



KIT Royal
Tropical
Institute

ADVOCACY FOR THE PREVENTION OF MATERNAL MORTALITY AND MORBIDITY DUE TO UNSAFE ABORTION

Project from the Association of
Obstetricians and Gynaecologists
of Uganda and the International
Federation of Gynaecology and
Obstetrics

Final Evaluation

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Advocacy for the Prevention of Maternal Mortality and Morbidity due to unsafe abortion

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Abbreviations

AOGU	Association of Obstetricians and Gynecologists of Uganda
APMM	Advocacy for the prevention of maternal mortality and morbidity
CAC	Comprehensive abortion care
CEHURD	Center for Health, Human Rights and Development
COVID-19	Coronavirus disease 2019
FIGO	International Federation of Gynecology and Obstetrics
KIT	KIT Royal Tropical Institute
MSU	Marie Stopes Uganda
MoH	Ministry of Health
PMU	Project management unit
VCAT	Value clarification and attitude transformation
WHO	World Health Organization



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 (i.e. the 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. The international Advocating Safe Abortion Project is implemented with national societies in ten countries: Benin, Cameroon, Côte D'Ivoire, Kenya, Mali, Mozambique, Panama, Peru, Uganda and Zambia.

The project envisioned reaching its objective through five pathways of change in each country, to:

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

These mutual, predefined strategies were the result of an extensive needs assessment² prior to the project. Following this, national societies developed their own 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 (PMUs), after which the ten PMUs started implementation of the project between July and December 2019. The project ran until 31 March 2022. KIT Royal Tropical Institute (KIT) in Amsterdam is involved as the monitoring, evaluation and learning partner for this initiative.

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.

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

The project in Uganda

In Uganda, under the guidance of the Association of Obstetricians and Gynecologists of Uganda (AOGU), the project focused on advocacy for the prevention of maternal mortality and morbidity (APMM) due to unsafe abortion. The project's name and focus changed after the first year of the project. At the start of the project, the project was known as the Safe Abortion Advocacy Project. However, due to the policy environment and the divergent views within AOGU (see design and set up of the project and challenges pathway 1), the name change was necessary to create a more conducive environment for advocacy of CAC. Annex 1a gives the project's theory of change. This visualizes the main strategies, activities, expected results and long-term objectives of the project in Uganda and serves as a reference for its implementation, monitoring and evaluation. The following are the key activities of AOGU as part of this project:

1. To strengthen AOGU as a professional organization that can drive and lead on change (pathway 1 of the theory of change), AOGU operationalized various organizational policies and updated its strategic plan and priority statements in line with the project objectives. AOGU project staff received FIGO-supported training on various aspects, including advocacy. A PMU was in place to run the project day-to-day.
2. To strengthen the working partnership on advocacy for CAC, AOGU strengthened a coalition of like-minded partners to improve the interconnectedness and synergy of the work. This report refers to these partners as network or coalition members.
3. To create increased acceptance of abortion and support the development of professional norms and values in relation to abortion, AOGU developed value clarification and attitude transformation (VCAT) training with partners and trained various healthcare workers on this. The VCAT training was provided to health providers in all regions in the country with a limited coverage of health workers and facilities. With partners, AOGU invested in the development of sensitization meetings and trained a diversity of stakeholders, provided sub-grants for community development to specialized organizations, and media grants to increase evidence-based reporting on abortion.
4. To contribute to increased awareness of the law, input on the legalities of abortion law was integrated with the VCAT-training and the sensitization meetings. The project strengthened joint advocacy of human rights lawyers and analysts, and the scientific and technical evidence provided by AOGU members to influence the review of legal frameworks, policies and guidelines. The project organized and supported policy development meetings with the Ministry of Health (MoH), the Ministry of Education and Sports and the Ministry of Gender to contribute to the integration of CAC in policies and guidelines.
5. To strengthen the generation and use of data on abortion, AOGU provided small research grants to postgraduate students, AOGU members and partners. In addition, it commissioned research and, in partnership with others, developed and guided larger research on the extent of abortion.

Annex 2 provides an overview of the main outputs achieved during the project period.

In the first quarter of 2021, a participatory midterm review was organized to reflect on what worked 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 midterm review results and its subsequent recommendations can be found in the midterm review report.³ This report builds on the findings of the midterm review, while the present evaluation covers the full period of the project.

Stakeholders of the project

Various stakeholders are included as targets of the project:

- Primary stakeholders (change agents): FIGO, AOGU and the PMU, focal points, APMM/safe abortion advocacy advisory committee members;
- Secondary stakeholders: social actors, and people the society aimed to influence by advocacy. These included members of general obstetric and gynaecological societies, network members, healthcare workers, policymakers (MoH), media, community groups or representatives, researchers and others;
- Tertiary stakeholders: community members, such as women and their partners accessing CAC services. These stakeholders were not directly targeted by the project but might eventually benefit from an improved enabling environment for safe abortion.

Aim and audience of the evaluation report

With the current phase of the Advocating Safe Abortion 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 in strengthening the societies and the results achieved
- Assess the project 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:

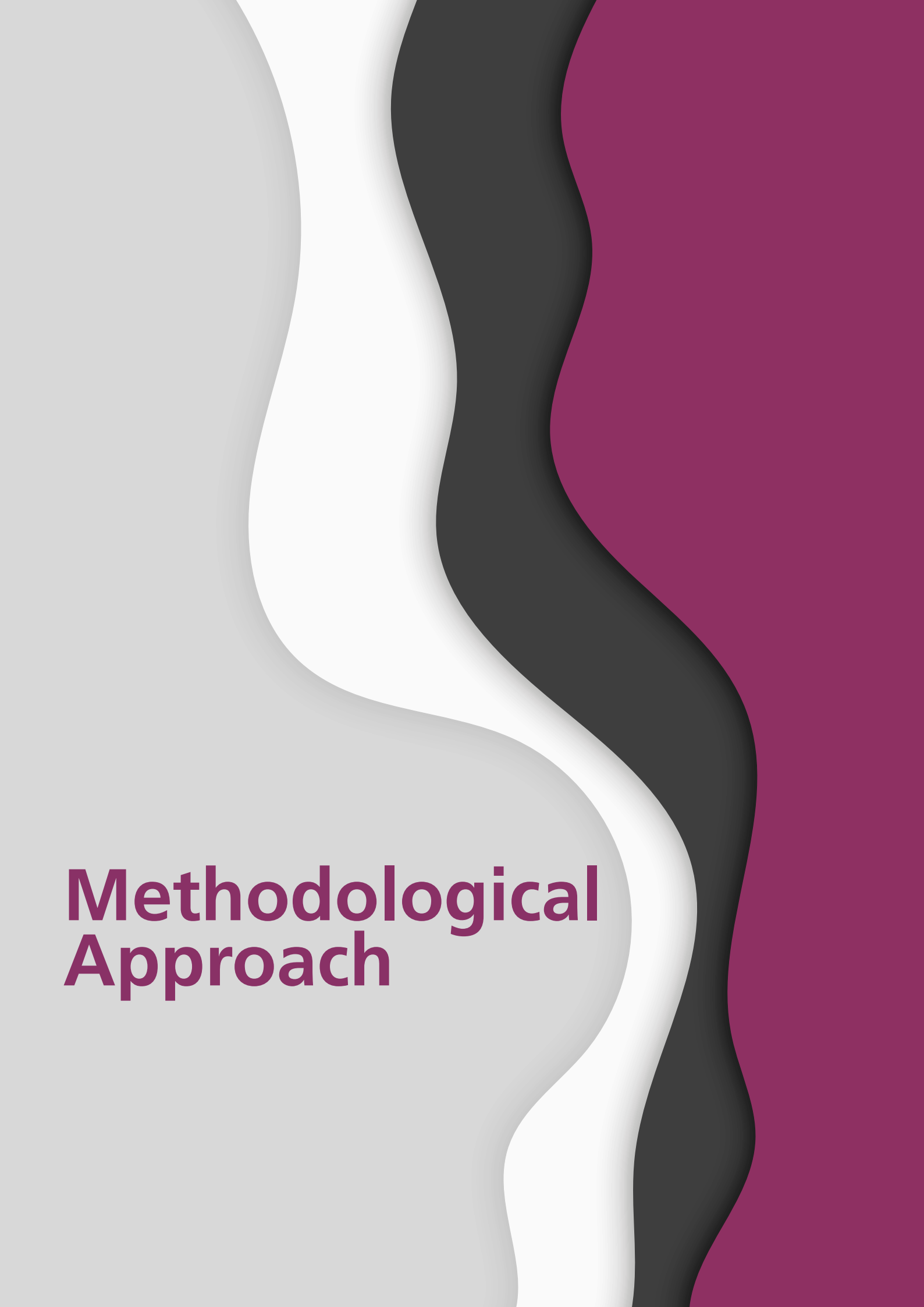
- AOGU, to reflect on and learn from the project, its achievements and possibilities for continued strengthening of its work, including the sustainability of the results;
- Project partners in Uganda, to better understand and strengthen their work in safe abortion advocacy, in coordination with AOGU;
- 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 Uganda.

3. Midterm review report available on request from AOGU or FIGO.

Scope

This end evaluation covers the period from the start to the end of the three years of project implementation (April 2019 until the end of March 2022). This evaluation has focused on assessing the effects of the project for primary stakeholders (AOGU members and implementing parties) and secondary stakeholders (people the society aimed to influence). Some qualitative interviews in the communities are included to show the effects of interventions in Agoge and Tositukirewame. The duration of the project is 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.

This evaluation includes an assessment of the relevance, effectiveness, efficiency and sustainability of the project. From its start, attention was given to strengthening AOGU with the intention that societies would continue to flourish after the grant ends. Therefore, the evaluation assessed the extent to which the societies were strengthened and the likelihood that this would be sustained. Similarly, when looking at programmatic sustainability, an assessment was formed of the likelihood of societies and networks continuing their work towards improving access to safe abortion. Finally, the scope of this evaluation includes the sustainability of the outcomes.



Methodological Approach

The detailed methodology of the final evaluation in ten countries is outlined in a separate methodological appendix.

Steps in the end evaluation process

- Joint development of end evaluation framework
- Review documentation
- Kick-off workshop to understand outcomes
- Ethical clearance in Uganda
- Data collection
- Preliminary results validation workshop
- Draft report and feedback round
- Final report

Overview of the evaluation study in Uganda

This study protocol was largely based on the international study protocol and adapted for the national context. International ethical clearance was obtained through the research ethics committee of KIT (reference: S104), the School of Social Sciences at Makerere University (reference: MUSSS-2022-111) and the Uganda National Council for Science and Technology (reference: SS1249ES).

Outcomes harvested and selected

The Uganda project documented results (outcomes) in an outcome harvesting database. The database contained a brief description of changes in behaviour by key actors (social actors) because of strategies developed under each pathway, the significance of the change and the contribution of the project to the change. The outcomes documented (harvested) in the database formed the basis for the identification of people who could verify (substantiate) the change during interviews and focus group discussions.

The selection of outcomes for substantiation was based on the discussion of significance and the suggestions made among stakeholders during the kick-off workshop. The researchers made a final selection based on the feasibility for field visits and the relevance of the outcomes. A total number of 47 outcomes were harvested during the project and two emerged from the interviews and desk review. Of the harvested outcomes, 35 (70%) were selected for verification and 37 in total were substantiated.

Semi-structured interviews and focus group discussions were conducted with primary and secondary stakeholders who were able to verify the validity of the outcome description and the contribution by the Association of Obstetricians and Gynecologists of Uganda (AOGU) and others to the outcomes selected. Other stakeholders were purposively included to share their perspectives of the achievements of the project, the contribution of AOGU, the enabling and hindering factors and the potential for sustaining

the achievements. The selection of respondents focused on, besides their ability to substantiate outcomes, the different categories of stakeholders and the inclusion of some external experts who were less directly involved in the project to get a more independent perspective. A total of ten primary stakeholder and 22 secondary stakeholder interviews, and five focus group discussions were conducted (see Table 1).

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

Method	Participants	Sampling strategy	Number of respondents
Membership survey	Obstetrician and gynaecologist society members	AOGU (online/telephone)	56
Capacity-strengthening survey	Project management unit (PMU), focal point and others who received training by the International Federation of Gynecology and Obstetrics (FIGO)	41 who had received training by FIGO were invited	19
Key informant interviews with primary stakeholders	PMU, focal point, executive committee members, safe abortion committee members	Purposive sampling	Primary stakeholders: 10
PMU/FIGO members: 5	Network members, policymakers (Ministry of Health), healthcare workers/ society members. Social actors (identified through the outcome harvesting database and action plans)	Purposive sampling	Primary stakeholders: 10 PMU/FIGO members: 5 Executive committee: 1 Mentor: 1 Regional coordinators: 2
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	<i>Semi-structured interviews</i> Secondary stakeholders: 22 Network members: 11 Service providers: 2 Local government/district health officer: 1 Ministry of Health representatives: 3 United Nations representatives: 2 Journalists: 2 Professional association: 1 Sub-grant holders: 3 <i>Focus group discussions</i> Community 3 Health workers 2

Membership survey

During the baseline survey conducted during the 2019 AOGU annual meeting, members and non-members were surveyed. This was not possible for the end line, so only AOGU members were asked to participate during the end line survey online or by phone. A total of 56 AOGU members out of 112 members approached filled in the membership survey at the end line, compared with 75 members (out of 123 members and non-members) at baseline. Respondents were younger at baseline than at the end line, particularly in the age group 20–29 years. Most respondents during the end-line survey were from Kampala (65%) or other urban area (38%), from the tertiary level of healthcare (64%), and 25% were from the private sector. Seventy-one per cent were gynaecologists and 29% midwives. The numbers were too small for an analysis of differences for various characteristics. For an overview of the demographic characteristics, see Annex 2.

Capacity-building survey

A global capacity-strengthening survey was sent out in all project countries to people who had received training by FIGO under this project. This survey was completed by staff and others in various project positions, and 19 out of 41 people invited filled it in (Table 2).

Table 2. Respondents' roles in the survey of capacity-building

Role project	Number
PMU	4
Project steering committee	6
Leadership position	1
Other	7 (technical adviser, coalition member, AOGU member, trainer)
Total	18

Desk review

Programme documents – such as action plans and progress reports, organizational policies and manuals – were reviewed. Other sources that evidenced outcomes were also reviewed, such as those following up activity reports, the outcome harvesting database, policies, guidelines, media items, public and organizational statements, community dialogue, mentorship and research reports.

Limitations

The sampling approach for the membership survey differed between baseline and end line. Both were not representative for the full membership and are not completely comparable for key demographics. In

combination with a relative low number, a difference in percentage cannot be interpreted as a change over time and statistical significance cannot be provided. Rather, the results give an indication of the previous and current situation among a convenient sample.

Advocacy outcomes are seldom the result of only one organization or a single strategy⁴ and, therefore, an attribution of contributions is notoriously difficult. This evaluation focused on the significance of the change in terms of quality and what could be learned from it, not in terms of numbers of social actors that made a change and beneficiaries reached. This enables an evaluation of the contributions of AOGU and the validity of these findings is strengthened by the triangulation between the membership survey, the capacity-building survey, the discussions with various stakeholders – such as trainers, social actors, communities, policymakers and external experts – the follow up reports of mentors and the evidence generated through action research.

4. Manze M, Romero D, Kwan A, Ellsworth TR, Jones H. Physician perspectives of abortion advocacy: findings from a mixed-methods study. *BMJ Sex Reprod Health*. 2022 Apr 8;bmjsrh-2021-201394. doi: 10.1136/bmjsrh-2021-201394.



Findings on Relevance

Relevance of the project design and set up

The results focus on what worked, the outcomes that were substantiated during the evaluation, the contribution of the project to the outcomes and the contribution to creating an enabling environment for achieving the outcomes, if specific to a pathway.

Stakeholders feel the Association of Obstetricians and Gynecologists of Uganda (AOGU) is in a good position to drive sexual and reproductive health and rights (SRHR) advocacy. The initial project design had to be adapted, however, to conform with Uganda's restrictive policy environment and AOGU's diversity.

Both primary and secondary stakeholders and respondents in the membership survey appreciated the project design and set up and the focus on advocacy. They thought working with five different pathways was the right thing to do to create an enabling environment for comprehensive abortion care (CAC).

Respondents perceived AOGU, with its relevant and significant membership, to be the right organization to advocate CAC because, as an organization of obstetricians and gynaecologists, it is trusted as the best group of people to explain the issues around abortion. AOGU was recognized as a technical organization, providing evidence on abortion complications and giving technical assistance and advice.

