Paula Bronstein/Getty Images/Images of Empowerment

Safe Abortion Care
Resources for Starting or Expanding Programming

Introduction

In 2015, the IAWG safe abortion care (SAC) sub-working group assessed member agencies to understand the extent to which these agencies were working to increase access to safe abortion care in humanitarian settings. The assessment revealed that agencies who were successful at integrating safe abortion care into their programs shared similar traits and had implemented similar activities to achieve their success. These findings were synthesized into a 10-step process, included below, that any organization can follow to start or expand their safe abortion care programming. The purpose of this document is to demystify the process of organizational change on safe abortion care for local and international humanitarian actors and to provide useful resources for starting or expanding SAC programming. Please note that the order of steps can be changed if needed; for example, values clarification activities may need to be an earlier step in some situations.

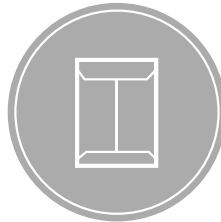# 10 STEPS FOR STARTING / EXPANDING SAC PROGRAMMING

1

Have frank discussions about advantages and disadvantages of beginning SAC programming with organization leadership

2

Develop and disseminate an internal policy toward SAC

3

Create a plan to implement the policy

4

Develop standardized messages for discussing SAC programming

5

Analyze relevant laws and identify entry points for SAC programming in the countries where you work

6

Discuss legal context with local authorities and staff at all levels

7

Conduct values clarification activities with staff at all levels

8

Consider opportunities to incorporate SAC into existing programs; write SAC programming into upcoming proposals; approach new donors

9

Identify local SAC champions and potential partners within local ministries

10

Build SAC clinical and management capacity

See SAC sub-working group **Guiding Principles for Safe Abortion Care for Women And Girls in Crises**

https://iawg.net/resources/guiding-principles-for-safe-abortion-care-for-women-and-girls-in-crises

1 HAVE FRANK DISCUSSIONS

Abortion care is often shrouded in silence, leading to a "chilling effect" that inhibits productive and evidence-based discussion. This chilling effect also affects humanitarian organizations, leading to the omission of safe abortion care in organizational policies, program design, discussion and implementation. The first step toward organizational change is starting the conversation with colleagues, supervisors and senior management. Humanitarian aid workers have found that the most productive conversations on abortion explore how the service aligns with their unique organizational values, explain the evidence on why the provision of abortion care is important in humanitarian settings and offer an opportunity for staff to discuss their personal opinions and values. It's critical that these conversations occur not only among headquarters staff, but that field and operations staff also have a confidential peer-to-peer space to explore their own values. Indeed, the opinions and experiences of frontline humanitarian aid workers offer a firsthand account of the need for safe abortion care in humanitarian settings that can be very influential in organization-wide discussions.

As important as frank discussions are, organizational change also requires decisive action. Following these discussions, it is important to secure a commitment from organizational leaders to invest both in programming and staff responsiveness to integrate safe abortion care into emergency response.

Commitment across the organization is also important. Conducting values clarification and attitudes transformation (VCAT) workshops can be a useful way to open difficult conversations and to encourage staff to explore their assumptions about abortion and examine their role in promoting women's safe access to care. (See Step 7 for more information on VCAT.)

Resources

- McGinn T, Casey SE. Why don't humanitarian organizations provide safe abortion services? *Conflict and Health.* 2016;10(1):8 https://doi.org/10.1186/s13031-016-0075-8

- The IAWG Comprehensive Abortion Care webpage has useful statistics, information and resources. https://iawg.net/our-work/comprehensive-abortion-care

- "61% of maternal deaths worldwide occur in fragile states, many of them affected by conflict and recurring natural disasters." The IAWG 61 Percent Statistic — one pager. https://iawg.net/resources/iawg-61-percent-statistic-one-pager

2 DEVELOP AND DISSEMINATE AN INTERNAL POLICY

In the absence of clear and unambiguous guidance, humanitarian aid workers are often confused about whether their organization is supportive of safe abortion care. This confusion around organizational policy is often compounded by confusion around national and legal policies, which leads to silence, inaction and self-censorship. Humanitarian organizations who have been successful at introducing safe abortion care in their health programs have clarified their internal position through a policy or position statement. Some humanitarian actors may say to themselves, "My organization doesn't have a specific policy on any service, why would we make one for abortion?" The chilling effect surrounding abortion requires an explicit policy or position to overcome staff confusion and fear. Indeed, a 2014 IAWG assessment found that all organizations who were successful at introducing SAC developed and disseminated internal policies or positions.

