



Experience Sharing of Hotlines and Refresher Training 01-03 April, 2015 Summit Hotel, Kathmandu Nepal



The Asia Safe Abortion Partnership conducted a three-day workshop in collaboration with Samsara and Women on Waves and Women on Web (WoW) to evaluate and strengthen the hotlines that provide information about Misoprostol to women in Asia.

Participants attended the workshop from Indonesia, India, Lebanon, Malaysia, Netherlands, Philippines, Pakistan, Sri Lanka, Thailand and Uganda; the workshop provided an excellent opportunity for shared learning and experience sharing. This year three new hotlines have been launched and this workshop played an instrumental role in the capacity building and training of the new hotline counselors.

A major emphasis was also placed on the security concerns that the hotlines face and what can be done to overcome/ limit these threats.

DAY 1 – Wednesday 1st April**Figure 1 Dr. Shilpa giving an introduction of the Workshop**

The workshop started with a welcome and introduction by Dr. Shilpa Shroff, Assistant Coordinator ASAP; explaining the role and the need for hotlines. She said, “Every day thousands of Asian women driven by desperation, poverty, and social stigma seek help from unskilled providers, or quacks, to end unplanned pregnancies. In Asia, unsafe abortion accounts for 12 percent of all maternal, or

pregnancy-related, deaths and claims the lives of 38,000 women each year, according to the World Health Organization. The hotlines work towards increasing access to reproductive health information through an affordable, anonymous channel, which can maintain the confidentiality of the women and can benefit even the illiterate women. While providing information on safe abortion, they make sure that the women have access to safe referral centers/ doctors”.

In the next session, Dr. Rebecca Gomperts and Dr. Marlies Schellekens from Women on Waves and Women on Web (WoW) spoke about the global perspective on hotlines. Their presentation highlighted how hotlines have increased access to information on medical abortion in countries where abortion is legally restricted. Marlies also spoke about Medical Abortion and showed through maps the situation of availability of Mifepristone and Misoprostol in various countries. She further went on to explain how to set up hotlines, the groundwork needed before starting a hotline and the best strategies that have worked to disseminate information. She also stressed the need to understand more about spreading awareness about the hotlines in the different countries to make a bigger impact.

Marlies spoke about the need for evaluating the performance of the hotlines and the existing challenges. She said that the number of calls is not reflective of success since many hotlines are operating

**Figure 2 Dr. Rebecca making a presentation**

in difficult circumstances. Rebecca introduced the participants to the Safe Abortion with Pills Application developed for Android phones. Their presentation generated interesting discussion on the challenges in establishing, running and sustaining hotlines and on strategies to disseminate information under restrictive conditions.



Figure 4 Dr. Choong making a presentation

In the next session, Dr. S.P. Choong from Malaysia spoke at length about various methods of contraception and the importance of post-abortion care (PAC). He said our job is to only provide information and, therefore, our methods can never be coercive or forceful. He started with giving a brief overview of the history of contraception and then went on to explain in- depth the various contraception options available, how they work and their side effects. This was followed by a discussion of the challenges and concerns that the counselors come

across while providing information on certain methods, strategies to resolve, the myths and social perceptions/ stigma attached to certain methods and maneuvers to break these stereotypes. Participants acknowledged the unmet need that exists in the region, especially among the youth and the role of the hotlines in increasing awareness and access to contraception.

Marlies explained in detail the various methods of abortion-- Manual and Electric Vacuum Aspiration (MVA/ EVA) and Medical Abortion (MA). This helped the participants to understand the technicalities involved in surgical and medical abortion, how it happens, what are the risks involved- complications, symptoms and precautions. The idea was to provide the counselors with an in-depth understanding how Medical Abortion happens and about the regime of Misoprostol. She highlighted the risks involved in obtaining misoprostol locally and provided information on obtaining the MA pills safely through the Internet. In the end, Marlies explained the symptoms indicating possible complications or incomplete abortion that might need a surgical intervention.

Participants then watched the ASAP film 'From Unwanted Pregnancy to Safe Abortion'.

This was followed by a session on 'Problem Solving- Clinical, programmatic and Counseling'. Each participant was asked to share with the group the challenges they face while operating the hotline. The group then discussed these in detail and an attempt was made to collectively resolve the issue and share the best possible solutions based on the participants' experiences.

The main issues highlighted in the session were

- Internet and phone security
- Language barriers while working with migrants
- The number of calls and limited no of counselors.
- Burnout

- Support for women undergoing MA.
- Legal barriers
- Challenges of reaching out without getting into trouble
- Issues with follow up.
- Fake websites
- Spam calls.
- Connecting with referrals etc.



Figure 5 participants discussing challenges and experiences

Responding to the concerns flagged, Shilpa said, each hotline operates in a unique context and therefore we cannot have uniform solutions. We can, however, learn from each other's experiences. The group agreed that language has been a major barrier and we, therefore based on the context a hotline will need to prioritize 2-3 languages that are most frequently understood by majority women in that particular region.

Responding to the issue of support during MA, Inna Hudaya from Samsara, Indonesia pointed certain measures that can be taken to provide support and reduce risk for women undergoing MA. The Counselor should explain in details the possible complications and advice the woman to be near a hospital if possible.

Rebecca said that we have to give the women details information on MA procedure and emphasize the need of a support during undergoing a medical abortion, but leave it to the women to make the decision. One way she suggested is that if a women decides to do the procedure alone, we must tell her to inform one of her relatives that she is sick with vomiting and loose motions and that it would be helpful for them to check on her after 2-3 hours in case they do not hear from her.

Responding to the challenges related to publicizing the hotline, Saba Ismail from Aware Girls, Pakistan suggested printing stickers and distributing them to communities in different

meetings and programs as a good way to spread the word. Auxiliary Nurse Midwives (ANMs) and community health workers are well networked and building rapport with them can be an effective way of reaching out.

