



Workshop on
Preventing Maternal Death from Unwanted Pregnancies
7th 8th 9th August, 2014
Summit Hotel, Kupondole Heights, Kathmandu, Nepal

Organized by
The Asia Safe Abortion Partnership
in collaboration with
CREHPA

A brief report

As part of the PMDUP activity plan, a workshop was planned for providers and programme managers from the project countries. A two and half day workshop was planned and applications invited from Afghanistan, Bangladesh, India, Myanmar, Pakistan and Sri Lanka.

This was initially to be held in Kuala Lumpur but due to visa concerns for some of the participants, it was moved to Nepal. A country partner of ASAP, Crehpa, offered all the logistics support and helped move the workshop to Kathmandu. The workshop and accommodation was arranged in Summit Hotel, Kathmandu. The venue was beautiful and serene and really helped make the workshop more enjoyable.

Objectives:

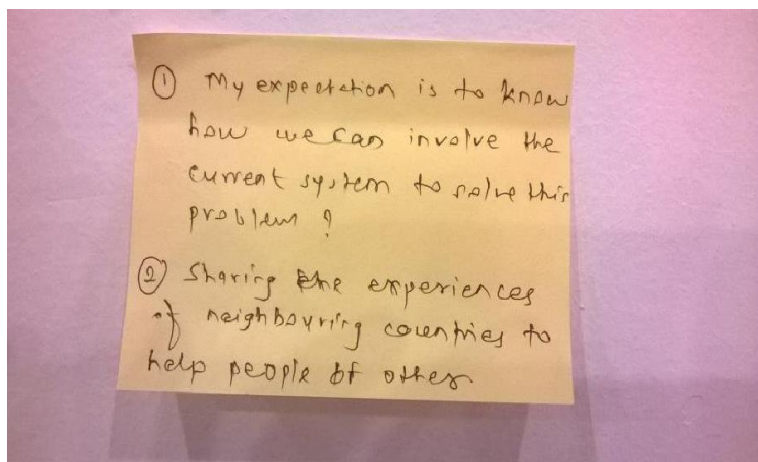
At the end of the workshop, participants should be able to:

1. Understand the importance of unwanted pregnancies as a preventable cause of maternal deaths.
2. Recognize the need to address unsafe abortion as a public health and human rights issue.
3. Use the WHO Safe Abortion: Technical and Policy guidance for health systems as an advocacy tool



All the participants arrived the earlier evening and we started the workshop on time on Thursday 7th August. Dr SP Choong, Steering Committee Member, ASAP, welcomed all the participants and explained the objectives of the workshop and emphasized the need to address unsafe abortions in our region.

Suchitra Dalvie, Coordinator, ASAP, then asked the participants to go through the agenda and write their expectations on post-its and put them up on a wall for sharing.



Upon reviewing, it seemed that almost all the expectations were being addressed by the proposed agenda and we discussed the agenda plan and agreed upon it. As a group we then discussed the guiding principles for the workshop. These included active participation, maintain confidentiality, respect differences in opinion, be on time among others.

Suchitra then asked them all to pair up with someone they had never met before and find out more about each other and introduce their partner. They found this very enjoyable and were soon making friends with persons from other countries. The participants were from varied backgrounds and many had experience as a trainer and service provider.



They also shared the one thing they love about their job; following are some of the responses from the participants

According to Smriti Thapa “as graduate Nurse, love to see the smile that I put on human faces through my work and as youth champion I love advocating about women’s right and bodily autonomy especially on issues like right to safe abortion services.”

Dr. Htoo from Myanmar said he loves to work in the maternity clinic and deliver babies and hear their cries.

Dr Rajeev from Sri Lanka loves to face challenges involved in the work and find solutions to it.

Dr. Ramesh Kumar from Pakistan loves the fact that prevention is better than cure.

“I love to provide mentorship and capacity building” said Shakila a participant from Afghanistan

Dr Fatima from Afghanistan loves to interact with participants during training programs and she also loves her work with the ministry in helping decrease maternal mortality.

Naureen from Pakistan loves her job as trainer.

Dr Lutfa Akthar from Bangladesh said she loves her job as a counselor. She is passionate about providing treatment and training to young girls to help them save their lives.

Mussarat Rani from Pakistan said she loves to teach skills to midwifery students.

Dr Choong from Malaysia loves his work as a change maker and his advocacy work involved with safe abortion services.

Dr Gorakh from India loves challenges in his work and loves to face them.

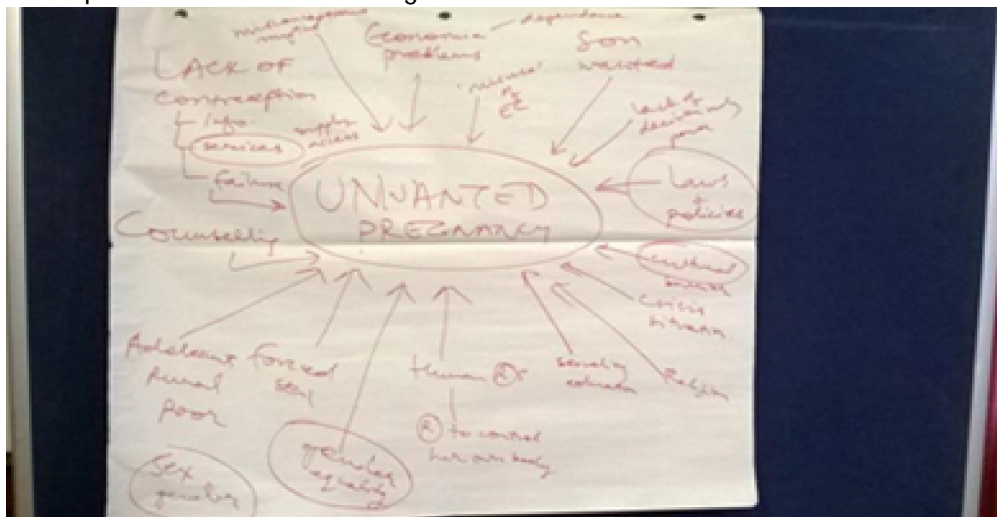
Dr Katayon from Afghanistan loves everything about her work!

