

CanWaCH

Canadian Partnership for
Women and Children's Health



CanSFE

Partenariat canadien pour
la santé des femmes et des enfants

Tracking Progress in Access to Safe Abortion in Humanitarian Settings

Suivi des progrès dans l'accès à l'avortement sécuritaire
en contexte humanitaire

le 4 juin | June 4, 2020

Canada

CanWaCH.ca | CanSFE.ca

Zoom Features | Caractéristiques Zoom

- **Chat:** under the 'more' section there is a chat function, please use this if you have any technical difficulties and we will be happy to assist you. Tina LaRochelle (Technical Support) is available to help.
- **Q&A:** you can also submit anonymous questions during the presentation using the Q&A button in the bottom middle bar on Zoom.
- **Clavardage :** dans la barre du bas, il y a une fonction de clavardage (chat). Veuillez l'utiliser si vous éprouvez des difficultés techniques et nous nous ferons un plaisir de vous aider. Tina LaRochelle (assistance technique) est là pour vous aider.
- **Période de questions :** vous pouvez envoyer une question de façon anonyme pendant la présentation en utilisant l'icône Q&A dans la barre du bas sur Zoom.



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Agenda | Programme

1. **Julia Anderson** - Chief Operating Officer, CanWaCH
2. **Angel Foster** - University of Ottawa
3. **Jill Doctoroff** - National Abortion Federation Canada
4. **Discussion**

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2. **Angel Foster** - l'Université d'Ottawa
3. **Jill Doctoroff** - Fédération nationale de l'avortement Canada
4. **Discussion**



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June 4th, 2019

"And with 700 million dollars of the annual investment dedicated to sexual and reproductive health rights, we are focusing on the most neglected areas of this field."

- Prime Minister Justin Trudeau, Women Deliver Conference, Vancouver 2019



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Faculty of Health Sciences



Collecting data on abortion in humanitarian settings: A global initiative



Angel M. Foster, DPhil, MD, AM
Professor, University of Ottawa



Jill Doctoroff, MA
National Abortion Federation Canada

Agenda for today

- Setting the context
- Description of the CanWaCH project
 - ▣ Findings from Jordan
- Integration with the WHO indicators project
 - ▣ Expanded scope and set of countries
- Discussion of next steps
- Advocacy
 - ▣ Lessons learned from collecting abortion data in Canada
 - ▣ The role of Canada in ensuring abortion is included sexual and reproductive health
- Questions

Sexual and reproductive health (SRH) in humanitarian settings

- According to the UNHCR, over 70 million people live in the world as refugees and internally displaced persons
- About 34 million women and girls of reproductive age need humanitarian assistance
- Women and girls in humanitarian settings are at risk of
 - ▣ Rape and sexual violence
 - ▣ Early, child, and forced marriage
 - ▣ Unintended pregnancy
 - ▣ Unsafe abortion
 - ▣ Complications during pregnancy and delivery
 - ▣ STI and HIV acquisition
 - ▣ Other forms of gender-based violence

SRH data collection in humanitarian settings

- Data collection in humanitarian settings is important
 - ▣ Inform programming
 - ▣ Identify successful interventions
 - ▣ Secure and sustain resources
- Data collection on SRH in humanitarian settings is uneven
 - ▣ Inconsistent in quality and comprehensiveness
 - ▣ Disruption and diversity of systems, services, and stakeholders
 - ▣ Lack of clarity as to what is done with collected data
- Abortion-related data collection is even more limited
 - ▣ Lack of evidence often used as “evidence” of there not being a need for services
- Lack of knowledge about what could facilitate routine high quality, value added, data collection

Context for our project

- In November 2018 IAWG released the 2018 IAFM
 - ▣ Updated the Minimum Initial Service Package
 - ▣ Used a “less is more” framework for data collection
- Window of opportunity to (re)engage in discussions about data collection
 - ▣ Incorporate abortion-related data collection
 - ▣ Include data collection as part of broader 2018 IAFM training efforts
- Canadian government has identified comprehensive abortion care as a neglected and priority area



The original project

- Phase 1: Conduct assessments on abortion-related data collection in three settings (Bangladesh, Jordan, Somalia)
- Phase 2: Develop training materials to facilitate data collection
- Phase 3: Implement and evaluate the intervention (five settings)
- Phase 4: Refine and distribute tools and training materials
- Phase 5: Advocate for continued prioritization of abortion with the Canadian federal government and other global stakeholders



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Collaboration

- University of Ottawa
- National Abortion Federation Canada
- Inter-Agency Working Group on Reproductive Health in Crises (IAWG)
- Local partners



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Initial assessments

- What are the primary challenges to routinely collecting the abortion-related data outlined in the 2018 IAFM?
- What resources could be provided to help stakeholders collect these data in all humanitarian settings, irrespective of location, type of emergency, and legal status of abortion?
- What can we do with these data to ensure that they are relevant to policy, service delivery, and advocacy?