A written policy should clarify why the organization is supportive of abortion in language that aligns with the organization's unique values and mandate. These policies are particularly effective when they are accompanied by a risk analysis and mitigation plan as well as technical and fundraising support. Humanitarian aid workers particularly appreciate a specific plan to support them in case they face risks at the community, legal or donor levels as a result of their work on abortion care. Of course, policies have little use if they sit on a shared drive or email. The policy must be actively disseminated to staff at all levels of the organization and accompanied by open and honest discussion around knowledge of and values toward abortion care to contribute toward organizational change. An example by Médecins Sans Frontières of the policy development and adoption process and associated challenges is linked below.

Resource

- Schulte-Hillen C, Staderini N, Saint-Sauveur J. Why Médecins Sans Frontières (MSF) provides safe abortion care and what that involves. *Conflict and Health.* 2016;10, 19. https://doi.org/10.1186/s13031-016-0086-5

3 CREATE A PLAN

Once there is explicit organizational support for safe abortion care, it's helpful to develop a plan for increasing knowledge around and improving attitudes toward abortion, building capacity to implement safe abortion care programs and raising funding to make them a reality across the organization. Activities should include abortion values clarification workshops, legal literacy on the rights and entitlements that do exist—including international commitments, national and sub-national laws and humanitarian law, overview of WHO guidance in relation to safe abortion, clinical training of trainers, and program design workshops, among others. Dedicated staff and resources to implement the plan are critical to success. It's also important that operations, security, compliance, external relations and fundraising teams are engaged early in the process, as these functions are as critical as the technical pieces to make safe abortion care programs a reality. Organizations may choose to identify a steering committee or advisory group to implement and monitor the plan to help share the responsibility, ensure accountability and make lasting organizational change. Long term psycho-social support for providers is an important intervention for supporting providers to process the internal stigma which is often experienced by providers of stigmatized services.

Resource

- World Health Organization (2012). Safe abortion: technical and policy guidance for health systems—2nd ed. Geneva: World Health Organization. https://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/

4 DEVELOP STANDARDIZED MESSAGES

Talking about abortion and tailoring your messages to specific audiences is a learned skill. Organizations planning to implement safe abortion care should develop standardized messages to describe their safe abortion care work and specify the circumstances in which staff may discuss safe abortion care programs externally. These messages should describe why safe abortion care is important to the organization's mission and provide standard responses to frequently asked questions.

Here are some sample questions for which your organization may want to develop messages are below.

1. Why is [organization] implementing safe abortion care in humanitarian contexts, and why now?

2. What type of safe abortion care support does [organization] provide and under what circumstances?

3. Will you be able to ensure that abortion services are provided safely?

4. In what settings will [organization] integrate safe abortion care?

5. Will you provide abortion services even where they are not supported socially or culturally?

6. Will [organization] risk losing funding or compromising potential donor relationships?

7. How will you communicate this position to donors and other influential stakeholders?

8. Will [organization] provide services that are illegal?

9. Are you worried about damage to your reputation?

10. Do other organizations support the provision of safe abortion care?

11. What steps is [organization] taking to implement safe abortion care services in the field?

12. Will employees who hold differing views on abortion be required to support this position?

Organizations should be pragmatic about when and to whom they describe their safe abortion care work to avoid exposing themselves to unnecessary risk while also being honest about their work. Some organizations have been successful at being more vocal about their safe abortion care work while others have decided not to share details about their work externally. The important thing is for your organization to have an explicit and informed communications plan along with clear messages so that staff know when they may discuss their work and feel comfortable doing so.

Resource

- How to talk about abortion: A guide to rights-based messaging.
  https://www.ippf.org/sites/default/files/2018-08/ippf_abortion_messaging_guide_web_0.pdf

5 ANALYZE RELEVANT LAWS AND IDENTIFY ENTRY POINTS

In assessing the health needs of women, your organization should consider national law on abortion, but the law can often be contradictory and confusing so should only be a starting point to understand and address legal concerns. Service provision should be based on the fullest interpretation of existing laws and on the analysis of wider reproductive health policies, guidelines and standards; international, regional and national human rights instruments; legal precedents; and the national regulatory context.

