data, guidelines, laws) was generally well rated by surveyed gynaecologists (Figure 12).

Figure 12. Respondents' appreciation of ZAGO's communication of evidence for safe abortion (new data, guidelines, laws) (N=53)



In the qualitative interviews, many respondents highly appreciated this pathway, but very few knew what type of evidence had been gathered and applied. Respondents stated though that this was a pathway that should be promoted more among the stakeholders in the follow-up phases. Throughout the project, ZAGO used monitoring and evidence on what happened in the field to inform its project activities.

From the start of the project, ZAGO ensured that strategies were developed based on identified needs. To strengthen nursing curriculums on CAC, for example, eight nursing schools in the Copperbelt were visited and assessed. Some of the key issues that were identified:

- Training content was more about post-abortion care and not CAC
- Elements of advocacy of safe abortion services were not in the curriculum and not being taught
- Tutors and students did not fully know about the penal code on abortion
- The curriculum did not include international treaties and legal frameworks on SRHR

- Some tutors shunned teaching on abortion for various reasons
- About 50% of students felt the time allocated to the subject was not enough, especially for clinical practical areas.

Based on the findings, a training session for nursing tutors was developed.

Another monitoring activity that ZAGO really took on board following the midterm review was the follow-up of trained people in the field to learn what happened after training, whether and how attitudes and behaviour were transformed, and what challenges people faced and how ZAGO could give support to address them. These monitoring visits enabled learning and the harvesting of outcomes.



ZAGO president Dr Swebby Macha addressing the media in Lusaka - Photo: Kachali Lambwe



Findings on Efficiency

Team set up

The ZAGO PMU consists of a monitoring and evaluation officer, a communications and advocacy specialist and a finance officer. The team is guided by ZAGO's executive council – the president, the project's focal person and the treasurer. Despite attempts, a project manager could not be brought on board. To manage this gap, the project administration and the monitoring and evaluation officer shared the roles of the project manager. It was noted that a project manager could have helped with applying for other projects and planning beyond the end of the project.

"Maybe on that one, maybe if, maybe it could be the shortcoming of the project manager because the other thing, maybe part of the job responsibilities or description would have been to not to lobby but to look for other projects, yes. What next after this, yah." – ZAGO executive, semi-structured interview

The first communications and advocacy specialist resigned in year three and replaced in June 2021.

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

Results of capacity-strengthening survey:

- All five respondents of the capacity-strengthening survey indicated that their roles within the project were very clear to them (one a lot and four to a great extent)
- FIGO's technical support to the project implementation was valued to be timely and of good quality (one a lot and four to a great extent)
- KIT Royal Tropical Institute's technical support in guiding outcome harvesting, to support the project's monitoring and evaluation function, was valued to be timely and of good quality (one somewhat, one a lot and three to a great extent).

In key informant interviews with primary stakeholders, it was reported that the team selection was done in a precise manner. A human resource agency was selected to do the recruitment on behalf of ZAGO and the agency picked the right candidates for the job. The monitoring and evaluation officer, the communications manager and the accountant manager were very competent and coordinated the project activities effectively.

"Well, from the way we have been operating I would say that the composition has been good. They really interact well, there is teamwork even though initially we were supposed to have a project manager." – ZAGO executive, semi-structured interview

In addition, the clear definition of tasks among the project team members helped them to conduct their roles effectively. The clear definition of tasks and operational areas promoted teamwork and collaboration among

project team members and provided an enabling environment for the team to exercise leadership skills in undertaking project activities.

“Very well. Everyone was given the, everyone had what I can call a, the well-defined operational area. The accountant, communication, so the terms of reference if it's the right term. They worked like a team; leadership came out naturally. So if you were to ask me, I will still employ them.” – ZAGO executive, semi-structured interview

Impact of COVID-19

COVID-19 delayed implementation and affected holding sensitization, community and capacity-building meetings. Virtual meetings were found to be less effective.

COVID-19-related restrictions countrywide affected the project implementation in many ways. For example, gatherings of more than 50 people not being allowed affected the holding of sensitization, community and capacity-building meetings. As a result, virtual meetings were introduced, but they were not very effective because not everyone participated fully due to poor internet quality. In some cases, people could be online but not active in the meetings.

