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TRAINING GUIDE ON THE HARM REDUCTION MODEL AND ABORTION SELF-CARE

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ACKNOWLEDGEMENTS

Abortion
Abortion is the ending of a pregnancy by removal or expulsion of an embryo or fetus before it can survive outside the uterus

Abortifacient
An abortifacient is a substance/drug that induces abortion. Common abortifacient used in performing medical abortions include misoprostol and mifepristone, which can either be used independently or together

Drug
Any substance or preparation used or intended to be used for internal or external application to human or animal body either in the treatment or prevention of disease or for improving physiological functions, or for agricultural or industrial purposes.

Harm Reduction
Harm Reduction, or harm minimization, refers to a range of public health policies and practices designed to lessen the negative social and/ or physical consequences associated with various human behaviors, both legal and illegal

Medical abortion
A medical abortion is an abortion that is completed using a combination of medicines either taken orally or through the vagina

Medical Abortion self-care
An evidence-based approach that enables women and girls to realize their sexual and reproductive rights, through making own informed decisions to safely terminate a pregnancy and prevent mortality and morbidity associated with unsafe abortion

Self-care
The ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a health worker. Also, WHO defines self-care interventions as tools which support self-care.

LIST OF ACRONYMS AND ABBREVIATIONS

AHR   Abortion Harm Reduction

ASC   Abortion Self-care

CAC   Comprehensive Abortion Care

FP   Family Planning

HCPs   Healthcare Professionals

HIV   Human Immunodeficiency Virus

HRM   (Abortion) Harm Reduction Model

IPPF   International Planned Parenthood Federation

MA   Medical Abortion

PAC   Post Abortion Care

SA   Safe Abortion

SMA   Self-Managed Abortions

SOPs   Standard Operation Procedures

SRH   Sexual and Reproductive Health

SRHR   Sexual and Reproductive Health and Rights

STIs   Sexually Transmitted Infections

SWOT   Strength, Weakness, Opportunity-Threat (analysis)

UHC   Universal Health Coverage

VCAT   Values Clarification and Attitude Transformation

WHO   World Health Organization

This training manual/guide provides a step-by-step, hands-on guide to the training of health service providers in using the abortion Harm Reduction Model and medical abortion self-care.

The training guide aims at providing clarity and guidance to the user who should at the end of utilizing the guide, be able to;

1. Describe the concept of Abortion Harm Reduction
2. Explain steps of implementing the Abortion Harm Reduction
3. Describe the concept of medical abortion self-care
4. Explain the relevance of abortion self-care in improving access to safe abortion within the legal and regulatory framework of Uganda

Target Audience for the Training Guide

This Manual is designed for training healthcare providers and other service providers involved in provision of Comprehensive Abortion Care, who need the knowledge, attitude transformation and skills in provision and improvement in access to CAC using the Abortion Harm Reduction approach and abortion self-care. The guide can be used as both a trainers'/facilitators' manual and a trainee/participant manual. We propose a cohort made up of 20-24 trainees selected in advance with prior knowledge of their professional background, so that appropriate prior knowledge of the trainees is clear. The trainees can be any service providers, who may include healthcare providers, counselors, community mobilisers or peer educators who already have basic information about abortion care.

How the Manual is organized

This manual has 4 serialized topics that represent different components of knowledge, attitude, skills and decision-making related to using self-care as a component of the HRM within the legal and regulatory framework. Each topic presets the basic concepts, requisite skills, necessary values and practical application of the knowledge in decision-making. Each section ends with content that is summarized as key take home messages, and some key references.

A. How the manual is arranged

1.   The Topics:

This manual comprises of 4 topics that are sequenced in order of the patient care process. Each topic has the key learning points, advice on how to introduce the topic, the key take home messages, the appropriate examples suggested and how the knowledge can be applied. Additional learning materials are suggested as reference materials.

2.   Use of learning Aids

In the Manual, we recommend use of: overhead projectors, videos, sample commodities, Video clips, handouts, blogs and You tube pages which we encourage users to review in relation to their specific needs. The facilitators should review these materials in advance for proper planning.

3.   How facilitators should plan and evaluate the sessions.

The Facilitators should ensure that expectations are very clear and that the trainees have sufficient capacity to appreciate the new concepts in the training guide. Where a prior needs assessment report is available, facilitators should acquaint themselves with the trainees' training needs. Additionally, before training, facilitators should inquire about trainee challenges and experiences, in order to identify areas where to put emphasis during training. The teams should also discuss and agree on the timelines, guidelines for the hands-on training including feedback to the facilitators.

4.   Tests to evaluate learning and skill achievement

The Facilitators are required to conduct pre and post-test to identify existing knowledge prior to the training (Pre-test) and one to identify knowledge and skills gained as a result of the training (post-test) respectively. They may also use pre- and post-training assessment of values and attitudes, such as using the VCAT questionnaire.

B. How the user/ facilitator can utilize this manual effectively

Two facilitators should work together to manage this training for approximately 20-25 trainees. The activities in this manual are learner-centered and require facilitation, not teaching, to provide opportunities for learning through active participation in discussion and group work, including role-plays and case studies. Using the procedures in the manual.

Facilitators will:

1. Explain the activities in each session to the trainees and help them to do the activity properly.

2. Encourage group discussions with clear instructions and deliverables.

3. Group work should be presented by the respective groups to the plenary to enable the group members to receive facilitators and peer review comments.

4. Solicit trainees' points of view and opinions, and clarify, explain or supplement them as needed.

5. Allow trainees to express their expectations, concerns, views and opinions.

6. Seek to assure trainees that the discussions are conducted in a safe space, where views of all trainees` matter and should be respected.

7. Conclude each session by summarizing the key points as below:

a) *Summarize what has been discussed or what you think trainees should know*

b) *Measure trainees' learning by asking them for feedback or to ask any questions they might have on the session. Ask trainees about the take home messages from the session or topic*

c) *Take the comments for further clarifications and explanations with examples*

d) *Link the current session to the next sessions and the overall goal and objectives of the course*

e) *Focus on how the information/knowledge and skills can be applied in practice*

f) *Assess understanding of the take home messages by asking some trainees to mention what messages they got from the session/topic.*

C. Suggested Main Learning Methods

In order to make the training program interesting, a variety of methods have been proposed.

These include;

Brainstorming

This technique encourages active involvement of all trainees and builds on the knowledge and expertise of trainees. The facilitator's role is to encourage all trainees to say the first things that come to their minds and to keep ideas flowing. To brainstorm effectively, a facilitator asks a question on a topic.

Case study

This technique encourages trainees to share experiences, and through this, analyze situations they might face and decide how they would respond. This method encourages trainees to think about problems, options and solutions to challenges they might experience.

Role plays

This technique encourages trainees to practice skills. Role- plays are a safe way to rehearse skills and activities and they provide good preparation for real-life situations. They are particularly well suited for communication skills and demonstration of real-life situations in patient care; always debrief trainees about the message in the role plays.

Fish bowl technique

This technique provides a physical structure that allows trainees on the 'outside' to see something being done on the 'inside'. Trainees may observe a role-play on an actual situation. To use the fishbowl effectively, trainees work in small groups. A small group performs the action or activity in front of the larger group. The larger group is asked to observe and give feedback on the group performing. The group observing should be around the group acting.

Lecturettes

This technique involves short forms of lectures which are used to highlight key points of content. They are different from traditional lectures because they often include interactions with trainees – sometimes they even seem like a discussion. They are useful as introductions to topics.

Buzz session or small group discussions
This technique is a special type of small group that is used when trainees need to discuss a topic, express opinions and reach a consensus.