Dr Moh Moh from Myanmar loves to provide services to her clients.

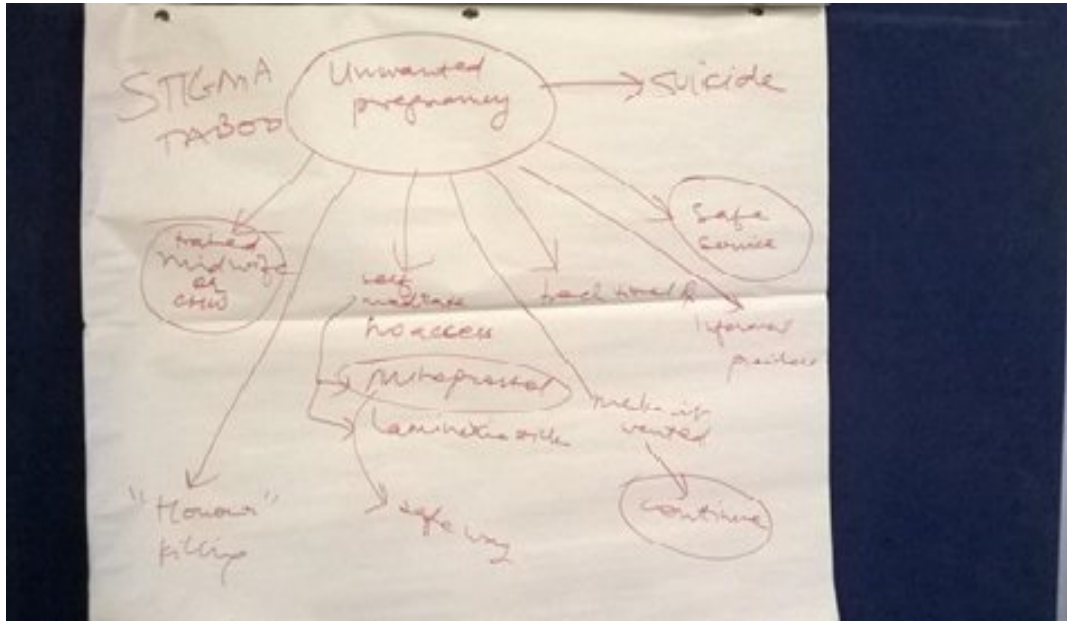
Dr Jeyakumar from Sri Lanka loves to help refugees with better health facilities.

Two volunteers were then invited to take notes for feedback the next day.

Suchitra Dalvie then facilitated a participatory discussion on the pathways that lead women to unwanted pregnancies. There was very active participation and along with all the key issues such as lack of information, lack of access to effective contraception, sexual violence, the participants also emphasized the patriarchal culture and gender discrimination that disempowers women in our region.



Once this was completed, we then undertook a similar process to identify the various pathways such women with unwanted pregnancies end up taking. These include all pathways such as safe abortion, continued pregnancy and also unsafe abortion, abandoning the newborn, suicide and "honor" killing.



We then concluded that unwanted pregnancy is preventable and the pathways that lead beyond it can cause serious morbidity and mortality for the women and girls involved.

Suchitra then gave a brief overview of the work that ASAP has been doing and also presented a situation analysis of unsafe abortions and maternal mortality in all the participating countries, through a review of research and news articles. We realized that unsafe abortion is serious problem in all our countries, including those like India where the law is liberal.

Dr Meera Upadhyay, from the WHO office in Nepal then joined us and gave a brief overview of the contents of the WHO Guidance. The updated guidance contains chapters on the technical updates and also provides guidance on policy, public health impact and human rights perspective of unsafe abortion.





Dr Choong followed with a presentation on the detailed technical guidance for each method of safe abortion (surgical and medical). He discussed the clinical guidelines for pre abortion and post abortion care, as well as the drug regimes for medical abortion and the infection prevention methods to be used with surgical abortion.

We had a short group work and debate with each side arguing for the benefits of either medical abortion or surgical abortion. We ended with the agreement that both methods have their uses and should be offered to women as a choice!



After lunch Suchitra spoke about the human rights perspective and public health impact of unsafe abortions. She explained that the number of women dying is so huge that it should be seriously addressed as a public health issue. She pointed out that this is not just a women's issue since the men and families left behind are also affected. Young children are very badly affected and their risk of dying also increases when the mother dies. She also explained how contraception is not the only solution since even perfect use can have failures and all health systems need to be able to address the unwanted pregnancy resulting from it.

Smriti Thapa made a brief presentation on the importance of task shifting and her experience as a Youth Champion. This was much appreciated and everyone was interested in knowing more about the role of mid-level providers in safe abortion services in Nepal.



Madhabi Bajracharya from Ipas Nepal then spoke about the safe abortion programme implementation in Nepal and Indira Basnett then facilitated a discussion on sharing of country laws and challenges—what are the barriers we want to work on. All the participants were very impressed by the success story of Nepal and wanted to know more about its implementation, monitoring, HMIS and evaluation. We learnt that the country has an official logo that all certified safe abortion centres display so that even illiterate women know where to go for services.



Dr Indira spoke at length about all these issues and the participants were very inspired.