"Because they're [AOGU] the most highly qualified and blessed to speak on this [abortion]. And provide the evidence. They are irreplaceable." – external expert

An observation of the relevance of AOGU as an organization that can bring health professionals together and make a difference was shared by one of the trainers on the abortion law:

"I wish you were in one of these rooms – these guys would mobilize like 100 health workers in a room...it has actually never happened for the last 13 years we have worked. I keep telling them you guys are very powerful so the mere fact that we have had that capacity it means there is a great influence; the health workers would be like, I have not been providing that service a woman would come and I chase her away but now I know what to do there has been some great influence really." – human rights lawyer and trainer

The project set up was considered relevant for advocacy, especially at the national level. The short implementation period of three years in a very restricted environment and the limitations in funding meant that choices had to be made for the coverage of interventions. A wide range of stakeholders –such as health workers, politicians, lawyers, media, religious, cultural and community leaders – was targeted for advocacy. All primary

and secondary stakeholders found the value clarification and attitude transformation (VCAT) training to be the right choice. It included safe abortion policies and the law, safe abortion advocacy and communication skills, SRHR and value clarification. Some network members during interviews and the kick-off workshop would have preferred the provision of training in one or two regions rather than in all regions, to achieve more coverage in a geographical area.

The community was reached through media exchanges in print, broadcast and social media. Network members and some primary stakeholders saw the design as less relevant for reaching the community directly and, although the project tried to address this through sub-grants to partners with expertise in community development, some thought this should be strengthened in the future. One policymaker in particular thought that the development of an adolescent health policy by the MoH and other ministries supported by the project lacked the involvement of young people as stakeholders:

“In my own opinion, probably there are other stakeholders that may have been left out, including the young people. In many of those discussions, I think I didn’t see many young people...the thinking is that we cannot develop a policy for young people when we are not involving the young people.” – policymaker

AOGU had little experience in advocacy at the start. It engaged a technical consultant on advocacy, and through partners in the coalition, worked with different advocates and learnt on the job. AOGU’s capacity in advocacy was strengthened through the legal analysts and human rights advocates in the coalition, for example, and the project strengthened the advocacy ability of partners with technical information and evidence so that they could develop a more effective advocacy strategy. The project developed its own resource book for advocacy, which was adaptable to different stakeholders.

All respondents appreciated AOGU’s technical expertise and most found the organization had an important role to play in advocacy because of this.

Relevance of the pathways

The relevance of all five pathways was recognized by respondents, and the arguments were very much in line with the theory of change. From the discussion in the preliminary results validation workshop, it emerged that all assumptions underlying the pathways (see Annex 1) were relevant and contributed to the outcomes.

Pathway 1: strengthening leadership and management of AOGU

The International Federation of Gynecology and Obstetrics (FIGO) supported the set-up of a project management unit (PMU), consisting of a manager, coordinator, administrator, financial officer and focal point. It also supported the establishment of a project steering committee on advocacy for the prevention of maternal mortality and morbidity (APMM) due to unsafe abortion. Considering the results of the membership survey, the capacity-strengthening survey and interviews with stakeholders, the strengthening of the management of the project and AOGU as a society made project implementation more efficient and effective, increased the advocacy, visibility and leadership of the society and was highly relevant for achieving the objectives linked to the other four pathways.

Pathway 2: networking

The pathways reinforced each other. The synergy of work represented by the diversity and relevance of the partners in the coalition, such as the expertise in health, legal aspects, community dialogues, policy development, media, health worker perspectives and service delivery enabled a comprehensive approach. For example, the complementarity of advocacy and service delivery capacity represented by Marie Stopes Uganda and its partners, and media stakeholders addressed access to services in an area such as Karamoja.

Pathway 3: creating greater acceptance of comprehensive abortion care

The substantiated outcomes for pathway 3 and the interviews with stakeholders show the relevance of the strong focus on VCAT training. VCAT worked, by enabling critical reflection of individual views and values versus professional obligations and responsibilities. In addition, clarification of the law, advocacy and communication of safe abortion, and harm reduction counselling were important components. The community development sub-grants and reaching out to diverse groups such as cultural and community leaders, various health providers, and media reached communities directly. The outcomes substantiated show the important contribution to changes in attitudes to and acceptance of safe abortion. For example, as well as reaching health workers, the training of police officers and community leaders contributed to attitude changes and practices in the community.

Pathway 4: raise awareness of the law on abortion, develop and disseminate policies and guidelines

The aim to raise awareness and increase knowledge of the law on abortion and influence the development of policies was seen as highly relevant by all respondents, given the very restricted nature of the law in Uganda and the widespread notion that abortion is illegal and criminal. The combined advocacy efforts of the legal analysts and the scientific and technical information and evidence produced by the APMM/safe abortion advocacy project and AOGU members influenced the generation of legal action and policy development. An example of the contribution of the project is the collaboration with the Center for Health, Human Rights and Development (CEHURD), which initiated the court case that challenged the recalling of the policy on comprehensive sexuality education. This contributed to the judge directing the Ministry of Education and Sports to pass a comprehensive sexuality education policy.

The relevance for integrating abortion care in the teaching of health professionals, scope of practices, policies and guidelines is linked to the lack of clarity among AOGU members and health workers about circumstances in which therapeutic abortion is allowed by the law, which is also related to the lack of guidelines on CAC, which were withdrawn in 2016. The substantiated outcomes and interviews show the relevance of the contribution the project made to the integration of abortion care as an obstetric emergency in various policies; to the inclusion of VCAT, abortion care and abortion harm reduction, and SRHR advocacy in the teaching of graduate students in various universities; and the inclusion of CAC in the scope of practices for nurses and midwives. Also notable is the acceptance of the abortion harm reduction guidelines, which are now part of the management guidelines.

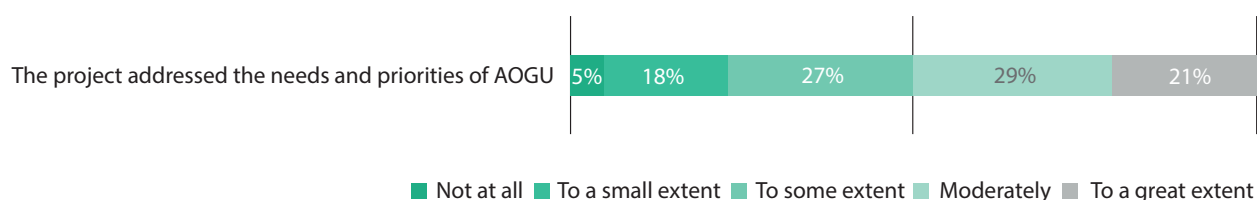
Pathway 5: generating knowledge and evidence to influence policy and practice

The aim to generate new knowledge and evidence on abortion in Uganda was seen by all respondents, who were knowledgeable on this topic, as essential to generating data on unsafe abortion to inform policy and practices. The project generated several policy briefs. It highlighted gaps in data on abortion and abortion care that may be used to change policy and practice. Research sub-grants contributed to students and journalists generating and compiling data on abortion. The relevance of the multifaceted and interconnected pathways is also shown for this pathway. For example, a coalition partner requested the project's contribution to develop a proposal and guide the national research into the magnitude of abortion cases and management practices in the country. This research was disseminated to the MoH and was used to establish a committee to look at the scope of practice of the various health providers and update patient management guidelines.

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

All primary stakeholders interviewed found that the project activities were in line with the mission of AOGU, to advance reproductive health through service delivery, training, research, advocacy and collaboration. Among the surveyed gynaecologists and midwives, a majority (77%) felt that the project addressed the needs and priorities of its members to between some extent and a great extent (Figure 1). However, not all AOGU members surveyed felt that the project addressed their needs and priorities strongly. Eighteen per cent indicated this to be small, and a small proportion (5%) felt the project did not align with the needs and priorities of AOGU and its members at all.

Figure 1. The extent to which AOGU members surveyed during the end line perceived the project's relevance and alignment with the needs and priorities of the society (N=56)



From an analysis of the 53 answers to the open follow-up question on how the association did address their needs, most (24) emphasized the importance of training and of raising the awareness of AOGU members (18) on the burden of abortion on maternal mortality and morbidity, the need to reduce unsafe abortion practices, to improve post-abortion care, the legal framework governing abortion and the boundaries within which care can be provided, and changing attitudes of health providers. Other needs that members mentioned were:

- Addressing obstacles to service provision for abortion care workers, such as the need to advocate with stakeholders to improve policies and service provision
- Creating an environment for communicating about and advocating for safe abortion
- Improving the training and mentoring of health workers in abortion care by advocating the inclusion of abortion care in the curricula of health providers and training of trainers
- Addressing knowledge gaps by enabling more research on abortion through sub-grants.

Just below a majority (47%) felt moderately to extremely well informed about the project, 11% slightly and 2% not at all (N=56).

The responses to the interviews are in line with the results of the membership survey. The participants in the validation workshop noted that the project was aligned to the core work of AOGU. As one member put it:

“This work is us, it makes us and we are proud to have done it...AOGU has gained more trust and visibility and the lawyer fraternity have educated AOGU about the laws.” – member of project management unit

The perceptions of respondents are confirmed by the AOGU key priorities statements.⁵ In particular:

- Priority four: build and strengthen partnerships/networks for SRHR and service delivery
- Priority five: promote research in practice
- Priority six: advocacy for key SRHR issues.

All primary stakeholders interviewed thought that the project had strengthened AOGU as an organization. One midwife and AOGU member said:

“AOGU has been very much strengthened. It is one organization that has come up. Could speak openly about the need to...include abortion in curriculums...So, it's recognized as one of the associations, which has been empowering its workers to improve service provision in the area of [post-abortion care] and other services.” – midwife and AOGU member

It was also felt that the project had strengthened AOGU in many ways. Besides the development of the organization in terms of financial and administrative management, a strong secretariat and a standing committee that supported the executive members, the communication through social media also improved, although some members thought this could be further improved.

“We were using some funds from the project to ensure social media work was ongoing...our leaders are better at advocacy...better fundraisers since fundraising training we have seen more grants written...more planning around training before it happens and better assessment once it's finished and the society is moving better more workers are given specific tasks... we have had a chance to revise our strategy...new committees have been adopted that we think will work better so generally the society is better than it was three years ago.” – member of project management unit

Relevance in relation to needs and priorities of stakeholders

The interviews about the substantiated outcomes show the relevance of the project to knowledge of the law and of the consequences of unsafe abortion, and to the advocacy and communication skills building of journalists, health providers and community leaders, which has contributed to attitude change among all three groups. This has addressed the need to create a more enabling environment to address the need of women and girls for CAC.

One of the most relevant strategies to a change in a diverse group of stakeholders' attitudes and increased acceptance of CAC was the VCAT training. Interviews with a university tutor about the integration of abortion care in a simulation lab for health providers showed, for example, that the training of trainers and VCAT training had given more knowledge

5. Association of Obstetricians and Gynaecologists of Uganda (AOGU). Policy priorities. Kampala, Uganda: AOGU, 2022.

on abortion and how to communicate with students and colleagues, and increased their self-confidence and ethics in work. The following quote testifies to the change in attitudes and ethics.

“So, when we attended that orientation...we went back and we started speaking to our colleagues in the organization about what we can do together...we are health reporters we needed to write stories about health and access to safe abortion is a health issue.” – media editor

The training of journalists and the scientific knowledge shared, connecting journalists to various groups of experts in the network, was seen as highly relevant for writing and publishing on abortion related topics.

“It [the training] increased my knowledge majorly on how we review abortions...now from my personal view it's not now as toxic as I used to view it like killing versus life so that one has changed in a significant way.” – member of university staff

The relevance of sensitization meetings by AOGU was reported by the police officers training as contributing to their greater acceptance and a change in perception on abortion. The relevance of the sub-grants for community development was shared by women during one of the focus group discussions. A sensitization meeting using drama was conducted following the VCAT training by one of the community leaders. The women who participated in the community dialogue observed that:

“The drama they played made a lot of difference for those who saw it because during that at time some girls who got pregnant when they were young, they bought drugs and they took the drugs to abort [two girls] and they died. When they heard about the teaching, changes were observed that is why these [abortion] cases are going down.” – woman in focus group discussion

Human rights lawyers, legal analysts, external experts and policymakers all shared the relevant contribution of the project in contributing scientific and technical evidence to support human rights violations and give direction to policies. One human rights lawyer reported the following in relation to the project providing input in a court case:

“AOGU has been able to support other partners in the review of the country's essential maternal and mortality healthcare guidelines...the guidelines for prevention and treatment and management of unsafe abortions going to be AOGU's biggest contribution in reducing maternal mortality and mobility.” – policymaker

Various policymakers spoke about the relevance of the contribution of the project to the development of guidelines through their expertise and supporting meetings between relevant ministries to discuss and review issue around abortion.



Findings on Effectiveness

This section presents the outcomes and results of the five pathways, and the enabling factors and challenges encountered.

Results for Pathway 1: A strengthened national society

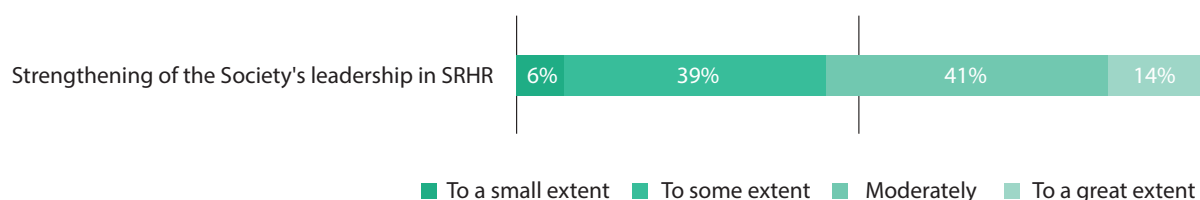
As also reflected in the theory of change, strengthened management and organizational capacity is the basis of the change model and a prerequisite for national societies to implement and sustain their role as advocates of safe abortion and women's health in general. This section presents the changes that were observed in leadership, communication and the position of the society on safe abortion and the role of the project in this, and the effectiveness of capacity-building by FIGO, KIT and partners. It also addresses the enabling factors, challenges, sustainability and recommendations for the future specific to the society.

Leadership of AOGU in SRHR, including safe therapeutic abortion

Interviews with all primary stakeholders and some secondary stakeholders show that they thought the leadership of the society in SRHR, including comprehensive abortion care, improved over the last three years. This was attributed to the project management, advocacy and VCAT training. This perception was also indicated by the end-line membership survey. Eighty-six per cent of the members surveyed perceived the society's leadership on women's and girl's health, including abortion, as strong. It is interesting to note that this was 60% at baseline.

All AOGU members surveyed (N=56) found that the leadership of the society was strengthened over the last three years (see Figure 2) and a small majority (55%) thought this happened to a great extent (14%) or moderately (41%) and 97% attributed this to the project.

Figure 2. How members viewed the strengthening of the leadership in SRHR in the last three years (N=56)

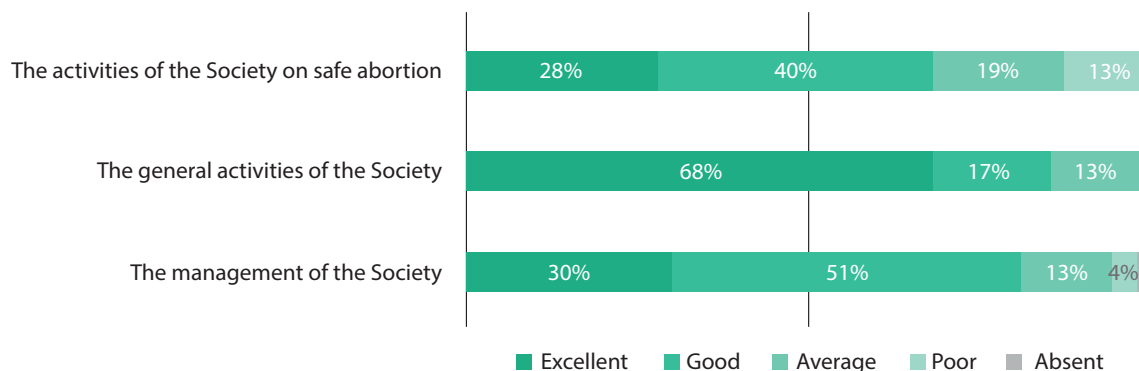


Perception of members on communication by the society on safe abortion

Improved communication and discussions about safe abortion by AOGU were reported by all primary stakeholders during interviews. The membership survey showed that communication of the society about safe

abortion was perceived as good (38%) by its members and excellent (64%) for general activities (Figure 3).

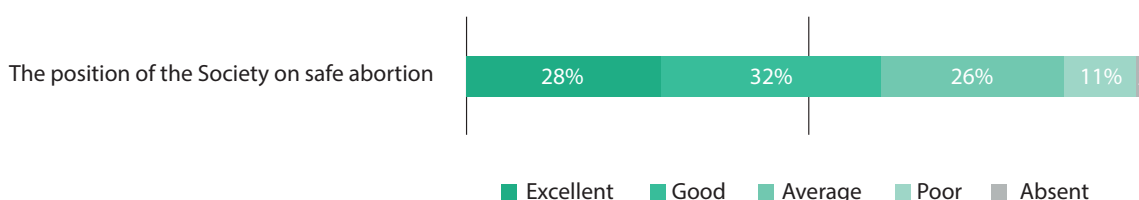
Figure 3. Perceptions of members on the communication of the society on safe abortion (N=53)



The communication on the position of safe abortion

A majority perceived the communication about the society's position on safe abortion as excellent (28%) or good (32%) (Figure 4).