Abortion-related services and data

Facility-based services

- MISPP
 - ▣ Provision of abortion referrals to rape survivors
 - ▣ Provision of abortion to rape survivors
 - ▣ Provision of post-abortion care (PAC)
 - ▣ Provision of comprehensive abortion care, to the full extent of the law, as an “other” priority activity
- Comprehensive
 - ▣ Provision of PAC
 - ▣ Provision of abortion referrals
 - ▣ Provision of induced abortion care
 - ▣ Provision of post-abortion contraceptive services

Abortion-related services and data

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Abortion-related data

- MISP
 - ▣ # pregnant rape survivors presenting with an abortion request
 - ▣ # pregnant rape survivors receiving abortion referral
 - ▣ # pregnant rape survivors receiving induced abortion care
 - ▣ # people seeking and receiving PAC
- Comprehensive
 - ▣ # people requesting abortion care
 - ▣ # people receiving abortion referral
 - ▣ # people receiving induced abortion care
 - ▣ # people presenting for PAC

Methods

- In-depth, semi-structured interviews with **key informants** regarding past challenges, awareness of revised guidelines, and perceptions of data collection requirements
- Data collection **mapping exercise and gap analysis** to review already collected data and identify where data are gathered within each context
- **Resource and technology inventory exercise** to understand what data collection techniques are feasible
- **Observation sessions** at key facilities/sites to understand logistical and privacy challenges
- **Focus group discussions** with members of different field teams to explore attitudes toward data collection as well as challenges and opportunities

Ethics approval from uOttawa



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Findings from Jordan

- 14 key informant interviews with representatives from nine organizations
- Mapping and inventory exercises and observation sessions at two facilities
- Two focus group discussions with front line staff
- Abortion-related data collection extremely limited and inconsistent
 - ▣ No data collection on induced abortion
 - ▣ Only one organization documents referrals
 - ▣ Most organizations collect PAC data but do not differentiate
- Barriers to abortion-related data collection include
 - ▣ Legal status
 - ▣ Funding concerns
 - ▣ Concerns about safety
- Perspective that collecting abortion-related data is unnecessary

Recommendations

- Need to provide clear guidance on what should be collected and why
- Need to provide tools and materials to facilitate data collection
- Need to address concerns about legality and funding
- Efforts to support data collection must be accompanied by values clarification activities
- External “requirements” would enhance accountability

The WHO SRH indicators project

- Feasibility of collecting a core set of sexual, reproductive, maternal, newborn, child, and adolescent health indicators in humanitarian settings
- Candidate set of indicators developed as part of a global consultation process in December 2018
 - ▣ Facility- and population-level indicators
 - ▣ Derived from the IAFM, GBV guidelines, Sphere Standards, MCH assessments
- Multi-methods study to determine feasibility at the field level as well as inform the development of recommendations and toolkit



Funded by

- DFID
- The Dutch government



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Combining efforts

- Concurrent multi-methods study
 - ▣ Key informant interviews, facility assessments, observation sessions, focus group discussions with frontline workers
- Abortion indicators incorporated into the candidate list of core indicators
 - ▣ Refined with input from IAWG Safe Abortion Care Sub-Working Group
- Data collection at the field level ongoing
 - ▣ Will convene global stakeholders in the fall of 2020 to review and approve final core set of indicators
- Abortion-related tools developed through CanWaCH project will be incorporated into broader dissemination and advocacy efforts