After tea, we saw two short films. One by Hans Rosling on the importance of disaggregating data and the other a film produced by ASAP— from unwanted pregnancies to Safe Abortion. Both films were appreciated by the participants. CDs of the ASAP film were distributed. We closed for the day and the trainers had a quick de-brief.

Day Two

Day two started at 9 am with a recap and feedback. Suchitra asked each participant to share the one thing they learnt yesterday that they had never heard of before.

Most of the participants had been impressed by the good work being done in Nepal which they were not aware of earlier. Some of the participants found the discussion on human rights and public health to be an eye opener.

At 10 am we left for the field visits. One group went to the FPAN clinic and the other visited the Thapathali Maternity Hospital. We returned to the hotel for lunch. At 2 pm we started the session with a de brief and feedback. Once again, all participants had an excellent experience and were amazed at the provision of comprehensive safe abortion care and contraception services in relatively low resource settings.

At the TMH we were very impressed by the confidence and rights based approach of the trainer nurse who conducted our orientation. We were to be so confident and had a very strong rights based approach. Some participants were able to observe a procedure and it was a good learning experience for them.



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.



We took a group photo during the lunch break.

The last session for the day was a very energetic agree-disagree session. Statements were read out and the group had to move around the room depending on whether they agree or disagree. They could not choose to be neutral and also had to defend their position.



This led to some very lively debates and discussions among participants on reproductive rights and related socio-cultural and moral dilemmas. It made participants re-think their position and beliefs on issues such as right to life, rape, sex-selection, choice and abortion. It helped them examine their own values and prejudices. Following are some of the statements:

‘A Woman who chooses to go in for abortion is ending a life’

This statement generated interesting debate on definition of life both scientific and moral and intense discussions around issues such as social stigma, morality and guilt that are often associated with the right to abortion. It was interesting to note that while all participants agreed to women's right to abortion their understanding was very much conditioned by the religious and cultural definitions of life, sin and guilt. In the end we concluded that as activists and practitioners our priority should be to save the life of the woman over that of the fetus.

‘Women should have the right to seek abortion even without husbands consent’

This statement saw very interesting discussion on issues such as sex selection, bodily autonomy, domestic violence, contraception, women and work etc. Some of the participants thought that if she has to do this in secret, it is not a good married relationship in the first place. Also concerns were raised on implications such a decision would have on the marital relationship. Participants concluded that even though the decision to have a child should be mutual between a husband and a wife but given the fact that it's a woman who has to bear the child she should have the autonomy to seek abortion even without husbands consent.

‘Making abortion too easy will lead to more irresponsible sexual behavior’

Issues of sexual rights and behavior in both religious and cultural context were widely debated by the participants. The need for sex education was strongly advocated. We discussed the concept of an ‘easy’ abortion and concluded that no woman will choose to keep having abortions, no matter how ‘easy’ the access and we should not label women as being so irresponsible and recognize that it is her right to have easy access to a safe abortion service. Responsible sexual behavior requires sex education, awareness and access to contraception; the debate on ‘responsible’ sexual behavior is oriented more towards controlling sexuality of women this needs to change and be replaced by a more rights based approach.

‘Women who have HIV/ AIDS should not have babies’

This statement made the participants rethink and evaluate their own position and understanding on the issue. It also led to a very vibrant debate on the state's responsibility and responsibility of the civil society towards such women and children. We also had to think through the right to choose as being one where she should be able to choose to have a baby, not just to have an abortion.

‘Reproductive rights include the right to choose the sex of the baby’

Skewed sex ratio and gender discrimination were some of the issues discussed while debating this statement. The participants agreed on the need to empower the girl child and increase the value of the girl child rather than create restrictions to the women's right to access safe abortion services. We concluded that laws can only be useful to a certain extent what is required is a change in the patriarchal mindset that sees daughters as a burden and leads to gender biased sex selection. We need to invest in education and empowerment of the girl child.



In the next session participants were made to choose one woman who should be prioritized for a safe abortion from the case studies shared. The session had very intense debates and was found to be very thought provoking by participants. We concluded finally that as advocates and activists, we should fight for universal access to safe abortion services and not choose between one woman/ girl and another since everyone has different problems and will face serious consequences that we cannot judge as outsiders. We all agreed to demand safe abortion as woman's right when she finds herself with an unwanted pregnancy.



The session provided a lot of food for thought and participants enjoyed the lively interactions and the challenging of commonly held beliefs and stereotypes.

Day Three

The last day started with a recap and feedback of the new things each one had learnt. Following are the responses from the participants:

"Most important learning that I take back from this workshop is that every woman counts; the session where we had to choose one woman who could be allowed abortion was quite thought provoking"—Naureen (Pakistan)

"Women have the right to make decisions for herself"—Dr. Nasira (Pakistan)

"Family planning should be accessible to all; important learning was the straining process to check for the product after abortion"—Dr. Musarrat (Pakistan)

"The fact that vasectomy is being done in Nepal on such a large scale is an interesting observation"—Dr. Ramesh (Pakistan)

"I realized how we have the power to influence policy"—Dr. Fatima (Afghanistan)

"The box of condom placed at the family planning institute is an important take home lesson and I will try to start the same in hospitals in our country"—Dr. Shakila (Afghanistan)

"Field visit to the Family Planning Institute was an important learning experience. Very impressed with their efficiency" Dr. Katayon (Afghanistan)

"The de briefing session was quite thought provoking. Most important learning is that every person has the right to his/her own views and perspectives that should be respected." – Dr. Moh Moh (Myanmar)

"Right to life of fetus- both human rights and scientific perspective was an important learning for me"—Dr. Jeyakumar (Sri Lanka)

"After visiting the maternity hospital I realized that nurses and mid-wives can efficiently provide abortion services if they are effectively trained." Dr. Rajeev (Sri Lanka)