PowerPoint presentations
PowerPoint slide presentations, ensure the slides are readable from any vantage point of the room and have bullets that inform discussions instead of reading every word on the slide.

Handouts
Handouts are provided to trainees. Handouts can serve multiple purposes that include supporting topics of the training, expanding or organizing topics of the training, and offering follow-up to training topics

Job Aids
Job aids help trainees successfully accomplish tasks at work. They include step-by-step information to perform tasks or functions. Most often, you will find printed job aids. But digital job aids (an image, a short video, or a PDF file) are also becoming more popular.

Reference Materials
Reference materials answer questions like; what is X? They often include background and theory about the topic, full information about products, etc. Trainees may use reference materials when they're stuck on how to use a product effectively or complete a task or procedure.

Workbooks
Workbooks contain basic information or guidelines about the topic for which training is arranged. They are often used as exercise books during training sessions.

Self-Paced Guides
Self-paced guides empower users to learn things on their own. This well-crafted training manual can also work as a self-paced guide, as it has complete information on the content of the topics to be covered, in addition to suggested reference materials.

Podcasts
A podcast is an edited piece of content which can be a complete radio programme, an edited extract or highlights from a programme, or completely unique content with a particular theme made to be subscribed and listened to as a series. A podcast is a type of audio broadcasting delivered on various online platforms via a Really Simple Syndication (RSS) feed. In simple terms, a podcast is an audio recording on any specific

topic that is consumed in an episodic format. A typical podcast consists of one or more hosts engaged in an animated discussion about a particular niche, event, or topic. The discussion within the podcast can either be spontaneous or strictly scripted

D. Facilitator preparation
It is important as a Facilitator to;
- Read through the Topics and Session plans before any training sessions and be prepared
- Familiarize him (her)self with content as well as the reference materials
- Familiarize him (her)self with the principles of adult learning
- Ensure that trainees have all the copies of the trainees' handouts
- Prepare the templates, flip charts, blackboard, or dry-erase board

Some Facilitation Tips for the user of the manual
Be mindful about ensuring that the learning environment follows clear international and national Standard Operation Procedures (SOPs) on training. We strongly encourage that you:

- Attend to all trainees
- Apply the principles of adult learning, group dynamics and cohesion
- Engage the trainees and make sessions interactive as possible
- Acknowledge that there are different types of trainees (the prisoner – did not have an option but to attend, the vacationer – just taking time off, and the learner – one motivated to learn due to past/ present related challenges).

E. Training Materials and Facilitation Tips
For each of the topics, we have proposed appropriate training information to be discussed. Additional materials can be obtained from the suggested references.

General facilitation tips

1. Be honest and straightforward; your audience needs to know that you are telling the truth about the information in the training manual, challenges experienced therein and admitting difficulties, solutions and a way forward.

2. Use plain and simple words; you don't want to take a risk of your audience failing to understand what you are trying to say or imply.

3. Avoid abbreviations; State the abbreviations in full and explain what they stand for to avoid any misinformation and lack of understanding of the concepts presented in

the training.

4.   Be sensitive to other peoples' cultures; Use language that is generally acceptable. Avoid the use of jargons as well as spelling, grammar and punctuation errors.

5.   Use simpler ways to present what would ideally be complex information; tables, graphs and figures.

6.   Use current references on data and statistics; Use information that is generally known or global. Where information is not available, ensure you clarify on the context in which the information is cited.

7.   Highlight the practical application of the information. Before each session, sensitize the trainees to the content and its relevance or application in practice. Delver the content and at the end, summarize the home messages and the main areas where the information is applicable.

TOPIC 1: SELF-INTRODUCTIONS AND COURSE OVERVIEW

	Introduction	This topic provides an overview of the course and processes, highlighting the rationale and objectives of using the Abortion Harm Reduction Model
	Objectives	At the end, trainees will be able to: 1. Introduce themselves and explain the training goals and objectives 2. Agree on the ground rules and other administrative logistics and entitlements
	Time/ Duration	1 hour
	Method of instruction	- PowerPoint presentations - Brainstorming - Interactive discussions - Question and Answer techniques - Markers and flipcharts
	Sessions	- Course Overview - Introductions - Training Agenda - Facilitation - Administration logistics and entitlements
	Training Materials	- Trainees Introductions Guide - List of trainees and their profiles - Training goals and objectives - Prepared newsprint to write on the Ground Rules - Training Agenda Schedule - Letters of Invitation - Project/ Course Concept - Course Budget - Trainees' Registration Form

Topic 1: Session 1	Agenda setting, Expectations, Training Objectives and Ground Rules
Session Goal	To enable trainees, get to know each other as well as the course expectations, outline, goals and objectives.
Objective of the session	**At the end of this session, trainees will be able to:** 1. Familiarize with one another 2. State their expectations of the course 3. Get the facilitators expectations of them 4. Agree on the ground rules Explain the training goal, objectives and course structure
Duration	30 minutes

Process	● Welcome the trainees to the training
	● Introduce yourself to the trainees
	● Ask the other members of the training team to introduce themselves
	● Ask the representative of the training organizers to give their opening remarks
	● Let trainees introduce themselves using the outline below:
	    o Name,
	    o Organization or Department,
	    o Role within organization,
	    o Expectations from the training course
	
	● Ask the trainees to write their expectations on a post it and stick them on a flip chart in the room
	● Clarify on the expectations that are clearly outside the scope of the course
	● Give a short lecture on the goal, objectives and outline of the Course
	
	Conclude the session by relating their expectations to the objectives and content of the course.

Topic 1: Session 2	Training Agenda, Facilitation and Administration Logistics
Session Goal	To discuss and agree on the planned Training Agenda and the available logistical preparations and expectations
Objective of the session	**At the end of this session, trainees will be able to:** ● Articulate the training requirements and the expected administration logistics and entitlements ● Discuss and agree on the agenda of the training ● Discuss and mitigate any outstanding issues that may affect the training
Duration	30 minutes
Process	● Set ground rules with the trainees for example: commitment to participate, managing time, speak clearly and loudly, mute or turn off cellphones off, respect all opinions, answer questions and contribution to the discussion ● Request for permission or inquire about objections to use participant photos, images or statements in training reports ● Present and discuss the training agenda, the importance of keeping time and clarify any questions or concerns. ● Request the trainees to volunteer for leadership for the following positions: Time keeper, Welfare, Morale booster, Overall course leader, etc. ● Discuss the course entitlements and logistics on: Transport, Meals, Accommodation and other welfare issues ● Discuss the need of the 'parking lot' and create/display for the flip chart to list these issues.
Concluding the session	Conclude the session by reminding the trainees to adhere to the ground rules and model appropriate behavior. Assure trainees that the training environment is a safe space for them to share challenges, experiences and concerns related to abortion care. Get trainees to indicate if they consent or object to their statements or photos being openly shared among trainees or in the training report.