Research suggests that during flight and displacement women and girls are at high risk of sexual violence, transactional and coercive sex, human trafficking and other forms of sexual exploitation and violence. Yet, the contentious policy environment around abortion means that little is known about adherence to sexual violence protocols and policies, especially regarding safe abortion. Most countries worldwide allow abortion in cases of rape, yet women and girls are often prohibited from receiving the service due to multiple systemic barriers (CRR, 2020). If safe and legal abortion is allowed for any indication, health systems should be prepared to handle such requests in a timely and unbiased manner.

Because of abortion stigma, individuals' programmatic decisions on the issue of abortion can be clouded by personal beliefs and real concerns about loss of funding or political support from powerful actors. Decisionmakers on abortion (through VCAT, site visits, meetings with clients/providers, etc.) should separate funding, political calculations and individual discomfort on the one hand from legal concerns on the other and address each on their own terms. The former—funding, political concerns and individual discomfort—all merit their own risk-benefit analysis and interventions, a task that organizations should not escape by simply deeming abortion "illegal."

> **WHO recommendations related to regulatory, policy and human rights considerations on abortion**
>
> - Laws and policies on abortion should protect women's health and their human rights.
>
> - Regulatory, policy and programmatic barriers that hinder access to and timely provision of safe abortion care should be removed.
>
> - An enabling regulatory and policy environment is needed to ensure that every woman who is legally eligible has ready access to safe abortion care.
>
> - Policies should be geared to respecting, protecting and fulfilling the human rights of women, to achieving positive health outcomes for women, to providing good-quality contraceptive information and services, and to meeting the particular needs of poor women, adolescents, rape survivors and women living with HIV.

Resources

- A global database of abortion laws, policies, health standards and guidelines
  https://abortion-policies.srhr.org/

- Center for Reproductive Rights – World Abortion Laws Map
  https://reproductiverights.org/worldabortionlaws

- Center for Reproductive Rights - Law and Policy Guide: Rape and Incest Exceptions
  https://reproductiverights.org/law-and-policy-guide-rape-and-incest

6 DISCUSS LEGAL CONTEXT

Again, national law should not be the end point for our work. Improved standards and guidelines can often promote task-shifting to expanded roles for providers or expanded indications for safe and legal abortion care and have been used in many countries to clarify ambiguity and offer new interpretations of barriers to care (WHO, 2015). International humanitarian law also offers some assistance and protections for organizations, providers and women seeking abortion care in humanitarian settings by explaining how abortion services can fall within a category of protected medical care. The Geneva Convention and international policy consensus documents, such as the Maputo Protocol or the Montevideo Consensus, can promote advocacy and be used to apply pressure on signatory governments to fulfill their obligations to women. Finally, an always-important reference is WHO's Safe abortion: Policy and technical guidance for health systems, which contains international and WHO-approved recommendations for abortion care (WHO, 2012; see link under Step 3. Note that this guidance is being revised and for the first time will be adapted specifically for humanitarian settings).

It is important that wherever we work to improve access to abortion care and especially in crises settings, we take steps to assess and mitigate the legal consequences that can arise through abortion work. Ipas and CRR have created a three-part internal process that can be used to manage legal risk. The process begins with an analysis of factors that contribute to legal risk. These factors include the abortion law, whether abortion providers have experienced bribery or harassment by police, and the understanding of the abortion law among the law enforcement community. In the second part of the analysis, program designers and planners can use a risk matrix to define the level of risk by considering the probability of legal consequences against the impact of such consequences on the overall program. Examples of consequences include loss of host government support of the program and harassment, arrest or imprisonment of abortion providers or women seeking abortion. Lastly, organizations can implement projects to reduce legal risk such as training, funding and sensitizing legal professionals or partnering with law enforcement authorities. Legal risks should be assessed and addressed, free from stigma and independent of political and funding risks.

Resources

- Ipas and CRR. Legal risk toolkit. (forthcoming)

- Snider, M (2012) 'Knowledge is power: Ipas is building legal literacy on abortion'. *Because,* Winter https://www.ipas.org/news/2012/December/knowledge-is-power/.

