



Hotline Meeting On Experience Sharing and Evaluation

**The Asia Safe Abortion Partnership
In Collaboration With
Aware Girls, Women on Web and Waves**

**April 15 -17, 2014
Kathmandu, Nepal
Report prepared by Shweta Krishnan, Rapporteur, ASAP**

Introduction:

From April 15th to 17th the Asia Safe Abortion Partnership conducted a three-day workshop to evaluate and strengthen the hotlines that provide information about Misoprostol to women in Asia. **The Hotline Meeting on Experience Sharing and Evaluation** was held at Hotel Brikuti in Godavari Valley, near Kathmandu, Nepal, and was attended by partner organizations from Bangladesh, Indonesia, Pakistan and Thailand, who are instrumental in the running of these hotlines.

The workshop included sessions on gender and rights, technical updates on safe abortion and contraception, values clarification, field visit to a Comprehensive Abortion Care (CAC) Center in Nepal, and sessions to evaluate the management and running of the hotlines. ASAP Youth Champions from the Philippines and Nepal were invited to observe the proceedings. Youth Peer Educators from Ipas also attended the meeting.

The workshop received financial support from Mama Cash as well as SAAF Grantee Aware Girls (Pakistan) and technical support from Women on Waves and Web. Resource people included ASAP Assistant Coordinator Dr. Shilpa Shroff, Steering Committee member Dr. SP Choong, Independent activist Ms. Kinga Jelinska (formerly with Women on Web), and Women On Waves' member Dr. Marlies Schellekens. ASAP Steering Committee Chair Ninuk Widyantoro also attended the conference as a participant. ASAP invited an external researcher Dr. Sumnima Tuladhar to conduct the evaluation and Shweta Krishnan attended the conference as a rapporteur for ASAP.

This report outlines the details of the workshop. Annex 1 and 2 provide a list of the participants and the agenda respectively.



Figure 1: Participants and Resource People of the Hotline Meeting on Experience Sharing and Evaluation at Hotel Brikuti

Background:

While laws on abortion vary across Asia, it can be said that most countries inherit colonial laws that criminalize abortions and mandate punitive action against women seeking abortions, the persons helping them and the doctors providing abortion. In several countries, acts passed after independence from the colonial rule have overturned the colonial penal codes to allow abortion under specific circumstances.

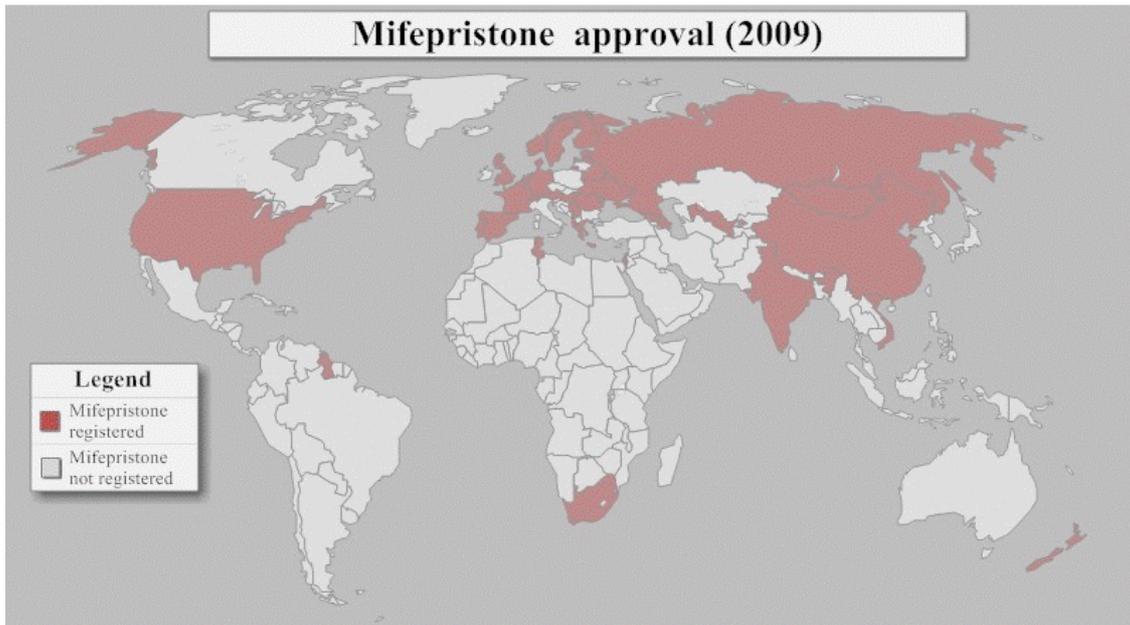
While countries like India and Nepal have fairly liberal laws that allow women to seek safe abortion services for a wide variety of reasons, others like the Philippines and Sri Lanka, allow abortions to be performed legally only if the life of the woman is threatened by her pregnancy. In several other countries like Pakistan abortion is additionally allowed if the pregnancy threatens the wellbeing or life of the mother. Thailand and Indonesia also allow abortions if the pregnancy is a result of sexual violence. Other countries like Bangladesh, allow menstrual regulation, which is similar in procedure to abortion, but is performed before pregnancy is medically confirmed.

Women across Asia are also often subject to stigma arising from cultural and religious taboos about abortions, and patriarchal notions about control over women's bodies and sexualities. This stigma often extends to the use of contraception, making it extremely hard for women to avoid unwanted pregnancies. The stigma also affects abortion providers and their attitudes towards abortion, creating social, legal and medical impediments for women seeking safe abortion.

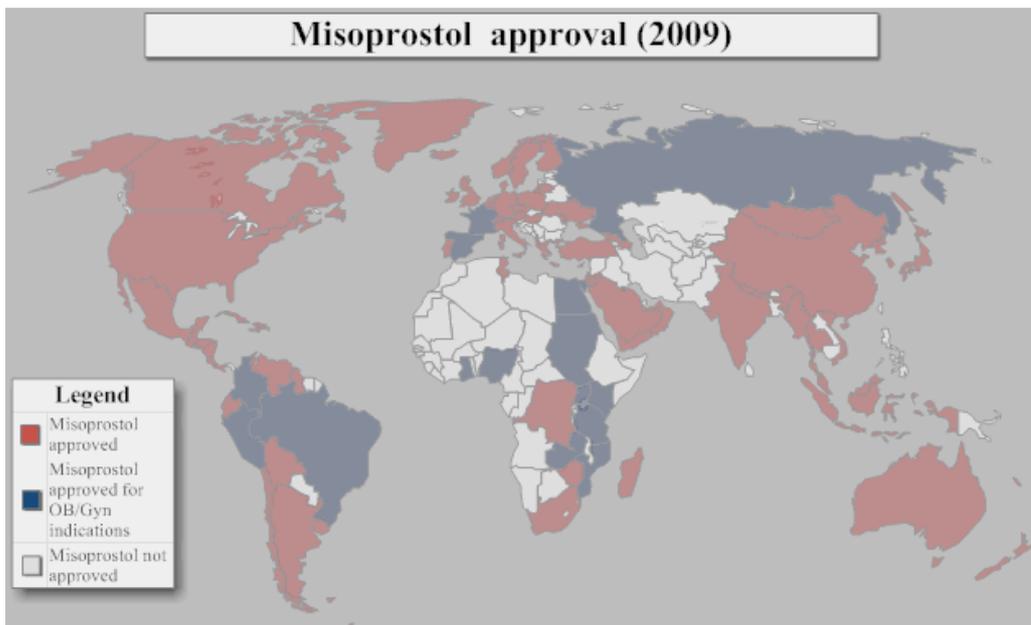
Despite these restrictions – both legal and social – more than 28 million women seek abortions every year in Asia. Of these about 10.8 million women do not have access to safe abortion. Asia hosts the world's largest population of young people and statistics show that 2 out of 5 unsafe abortions happen to a woman under 25 years of age. Unsafe abortions cause anything from 6% to 50% of the total maternal deaths in countries across Asia, and pose a serious public health concern.

On the other hand, medical advancements have rendered both surgical and medical abortions safer and easier to perform. The woman herself can in fact perform medical abortion, which is abortion using misoprostol or a combination of mifepristone and misoprostol, should accurate instructions be available. In a society rife with stigma, this method transfers control to women, decentralizing the provision of abortion services and empowering women by allowing them to exercise control over their own bodies.

The two barriers to the implementation of these methods are: availability of the drugs and availability of accurate information.

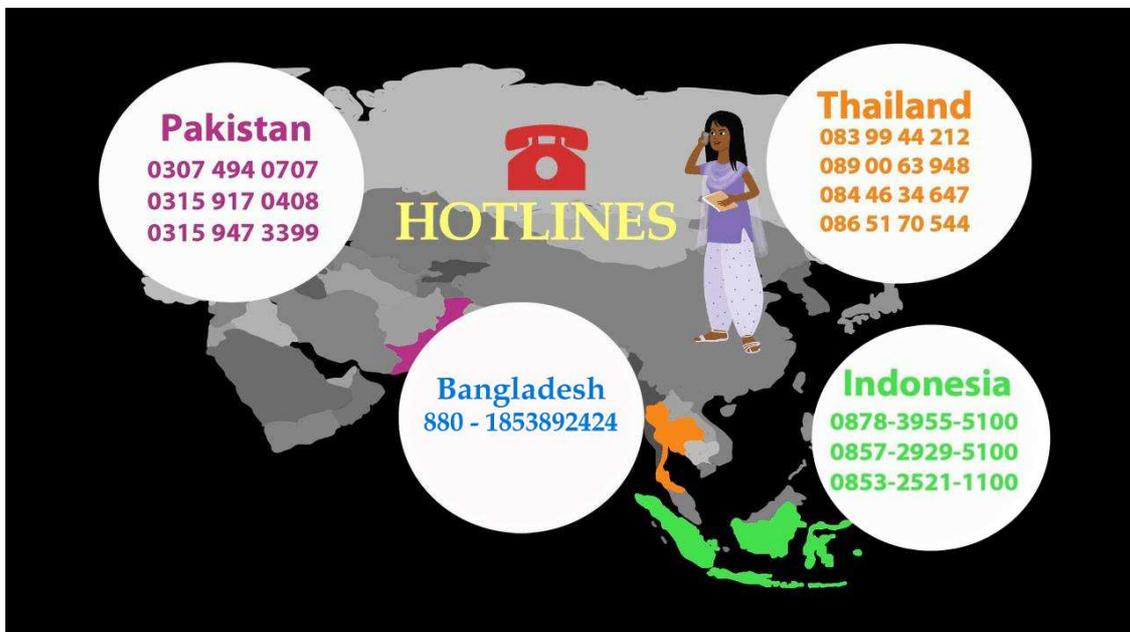


Across Asia, mifepristone is registered only in a handful of countries. But misoprostol, a versatile drug that finds use in the treatment of post-partum hemorrhage, arthritis and stomach ulcers, can be found widely. The misoprostol hotlines seek to disseminate information about the use of the latter medicine, and if available the combination of both, in order to allow women to avail of safe medical abortion even in restrictive environments.