Figure 4. How AOGU members rated the communication on the position of the society on safe abortion (N=56)



Perceptions of the society on safe abortion

To provide clarity to its members and partners, AOGU developed a position paper on abortion as part of the project. From interviews with primary stakeholders, it emerged that the acceptance of a position paper on comprehensive abortion care presented significant challenges and was delayed for adoption by AOGU until very recently; it is now available for dissemination. (See also outcome 3.7 presented under Pathway 3.)

A majority (66%) of all surveyed members reported that the society had a position on safe abortion. A vast majority (82%) of all members found the position changed and 98% of those attributed this to the project. Almost 80% of members stated that information about the position and evidence on safe abortion was shared in meetings and training. Seventy per cent of

the 37 members who stated that the society had a position paper were aware that it was not accepted at the institutional level at the time the survey was conducted. A majority of the 37 members who filled in the open-ended question about the position on safe abortion of the society said it included:

- Advocacy and sensitization for abortion care, CAC, post-abortion care, attitude change, the law, and the promotion of non-discriminatory and non-judgemental attitudes
- Increase access/referral to safe abortion, CAC within the legal framework of Uganda
- Also mentioned: reduce harm through information and counselling on family planning and the dangers of unsafe abortion; training and mentoring on abortion care; engage stakeholders in advocacy for safe abortion.

Role of society in advocacy for safe abortion

The strengths of AOGU as an association to advocate safe abortion was influenced by the project. Ninety-three per cent of surveyed members (N=56) reported one or more roles on safe abortion advocacy by the society (Table 3). Providing technical recommendations and informing about laws and guidelines scored highest (77%).

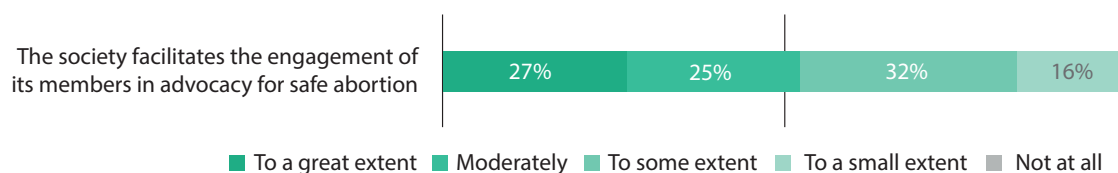
Table 3. Percentage of members who agreed with the role AOGU played in advocacy for safe abortion (N=56; multiple answers possible)

Shares technical recommendations on safe abortion with key stakeholders	77%
Generates new evidence on safe abortion (research, data registers)	64%
Informs its members and/or health providers about the legal frameworks and technical guidelines	77%
Promotes reflections on professional attitudes towards safe and legal abortion	70%
Creates partnerships with other stakeholders to improve access to safe abortion	71%
Plays no role in advocacy for safe abortion	13%

Member's involvement in advocacy for safe abortion

One hundred per cent of members (N=56) agreed that the society facilitated its members' involvement in advocacy for safe abortion (Figure 5).

Figure 5. Extent to which AOGU members think the society facilitates the engagement of its members in advocacy for safe abortion (N=56)



Of the 31 members ever involved in advocacy, for 79% this was through the project and for 63% it was influenced by the project. The project facilitated their involvement mostly by training, capacity building and the training of trainers, and by information sharing, changing attitudes, financial support, partnerships and mentorship.

A large percentage of the membership survey respondents would like to be involved in advocacy (80%) and of those, they like to be involved in:

- Communication about legal frameworks (86%)
- Evidence generation for advocacy (73%)
- Promotion of professional attitudes (70%)
- Partnerships (54%)
- Technical role (52%).

In summary, the strengths of the society in the advocacy of safe abortion observed by respondents during interviews and confirmed by the membership survey were:

- Communication was felt to be strong on activities for safe abortion, general activities and the management of the society
- Members perceived the leadership of the society on SRHR, including CAC, improved over the last three years and attributed this to the project
- Members found that Information about the position and evidence on safe abortion was shared in meetings and training
- Members agreed that the society facilitated its members' involvement in advocating safe abortion
- The role of the society was strongest in sharing technical recommendations, reflecting on professional attitudes and building partnerships.

Change observed:

- A majority of members thought the position of AOGU on safe abortion had changed and almost all of those attributed this to the project.

Capacity strengthening

From interviews held during the midterm review with the PMU, a FIGO representative and network partners, it emerged that:

- The capacity to advocate safe abortion had improved: understanding of the concept, contextual issues around safe abortion and willingness to make critical decisions, development of training materials and messages, and how to answer questions with assistance of the lawyer hired as advocacy consultant
- Improvement in understanding the planning cycle and the different modes of communication, in evaluating messages for different audiences, in public relations of advocacy and in how to work with organizations and people that oppose abortion
- Teamwork and regular team meetings have improved among members of the PMU. This avoids overlaps, enables learning from each other, and identifies reporting issues
- Perceptions of the project staff on abortion have changed significantly into more acceptance of the need for abortion in certain circumstances
- The financial insights of non-financial staff and the planning of training improved
- There is a better understanding of outcome harvesting among the team.

In the global capacity-strengthening survey of AOGU members and other stakeholders involved in relevant activities, respondents (N=18) indicated that, through the various training delivered by the project, they generally felt a strong improvement in knowledge and skills (Figure 6) and their ability to apply this learning in practice (Figure 7). In general, all training was seen to improve skills and knowledge to a great extent or a lot (ranging from 14 respondents for advocacy training and 9 for grantwriting). The results for the application of learning in practice were overall in line with knowledge and skills gained.

From the comments made by respondents in answer to an open question for additional comments, it emerged that three respondents found the social media training less relevant because they were not able to apply the learning: *“The social media training has not been as successful as most AOGU members do not utilize social media in their daily interactions with clients”* (AOGU member). One member thought fundraising required more training.

Enabling factors identified by the surveyed respondents were good facilitation, a good and practical approach that was well planned and delivered, and a participatory style.

Figure 6. How much respondents felt knowledge and skills improved after FIGO/AOGU capacity-building activities

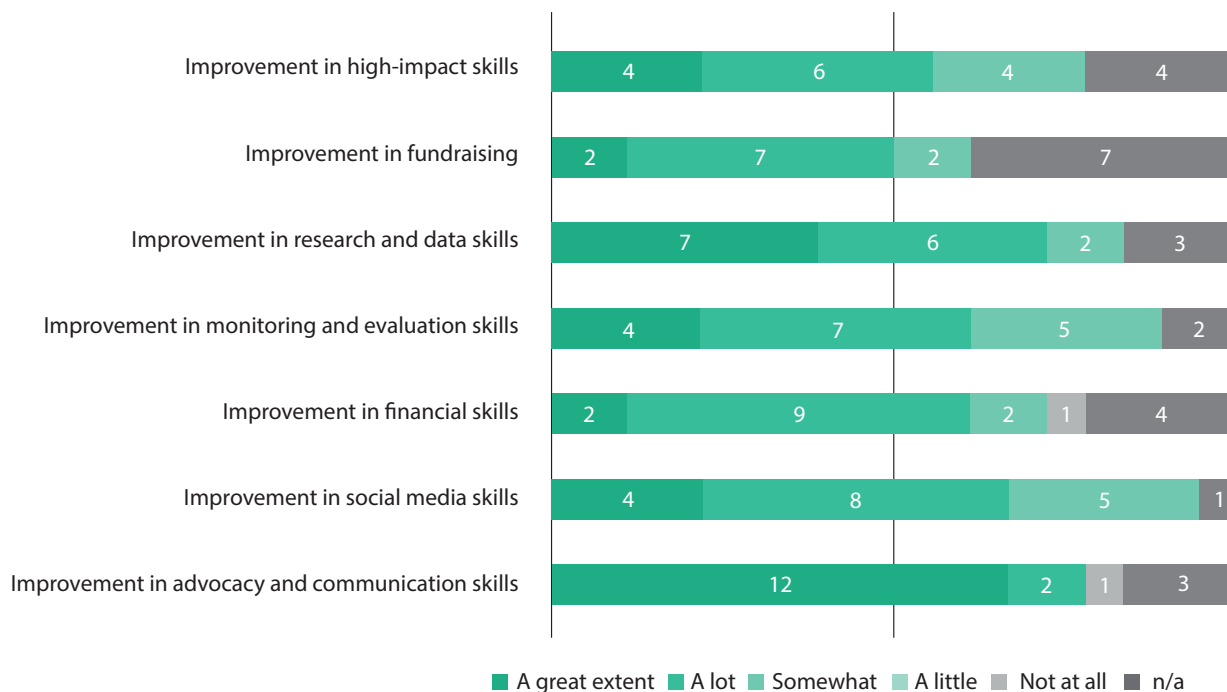
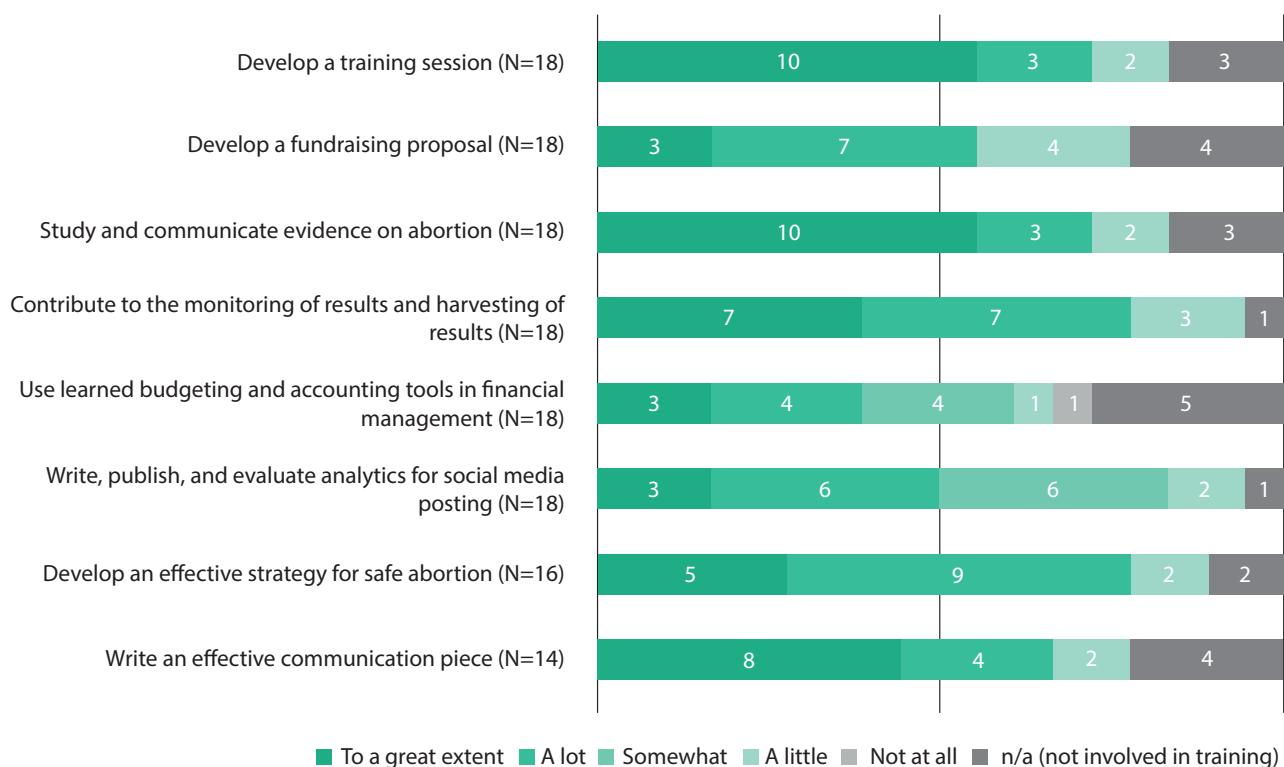


Figure 7. Confidence of respondents who felt to be able to apply learning in practice. "I feel confident to..."



In addition to the training, AOGU also got the opportunity within the project to develop resources that strengthened the society in general, such as the development of manuals, a strategic plan and priority statements. Other resources strengthened the visibility of the society, such as the development of policy briefs and a social media strategy.

The project strengthened the society with complementary expertise in advocacy for safe abortion through the establishment of a standing committee advising the project, with the involvement of partners with complementary expertise, the engagement of a monitoring and evaluation consultant who assisted in the development of an outcome harvesting database, and the engagement of an advocacy consultant to develop a communication and advocacy strategy. AOGU developed an advocacy guide that was flexible in how messages were focused to various audiences. The project also initiated mentorships to follow up activities after training and started to involve regional coordinators to ensure a greater involvement of members in the regions. The regional coordination needs expansion to cover all regions and a clearer role description and terms of reference.

Challenges specific to Pathway 1

From the interviews with primary and secondary stakeholders and the kick-off meeting, various challenges to strengthening advocacy for safe abortion emerged. Hindering factors have been the change in leadership of the society, the restricted environment for safe abortion in Uganda and the opposition from religious leaders especially.

Governance and leadership

Most primary stakeholders commented that, after initially strong support, a change in leadership in the interim project period resulted in inadequate support and a division among the top leadership, fuelled by personal values and biases on abortion and contraception. The inadequate support hindered some of the implementation by the project. Project staff shared that this led to:

- Delayed approval of the position paper on abortion
- Review of all public statements, including social media, before they could be released
- Challenging the use of the term safe abortion.

A change in leadership during the last year of the project has improved the support for the project and the sustainability options. This shows the vulnerability of AOGU as a professional association with diverse perceptions on abortion and a quick turnover in leadership every two years. The appointment of executives by voting may contribute to not entirely predictable changes in leadership that may interfere with deliverables of a project.

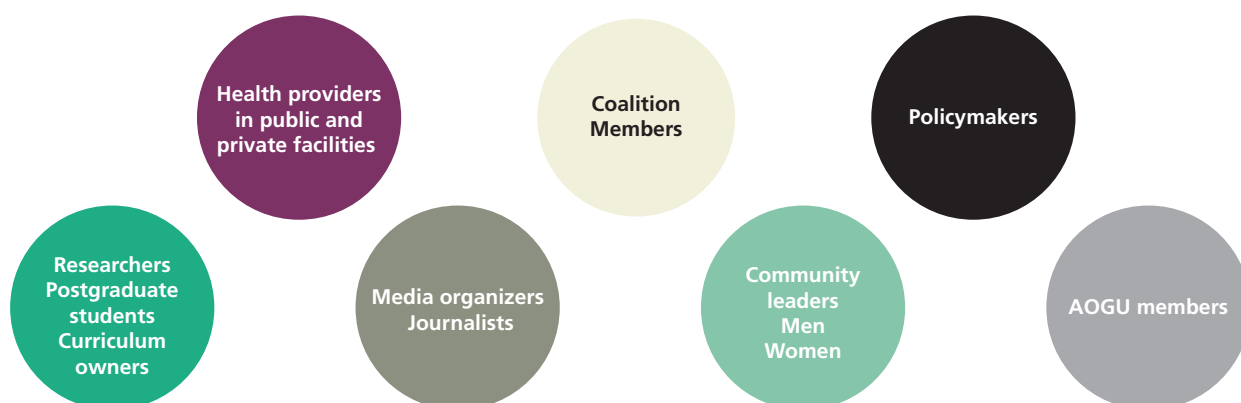
The passing away of the very experienced focal point and passionate advocate of safe abortion, Dr Charles Kiggundu, took away a highly visible and well-respected project team member. He was a 'friend of the court', meaning that the court acknowledged him as an expert in the field, and many secondary stakeholders referred to him when they talked about the visibility and influence of AOGU in safe abortion. It took time for the project to grow towards such a position and fill this gap.

Another issue mentioned by one of the project staff related to the structure of AOGU. The very large council with decision-making power, containing all past presidents, hinders innovation and efficiency in the society.

Results for pathways 2–5: overview of advocacy results

Pathways 2–5 focused on achieving change through advocacy. The following sections provide an overview of how the society's advocacy efforts influenced others and initiated change in relation to safe abortion. Under each pathway, the main outcomes are presented, including the extent to which the project contributed to these changes. Pathways 2–5 are very much inter-linked. Therefore, to avoid too much overlap, enabling factors, challenges, sustainability and recommendations are reported after the findings of all the pathways. For the outcomes that were selected for substantiation in pathways 2–5, these were the focus of interviews with the people who changed their behaviour or observed the change and were able to verify the contribution of the project, and able to comment on how the change was achieved. During the implementation of the activities, outcomes were harvested and documented in the outcome harvesting database.⁶ The selection of outcomes for all pathways was based on an assessment of significance and the recommendations of partners during the kick-off workshop, and the feasibility of reaching respondents during a limited time frame and budget.

Figure 8. Social actors who demonstrated change



6. A detailed overview of the significance and contribution of the outcome harvesting database can be obtained from the AOGU contact listed at the front of this report.

Results for Pathway 2: Strengthened networks

For Pathway 2:

- 15 outcomes were harvested
- 12 were selected
- 12 were substantiated.