“COVID restrictions that were being applied nationwide so I think really made it difficult to have in-person activities and sessions but for the adaptations I supposed maybe what could have been done is the same thing that everybody was doing where we went online. It's just difficult to gauge really how many people are attending the meeting because someone can actually join and be able to be in the meeting so I think it was a bit difficult to gauge the [effectiveness] of online sessions because you know, like I said, your laptop can be on but, and then you have walked somewhere else or typing something else and not really participating in the meeting.” – ZAGO regular member, Lusaka, semi-structured interview

The community healthcare system was affected by the pandemic because the health system lost members of staff who might have been among good service providers. Furthermore, patients were dreading coming to the health facility to access health services, including CAC, in fear of contracting the coronavirus.

In addition, the pandemic delayed the implementation of the project. A number of activities were delayed, especially those that could not be done virtually. Most of the activities were pushed to a later time, after restrictions were lifted.

Further, the pandemic made it difficult for staff to attend international meetings aiming to share best practices, including those to create stronger management and organization of national societies. The effects of the pandemic, including the health challenges and increased workload,

affected the participation of ZAGO members in management and organization-building meetings and activities. Further, COVID-19 negatively affected the national economic performance, thereby affecting the cost of undertaking activities.

"Hmm, the unstable currency. The changing in the cost of doing things because if, for example, it delayed by COVID, then by the time you are implementing, the cost of doing the same activity has quadrupled and you may find that you may not be able to successfully achieve it to the stage that you would have wanted it." – ZAGO technical working group member, semi-structured interview

Enabling and hindering factors

The presence of a secretariat, the funding to conduct activities and develop resources and the receptiveness of the community were mentioned as the most important enabling factors for the project.

The presence of staff at the ZAGO secretariat facilitated the project implementation due to their dedication and commitment towards the project. The team helped with communicating and reminding ZAGO members of deadlines.

"The big thing that facilitated the implementation of the project I think is presence of the unit we have at the secretariat." – ZAGO executive, semi-structured interview

Funding facilitated the implementation of the project activities, all of which needed the financial support. Most importantly, it the project funding enabled ZAGO to rent an office, which was felt to be key in strengthening the visibility, coordination and documentation of ZAGO activities. Funding from FIGO also contributed to strengthening the management and organization of ZAGO, to enable it to conduct training on SRHR and workshops on the development finance and administrative manuals. It also enabled the development and dissemination of a position paper on abortion. Further, the funds allowed ZAGO to pay salaries to staff at the secretariat, and allowances for other ZAGO members. They also allowed ZAGO members to participate in international meetings to share experiences of SRHR advocacy strategies.

"I think maybe what helped was the of course because there was the funding, so it was possible to travel to different parts of the country, there was money to pay for the materials to be printed, the materials for people to go and undertake studies, you know, and people publish. I think the fact that there was funding for the programme was very important and it helped to push the project far and improve, increase the communication that was coming out of ZAGO where as previously, because of the restricted funding, it wasn't really possible for them to do so much." – ZAGO regular member, Lusaka, semi-structured interview

It was also noted that the community had been receptive towards the messages on the need for CAC to save lives and improve health. Project implementers had been worried that the community might be negative but were surprised to see a willingness to listen to the information.

“The other issue was, I think that we have a very receptive community. So you might think that, you know, when we have an international day for abortion, people will react in a certain way, but you know they are receptive, they want to listen, they want to learn. So I think it’s one of those things we can leverage, a lot of things we are scared to talk about for no reason but we have a very receptive community. The community that is not violent, the community that wanting to learn.” – ZAGO executive, semi-structured interview

A delayed start, COVID-19, currency fluctuations, health system factors and cultural and religious beliefs were mentioned as the most important hindering factors for the project.

The project implementation faced various delays. The initial one (discussed earlier under results for pathway 1) was due to opposition by some ZAGO members, who felt the project focused too much on promoting abortion, as opposed to preventing unsafe abortion. Some of the key activities were felt to be affected by this, in network development, for example, as it required more time for sustainable and effective networks to be developed.

“Yah, the delay to start, we could have done maybe exceedingly better if we started in April 2019 but we only started in November because of internal opposition. We could have done even exceedingly well. Possibly even the network component we didn’t do well we could have enhanced.” – ZAGO executive, semi-structured interview

Additional delays were caused by two separate national periods of mourning of the past president of Zambia. The economic problems of Zambia characterized by currency fluctuation also caused delays in implementation. These resulted in the team regularly needing to reassess the budget to ensure there was no overspend.

Other hindering factors related to the health system. The shortage of commodities was discussed earlier. The shortage of human resources further hampered access. Zambia has a critical shortage of doctors, with some health providers sharing their time between the public and private sectors. This shortage of staff affected the provision of safe abortion services in some cases, as the need for three signatures approving a termination of pregnancy means that there are district-level hospitals with trained staff who are unable to provide the service.