Women on Web and Waves have supported the hotlines, which are run by their regional and local partners in various countries around the world. In Asia, ASAP partnered with them to conduct a workshop, which led to the formation of the Sahailee hotline in Pakistan in 2010, which is currently run by two partner organizations, Aware Girls and Peace Foundation. A new hotline was opened in Balochistan under the aegis of Aware Girls, but is operated locally by National Welfare Organization. Peace Foundation has also expanded their hotline to serve Siraiki, a remote area in the Sindh Province.

A similar hotline was launched in Indonesia in 2011 and is operated by Samsara, an organization based in Jogjakarta. In late 2012, another hotline was launched in Thailand with the support of Women on Web. In 2013, Women's Health Foundation, based in Jakarta also began another Misoprostol Hotline and in the same year Aware Girls, along with Women on Web and ASAP supported the launch of a hotline in Bangladesh. It is managed by Community Life, a local organization.



These hotlines provide information on the use of the medication, through trained counselors. Each of the hotlines operates in a unique environment, faces varying challenges and successes.

The Hotline Meeting for Experience Sharing and Evaluation aimed at bringing together these various groups in order to create a platform where they might share their stories, learn from their experiences, and expand their knowledge on safe abortion and medical abortion. The meeting brought together counselors as well as administrators of these hotlines, allowing them to learn from each other about the organization of the hotlines as well as the quality of the service provided.

The meeting was also an excellent platform to bring in an external evaluator to study the structure and organization of these hotlines, the quality of the services provided, and their data collection methods so that they might be able to strengthen their strategies in the future. This evaluation will also help them to reach out to donors for funds that would help sustain the services. In the following sections the proceedings of the workshop and the evaluation are outlined.

Summary of The Workshop:

On the first day of the workshop, the participants had an opportunity to meet with each other, present their experiences and challenges, and also participate in key sessions including updates on medical abortion, gender and reproductive rights and values clarification. In the evening, a dissemination meeting gave them the opportunity to share their work with mid-level providers and doctors in Nepal as well as with members of Ipas Nepal.

On the second day, the teams met with the evaluator Dr. Sumnima Tuladhar for a short session, following which they went for a field visit to the Comprehensive Abortion Care (CAC) center in Bhaktapur. After observing procedures, they had an opportunity to interact with the staff, and participate in interactive sessions on conscientious objection and challenges in providing information about medical abortion. On day three, they met with the evaluator for a second time, after which they had the opportunity to share their views about the field visit, discuss the challenges they faced and future plans in greater detail.

Day 1:

The workshop commenced at 9 a.m on April 15. Dr. Shilpa Shroff welcomed the misoprostol hotline teams and gave a brief outline of what lay ahead. Steering Committee members Dr. SP Choong and Ms. Ninuk Widyantoro also welcomed the group, and noted the importance of hotlines in providing crucial information to women seeking abortions in very restrictive environments. Ms. Kinga Jelinksa and Dr. Marlies Schellekens also introduced themselves, and welcomed the participants. The participants then introduced themselves and their work.

The first session moderated by Dr. Jelinksa gave each team an opportunity to share its stories, its experience and challenges. The coordinators of the hotlines made each of the presentations, while the counselors added to the presentations when questions were asked.

The presentations were preceded by an Ice Breaker, which Dr. Jelinska initiated. The participants were asked to pick one unfamiliar person among the audience, and share with them the past year's best professional achievement, biggest challenge and personal achievement. The ice-breaker gave the teams a chance to talk to

people from other teams and countries and to feel a little more at home with each other. This immediately made sharing easier.

Sahailee, Pakistan

The first team to present its experience was the Sahailee team from Pakistan. 'Sahailee' is Urdu for female friend and the hotline is a collaborative effort by Aware Girls and Peace Foundation.

More than 350,000 women die every year globally from preventable complications related to pregnancy and delivery while Pakistan ranks third highest in the world with the number of maternal deaths. Unsafe abortion is a leading cause of maternal mortality. 1 in every 300 women who have an unsafe abortion dies as a result. 1 in 10 women will have PPH after giving birth and of 1 of each 100 women who have PPH will die as a result. Misoprostol can be used to prevent deaths from both unsafe abortion as well as PPH, and a hotline sharing accurate information on the use of the drug, empowers women to control their own lives and fertility.

With this information in mind, Aware Girls and Peace Foundation Pakistan partnered with ASAP and Women on Web and Waves to launch the Sahailee hotline in 2010. Currently, National Welfare Organization has joined them in their work.



Figure 2: The Aware Girls Counselors During The Launch

Each of these organizations reaches a very different demographic. In a multilingual and multicultural country like Pakistan, their ability to reach out to a wide demographic in multiple languages has given the Sahailee hotline wide popularity and great success. But close on its heels also comes the challenge of working in an environment where cultural taboos join with religious stigma to demonize abortion

and those working for it. Fascinating experiences were shared during these presentations.

Saba Ismail, the co-founder of Aware Girls, an organization that has worked on the misoprostol hotline since its inception, and has coordinated the running of these lines in several areas around Pakistan and Bangladesh. The main objectives of the hotline are:

- To reduce unsafe abortion among young women in Pakistan and Bangladesh by making comprehensive safe abortion information (on medical abortion) accessible to them through strategies including Misoprostol hotline
- To reduce the taboo and stigma attached to abortion in the community and abortion service providers of Pakistan and to create support and awareness about misoprostol and medical abortion in general among local women's groups.
- To do pre- and post-KAP surveys to know the awareness of the hotline among women and youth groups and then to develop appropriate dissemination strategy for the helpline to reach women with the information of Misoprostol hotline in the target countries.
- To create a network in the Global South for Safe Abortion

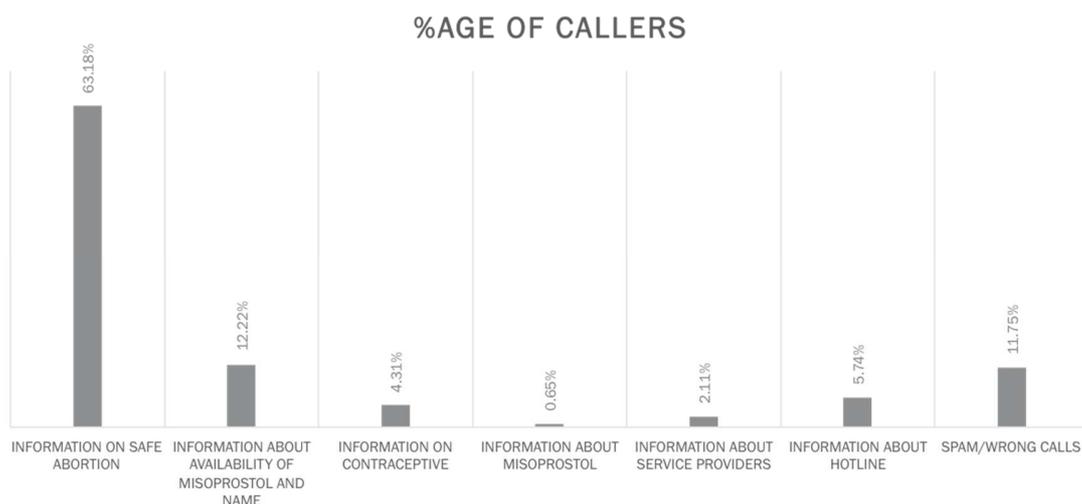


Figure 3: Aware Girls Counselors Pose With Dissemination Stickers

She also spoke at length about the sociocultural context within which the hotline works.

The abortion law in Pakistan allows women to avail of safe abortion services in hospitals only if their life is threatened or to preserve mental and physical health. Though rape and incest are cited as causes, the clause can be used only if the rape is proved in a court. In addition to this, several medical doctors choose not to perform abortions on moral or religious grounds. Several other interpret the law conservatively. Matters are complicated for women who live in patriarchal families, as they are financially dependent on male members, who may not have an understanding of women's reproductive health care needs or rights. Unstable governments in Pakistan have been unable to address such issues, or unwilling to do so, marginalizing safe abortion services for women. The simultaneous rise of religious fundamentalism, and militancy, have threatened reproductive and sexual rights of women, and restricted access to health care in Pakistan.

Sahailee hotlines function in areas where religious fundamentalism and militant activity thrive, and women live in restrictive patriarchal settings. Counselors speak to women in their native languages and dialects and help them handle the consequences of unwanted pregnancies by giving them accurate information about misoprostol that can be taken in the privacy of their homes. Misoprostol is being sold in grocery stores and pharmacies, specially for the prevention of post-partum hemorrhage, and women are able to buy them during their weekly trip to the markets. The counselors speak with the women multiple times, giving them advice about abortion, about access to the pills and also offer support during the use.



She shared detailed profiles of the callers, and elaborated on the reasons for the calls. While a majority of the callers wanted to know about safe abortion, a sizable number called about information on contraception also. In Saba's estimate the

number of calls about contraception would be even higher if husbands supported women in their use of contraceptives, or if more women had the financial ability to use contraceptives without the approval of their families.