The first day ended with screening of two films- TaMa Ba and Vessel. TaMa Ba (Is It Justified?), is a film that explores the roots of abortion stigma in the Philippines, where unsafe abortion is a major health issue, and safe abortion is not yet legally available. ASAP along with its Youth Champion in the Philippines- Sarah Jane Biton produced this film.

The next film 'Vessel' focuses on Rebecca Gomperts' work with her organisation 'Women on Waves', as she sails a ship around the world and provides abortions at sea for women who have no legal alternatives in their own country.

DAY 2- Thursday 02 April 2015



Figure 6 Participants field trip to the Maternity Hospital

On the second day of the workshop, the participants were taken on a field trip to the Maternity Hospital in Thapathali, Kathmandu. Nepal is one of the countries having the most progressive and women friendly abortion laws. Participants visited the Comprehensive Abortion Care Centre (CAC) and were able to watch the procedures. Nepal provides an excellent example of task shifting; it was inspiring for the new counselors to learn how the nurses and midwives have been trained to provide both Medical Abortion (MA) and Manual Vacuum Aspiration (MVA).



Figure 8 Logo of Safe Abortion Centres in Nepal

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.

Apart from the logo, the clinic had many posters explaining the risks of unsafe abortion, the need for post-abortion contraception and the impact on families when the woman suffers from an unsafe abortion. A debriefing followed the field visit for the participants. They were amazed at the quality of comprehensive safe abortion services and contraception services being provided despite limited resources. Most participants watched the

procedure for the first time; they were inspired by the efficiency and confidence of the nurses. Participants were most impressed by the strong rights based approach of the trainer nurse who conducted the orientation session.

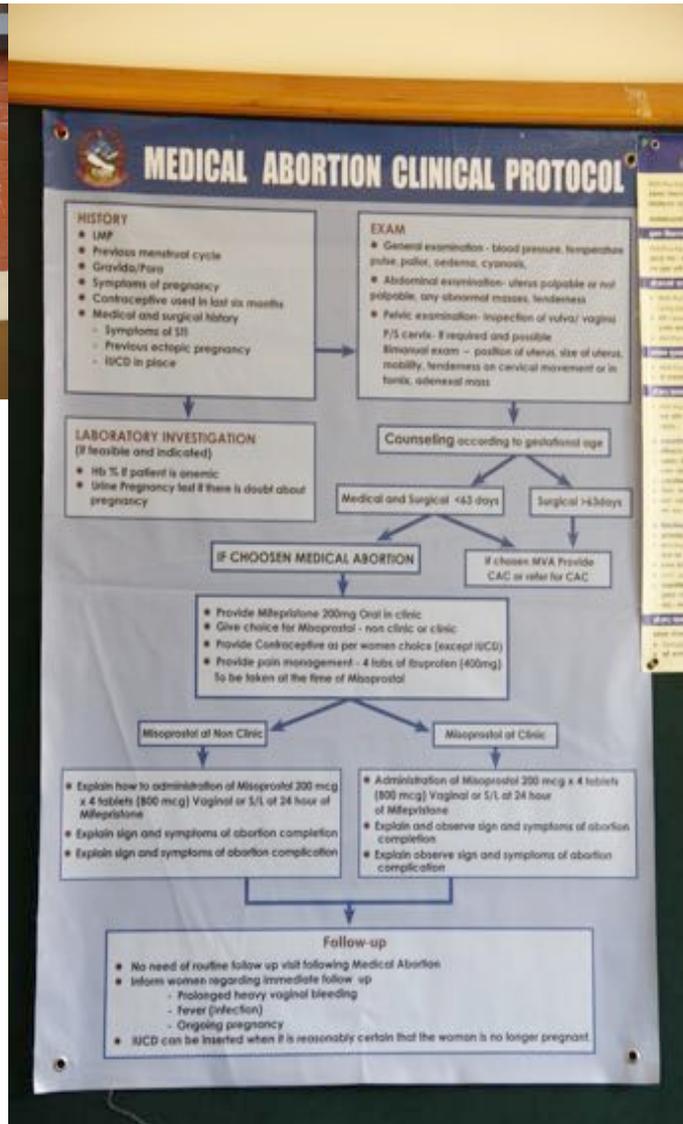


Figure 7 poster at the Maternity Hospital on Medical abortion Protocol



Figure 9 Orientation and Debriefing



Figure 10 Rebecca talking of Security Issues

After the debriefing, Rebecca made a presentation highlighting security issues in hotlines; she spoke about the associated risks and strategies to minimize these risks. Even though most constitutions contain the protection of the freedom to receive and give information, it is pertinent to always seek legal advice on the protection of providing information in the country of work. She went on to explain that in countries where abortion is illegal, it is important to understand how the hotline activities do not violate the penal code. The counselors should be trained to give scientific information only, and be watchful to not encourage women to perform an illegal act.

This way they are protected from being prosecuted for inciting, participating in or as an accessory to a crime.

Rebecca spoke at length about measures to protect privacy and safeguard against network surveillance and traffic analysis. She also introduced the participants to an online software-TOR; that can be used to maintain anonymity online. She also explained in detail the legal issues involved in providing pills- Pharmaceutical Law, Medical Practice Laws and Abortion Laws and the importance of having a backup/ exit plan incase providing pills even at the risk of violating all or any of these laws.

Talking about the Risk Reduction Strategies, Rebecca underlined the need to have supportive lawyers and doctors at your side and keep them informed. She spelled out in detail the moments of exposure where one could be caught and the strategies that can eliminate these moments as much as possible. She also explained the importance of having an emergency plan both for the managers and the clients and the strategy that can be followed if the women who used MA get persecuted.