TOPIC 2: THE ABORTION CONTEXT IN RELATION TO HARM REDUCTION

	Introduction	This topic shall review the abortion care context and provide justification for the concept of Abortion Harm Reduction and describe ways in which Abortion Harm Reduction is implemented.
	Objectives	At the end of this topic, trainees shall be able to: **a)** Describe the principles of Harm Reduction **b)** Describe the abortion care context and the abortion related harms **c)** Explain the human rights, legal and ethical frameworks for Abortion Harm Reduction **d)** Defend the need to implement abortion harm reduction as a matter of reproductive justice within the existing healthcare system **e)** Explain the importance of value clarification for successful implementation of abortion harm reduction
	Time/ Duration	4 Hours
	Method of instruction	● Group Work ● Lecture ● Interactive discussions with sharing of experiences ● Podcasts and story telling ● Question and Answer techniques ● Role plays
	Sessions	**Session 1:** The principles and context of Abortion Harm Reduction **Session 2:** Legal, human rights and ethical defense of Abortion Harm Reduction
	Training Materials	● PowerPoint Presentations ● Examples and case studies ● Videos and podcasts ● Markers and flipcharts

Topic 2: Session 1	Maternal Mortality in Uganda and the contribution of Abortion to Maternal Mortality
Session Goal	Introduce to trainees the maternal mortality situation in Uganda and the contribution of abortion to the mortality statistics
Objective of the session	**At the end of this session, trainees will be able to:** **1.** Explain the situation of maternal mortality in Uganda **2.** Identify the factors that underlie the abortion care context **3.** Explain how abortions may lead to preventable maternal deaths **4.** Explain the context of Comprehensive Abortion Care
Duration	1 Hour
Process	● Give a lecture on the key definitions of maternal mortality and morbidity, the different clinical types of abortion, the brief overview of the legal framework of abortion care ● Let trainees brainstorm over some of the myths and misconceptions they have heard about abortion care and maternal mortality; explain the truth and harmonize the context of each of the term. ● Emphasize the impact of abortion on women's health and quality of life ● Let trainees brainstorm and have an interactive discussion of the root causes of abortion (the contextual factors that underlie abortion care) **Conclude the session** by asking the trainees to share their experiences and fears related to expanding access to abortion care.
Take home message	● Abortion complications are one of the major causes of maternal morbidity and mortality. Abortion complications cause preventable death and disability through hemorrhage, sepsis, shock and intrabdominal injuries ● The clandestine nature of abortion makes it difficult to measure its incidence in Uganda and allows policy makers to avoid dealing with the problem. ● Yet the serious health consequences of abortions carried out in unsafe conditions by untrained or poorly trained practitioners impose a heavy burden on women, families and Uganda's already overburdened health care system

	● Abortion complications are largely a result of lack of access to quality safe abortion.
	● Patient rights include the right to information, privacy, confidentiality, safety and autonomy
	● According to the WHO, 56 million women each year choose to have an abortion for many different reasons. Abortion is one of the most common medical procedures for women around the world. Yet many women do not have access to safe abortion services and are forced to risk their lives and health.
	● Unsafe abortion is a leading cause of maternal mortality. Almost all abortion-related deaths occur in developing countries, with the highest number occurring in Africa. Each year between 4.7% – 13.2% of maternal deaths can be attribute to unsafe abortion, and 30 in every 100,000 women who have an unsafe abortion die from complications. That number rises to 220 deaths per 100,000 unsafe abortions in developing regions and 520 deaths per 100,000 unsafe abortions in sub-Saharan Africa.
Concluding the session	Mention that unsafe abortion causes preventable deaths. Globally, 22,500 to 44,000 women die unnecessarily each year due to unsafe abortion. Many more women suffer long-term complications such as infertility and chronic pain. The average maternal mortality ratio is three times higher in countries with more restrictive abortion laws (223 maternal deaths per 100,000 live births) compared to countries with less restrictive laws (77 maternal deaths per 100,000 live births). When considering all causes of maternal death, almost all (99%) occur in developing countries. More than half of these deaths occur in sub-Saharan Africa. Information about safe abortion options helps women protect their lives and health.

Topic 2: Session 2	The concept and principles of Abortion Harm Reduction
Session Goal	To explain the abortion care context and the principles of Harm Reduction In line of the existing context, including the legal, policy and regulatory framework for abortion in Uganda
Objective of the session	**By the end of this session, trainees will be able to;** a) Describe the principles of Harm Reduction b) Describe the abortion care context and the abortion related harms c) Ethically defend and justify the abortion Harm Reduction Model
Duration	2 Hours
Process	The facilitator shall lead a session where the abortion care context shall be discussed, including the need to expand options for increasing access to safe abortion. The discussions shall include the human rights, legal and ethical frameworks for abortion Harm Reduction, as well as the feasibility and opportunities to implement abortion Harm Reduction as a matter of reproductive justice within the existing healthcare. **Session activity:** The trainees while in groups will be facilitated to identify the root causes of abortion, the underlying factors that influence the abortion trajectories, the multiple harms associated with abortion and the interventions that could be implemented to address the abortion-related harms. The facilitator shall explain the importance of value clarification for successful implementation of abortion Harm Reduction. The facilitator should lead a discussion on the importance of Post Abortion Care and Harm Reduction Model Finally, the facilitator may choose one or more VCAT role plays or activities to high light the importance of value clarification.
Take home message	The abortion context and the concept of Abortion Harm Reduction Model: ● Unsafe abortion contributes significantly to abortion as a public health problem, necessitating framing abortion as a public health issue. A 2010 report by the Ugandan Ministry of Health estimated that 8% of maternal deaths were due to unsafe abortion.

What is Abortion Harm Reduction?

- Abortion Harm Reduction refers to strategies to provide the continuum of care from unintended pregnancy to abortion, aimed at reducing abortion-related harms (including morbidity and mortality) through increasing options and choices to improve abortion safety within the legal framework.

What is abortion self-care?

- Abortion self-care refers to self-management of abortion with access to support from healthcare system and community when and if needed. Abortion self-care is thus part of abortion harm reduction strategies.

Abortion Harm Reduction Model principles

The HRM operates on three main principles: Neutrality, Humanism, and Pragmatism.

- The neutrality principle focuses on the health-related risks and harms of abortion, rather than its legal or moral status. Abortion complications and related morbidity and mortality constitute harms. The root causes of abortion represent harms as well as factors that primarily lead to abortion harm.

- Humanism principle: Individuals have a right to being recognized and addressed, regardless of moral status or legal/social norms. Pragmatism principle: Individuals may choose to (and often engage in) activities regardless of legal, moral or social prohibition

How the Abortion HRM works:

- It is an informative model that ensures that women utilize and have the right to accurate information about unsafe abortion and to understand the risks involved prior to procuring one, while mitigating health complications that may arise after the procedure.

- Abortion HRM supports the lessening of harm associated with abortive procedures, without assigning any moral judgment to the behavior itself.

- The HRM assists women with unwanted pregnancies and in restrictive jurisdictions that do not permit abortion (or are restrictive regarding abortion), by providing them with evidence-based information before they procure such procedures, providing counselling if they have procured one, and providing information on the risks involved in clandestine methods. It also empowers the cli-

ents with decision-making power.

● Harm reduction refers to programmes and practices that seek to reduce the risks and harms associated with an activity without prohibiting the activity itself. Its basic goal is to meet people where they are, and to strengthen whatever capacities they have to manage their abortions safely and effectively. Safe abortion interventions, in this framing of SMA, focus on increasing access to accurate information and to quality medicine

Principles of Abortion Harm Reduction

1) **Rights-based:** Bodily integrity and autonomy is a fundamental human right, central to sexual rights and gender and reproductive justice. People's right to make autonomous decisions about their own bodies and reproductive functions, is at the core of their fundamental rights to life, health, equality and non-discrimination, information, and the right to enjoy the benefit of scientific progress.

2) **People-centered:** Providing options relevant to the individual's needs, preferences, and lived experiences supports people's self-efficacy to control their lives and decisions and tackle abortion stigma and the silence that comes with it.

3) **Inclusiveness:** Individuals who may need an abortion must have access to care that considers their unique needs, irrespective of visible or invisible differences

4) **Gender transformative:** Every woman has the right to abortion, in a manner that respects their rights, autonomy, dignity, and needs, taking their lived experiences and circumstances into account, placing the individual at the Centre, enhancing their decision-making and control over their lives, and challenging gender norms, roles, and stereotypes that stigmatize reproductive autonomy.