- Skuster, P, DiTucci, T, Riley, D, & Randall-David, B (2016). A practical guide for partnering with police to improve abortion access. Chapel Hill, NC: Ipas https://www.ipas.org/resources/a-practical-guide-for-partnering-with-police-to-improve-abortion-access.

- Akila Radhakrishnan, Elena Sarver & Grant Shubin (2017) Protecting safe abortion in humanitarian settings: overcoming legal and policy barriers, Reproductive Health Matters, 25:51, 40–47, https://doi.org/10.1080/09688080.2017.1400361.

- Lilian Abracinskas, Sonia Corrêa, Beatriz Galli & Alexandra Garita (2014) The 'unexpected' Montevideo Consensus, Global Public Health, 9:6, 631–638. https://doi.org/10.1080/17441692.2014.922596

- World Health Organization. (2015). Health worker roles in providing safe abortion care and post-abortion contraception. Geneva: World Health Organization. https://srhr.org/safeabortion/

7 CONDUCT VALUES CLARIFICATION ACTIVITIES WITH STAFF AT ALL LEVELS

Evidence suggests that stigmatizing attitudes held from the individual to the national leadership level—including by key players in the humanitarian community such as health care providers, program and technical staff, and senior leadership within humanitarian assistance agencies—play a powerful role in restricting women's access to safe abortion care in crisis and fragile settings, particularly in providing services to young or unmarried women and girls. A global evaluation led by the Inter-agency Working Group on Reproductive Health in Crises (IAWG), and an internal survey among IAWG members, discovered that:

- Discomfort or personal objection to providing SAC based on religious and moral grounds influenced some humanitarian staff's professional conduct (Casey et al, 2015).

- Negative attitudes toward abortion and fear of reprisal from their community due to real or perceived involvement in SAC influenced health-care providers' willingness to provide services (IAWG, 2015).

This underscores that even with clinical skills and proper knowledge of the legal framework, providers' negative attitudes and fears related to the provision of contraception and safe abortion care continue to act as underlying barriers that restrict women's access to care in fragile and crisis-affected settings.

This is a very real challenge in abortion care, but one that can be addressed through adaptation and use of existing resources, such as values clarification and attitude transformation (VCAT) materials and approaches, which have proven successful with abortion care in other settings. VCAT work is almost always necessary and is best done prior to technical training and/or service implementation. It can also be mainstreamed through ongoing program activities, e.g., planning workshops, to refresh and reinforce the concepts and profound understandings often derived from the VCAT experiences. Recent VCAT trainings within several humanitarian agencies have created momentum towards incorporating and/or strengthening SAC in some of their country programs.

VCAT materials have been adapted by Ipas for humanitarian contexts. Additionally, VCAT activities will likely need to be conducted with all levels of staff in humanitarian organizations and may need to occur as part of the "frank discussions" described above.

Resources

- Ipas. (2018). Abortion Attitude Transformation: A Values Clarification Toolkit for Humanitarian Audiences. Chapel Hill, NC. Ipas. http://www.ipas.org/humanitarianVCAT

- Turner KL, Pearson E, George A, Andersen KL. Values clarification workshops to improve abortion knowledge, attitudes and intentions: a pre-post assessment in 12 countries. *Reprod Health.* 2018;15(1):40. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5838872/

- Casey SE, Chynoweth SK, Cornier N, Gallagher MC, Wheeler EE. "Progress and gaps in reproductive health services in three humanitarian settings: mixed methods case studies." *Conflict and Health* (Suppl 1):S3 (2015): 1–13 https://doi.org/10.1186/1752-1505-9-S1-S3

- Inter-Agency Working Group on Reproductive Health in Crises. "Safe Abortion Care Programming and Best Practices among Members of the Inter-Agency Working Group on Reproductive Health in Crises: A mixed-methods study conducted by the IAWG safe abortion care sub-working group." Internal report (2015): 1–10.