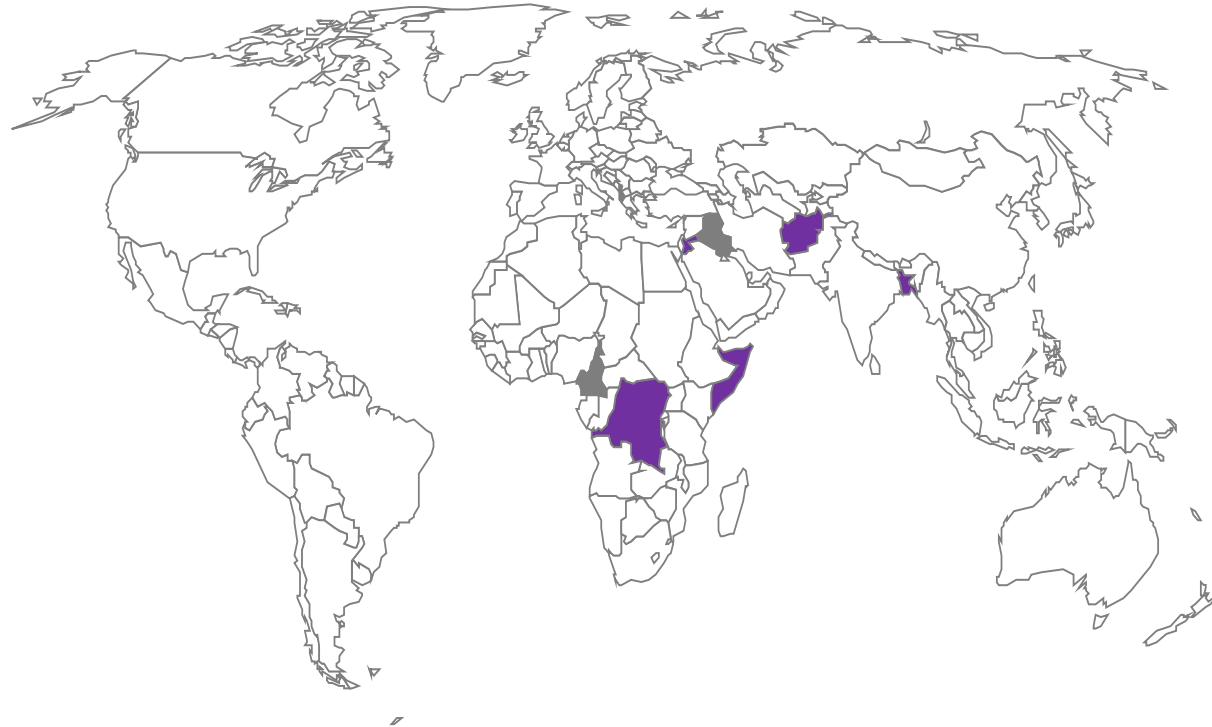
Study sites

Completed or ongoing

- ☐ Afghanistan
- ☐ Bangladesh*
- ☐ DRC
- ☐ Jordan*
- ☐ Somalia*

In the works

- ☐ Albania
- ☐ Cameroon
- ☐ Iraq



Moving forward

- Field-level assessments
 - ▣ Series of articles and reports
- Development and implementation of tools and materials related to
 - ▣ Core SRH indicators
 - ▣ Abortion-related data collection
- Collaboration with IAWG
 - ▣ Compendium to 2018 IAFM
- Advocacy with Canadian government

Canada and feminist goals

- Feminist foreign assistance policy
- Action Area 2: Human Dignity
 - ▣ A Feminist Approach: Gender Equality in Humanitarian Action
- Her Voice, Her Choice
- Women Deliver June 2019
- Health and Rights for Women, Adolescent Girls and Children

- ❑ CIHI collects data on a range of health topics in Canada
- ❑ Reporting from hospitals is mandatory
- ❑ Reporting from clinics is voluntary
- ❑ Only collects data from known entities
- ❑ Most comprehensive source of data on abortion in Canada

CIHI abortion data

	2011	2012	2013	2014	2015	2016	2017	2018
Initial totals	92,524	83,705	82,869	81,877	100,104	97,764	94,030	85,195
Revised totals	108,844	100,958	102,446	100,194	100,104	97,764	94,030	85,195

2018 Abortion location data

Province/territory	Number of induced abortions reported by hospitals	Number of induced abortions reported by clinics	Total
Newfoundland and Labrador	99 (9.7%)	918 (90.3%)	1,017 (1.2%)
Prince Edward Island	205 (100%)	0	205 (0.2%)
Nova Scotia	1,450 (100%)	0	1450 (1.7%)
New Brunswick	507 (100%)	0	507 (0.6%)
Quebec	7,054 (31.9%)	15,039 (68.1%)	22,093 (25.9%)
Ontario	8,303 (28.1%)	21,210 (71.9%)	29,513 (34.6%)
Manitoba	1,782 (61.3%)	1,127 (38.7%)	2,909 (3.4%)
Saskatchewan	1,797 (89.4%)	212 (10.6%)	2,009 (2.4%)
Alberta	1,535 (11.9%)	11,313 (88.1%)	12,848 (15.1%)
British Columbia	3,328 (27.3%)	8,878 (72.7%)	12,206 (14.3%)
Yukon	86 (100%)	0	86 (0.1%)
Northwest Territories	252 (100%)	0	252 (0.3%)
Nunavut	100 (100%)	0	100 (0.1%)
Total reported	26,498 (31.1%)	58,697 (68.9%)	85,195

Role of bilateral funding agencies

- Normalizing abortion as the healthcare and as part of SRHR
- Ensuring accountability
- Global leadership

International and domestic advocacy

- Developing evidence-informed data
- Building capacity with funders and program designers
- Engaging with government and decision makers
- Supporting Canada's role as a global leader in SRHR, particularly related to abortion care

Acknowledgements

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- Majd Hammad
- Dr. Tanvir Hasan
- Dr. Loulou Kobeissi
- Dr. Mohammad Mostafa Zaman
- Dr. Akmal Samsor

Questions & reflections



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And many thank to CanWaCH for supporting this initiative!

Questions? / Des questions?



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Connect with us!

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Stay tuned

First 100 Days of a Pandemic: Canada's Resilient Global Response

[Link](#)

Wednesday June 17th, 2020
1:00 - 2:00 PM EDT

Restez à l'affût

Les 100 premiers jours d'une pandémie : la réponse mondiale résiliente du Canada

[Lien](#)

Mercredi 17 juin 2020
13 h – 14 h, HAE



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Thank you for joining us!
Merci de vous être joint(e) à nous!

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