5) **Increased access to care:** Women and girls have access to quality medical abortion pills, either misoprostol alone or a combi pack of mifepristone and misoprostol. Women have the conditions to implement the abortion with the desired level of privacy and confidentiality. There should be an enabling health system and regulatory environment to support self-care

6) **Equity in health:** Abortion self-care addresses inequity in access to healthcare, including both preventive and curative services related to unwanted pregnancy. Self-care contributes to efforts to address avoidable and unjust differences in exposure to health risk factors, health outcomes and their social and economic consequences, healthcare access, and capacity to finance

care. Qualitative studies show that abortion self-care is often a wanted alternative for some women; because it is affordable, it implies reduced transportation needs, ease of scheduling, earlier intervention in the pregnancy, privacy, and reduced stigma, sense of control, comfort, and easier access for people with restricted mobility.

7) **Quality:** Care delivered should be in line with the available evidence and the needs, values, and preferences of the clients, free of stigma and with compassion and empathy. Provision of supportive care in case of incomplete abortion or other complications is key to safety

8) **Autonomy:** Abortion self-care places women and girls firmly at the centre of the abortion process, as the key decision makers in control of their bodies.

9) **Effectiveness:** Studies reporting on self-managed medication abortion report high-levels of effectiveness. Many women and girls who self-manage their abortions facilitated through pharmacies report no need for surgical interventions and are willing to use this service again if need be.

10) **Acceptability:** A study conducted in Uruguay showed that services provided under a model known as "the harm reduction model" are acceptable. Here providers offer evidence and rights-based information and care before and after an abortion, to the extent allowed by the law, and women and girls self-manage the procedure itself. The evidence generated led to increased decriminalization of abortion.

The role of advocacy in Harm Reduction

- The HRM promotes hope by utilizing lived experiences of health workers and women in the management of abortion healthcare through provision of information, referral and support groups. On the importance of public awareness in the implementation of the HRM, individuals and organizations cannot make impactful decisions, a change in beliefs, behavior, or practice without actively educating a community about the potentially dangerous outcomes associated with unsafe abortions. Stakeholders should be engaged to better understand the essence of the problem, gain buy-in of the model, and agree in principle about the possible solutions.

- Harm reduction interventions are designed to join rather than separate providers and users in a common purpose, to meet the needs of people and make abortion safe for them.

- **Clients/patients should know their rights:** Staying up to date with the country and state laws is essential when accessing or supporting self-managed abortion. To understand the full range of options available and confidently plan pathways to care, it's necessary to know rights and limitations of the policy and legal framework.

- **Clients should know their body:** For individuals to make an informed choice around whether self-management is right for them, it is important that they assess their eligibility. They should know when they are likely to conceive, and should be able to make a self-diagnosis of pregnancy, including how to access, use and interpret simple pregnancy tests where applicable. They should also know danger signs of abortion complications as well as side effects of medications. They should know why and when to seek PAC.

The human rights principles related to Abortion Harm Reduction

- **The right to the highest attainable standard of health**—For the user, ability to engage in self-care interventions that are available, accessible, acceptable, and of good quality is key. From the per spective of the duty bearer (usually a state actor who has an obligation to respect, protect, and fulfill human rights), this should form the basis of laws, policies, and regulations governing self-care interventions.

- Active and fully informed participation of individuals in how self-care interventions are rolled out. This supports other relevant rights, including informed decision making, privacy, and confidentiality.

- **Non-discrimination**—Highlights the challenges faced by people who may be marginalized or face discrimination and stigma when accessing services because of, their gender, race, sexual orientation, ethnicity, or ability.

- **The right to seek, receive, and impart information**—this relates to how the provision of information is regulated, including where liability falls for inaccurate or false information.

- **Informed decision making**—For self-care interventions this is shaped by whether government actors, manufacturers, service pro viders, or others facilitate such decision making, including through

provision of information that is accurate, accessible, clear, user friendly, and non-discriminatory.

- The right to privacy and confidentiality are important for access, use, and results of self-care interventions. When self-care interventions are accessed online or in other non-medical settings, such guarantees may require further consideration.

Accountability

- The root cause of abortion complications, and related morbidity/mortality, is persistence of unintended pregnancies, which reflects the failure of FP programmes to meet the contraceptive needs of all women at risk, and inability of the health system to prevent or mitigate abortion complications.

- The human rights and legal dimensions of accountability in relation to self-care encompass the health sector as a whole. Assessment of the legal environment, including laws criminalizing certain behaviors or fostering discrimination, can help identify approaches that can ensure safe access to and use of self-care interventions. Individuals using self-care benefit from some connection with the health system to enable appropriate support, including deciding whether to use the intervention, ensuring that they understand how to use it, and access to health professionals for follow-up as required.

Role of Values Clarification and Attitude Transformation (VCAT) exercises in Abortion Harm Reduction interventions.

- The VCAT theoretical framework posits that values play a critical role in determining how people make decisions and ultimately act. In VCAT interventions, facilitators lead diverse stakeholders through a process conducted in an emotionally safe environment in which the audiences analyze their personal values, attitudes and actions related to abortion, through honest, open-minded and critical reflection and evaluation of personally-relevant abortion information and situations related to abortion practices or management, including the underlying factors which constitute the root causes of abortion.

- By engaging in this process, the stakeholders fully comprehend the positive and negative (including harmful) consequences of their beliefs and attitudes that impacts abortion patients in general and

access to safe abortion care in particular.

- The audiences, after critical reflection and improved understanding/ awareness, often then choose to identify new values and beliefs that are supportive towards patients accessing abortion care that results in a reduction of abortion-related stigma and harm for abortion.

Conclude the session	• Conclude the Session by asking trainees to explain some of the processes above and if there are any requirements for further clarification. • Ask trainees to mention some aspects of the context that pose challenges to delivering equitable services. • Link the abortion context to the legal and policy framework on abortion and the likely practical challenges related to implementation of self-care.
Suggested references	• Briozzo L, Vidiella G, Rodríguez F, et al. A risk reduction strategy to prevent maternal deaths associated with unsafe abortion. Int J Gynaecol Obstet 2006; 95:221–6. • Ferguson I, Scott H. Systematic Review of the Effectiveness, Safety, and Acceptability of Mifepristone and Misoprostol for Medical Abortion in Low- and Middle-Income Countries. J Obstet Gynaecol Can. 2020 Dec;42(12):1532-1542.e2. • Grossman D, Baum SE, Andjelic D, Tatum C, Torres G, Fuentes L, Friedman J. A harm-reduction model of abortion counseling about misoprostol uses in Peru with telephone and in-person follow-up: A cohort study. PLoS One. 2018 Jan 10;13(1): e0189195 • Hawk M, Coulter RWS, Egan JE, et al. Harm reduction principles for healthcare settings. Harm Reduct J 2017; 14:70 • Stifani BM, Gill R, Kim CR. Reducing the harms of unsafe abortion: a systematic review of the safety, effectiveness and acceptability of harm reduction counselling for pregnant persons seeking induced abortion. BMJ Sex Reprod Health. 2022 Apr;48(2):137-145.