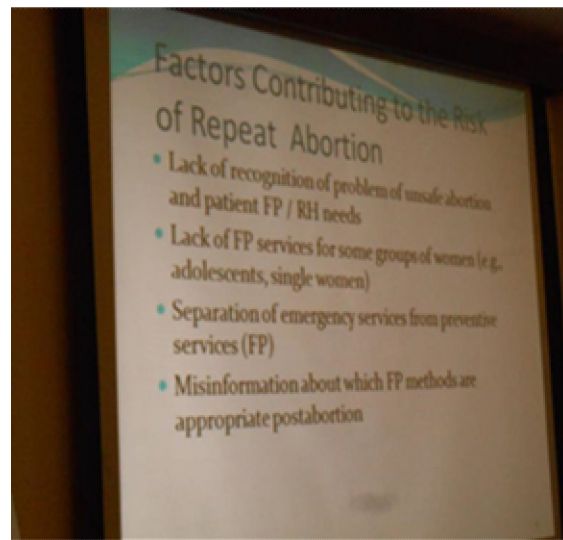
"I realized that law and policy are not above human rights and woman rights and that saving a woman's life is more important. Every woman should have access to safe abortion services"—Dr. Lutfa (Bangladesh)

"Kathmandu was a good choice in terms of venue for such a workshop, it had lot to offer as learning and good practices. We have learnt how an activist should be and how a counselor should be"—Dr. Gorakh (India)

"How much can you do and achieve with limited resources and at low cost- Family Planning Institute of Nepal provides an excellent example against over medicalization."—Dr. Choong (Malaysia)

Dr Ishwor Upadhyay then took an excellent session on Post Abortion Care and Contraception. After this, the participants were very inspired and we sat in country groups to prepare concrete

action plans. The idea was to use the momentum to create specific, feasible tasks that all of us could take on to advocate for improving safe abortion services back home.



Post evaluation and feedback forms were completed and certificates distributed. Suchitra thanked all the participants, especially those from Afghanistan who had had to spend 5 days in India to obtain the Nepal visa. She also thanked Dr Choong, who is always a support and inspiration to us all at ASAP! And Dipmala Rai, from Crehpa, for providing all the logistics support during the days of the workshop as well as prior to it.

All participants thanked ASAP for having organized this workshop and for providing such a rich, cross regional learning and sharing opportunity to them. The workshop came to a close.

Annex 1-participant list

Sr No	Particiants	Country
1	Dr. Shakila Abdaly	Afghanistan
2	Dr. Katayon Sadat	Afghanistan
3	Dr. Fatima Noorzada	Afghanistan
4	Dr. Lutfa Akhtar	Bangladesh
5	Dr. Sharmin Jahan Hoque	Bangladesh
6	Dr. Mandrupkar Gorakh	India
7	Dr Moh Moh Lwin	Myanmar
8	Dr.Khun Kham Htoo	Myanmar
9	Dr. Nasrira Shakeel	Pakistan
10	Dr. Ramesh Kumar	Pakistan
11	Dr. Naureen Lalani	Pakistan
12	Dr. Musarrat Rani	Pakistan
13	Dr. Asanka Godemunne	Sri Lanka
14	Dr.Jeyakumar Sabaratnam	Sri Lanka
15	Dr.Rajeev Vithanage	Sri Lanka

Annexure II- Analysis of feedback forms

Asia Safe Abortion Partnership

PMDUP workshop

7th 8th 9th August 2014

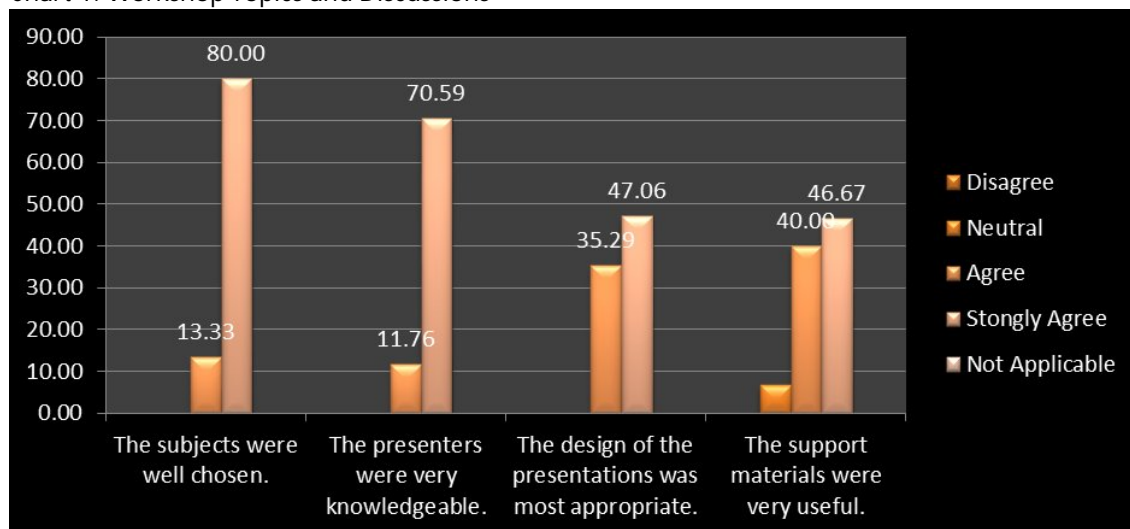
Summit Hotel, Kathmandu, Nepal

Analysis of the Feedback forms

The feedback forms were gathered from the 15 participants on the third day of the PMDUP workshop. 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 (80%) of the participants felt that subject were well chosen and 70 % felt that the presenters were knowledgeable. About 47% 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