8 CONSIDER OPPORTUNITIES TO INCORPORATE SAC INTO EXISTING PROGRAMS

Abortion is an essential and necessary health service for women; however, it is often omitted when delivering "comprehensive" SRH care. Sometimes other programs can provide opportunities to expand into SAC services but might simply be overlooked due to a lack of interest or expertise. It's important to identify which donors are supportive of safe abortion care programming and explore how the service might be integrated into existing programs. This may not require significant additional resources, particularly if postabortion care (PAC) is already a part of the program or may only require a simple budget realignment.

Resources

- Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings https://iawgfieldmanual.com/manual

- Safe Abortion Care in the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings https://iawg.net/resources/safe-abortion-care-in-the-minimum-initial-service-package-misp-for-sexual-and-reproductive-health-in-humanitarian-settings

- Turner KL, Börjesson E, Huber A, and Mulligan C. (2011). Abortion care for young women: A training toolkit. Chapel Hill, NC: Ipas. https://www.ipas.org/resources/abortion-care-for-young-women-a-training-toolkit


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9 IDENTIFY SAFE ABORTION CARE CHAMPIONS

Often overlooked in our field is the importance of outspoken leadership and unwavering commitment in the form of champions for abortion care. Abortion care champions can be catalysts for generating political change, service delivery start-up, service sustainability, re-prioritization of resources, improved service quality and integration of abortion care within a larger health facility. At an organizational level, if you are reading this document, you are likely a champion in your own organization for improved equity, accessibility and more comprehensive abortion care in the field. At a national level, champions are often mentors, providing protection from criminalization for peers or employees, providing input on policies and speaking openly about the need for and commitment to safe abortion care. On an international level, policymakers, activists, young people and even parliamentarians can be abortion care champions redefining injustice and demanding attention and equity for abortion services. An abortion champion need not be an abortion provider. But offering providers opportunities to become champions should be something we are all committed to, though not all abortion providers want to be a champion for this often-stigmatized service. An abortion care champion addresses stigma by speaking about their work with others and challenging assumptions and barriers to safe and legal abortion care. We can all do more to build a community of champions through promoting opportunities for people to become leaders and using resources like the following:

- Providers as advocates for safe abortion care: A training manual
  https://www.ipas.org/resources/providers-as-advocates-for-safe-abortion-care-a-training-manual

- Roots of Change: A step-by-step advocacy guide for expanding access to safe abortion
  https://www.ipas.org/resources/roots-of-change-a-step-by-step-advocacy-guide-for-expanding-access-to-safe-abortion

10 BUILD SAC CLINICAL AND MANAGEMENT CAPACITY
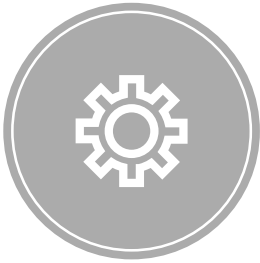
Safe abortion care with manual vacuum aspiration or medications is a common, safe and relatively simple procedure. One in four pregnancies globally end in abortion. As described in the task-sharing recommendations by the WHO, SAC can be safely and effectively provided by a range of health service professionals, including nurses and midwives, at any facility that provides basic emergency obstetric care. As with any clinical service, it is important to ensure the availability of sufficient, qualified health care personnel. The clinical competency of providers should be assessed before beginning the provision of services to develop a plan for competency-based training and supportive supervision.

The IAWG has designed a series of short clinical refresher trainings to reinforce previously acquired knowledge and skills of health-care staff tasked with providing these priority services, such as the Uterine Evacuation in *Crisis Settings using Manual Vacuum Aspiration: Refresher Course for Health Care Providers and the Uterine Evacuation in Crisis Settings using Medications: Training Course for Health Care Providers.* These can be easily combined to provide training on both uterine evacuation technologies for the crisis setting. For broader training material on comprehensive abortion care and comprehensive postabortion care, refer to the Ipas *Woman-Centered, Comprehensive Abortion Care Trainer's Manual* (2nd ed.) and other Ipas curricula.

Resources

- IAWG Training Partnership Initiative Uterine Evacuation modules
  https://iawg.net/resources/srh-clinical-outreach-refresher-trainings-for-humanitarian-settings

- Ipas Comprehensive Abortion Care Training resources https://www.ipas.org/resources/training

- World Health Organization (2014). Clinical practice handbook for safe abortion. Geneva: World Health Organization. https://www.who.int/reproductivehealth/publications/unsafe_abortion/clinical-practice-safe-abortion/en/