“Unfortunately we still have the problem with the consent, you know, we need to have at least three doctors to sign for an abortion to be conducted on a patient; that is making our work difficult if you don’t have a colleague to support you to sign those forms, but things are changing in terms of management.” – Healthcare worker, Kabwe, semi-structured interview

Cultural and religious beliefs regarding abortion also slowed the acceptability and uptake of safe abortion services, as Zambia is constitutionally a Christian nation. Some people, including health workers, consider any form of abortion as sin.

“I think it could be a full-blown change but I think it will take long because of the current changes surrounding comprehensive abortion care services, is that Zambia is a Christian nation so in as much as you are providing information to the public concerning comprehensive abortion care services, you find that people still want to bury their heads in the sand and pretend that it is not happening, and yet girls and women out there are in this abortion and still conducting unsafe abortion out there.” – Ministry of Health healthcare worker, semi-structured interview

Learning between countries

Linking and learning with other countries, and regional and global networks have been found to be of great importance to ZAGO.

FIGO was reported as having supported and facilitated ZAGO to have a stronger link to regional networks as well as global practices. All five respondents of the capacity-strengthening survey indicated the annual learning meetings to be useful for connecting with and learn from other countries in the region (a lot for two, and to a great extent for three) and have linked up with other country teams for regular learning.

Qualitative data referred to the meetings in Uganda and Rwanda, which were felt to be helpful as they provided an opportunity for sharing lessons, a reflection on countries’ performance and provided lessons to ZAGO members on how to handle internal resistance through the use of evidence. Additional lessons on how to effectively conduct community engagement and provide services to vulnerable communities, such as displaced populations in Mozambique, were valued.

“The annual learning platform has been useful, especially the first one, in Uganda. That’s why I always remember the late Professor Solomon from Ethiopia. They were handy in guiding us how to overcome internal resistance. It helped us, their main message is that, use the evidence, focus on your work to save the women, don’t throw stones at barking dogs, eyes on the ball. They were very, very helpful, the Ethiopian team [during the Ugandan meeting]. So that annual reflection.” – ZAGO executive, semi-structured interview

Most primary stakeholders interviewed did not remember or relate to learning from FIGO global activities.



Findings on Sustainability

Sustainability of the strength of ZAGO

The organizational stability and increased visibility of ZAGO was created by setting up a secretariat, the development of policies, and strengthened collaborations with various stakeholders, but the financial sustainability of ZAGO's work is of concern.

Primary stakeholders indicated there had been a great transformation in terms of governance, and the administration of ZAGO activities, including the development of the constitution, finance and governance policies, which will guide the operations of ZAGO beyond the funding phase. These documents, coupled with the established ZAGO secretariat, managed to establish a base that will facilitate continued operations.

"I think we now have a base on which any other team that would come, and if we had any other opportunity that would be brought on board it would be easy to run that with the current base that has been set. The transformations that have happened in terms of like where we discussed governance and everything, I think it would be much easier to sustain a number of the gains that we have had." – ZAGO executive, semi-structured interview

The project improved the visibility of ZAGO, which will enable the organization to champion its values and objectives at the national level. It was reported that, before the project, ZAGO's existence was known by only a few, including those in the health fraternity such as midwives, thereby limiting stakeholder engagements. Currently, ZAGO is acknowledged by different stakeholders as a professional organization with expertise on maternal health, and so is in a good position to continue expanding and strengthening its mandate.

"...We were not really very visible and I think that's the thing that the project has done as well, like to improve our visibility, because you could hear a midwife say who is ZAGO and a midwife shouldn't ask who ZAGO is because we work with midwives as gynaecologists. So visibility is something that we need to sell. And our skills, we need to sell our skills out there as ZAGO and then maybe we can sustain a lot of, I think we haven't really done well in selling who we are and what we can do, yah." – ZAGO executive, semi-structured interview

Further, ZAGO developed a sustainability plan, which included business activities.

"Now that the project is ending, sustainability, we have done the sustainability plan, we are finalizing it this Saturday, that will see us set up a cooperative for ZAGO that will be like the business entity for ZAGO... Then we are also looking at a training consultancy group, where we, because we are the experts in maternal newborn health. So we will prepare the resource materials, on-site mentorship, [emergency obstetric care; EMOC] training and be hired by international organizations which are

A future for safe abortion

doing for example EMOC, family planning, [prevention of mother-to-child transmission]. We want to have an agency for training, eventually we also want to open a hospital.” – ZAGO executive, semi-structured interview

All the respondents in the primary interviews were concerned that it might not be possible to sustain office space and the workers at the secretariat through membership subscription, as the costs were quite high. It was reported that there was a need to source for funds to support the secretariat.