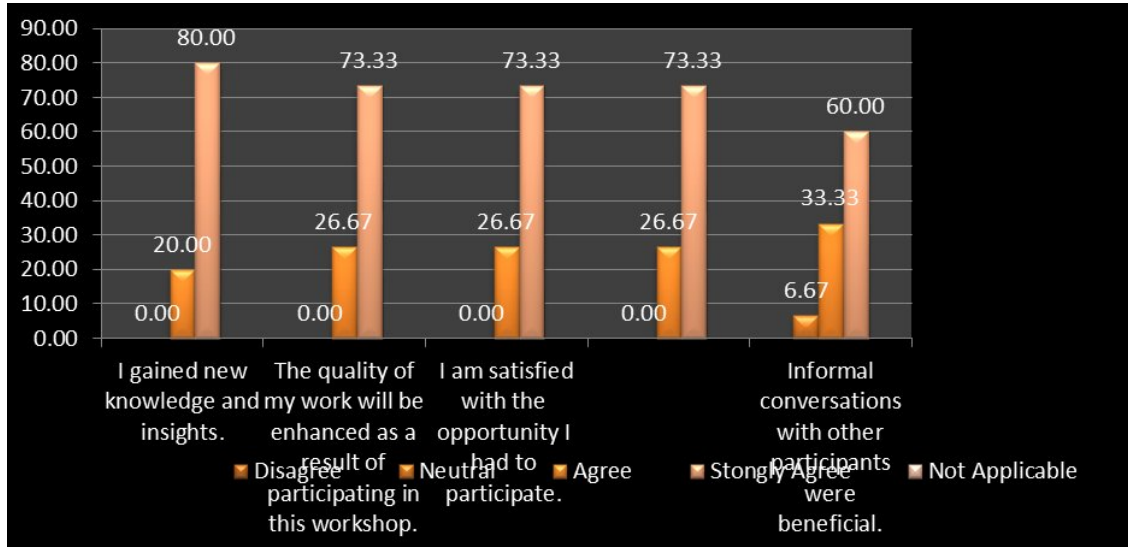
Some of the comments that we received were:

- More information need in abortion situation in SE Asia i.e. Malaysia
- Really a great experience. Knowledge sharing, practical approach and great group involvement in proper manner are qualities of Dr Suchitra especially.
- Workshop was nicely planned and effectively coordinated
- Well planned event with well-chosen venue and staff

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

Most (80%) of them strongly 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. About 73 % of them were satisfied with the opportunity to participate in the workshop and felt that the interactions between participants and presenters were ideal. 33 % strongly felt that the informal conversations with other participants were beneficial and 6% stayed neutral.

Chart 2: Personal values

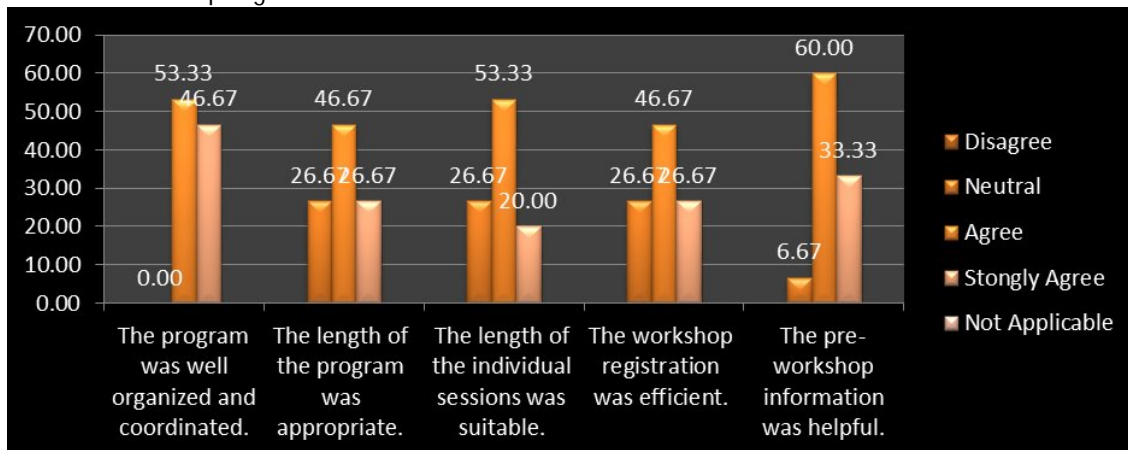


Few comments said that it was a great learning from Nepal as an example.

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

Most (53%) of them strongly agreed that the program was well organized and coordinated. Half of the participants agreed on the length of the program being appropriate but 26 % stayed neutral upon this. 53 % agreed that the length of the individual sessions was suitable, 26% agreed to 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



One person has commented that sending more information before the workshop would be more helpful.

OVERALL COMMENTS AND SUGGESTIONS

The topic that were found most valuable to the participants:

- SRHR
- Gender
- Safe abortion

- Values Clarification
- Counselling
- Developing and presenting action plans, new to this success stories of Nepal, it will help me to do advocacy.
- Unsafe abortion and safe abortion
- The topic should be addressed more in country

The topics that were found least valuable to the participants:

While most of the participants felt that all the topics were relevant and useful, one of them felt that the Procedural part was not useful as it is same everywhere.

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

- BCC
- Collaboration with other countries
- Capacity building in RH topic
- Private practitioner involvement in the movement, how it will make a difference?
- Counselling

Other suggestions which I feel would improve future workshops are:

- Sitting arrangements should be changed every day.
- It was great, will always work for ASAP
- Add on video conferencing / Skype based continuation so that progress or any potential problems can be identified
- All the books and presentations should be given on a CD as soft copy.