Aware Girls – Pakistan, the A project- Lebanon, Peace Foundation- Pakistan and RRAAM – Malaysia shared their experiences on running hotlines in their countries. This session helped participants understand the challenges of the restrictive environments under which these hotlines operate. Following are the brief highlights from the presentations:

Aware Girls – Pakistan- Saba Ismail gave a brief overview of the history of Aware Girls; established in 2002, by a group of young women. These women decided to create a platform where young women can take on leadership roles, can strengthen their capacity as agents of change, and can work for women’s empowerment and social change from that platform.



Figure 11 Saba making a presentation

Giving a brief background on the situation in Pakistan and the need for hotlines, Saba said, more than 350,000 women die every year globally from preventable complications related to pregnancy. Pakistan has the third highest number of maternal deaths in the world. Concerned with the situation Aware Girls and Peace Foundation Pakistan partnered with ASAP and Women on Web and Waves to launch the Sahailee hotline in 2010. The safe abortion hotline intended to reduce the taboo and stigma attached to abortion in the community and to create support and awareness about misoprostol and Medical Abortion.

- Saba highlighted the following achievements over the last five years:
- Running the Hotline in Khyber Pakhtunkhwa with 16, 727 calls in five years.
- Aware Girls conducted 15 stakeholders meetings on attitude transformation and value clarification with doctors, and service providers.
- 63 Community Events have been organized to reach out to girls and women in the communities
- Aware Girls has incorporated the Sahailee Hotline Program in others programs and thus have reached more than 5, 000 young girls and women directly.
- Translated the manual in 5 different local languages
- Developed a referral directory
- Developed Partnership with ASK Project of Rutgers WPF.
- Did advocacy for youth representation in ICPD47
- Launched Sahailee Hotline in Balochistan in September, 2012
- Extended the Sahailee Hotline to Bangladesh in September, 2013

Saba also shared with us stories from some callers:

This is the story of Miss Shaheena 30 years old, who wanted abortion.

“ I found that I was pregnant, it was just seemed impossible for me to have another child. I knew immediately that I wanted an abortion but the problem was that I did not have any money to have abortion. My friend told me about Sahailee team’s contribution for safe abortion then I made call to Sahailee counselor. She told me quite a safe way of abortion but particularly I had always been very conscientious about contraception but when Sahailee counselor prescribed me the tablet, I have a supportive husband he brought that tablets for me. Despite the trauma of experience, I have still always know it was the right thing for me to have done and have never regretted it. Me and my husband are really grateful to Sahailee team. Thank you Sahailee team to save my life, my money & vulnerability.”

Hameeda is 23 years old, married and lives in Lahore. She was 6 weeks pregnant when contacted the hotline. She was depressed and stressed because she wanted to have an abortion and had no access to information or service providers related to abortion. She had no idea where to go and one day when she was searching on the internet for ways to do an abortion, she find out the number of the Sahailee hotline. Upon having a successful abortion, she was very thankful to the hotline and counsellor. She shared that she is happy to get in touch with the hotline as she did not have to go and request a doctor for abortion which would stigmatize her socially. She shared the information with other women in her neighbourhood.



Figure 12 Dr. Choong sharing experience of the RRAAM hotline

RRAAM – Malaysia- Dr. Choong gave a brief background and said that the objective was to create greater awareness on law and technology, reverse culture of stigma regarding abortion and improve access and quality of care. The Hotline was launched in 2014. Initially, Dr. Choong responded to the calls with no staff to support him and referrals were made to known private providers, State FPA managers and Women on Web. A program coordinator was appointed later and the recording system was started in October 2014. Starting with the ad-hoc services, it was found that more and more people were using Internet for information on MA, based on this feedback the

following contact sequence was developed:

- Phone calls, SMS followed by email
- Two standard emails A and B were prepared.
- Letter A is to inform on role of RRAAM includes proforma request for basic client information – as guide on their specific needs and for evaluation.
- Letter B gives specific information on MA and MVA providers depending on needs and location. Counselor also edits letter B as needed by the client.

Dr. Choong informed that a proper recording system was started in January 2015 and now they are maintaining a spreadsheet record of client profiles. This includes age, pregnancy size, no of children, marital status, occupation, location, religion and preferred method of termination.

He highlighted the following observations made during this very short time since RRAAM hotline started to function:

- Client profile showed a predominance of young people aged under 25 years, as expected, from the IT savvy generation
- Older generation has been neglected

- Most women were single and contacted the hotline in very early pregnancy, usually below 8 weeks after the first positive urine test.
- Women were found to be quite aware of early signs and symptoms of pregnancy.
- Most callers were aware of medical abortion with pills (Cytotec and mifepristone) but were unaware that mifepristone is illegal in Malaysia; thus medical abortion is not mainstreamed
- MA is preferred by women in case of early pregnancy below 8 weeks and we recommend them to use website service of Women on Web.
- Women on Web reported 150 clients from Malaysia in year 2014.

In the end, Dr. Choong talked about the challenges they have been facing in terms of evaluation, documentation, client data collection and staff time.



Figure 13 Farzana making a presentation

Peace Foundation- Pakistan: Farzana Aslam shared the challenges of working in the Sindh and Punjab provinces. Cultural stigma against abortion coupled with patriarchal norms within traditional family systems bars women from accessing safe abortion. Giving a brief background, she said that Peace foundation has been working in Sindh province, specifically on sexual and reproductive rights of women and young people in rural and desert area since 2005 and has been a partner with the Sahailee hotline since it started in April 2010. They are running two hotlines in local languages.