Furthermore, members were concerned that the lack of an advocacy tool or manual would affect expansion and the sustainability of the advocacy capacity within the ZAGO membership. It was noted the ZAGO would prioritize the development of the tool since it had already received training in advocacy.

“If there is anything we needed to do, is to have the advocacy tool and I can say that it will be easy for us to develop it because we have undergone training.” – ZAGO executive, semi-structured interview

ZAGO’s approach to reaching and sensitizing a wide group of stakeholders and its strong engagement of the community was felt to be of importance to sustain and cascade widespread knowledge on the legal framework and the importance of CAC. Many stakeholders in the community were imparted with knowledge on safe abortion and the dangers of unsafe abortion.

“How ZAGO has contributed to the advocacy is by giving us the knowledge and the skills...because you teach somebody to learn how to catch fish, instead of this person coming to you asking for fish all the time.” – Chief, Chisamba, semi-structured interview

However, cultural practices, including social stigmatization, were identified as possible threats to the sustainability of the project. Transforming enshrined practices requires long-term effort.

“So I think that if this programme comes to an end, people can go back to the old way of doing things because you know we have a culture which is very bad. We have lost a lot of people because of the same culture, long time ago when people were pregnant, they didn’t want to go to the hospital to seek services from there but they wanted people to deliver children from home and some have died in the process, but with the coming of ZAGO they have really helped us and we too have educated others.” – Traditional healer, Sinda, semi-structured interview

The training of healthcare providers in CAC is likely to continue, as ZAGO partnered with the Ministry of Health to provide training of trainers. The Ministry of Health provided additional trainers or facilitators. This empowered the trained staff with enough capacity to continue providing training beyond the project duration.

“In terms of sustainability, ZAGO was not working as an independent entity but partnering with Ministry of Health, so the ministry will continue to run the activities that ZAGO was able to run, even outside the project, and the providers that we trained. Remember that we were able to provide trainer of trainers who were able to train other health providers.” – Ministry of Health healthcare worker, semi-structured interview

Various stakeholders noted the importance of follow-up and continuing to strengthen the capacities of healthcare workers that were initiated. ZAGO has already launched a mentorship programme that should contribute to sustainability beyond the lifetime of the project, but funding is a concern here.

“Yah, first and foremost it is the mentorship because mostly when you train like I train in service midwives, I train pre-service midwives and I train those that are already nurses. So the thing is that the students will grasp the knowledge and when they grasp the knowledge and when they go to the facility there is that knowledge barrier, so I think one of the things that needs to be done first and foremost is supervision. Secondly is mentorship, thirdly is monitoring and evaluation, just to check on the ground how they are performing, and then thirdly there is need for community sensitization and also the necessary equipment provision. So the other thing I think is there is need to make some committees that look at [post-abortion care]. So that will help.” – Nurse tutor, Central Province, semi-structured interview

Furthermore, the previous efforts on integrating CAC into nursing education through the sensitization of nursing tutors could be further leveraged with formal integration into the curricula via the General Nursing Council (GNC).

“...we even made a recommendation to say maybe as they go back they need to share this information like with the regulators like the General Nursing Council so that when they are reviewing the curriculum that CAC thing can be incorporated.” – Nurse tutor, Southern Province, semi-structured interview



Discussion

The findings of the final evaluation of the Advocacy for the Prevention of Unsafe Abortion Project in Zambia demonstrate the relevance of the project in the country's context. Despite a late start and relatively short implementation period, especially for a medical professional organization that came on board with limited capacity and resources, ZAGO managed to establish itself as a strong and visible organization, a thought leader and an authority on matters of sexual and reproductive health and rights (SRHR), including safe abortion. This strength of a professional organization put ZAGO in the right position to conduct advocacy for comprehensive abortion care (CAC) and engage a wide variety of stakeholders. This was felt to be essential in a context where stigma and resistance to abortion were deeply rooted.