TOPIC 3: OVERVIEW OF ABORTION Self-care

	Introduction	This topic provides an overview of the HRM as used in expanding access to CAC in contexts where the legal and regulatory framework is restrictive. It indicates the principles underling the concept of Abortion Harm Reduction.
	Objectives	At the end of this session, trainees will be able to 1) Explain the situation of maternal mortality in Uganda 2) Explain the concept of self-care in SRH and the medical abortion self-care concept 3) Explain the rationale of abortion self-care and abortion harm reduction a) Explain the principles of medical abortion self-care b) Defend the legal rationale of abortion self-care c) Describe the requirements for abortion self-care
	Time/ Duration	3 Hours
	Method of instruction	● Lecture ● Brain storming ● Group Discussions ● Interactive discussions ● Questions and Answers ● Role plays where applicable Class activities and individual reflections
	Sessions	1. The situation and context of maternal mortality and contribution of unsafe abortion 2. The concept of abortion self-care as part of self-care in SRH 3. The rationale for abortion self-care for ensuring access to abortion care as a matter of reproductive justice
	Training Materials	● Prepared newsprint ● Power Point Presentations 4. Flipcharts and markers

Topic 3: Session 1	The concepts of self-care in SRH and abortion self-care
Session Goal	To orient trainees on the concepts of self-care in SRH in general and abortion in particular
Objective of the session	**At the end of this session, trainees will be able to:** 1. Explain the components of self-care 2. Describe SRH self-care interventions 3. Explain the concept of abortion self-care 4. Explain the rationale of abortion self-care and abortion harm reduction 5. Describe the requirements for abortion self-care
Duration	2 Hours
Process	**Abortion self-care definition** This is an evidence-based approach that enables women, girls, and all people who have the capacity to become pregnant to realize their SRHR, prevent mortality and morbidity associated with unsafe abortion, and overcome legal restrictions and inadequate health systems, while simultaneously challenging harmful social norms and patriarchal structures. ● Inform the trainees that self-care is not a new concept but has always existed. ● Ask the trainees to define the term self-care and to list situations where self-care is applicable. ● Provide a definition of self-care and let trainees discuss the benefits, risks and challenges related to self-care in SRH ● Let trainees discuss and seek answers to the following questions: a) What are self-care SRH strategies? b) What are preferred places to access self-care SRH products and information? c) What do they know about self-care SRH products? d) What do they think may be perspectives from lay persons and Healthcare providers (HCPs) on self-care interventions for SRH? e) What support networks need to be in place to improve the implementation environment for SRH self-care interventions? f) Whether it is mandatory to denounce a woman who has induced or received an abortion. g) The status of freedom of information laws h) The legal status of abortion i) Whether there are any statutes that specifically outlaw giving information about abortion

● Rationale for abortion self-care. Abortion outside the bounds of law was always deemed unsafe, captured by the simple maxim: restrictive laws do not prevent access to abortion, only safe abortion. However, abortion self-care may be one way to access safe abortion. The drive to create an alternative public discourse around abortion also explains the importance of the many public awareness raising and information sharing activities around abortion self-care

● What is self-care in SRH? Self-care interventions include practices, tools, and strategies for people to take an active role in managing their own health. At their core, self-care interventions are underpinned by people- and systems-centred approaches. In SRH, self-care strategies fall under the umbrellas of self-management (such as self-treatment, self-injection, self-medication, self-administration), self-testing (including self-testing, self-sampling), and self-awareness (such as self-help, self-education, self-efficacy)

● The WHO developed global normative guidance in 2019 on self-care interventions for SRHR. Abortion self-care enhances patients' rights to information, privacy, confidentiality, safety and autonomy. The guidance emphasizes the importance of understanding places of access, the enabling environment, and accountability in order for self-care strategies to advance health, gender equality, and human rights across the life course (WHO, 2020).

● Technology has markedly advanced self-care. Using web- and mobile-based interactive technologies, call centers and hotlines are widely publicized and designed to raise public awareness about and to reach a geographically broad and socially diverse public with confidential, reliable and accurate information on the safe and effective self-use of abortion medicines.

● Abortion self-care requires support: Abortion accompaniment networks also provide information, instruction and guidance through face-to-face communication and support, with volunteers accompanying people to buy and use medicines, and be with them throughout the abortion process depending on their needs and preferences.

● Accompaniment networks can connect to people in the moment of their greatest need, providing step-by-step instruction on effective regimens, counselling on how to manage the experience of medical abortion, and clear guidelines for aftercare in an effort to build confidence, preparedness and a sense of control.

● Benefits of self-care: Self-care strategies address the inequitable access SRH services, including abortion care, through opportunity for in-

Take home message	creased access, autonomy, and reduced stigma for advancing SRH. They ensure privacy and confidentiality, but require backup support of the healthcare system (to pride information and PAC if needed)
Conclude the session	**Conclude the session:** ● Emphasize that its key to learn and understand the self-care concept and its relevance and application in improving access to abortion care ● Highlight that self-care interventions including abortion self-care are relevant for humanitarian and conflict-affected contexts that may have limited health care resources and insufficient health infrastructure. ● Self-care is useful in a legally-restricted context. However, there are specific requirements that need to be put in place for abortion self-care to be successful as a component of SRH services.

Topic 3: Session 2	Requirements for successful abortion self-care
Session Goal	To explain the requirements for successful implementation of abortion self-care as part of existing healthcare delivery
Objective of the session	**By the end of this session, trainees will be able to;** 1) Describe the concept of self-care in SRH 2) Explain the requirements for successful delivery of abortion self-care 3) Describe the abortion self-care regimens 4) Explain the role of different additional actors and players key for successful abortion self-care 5) Explain the importance of PAC after abortion self-care
Duration	1 Hours
Process	The facilitator should moderate a discussion through which he/she will ● Explain the requirements for successful implementation of abortion self-care as part of existing healthcare delivery as an approach that compliments but does not entirely replace the existing healthcare delivery ● Describe how different regimes can be used to achieve abortion self-care ● Discuss the value of PAC in abortion self-care Session activity: The trainees while in groups will be facilitated to identify and develop a list of the required support for successful abortion care. The group should discuss, with examples, important considerations of autonomy, acceptability, access, quality, effectiveness and inclusiveness.
Take home message	● **What self-care is:** Self-care interventions for SRH are diverse and include self-injection (such as use of contraceptives), self-screening or testing (e.g., for STIs and pregnancy), self-medication (such as for abortion and HIV), and self-monitoring (e.g., for fertility). ● **Goal of self-care:** Self-care can improve access for hard-to-reach populations and reduce the burden on health services, however the potential for misuse and possible harms for users must be considered. The benefits, risks, rights, and health concerns will vary by self-care intervention, health system, legal context, and characteristics of the user.

● **Objective of self-care:** Self-care interventions can advance PHC, through: a) meeting people's needs through comprehensive and integrated health services (including promotive, protective, preventive, curative, rehabilitative and palliative) throughout the entire life course; b) Systematically addressing the broader determinants of health (social, economic and environmental factors and individual characteristics and behaviors) through evidence-informed policies and actions across all sectors; c) Empowering individuals, families and communities to optimize their health as advocates who promote and protect health and well-being, and nurture positive supportive roles of caregivers.

What self-care achieves:

● **Access:** When appropriate safeguards are in place, self-care interventions can contribute to improving rights and health; when information, support, and quality control are lacking, the reverse may occur. Self-care SRH interventions have been identified as priority areas, but there is need to summarizes the information on self-care focusing on what it is, requirements for access, missed opportunities, implementation frameworks, perceived challenges, and future recommendations regarding self-care strategies

● **Equity:** Unsafe abortion is a striking case of health inequity and a leading and entirely preventable cause of death and disability. There is no reason why anyone should suffer or die in seeking to end an unwanted pregnancy given that abortion is one of the safest medical procedures when conditions allow for it. Social distributions in unsafe abortion are a key marker of its injustice

● Barriers to safe abortion within countries remain after legal liberalization, where social resources determine access to services within formal systems. In restrictive settings, social resources may allow people to travel across borders to access legal services, or to access safe services within the country through private clinics outside the bounds of the law. Social inequities in abortion care within countries are therefore largely defined by where people access care: inside or outside formal systems.

● **Safety and quality:** The WHO formerly defined "unsafe abortion" by the persons and places of care: "individuals lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both".