Farzana highlighted briefly the following key learnings over the past five years:

- The doctors who are providing surgical abortion services condemn Medical Abortion and have objections to self-medication
- Misconceptions regarding contraceptives.
- Follow up is very difficult. Most clients don't use or have their personal numbers; they use their family or friend's numbers
- Women (and men) cannot share their sexual health issues with others.
- Tribal and feudal structure of our society violates human rights
- Lack of awareness in the public about the harmful effect of child marriages
- Extreme poverty.
- 37 percent women reported to be married below 18 years.
- Decision maker is the male head of the family

Farzana shared with the participants information on mhealth- a text-messaging program (using Frontline SMS software) to provide supplementary information to the community. 4500 youth are added to this software and it is used to disseminate information on Medical Abortion, pregnancy care, and pre and post abortion care. The information was obtained through WHO and Unicef and has been translated into Pakistan's national language (Urdu). Information is being made available through the use of various mediums including cell phone, counseling, social media, virtual youth groups and social mobilization.

The A project- Lebanon: Lama El Malwa gave a brief overview of the objectives and activities. The A project is about seeking agency, alternatives and autonomy in sexuality, sexual health, and gender. The project aims to work on sexuality, while looking at but not limiting the discussion to disease-prevention and violence, through an affirmative and sex-positive framework. She said that they have publicly advertised as a sexuality and gender hotline for legal reasons but have so far been only running as an abortion



Figure 14 Lama talking about Aproject and the hotline

hotline. They are now training volunteers and very soon hope to be running full power as a sexuality and gender hotline. Talking about advertising, she said that till now women find out about the hotline through workshops, word of mouth, allied organizations and healthcare providers. They call and then a face-to-face meeting is arranged. Counselors ask questions which open door to conversations on sexuality and gender before talking about abortion pills.

Further explaining the demographics she said the majority of women they have seen were Syrian refugees with the rest being either Lebanese or migrant women and a small minority of women from neighboring countries. An overwhelming majority of refugee and migrant women were mothers and still faced stigma regarding abortion. Most Lebanese women were pregnant out of wedlock while women from other countries were unmarried or divorced.

Talking about the challenges and lessons learned so far she said, they were able to bypass obstacles in safe and wider outreach with workshops and word of mouth. They have been gathering issues and narratives, which will help in attempting to sensitize healthcare providers and physicians through future workshops.

Lama said they now understand the importance of documentation; the first 25 women were not documented properly but since then proper documentation systems has been figured out and follow up has been smooth and good. A good learning has been that splitting the tasks will be difficult to coordinate and that a complete service is much more effective.

Following have been the key achievements so far:

- The number of women has significantly increased after developing better networking and outreach strategies.
- Script and Protocol: posit script in an intersectional feminist and queer approach that makes discussion comfortable and empowering to women.
- Very good post-abortion care: Try and follow up with every woman to check up on her and talk about contraceptive options.
- 100% success rate of MA

Following are some activities that will be done by the A project in the next few months:

- Training of women (migrant women) on safe abortion counseling
- Training and conversation with physicians and healthcare providers

- Formal and informal outreach
- Referral system
- Research and blog posts
- Network building with allied organizations

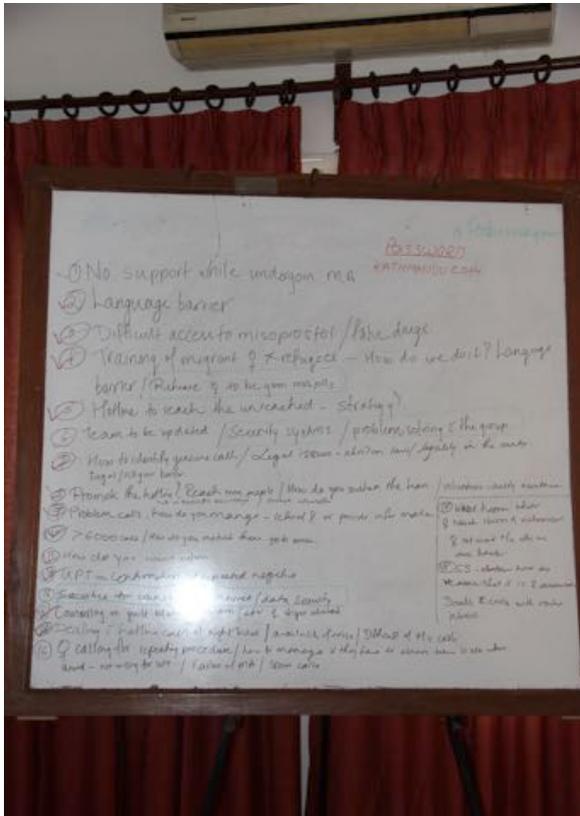


Figure 15 Challenges listed by Participants

The presentations were followed by a very vibrant discussion on the processes, challenges and situation of access to safe abortion in the respective countries, learnings from each other's experiences and best practices under restrictive political and legal environments.

Saba raised concern about the attitude of the male community leaders and religious groups. She said that in most communities women are not allowed to meet outsiders; reaching out to these women is a real challenge. Inna suggested that a conversation can be initiated by meeting male members and assure them that we are primarily given information on mother and childcare. Then arrange meeting with women and men since in rural areas we can't meet women alone. It depends on the context and has different strategies for different areas. There was also a discussion about stigma that refugee women face and reaching out to these women beyond refugee camps. Reaching out through Social Media, trained volunteers and student volunteers were few ideas that were shared.

DAY 3-Friday 03 April, 15



Figure 16 Inna Hudaya making presentation on data collection

Inna said that while data is important for potential research it needs to protect the confidentiality of the client. She explained in detail the various methods and tools that can be used for documentation and evaluation. This session provided the participants with technical knowledge to improve their work with limited resources; it helped them understand how to

The importance of documentation in hotlines was the main theme on Day Three and the session was facilitated by Inna Hudaya, Samsara (Indonesia). Inna's presentation 'The Power of Data' helped the participants to understand the importance of documentation and data collection and documentation as a way to improve and increase recognition and credibility of the work we do.

Inna said that while data is important for potential research it needs to protect the confidentiality of the client.

create a simple and secure way of tracking clients, collecting, maintaining, and analyzing data.