Advocacy for the prevention of unsafe abortion takes place in complex dynamic environments where outcomes cannot always be predicted, strategies may not work in the way anticipated and opportunities may emerge along the way. ZAGO's theory of change was built on various assumptions, with a strong role for the Ministry of Health-led Safe Abortion Action Group (SAAG). Though ZAGO did collaborate with Ministry of Health during the project, the connectedness to and the role of the SAAG did not evolve as anticipated, primarily because of the COVID-19 pandemic. ZAGO demonstrated the flexibility required of an advocacy project, searched for new allies and focused its advocacy primarily on the communities and healthcare providers. With Zambia having a relatively liberal legal framework and clear, established guidelines for the provision of safe abortion, it was felt that the Zambian population, including healthcare workers, were especially in need of being informed about the legal provisions, the dangers of unsafe abortion and the availability of CAC services. Despite the lack of engagement with the SAAG, it was still found that all pathways of the theory of change were essential and interacted with each other.

Sensitization on the legal framework and using evidence about the extent of unsafe abortion and for CAC as a solution to saving lives were strategies used to create an increased acceptance of safe abortion and to create like-minded partners that had the ability to further leverage ZAGO's messages, such as youth groups, media and chiefs. The involvement of the media (both traditional media and social media) helped to facilitate broader and faster coverage of information, whereas the participation of community leaders and other key partners in SRHR increased the legitimacy and trustworthiness of the advocacy messages.

Involving a wide variety of community key stakeholders, including generally untargeted stakeholders such as marriage counsellors, facilitated entry points in the community. However, it must be noted that, while data demonstrate initial signs of improved attitudes and enabling environments, qualitative narratives also reveal that stigmatized perceptions are strongly rooted and need continued attention. Such a project is a start rather than

a final solution to a longstanding problem, and there is ongoing need for, relevance of, and support for advocacy. Other threats, such as the loss of income for traditional healers, also need attention. The presence of sometimes inappropriate messages or images in the field also further emphasize the need to continually monitor how messages cascade, and the language that is used by others, to ensure appropriate messaging.

One of the issues that could support appropriate messaging, which was identified as a need during the project but also for future purposes, was the development and availability of correct information materials, including in various languages, via various channels and for various audiences, including people living with disabilities. ZAGO, being an expert with the needed, can function as a resource centre and collaborate with civil society organizations to ensure messages become available in the various forms. The fact that the media already knows how to find ZAGO as a reliable source of information should be nourished and sustained. ZAGO could also use its expertise to offer CME-accredited courses and even use that as a source of income.

Despite the initial signs of an improved enabling environment for CAC, in facilities various barriers to access – including a regular shortage of commodities, a low availability of proper manual vacuum aspiration rooms and the need for three signatures in an environment with low numbers of human resources – remain of concern, especially as demand increases. The theory of change was built on a leadership role of the SAAG to ensure access to CAC, including health system provisions. In this immediate period following the COVID-19 pandemic, this access has become even more urgent. Now that ZAGO has been strengthened and become more visible as a professional expert organization, it has the potential to push particular agendas and engage in policy, for example via the re-operationalized SAAG.

Another strategy that was started and should be taken forward is the advocacy central monitoring information systems on abortion to systematize data collection and enhance the evidence base on safe abortion. Anecdotal information says that women increasingly access a safe abortion service, but this can be verified only if data are available. ZAGO strengthened its own research capacity and contributed to research data becoming available. As a next step, it should ensure evidence is used by others and taken up, especially by policymakers.

ZAGO has demonstrated the ability to drive an advocacy agenda. Though it has established an organizational base, its financial sustainability is of concern. The final, extended project period should focus on operationalizing the sustainability plan and business case to give ZAGO a better financial basis and ideally keep a secretariat that could operate ZAGO as an institution. Furthermore, the focus should be on consolidating the previous work and lessons learned to ensure longer-term sustainability of the project results.

Initial steps have been taken to improve education on CAC in nursing schools. As indicated by various nursing tutors, a next step should be the formal integration into the curricula via the General Nursing Council. Another promising intervention to sustain and improve the capacities of healthcare providers is the mentoring programme, but ways need to be found to keep this operationalized; integration into existing systems, in collaboration with the nursing schools, could be an option. This and the previously discussed health system improvements should also be put on the agenda of the SAAG. ZAGO primary stakeholders expressed the need to develop an advocacy manual to ensure project learning is captured and kept for ZAGO's future work.



Youth advocates during Inside Health program sponsored by ZAGO on Millennium Radio - Photo: Kachali Lambwe



Recommendations

The following recommendations follow from the findings and were discussed during the validation meeting. They were further developed with the support of the stakeholders who attended this meeting. The recommendations primarily focus on what is feasible within the ending of the project.