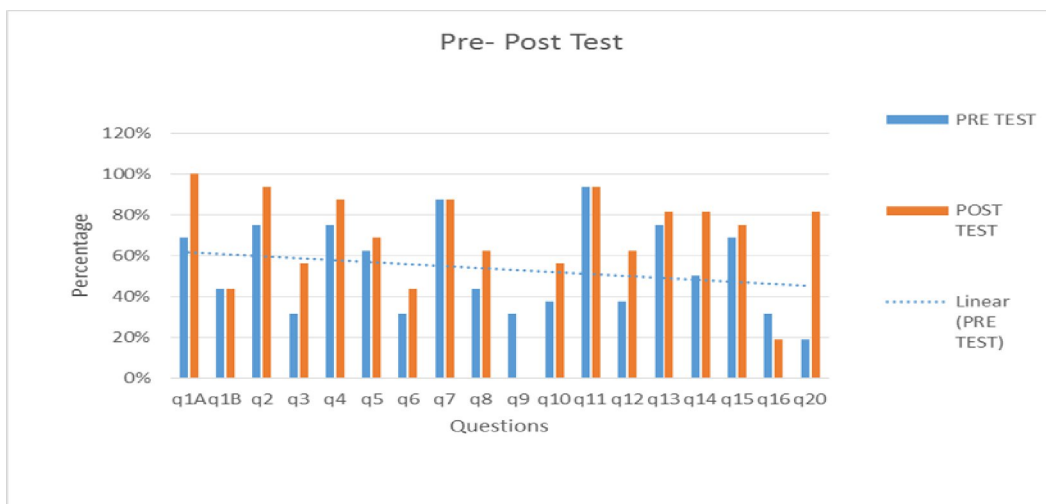
Annexure III- Analysis of Pre-Post Evaluation

Asia Safe Abortion Partnership
PMDUP workshop
7th 8th 9th August 2014
Summit Hotel, Kathmandu, Nepal

Analysis of the Pre-Post Evaluation

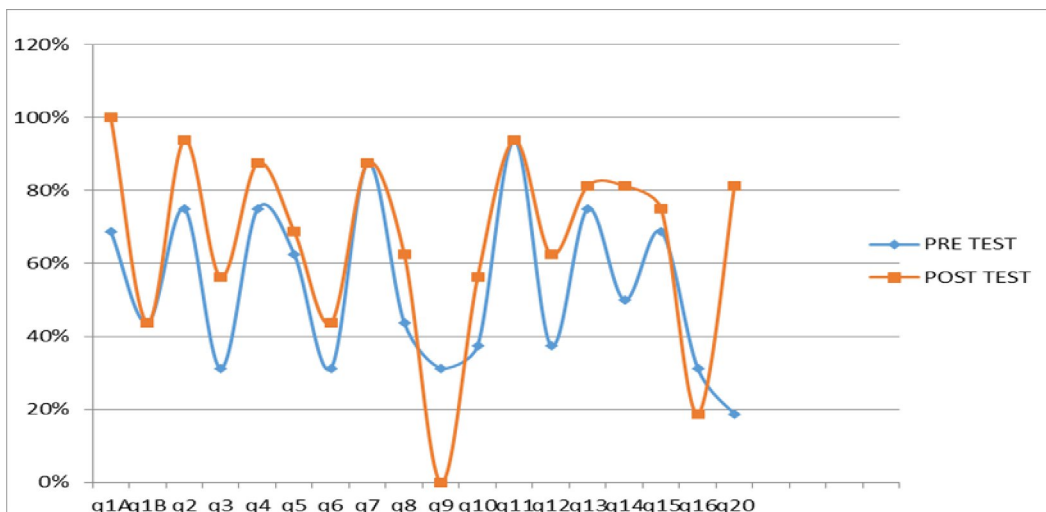
A pre- and post-test was conducted during the workshop. Pre and Post evaluation was completed and filled out by 16 participants.

The questions asked were on sex, gender, human rights, MDG, reproductive rights, reproductive health, access to contraception, pregnancy, conception, abortion safe/unsafe and response to doctor's choice on providing abortion. (PI see annex IV) The results were as follows:



In the pre-evaluation:

More than 70% answered correctly the questions on gender, reproductive rights, definition of unsafe abortion, hormonal therapy and IUD insertion post abortion.

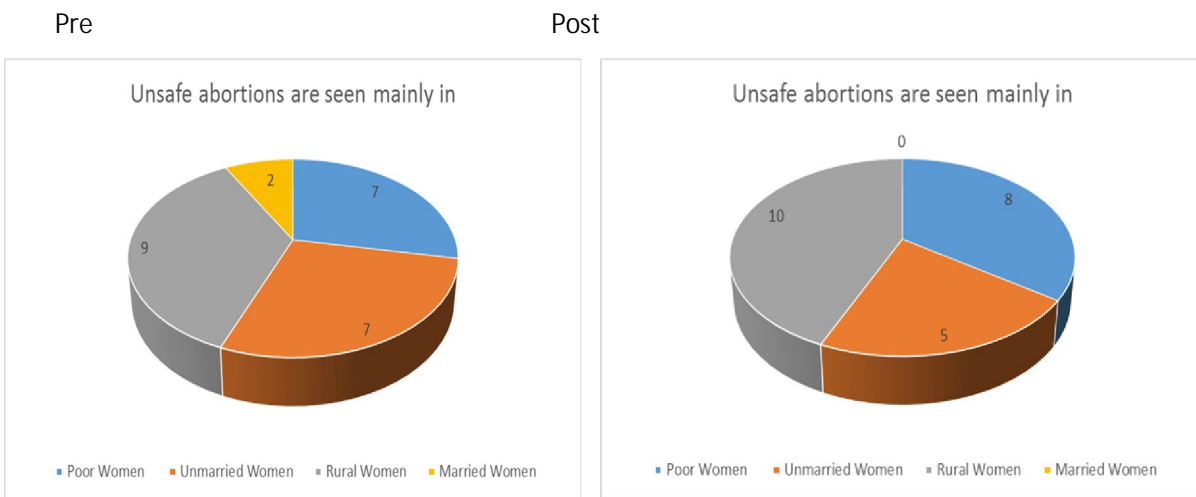


In the post training test:

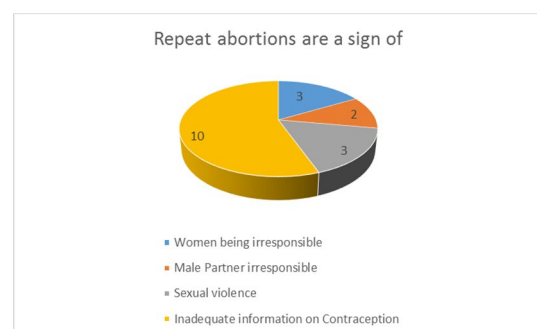
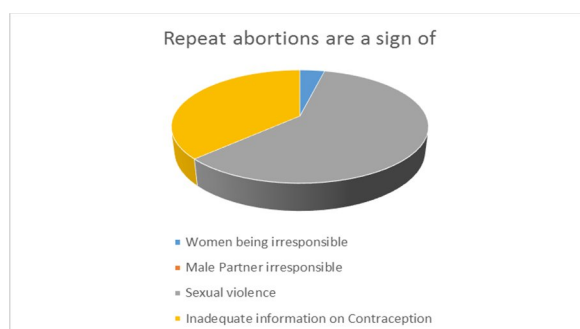
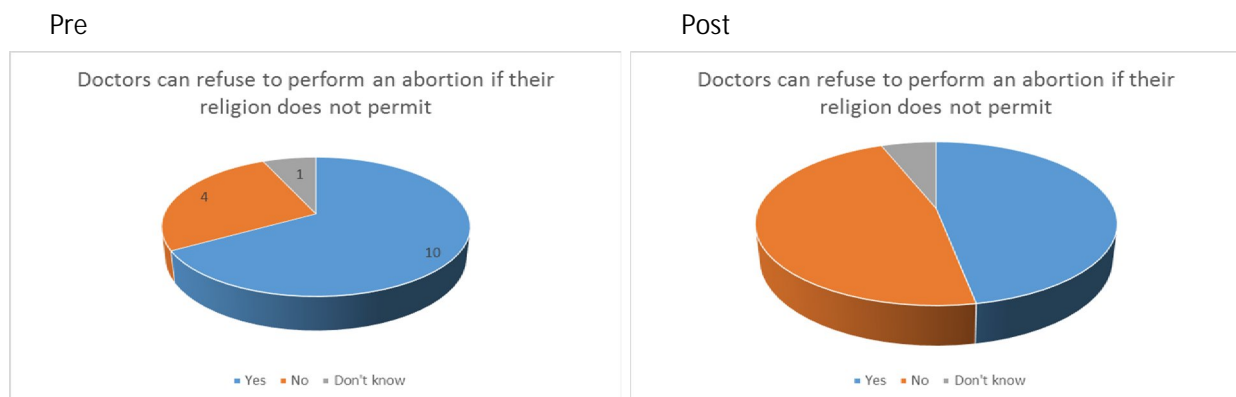
In Post evaluation, 100% participants answered the question on sex and 94 % answered the questions on gender and Hormonal therapy correctly. Participants could not answer correctly the proportion of unsafe abortion in developing country and when can a women get pregnant again after having an abortion.

The results for the three questions was compared pre and post

Most of the participants felt that unsafe abortion is seen maily in poor women followed by unmarried girls and rural women.



Most of the participants felt that doctors can refuse to perform an abortion if their religion does not permit



Most of the participants felt that repeat abortions are a sign of sexual violence in the pre-test and due to inadequate contraceptive information/services in the post test.

Conclusion:

The pre-post evaluation analysis shows that participants were quite clear on gender and sex and the most increase of knowledge is noticed in questions directly related to abortion, side effects of abortion (i.e. heavy bleeding) and contraception post abortion.

Participants stayed unclear on the statistics of unsafe abortion globally and in developing countries. In the future workshops there is a need to highlight/ elaborate on the global statistics of unsafe abortion and its implications and the consequences of unsafe.

Annex IV- Evaluation forms

ASAP CREHPA PMDUP workshop
7th 8th 9th August 2014
Summit Hotel, Kathmandu, Nepal

Pre-evaluation / Post- evaluation (please circle the test taken)

- 1) True or false
 - a) 'Sex' refers to the biological differences between men and women
 - b) MDG stands for Maternal Diseases Goal
- 2) 'Gender' refers to
 - a) Man and woman
 - b) Girl and boy
 - c) The socially constructed (roles and relations).
- 3) What are human rights?
 - a) Rights exercised by every living being.
 - b) Laws to promote and protect fundamental freedoms of individuals or groups.
 - c) Rights exercised by all, even unborn child.
- 4) Reproductive rights mean:
 - a) Reproductive rights are freedoms relating to reproduction and reproductive health.
 - b) Right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children
 - c) Rights to attain the highest standard of sexual and reproductive health.
 - d) All of the above
- 5) Reproductive Health Includes
 - a) State of complete physical, mental and social wellbeing in all matters relating to the reproductive system.
 - b) Safety from STDs