Inna further explained the importance of data collection:

- It helps to gain confidence
- Gives a bargaining position
- Gives information on what needs to be improved for counselors thus helping in capacity building and training
- Helps in monitoring and evaluation and provides counselors with more mobility – substantial time setting, accessible information, and ability to link data.

The next session was on experience sharing by hotline counselors from Marie Stopes-Uganda, Samsara- Indonesia, Tamtang – Thailand, This was followed by presentations by the new hotlines- Ask Us- Sri Lanka, Ask Mads- Philippines and Marzee- India. The discussion focused on sharing strategies and overcoming potential challenges of the new hotlines. Following are brief highlights of their presentations:

Samsara- Indonesia: Firnanda Hesti Wulandari, project coordinator Samsara gave a brief overview. Samsara hotline project was launched in July 2011 to increase the knowledge and access to safe abortion methods with pills to girls and women in Indonesia. The hotline provides information on safe abortion and post-abortion care. Between July to December 2014 the hotline received 1746 calls, 7% of which were from the rural area.

There are 546 spoken languages in Indonesia and making information available in all these languages are a real challenge said Firnanda. Talking about the way forward she said Samsara is looking at expanding advocacy and education network, setting up a new distributor agent separate from hotlines. It is working on a mobile application and text messaging system that will be launched soon.



Figure 17 Firnanda making a presentation



Figure 18 Supecha making presentation

Tamtang – Thailand: Supecha Baotip spoke about the history and objectives of the Tamtang project. 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 Thailand 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. Tamtang is also 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.

Supecha informed that Tamtang is self-funded and has mainly been sustaining through hospital referrals, phone credits, e-wallet and clicks on google ads.

They provide information / counseling on MA/MVA and MA up to 20 weeks. The data collection has mainly been passive through Google forms. They have not been doing follow up. According to Supecha the main obstacles are reaching out to women with limited availability of internet, fraud website and funds.



Figure 19 Faith making a presentation

Marie Stopes Uganda (MSU) – Faith Kyateka made the presentation; she introduced in brief the objective and functioning of the hotline so far. Set up in Uganda in 2012, the main objectives of the hotline are to provide updated information and offer quality telephone counseling on Sexual and Reproductive Health, refer callers to appropriate places in order to increase uptake of services, report feedback & follow up with clients who have visited MSU Centers/ outreaches.

The Hotline operates for 13 hours a day (7am – 8pm) Monday to Friday, Counseling is provided in all major languages both through phone, SMS and Electronic Voucher to client's phone number. Faith highlighted the following were key points

- On average, the Hotline receives 5,000 calls on a monthly basis, about 200 calls are related to PAC and Abortion & PAFP.
- 48% are Male Callers, 45% Female and 7% are unknown
- Most Callers learned about the hotline from Radio Messages, Talk Shows, BCC teams and CSM medical Representatives.
- Hotline counseling is based on the principles of the harm reduction strategy.
- After counseling callers are referred to various places for example; Outreaches, Centers, CBD's, Blue star facilities and Government Health Centers

In the end, Faith shared with participants the following two case studies:

Namuli aged 21 called the Hotline from Masaka district. She had bought and taken tablets from a local pharmacy to terminate her pregnancy and had been given 2 tablets to insert in her vagina and 2 tablets to swallow. She experienced bleeding for a day. A week later she began vomiting and left very sick but when she went back to the pharmacy, she was told that the medicine was working and had those effects. When she called the Hotline she was given the right dose and referred to an MSU Clinic for PAC.

Sam was worried because his wife Kate was bleeding and was complaining of strong backaches. Sam called the hotline and shared that his wife Kate had an abortion at a clinic in Kireka a month back but since then, she was spotting. When they returned to clinic, they were given antibiotics but after completing the dose the wife was complaining of the back ache and she started getting cramps. At the time of the call, Kate was weak and crying of pain, she complained of heavy bleeding and clots. A referral was immediately made to Marie Stopes Uganda (MSU). It was found that Kate had an incomplete abortion; she was provided services at the centre and provided with family planning method, IUD later.



Figure 20 Priskila talking about the Sri Lanka hotline

Ask Us- Sri Lanka: Priskila, the hotline counselor from Sri Lanka introduced the hotline to participants and spoke about their experience of operating the hotline in the last one month and the challenges they face. A contraceptive and medical abortion information providing Hotline was launched on March 08, 2015 in Sri Lanka. In Sri Lanka, law imposes a strict prohibition on abortion, with the only exception being to save the life of the mother and even providing information related to abortion is an offence. Talking about the progress so far she said that promotion is done mainly through social media and there has been one call asking information on emergency contraceptive and a missed call.

The website is currently being designed and will be launched by the end of April 2015. The aim of the website is to provide an e-mail ID, information on Medical Abortion and Contraception, resources tab connecting people to other resources on medical abortion like handbooks, toolkits, definitions etc. In the end, Priskila highlighted the following activities that they intend to take in future:

- Translate the Medical Abortion Manual to Tamil and Sinhala.
- Publish a book with real case stories.
- Receive more calls.
- Disseminate information about the Hotline

Ask Mads- Philippines: Sarah Jane Youth Champion ASAP, and counselor made a brief presentation on the safe abortion hotline launched in Philippines on March 20, 2015- World Day of Happiness. Giving a brief background of the situation Sarah said that the Philippines continues to be among the few countries that criminalize abortion. Ask Mads hotline intends to contribute to the reduction of unsafe abortion incidence in the Philippines by providing safe abortion information through mobile phone hotline and online platform and provide support to women who want to have abortion and who have had



Figure 21 Sarah Jane making a presentation

abortion. Ask Mads will use a mobile phone, email and FB chat to provide information to those who experience unwanted or unplanned pregnancy. The key activities will include dissemination of safe abortion information and about the “Ask Mads” hotline and establish a harm reduction and post-abortion hotline. Sarah said that they have just started an Abortion Care Network; she is now working to establish a support group and develop a referral system.