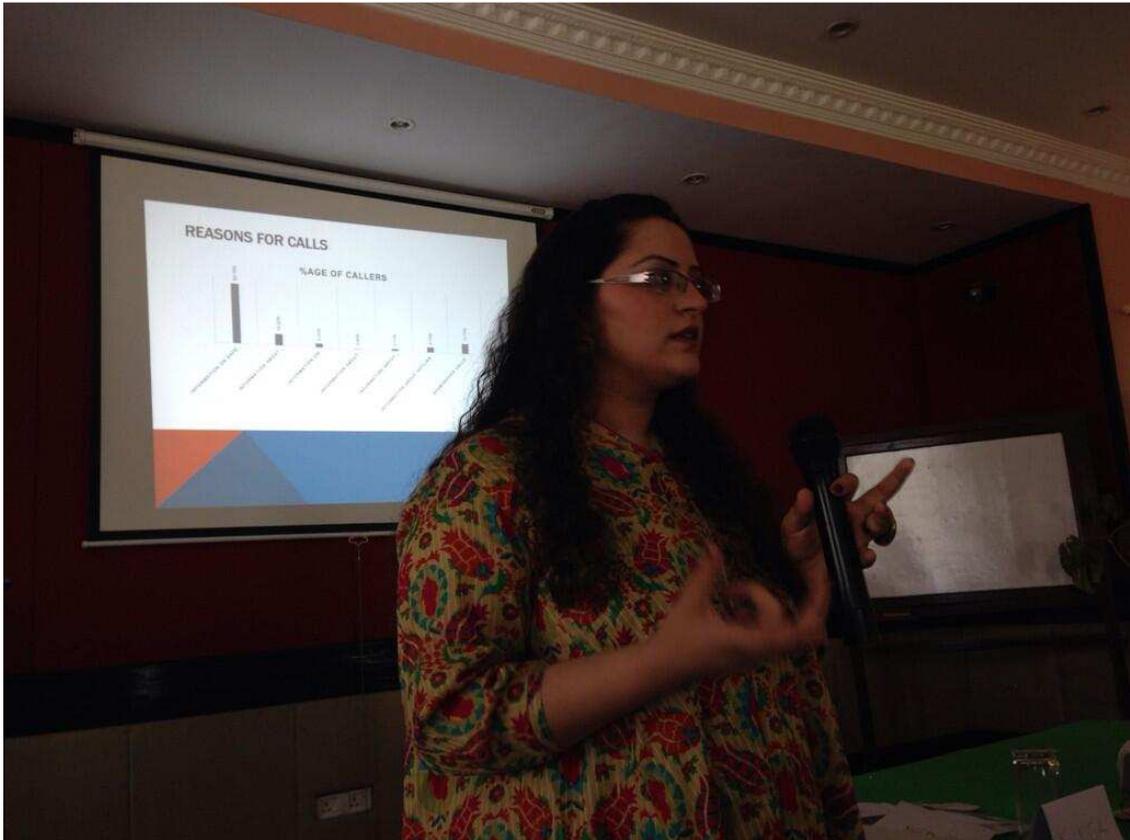


Figure 4: Saba Ismail Presenting At The Meeting

Saba also shared a testimonial from a caller:

Zahida, 28-year old student, unmarried: (5 weeks pregnant when she contacted Sahailee. She was very depressed and frightened initially.)

I am unmarried and I belong to a conservative family, it was very difficult for me to access safe abortion. Sahailee hotline understood my situation, was in regular contact with me and guided me in a very supportive manner. Sahailee hotline helped me regardless of my marital status. I do not have words to express my gratitude to Sahailee hotline and their team.

Speaking after Saba, Muhammad Dawood and Mahjabeen Baloch of the National Welfare Organization elaborated on the challenges of working in Balochistan, an area dominated by religious fundamentalists and organized militants like the Taliban. In these areas, women themselves are very often not aware that their health can be understood as a right and that they can demand for it. In these areas, religious fundamentalists very often threaten organized non-profits and label them

as foreign outfits, forcing members of non-profits to pose as independent social workers in order to be able to reach out to women and talk to them.



Figure 5: Mohammud Dawood Presenting At The Meeting

The National Welfare Organization organizes workshops on reproductive and sexual health and rights, under the guise of conducting workshops on “Women’s health issues.” During these workshops they address key issues like rights over the body, domestic violence, forced pregnancy, repeated pregnancy, rape, marriage and safe abortion. They conduct values clarification sessions helping women recognize patriarchal control over their bodies. Some of these women are then trained to be counselors. The organization also works to ensure that local groceries stock misoprostol so that women can access the pill should they have the need.

Both Aware Girls and National Welfare Organization are forced to face constant threats from the Taliban and other fundamentalist groups. They carry out their work in spite of these threats and constantly seek to reach out to more and more women.

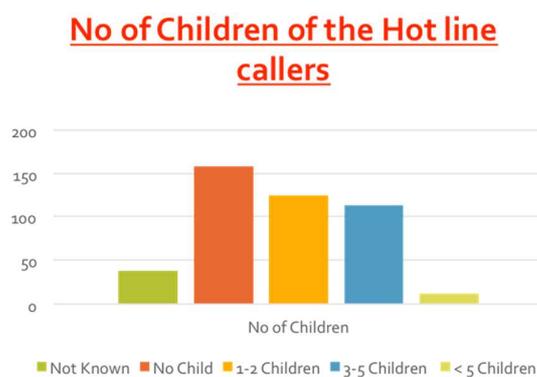
Following this, Farzana from Peace Foundation, Pakistan shared the challenges of working in the Sindh and Punjab provinces, where cultural stigma against abortion coupled with patriarchal norms within traditional family systems bars women from accessing safe abortion.

She shared the demographics of the callers they attended to. Most women were between 25-30 years old, were from household making between 10,000-20,000 Pakistani rupees a month, and came from urban areas of Pakistan.

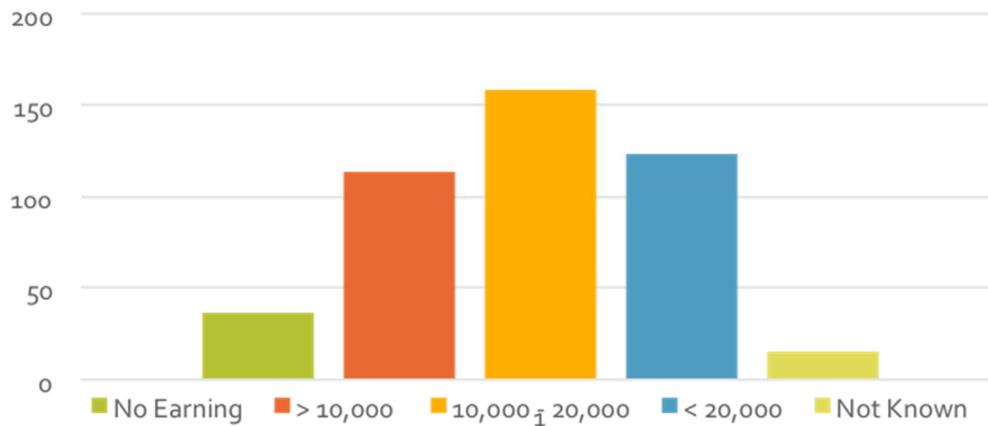


Figure 6: Farzana Presenting At The Meeting

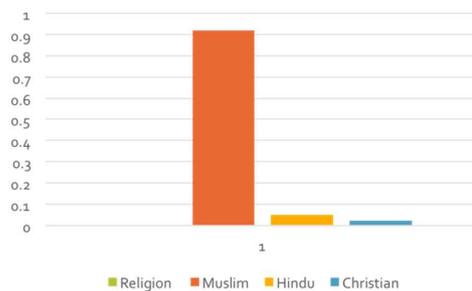
The vast majority were Muslim women, while women from Hindu and Christian minority communities also reached out to the hotlines. The callers usually had no children or had 1 or 2 children, indicating that they were trying to time and space their pregnancies.



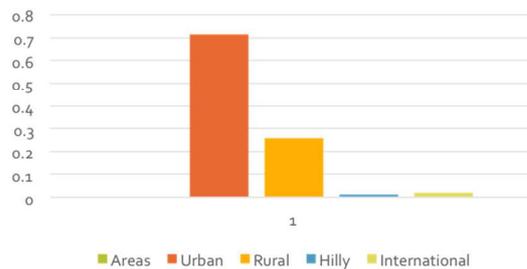
Income of call's Family per month



Religion of Hotline callers



Nature of Area of the Hot line callers



Farzana also spoke about the difficulties the counselors faced in working for Sahailee. Several counselors keep their jobs confidential, revealing very little about the hours they work and the nature of the information they share with friends and family. Cultural stigma works as a barrier for them as well as for the women seeking abortion.

Amidst threats from religious fundamentalism and cultural stigma, the Sahailee hotlines are trying to improve not only access to information but also access to services.

Along with counseling services Aware Girls and Peace Foundation also work with service providers via workshops that provide clarification of values. They also work to improve the supply of misoprostol, and distribute the hotline numbers in pharmacies encouraging women to call. They promote SRHR and safe abortion using [social media](#) and [mass media](#).

Aware Girls has had the opportunity to be featured in the international press and gain wide support. They also use other dissemination methods like using stickers with the hotline numbers in community events, public transport and relief kits distributed in the aftermath of natural disasters like floods, and seek to reach out to more and more women in and around Pakistan.