The project initiated a coalition, with like-minded partners with a focus on safe abortion, building on an existing network for maternal health. The project played an important role in strengthening the network and its diversity, and organized regular meetings of like-minded partners. The coalition has increased its membership from 13 during the midterm review to 20 now. The membership covers representatives of the AOGU PMU and the steering committee, AOGU members in various positions, service provision organizations, the nurse midwife association, an organization of journalists and bloggers, the police family protection unit, community-based healthcare programmes and organizations working on legal issues and human rights. During the quarterly meetings, the activities already committed to were reviewed, new initiatives were planned, and the results and challenges discussed.

In total, there were 23 joint activities: training/sensitization for different stakeholders, media cafes, television and radio talk shows, celebration of international days, appearances at the joint ministerial forum and Uganda Law Reform Commission, and so on. See Annex 1b for an overview of outputs that contributed to the results of pathways 2–5.

Project outcomes on a strengthened network for a stronger collective voice to improve access to safe abortion substantiated outcomes

- MSU committed to increase access to safe abortion in collaboration with private facilities in Karamoja region
- Constitutional court pronounces on the right to health services following a case filed by CEHURD in 2016. Contribution by AOGU
- MoH expands the scope of practice for nurses and midwives to include post-abortion care. Approved by the board of the council for nurses and midwives. Last steps to approval by the health minister
- Joint coalition advocacy work plan developed and translated into a working document
- Tusiukirewame community drama and talk shows on abortion and SRHR in Bwaise III Parish Bugalabi Zone led to changes in unsafe abortion practices among women, use of contraceptives by adolescents and at least 3 girls who went back to school after pregnancy/abortion.
- MSU increased access to maternal health services including abortion services in Kampala.
- Gulu University opens up simulation lab to facilitate Training of Tutors for family planning and abortion care services.
- AOGU provided technical and scientific information at a meeting with coalition partners and the Uganda law reform commission to start the review for the revision of the penal code to include provisions under which abortion can be provided (see also Pathway 4 outcomes)
- Outcome harvesting introduced at CEHURD as a new monitoring approach
- The manager of the project was nominated and appointed to the FIGO safe abortion committee as a representative for Africa
- The APMM advisory committee adopted and incorporated into the overall association as the SRHR advisory committee

AOGU = Association of Obstetricians and Gynecologists of Uganda; APMM = advocacy for the prevention of maternal mortality and morbidity due to unsafe abortion; CEHURD = Center for Health, Human Rights and Development; FIGO = International Federation of Gynecology and Obstetrics

What worked in Pathway 2?

The main strategies that worked to produce the outcomes were linked to the type of activity, such as the joint work plan, the synergy in work achieved by the diversity of organizations active in the network, the support provided by AOGU, such as sub-grants for community dialogues that were conducted by network partners, and the type of change achieved.

Joint work plan and synergy of working in partnership

The working together in the coalition of 13–20 partners has meant that each has complementary strength and expertise in advocacy and the ability to create an enabling environment for safe abortion. During coalition meetings, gaps and problems were identified and partners committed to filling the gaps. This way of working from the start culminated in a documented joint work plan and follow up of agreements made, and increased the efficiency and effectiveness of working in synergy between partners. The increased synergy in work between partners has contributed to the following change.

Increased service delivery on CAC in health facilities because of synergy of working in partnership

Three outcomes relate to service delivery partners taking up gaps in delivery identified by AOGU and shared during the coalition meeting. The service delivery partner substantiated that this contributed to an acceleration of *increased access to safe abortion in collaboration with private facilities in Karamoja Region*. This was already substantiated during the midterm review. Taking up service delivery for CAC is further reported under Pathway 3, as most are linked to the effects of the VCAT training. Under Pathway 3, it was established that services were continuing in the Karamoja region. MARIE STOPES Uganda further accelerated service delivery for CAC in the Kampala region and this was influenced by discussions in the coalition.

Changes in communication and practices in communities as result of community dialogues sub-grants conducted by network partners

Tusitukirewame community drama and talk shows on abortion and SRHR, carried out by network partners and enabled through sub-grants from the project, contributed, according to a community leader and focus group discussions with women in the community, to changes in unsafe abortion practices among women, the use of contraceptives by adolescents and at least three girls going back to school after pregnancy/abortion. Another change in communication as the result of a sensitization meeting using drama by a community leader was reported under Pathway 3 as this was the result of VCAT training.

Joint advocacy from a legal human rights and a health perspective leading to court instructions for policy development to address gaps in service delivery and review of the penal code

Two outcomes related to joint advocacy from a legal and health perspective were successful. One outcome concerned a court case of two pregnant women dying in hospital because of negligence. CEHURD filed a court case based on this and the society provided scientific and technical evidence in court. These cases were won partly based on the evidence provided by the project.

"...when court was making this judgment, it relied on the evidence that was provided by the late Dr Kiggundu [focal point for safe abortion for the project and AOGU president who passed away in 2021], who was working with our group. This was very heavily relied on." – human rights lawyer

"The government's omission to adequately provide emergency obstetric care in public health facilities violates the right to health, life and rights of women...the court ordered the government of Uganda in the next financial year to prioritize and provide sufficient funds in the national budgets for maternal healthcare [including unsafe abortion]...to ensure

that all the staff who provide maternal healthcare services in Uganda are fully trained and all health centres are equipped.” – human rights lawyer

The importance of the technical and scientific information provided by the project was shown at a meeting between coalition partner CEHURD and the Uganda Law Reform Commission on the revision of the penal code to include provisions under which abortion could be provided. The process for the review of the penal code was started because of this meeting.

Other joint advocacy outcomes are linked to pathway 4 and reported there. The case was filed by CEHURD against the Ministry of Education and the Attorney General on the ban on comprehensive sexuality education, the amendment process for the penal code, to be in line with the law on abortion, is under way, and concepts of self-care and human rights language in relation to health are included into the national healthcare guidelines.

Outcomes influenced by the interconnectedness of partners

Two outcomes influenced by the interconnectedness of the partners in the coalition contributed to improvements in the integration of abortion care in the scope of practice and to Gulu University opening a simulation lab to facilitate the training of trainers for family planning and abortion care services. These outcomes are elaborated under Pathway 3.

The other result of working in partnership was the adoption of the SRHR advocacy and public relations committee by the AOGU council as a result of the example set by the APMU advisory committee.

“The broadened standing committee on SRHR is important because of the involvement of people from different professional backgrounds with different expertise who are motivated to be advocates for prevention of morbidity and mortality from abortion complications. Some of them are clinicians, some are lawyers, some are public health providers, some are midwives, people from civil society...those people give us new aspects... and guidance on how to go about the advocacy activities. They also help us identify challenges and how to mitigate those challenges when it comes to advocacy.” – project staff

Outcomes related to the enhanced visibility of the work on safe abortion As already presented under relevance and mentioned by most respondents the work by the project on comprehensive abortion care had increased the visibility of AOGU. One outcome shows the appreciation of the expertise in safe abortion in the project. The general manager of the project and Executive Director of AOGU was appointed in the FIGO International safe abortion committee as a representative for Africa. The FIGO coordinator mentioned that he was nominated and approved due to the expertise gained and the visibility of the project as an organization with expertise in safe abortion.

The position of the project in the network

Interviews with network partners as summarized in the following showed that the working in partnership had contributed to greater interconnectedness and synergy between partners and greater visibility of AOGU as an advocate of comprehensive abortion care.

- Working in partnership has created opportunities to develop proposals for joint work capitalizing on the complementary expertise and the consistent communication to the network by AOGU about plans and objectives.
- AOGU as a coordinating body has assisted partners to get more effectively in touch with communities and guides them to come up with effective strategies to reach communities about CAC.
- The leadership style of the project, efficient and supportive organization of meetings, the appreciation and respect for coalition partners, and the openness to learn from others has created a team spirit and consensus in the network and enabled a willingness to share and work in synergy.
- Consistent communication and updates about project progress, and calling for meetings with partners in a timely fashion increased the consistent participation of partners and also contributed to project ownership.

One outcome, the provision of services in the Karamoja region, was already substantiated during the midterm review. The implementation and continuation of services in Karamoja is substantiated under Pathway 3.

Results for Pathway 3: Create increased acceptance for safe abortion

During the project implementation, 17 outcomes were registered in the outcome database and two new outcomes were added during the end evaluation. Fourteen outcomes investigated were substantiated.

Outcomes for Pathway 3

The box on page 38 lists the outcomes for Pathway 3. A major focus of the project aimed to create attitude change and a greater acceptance of CAC through VCAT training and sensitization meetings. For an overview of the number of training sessions and people reached see Annex 2.

Project outcomes on increased awareness knowledge, attitudes and acceptance of abortion legalities among professionals and communities

- Journalists wrote positive stories on safe abortion, after sensitization on safe abortion advocacy
- Health workers at Mpungu Health Centre III in Kanungu District continue to offer support and abortion care services to teenagers and mothers within the district
- A position paper on comprehensive abortion care was adopted by the AOGU council and signed by the president ready for dissemination
- Curriculum owners show positivity towards addressing gaps identified in the curricula regarding instruction on SRHR and CAC
- Tutors and lecturers from higher institutions of learning identify teaching opportunities for safe abortion within existing curricular
- Webinar on safe abortion initiated and conducted by students and lecturers from Gulu University with support from AOGU
- One of the trained community leaders from the northern part of Uganda conducted community sensitization on abortion care and documented evidence on the incidence of teenage pregnancy
- The permanent secretary of the Ministry of Health asserts that the government will not in any way support or even have room for discussion around changing the law on abortion; any efforts on this are futile. However, prevention of pregnancy was openly supported.
- Midwives at Kawempe Regional Referral Hospital start counselling sessions on pregnancy options after abortion
- Mbarara University includes training on the abortion law in the postgraduate curricular at draft level (pending approval at the national counsel level). Pending substantiation
- Journalist from Bukedde Media writes investigative piece on abortion-related deaths in relation to COVID-19, and scoops award for best investigative piece by the African Centre for Media Excellence
- Marie Stopes Uganda (MSU) continues to provide access to comprehensive abortion care and family planning services in the Karamoja region
- Police and judicial officers reflect changed attitude towards health workers involved in complaints and cases relating to CAC within Tororo District in Eastern Uganda
- The VCAT training provided by AOGU in Eastern Uganda showed effectiveness in gaining knowledge on the law on abortion, reduced fear in health workers, changed attitudes, communication, counselling and health education for abortion care and stimulated health workers to counsel, refer and work with communities on comprehensive abortion care

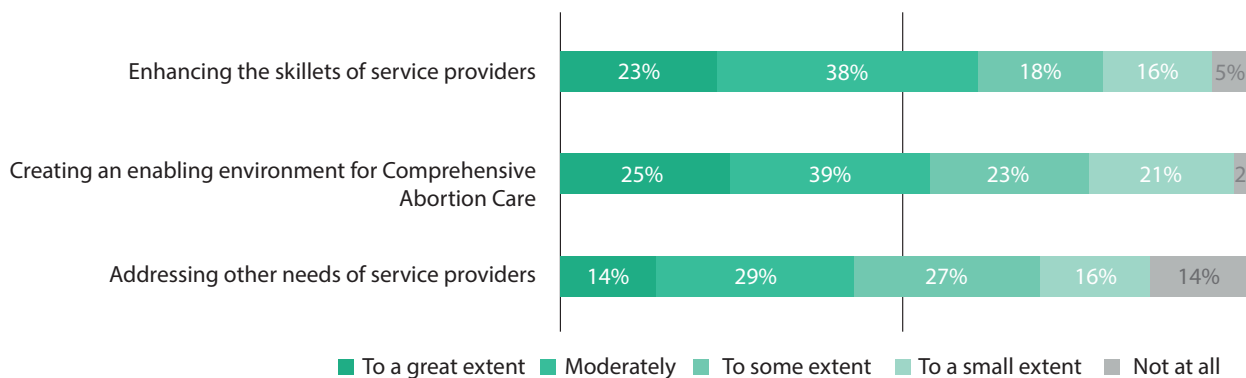
What worked in Pathway 3

The 14 outcomes are clustered in relation to social actors and the intervention that influenced the result. The effectiveness of the VCAT training and the sensitization meetings was reported by almost all respondents. The focus and increase in VCAT training provided by the project is also reflected in the membership survey respondents who ever received training in VCAT – 84% received it, 90% provided by the society. At baseline, 48% of members (N=75) received VCAT training, with 67% provided by the society.

Change in skills and creating an enabling environment by respondents in the membership survey

The influence of the project on enhancing the skill set of health providers is confirmed by the membership survey. Respondents surveyed thought that the project had enhanced the skill set of health providers (95%), created an enabling environment for CAC (98%) and addressed the needs of service providers (86%) (N=56; Figure 9).

Figure 9. How much surveyed members thought the project contributed to changes (n=56)

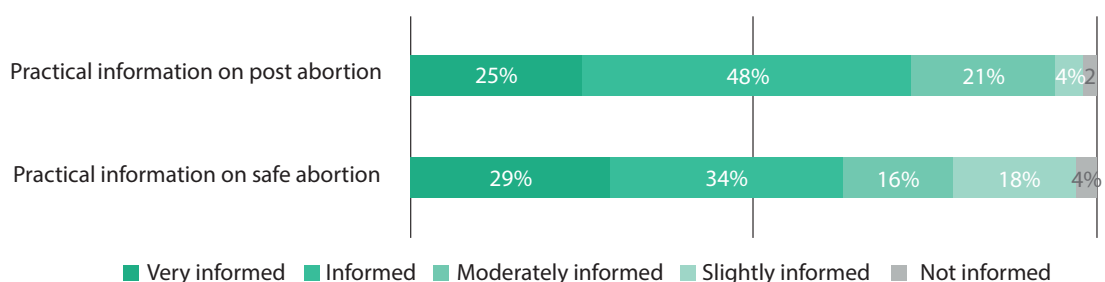


Members who felt informed about practical information on abortion

At baseline, members were already well informed about laws, policies, guidelines, practical information on safe abortion, and guidelines, national policies and practical information on post-abortion care, and this did not change much. Members were slightly better informed on post-abortion care than on safe abortion.

Members felt well informed about practical information about post-abortion care and safe abortion (Figure 10) and this was confirmed by the interviews.

Figure 10. How much members felt informed about post-abortion care and safe abortion (N=56)



Change in attitudes and willingness to provide services by health professionals following the VCAT training

During the midterm review, it was already established that the multiple complementary strategies and activities influenced change. Increased positive media coverage, the training and sensitization meetings, and the bringing together of coalition partners influenced the change in attitudes and a willingness to provide services among health workers. During the end-line evaluation, many respondents commented on the positive contribution of involving a diversity of health workers, such as doctors, midwives and nurses, facilities such as referral hospitals, and university staff and students.

Four outcomes have been substantiated by health workers as a result of the VCAT training. Two had already been substantiated during the midterm review and now show continuation of service delivery after more than a year.

- Health workers at Mpungu Health Centre III in Kanungu District continue to offer support and abortion care services to teenagers and mothers within the district
- Private providers in Karamoja continue to provide CAC services in the region.

Two outcomes show a change in attitudes and willingness to provide post-abortion care and refer for safe abortion and were substantiated by midwives during a focus group discussion and by a mentor.

- Midwives in Kawempe hospital reported a change in their attitudes, the provision of non-judgemental counselling, and referral and handling of incomplete abortion, and attributed this to the training provided by the project. They no longer viewed these clients as criminals when they sought services, but rather saw an opportunity to save the patients' lives. (The quote on the next page from a focus group discussion with midwives highlights this).

"Before, we used to think maybe these people were criminals but when we went to that training, we have now changed, we are not condemning those people who are aborting...we are changing our attitudes in order not to lose these patients." – service provider, Kawempe, in focus group discussion with midwives

The evidence for the effectiveness of the VCAT training is further substantiated by an outcome that emerged from a research sub-grant and was not yet captured in the outcome harvesting database. The action

7. Magombe Y. The perceived impact of values clarification and attitude training (VCAT) sessions on health service providers who attended training on abortion in Eastern Uganda. AOGU, Kampala, Uganda, report submitted November 2021.
8. Ssekimpi Cissy Prossy. 2022 final mentorship report. AOGU, Kampala, Uganda, 2022.

research shows that the VCAT training complemented by practical training in clinical skills enabled the health workers to change practices:⁷

- Twenty of 23 health workers interviewed testified about their change in attitudes after the training. The 23 health workers interviewed out of 42 people who filled in the pre- and post-test reported: a change in knowledge about the legalities of abortion, feeling confident to speak about abortion, gaining deep counselling skills helping women to make informed choices and provide health education to groups, and stopped seeing women as criminals.
- Some use immunization days to speak to mothers about safe abortion and others have started to work with Village Health Team. Some doctors provided their phone number 24/7 in case of an emergency.
- Some have created youth corners in the facility to accommodate young girls.

To improve the translation of VCAT training into action, the society strengthened the development of action plans during the training and follow up by including mentorship over Zoom in some areas. Further support for the effects of the VCAT training on a greater willingness to provide post-abortion care services and counselling was provided by the mentorship reports.⁸ During interviews, stakeholder changes in attitudes were reported contributing to less fear for providing post-abortion care and referral after counselling.