Marzee- India: The presentation was made by Youth Champion Preet Manjusha, Samyak Pune. This hotline has been set up to provide information about safe abortion services including referral contacts of listed private providers and facilities and to provide information to women and men on contraception and SRHR in general. The hotline is a pilot launched in February 2015 in two districts of the state of Maharashtra (India).

Figure 22 Preet presenting at the workshop

Talking about progress so far, Preet informed that the hotline has received good interest by women’s groups, it received 165 likes on Facebook and 32 positive comments. In total, it received eight calls in 20 days: 2 asking for Access to Safe Abortion (one referred – no follow up) two calls for general information about Hotline and four (all men) calls for contraception information.

Preet highlighted the following the approaches and strategies for outreach:

- Major focus is on poor women and men
- Male participation in contraception
- Mapping of services registered with government
- Contacting service providers (public and private providers)
- Women’s health rights organizations
- Demand quality services from public sector
- Reach out to the unorganized sector unions through community meetings
- Use print and social media for information sharing and dissemination

The last session was an in-depth discussion and brainstorming on strategies to move forward; participants were asked to think about obstacles, strategies for overcoming and the kind of collaboration needed from the group and other potential partners.

Following issues were flagged during the discussion:

The hotlines work varies with different and difficult environments and so do the obstacles as per the country context, but some of the obstacles are common and a few discussed were:



Figure 23 Dr. Choong, Shilpa and Marlise discussing the way forward

- Funder's pressure- Funders having target based approach like number of calls, increasing trend of call, follow up call, or number of meetings conducted, Hotlines need to inform them that consistency of calls proves the need of this

intervention in the community. Abortion is associated with high stigma and so the follow up of cases becomes very difficult.

- Cooperation with other likeminded groups like groups working in Sexual and Reproductive Health and Rights eg the Human Rights groups in Pakistan do not like to discuss abortion at all.
- Restrictive Environment in Philippines / Sri Lanka and how do we promote the hotlines without getting into legal issues.
- Lack of Misoprostol / availability of authentic misoprostol; there are too many fake drug websites flourishing in each country and there is a need to distribute the MA pills through reliable dealers.
- Client specific situations and threat from cultural groups mainly in Islamic Countries like Pakistan
- Dissemination of Information – technical updates, sharing of challenges, discussing and solving problems
- One of the obstacles was the language barrier. Most of the countries in Asia have multiple languages and it is practically impossible to know and disseminate information on hotlines with varied languages. The other issue was about migrant workers in Lebanon and it becomes difficult to communicate in the language that they understand.
- Sustainability and funding is a big issue with smaller NGOs.

Few ways discussed to overcome these challenges were:

Networking with religious leaders and negotiating with them to reach to the communities

- Understanding/ analyzing political dynamics and scenario and taking the opportunities at the right time For e.g.; Sri Lanka and Philippines, there is a need to strengthen the network base and developing understanding on the political and religious issues while promoting the hotlines
- Establishing Legal support before the launch and expansion of the hotlines
- Use of pictorial IEC material in places like Lebanon to overcome the language barrier where they discuss MA procedure with each women and dispense misoprostol. In case of Language issues, it is important to prioritize 1-2 languages to give the information and have referral numbers of other hotlines giving information in different language.

The need of collaboration was felt within the country to strengthen the support mechanism but a further need was felt to collaborate within the group to build up a strong network.

- Data report information between hotlines/ Documentation
- Mobilize through blogs/ highlight situations and use of Social Media. Sharing not just knowledge and skills but also resources
- Need of having a common experience-sharing platform, a safe space to discuss problems and have support from each other in problematic situations
- One of the need felt was having such meetings every year to share experiences, but lack of funding will always be an issue. So, it was suggested that a small part of funding in our proposals should be allocated towards attending the hotline meetings
- In order to overcome fake drug challenges, it was suggested that distribution of MA pills within our hotlines would be a useful strategy not only for effectiveness of MA but this can also be a strategy to generate resources. Chompoo was willing to help take this forward,
- It would be helpful for documentation of hotlines to create Podio accounts and invite Inna to workspace to help the groups to understand and work with them better.

The groups identified partners of the hotlines as well of other groups in the their country to overcome their challenges

- Post-2015 advocacy groups
- Sex Education- CSE
- International Human Rights Groups- may be VCAT with them
- Work with Samsara- best practices (Samyak, Aware Girls and Peace Foundation want to work with Samsara)
- AG, PF and ASAP
- Work with local, regional and international groups working on safe abortion
- Cyber Security experts. A Webinar with APC on security issues was suggested if possible in next few months, since it will be too late to wait to learn on these issue till we gather funds for meeting next year- Saba and Rola to take the lead to coordinate on this
- Fake website should be black listed. Each of us create a list-in their country and share and can be commonly put up on ASAP website too.
- Publicity in innovative way in restrictive places
- Translation of blogs- Inna preparing a blog master so new hotlines starting blog have a readymade blog starter kit
- Data Management – Samsara and ASAP to help wherever necessary
- Team building needed. Make an internal group- Google + Facebook and put down the to-do list
- Module that is being developed by Samsara can be the beginning where everyone should give a feedback
- Take advantage of Residential training for Counselors developed by Samsara

It was decided that ASAP would coordinate the hotlines with partner groups in their respective countries and facilitate network building at the regional level as well as help in publicizing information about new hotlines through Social Media.

ASAP will create a Google and Facebook group so that this group can collectively work on the future action plans and keep each other updated on the activities.

Inna will help the hotlines with documentation and data collection tools and provide online help where needed.

There was also a suggestion to connect with International Human Rights groups and try doing some VCAT training as a network.