Samsara, Indonesia:

Speaking after lunch, Naila N.K. from Samsara, Indonesia shared insights about the hotline that is based out of Jogjakarta. Set up in 2010, Samsara seeks to provide safe and affordable abortion services by

1. Disseminating information and providing counseling services for women
2. Increasing access to safe abortion services

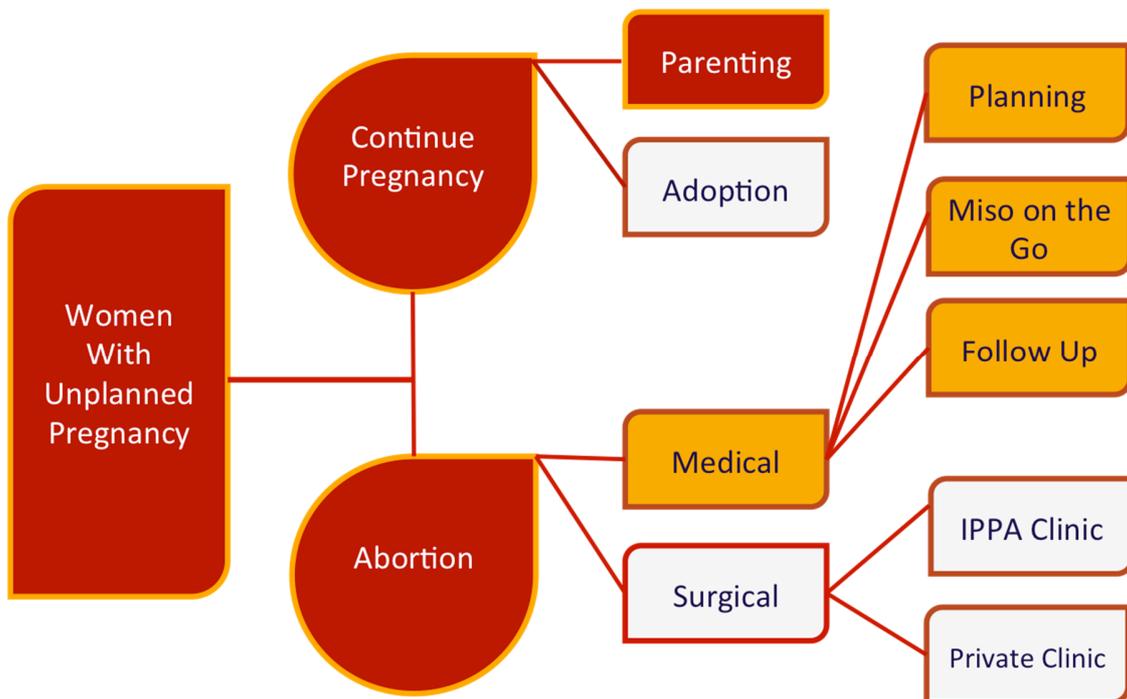
It operates on the principles of being accessible, open to all, youth friendly and confidential. The hotline provides information about the options open to women having unwanted pregnancies, information about safe abortion, information about access to safe abortion and post-abortion care services.

Samsara believes in a rights based approach and promotes the right to information, the right to technology and the right to health.

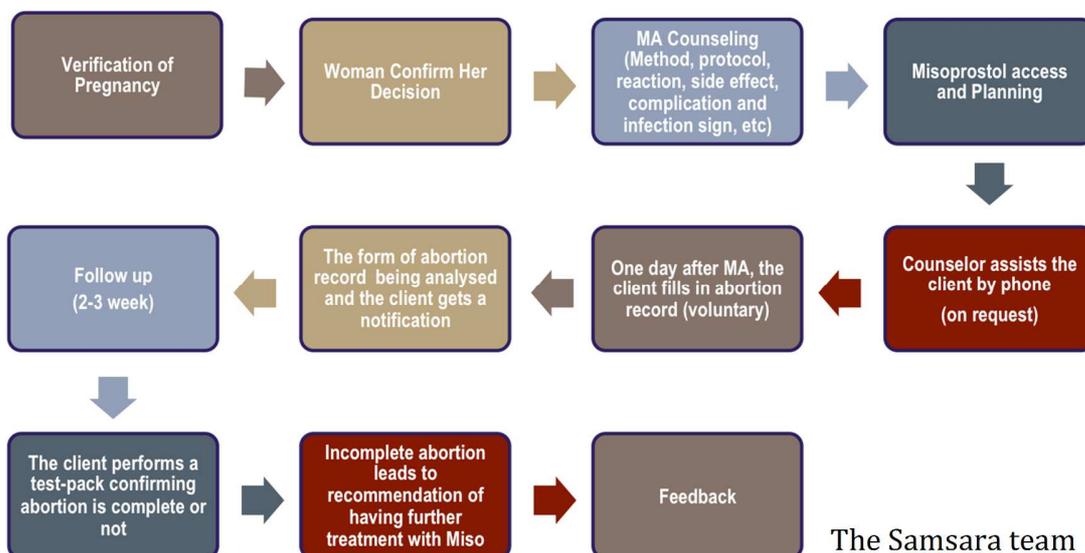
They believe that accurate information about misoprostol allows women to have complete privacy and preserve their right to make decisions for their body and their future.

Samsara also believes in the need for women to know all the options that are available to them and hold counseling services that provide information about parenting, adoption, medical and surgical abortion. Their counselors are first trained to provide information about misoprostol up to 9 weeks of pregnancy.

They then take refresher courses that allow them to see patients with advanced pregnancies. Senior counselors help in providing information for use even up to 20 weeks. Since mifepristone is not available in the country, the hotline mainly provides information about misoprostol. But if mifepristone can be procured, they also provide information about using the mife-miso combination.



The counselor also explained the process used to provide women with accurate information and access to safe medical abortion. The process includes follow-up sessions and help to find post-abortion care if the procedure fails. At the end, the women are asked to provide feedback which is used to improve the service.



The Samsara team also uses innovative methods to find financial support for its counselors. In the past years, they have worked without the pressure of large donors and have collected funds instead selling T-shirts, beer and asking for donation from some of their more well off clients.

Over the years, the team has switched from manual methods of documentation to an online documentation method, which helps them maintain client profiles and follow-up at necessary intervals. The counselors work up to 4 hours a day, and take turns operating the hotline. This allows them to de-stress and also increases the efficiency of the hotline.

Samsara provides services and counseling to clients ranging from teenagers to women experiencing pregnancies late in their life. They also deal with women who are victims of domestic abuse and rape, and help them by addressing gender based violence in their sessions. Client satisfaction is very important to Samsara, and the team shared two testimonials:

Shanti, 31, Bali, Indonesia

"Hotline Service should be kept available because it eases women who experience unplanned pregnancies. Clients gain their privacy and feel convenient to share when counseling. Hotline service by calling is important because not every woman in Indonesia can access Internet due to the remote areas or skills in accessing. In terms of the hotline working hours, I suggest to extend till at night. Based on my personal experience, I found it hard to have right time and place. I hid when calling the hotline and it was done when I was working at the office."

Putri, 22, Bekasi, Indonesia

"Before searching SAMSARA websites, I have contacted the drug seller who warned me not to use Misoprostol and recommended another kind of drug which was much costly. If I could not have found the SAMSARA website, I would have probably consumed drug which endangered my health or even my life. Thanks to SAMSARA for enabling me to access safe abortion. I also had been depressed and I was going to commit suicide because I felt no other choices. Now, with the support and guidance that I got from my counseling, I have found a solution and I realize that this incident is not the end of everything."

The team also compared their experience to that of their peers in Pakistan. Though the two countries have a large Islamic presence, the impact of religious fundamentalism varies in the two countries. Though Indonesian women also feel the impact of cultural stigma, they face less threat from militant or fundamentalist groups. This has also allowed Samsara to discuss their message more openly using social media and print media, and during community events and trainings.

However, the stigma and religious attitude does affect the law, which only allows abortion if the woman's life is under threat, her wellbeing is affected or in cases of rape and incest. Abortion is available only up to 9 weeks of pregnancy, at which point several women particularly young girls might not have discovered their pregnancy. Also mifepristone is not registered in Indonesia, denying women a chance to avail of the safest method of medical abortion. Samsara combats these

challenges using innovative ways such as flash mobs, T-shirts, stickers, social media campaigns and mass media articles that demand safe, affordable, legal abortion as a right.

Women's Health Foundation, Indonesia:



Figure 7: Participants At A Training Session For Counselors

Women's Health Foundation launched a hotline in 2013. Based out of the capital city of Jakarta, the WHF hotline also aims to provide accurate information about misoprostol and also combat stigma against abortion. With only a few months under their belt, WHF has not yet reached a clientele as large as Samsara's and largely serve women who live in urban areas with access to health care facilities. Because of the stigma against abortion, these women do not want to access services in hospitals, and prefer to have abortions privately at their homes using the medical abortion pills.

WHF shared their client profile with the other teams:

- More than half of the clients (85%) were over 20 years old, with 15% below 19 years.
- 90% were high school graduates and 10% do not have any education
- 48% unmarried women, 41% were married with almost half had at least two children and 5 % is divorced.

- 65% are employed, 20% are students, 10% housemaid and 5% unemployment
- 65% of the clients called in the 6-7th week of gestation.



Figure 8: Ninuk Widyantoro Talks About Counseling At The Training Conducted By WHF

WHF has conducted training for its counselors and is working on increasing the capacity to deal with more clients. They are also working to promote the hotline across the city, and over the internet to be able to reach large numbers of women. They are also working currently to connect with youth groups, nurses and doctors in an effort to spread the information about the existence of the hotline.

The challenges they face include cultural stigma against abortion, the lack of knowledge about the legality of medical abortion, disparity between need for safe abortion and trained counselors. The organization has plans to meet with these challenges in the upcoming year, and announced that it was hoping to learn from Samsara and the other hotlines teams across Asia.

Naribandhop, Bangladesh:

Misoprostol and Mifepristone are registered and available in Bangladesh for menstrual regulation, which is similar in procedure to abortion but is performed before the pregnancy is medically confirmed. This allows the country to make the service available for women and skirt religious restrictions around the issue. Menstrual Regulation using medication (MRM) is available up to 9 weeks of

pregnancy in health facilities. But women are either unable to access it because of the distance from these services or because of stigma.



Figure 9: Marlies Schellekens of Women On Web At The ASAP-WoW Training

Aware Girls worked with ASAP and Women on Web and Waves to train a team in Bangladesh to provide accurate information about MRM. As a result of the training, Community Life, a non-profit based in Dhaka has launched a hotline service called Naribandhop in Oct. 2013.



Though the use of the MRM allows the country to provide women with safe abortion, the community is not entirely free of religious and cultural stigma against the practice of MRM. Growing political unrest and the resurgence of religious fundamentalism pose large threats to the practice of

MRM. While there is lesser dissent among the medical community than in a country like Pakistan, it is not entirely uncommon for women to encounter doctors who are averse to the practice. Women are also not able to access MRM beyond 9 weeks.