- The Zambia Association of Gynaecologists and Obstetricians (ZAGO) should keep and further build on its role as a resource centre that can be approached by a wide range of stakeholders, including the media, civil society organizations (including youth groups), policymakers, and so on, for reliable, evidence-based and legally correct information on maternal and sexual and reproductive health and rights issues, including safe abortion. In collaboration with civil society organizations, ZAGO could work to ensure the right information becomes available in various languages, via various channels and for various audiences, including people living with disabilities.
- ZAGO should engage with civil society organizations/partners that are willing and able to continue the initiated work with community stakeholders. Remaining threats such as traditional healers being deprived of income should be discussed to find ways to mitigate these challenges.
- For the advocates to perform their duties properly, they need to be provided with learning and advocacy materials for them to refer to as they go out in the community sensitizing people. ZAGO should develop an advocacy tool or manual that should guide future ZAGO and other stakeholders on how to do advocacy on comprehensive abortion care (CAC), including appropriate language and messaging. Continual monitoring of how messages and language are used is essential. ZAGO should also collaborate with others to ensure materials and information are translated into local languages.
- Strengthen the Safe Abortion Advisory Group and ensure that the identified health system challenges are kept on the agenda, such as the shortage of commodities and appropriate manual vacuum aspiration rooms, and the barriers in relation to additional legal requirements such as the three signatures, and to systematized data collection.
- It was found to be important to repackage and disseminate ZAGO-generated research according to different stakeholders and levels of the health system. The ZAGO Council should use research data (including from publications by ZAGO and project learning) to advocate policy changes through the development of policy briefs.
- Collaborate with and advocate that the General Nursing Council ensures the initiated CAC training is incorporated into the nursing curriculum. Nurse tutors will be able to teach CAC as a stand-alone topic in the curriculum and by doing so increase the number of trained CAC providers who will be able to provide the services to the community.
- Similarly, ZAGO should continue its training on CAC to further strengthen the availability of services in facilities. Offering accredited courses for continuing medical education could also be a source of income.

- Identify ways to keep the mentorship programme operationalized in the longer term; integration into existing systems, in collaboration with the nursing schools, could be an option; secure specific project funding for this particular course.
- Strengthen resource mobilization. ZAGO and other stakeholders should come up with business initiatives that will help them fund the project activities other than relying on funding from ZAGO or the International Federation of Gynecology and Obstetrics.



International safe abortion day commemorations organized by ZAGO in Kabwe - Photo: Kachali Lambwe