In order to deal with the fake websites, it was decided each hotline starts collecting names of such websites and creates a list so that they can be blacklisted.

ASAP to follow up with partners on the task they have volunteered to contribute towards hotline team support or capacity building.

Chompoo volunteered to help with drug distribution if needed

The older hotlines are willing to support the newer hotlines where needed, including promotion on social media and blogs.

The three- day workshop was highly appreciated by the participants; the need for more such common sharing platforms was commonly felt. It was also decided that along with sharing knowledge and information the participants will also work on sharing resources so that they can contribute to holding more such workshops in partnership with ASAP.

Annex 1



Experience Sharing of Hotlines and Refreshers training

Asia Safe Abortion Partnership

Wednesday 1st – Friday 3rd April 2015
Summit Hotel, Kathmandu, Nepal

<u>Time</u>	<u>Sessions</u>	<u>Resource Person/s</u>
1st April 2015	Day 1	
9.00 - 9.30 am	Registration, Welcome and Introductions	Shilpa Shroff, ASAP
9.30 – 9.45	Why hotlines	Shilpa Shroff, ASAP
9.45 - 10.15	Global hotlines	Rebecca Gomperts, Marlies Schellekens, WoW
10.15- 10.30	Tea Break ASAP Film	Garima Shrivatava
10.30 – 12.00	Contraception methods and post abortion contraception	Dr S P Choong, ASAP
12.00-1.00	Methods of Safe abortion (MVA and MA)	Rebecca Gomperts
1.00 -2.00	Lunch break	
2.00 -4.00pm	Problem solving—clinical, programmatic and in Counselling	ASAP and WoW
4.00- 4.15	Tea Time	
4.15- 5.45	TaMaBa Film Vessels (Film by WoW)	
<u>Time</u>	<u>Sessions</u>	<u>Resource Person/s</u>
2nd April 2015	Day 2	
8.30-1 .00	Field Visit and debriefing	Visit to Maternity Hospital Facilitated by Rebecca Gompert, Dr Choong, Garima Shrivastava and

<u>Time</u>	<u>Sessions</u>	<u>Resource Person/s</u>
1pm to 2pm	Lunch Break 'It's her right' film	Shilpa Shroff
2.00-3.30 pm	Security Issues in hotlines	Rebecca Gomperts , WoW
3.30- .3.45	Tea break	
3.45 – 5.45	Experience sharing by each partner: Aware Girls, Peace Foundation , RRAAM , A project (Each Partner 20 mins and 30 mins for Q&A)	Facilitated by Shilpa
3rd April 2015		
9.00 to 10.30m	Importance of Documentation in Hotlines	Inna Hudaya
10.30- 10.45	Tea Break	
10.45 – 1.00	Experience sharing by each partner: Samsara, Tamtang, ANMA (Each Partner 20 mins and 30 mins for Q&A at the end)	Facilitated by Shilpa
1.00 -2.00	Lunch break	
2.00 -3.30 pm	Sharing of strategies and overcoming potential challenges of new hotlines : India, Sri Lanka , Philippines	Facilitated by Dr Choong and Inna Huddaya
3.30-3.45	Tea Break	
3.45-4.30	Strategies to move forward	Shilpa Shroff , Dr S P Choong Marlies Schellekens, WoW
4.30	Feedback Survey	Shilpa Shroff
4.45 pm	Valedictory session	

Annex 2- Participants List

Sr. No.	Participants	Organization
1	Anand Kantilal Pawar	Samyak, India
2	Farzana Aslam	Peace Foundation, Pakistan
3	Faith Kyateka	Marie Stopes Uganda
4	Garima Shrivastava	Asia Safe Abortion Partnership, India
5	Inna Hudaya	Samsara, Indonesia
6	Kamdee Bumpen	Tamtang, Thailand
7	Lama El Mawla	Aproject, Lebanon
8	Marlies Schellekens	Women on Waves & Women on Web, Netherlands
9	Muhammad Aslam	Peace Foundation, Pakistan
10	Nabila Aman	Aware Girls, Pakistan
11	Priskila Arulpragasam	Ask Us Hotline, Sri Lanka
12	Pritam Potdar	Samyak, India
13	Rebecca Gompert	Women on Waves & Women on Web, Netherlands

14	Rola Yasmine	Aproject, Lebanon
15	Saba Ismail	Aware Girls, Pakistan
16	Sarah Jane Biton	Ask Mads Hotline, Philippines
17	Shilpa Shroff	Asia Safe Abortion Partnership, India
18	SP Choong	RRAAM, Malaysia
19	Supecha Baotip	Tamtang, Thailand
20	Tirza Yoga Nugroho	Samsara, Indonesia
21	Wikawee Mungkala (Ning)	Women on Web, Thailand

Annex 3:

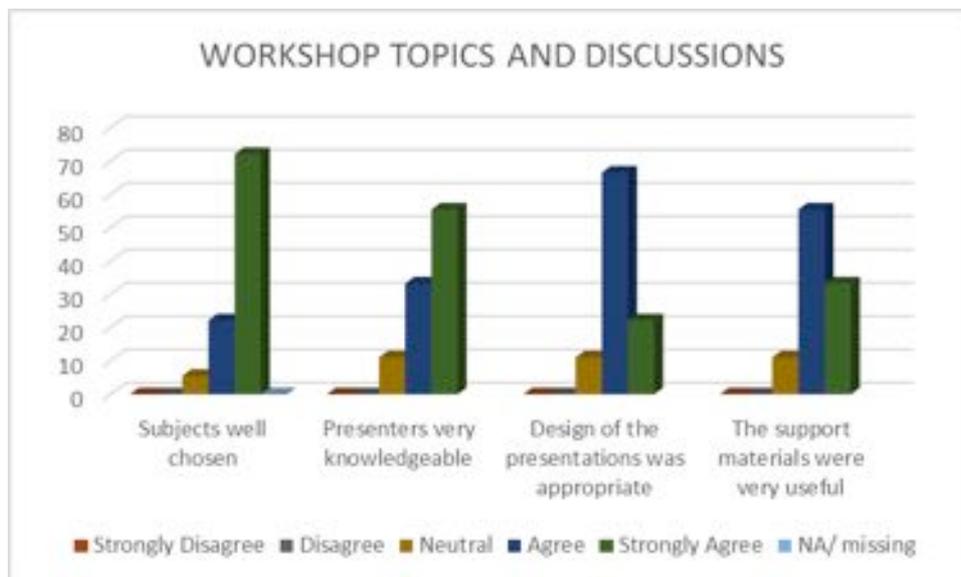
Asia Safe Abortion Partnership
“Experience sharing of Hotlines and Refreshers training”
 1st – 4th April 2015
 The Summit Hotel, Kathmandu, Nepal
Analysis of the Feedback forms on the Hotline Workshop