Abortion self-care is guided by several principles:

● People have varying perceptions of health risks, and these may shape their values and preferences toward self-care interventions, such that conceptions of risk-taking related to their health must be evaluated based on individual values and preferences.

● Healthcare requires a system that includes social support and carers; with human empathy, respect and caring in both health maintenance and in coping with ill-health.

● There are approaches to prevention, treatment and healing that are culturally and traditionally different among different societies and populations, and that offering opportunities for better access, choice and cost in health decision-making, in a way that is free of discrimination, coercion, violence, stigma and is critical for improved health outcomes.

- Risk and benefit calculations may be different in different settings and for different populations when you consider SRH self-care interventions. However, with appropriate normative guidance, regulatory framework, and supportive enabling environment, SRH self-care interventions promote the active participation of individuals in their healthcare and promise to reach improved patient health outcomes.

- Self-care employs a social ecological model, where key constructs and values place health practices, behaviors, capacities and decisions within the social context of the lives of individuals and communities. Besides traditional self-care practices that societies have passed on through generations, people can access devices, drugs, information, products, and interventions through stores, and pharmacies.

Need for enabling environment for abortion self-care:
- Strengthening self-care constitutes a paradigm shift by equipping the user with the tools and autonomy to manage their own health. Under this paradigm, health care professionals become facilitators of care, while individuals acquire higher responsibility for their own care. As such, pregnant individuals' need to be appropriately equipped with accurate knowledge and available resources to support them before, during and after the process.

- Self-care requires a backup of the formal healthcare system

Conclude the session	**Conclude the Session** by asking trainees to explain some of the processes above and if there is any requirement for which they would need further clarification. - The facilitator should link the ideas discussed to the different models in which abortion self-care may be implemented highlighting what each model seeks to achieve - Highlight that medical abortion self-care demonstrates the potential of enabling abortion care, regardless of legal restrictions in any country, the availability of clinicians, or geographical or financial barriers. Access to self-care is not equal for all women. Also highlight that access to information is key. - Highlight the role of technology: The internet and other digital health and mobile technologies are increasing rapidly, both as places of access in many aspects of self-care, and for promoting self-resilience, autonomy and agency.

TOPIC 4: IMPLEMENTATION AND PROVISION OF HARM REDUCTION INCLUDING ABORTION SELF-CARE

	Introduction	This Topic covers the different approaches or practical modes in which abortion self-care is implemented including the guidelines for abortion self-care.
	Objectives	At the end of this Topic, trainees shall be able to: 1.Describe how to provide abortion self-care as a component of existing healthcare 2.Explain the client needs and requirements for successful abortion self-care 3.Explain the practical application for self-care principles 4.Describe the medical regimens for abortion self-care 5.Describe different models for successful self-care, such as call centers, digital platforms and accompaniment groups 6.Describe the legal framework and defense for abortion harm reduction 7.Explain the importance of value clarification for successful abortion self-care
	Time/ Duration	3 Hours
	Method of instruction	● Group Work ● Lecture ● Interactive discussions with sharing of experiences ● Podcasts and story telling ● Question and Answer techniques ● Discussions
	Sessions	**Session 1:** Key definitions and client needs **Session 2:** implementation of successful self-care models
	Training Materials	● PowerPoint presentations ● Examples and case studies ● Videos and podcasts ● Markers and flipcharts

Topic 4: Session 1	Strategies for implementing Abortion Harm Reduction
Session Goal	To build the skills and knowledge of trainees to practically support the implementation of abortion self-care
Objective of the session	**By the end of this session, trainees shall be able to;** ● Describe different models for successful self-care, such as call centers, digital platforms and accompaniment groups Describe the legal framework and defense for abortion self-care ● Explain the importance of value clarification for successful abortion self-care ● Explain self-managed abortion as addressing health inequity and reproductive injustice with key role in implementing transformative social change
Duration	1 Hours
Process	From a review of success factors for abortion self-care, the facilitator shall lead a discussion on the abortion self-care process, including any assistance needed, and how success factors may be enhanced or implemented in practice. The group should discuss the goals of harm reduction: a) to contribute significantly to reducing maternal mortality and morbidity from unsafe procedures. b) Increase autonomy, access and options for safe abortion, and c) To create an enabling environment for safe abortion. Below are some of potential discussion points: ● Self-managed abortion (SMA) challenges this concept of unsafe abortion and social inequities in access to care premised upon it. ● SMA refers to a range of practices that involve the self-assessment of pregnancy, self-assessment of eligibility, self-sourcing of abortion medicines (mifepristone and misoprostol, or misoprostol alone) followed by self-use of the medicines including self-management of the abortion process outside of a clinical context. May include self-assessment of completion of the process ● The WHO defines self-care as the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or with-

out the support of a health worker.

● WHO defines self-care interventions as tools which support self-care. Self-care interventions include evidence-based, quality drugs, devices, diagnostics and/or digital technologies which can be provided fully or partially outside of formal health services and can be used with or without the support of a health worker.

● SMA challenges the concept of "unsafe abortion" (as defined by procurement by unskilled provider) and social inequities in access to care.

● While SMA is used in the literature to refer to a range of practices that involve the self-sourcing of abortion medicines (mifepristone and misoprostol, or misoprostol alone) followed by self-use of the medicines including self-management of the abortion process outside of a clinical context.

● The ability of individuals and communities to self-care depends on the availability, accessibility, affordability and acceptability of a range of quality, evidence-based self-care interventions; and on the enablers described in the WHO conceptual framework. The many reasons why individuals may choose a given self-care intervention include convenience, lower cost, empowerment, privacy, confidentiality, a better fit with values or daily lifestyle, or because the intervention provides the desired options, better decision-making and choice. People may also opt for self-care interventions to avoid the health system challenges, such as lack of quality care (such as stigmatization or lack of confidentiality by health workers), or a lack of access (such as in humanitarian settings or places that are geographically remote from health facilities, or long waiting lists).

Take home message	MA self-care encompasses "the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider". Self-care is not a new concept, nor does it apply exclusively to abortion.

Enabling environment and Support networks for abortion self-care:

● **Hotlines and websites** have been shown to be highly effective in facilitating self-managed abortions, as most women do not present any complications nor require surgical intervention. Besides, information hubs may have a positive impact on access to safe abortion for women, both in legal as well as in legally restricted contexts.

● **Community-based distribution of misoprostol** – which enables abortion self-care – can safely and effectively support abortion care.

● **Accompaniment groups** – networks of activists/volunteers/ peers which provide people with step-by-step information on how to safely self-manage an abortion. Such groups may advocate for enabling self-care environments including decriminalization of abortion and access to quality MA medications, in legally restrictive environments.

● **Support networks**, in addition, include links between health facilities and community-based providers (i.e. other existing organizations, networks, hotlines and platforms, many of which may have supported self-managed medication abortion are critical to support women to access and use medication abortion safely and effectively. Such self-care approaches to abortion can empower women by allowing them to manage their abortion in the comfort and privacy of their own home, removing financial burden and stress in countries where abortion is not culturally accepted

● **Expectations and Self-assessment about completion**. There should be clear client advice and instructions or access to information: A self-care medical abortion uses medicines to end a pregnancy, usually in the first trimester (first three months after the last normal menstrual period. Medical abortion can be provided using tablets of mifepristone and misoprostol in combination or misoprostol alone). These recommended abortion methods for the 1st trimester allow for provision of abortion services at the primary care level. Two medicines (Mifepristone, I tablet, taken orally, and misoprostol (2 or 3 tablets), taken orally or vaginally, taken 1 day after the mifepristone, are usually used (Raymond et al, 2019). The medicine may be taken during the clinic visit or at home. The second medicine takes about 1 to 2 days to work, with bleeding usually starting within a few hours. After a medical abortion, one may have bleeding, spotting, and cramping for the first 2 weeks, and a pregnancy test may be needed 14 days after taking the medicine. A negative pregnancy test will assure the abortion is complete. Sometimes the medicine does not work. If that happens, clients may need to take a second dose of the second medicine (the misoprostol, 2 tablets).