One health worker who participated in a training of trainers/VCAT training session shared how it changed the way they managed pain:

“Before uh...I used to be a little bit harsh on patients when I am doing the procedure because the procedure is somehow a little bit painful, especially [manual vacuum aspiration], it’s a painful procedure.” – health worker in focus group discussion

Using pain during care for manual vacuum aspiration as punishment for conducting an induced abortion was observed by another respondent in the focus group discussion, showing the importance of VCAT training to change attitudes.

Change in attitudes of a community leader and police officers following VCAT training

Almost all respondents referred to the VCAT training and sensitization meetings and the diversity of groups reached when asked what they thought were the top three achievements of the project. In addition to the change in attitudes and practices among health providers, two outcomes were substantiated – one for a community leader starting sensitization meetings and one for police officers changing their practices.

- After VCAT training, a community leader working at local government started documenting teenage pregnancies during the lockdown and started sensitization meetings using a drama based on a girl dying in the village from unsafe abortion. These activities were part of an action plan developed during the training and the focus on abortion integrated in the sensitization meetings on SRHR was new and completely attributed to the training implemented by the AOGU project and its partners.
- The interviews with women, men and the community leader reported a change in communication between parents, girls and boys about contraceptives and abortion. Girls were using the platform to share and talk freely among each other, and the women were sharing that when a girl was pregnant, they should support her, including for safe abortion and to go to a medical doctor.
- The group of men shared that they started advocacy in their communities after the sensitization meeting. They reported that girls went back to school after they had had a safe abortion and attributed this to their advocacy.

“...we had huge numbers of girls that conceived that, by the time schools were opened, very many of them were pregnant. However, now our advocacy at home has helped very many of them to do safe abortion and they are back at school...and they are happy.” – participant in focus group discussion with men

- Police officers changed their practices of following up health workers reported for conducting an abortion after the training:

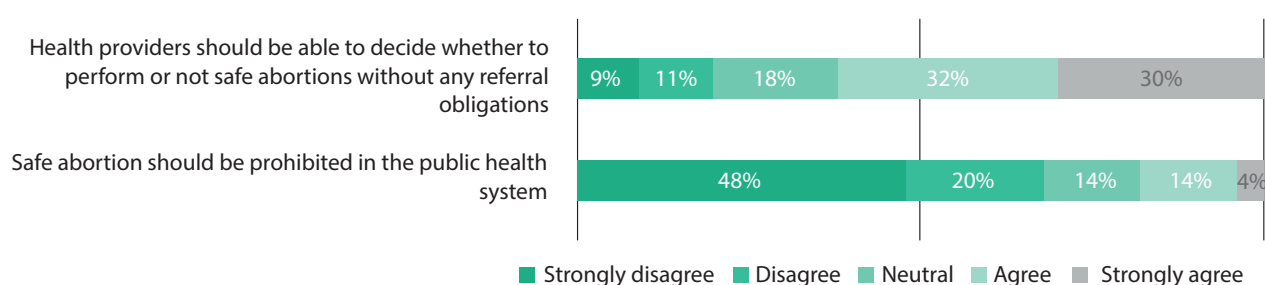
“At first, before training, once a case of abortion was reported, we could rush very fast and arrest the health workers, without investigating first, but now we no longer arrest the health worker before investigations, because when you know the mother or girl approaches the health worker, it is the duty of the health worker to save the life of that person and when he carries out abortion it is his or her duty to save that person’s life because it is safe.” – police officer

The position of AOGU members on safe abortion

A change in attitudes under the influence of the project was reported by the respondents in the membership survey. A significant effect of the project was that 57% reported a change in their professional position on safe abortion in the last three years and 88% of those respondents (N=32) attributed this change to the project. The reasons for change given by the 32 respondents who changed their position were: a gain in knowledge of the law, harm reduction and referral mechanisms, and skills in service delivery and advocacy. This contributed to reduced fear of stigma and attitude change.

Regarding their professional attitude towards abortion, 41 % of the surveyed AOGU members agreed to some extent with all four statements of FIGO's 2006 resolution on conscientious objection (Annex 3).⁹ Forty-one per cent did not agree with all four statements. Conscientious objection as a policy was not yet addressed within the society and was planned to be discussed, and a statement for the Uganda context developed. As at the baseline, the responses in the end-line membership survey showed reluctance to accept the obligation to refer, while 61 % of surveyed members were to a large extent willing to provide safe abortion services within the context of the law and 82 % were willing to refer. A high percentage (62 %) of surveyed respondents (N=56) agreed with the statement: "Health providers should be able to decide whether to perform or not safe abortion without any referral obligation". See Figure 11.

Figure 11. Survey respondents' opinion on the place of safe abortion care in the public health system and the autonomy of healthcare providers (n= 56)

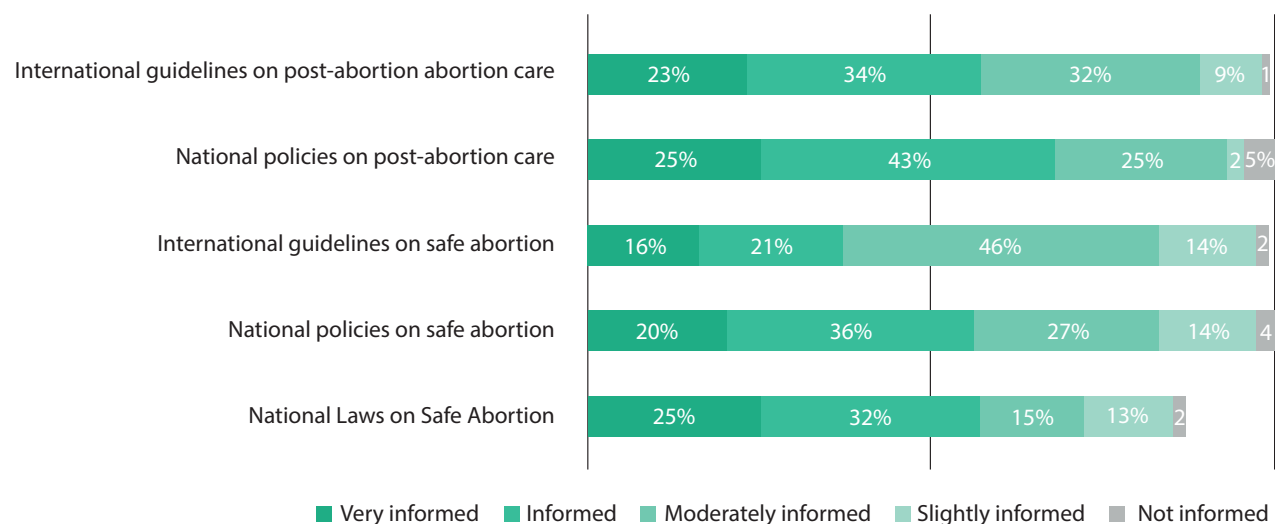


Knowledge and ambiguity about the law on abortion in the Uganda context

Eighty-six per cent of the surveyed members (N=56) knew that abortion to save a woman's life was legal. Members surveyed felt moderately to well informed (72 %) about the national laws on safe abortion. Members were slightly better informed (93 %) on post-abortion care than on safe abortion. See Figure 12.

9. 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.

Figure 12. How much surveyed members felt informed about guidelines and policies on post-abortion care and safe abortion (N=56)



A contradiction seems to arise from perceptions and practices linked to safe abortion in relation to the law. On the one hand, all respondents in the qualitative interviews reported a difference in their perception and/or knowledge of the law related to abortion. Health workers, university staff, community members and primary stakeholders and AOGU members stated during the semi-structured interviews that the project informed them about the law, and many commented that abortion was legal to save a mother's life. Some insecurity seemed to arise from the lack of guidelines and the criminalization of abortion in the penal code, which allows abortion only on medical grounds. University staff and health workers during a focus group discussion debated and disagreed about, for example, the legality of a termination in a case of rape or incest.

"...at adolescence abortion is permissive if it is saving a woman's life or if there's the contingent anomalies or even in cases of sexual abuse... (respondent 1). In fact, those things are not like that...I don't know whether you have a package for that for the laws and policies (respondent 3). Sexual assault...There's a medical reason why it does not apply in the court of law...you actually be arrested in fact you will just be sentenced..."
– focus group discussion

The fear is associated with assisting in safe abortions in general, not necessarily therapeutic abortion, as referred to above, seems to arise from the fear of prosecution. During the focus group discussions, midwives were clearly stating that if a woman insisted on terminating a pregnancy, they would refer but would fear prosecution.

"An abortion if at all performed well and it was successful, and you help this mother get well legally it's still not acceptable, but you have helped the mother. But if at all it backfires, then you will be arrested...we still fear

the law in case anything goes wrong – what are we going to do who is going to defend us?” – participant in focus group discussion with midwives

Changes in the enabling environment for integrating abortion care in the teaching of health professionals by tutors and curriculum owners after sensitization meetings on gaps in teaching

Six outcomes, including two outcomes presented under Pathway 2, and the contribution of AOGU were substantiated. This shows the success of perseverance in trying to make a difference in teaching abortion care to health professionals.

- In Gulu University, a webinar on abortion care was conducted by tutors and students, abortion care was integrated in a simulation lab, and steps were taken to integrate teaching on abortion care in all medical education for medical students.
- In Mbabara University, at the time a curriculum review took place, teaching on abortion, the harm-reduction model in the management of abortion was integrated in the curriculum:

“I was engaged at the point when...when they were reviewing the curriculum of our university, so we [university lecturer and project staff] went to the curriculum committee and the department who was responsible and actually they added it like under emergence ethics, it was a course unit of abortion...and they added something on abortion law and harm reduction model in management of abortion.” – university staff

The change was a result of various influences and interventions. It shows the influence of committed AOGU advocates of safe abortion at Gulu University.

- The advocacy of safe abortion by a AOGU member and sub-grant owner influenced the Gulu University Medical Students Association to research and initiate a webinar together with tutors and support from AOGU. This same person successfully applied for a research grant, in collaboration with AOGU, for a project integrating abortion and contraceptive care in a stimulation lab.
- A presentation by the AOGU project team member, Professor Kaye, to the potential donors contributed to their positive response, although the final contract still needs to be made.

During meetings with university tutors organized by AOGU, research on the gaps in the pre-service curricula for health professionals was presented. This meeting, in combination with a training of tutors on teaching abortion care stimulated tutors and lecturers from higher institutions of learning to start integrating teaching during education sessions, and the identification of teaching opportunities for safe abortion in the existing curricula. The research into gaps in the curriculum for teaching abortion

care was commissioned by the project.¹⁰ The substantiators attributed the change entirely to the project's contributions.

In addition, training provided by the project to the regional referral hospital in the Gulu region also contributed to creating an enabling environment.

"AOGU conducted a number of trainings for people in the regional referral hospital, the staff and [non-governmental organization] hospitals. And then some of the people you can interact with, maybe some religious leaders... These trainings were around here, so when we talk about the project, people now start thinking, yes, this is what is needed. Initially people thought that there was no need of talking about abortion... the attitudes of the staff here also changed a lot... they were able to change their attitudes." – researcher, lecturer

The interview with a regulator for the MoH and council of nurses reported acceptance by the council of nurses and midwives to include post-abortion care, counselling on abortion, post-abortion contraceptives and the use of manual vacuum aspiration to independently handle incomplete abortions and other complications. This signifies an important change in the enabling environment for teaching abortion care. The standard operating procedures were reported to be essential for the development of guidelines, which will also help in clarifying the obligations of health workers and, as one primary stakeholder reported, *"calm down fears"*. A termination of a pregnancy can be performed under the guidance of a doctor. The standard operating procedures are accepted by the board of the council of nurses and midwives and are ready to go to the Minister of health for signing off.

The change in reporting on abortion in the media was influenced by sensitization meetings with journalists and media house owners and the sub-grants provided by the project for investigations

Fact-finding by journalists and more positive evidence-based reporting on safe abortion in the media have been brought about by the training of journalists, for example the members of the Health Journalists Network of Uganda, by the project support to conduct media campaigns, by the evidence-based information on the magnitude of unsafe abortion and by the stories of how unsafe abortion affects maternal mortality.

One journalist received a media grant from the project to investigate deaths related to abortion and COVID-19. The publication was awarded best investigative piece by the African Center for Media Excellence. This article reported on an aborted baby being dumped on a garbage site because girls aged 13–15 years were becoming pregnant after being raped and did not have access to safe abortion and post-abortion care. It also referred to the deaths of girls due to unsafe abortion. In a video clip about

10. Kaye DK. Policy brief: improvements needed in healthcare provider competencies to provide abortion care services. Kampala, Uganda: Association of Obstetricians and Gynecologists of Uganda, no date.

the article,¹¹ the message focused on the right of girls to safe abortion and post-abortion care. The article was written after sensitization training and interactions with various people in the project team.

The importance of involving media in the training was once again shown by the interviews with journalists, different from the ones interviewed in the midterm review, who changed their practice under the influence of the meetings with AOGU.

“when...someone comes to you with evidence, with information, proving that what they are talking about is actually happening or not happening using scientific evidence, I think that is what really moved the journalists, the evidence coming from the experts moved them and they said we can’t continue resisting or denying this anymore because the facts are just right in our faces, that is what I think sparked the writing.” – media editor

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

- 11 outcomes were harvested during the implementation
- 8 outcomes were selected and 8 outcomes substantiated during the end evaluation.

Overview of outcomes for Pathway 4

Pathway 4 aims to achieve well-implemented existing legal frameworks on abortion. The focus was on sensitizing the MoH, parliamentarians and related stakeholders about the extent of unsafe abortion and its complications and the current legal aspects of safe and unsafe abortion. The sensitization of health workers to increase awareness of the legal context on safe abortion was reported under Pathway 3.

The outcomes for Pathway 4 relate to the contributions of the project and its partners that influenced policy development by the MoH, the judgement by the court about comprehensive sexuality education, and media reporting on the legal aspects of abortion by journalists.

11. See: <https://ms-my.facebook.com/hejnunganda/videos/ruth-nazziwa-works-for-the-vision-group-and-contributes-to-one-of-its-publicatio/4640927042595429>.

Project outcomes on strengthened awareness of national legal frameworks and guidelines on comprehensive abortion care, including safe abortion, within the context of the law:

- Ministry of Health highlights policy gaps to address CAC and SRHR service provision in Uganda
- The regulatory impact assessment for the national adolescent health policy and SRHR policy was completed and the review of the current adolescent health policy was identified as the best option for solving any adolescence-related challenges, while the SRHR policy was found to be the best option for solving any SRHR-related challenges
- Ministry of Health commits to present the SRHR and adolescent health policy to senior management and the cabinet
- Journalist Anthony Wesaka publishes a story on the effect of the law on medics in relation to abortion care in Uganda
- Case filed by CEHURD against the Ministry of Education and the Attorney General on the ban on comprehensive sexuality education, and their omission and delay to pass a policy on sexuality education as a violation of the right to access information, has since been decided in our favour, with the judge directing the Ministry of Education and Sports to develop a comprehensive sexuality education policy
- The essential maternal and newborn clinical care guidelines were launched by the ministry with acknowledgement of AOGU project staff
- The regulatory impact assessment for the proposed amendment on the penal code commenced. This included a section on the abortion law
- Concepts of healthcare and human rights language in relation to health included in the national healthcare guidelines

What worked in Pathway 4

Influencing policies and guidelines developed by the MoH

According to two policymakers, four interlinked outcomes were developed with the contribution of AOGU. The contributions during various meetings highlighted to the MoH policy gaps to address CAC and SRHR service provision in Uganda. Final stages of approval have been reached for the inclusion of post-abortion care and therapeutic termination of pregnancy under emergency obstetric care in the SRHR policy, the adolescent health policy and the essential maternal and newborn clinical care guidelines were published.

The perceived emphasis on changing the law and advocacy for abortion as a right of women triggered the opposition by religious leaders and influenced the initial decision by the MoH not to engage with the project. After a change of the name from safe abortion advocacy to maternal mortality arising from unsafe abortion, the MoH welcomed the project and was happy with its input on the development of the policies, including a focus on termination of pregnancy and post-abortion care.

One policymaker emphasized that the organization of a meeting with MoH staff about the SRHR policy and guidelines was an important contribution

by AOGU to the development of the guidelines, as was providing scientific medical justification for including comprehensive abortion care in SRHR. Participants in the meetings identified gaps in policies and guidelines and this influenced action for change by policymakers. To avoid opposition, post-abortion care and therapeutic abortion are included as an obstetric emergency intervention in the broad SRHR, adolescent health and essential maternal and newborn clinical care guidelines. Additional evidence for the contribution of AOGU is provided by the acknowledgement of project staff in the guidelines.¹²

Outcomes related to joint advocacy from a legal and health perspective

Three outcomes relate to joint advocacy from a legal and health perspective: (i) the advocacy to lift the ban on the comprehensive sexuality education policy, (ii) the advocacy to include concepts of human rights and SRHR language in the national healthcare guidelines and (iii) the start of a regulatory impact assessment for the amendment of the penal code. There were three substantiators from the legal fraternity for these outcomes and the AOGU contribution.

Unintended pregnancies and unsafe abortion are the number one cause of death in adolescent girls in Uganda.¹³ The prevention of unintended pregnancies through sexuality education is one avenue to inform teenagers about the risk of unsafe abortion. Winning the court case against the Ministry of Education and Sports and the Attorney General on the ban on the comprehensive sexuality education policy is significant for enabling the development of guidelines for ensuring adolescents are informed about issues related to sexuality. Joint advocacy combining legal arguments and human rights and health perspectives convinced the judge of the right and need of adolescents for comprehensive sexuality education.