In a short time after its launch Naribandhop (which means a woman's friend in Bangla), has had 687 calls from across Bangladesh, emphasizing the fact that women are looking for information about menstrual regulation to prevent unwanted pregnancies. As the hotline is young, it is only beginning to analyze this data. Robert Paul, the founder of Community Life shared the initial calls and experiences.

The initial analysis of the data shows that

- About 50% of the callers are between 25-30 years of age
- 91% of the callers were married
- Most callers are Muslim but a few calls were recorded from the Hindu minority as well
- 41 calls were made by men seeking information about menstrual regulation or contraception
- 64% of the calls were for unwanted pregnancies, and about another 10% were calls about misoprostol use for PPH. Additionally, there were calls asking for help with domestic violence, family planning methods, infertility and marital issues.

The hotline still faces many challenges. Among them:

- The lack of trained counselors to meet with the need for information
- The inability to share information about misoprostol and mifepristone use beyond 9 weeks of pregnancy without the fear of legal action against the hotline.
- The inability of counselors to meet with the women should they make the request to receive information in person. (The counselor keeps their identity secret for security reasons).

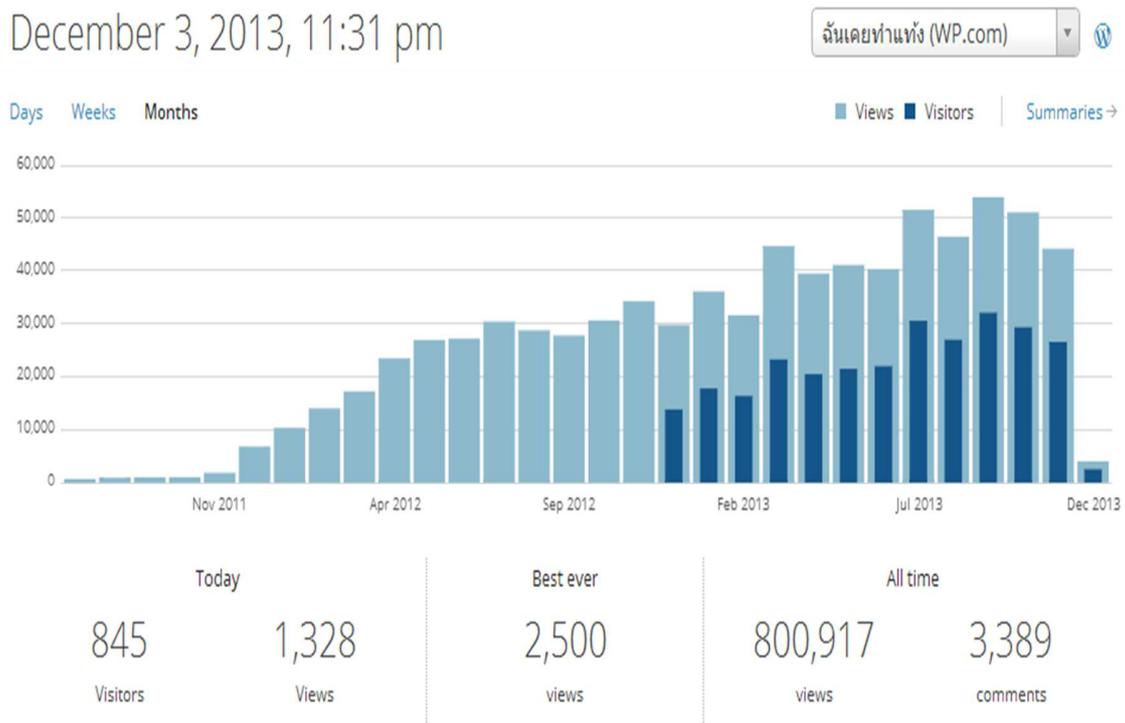
Community life is hoping to conduct training sessions and engage more counselors to improve their services.

Tamtang, Thailand:

In November 2010, 2000 bags containing products of unsafe abortion was discovered near the Wat Phai Ngon, a temple near Bangkok. Tamtang was started as a response, and aims to provide information about safe abortion in Thai and reduce the number of unsafe abortion. It began as an extension of the Women on Web Helpdesk.

In the beginning it was a [Wordpress blog](#), providing information about pregnancy, medical and surgical abortion, adoptions and post abortion care. It also gave women a chance to talk about their experiences and ask their questions. By Dec 2013, they had more than 800,000 viewers.

A telephone line was added in 2011, and it helps provide additional support by directing women to clinics, and helping them understand what to expect while they are undergoing the procedure. Currently, Tamtang can refer patients to 14 safe abortion clinics around Thailand, and also facilitate safe medical abortion through Women on Web.



Tamtang is also a part of the Choice Network, which is a group of doctors, nurses, counselors, government officers, researchers, and NGOs, who work for reproductive justice and the right to choose. They also work with NGOs that promote sex education and with women's shelters.



Figure 10: Ms. Supecha Baotip Talks About Tamtang

Like the other hotlines, Tamtang has its limitations and is able to provide help only for first trimester abortions. Also, while the women who contact Women on Web are able to avoid travel, those who choose surgical abortion are still forced to spend on travel because the clinics are not available close by. Apart from this, Tamtang's work is limited by the dearth of funds for safe abortion. Very often, working with

donors to obtain substantial funding forces Tamtang to change their style of work, and to avoid this they directly negotiate with providers and work through small safe abortion grants.

Sessions On Gender/ Rights, Safe Abortion Methods and Values Clarification:

A two-hour session after lunch helped provide participants with the latest updates on safe abortion methods, gender and SRHR. In the later part of the sessions participants had several conversations on the values attached to abortion.



Figure 11: Dr. Choong walks the audience through safe abortion procedures

Dr. SP Choong conducted the session on the recent developments in contraception and safe abortion. He began his talk with a little history, tracing the search for contraceptive methods in ancient Greece and Egypt. He also spoke about how the field was mostly studied and practiced by midwives and ‘witchdoctors’, whereas the medical community became involved only as late as the middle of the 19th century and the 20th century. A simultaneous interest shown in the legal field, led to the control of contraception and abortion by laws around the middle of the 19th century.

Dr. Choong also traced the history of the development of hormonal contraceptives from the 1960s to recent times. He pointed out that while the understanding of controlling female fertility had advanced, research on male fertility had stagnated. This unequal advancement translated into an unequal burden of responsibility on women to prevent pregnancies. While this focus on women’s fertility can also be

used to empower women, the simultaneous presence of cultural barriers to the advancement of women, mostly just drove women to feel solely responsible for unwanted pregnancies.

Dr. Choong also traced the history of abortion. While MVA was invented sometime in the 1970s, abortion using medication is an ancient practice. Traditionally done using herbs, abortion by medication was practiced by midwives, until they were disempowered by legal mechanisms. Currently, medical abortion is provided using misoprostol alone or in combination with mifepristone and has become a procedure that is largely conducted by doctors and trained medical staff.

Dr. Choong talked about the need to provide women-friendly, feminist services which go beyond the call of public health and take into consideration the unequal burden of pregnancy and its taboos on women. He cited his own clinic as an example, because he had carefully worked at creating comfort zones. From the outside to the waiting areas and the theatre, the clinic provides women with security and privacy. Women are not asked questions that might be uncomfortable, but are given counseling should they experience anxiety. The service providers are trained to be friendly to women.



Figure 12: Dr. Choong's Clinic At Penang



Figure 13: Dr. Choong Performs A Safe Abortion Procedure

Dr. Choong also addressed the need for legislation to ensure that the modern methods are readily made available to women. He quickly went over the laws in various parts of Asia, talking about the need for decriminalizing abortion, for making it available on request and without discrimination, and for making it available as a right that women can demand.

He also spoke about how often a good law was not enforced or was interpreted in a restrictive way, leading to the creation of multiple barriers at the service level.

- As an example, he went over the Malaysian abortion law, which though liberal, was now being enforced only partially because of restrictions being added to where and how abortion could be provided.
- India was another example discussed, where the lack of safe abortion in public facilities drove women to unsafe abortion.
- Nepal was discussed as a good example, where within ten years of decriminalization, maternal mortality rates had been reduced by 65% by providing safe and legal services using medical and surgical methods.

Dr. Shilpa Shroff advanced the conversation on law in her session on Gender and rights, examining the use of international declarations of Human Rights, and covenants such as CEDAW in dispensing justice to women in Asia. The session also led to rich discussions on the need to understand gender, gender roles and women's status in the society and to frame abortion under the larger umbrella of sexual and reproductive rights. Participants shared their experiences of working in rural and urban areas where taboo on sex, women's sexuality, pregnancy outside of marriage and lack of contraception led to situations where women had no choice but to have an abortion.



Figure 14: Shilpa Shroff Speaks about Abortion Laws

Abortion Law: South & South East Asia

	To Save Life	Physical Health	Mental Health	Rape / Incest	Social	On Request
China, Vietnam , Cambodia, Singapore, Nepal						
India, Taiwan						
Thailand, Korea						
Malaysia, Pakistan						
Maldives						
Bhutan, BG, Indonesia, Laos, Myanmar, Philippines, Sri Lanka						

Being deprived of their chance for safe abortion, these women are willing to risk their lives having unsafe abortions. During their conversations with the hotline counselors and in the feedback forms, several women expressed their precarious situation in society and within their homes, and thanked the hotlines for saving them from embarrassment, dishonor and shame. Several women were also victims of abuse and to them the hotlines provided a means to talk about the violence in addition to the ensuing pregnancy. This led to a conversation on the right to safe abortion, and specifically, the right to accurate information on safe abortion methods, laws and rights.

This was followed by a session on values, where the participants responded to statements previously prepared by the ASAP team. The statements were:

- Parental consent should be required for any teen requesting an abortion.
- Women who have more than one abortion are irresponsible.
- Male partners should have the right to be part of the decision about terminating a pregnancy.
- Abortions should be legal only up to 12 weeks of pregnancy.
- Abortion is an action that shirks the consequences of unprotected sex.
- Poor women who are HIV positive should not have children because they will be a burden to the public
- The baby should not be punished for the rape of the mother.