- c) Success in achieving or in preventing pregnancy
 - d) All of the above
- 6) When can a woman get pregnant?
- a) During her fertile period, beginning 5-7 days after her period.
 - b) During her fertile period, 5-7 days before her period.
 - c) Throughout the menstrual cycle.
- 7) Unsafe abortion is defined by the World Health Organization (WHO) as a procedure for terminating an unintended pregnancy, carried out
- a) either by persons lacking the necessary skills
 - b) in an environment that does not conform to minimal medical standards,
 - c) Either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both.
- 8) Unsafe abortion constitutes _____% of Maternal Deaths in the world.
- a) 13%
 - b) 20%
 - c) 30%
- 9) Nearly _____ unsafe abortions occur in developing countries.
- a) 40%
 - b) 70%
 - c) 98%
- 10) Please tick safe and recommended methods of abortions
- a) MVA & EVA
 - b) D&C & D&E
 - c) MMA
 - d) Option a and c
 - e) All
- 11) Women may start hormonal contraception at the time of surgical abortion, or as early as the time of administration of the first pill of a medical abortion regimen.
- a) True
 - b) False
- 12) Medical Abortion can be done by
- a) Mifepristone and Misoprostol
 - b) Mifepristone alone
 - c) Misoprostol alone till Day 63
 - d) Option a and c
- 13) Following medical abortion, an intrauterine device (IUD) may be inserted when
- a) When you are sure that the abortion is complete (it is reasonably certain that the woman is no longer pregnant.)
 - b) Day 14
 - c) After the next menstrual cycle

- 14) While undergoing medical abortion, a woman should go to the hospital for treatment as soon as possible if:
- a) She has heavy cramps
 - b) If she has a lot of bleeding
 - c) If she has a lot of nausea
- 15) If the woman does not bleed after taking the Misoprostol the reason could be:
- a) She is too late in her pregnancy for the Misoprostol to work
 - b) She has an ectopic pregnancy (pregnancy outside the womb)
 - c) She is pregnant with twins
- 16) After an abortion, a woman can get pregnant again:
- a) Immediately
 - b) Within 11 days after the abortion
 - c) After her next menstrual cycle
- 17) Unsafe abortions are seen mainly in
- a) Poor women
 - b) Unmarried girls
 - c) Rural women
 - d) Married women
- 18) Doctors can refuse to perform an abortion if their religion does not permit
- a) Yes
 - b) No
 - c) Don't know
- 19) Repeat abortions are a sign of
- a) Women not being responsible
 - b) Male partner not being responsible
 - c) Sexual violence
 - d) Inadequate contraceptive information/services
- 20) Misoprostol can cause bleeding
- a) True
 - b) False

Annexure V- Agenda

Workshop on
Preventing Maternal Death from Unwanted Pregnancies
7th 8th 9th August, 2014
Summit Hotel, Kupondole Heights, Kathmandu, Nepal
Asia Safe Abortion Partnership
in collaboration with CREHPA

Objectives:

At the end of the workshop, participants should be able to

1. Understand the importance of unwanted pregnancies as a preventable cause of maternal deaths.
2. Recognize the need to address unsafe abortion as a public health and human rights issue.
3. Use the WHO Safe Abortion: Technical and Policy guidance for health systems as an advocacy tool

Agenda

Thursday 7th August

Timetable	Topic	Speakers/Facilitators
9.00 – 09.45	Opening Remarks, Welcome, ASAP objectives and expectations	Dr. S.P. Choong, Steering Committee Member, ASAP and Dr. Suchitra Dalvie, Coordinator ASPA
9.45-10.30	Agenda, logistics, volunteers for note taking, introductions, How do we prevent deaths from unwanted pregnancies (knowledge, contraception, safe abortion, PAC)	Dr. Suchitra Dalvie Pritha Biswas, Global Technical Advisor, MSI
10.30 – 11.00	Tea Break	
11.00 – 11.30	Brief overview of the contents of the WHO Guidance	Dr Meera Upadhyay, WHO Nepal
11.30 – 12.15	Clinical care for women undergoing abortion- Key Recommendation	Dr SP Choong, Dr. Suchitra Dalvie
12.15- 1.00	Challenges for implementation of updated clinical guidelines	Dr. Suchitra Dalvie , Pritha Biswas
1.00-2.00	Lunch Break	

pm		
2.00-2.45	Sharing of country laws and challenges— what are the barriers we want to work on Pakistan, Myanmar, Sri Lanka, Bangladesh, Afghanistan, India	Indira Basnett
2.45 – 3.30	Safe abortion as a public health and Human Rights Issue	Shreejana, Laxmi, Prabina. Smriti
3.30-4.00	Tea Break	
4.00 – 4.15	International Campaign for Women's Right to Safe Abortion	ASAP film
4.15-5.00	Planning and managing safe abortion Services	Dr SP Choong , Indira Basnett
5.00-5.15	Key messages, doubts clarification	
5.15-5.30	Facilitators de-brief and survey analysis	

Friday 8th August

Timetable	Topic	Speakers/ Facilitators
10am -1 pm	Field visit	
1.30-2.30	Lunch in hotel	
2.30-3.00	De-brief and doubts clarification	TBD
3.00-3.30	Group photo and tea break	
3.30- 4.30	Values clarification	Suchitra Dalvie ,TBD
4.30-5.00	Preparing for action plans	

Saturday 9th August

Timetable	Topic	Speakers/ Facilitators
9.00-9.15	Recap and feedback	Facilitated by Suchitra Dalvie

9.15-9.45	Post abortion care and contraception	Dr Ishwor Upadhyay
9.45 –10.15	Developing and presenting action plans	Dr Choong, Suchitra Dalvie
10.15-10.30	Tea break	
10.30-11.30	Sharing action plans and way forward	
11.30-12.30	Evaluation forms , certificates and closure	Suchitra Dalvie