Equally significant is the input on women's SRHR rights into the national healthcare guidelines as this formed the basis of court cases demanding services in line with these rights and presents an argument for adding rights in other policy guidelines, including for CAC.

The amendment of the penal guide is essential to clarify the law on abortion. The advocacy processes were started by the legal fraternity and, at its request, AOGU provided scientific and technical evidence as well as testifying to the suffering of women and girls. The society's contribution was considered by the human rights activist present in the meeting to have influenced the agreement by Regulatory Impact Assessment to start the

12. Ministry of Health. Essential maternal and newborn clinical care guidelines for Uganda. Ministry of Health, Kampala, Uganda, May 2022.

13. Nalwadda G, Mirembe F, Tumwesigye NM, Byamugisha J, Faxelid E. Constraints and prospects for contraceptive service provision to young people in Uganda: providers' perspectives. BMC Health Serv Res. 2011 Sep 17;11:220. doi: 10.1186/1472-6963-11-220; Mulumba M, Kiggundu C, Nassimbwa J, Nakibuuka NM. Access to safe abortion in Uganda: Leveraging opportunities through the harm reduction model. Int J Gynecol Obstet. 2017;138(2):231–236. Doi: doi.org/10.1002/ijgo.12190.

review of the penal code, including the abortion law. The review process was seen as *“slow and bureaucratic”* by one human rights advocate and will take some time to succeed. The participants in the validation meeting considered as a significant success the start of a process that may lead to a change in the penal code.

After the training of the members of the Health Journalists Network of Uganda, some journalists mentioned that they started to report differently about abortion, looking at it more from a health than a criminal perspective, and were supported by the project to conduct investigative research into issues related to abortion. A journalist investigated the magnitude of the challenges faced by medics in relation to abortion care service provision and understanding the legal context within which they operated. The publication¹⁴ is a result of the training and support provided by AOGU.

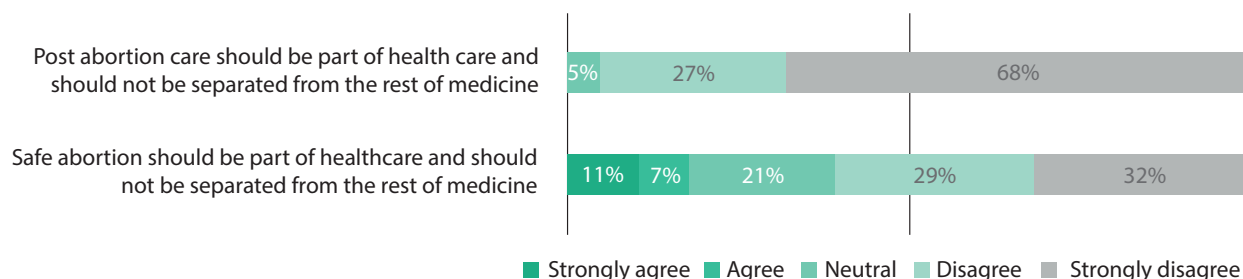
Challenges specific to influencing policies and legalities of abortion

Respondents and participants in the validation workshop identified the following challenges related to changing policies, guidelines and integrating abortion care in the teaching of professionals:

- The reluctance of politicians to speak in public about issues concerning abortion due to the possible opposition and loss of public support, especially from religious leaders.
- Some primary and secondary stakeholders and the participants in the validation meetings felt that the explicit instruction by the donor not to aim for a change in the law was an omission and felt the project should have been broadened to focus on reforming laws in addition to increasing demand for services for CAC.
- The introduction of policies and guidelines and VCAT training by the MoH with a singular focus on abortion was seen (i) as challenging because of the opposition to abortion and (ii) the MoH was promoting integrated service delivery rather than vertical services. The counter argument is the risk of insufficiently skilled staff because of a lack of exposure. This is a common health systems issue that can be resolved by striking a balance between specialized training and supervision within integrated services. The surveyed AOGU members fully agreed with the integration of post-abortion care and therapeutic abortion (Figure 13).

14. Wesaka A. Medics caught up in thin line of abortion and care for victims. Monitor, 2021, <https://www.monitor.co.ug/uganda/special-reports/medics-caught-up-in-thin-line-of-abortion-and-care-for-victims-3506656>, accessed 9 June 2022.

Figure 13. Members' opinion on the place of safe abortion care in the public health system and the autonomy of healthcare providers (N=56)



Results for Pathway 5: Generation and the use of evidence

During the implementation:

- Four outcomes were harvested
- One outcome was substantiated during the midterm review
- Two new outcomes emerged
- A total of three were substantiated.

Project outcomes on improved generation of evidence related to safe abortion and used for influencing policy and practice by the Ministry of Health, policymakers, researchers, health workers and social actors

- Researchers in Gulu and Lira University publish a preprint research paper on healthcare providers' practice and attitudes towards abortion service provision in Gulu city, Northern Uganda
- New evidence on abortion-related data generated and published
- Data from the Assessment of Indirect Common Method national survey disseminated to the Ministry of Health and among religious leaders

What worked in Pathway 5

Pathway 5 aimed to generate evidence on abortion and make it more available, and to use it to influence policy and practice in Uganda. The main activities were the wide dissemination of available evidence, through various media channels, on the magnitude and complications of unsafe abortion and the stories of how this impacted women and girls. This also relates to activities and outcomes under Pathways 2–4, where the use of evidence to trigger change was implemented. During the midterm review, one outcome – a preprint paper based on a study done with the support of a sub-grant – was substantiated. Since the midterm review, two more outcomes have been harvested and substantiated.

- One new study was developed by AOGU at the request of, and in partnership with, MARIE STOPES Uganda. The research investigated abortion cases across Uganda within selected health facilities to estimate the extent of abortions in the community and deduce which abortions

were likely to be induced and, out of those, estimate which abortions could have used medical abortion rather than surgical methods, as these data were not available at countrywide level. The data were then disseminated to the MoH and used to update management guidelines for abortion. The study was the result of the project presenting to partners the need to fill gaps in data on abortion. These partners then made funding available to conduct the study. The project also invited other partners such as CEHURD to assist and to inform the qualitative part of the research.

- The recommendation from the midterm review to open up sub-grants for a wider audience, including students, has increased the application for research on abortion. Eleven sub-grants were provided and three policy briefs¹⁵ were produced. The sub-grants also generated action research into the effectiveness of the VCAT training, which generated new knowledge. This was reported as an outcome under Pathway 3.
- The project commissioned research to identify gaps in the training of health workers, which was used in a policy brief¹⁶ that influenced the commitment of some universities to review the opportunities to integrate abortion care into existing teaching. This was reported under Pathway 4 as a contribution to the opening up of opportunities to integrate the teaching of abortion care in institutions of higher education.
- Evidence on abortion was used to inform the various meetings with the MoH and the court as well as informing the training. This was reported under Pathways 2–4.

The membership survey showed that the communication of evidence on abortion was perceived by 86% of the surveyed members as either excellent (21%), good (42%) or average (23%) (N=52).

Challenges specific to generating and using evidence on the use of safe abortion

Project staff shared that:

- The small amounts of the grants made it difficult to conduct more substantial studies by established researchers
- Universities were and still are facing obstacles to investigating abortion, by research and ethical review committees and by a stigmatizing climate towards colleagues who want to investigate it
- Reluctance of health workers to record abortion data keeps emerging and challenges the ability to produce correct data at the facility level.

15. Kaye DK. Policy brief: The need to strengthen health systems capacity to provide postabortion care as a key signal function in Uganda. AOGU, Kampala, Uganda, no date; Kaye DK. Policy brief: What data are needed to inform advocacy for abortion policies and practices? AOGU, Kampala, Uganda, no date.

16. Kaye DK. Policy brief: Improvements needed in healthcare provider competencies to provide abortion care services. AOGU, Kampala, Uganda, no date.



Findings on Efficiency

Team set up

Efficiency in achieving the planned outputs within the project period is shown by the outputs of the Association of Obstetricians and Gynecologists of Uganda (AOGU) such as the new position paper on safe abortion that was adopted by the board and signed off for publication and dissemination in May 2022,¹⁷ the updated human resource, finance and procurement manuals, and communications, priority activity statements, sustainability and business case documents.

The interviews with executive members, primary stakeholders and the International Federation of Gynecology and Obstetrics (FIGO) coordinator showed that the project team was perceived as a strong and efficient with the capacity to manage and organize meetings, report, manage finances, provide advocacy and deliver scientific and technical communication. A strong project management unit (PMU) and the availability of funds have enabled:

- Timely and effective reporting on content and finances
- Implementation of programme objectives
- Efficiency in working with partners and organizing a coalition.

The effective functioning of the project team was also mentioned by members in the network, who attributed this to the efficient preparation and organization of meetings. Almost all (94%) found that the society's leadership supported the project.

The project funded and updated human resource management, financial and procurement processes and developed manuals for these areas, which are essential tools to sustain the management of the organization. In addition, the project enabled AOGU to get equipment like computers and software that were used, for example, in accounting, which improved the ability of the association to deliver this and other projects.

The midterm review interviews with PMU staff showed that all PMU staff were clear about their roles. This was confirmed during the capacity-strengthening survey, where PMU staff and other respondents such as the AOGU leadership, project committee members, coalition members and a trainer were clear about their roles in the project.

Support provided to the project

It had already emerged from the midterm review that all the PMU respondents agreed that FIGO support had helped with the implementation of the project. Support from FIGO for improving advocacy capacity was mentioned by all respondents. The details for this can be found in the midterm review report and are not repeated here. The end-line capacity-strengthening survey confirmed this. Eighty-two per cent of all respondents found support from FIGO for project implementation to be timely and of good quality. All (100%) found that FIGO provided the project with tools and documents to support advocacy activities, and 81%

17. Association of Obstetricians and Gynaecologists of Uganda (AOGU). Position statement on abortion. AOGU Kampala, Uganda, 2022.

used these tools and resources. The interviews with PMU, executive and other primary stakeholders confirmed this.

It emerged from the midterm review that outcome harvesting, although initially difficult to grasp, was well received and seen as helpful to identifying outcomes resulting from activities and leading to changes in programme and activities. The support of KIT, and especially the support of an evaluation consultant, was seen as very useful. In the end evaluation capacity-strengthening survey, 83% found the guidance by KIT on outcome harvesting, to support the monitoring and evaluation function, was timely and of good quality. One respondent identified that the communication between KIT and AOGU about outcome harvesting was not always clear. A project staff member thought that the sustainability of outcome harvesting after the project was insufficiently addressed.

What could be improved in the support from FIGO/AOGU?

Respondents from the capacity-strengthening survey indicated the following issues that were missed or could be improved in relation to the society:

- The AOGU website needs regular updating on the progress of the projects
- For a period, the leadership of key executive members was not supportive
- Provide orientation to incoming leaders on projects.

Respondents in the capacity-strengthening survey indicated that the effectiveness of the capacity strengthening could be improved by more training, including training at the grassroots level, and follow up and concentration on a specific region, and strengthened mentorship. In relation to service delivery, interviews with health workers and responses to open-ended questions in the capacity-strengthening and membership survey about what could be improved, respondents were looking at the future and agreed that service delivery for comprehensive abortion care (CAC) improvement should be added to the advocacy component to address stockouts of drugs and commodities.

Impact of COVID-19

As reported during the midterm review, the implementation of the project encountered several challenges. On one hand, the COVID-19 pandemic, and the requirement of the MoH to show how activities contributed to fighting it, was a challenge and slowed down the implementation of activities for a while. The project needed quite some time to adapt to a new reality of doing much more online. On the other hand, various respondents such as policymakers, primary stakeholders and community leaders commented that the pandemic also created the opportunity to show the link between the COVID-19 lockdown and the increase in unplanned pregnancies and unsafe abortions, and to discuss the provision of safe abortion as an option in the media. It also started a thinking process on how to use telemedicine in abortion care.

Enabling and hindering factors

The pandemic also affected the effectiveness of the mentorship and follow up of training initiated after the midterm review. The lack of facility visits limiting the follow up to Zoom meetings reduced the on-the-job learning and assessment of what really happened.

The enabling factors emerged from the contributions to the outcomes reported by the respondents and were validated by participants in the validation workshop.

Enabling factors to strengthen the society

The interviews with project staff and coalition members showed the following enabling factors for strengthening the society in CAC advocacy.

- The leadership of the new president, the careful communication strategy of the project team, the value clarification and attitude transformation (VCAT) training of AOGU members and executives, including sensitization on the legal framework for abortion, have created a more enabling environment for CAC in the society.
- Scientific evidence on maternal mortality and morbidity and the escalated maternal mortality ratios during the COVID-19 pandemic emphasized the need to address unintended pregnancies and abortion care as a priority.
- An alignment with country needs created acceptance of the need to reduce maternal mortality arising from unsafe abortion, and support from like-minded partners and synergies of work have helped to achieve programme objectives.
- The exemplary function of the advisory committee on advocacy for the prevention of maternal mortality and morbidity (APMM) due to unsafe abortion has contributed to acceptance of the establishment and extension of standing committees that include expertise from outside the society.
- The well selected, capable and efficient project management team.

Contributions to an enabling environment: Pathway 2

Increased connectedness, bringing together a range of like-minded organizations who cover complementary aspects of advocacy for safe abortion (service provision, legal issues, community dialogues, media, professional associations), meeting regularly, and the joint advocacy enabled various project activities to be covered and led to:

- Learning from each other
- Advocacy for influencing changes in curricula and scope of practice for nurses and midwives
- Winning court cases that push the government to reduce gaps in service provision
- Influencing the review of the penal code.

A joint work plan increased the synergy of work between partners:

- Community development grants and training by AOGU led to significant changes in community awareness of the right to services, reduced unsafe practices, and increased use of contraceptives by adolescent girls
- Implementation partners took up gaps in service provision, for example in the Karamoja Region.

Support and referral provided by partners:

- To reduce fear and ensure that health providers were safe, the legal fraternity offered support and left phone numbers for health providers to call if they were prosecuted or criminalized for abortion care
- Service delivery partners such as MARIE STOPES Uganda committed to provide referral details for health workers and offered guidance to community health workers, including legal representation.

Contributions to an enabling environment: Pathway 3

Various stakeholders commented on the specific circumstances that created an enabling environment for greater acceptance of CAC.

- Many stakeholders mentioned the following as enablers for the changes in attitudes to and acceptance of safe abortion: sub-grants for community development, VCAT training – reaching out to diverse groups such as cultural and community leaders, village health committees, district health officers various, health providers and the media – and follow up action through interviews and mentorship. These and AOGU's development of a simplified guidance for training in harm reduction and post-abortion services enabled improved service provision for post-abortion care and to some extent safe abortion, in areas reached by the project.
- The mentorship established after the midterm review assisted health workers in how to handle abortion care at different gestations.
- The selection of a community leader based in local government enabled funding from the district to complement AOGU funding for the sensitization meetings, and the experience in conducting sensitization meeting made it easy to integrate a focus on abortion in his activities.
- The presentation of evidence on maternal mortality created a platform or an opportunity for partners to listen and to come together.
- Working through the AOGU membership and network has been successful in reaching out to universities and students. The initial research sub-grant has contributed to more visibility of AOGU and resulted in a request for support from the project for conducting a webinar in Mbarara University at the time the curriculum was being reviewed.

Contributions to an enabling environment: Pathway 4

Secondary stakeholders – such as policymakers, legal analysts and human rights advocates, a media editor, a community development programme officer and project staff – gave the following perspectives on the contributions to an enabling environment.

- After a change of name, from safe abortion to maternal mortality arising from unsafe abortion, opened the way to communication about the project objectives with religious leaders, the MoH, curriculum owners and cultural leaders, and reduced opposition.
- To avoid opposition, post-abortion care and therapeutic abortion are included as an obstetric emergency in the guidelines for sexual and reproductive health and rights, adolescent health, and essential maternal and neonatal clinical guidelines that have now reached the final stages of approval.
- Joined advocacy of coalition partners with AOGU to provide the scientific and technical evidence and testify to the suffering of women and girls influenced court cases, a review of the penal code, including the abortion law, and changes in policies, guidelines and standard operating procedures.
- Awareness campaigns, media platforms and sensitization meetings contributed to creating a more enabling environment for CAC.
- Like changes in leadership, the changes in the positions of politicians and their leaders affects the support provided. A change to more flexible, progressive parliamentarians, such as the speaker, provided hope for a more enabling environment for the acceptance of policies and guidelines. The following statement attributed to the speaker testifies to the priority given to maternal health without explicitly mentioning abortion: *“Every day we are reminded about the realities that face the sector [health], the statistics that define our maternal mortality rates and the challenges that our midwives face in their day-to-day work.”* The participants interpreted this to mean that the speaker was aware of the disturbing statistics on abortion complications and showed her willingness to support the movement.

Contributions to an enabling environment: Pathway 5

Project staff, researchers and journalists mentioned the following enabling factors.