The participants were asked to take positions on the statements and argue why they agreed or disagreed to the statement and to what degree. Most participants believed in the nonnegotiable right of the woman to choose the outcome of her pregnancy, while a handful were conflicted on topics such as consent of male partners, and multiple abortions. These issues were addressed in another enriching conversation on gender hierarchies, the roles of women in their marital family and why resting

the decision in the hand of the woman gave women the ability to negotiate their agency within such patriarchal societies. The medical side effects of multiple abortions were also discussed: while multiple safe abortion led to no harm, even a single unsafe abortion can lead to maiming complications or even death.

The participants took a break after this for high tea, where doctors and mid-level providers from Nepal joined them. The group reconvened for a dissemination meeting shortly.

Dissemination Meeting:

ASAP arranged a dissemination meeting in order to inform mid-level providers, doctors and teachers about the use of hotlines on safe medical abortion, and to address the possibility of setting up similar hotlines in Nepal, where service delivery is often challenged by the mountainous terrains, bad road and landslides. However, as both mifepristone and misoprostol are registered in Nepal, women can get the pill with relatively more ease than other parts of Asia. In such situations women can perform safe medical abortion even in their villages as long as someone can provide accurate information to them on the phone.



Figure 15: Dr. Indira Basnett Addresses The Audience At The Dissemination Meeting

Dr. Indira Basnett, the director of Ipas Nepal and a past steering committee member for ASAP welcomed the group, and gave an introduction to the abortion law in Nepal. She spoke about the process of decriminalization in 2002, and the reduction

of maternal health afterwards. She also introduced ASAP, and spoke about how the network provided the first space in Asia to discuss abortion as a right.

Then Dr. Marlies Schellekens presented global stories that Women on Web had encountered, emphasizing on the need to unravel the legal, medical and human rights dimensions of abortion simultaneously in order to guarantee women unconditional access to safe abortion. She talked about the campaigns – online and offline—that Women on Web and Waves conduct in order to promote such thinking.



Figure 16: Dr. Marlies Schellekens Speaks About WoW and Their Initiatives

Following this Dr. Shilpa Shroff spoke about ASAP’s role in advancing the hotlines in Asia, by measuring, monitoring and analyzing the calls in order to provide optimum care for women.



Figure 17: Saba Ismail Speaks About Sahailee

This was followed by Saba Ismail who provided a synthesis of the Sahailee hotlines, including not only the work of Aware Girls but that of their Pakistani and Bangladeshi partners in order to provide an overview of the network that existed to provide women with services denied by legal restrictions and stigma. She also spoke about the

challenges encountered from the religious groups in Pakistan.



Figure 18: Shreejana Bhajracharya speaks about her work with factory workers in Bhakatapur



Figure 19: Smriti Thapa Speaks About Access In Mountainous Nepal

ASAP's Youth Champions from Nepal then had an opportunity to talk about the various groups of women they work with and the challenges of providing safe abortion to all of them.

Shreejana Bhajracharya spoke about her work with factory workers, and the possibility of providing safe medical abortion to them through hotlines, while Smriti Thapa spoke about the need to address the dearth of providers and to empower mid-level providers even further in order to make abortion available in mountainous regions and remote districts of Nepal.

They both believed that the hotline model would help disseminate information, direct women to hospitals or take medical abortion pills in the safety of their homes.

They also spoke about the need to include young

people in the process of empowerment by allowing them to raise and address the issues they encounter while seeking access to contraception and abortion. Smriti also spoke about the use of social media in reaching out to young people and to addressing safe abortion as a right.

In the Q&A session, Prof. Dr Pushpa Chaudhari, President, NESOG from Nepal expressed concern over administering medical abortion pills without medical supervision. Dr. Choong took up the question and talked about his own reservations which were cleared when he saw how effectively the hotline counselors were able to explain about the medicines. He talked about how often the medical community was taught to think of medical abortion as “unsafe” unless provided by a doctor, while the actual use of medical abortion proved otherwise. He ensured her that the method will work well as long as the woman is able to follow the procedure. He also emphasized on the need for hotlines to provide medical referrals in case a woman encounters complications.

The day’s sessions concluded with discussions on the International Campaign For Women’s Right To Safe Abortion. Participants were given copies of the Sahailee hotline report, RHM Journal volumes and ASAP’s movie, [From Unwanted Pregnancy To Safe Abortion](#).

Later that evening, the workshops coordinators met with Dr. Sumnima Tuladhar who would evaluate the hotline teams on Day 2 and Day 3. They provided her with a background, and gave her information she needed to frame her evaluation.

Day 2:

The teams were divided into two groups for the evaluation. All the coordinators met with Dr. Tuladhar while all the counselors met with Dr. Jelinksa and Dr. Shroff. The counselors were also interviewed on video by the ASAP team. Dr. Choong joined Dr. Tuladhar’s team as an observer.

Coordinator Evaluation:

After a round of introductions, Dr. Tuladhar summarized the method and objectives of the evaluation exercise. She said that her study would lay emphasis on the quality of the work rather than numbers. She asked the counselors to tell her about both successes and failures, to present the challenges along with anecdotes and to talk about the management capacity of their organization from financial reports to technical reports. She also asked them to present their work using a timeline that would help her understand the progress and direction of their work. She planned to follow up with them on Skype in the course of the month.



Figure 20: Coordinators along with Dr. Schellekens and Dr. Choong Meet With Dr. Tuladhar

The various impacts that were mentioned included calls received, policy challenges and attitude changes, and improvement in the quality of services.

They also spoke about the lives saved, and how women were empowered. The need to expand the network and improve publicity was addressed. The participants presented their progress by drawing up milestones and timelines.

Among the problems discussed were the sale of fake tablets, maintaining confidentiality, security, manpower for data collection and maintenance, dissemination strategies.

Among the challenges shared were the negative attitude of the medical community towards medical abortion, religious barriers and funding. The groups also discussed the need for endorsement from large organizations in order to improve legitimacy in the area, but talked about how often that suppressed their own method of work and forced them to monitor and present their work in manners not designed internally.

Counselor Evaluation:

Simultaneously Ms Kinga Jelinska and Dr. Shilpa Shroff also evaluated the counselors asking them to address their training, experience, methods of counseling and challenges. Counselors spoke about their conversations with women in the first

trimester and second trimester, outlining the different questions they were asked, and how they handled it.



Figure 21: Counselors Speak To Dr. Shroff and Dr. Jelinksa While The Youth Champions Watch and Learn

They spoke about how they had been trained to deal with the various reasons for the call, including pregnancy resulting from violence, pregnancy resulting from failure of contraception, pregnancy outside of marriage. They provided accurate information about the hotline but also spoke to the women about these issues. They believed that sometimes women just wanted a friend to talk to and the counselor easily became an anonymous, but trusted friend. Several women called after the abortion to thank them for the help and to provide them with feedback that helped the counselors understand their own services. They also spoke about failed abortions, referrals to hospitals and calls to help women with their anxiety.

Field Trip:

Following this session, all participants went on a field trip to the district hospital of Bhaktapur. The trip took 40 minutes and ASAP provided snack boxes for all participants. The hospital was located outside the city of Bhaktapur and received women from the entire district, including the remote and mountainous areas. ASAP Youth Champion, Smriti Thapa, who is a young nurse herself, led the participants during the hospital visit. She translated their questions at the hospital and helped them observe and learn from a counseling procedure. She also helped them interact

with the mid-level providers by translating their questions and providing them with accurate translations for the answers.



Figure 22: Saba Ismail Asks Questions About Medical Abortion in Nepal

The participants observed two counseling processes (during which photographs were not taken to protect the patient's confidentiality and privacy). They were surprised that women were counseled in groups of three. The hospital staff said that group counseling had become mandatory because of the sheer volume of women who came for information and medical abortion pills. Individual counseling was provided for young girls, unmarried women and others who might want to keep their pregnancy a secret.

The provider used a chart to show the patient the two methods of abortion. Once they chose medical abortion, they were given one dose of mifepristone and then taught how to administer the misoprostol after 24 hours. Women were asked to come to the hospital should heavy bleeding continue beyond 4-5 days, or if they should develop unrelenting fever.

After this the group met with the doctors and mid-level providers who work in the hospital. They were given a quick overview of the law and access to safe abortion in Nepal. The doctors also spoke about Manual Vacuum Aspiration.

The medical team also heard from the participants about the hotlines, and agreed that this method might improve quality of services in remote areas of Nepal.

The participants were a little stunned to learn that the hospital catered only to about 150-200 medical abortions in a year. The calls on their phone lines exceeded this number by far. They wondered if women felt more comfortable talking about medical abortion on the phone rather than visit a hospital. If that was true then hotlines might be more successful than hospitals at providing women with access to safe abortion. The team agreed that it was a point worth exploring through research.

Role of Doctors In Abortion and Accountability of The Medical Community:

Very often hotline teams encounter strong opposition for their work from the medical community. The resistance comes in two forms:

- Some doctors believe that abortion is a sin, or is incompatible with their moral perspectives, and so refuse to perform abortions (conscientious objection)
- Others are resistant to the idea of non-medical counselors sharing information about the use of the medical abortion pills.



In his talk on the role of doctors, Dr. Choong, addressed these issues. He began by tracing the historic stance of the medical community on abortion. While it was a procedure performed freely by midwives, there was always a conflict between abortion and organized medicine. This form of medicine was patriarchal in its structure, and focused largely on “saving life,” engendering, as a consequence, a debate on the ‘beginning’ of life. While the Hippocratic oath does not allow the use of abortifacients and poison (taking a stance against abortion and euthanasia), the community’s close relationship with the clergy strengthened its stance against abortion. The medical community became actively involved in criminalizing abortion the mid-19th century, but then again became

Figure 23: Dr. Choong on The Role Of Doctors In Ensuring Safe Abortion For All

involved in liberalization when public health data showed the ill-effects of stringent laws, its relationship with unsafe abortion and maternal deaths. However, medical services for safe abortion are strictly monitored by legal mechanisms that also derive from patriarchal systems that fail to put the woman's life ahead of the life of the fetus. Within such heavily scrutinized medical environment, doctors have little protection and are often forced to interpret the law as narrowly as will keep them safe. This creates further barriers for safe abortion and perpetuates the stigma within the medical community.