Annexes

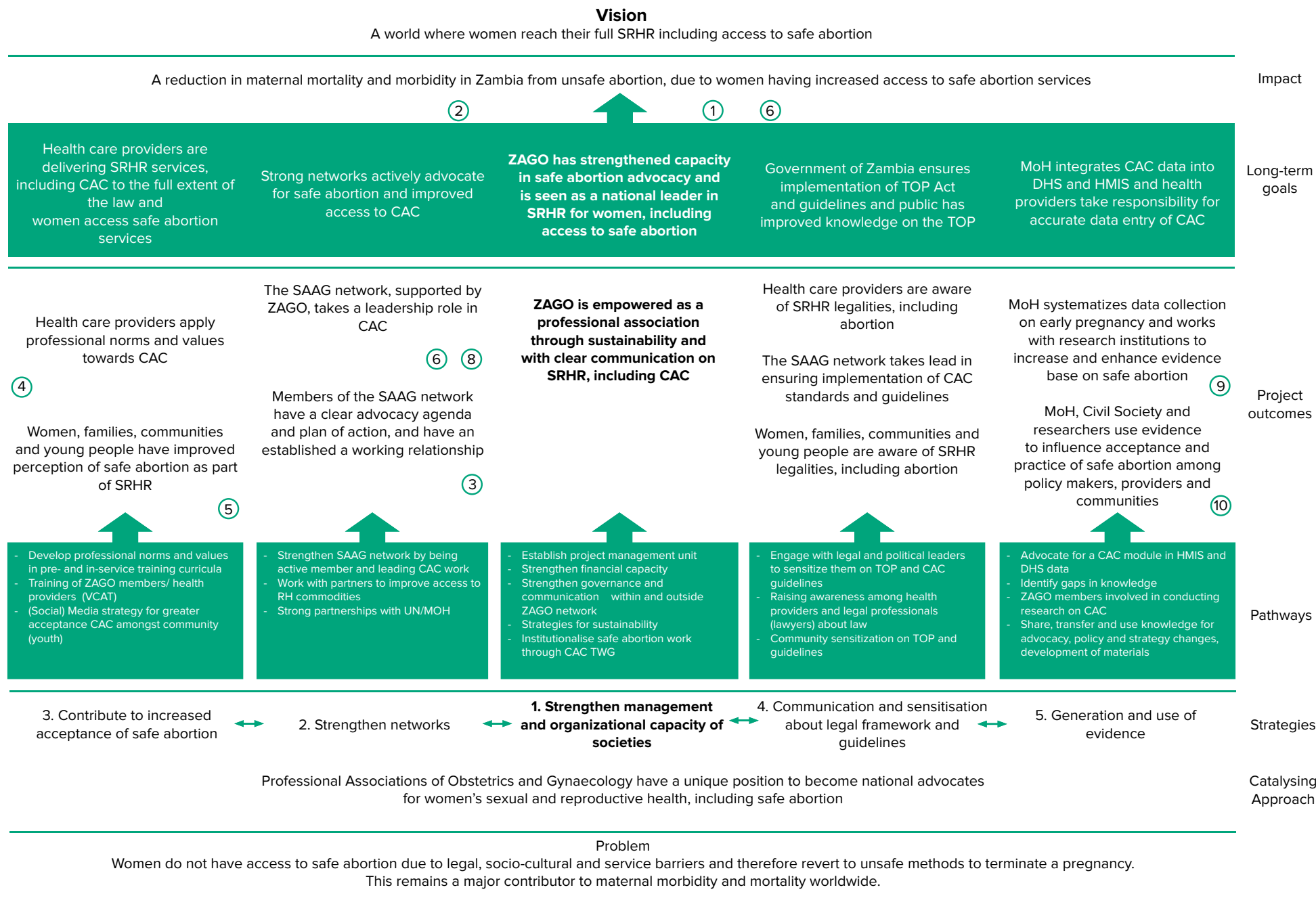
Annex 1. Theory of Change

The theory of change for the Zambia Association of Gynaecologists and Obstetricians (ZAGO) is illustrated on the next page. It is built on the following assumptions:

Assumptions

1. Only a combination of interrelated strategies will lead to a reduction in women having unsafe abortion.
2. A strong network leads to improved access and utilization and quality of safe abortion services.
3. The existing network will stay committed to safe abortion/comprehensive abortion care (CAC) (*conditional assumption*).
4. If healthcare providers reflect on their professional values, then they will deliver CAC.
5. If the public (women, families, young people, and communities) are sensitized about sexual and reproductive health and rights (SRHR), then they will accept CAC as an integral part of SRHR.
6. If the Safe Abortion Advisory Group (SAAG) is supported by ZAGO, they will take a leadership role in implementing CAC.
7. Healthcare providers who are sensitized about the legal framework regarding safe abortion (termination of pregnancy act/guidelines) will deliver CAC.
8. Within the SAAG network, there are partners who deliver CAC services (*conditional assumption*).
9. The Ministry of Health is open to revising data collection (*conditional assumption*).
10. When stakeholders have access to quality data and evidence on the consequences of unsafe abortion, they will use this to enforce change.

Theory of change for the Zambia project



Zambia

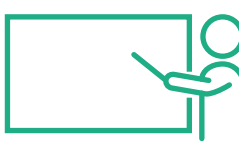
Key Outputs

4 

Research studies completed

6 

Joint network activities

8 

VCAT Training of Trainers with tutors of 8 nursing schools

21 

Workshops with elements of VCAT, legal sensitization and evidence sharing

51 


Nurse tutors trained

682 

Participants in workshops

Type of participants

Health care workers,
judiciary officers, journalists,
parliamentarians,
traditional healers,
chiefs and marriage counsellors

5 

Advocacy activities that made use of research findings

26 

Dialogues with youth groups

Type of participants

Young people (101 in total)

Annex 3. Key demographics of survey respondents

Number of respondents (percentage) (n=53)	
Gender	
Female	11 (21%)
Male	42 (79%)
Other	–
Age	
18–29 years	0
30–39 years	11 (21%)
40–49 years	26 (49%)
50–59 years	10 (19%)
60–69 years	4 (8%)
70–79 years	2 (4%)
Member of society	
Yes	52 (98%)
No	1 (2%)
Active paying member of society (i.e.. paid annual contribution in 2021)	
Yes	34 (65%)
No	18 (35%)
Length of membership	
Less than 5 years	25 (48%)
5–15 years	19 (37%)
15–30 years	8 (15%)
30 years or more	n/a
Region where respondent works	
Capital (Lusaka)	33 (62%)
Provincial town (e.g. Ndola, Kabwe, Kitwe, Kasama, Livingstone, Chipata)	18 (34%)
Other town (unspecified) or rural	3 (6%)
Type of hospital respondent works in	
Tertiary level	30 (57%)
Secondary level	14 (26%)
Primary level	0
Private	10 (19%)
Other	4 (8%)

Annex 4. Monitoring and evaluation indicators

Baseline results

Note: the baseline and end-line results are not shown here in a combined table as the samples at both were not representative for the full membership and 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. Rather, this gives an indication of the previous and current situation among a convenient sample.