Conclude the session	**Highlight the role of advocacy** ● To: a) Generate safe spaces for dialogue between health workers and groups leading the conversation on and implementation of abortion self-care, to discuss challenges and opportunities for collaboration. Disseminate these stories in relevant spaces. This may involve engagements between partner organizations, including professional bodies of health providers, and nursing and medical institutions, with civil society organizations and policy makers. ● To improve knowledge and attitudes around abortion self-care and to catalyze socio - cultural change by creating positive narratives and social movements to remove stigma. ● To develop positive messaging and narratives on abortion self-care ● To develop public campaigns to increase health literacy regarding abortion self-care
Topic 4: Session 2	**Models for implementation of abortion harm reduction including self-care**
Session Goal	To build the skills and knowledge of trainees to practically support the implementation of abortion harm reduction
Objective of the session	By the end of this session, trainees shall be able to; ● Describe different models for successful abortion harm reduction ● Describe the ethical and human rights justification of harm reduction.
Duration	2 Hours
Process	The facilitator shall lead a session where the different models for implementing Abortion Harm Reduction, including provision of an enabling environment, shall be discussed. Session activity: The trainees while in groups will be facilitated to identify the strategies that may be used to implement abortion harm reduction in practice. The facilitator shall lead a discussion on how abortion harm reduction may be justified using an ethical and human rights framework.

From a review of success factors for abortion self-care, the facilitator shall lead a discussion on the abortion self-care process, including any assistance needed, and how success factors may be enhanced or implemented in practice. The group should discuss the goals of harm reduction: a) to contribute significantly to reducing maternal mortality and morbidity from unsafe procedures. b) Increase autonomy, access and options for safe abortion, and c) To create an enabling environment for safe abortion.

Below are some of potential discussion points:

● SMA challenges this concept of unsafe abortion and social inequities in access to care premised upon it.

● SMA refers to a range of practices that involve the self-assessment of pregnancy, self-assessment of eligibility, self-sourcing of abortion medicines (mifepristone and misoprostol, or misoprostol alone) followed by self-use of the medicines including self-management of the abortion process outside of a clinical context. May include self-assessment of completion of the process.

● The WHO defines self-care as the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a health worker.

● WHO defines self-care interventions as tools which support self-care in realizing universal health rights. Self-care interventions include evidence-based, quality drugs, devices, diagnostics and/or digital technologies which can be provided fully or partially outside of formal health services and can be used with or without the support of a health worker.

● SMA challenges the concept of "unsafe abortion" (as defined by procurement by unskilled provider) and social inequities in access to care.

● While SMA is used in the literature to refer to a range of practices that involve the self-sourcing of abortion medicines (mifepristone and misoprostol, or misoprostol alone) followed by self-use of the medicines including self-management of the abortion process outside of a clinical context.

	● The ability of individuals and communities to self-care depends on the availability, accessibility, affordability and acceptability of a range of quality, evidence-based self-care interventions; and on the enablers described in the WHO conceptual framework.

● The many reasons why individuals may choose a given self-care intervention include convenience, lower cost, empowerment, privacy, confidentiality, a better fit with values or daily lifestyle, or because the intervention provides the desired options, better decision-making and choice. People may also opt for self-care interventions to avoid the health system challenges, such as lack of quality care (such as stigmatization or lack of confidentiality by health workers), or a lack of access (such as in humanitarian settings or places that are geographically remote from health facilities, or long waiting lists)

Documentation
Documentation is key. Service providers need to document the harm reduction strategies implemented to ensure continuity of care. Where this may lead to conflict with the law, innovative approaches to document specific services rendered may be employed. Not documenting at all is an unethical practice.

Practical aspects in implementing harm reduction
- Increasing access to information about medical abortion and abortion self-care through mass media, social media, abortion hotlines and online applications
- Abortion harm reduction counseling
- Telemedicine support to providers and clients
- Community distribution of medications through mid-level providers and community pharmacies
- Protecting the medication supply chain through safe distribution of quality mediations
- Support networks for clients for abortion self-care
- Promoting access to PAC after self-care
- Promoting women access to reproductive justice
- Task shifting for abortion care providers to include midlevel providers
- Provider training
- Promoting access to PAC care after self-care
- Promoting women access to reproductive justice
- Task shifting for abortion care providers to include midlevel providers
- Service provider training including all changes to training curricula
- Financial empowerment to women
- Reduction of stigma |

Creating an enabling environment
- Legal reforms and implementation of services to full extent of the law
- Progressive decriminalization of abortion
- Community advocacy on acceptability of safe abortion and AHR
- Advocacy for reproductive justice and addressing root causes of abortion
- Media advocacy to promote open discussion on SRH issues including abortion
- Inclusion of AHR and self-care in protocols and patient management guidelines
- Job aids and SOPs for HCPs
- Increasing access to abortion care using risk and life exception approaches
- Training service providers and all stakeholders including the community
- Raising awareness on the prevention of unplanned pregnancy, dangers of unsafe abortion, legal grounds for abortion and reducing abortion stigma
- Removing medically unnecessary legal barriers to abortion

Ethical analysis and justification of AHR
Beneficence
- Increased access to safe abortion
- Safe and affordable services of services
- Addressing root causes of abortion
- Self-care is effective quality care with privacy
- Ensures continuity of care
- AHR models scalable and replicable

Autonomy
- Promotes access, quality and choice for healthcare
- Increased autonomy, agency and involvement in decision-making
- Empowers individuals to be the center of decision-making

Non-maleficence
- Low client knowledge and side-effects of self-care
- Low literacy and limited support for self-care clients
- Discontinuity of the continuum of care and failure to access PAC
- Self-care equally safe (compared to clinic-based care)
- Acceptable and evidence-based
- Embedded within existing healthcare systems
- Addressing inequity in access to care

- Affordable and cost-effective
- Addresses inequality and injustices in healthcare
- Ensures inclusivity for stakeholders
- Opportunity for conscientious objection
- Ensures access to care for marginalized communities
- Holistically addresses an enabling environment for care
- Improved health literacy and visibility of SRH issues among stakeholders

Human rights analysis of Harm Reduction
- International and regional human rights law lay down minimum obligations for states. Through ratification of these treaties, States undertake to put into place domestic measures and legislation compatible with their treaty obligations and duties, to protect rights beyond these minimum standards.

- AHR is anchored in the conceptual framework for understanding women's trajectories in seeking abortion care, which is evidence-based and comprehensively incorporates factors that may influence a woman's trajectory to obtain abortion-related care

- The obligation to respect - States must refrain from interfering with or curtailing the enjoyment of human rights.

- The obligation to fulfill - States must take positive action to facilitate the enjoyment of basic human rights.
- The obligation to protect – States ought to protect individuals and groups against third parties
- Human rights bodies' recommendations on access to safe abortion require that States ensure timely access to a range of good-quality sexual and reproductive health services, delivered in a way that ensures a woman's fully informed consent, respects her dignity, guarantees her confidentiality and are sensitive to the woman's unique needs and perspectives. Implementation of AHR fulfills these criteria.