- The availability of research sub-grants enabled an increase in research on abortion. The willingness of researchers to do abortion-related research increased after VCAT training, and especially the training for postgraduate students. This helped to mitigate the relatively low amount of €1,000–€2,000 available for a sub-grant. This attracted fewer more established researchers.
- The availability of dissemination platforms such as AOGU conferences, meetings with the MoH, media and journals.

Challenges affecting more than one Pathway

The following challenges are well known and show the relevance of the project in achieving changes in attitudes and creating a willingness to provide services within a difficult environment. It is also worthwhile noting that the project did not aim to improve services but to create demand, which seemed successful. The following challenges and enabling factors were agreed during the validation meeting that took place on 29 April 2022.

Challenges in the enabling environment

- Medical termination of pregnancy if the mother's life is in danger is allowed within the law, but there are no current guidelines on how to do this, no training of health workers and no institutional policies. This influenced how health workers understood this, and some were still fearful of the law and of being stigmatized by working on CAC.
- The permanent secretary coming out during the AGM clearly stating that there was no support for changing the law was a negative outcome but, on the positive side, there was support for adolescent family planning and post-abortion care, which is a change from before. This shows the political character of CAC and the concern about public opinion by politicians and policymakers.
- Some key stakeholders such as cultural, religious and political leaders had negative response against safe abortion and a negative perception about the general use of contraception and access to it by young people, even when they were sexually active. This hinders the prevention of unintended pregnancies and CAC. It hindered the public campaigns from AOGU especially, and the reporting of safe abortion issues in some media houses. This has contributed to different communication about the purpose of the project, a focus on maternal mortality arising from unsafe abortion, and a calming of fears that the project was primarily about changing the law and had a rights and choice agenda only. The involvement of these key stakeholders in VCAT training has contributed to more support for primary prevention and post-abortion care.
- Not everybody agreed with the change in the name of the project as the restricted law has meant harm to a lot of women. However, the focus on post-abortion care (which still shows a big gap in service provision and attitudes) and the changing attitudes on safe abortion within the context of the law may lead to a better climate for changing the law in the long term.
- Some partners such as the police and the district health officers were brought on board later and many were not reached. The need for increased collaboration at the regional level was highlighted by a restricted access to services due to a restriction in post-abortion care, family planning and therapeutic abortion services delivered by faith-based facilities, as was reported by women during the focus group discussion in Agoge region. Faith-based services were the only providers in the region.

Policies and guidelines

Respondents and participants in the validation workshop identified the following challenges related to changing policies and guidelines and integrating abortion care in the teaching of professionals.

- The reluctance of politicians to speak in public about issues concerning abortion due to the possible opposition and loss of public support, especially from religious leaders.
- Some primary and secondary stakeholders and the participants in the validation meetings felt that the explicit instruction by the donor not to aim for a change in the law was an omission and felt the project should have been broadened to focus on reforming laws in addition to increasing demand for CAC services. Others said, however, that the consequence of this might lead to intense opposition upfront.

Health system factors influencing comprehensive abortion care

Health workers, policymakers and participants in the validation workshop mentioned the following health system factors challenging CAC.

- Despite the efforts of the World Health Organization, the United Nations Population Fund, the MoH and others, not all midwives were skilled in dealing with emergencies, the use of manual vacuum aspiration kits and the use of misoprostol as an effective drug to deal with complications. Others were trained but the commodities were not there.
- The transfer of trained health workers might have contributed to gaps in services.
- Unclear understanding of the project's focus (to promote abortions) in the network seemed to have been navigated well by changing the name of the programme and by involving diverse stakeholders such as religious leaders.
- The lack of clarity about the definition of safe abortion within the context of the law.
- A lack of policies and guidance on conscientious objection in the society and the health system.

Learning processes

Reflection and learning from implementation and learning from others through linking and learning between other countries and regions were important ways to learn from each other.

Learning environment created by the project

The results of the midterm review already showed an important change in the learning and way of working in the project, such as the initiation of reflection and learning processes. For example, the PMU reviewed reports of training and sensitization meetings to adapt approaches to training.

Many respondents during the end evaluation also confirmed that, in the last year, teamwork and regular team meetings had improved among members of the project. This avoided the overlap of activities between projects, enabled learning from each other and identified reporting issues.

The flexibility and continuing learning environment of the project that assisted in overcoming challenges was shown by.

- The adoption of the recommendations from the midterm review
- Initiation of follow up of training and action plans through mentoring of the training participants and action research sub-grants that followed up training
- Providing sub-grants for community development, outreach to community and community and cultural leaders
- The flexibility in the budget and development of adapted action plans to allow for changes.

Learning between countries

FIGO was reported to have facilitated annual learning meetings that contributed to sharing and learning from each other and these were seen as very useful by respondents involved in the meetings. The Uganda team was perceived as an active contributor to the regional learning meetings and the FIGO annual conferences. At the annual learning meetings over the last three years, Uganda has shared the following with the other regional countries:

- Best practices in rallying the media for abortion advocacy
- Using VCAT to transform the mindset of healthcare providers
- Building a successful abortion advocacy coalition.

The contacts made during regional meetings also contributed to requests from, for example, Kenya to develop joint research proposals.

Respondents in the capacity-strengthening survey found the linkages to other country teams useful to a great extent or a lot (6 out of 10) and somewhat or a little (4 out of 10). A joint meeting in Zambia visited by one of the United Nations experts together with a project staff member contributed to greater focus on the development of CAC skills and the scope of practice development by nurses and midwives.



Findings on Sustainability

Sustainability of the strength of AOGU

The following factors enabling sustainability emerged from the interviews and were agreed during the validation workshop.

The society has made strides in capitalizing on and sustaining the gains made during the project period ending in late March 2022. The project has funds available from FIGO till the end of March 2023 for activities but funds for retaining project staff were limited to the first month or two, depending on the role. Some respondents during the capacity-strengthening survey and interviews suggested that a three-year period for a project on such a sensitive topic was very short and project activities needed to be sustained for another two years.

Skills and human resources

Project staff and other primary stakeholders, plus participants in the validation meeting commented on how the individual capacity gained by project staff and AOGU members contributed to the sustainability of the organization and the focus on CAC.

- The capacity of project staff is retained by the appointment of the coordinator as treasurer of the organization and the retention of the administrator, project manager and financial officer in the society.
- FIGO capacity strengthening has increased AOGU's capacity in the management and organization of meetings, advocacy, communication, finance, monitoring and evaluation, including outcome harvesting and administrative capacity, grant writing, fundraising and project management. It has the manuals developed to sustain the strength in management, human resources and management. The project created opportunities for the greater involvement of society members in advocacy, especially in communication, evidence generation for advocacy, the promotion of professional attitudes facilitated by involvement in training, partnerships, and mentorship.

"Association members have been built up in terms of advocacy... research...project planning and management, I think these are skills that do not go away...Through this project I think that the association has been closer to all of us we have had a lot of interaction and now the members are closer to one another that has built a kind of network that is going to last for long." – primary stakeholder

Governance and leadership

The following factors emerged from interviews with primary stakeholders and were validated during the meeting.

- As the society is looking towards greater involvement in generating and implementing grants, a suggestion was made to investigate the possibilities to strengthen the position of the Executive Director by making it a full-time appointment.
- The project has mitigated opposition by focusing on the prevention of maternal mortality arising from unsafe abortion and value clarification

among members. This learning from dealing with opposition may assist in sustaining a focus on abortion in the future despite changes in leadership.

- The focus on abortion is sustained by the transfer of the skills and capacity of the advisory committee on advocacy for the prevention of maternal mortality and morbidity (APMM) due to unsafe abortion, to a broader sexual and reproductive health and rights (SRHR) committee now called the council for advocacy and public relations. This committee maintains a core role in advising the association on the entire spectrum of sexual and reproductive health, inclusive of CAC and post-abortion care. The involvement of partners will also provide opportunities to sustain some of the partnerships, as these are included in the committee.
- The following, in addition to the appointment of the Executive Director of AOGU in the FIGO safe abortion committee, may contribute to generating additional funding: the inclusion of a focus on abortion in the strategic plan and the identification of key priorities of the society, in addition to the plans developed during the last AOGU executive retreat, such as a stronger role in regulation and the licensing of the obstetrician and gynaecologist community.

Networking capacity

A strong secretariat will be needed to sustain the gains made in networking with partners, as was suggested by an executive member. Some coalition partners also realized that when meetings were not organized, and transport costs could not be paid, the frequency of the meetings and the working with action plans that members were accountable for may be reduced. The strength of the network and the increased visibility of AOGU have created the opportunity to develop grant proposals in collaboration with partners to sustain a focus and work on abortion.

Social and programmatic sustainability

Various options for social and programmatic sustainability in communities were reached in sensitization meetings and were identified by community leaders and community development sub-grant holders.

- Opportunities for social sustainability were identified in the communities where the community dialogue skills could be sustained with some support of local government.
- Programmatic sustainability was identified as an option to integrate a focus on CAC in existing community development programmes by the programmes that were already developed. A community dialogue grant holder identified the sensitization of village health committee members as an important opportunity for sustaining a focus on CAC, as they were the ones in contact with the community and the health providers.

A future for safe abortion

All respondents thought that capitalizing on the successful value clarification and attitude transformation (VCAT) training and sensitization meetings with more follow up in the form of mentorship and action research was very important to sustaining and expanding the gains in attitude change. For this, additional funding is required.

To sustain the simulation labs, which enable the integration of abortion teaching, after the project finishes, it might be possible to recruit fee-paying trainees supported by development partners.

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

The success of the project shows the possibility of making progress in a very restricted environment. The skills gained and attitudes changed are not likely to disappear and the commitment and passion to address the significant need to improve the maternal health of women and the commitment to introduce a more human and SRHR rights agenda of AOGU and partners are all promising. In addition, AOGU had three ongoing projects on safe abortion advocacy – this project, the Life Exceptions project and the abortion harm reduction project. There is an ongoing project on using digital innovations to strengthen post-abortion care and abortion advocacy. All emphasize the restrictive legal context, although there are openings for self-managed abortions supported by a healthcare team that has received VCAT, and there is a possibility to win a three-year grant on self-managed abortion strengthening. However, the integration of CAC under the broader focus on maternal health in the MoH, the continuing opposition and the lack of substantial funding required to expand the existing multifaceted training and sensitization meetings to generate more acceptance endangers a sustained focus on CAC. The continuation of training religious, traditional and cultural leaders, Village Health Teams and community leaders will assist in reducing opposition.

Much will depend on the ability of the project and its partners to develop some grant proposals, with the input of all partners, to enable the work to go ahead, and on the willingness of donors to invest in advocacy and service delivery for abortion that will contribute to raising awareness and increased decriminalization of abortion. The lessons learnt – such as the need to emphasize VCAT, the ways to influence the legal and policy environment, the teaching of professionals and the increase in data generation and use – can be integrated into other projects.

Large funders such as the United States Agency for International Development present opportunities to focus on improving maternal health. The World Bank is following MoH policies and may be promising if supported by the MoH, but dependency on funding through the MoH to work on CAC is vulnerable to political influences. However, a strong

focus on post-abortion care and therapeutic abortion, as part of obstetric care linked to harm reduction counselling, may provide an enabling environment for improved service provision.

For the continuation of advocacy for CAC and VCAT training, an option may be to map out, together with FIGO, international donors such as the Canadian, Dutch and Swedish international development agencies, which may provide smaller grants but have more willingness to accept a clear focus on CAC.



Discussion

Did the project activities contribute to the objectives?

The achievements of the project in just three years showed the realistic potential and requirement of working in partnership to create an enabling environment for comprehensive abortion care (CAC) and entry points for making a difference in improving attitudes and ultimately improved access to at least post-abortion care and to some extent safe abortion in a very restricted legal and cultural environment. The relevance of the Association of Obstetricians and Gynecologists of Uganda (AOGU) as a professional organization providing scientific and technical evidence as an essential part of safe abortion advocacy was well established. To make a sustained impact, the most successful activities need to continue, such as the value clarification and attitude transformation (VCAT) training and the sensitization meetings, which will require additional funding.

The project activities contributed to achieving the objectives and outcomes formulated in the theory of change. The project has implemented strategies that contributed to achieving the long-term objectives set for each pathway and showed the importance of combined strategies that address different facets and strengthen each other. The achievements of the project and how these were achieved show that the assumptions formulated in the theory of change (Annex 1) worked. During the validation meeting, the participants agreed that the assumptions worked to a large extent.

Participants thought that, considering the cross-fertilization of strategies complementing each other to achieve the objective, the first assumption could be validated (*1: Only a combination of interrelated strategies will lead to a reduction in women having unsafe abortion*).

The sensitization of community members shows better communication and seeking of services after sensitization. The demand for a government hospital near their community, because the faith-based hospital was insufficient, shows the importance of working with communities to improve demand for, and uptake of, services. The sustained service delivery and increased numbers of women and girls seeking services reported during the stakeholder interviews and focus group discussions with women and men show a demand for services. However, the community component was not sufficiently addressed to be able to fully validate the second assumption (*2: People in the community will demand safe abortion services after they have been sensitized on the law and their sexual and reproductive health and rights*).

The third assumption was considered valid (*3: AOGU is committed to organize themselves as a leader on SRHR, including access to safe abortion*). The significance of AOGU positioning itself as a leader on SRHR was shown by the importance of the project team leading and guiding on activities to achieve the objectives. The influence of the opposition and lack of support by the leadership of AOGU in the interim period slowed down implementation for several activities. Although the strong project team could manage this diversity, it also shows the validity of the assumption.

The role of the coalition, the effectiveness of the development of joint action plans and the importance of working in partnership for achieving the objectives clearly shows the validity of the fourth assumption (4: *The network of which the national society forms part is open to develop a joint position and strategy to more strongly speak out on safe abortion*). The networking enabled AOGU to have a strong voice for safe abortion as a result of collective strategizing with coalition partners.

The arguments for the fifth assumption were linked to those for the seventh (5: *Positive attitudes in combination with increased awareness of legal rights to safe abortion and guiding principles for comprehensive abortion care service provision will enable providers to deliver services to the full extent of the law and 7. Awareness on legal rights on abortion among different stakeholders is an essential component towards implementation of legal frameworks, including guidelines*). These assumptions were confirmed by the change of attitudes observed by various stakeholders after clarification of the law on abortion, which influenced their attitudes towards, in particular, post-abortion care and to some extent safe abortion. However, awareness is insufficient if the law itself, the penal code and the guidelines are not clear or if they contradict each other. Assumption 7 may be reformulated as: *Awareness of legal rights and clarity of legal frameworks, including guidelines, is essential for implementation of the framework and guidelines*.

The importance of openness of the MoH was shown by the withdrawal of the 2012 guidelines on CAC, and the initial reluctance to work with the society on issues focused on abortion. This, as well as the invitation of the MoH to attend maternal audit workshops, shows the importance of assumption 6: *Ministry of Health is open and has the capacity to work with the national society on the implementation of the law to achieve the objectives*.

The following dilemmas, successes and implications for the future are organized along the lines of the pathways.

Conclusions, dilemmas and implications for the future

Strengthening the society

A dilemma inherent to working on a sensitive issue such as abortion is the dependence on supportive leadership and allies within AOGU, the government, regions, districts and communities. So far, the project has shown that its strategy to mitigate opposition by entering into a dialogue has been successful. It may have minimized the AOGU's visibility on social media and in the public debate, except as significant expert witnesses in talk shows and meetings, but it has also enabled the organization to meet the objectives of the project in partnership with others. The ambiguity of some health providers in the interpretation of the law on abortion, and the lack of agreement on conscientious objection with the association require more focus on this.

Pathway 2: networking

The synergy of working in partnership towards a complementary coverage of the expertise required effective advocacy. Reaching the long-term impact, such as improved service delivery, shows the importance of establishing a coalition that is committed to and willing to be held accountable for agreed actions. It also reflects strategic communications of the message through the efficient and effective management and organization of meetings. The implication of this is the need to develop and fund programmes that allow a multifaceted tailored advocacy plan and include the legal, health, media, community development, human rights and service delivery organizations.

Acceptance of safe abortion

The very effective VCAT training, sensitization meetings and training of trainers show a significant change to non-judgemental attitudes rather than criminalizing and disrespecting women who arrive with complications and a need for an abortion. The increase in health providers willing to provide post-abortion care and refer women and girls for safe abortion is encouraging and shows the potential for making a difference if the project can be upscaled.

The significant but still limited coverage of health workers and communities to be reached reinforced the need to continue advocacy for community, district and regional coverage of these interventions, and for consistent engagement of all stakeholders to strengthen results.

The positive responses of the police, media and community leaders show the crucial importance of reaching these groups to improve the support given by parents, communities and schools to girls and women with unintended pregnancies and to reduce the prosecution of health workers, women and girls.

The success of the sensitization meetings and sub-grants for the media to investigate abortion was established well by various respondents and during the validation meeting. However, one article emphasized the need for post-abortion care and counselling for safe abortion within the context of the law by publishing the horror of aborted babies being dumped at a garbage site. This article raises questions about the appropriateness of using such horror stories to justify improved CAC as it may also be seen as a justification against safe abortion, as these images are frequently used by the opposition to safe abortion. It shows the complexity of advocating safe abortion and the need to enter a broader discussion about appropriate messages and images.