Indicator	Non-members	Members	Total
1. Percentage of surveyed members of the Zambia Association of Gynaecologists and Obstetricians (ZAGO) who rated the society's leadership role in sexual and reproductive health and rights (SRHR) for women, including abortion, as strong (N=46 total; N=31 members)	60%	45%	50%
2. Percentage of surveyed society members who indicated the society facilitated its members' involvement in advocacy of safe abortion at least to some extent (N=47 total; N=31 members)	69%	55%	60%
3a. Perception of society members on FIGO's statement of resolution on conscientious objection: percentage of surveyed society members who agreed with all four statements (N=47 total; N=31 members)	25%	23%	23%
3b. Perception of society members on FIGO's statement of resolution on conscientious objection: percentage of surveyed society members who did not agree with all four statements, but agreed at least with the statement to refer women for safe abortion services (N=47 total; N=31 members)	63%	68%	66%
4. Percentage of society members who were willing to provide safe abortion services according to the law (N=47 total; N=31 members)	50%	58%	55%
5. Percentage of society members who were willing to provide and/or make referrals for safe abortion services according to the law (N=47 total; N=31 members)	81%	77%	79%
6. Percentage of surveyed society members who completed training, a seminar or workshop on professional and personal norms and values towards legal and safe abortion (N=46 total; N=31 members)	38%	53%	48%
7. Percentage of surveyed members who completed training (on value clarification and attitude transformation, or VCAT, safe abortion or post-abortion care) by the society (N=47 total; N=31 members)	25%	13%	17%
8. Percentage of surveyed society members who knew all the legal circumstances under which abortion was legal (N=47 total; N=31 members)	38%	61%	53%
9. Percentage of surveyed society members who knew the existence and/or content of the national technical guidelines on safe abortion (N=47 total; N=31 members)			
Existence	75%	68%	70%
Content	80%	68%	72%

End-line results

Indicator	ZAGO-members	Total
1. Percentage of surveyed ZAGO members who rated the society's leadership role in SRHR for women, including abortion, as strong (N=53 total; N=52 members)	50%	49%
2. Percentage of surveyed society members who indicated the society facilitated its members' involvement in advocacy of safe abortion at least to some extent (N=53 total; N=52 members)	NA	NA
3a. Perception of society members on FIGO's statement of resolution on conscientious objection: percentage of surveyed society members who agreed with all four statements (N=53 total; N=52 members)	21%	21%
3b. Perception of society members on FIGO's statement of resolution on conscientious objection: percentage of surveyed society members who did not agree with all four statements, but agreed at least with the statement to refer women for safe abortion services (N=53 total; N=52 members)	73%	74%
4. Percentage of society members who were willing to provide safe abortion services according to the law (N=53 total; N=52 members)	67%	68%
5. Percentage of society members who were willing to provide and/or make referrals for safe abortion services according to the law (N=53 total; N=52 members)	87%	87%
6. Percentage surveyed society members who completed training, a seminar or workshop on professional and personal norms and values towards legal and safe abortion (N=53 total; N=52 members)	60%	58%
7. Percentage of surveyed members who completed training (on VCAT, safe abortion or post-abortion care) by the society (N=53 total; N=52 members)	50%	50%
8. Percentage of surveyed society members who knew all the legal circumstances under which abortion was legal ⁹ (N=53 total; N=52 members)	79%	79%
9. Percentage of surveyed gynaecologists (n=95) who correctly say that no national technical guidelines on safe abortion exist		
Existence	79%	77%
Content	67%	68%

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 (to save life, to preserve physical and mental health, in the case of fetal impairment); those who included "never" were identified as false answers. Further, a non-strict calculation was applied, which meant that the responses on circumstances that can have broad interpretations and are therefore not specified in the abortion database (e.g. socio-economic reasons, rape, on request), did not determine the indicator on knowledge.

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