Conclude the session	- Summarize the principles, goals and objectives of abortion harm reduction - Summarize the models of implementing harm reduction - Focus on benefit of harm reduction - Link the abortion context to the legal and policy framework on abortion and the likely practical challenges related to implementation of harm reduction including self-care

Suggested references	○ Ngo TD, Park MH, Shakur H, Free C. Comparative effectiveness, safety and acceptability of medical abortion at home and in a clinic: a systematic review. Bull World Health Organ. 2011 May 1;89(5):360-70. ○ Kulier R, Gülmezoğlu AM, Hofmeyr GJ, Cheng LN, Campana A. Medical methods for first trimester abortion. Cochrane Database Syst Rev. 2004;(2):CD002855. doi: 10.1002/14651858.CD002855.pub3 ○ Labandera A, Gorgoroso M, Briozzo L. Implementation of the risk and harm reduction strategy against unsafe abortion in Uruguay: from a university hospital to the entire country. Int J Gynaecol Obstet 2016;134: S7–11 ○ Parveen S, Khateeb ZA, Mufti SM, Shah MA, Tandon VR, Hakak S, Singh Z, Yasmeen S, Mir SA, Tabasum R, Jan N. Comparison of sublingual, vaginal, and oral misoprostol in cervical ripening for first trimester abortion. Indian J Pharmacol. 2011 Apr;43(2):172-5. ○ Tamang A, Puri M, Masud S, Karki DK, et al. medical abortion can be provided safely and effectively by pharmacy workers trained within a harm reduction framework: Nepal. Contraception. 2018 Feb 1;97(2):137-43.

Appendix 1: Session Evaluation Form

Topic of Training: _____

Date: _____

Venue: _____

Lead Facilitator: _____

1. Were the objectives for today's sessions met?
Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐
2. To what extent do you feel this training helps your agency achieve its goals;
1. Very much 2. So much 3. Much 5. Not sure 6. Not at all
3. What did you understood well among today's topics;
4. List what you feel needs more clarification;
5. Suggest areas of Improvement;

Appendix 2: Workshop Evaluation Form
To be completed by the trainees at the end of the training

Course Title: _____

Training Venue: _____

Dates of Training: From_____ To _____

A.   Comment on Duration of Workshop (Tick as appropriate)

Too short ☐   Too long ☐   Just Adequate ☐   No comment

B.   Learning Aspects

Please evaluate each of the following aspects of the training by circling a number on the scale below.

To what extent did the Workshop;	Excellent	Good	Fair	Poor	Not at all
Achieved the set objectives					
Met your personal expectations					
Content applicable to your work					
Used effective training methods and techniques					
Used appropriate training materials (e.g., Handouts, I.E.C materials)					
Facilitators looked knowledgeable					
Facilitators prove helpful in learning					
Facilitators and Organizers managed time					
Proved participatory					

C. Please, tick as appropriate

Would you;	Yes	No	Not sure	Never
Recommend this Training to your colleague?	☐	☐	☐	☐
Wish to attend an advanced training again?	☐	☐	☐	☐
Be able to teach the same content to others (colleagues)?	☐	☐	☐	☐

D. Administrative Aspects

Please evaluate each of the following aspects of the training by circling a number on the scale below.

How would you rate the following (If applicable)	Excellent	Good	Fair	Poor	V. Poor
Accommodation					
Meals					
Training venue					
Logistical support					
Social activities					
E. What is your overall rating of the Workshop?					

Appendix 3: Objectives of the VCAT activities (role plays)

Hopes and hesitations	This activity seeks to enable trainees to recall and reflect on initial hopes, expectations, hesitations and subsequent changes about discussions about the abortion topic in relation to individual values, beliefs and abortion stigma. The activity allows identification of additional expectations trainees have and enables facilitators address any concerns about the topic and contents.
Comfort continuum	This role play helps trainees reflect on their level of comfort discussing, advocating for and/or providing abortion services. Trainees are encouraged to reflect on their life experiences that influenced these comfort levels and how they relate to societal norms and stigma about abortion.
Cross the line statements	Individuals identified and reflected on their past and current awareness, beliefs, attitudes and values about abortion, the diverse feelings and views evoked by abortion discussions, and how stigma affects individual and societal views, experiences and meanings about abortion in different contexts.
Four corners	Individuals gain a deeper understanding of the abortion care context, through reflecting on their own and others' beliefs and values about abortion. The activity identifies, clarifies and addresses the origin and consequences of the beliefs, values and value conflict regarding professional obligations and performance.
Thinking about my values	Through self-reflection and critical analysis, the activity involves a worksheet completed individually, followed by group discussion and debriefing of the whole group, to enable trainees delineate and explain the role of external influences, including family/social norms, religious beliefs and age/life stage that contribute to their current values and beliefs about abortion.
Gender, sexuality and abortion	This story-based discussion enables trainees to understand and critically examine the influence of gender socialization on our beliefs and values about sexuality, sexual and reproductive health and abortion, and the different roles different stakeholders can play to address or mitigate effects of negative gender and socio-cultural relations on abortion contexts and healthcare seeking.

Why did she die	This role play highlights the role of the abortion context and abortion stigma in relation with individual and others' values especially professional values and values identity. The activity deepens trainees' understanding of the relevance and process of the values clarification and attitude transformation for positive behavioral change
The last abortion	This activity identifies, recognizes and addresses value conflicts in the different options for clients or service providers as well as within different socio-cultural contexts. This activity both illustrates the difficulty and dangers of valuing one woman's reasons for abortion over another woman's reasons, and explains the different options that could be given to client's abortion care regarding decision-making. Different individuals have different but valid reasons for why they seek to procure abortion, and these different views ought to be recognized even if not respected.
What would you do	In this interactive activity, trainees reflect about the complex circumstances that affect a woman's response to an unwanted pregnancy in different contexts, illustrating the challenging social, contextual and legal climates that affect access to abortion-related healthcare. Trainees reflect on their own views and values and those of others, and are able to acknowledge, recognize or gain empathy for individual women's perspectives and circumstances when faced with abortion decisions.
Personal beliefs versus professional responsibilities	This activity enables trainees to appreciate and resolve (or recognize need to resolve) conflict between their personal beliefs and professional responsibilities, the linkage between these beliefs/values and their behaviors, and the link between professional obligations and patients/clients' rights, and the imperative to ensure women's right to SRH and reproductive health care within the legal and regulatory framework.
Talking about abortion	This interactive session involves experience sharing, highlighting challenges and difficulties likely to be encountered (awkwardness, discomfort and even hostility) during discussions about abortion with different stakeholders. on occasion. Trainees become aware about the need to appropriately frame abortion messages to be acceptable to different stakeholders and how to articulate appropriate, respectful responses to disapproving questions or comments.
Reasons why	Trainees explore the many underlying reasons in the contextual factors for women's unintended pregnancies, pregnancy termination or continuation within the legal and regulatory framework and underlying societal values related to pregnancy and abortion. Trainees are encouraged to identify how their and others' views and values related to women's reasons may affect reproductive health policies, services delivery and abortion stigma

Annex 1: Training materials

You will need the following (See additional checklist after the topics)

- Blank newsprints
- Name tags (one for each participant, Facilitator, and observer)
- Flip chart stand for newsprints
- Markers (preferably in a variety of colors)
- A clock
- Masking tape and thumb tacks
- Scissors/stapler/paper clips
- Notepads and pens for trainees
- LCD projector (1 unit for projecting the training slides and videos)
- A Training Music CD (for Training as suggested)
- Flipchart stands (2 units)
- Flipchart pads for each stand (about 2 pads)
- Water-based markers/pens (at least 3 per flipchart in assorted colors
- Several sets of colored post-it notes
- Participant binders with relevant content and separators
- Speakers for listening to teaching videos
- Laptops per participant for preparing group presentations and budgeting with Excel

  LCD Projector per writing team to encourage easy following and participation for each member in the team

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