Pathway 4: legal frameworks, policies and guidelines

The integration of abortion care as an obstetric emergency in SRHR was more effective in the current environment with a significant opposition towards anything to do with abortion. This has also enabled some reduction in opposition to talking about post-abortion care and contraceptive within the catholic church. From another perspective, one may say that hiding abortion care as part of maternal healthcare entails the risk of minimizing its importance. The lack of guidelines for safe abortion, and the fear of stigma and prosecution among health workers that was still reported despite the actions of the legal fraternity to provide legal defence show the importance of a continued focus on advocating policy and guideline development and the need to work towards a change in the abortion law.

The dilemmas health workers face in providing improved services require a close working relationship with the MoH to address the gaps in the health system, and with other relevant ministries to address the wider SRHR context related to abortion.

Pathway 5: generation and use of data

AOGU is perceived as an efficient professional organization that has an important role to play in guideline development with the MoH and United Nations partners and other stakeholders, in influencing the integration of abortion care in the teaching institutions of higher education in collaboration with universities and professional associations for nurses and midwives, in guidance for research to address the gaps in knowledge on abortion, and also in the production of data on what works and the use of this evidence to advocate change.

The potential to continue effectively with CAC advocacy in combination with creating an enabling environment for service delivery can be achieved only in partnership with other organizations.



Recommendations

Recommendations for the society:

1. The project funding that will be available for one year will enable the strengthening of the Association of Obstetricians and Gynecologists of Uganda (AOGU) to advocate comprehensive abortion care (CAC) further. The AOGU will:
2. Continue to tailor the terminology and effective communication of the message to the diverse stakeholders, while keeping options for changing the law open
3. Strengthen the advocacy role of the members by capitalizing on their willingness to advocate safe abortion towards improving an enabling environment for advocacy
4. Continue the networks and reach out to health service providers through regional structures that assist in the recruitment of more members to do more activities at the regional level; more facilitation to run continuing medical education on changing attitudes, the law and value clarification; and to include harm reduction counselling. The involvement of the regions through regional coordinators will require the development of terms of reference, training and support
5. Continue and strengthen the involvement of young obstetricians and gynaecologists, and the private sector in the society, the National Midwives Association of Uganda, and private service providers to improve the quality of their service provision in partnership with Marie Stopes Uganda
6. Expand the mentorship programmes, which will strengthen the quality of CAC services
7. Intend to do more regulatory work of gynaecologists and obstetricians, which will require every gynaecologist in Uganda to go through AOGU before they get a licence to practice, and will increase the membership and the funding base of AOGU. However, involving new members who join only to register will be a challenge that will take resources
8. Use the opportunity of the changed sexual and reproductive health and rights (SRHR), adolescent health policies being finalised and essential maternal and newborn clinical care guidelines published to produce clear guidelines for health providers
9. Use the well-established relationship with the International Federation of Gynecology and Obstetrics (FIGO) and partners in the network to overcome competition and to lobby for funding with other funding agencies, and to develop grant proposals
10. Capitalize on the capacity building, the memorandum of understanding already agreed with MoH, and strengthen advocacy capacity on political and policy development
11. Continue the strengthened capacity of the secretariat and develop more capacity in grant writing and the use of social media.

Suggestions were made for future FIGO support to create greater sustainability:

1. Support for AOGU to establish continuous personal development programmes

2. Support for the development of legal documents in relation to memorandums of understanding with various organisations
3. Support in the development of innovations
4. Support to strengthen regional collaboration with existing networks and between countries.
5. In addition, support and training on international guidelines and agreements will be important, such as the World Health Organization (WHO) guidelines on safe abortion and the FIGO resolution on conscientious objection.

Recommendations for the society and partners

1. Continue and extend the coverage of the successful training for CAC, including all the elements of the existing training, and develop a grant proposal with partners to generate the funding to continue this success
2. Share the results of the evaluation widely, publishing them using the various research sub-grant studies, with the data generated to encourage commitment
3. Consider a stronger partnership with the private sector
4. Build on the synergy of the work among partners in the coalition to keep a multifaceted strategy, as was used for the project, but also include a service delivery component in collaboration with the MoH to overcome access problems
5. Continue and strengthen the coalition membership of United Nations agencies such as WHO, the United Nations Population Fund and the unions in the coalition, and form a partnership to ensure that the practical skills training of doctors, nurses and midwives is linked to value clarification and attitude transformation (VCAT) training.
6. Consider and discuss the advantages and disadvantages of strengthening links with the medical association. Continue the inclusion of a diversity of groups, including the police, local government, the district health office, Village Health Team and cultural leaders to create an enabling environment for prevention, and access to services at the district level
7. To increase visibility, AOGU needs to strengthen its public profile by strengthening its social media and public relations capacity
8. Continue advocating the integration of VCAT in professional training, guidelines and the implementation of the curriculum to enable implementation of the scope of practice
9. Make a stronger link with organizations that conduct sensitization and male involvement/masculinity workshops, as suggested by the group of men in Agoge, and generate more equal power relationships between men and women
10. Engage consistently and persistently with the MoH
11. More training is needed for new partners such as new members of parliament and media personnel
12. Consider establishing a database of VCAT-trained health workers with good advocacy skills whom radio and television stations can draw on for their SRHR and abortion-focused activities;

13. AOGU to liaise with policymakers and to advocate that WHO strengthens policies (e.g. the use of misoprostol), and to develop joint WHO/AOGU advocacy to integrate misoprostol guidance into the SRHR guidelines, rather than as a standalone product, to enhance acceptability;
14. Continue developing proposals for action research to investigate what interventions work;
15. Increase the dissemination and use of research through presentations to various forums, including international events, and strengthen the work using evidence to influence national decision-making bodies, using the available datasets that have some indicators on abortion;
16. Strengthen the grant-writing committee formed after the grant-writing training. FIGO may support the fundraising capacity of AOGU and partners to ensure the continuation of activities;
17. Develop proposals for implementation grants, research grants to investigate what works, and research grants to address the gaps in knowledge on abortion.



Annexes

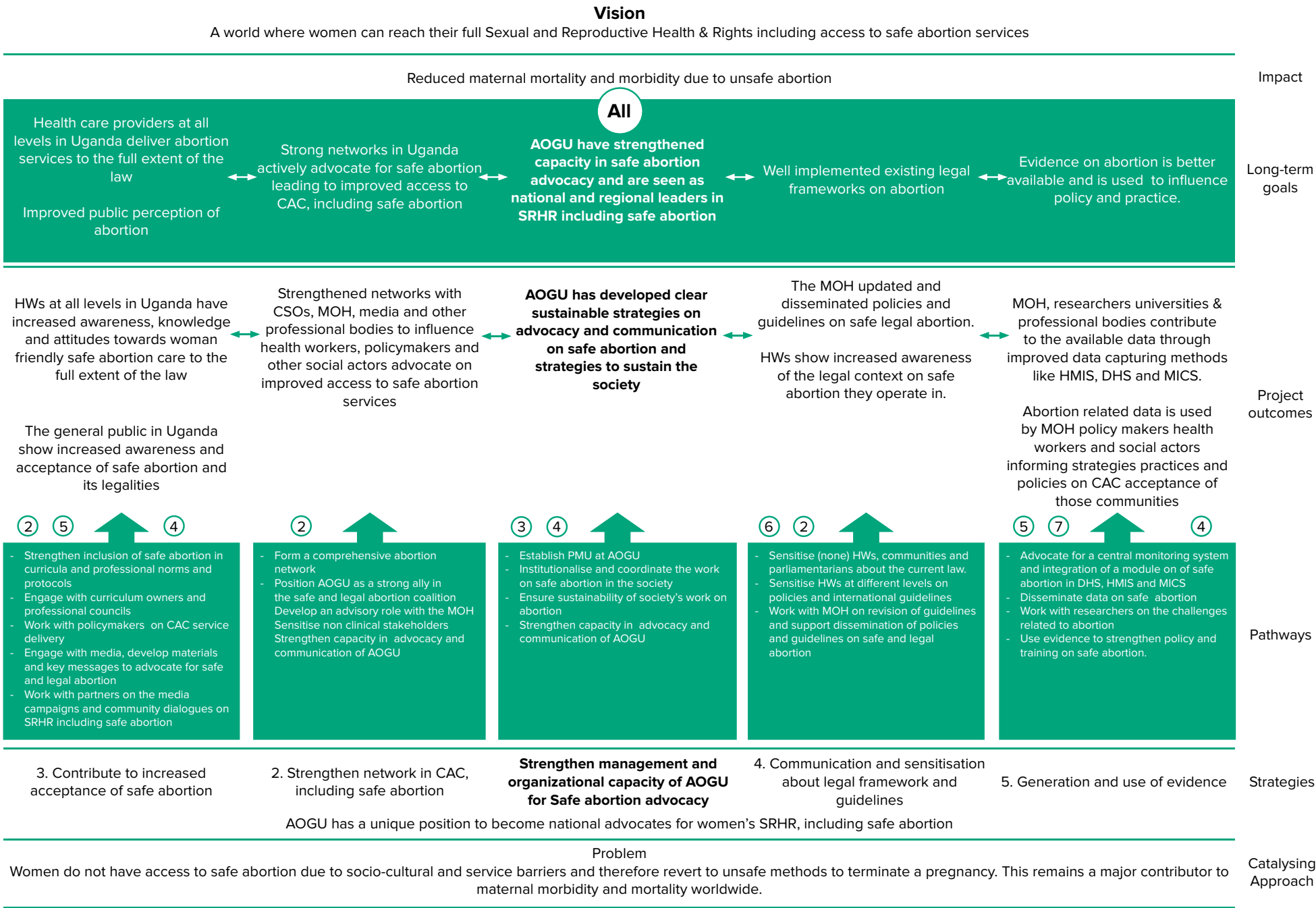
Annex 1. Theory of Change

The following assumptions refer to the numbers in the theory of change on the next page.

Assumptions

1. Only a combination of interrelated strategies will lead to a reduction in women having unsafe abortion.
2. People in the community will demand safe abortion services after they have been sensitized on the law and their sexual and reproductive health and rights (SRHR).
3. The national society is committed to organize themselves as a leader on SRHR, including access to safe abortion.
4. The network of which the national society forms part is open to develop a joint position and strategy to more strongly speak out on safe abortion.
5. Positive attitudes in combination with increased awareness of legal rights to safe abortion and guiding principles for comprehensive abortion care service provision will enable providers to deliver services to the full extent of the law.
6. The Ministry of Health is open and has the capacity to work with the national society on the implementation of the law.
7. Awareness on legal rights on abortion among different stakeholders is an essential component towards implementation of legal frameworks, including guidelines.

Annex 1. Theory of change for the Uganda project



Annex 2. Key project outputs in Uganda

20 
Organisations in the network

9 
Join meetings with the network

23 
Joint network activities

1,643 
Participants in VCAT workshops

Type of participants

Media, health care workers, district health officers, village health teams, tutors, pharmacists, post graduate students

24 
VCAT trainers trained

1 
VCAT Training of Trainers

30 
VCAT workshops

53 
Number of sensitization sessions

Type of participants

Parliamentarians, religious leaders, judicial- and police officers, cultural and local leaders

11 
Research studies completed

4 
Advocacy activities that made use of research findings

2 
Sensitization meetings on law and legal framework

Type of participants

Religious leaders, pharmacists, cultural local leaders, police

Detailed table for outputs adding number of people reached by AOGU training and community dialogue subgrants and policy papers produced

Activity	Who
Abortion Values Clarification and Attitude Transformation (VCAT)	
Type and number of people who attended VCAT and sensitisation meetings with VCAT	Media 97 Health Workers 1184 Village health committee members: 54 District health officers:69 Tutors: 23 Pharmacists: 194 Postgraduates:22
Trainer of Trainer for VCAT sessions	24 attendants
Sensitization sessions* on safe abortion/comprehensive abortion care	Parliamentarians:12 Judicial and police: 23 Cultural and local lead-ers:79 Religious leaders: 80

*Sensitization sessions include any meetings, workshops or trainings with a goal of improving attendees knowledge or attitude towards safe abortion / comprehensive abortion care

In addition to the above the following sessions were conducted by subgrant owners:^{19,20}

Community dialogues on acceptance of safe abortion, reduction of abortion stigma and improving provision/access to safe abortion services	Number	Specification
Total number of sessions	11	
Total number of participants reached	625	Local leaders : 76 Religious leaders: 52 Health workers: 56 Traditional healers:14 Traditional birth attendants: 14 Cultural leaders 13 Community members: 360 Local policymakers: 13 Journalists: 13

Actions ²¹	Yes/No	comment
Has the society written and disseminated a new position statement on abortion?	Not yet	Position paper very recent accepted by the AOGU council, not yet disseminated
Has the society written/updated and approved an operational manual for the society	Yes	
Which manuals are available?		Human Resource & Finance Manuals Updated & Procurement Manual Developed
Has the society developed and approved a communication strategy?	Yes	
Has the society developed and approved a sustainability strategy?	Yes	
Has the society developed and approved a business case?	Yes	

18. AOGU database outputs.

19. Marie Stopes Uganda, 2022, Final report on community dialogues conducted to reduce abortion stigma and improve access to safe abortion services with stakeholders from selected districts in Eastern Uganda, AOGU, Kampala, Uganda.

20. AOGU, 2022, Subgrant reporting, AOGU Kampala, Uganda

21. Outputs database AOGU

Annex 3. Key demographics of survey respondents

Number of respondents (percentage)	
Gender	
Female	46%
Male	54%
Other	–
Age	
18–29 years	2%
30–39 years	38%
40–49 years	34%
50–59 years	25%
60–69 years	2%
Active member of AOGU (paid annual contribution in 2021)	
Yes	73%
No	27%
Active member of KOGS (i.e. paid annual contribution in 2021)	
Yes	79 (83%)
No	16 (17%)
Length of membership	
Less than 5 years	50%
5–15 years	32%
15–30 years	16%
30 years or more	2%
Region where respondent works (multiple responses possible)	
Kampala	61%
Other district – urban	38%
Other district – rural	4%
Other	0%
Type of hospital respondent works in (multiple responses possible)	
Private clinic	25%
Tertiary level hospital	64%
Secondary level hospital	14%
Primary level hospital	4%
Other	11%

Annex 3. Monitoring and evaluation indicators

Baseline results

Note: the baseline and end-line results have not been shown 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	Percentage
1. Percentage of surveyed society members (N=75) who rated the society's leadership role in sexual and reproductive health and rights for women, including abortion, as strong	60%
2. Percentage of surveyed society members (N=75) who indicated the society facilitated its members' involvement in advocacy for safe abortion at least to some extent	63%
3a. Perception of surveyed society members (N=75) on FIGO's statement of resolution on conscientious objection: percentage of surveyed society members who agreed with all four statements	27%
3b. Perception of surveyed society members (N=75) on FIGO's statement of resolution on conscientious objection: percentage of surveyed society members who did not agree with all four statements, and of those who did not agree with all statements, agreed at least with the statement to refer women for safe abortion services	47%
4. Percentage of surveyed society members (N=75) who were willing to provide safe abortion services according to the law	60%
5. Percentage of surveyed society members (N=75) who were willing to provide and/or make referrals for safe abortion services according to the law	75%
6. Percentage of surveyed society members (N=73) who completed training, seminar or workshop on professional and personal norms and values towards legal and safe abortion	48%
7. Percentage of surveyed society members (N=72) who completed training (on value clarification and attitude transformation, safe abortion or post-abortion care) provided by the society	68%
8. Percentage of surveyed society members (N=75) who knew that abortion was legal to save life	87%
9. Percentage of surveyed society members (N=75) who correctly said that a national technical guideline on safe abortion existed	25%

End-line results

Indicator	Percentage
1. Percentage of surveyed society members (N=56) who rated the society's leadership role in sexual and reproductive health and rights for women, including abortion, as strong	86%
2. Percentage of surveyed society members (N=56) who indicated the society facilitated its members' involvement in advocacy for safe abortion at least to some extent	84%
3a. Perception of surveyed society members (N=56) on FIGO's statement of resolution on conscientious objection: percentage of surveyed gynaecologists who agreed with all four statements	41%
3b. Perception of surveyed society members (N=56) on FIGO's statement of resolution on conscientious objection: percentage of surveyed society members who did not agree with all four statements, but of those who did not agree with all statements, agreed with the statement to refer women for safe abortion services	29%
4. Percentage of surveyed society members (N=56) who were willing to provide safe abortion services according to the law	61%
5. Percentage of surveyed society members (N=56) who were willing to provide and/or make referrals for safe abortion services according to the law	82%
6. Percentage of surveyed society members (N=56) who completed training, seminar or workshop on professional and personal norms and values towards legal and safe abortion in relation to abortion	66%
7. Percentage of surveyed society members (N=56) who completed training (on value clarification and attitude transformation, safe abortion or post-abortion care) by the society	84%
8. Percentage of surveyed society members (N=56) who knew that abortion was legal to save a life	86%
9. Percentage of surveyed society members (N=56) who correctly said that a national technical guideline on safe abortion existed	34%

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