The feedback forms were gathered from the 18 participants on the last day of the Kathmandu Hotline workshop and analyzed.

Workshop topics and discussions:

Most (72%) of the participants felt that subject were well chosen and 22 % felt that the presenters were knowledgeable.67% strongly agreed felt that the design of the presentations was appropriate but 11% stay neutral . 56% agreed on the supporting material being useful.

Chart 1: Workshop Topics and Discussions



Personal value in relation to the workshop:

All of them agreed that they gained new knowledge and insights. 56% felt that their quality of work will be enhanced as a result of participating in the workshop. Most of them were satisfied with the opportunity to participate in the workshop and felt that the interactions between participants and presenters were ideal. 56% felt that the informal conversations with other participants were beneficial, 11% stayed neutral.

Chart 2: Personal values**Workshop organization and coordination:**

100% agreed that the program was well organized and coordinated. 54% felt that the length of the program was appropriate and also that the length of the individual sessions was suitable but 11 % were neutral on this.

Most of them felt that the workshop registration was efficient and that the pre-workshop information was helpful.

Chart 3: Workshop organization and coordination**The topics that were found most valuable to the participants were:**

Data Management and strategy sharing of other organizations, Global updates, Information about abortion procedures (MA and MVA), Contraception, field visit to the clinic & a session on security issues of hotline were well appreciated.

In the future sessions of this workshop, they would like to have these areas covered:

- Team building and management. Recruiting Hotline counselors.

- Culture night or visit to someplace because I miss it.
- More information on documentation & managing social media for promotion of hotline.
- Source of financial support for our works.
- Internet security & data management - hands on/ practice sessions.
- Violence against women, gender based violence.
- Group workshops and sessions for more interactions. (ii) Sessions on the updated WHO manuals on safe abortion & use of misoprostol
- Referral building

Analysis of the Feedback on ASAP's support for the hotlines

Everyone felt that ASAP helps them with technical updates regularly and the support to the hotlines is helpful and they are also supported in network building, fund raising and capacity building.

When asked some specific questions these were the responses:

Q- What role would you like ASAP to play in supporting your hotlines in the future?

Responses:

Mediating groups, sharing lessons learned and experiences making it easy to get inspired and supported by other hotlines.

- Networking and funding
- Documentation, networking
- Fund raising
- Technical support and conceptual inputs for management of the hotline.
- Support new knowledge or new technology about safe abortion.
- Expansion planning, helping locate money, technical information support as and when required.
- Be the connector between us
- Technical support by ASAP and data management training.
- Help us with sharing our pages and blogs. Send us updated information.
- Networking, promotion, capacity building
- Getting more hotlines to join the network.
- ASAP can give the opportunity to attend international meetings to share and learn.
- Hotline counseling training.

Counseling modules

Few suggestions were to have more days for discussion between participants and that the number of sessions is enough, just want to spend longer time to discuss deeper. Also, a little more time to social media is necessary for both practical and theoretical knowledge.

Conclusive remark:**Hotline Workshop Feedback:**

Most of them found that the workshop was valuable in terms of content and training. The sessions on data management and strategy sharing of other organizations, global updates, information about abortion procedures (MA and MVA), contraception, field visit to the clinic & a session on security issues of hotline were well appreciated.

But some also felt that Security system was of least value, they felt that it can lead them to some unrealistic fear. They just do this job because they know that this is important but this topic keeps telling "do legal. Do secure".

An informal feedback on the workshop was that there is a great bonding that happens at such forums and the support that the counselors of hotlines is immense to carry on with the channelizing work even in adverse situations.

Participants have requested to hold such experience sharing workshops every year and asked for a cultural night at such trainings.

Regarding the ASAP's support for the hotlines: Everyone felt that ASAP's support to the hotlines on medical abortion is very helpful and that they get regular technical updates from ASAP. All the participants also felt that ASAP helps them in network building, fundraising and capacity building.

On having asked what role ASAP should play in supporting the hotlines in the future, participants responded saying they wanted such experience sharing platforms to get inspired and get support from other hotlines and **ASAP should be the connector between the hotlines.**

Few felt that they needed support on networking, funding/ fund raising, documentation, in technical support / updates and conceptual inputs for management of the hotline.

One of them felt ASAP can improve the future workshops by adding topics like -Digital Security; Hotline team management and internal communication and finding and sustainability pathways

Few wanted support and to help them with sharing their pages and blogs on ASAP websites. Participants have also suggested ASAP to work on getting more hotlines to join the network.

From the overall feedback of the meeting and the hotline project it is seen that the Coordinators and Counsellors of Hotline are happy and willing to work in collaboration with ASAP and have been very enthusiastic to support each other in whatever capacity they can. They want a safe space for sharing of their experiences and problems within these groups, and helping each other and finding solutions. There is request to include following topics in the next workshop: data management, digital security, team building, hotline counselling and sustainability.