Dr. Choong also addressed the issue of conscientious objection, a term that originated during the Second World War when men were given the right not to enlist for war on the grounds of conscience. This term when extended to abortion automatically personifies the fetus and equates abortion to killing. Such connotations prevent doctors from performing the procedure as a matter of conscience.

Dr. Choong said that while he believed in the right of doctors not to perform a procedure they were uncomfortable with, he also believed that doctors spreading shame and stigma must be held accountable by the medical community and by activists for the damage they cause. He emphasized the need for the medical community to address the issue of stigma and to strengthen medical ethics, so that women not only receive care but also care that is humane.

Challenges in Counseling:



Figure 24: Dr. Jelinska On The Challenges Of Counseling

Kinga Jelinska then addressed the challenges that counselors feel when they talk to women seeking safe abortion. She focused on concepts that were hard to explain in the local language.

Inna Hudaya and Saba Ismail said that it was hard to explain

what the product of conception was,

because its equivalent was not to be found in the local language. Patients also found it hard to understand the word "clots" as many of them were very young and had never experienced such bleeding. Some patients were easily frightened by the

amount of bleeding, and panicked when they experienced some amount of soreness, pain or itching.

Inna also talked about the challenges of vaginal insertion. Many women had never touched their own vaginas, she said, and were unsure of how to insert a pill inside it. So, only experienced counselors provided instructions to abortions after 9 weeks, which required vaginal insertion of misoprostol.

They also spoke about failed abortions. Both the Indonesia and Pakistan team had recently encountered failures with the use of Cytotec, while another brand ST Mom worked well. They talked about the need to develop a network within the medical community in order to refer cases of failed or partial abortion.

After this the team broke up for a late lunch and a tour of the historical city of Bhaktapur. This gave the team a chance to talk to each other and to discuss their experiences in an informal way. This bonding led to conversations for the need to create an online space for the hotline counselors and coordinators to share their stories and experiences.



Figure 25: Dr. Tuladhar listens to Inna talk about counseling

Day 3:

On the third day, Dr. Tuladhar conducted a session to evaluate the counselors. While they shared many of the same points that they had shared with Dr. Shilpa on day 2, they also spoke about their own emotions and challenges in detail.

The counselors took a number of calls even beyond work hours since women usually called them late in the evening or at night, when their husbands' mobile phone devices were within reach or when the family was asleep. A lot of them talked about the fear and shame of discovery that the woman faced and the need for training to cover such aspects of counseling during trainings. Some callers were suicidal and very often the counselors were not sure where to refer them or how to talk to them. They spoke about the need to link with networks that

deal with violence against women and suicide helplines and other forms of helplines for women.

The counselors also found these calls an emotional experience. While dealing with cases of violence, like rape and incest, the counselors often found themselves being affected by the woman's story. While the hotline environment allowed them to discuss these issues among each other, they addressed the need for more human resources so that all counselors can deal with only a select number of calls a day, and get some distance from the complex emotions around issues of violence and abuse.

They also spoke about the personal risks they took to do this work. This included the need for them to keep their job a secret from their family in order to avoid detection.

The session took a toll on a number of participants who until that moment had never been in a space where so many people understood their feelings. The group took a break where people share their stories and talked to each other.



Figure 26: Dr. Tuladhar with the participants

Coming back from the short break, Dr. Tuladhar addressed another issue: the patriarchal organizing of non-profits that very often did not allow for organizations to provide the necessary emotional and moral support for its staff. She shared a

story about her work with UNICEF where one of her staff members had killed herself from the work stress on the children's helpline, but UNICEF had denied additional funds to allow the employees some support within the office. She had also been unable to pay her employees as she thought was fit. She spoke about the roll of market economics in the patriarchal structuring of donor organization. This led to passionate discussions on target-based approaches that several donor organizations adopted: this involved asking hotlines to reach a certain number of calls, in order to receive funds. Such focus shifted the focus from quality of each call to the quantity of calls. There were discussions also on the ideological compromises that non-profits had to make when the foundations funding them were patriarchal in their beliefs.

After Dr. Tuladhar's discussions, the team broke for tea, and reconvened for a session on the importance of documentation by Inna Hudaya.

Importance of Documentation:

Most hotline counselors and coordinators are extremely busy taking calls, and they have little time to document the calls and maintain records. But records have two uses:

- They allow organizations to evaluate their own work, expand their reach and refine their methods.
- Donors require them to provide funding.

Inna Hudaya talked about her experience of developing a documentation process that allowed each counselor to enter the details of the women they had spoken to, allowing Samsara to keep records of the process. She shared the process by demonstrating what she would do for each call. The database allowed to record details about the women who called, including their age, marital status, location and reason for abortion. It also allowed Samsara to chart their personal information so they could be contacted for feedback and for further help. It also helped Samsara understand its callers, and to train counselors to provided optimum care for that demographic.

Strategies To Move Forward:

Ms. Jelinksa and Dr. Choong chaired this session, where each team discussed its goals. The broader theme discussed were funding, expanding the network of providers and finding more support for counselors.



Figure 27: Participants during the talks about moving forward and learning from each other.

Sahailee:

The Sahailee hotline planned to work on outreach, making sure that more women had a chance to reach the numbers. They also planned to reach out to doctors, conduct values clarification in hope that the providers will be willing to work with the hotlines and provide post abortion care.

Aware Girls were also hoping to integrate abortion into their other SRHR programmes and use the media to address this as an issue that was affecting the women of Pakistan. They also hoped that the monitoring of this work will help them apply for funding and support. However, their counselors are dedicated and ready to continue even if there were no funds.

Peace Foundation also planned to continue even in the absence of funds, but had currently received a grant to expand and strengthen their current work. They also planned to talk to pharmacists in order to ensure a steady supply of misoprostol in local stores. In rural areas, they planned to work with grocers and make misoprostol available so that women did not have to travel to the nearest city just to get the pills.

In Baluchistan, Sahailee would open up another hotline, and increase its staffing. To increase outreach, they planned to merge with projects on gender-based violence. They would also work to create a network of doctors. If there were no funds they

would have to discontinue their outreach work in Baluchistan but they would still run the hotlines.

Nari-Bandhop:

Robert Paul admitted to having garnered a lot of new information and ideas at the Kathmandu meeting, which he planned to implement in his work in Bangladesh. He would specifically work to improve its service by increasing the number of counselors. They had received an enormous number of calls in a short time, and they would improve the quality of care by conducting more training sessions. They would also work to increase the outreach and expand to more suburban and rural areas. While they had formerly believed that huge funds were required to run the hotlines, they would re-define their goals in order to carry out work even if no funds were available.

Samsara:

Samsara's primary aim was to continue to run the hotline and also improve its funding. They would reach out to more donors which would help them expand their staff and also provide more internal support to existing staff members. Samsara had always worked at very unconventional methods of earning money for the hotline: including the sale of T-shirts and beer, and would continue to do that as well.

WHF:

The WHF hotline would work with Samsara to develop a strategy that would help them expand their clientele in urban Jakarta. They would also work on outreach programs hoping to spread the hotline number in the entire area. Apart from working on funds, they would also work to improve staff capacity by training more counselors.

Tamtang:

Tamtang was unable to provide abortion due to the reduction of Women on Web's services in Bangkok. They would however work to improve the blog, and incorporate Google Ad Sense and similar money earning features into the blog. This fund would help them reach out to women and provide pills for a few.

After lunch the team spoke some more about the future steps, which included setting up an online page to coordinate their action and for support. They would also take home lessons from the workshop to their home countries, and implement the new features in their hotlines. In addition to working on grant proposals and outreach programs, they would strengthen their monitoring and documentation. Participants expressed interest in building their capacities with refreshers training on counselling, technical updates on safe abortion and experience sharing. Dr.

Tuladhar's report will additionally allow them to gain insight into the running of their hotlines and move forward with several plans.

The team watched "[*From Unwanted Pregnancies To Safe Abortion*](#)" with Nepali subtitles, before they said goodbyes. It was an emotional workshop for most of the participants and many of them were extremely thankful to the ASAP team for creating a space where they could discuss the nuances and challenges of their work.

Feedback Analysis was done and is provided in Annex 3.

Conclusion:

Abortion access still remains a challenge in Asian countries due to stigma. In spite of restrictive laws, Misoprostol hotlines have been smoothly running since 2010 (when they first started in Pakistan and then expanded to three other countries in Asia), providing women with solutions to prevent unsafe abortion.

This experience sharing meeting on hotlines has been very insightful learning experience. The challenges faced and lessons learnt by our counsellors though may be different given the country context, but it was interesting to learn about their uncompromising attitude to go on, in adverse situations by formulating better strategies to overcome the newer barriers. This has made the Hotlines a successful intervention in Asia, given the cultural and religious barriers.

The meeting had some rich interactions and experience sharing. With much positive energy the hotlines teams have decided to stay in touch, support each other and work together in the future.

The hotline teams realize that there is a need for an experience sharing platform with regular technical updates and refreshers training on counselling skills. The evaluation done suggested that there is a need to continue this intervention, as it has proved to be safe in the community, but at the same time there is a need to take care of our hardworking team to avoid burnout.

ASAP plans to continue to work with all the hotline team and offer technical support wherever necessary. The suggestion on building platforms for experience sharing and refreshers training on counselling, technical updates will be looked into by ASAP and along with all the teams, it will decide how to move forward on this.

Overall, it was a rich, intensive, successful experience sharing and evaluation meeting!

Annexes

Annex 1:

Participant List:

S.No	Name	Organization	Capacity	Country
1.	Robert Paul	Community Life	Coordinator	Bangladesh
2.	Inna Hudaya	Samsara	Coordinator	Indonesia
3.	Naila NK	Samsara	Counselor	Indonesia
4.	Ninuk Widyantoro	WHF	Coordinator	Indonesia
5.	Syarifah Novianti	WHF	Counselor	Indonesia
6.	Shreejana Bhajracharya	ASAP	Youth Champion	Nepal
7.	Prabina Sujaku	ASAP	Youth Champion	Nepal
8.	Smriti Thapa	ASAP	Youth Champion	Nepal
9.	Bhagyashree Bist	Ipas	Youth Volunteer	Nepal
10.	Manju Rana	Ipas	Youth Volunteer	Nepal
11.	Saba Ismail	Aware Girls	Coordinator	Pakistan
12.	Sania Arif	Aware Girls	Counselor	Pakistan
13.	Mohammud Dawood	National Welfare Organization	Coordinator	Pakistan
14.	Mahajabeen Baloch	National Welfare Organization	Senior Counselor and Fellow Coordinator	Pakistan
13.	Farzana Rajput	Peace Foundation	Senior Counselor and Coordinator	
14	Aslam Panhwar	Peace Foundation	Coordinator	Pakistan

Annex 2:

Agenda

Hotline Meeting on Experience Sharing and Evaluation Asia Safe Abortion Partnership

in collaboration with Aware Girls , Women on Web and Women on Waves

Date: Tuesday, 15th April 2014 - Thursday 17th April 2014

Kathmandu, Nepal

<u>Time</u>	<u>Sessions</u>	<u>Resource Person/s</u>
15th April 2014	Day 1	Resource Person
9.00 - 9.30 am	Registration, Welcome and Introductions	Shilpa Shroff, ASAP
9.30 - 11.00am	Experience sharing by each partner: Aware Girls, Baluchistan, Peace Foundation (Each Partner 20 mins)	Kinga Jelinska
11.00 - 11.30am	Tea Break	
11.30 - 1.00pm	Experience sharing by each partner: Samsara, WHF, Thailand Team, Community Life (Continued)	Marlies Schellekens , WoW
1.00-2.00pm	Lunch break	
2.00 - 4.00 pm	Contraception and Safe abortion methods Revision of genders and rights and Abortion Laws Value clarifications	Dr S P Choong, ASAP Kirthi Jayakumar, ASAP Shilpa Shroff, ASAP
4.00 - 6.00pm	Hi-tea disseminations meeting -Welcoming the guests Introduction to ASAP Why Hotlines? Global perspectives on Hotlines Impact of hotlines on women's lives International Campaign--show our film here in Nepali Young People advocating for safe abortion Task Shifting and abortion services	Indira Basnett , Country Director Ipas, Past ASAP SC member Shilpa Shroff, ASAP Marlies Schellekens , WoW Saba Ismail, Aware Girls Shilpa Shroff, ASAP Shreejana Bajracharaya, Ipas Youth Consultant and ASAP youth Champion Smriti Thapa, Youth champion of ASAP and Graduate student of Women health and development and member of MIDSON.

Open Discussion : Facilitated by Dr Choong, RRAAM and Past Chair, ASAP Ms Ninuk Widyantoro, Chair,

<u>Time</u>	<u>Sessions</u>	<u>Resource Person/s</u>
16th April 2014 Day 2		
8.30-10.30am	Evaluation of Group 1	Ms Sumnima Tuladhar
8.30-10.30am	Internal evaluation and Financial Audit of Group 2	ASAP and WoW with AG also for overall SAAF Project, AG and Wow with Bangladesh team, ASAP with Peace Foundation, ASAP with WHF
10.30am	Travel to Bhaktapur	
12.00-2.00pm	Field Visit	Bhaktapur Hospital
2.00-3.00pm	Lunch Break	
3.00-4.00pm	Problem solving--clinical as well as programmatic	Kinga Jelinska
4.00- 4.30pm	Accountability of providers	Dr S P Choong
4.30 -4.45 pm	Tea Break and travel back	
17th April 2014 Day 3		
8.30-10.30am	Evaluation of Group 2	Ms Sumnima Tuladhar
8.30-10.30am	Internal evaluation and Financial Audit of Group 1	ASAP and WoW with AG also for overall SAAF Project, AG and Wow with Bangladesh team , ASAP with Peace Foundation, ASAP with WHF
10.30 -10.50am	Importance of documentation and working with sensitized providers	Inna Hudaya, Director Samsara
10.50 - 11.10am	Tea Break	
11.10 - 1.00 pm	Strategies to move forward (Each Hotline team will be doing a 10 minute presentation followed by open discussion)	Dr Choong and Kinga Jelinska
1.00 - 2.00pm	Lunch Break	
2.00 - 3.30pm	Future steps	Shilpa Shroff, ASAP
3.30 -3.45pm	Tea Break	
3.45-4.30pm	Feed Back and closing of the meeting	Dr Shilpa Shroff and Ninuk Widyantoro ASAP

Annex 3:

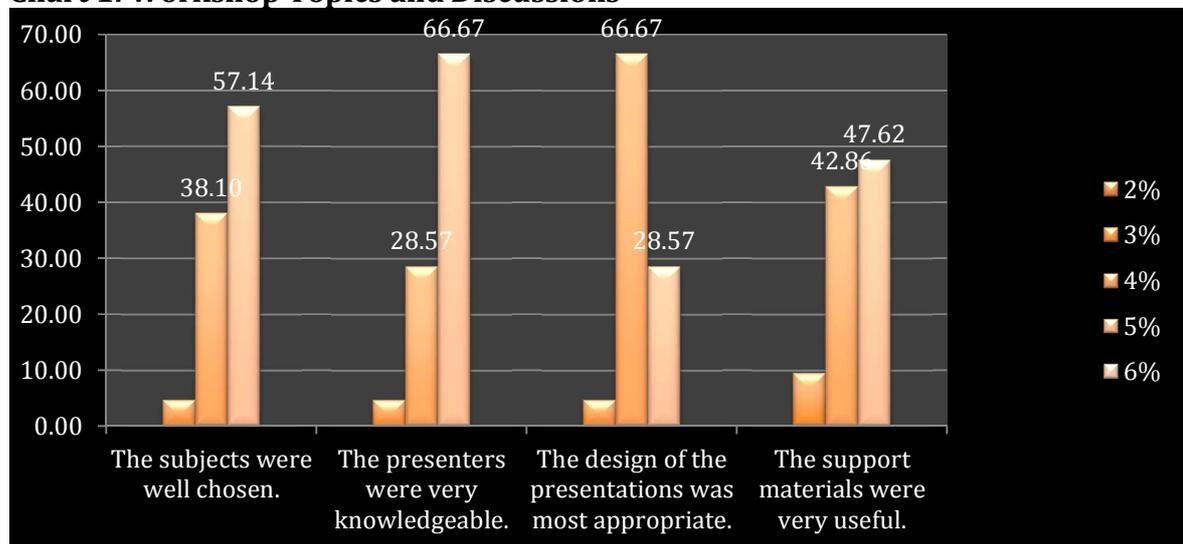
Analysis of the Feedback forms

The feedback forms were gathered from the 21 participants on the third day of the Hotline- experience sharing and evaluation meeting.

The feedback forms received were further analysed to get results of the findings.

The questions asked and responses on the workshop topics and discussions were Most (57%) of the participants felt that subject were well chosen and 66 % felt that the presenters were knowledgeable. About 66% agreed that the design of the presentations was appropriate and about 47% strongly agreed that the supporting material being useful.

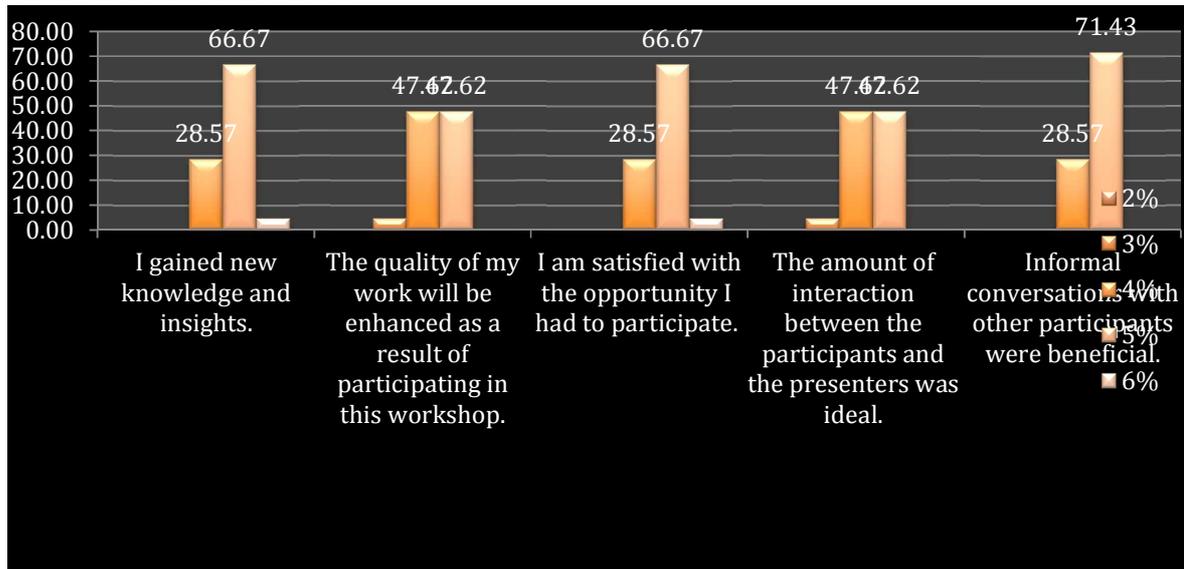
Chart 1: Workshop Topics and Discussions



Questions asked in the context of the personal value in relation to the workshop and the responses on the same were –

Most (66%) of them agreed that they gained new knowledge and insights. Most of them agreed that their quality of work will be enhanced as a result of participating in the workshop. 66% of them were satisfied with the opportunity to participate in the workshop and felt that the interactions between participants and presenters were ideal. 71% strongly felt that the informal conversations with other participants were beneficial and 5% stayed neutral.

Chart 2: Personal values



Questions asked on **workshops organization and coordination** were responded to as follows:

Most (61%) of them strongly agreed that the program was well organized and coordinated. Most agreed on the length of the program being appropriate but 9 % stayed neutral upon this. 47 % agreed that the length of the individual sessions was suitable, 9% disagreed with it. Most of them (either agreed or strongly agreed) felt that the workshop registration was efficient and that the pre-workshop information was helpful.

Chart 3: Workshop organization and coordination

