

# FACILITATING DIALOGUE

## Facilitator guide

### SESSION OVERVIEW

In this activity, a thought-provoking story is used to highlight the problem of unintended pregnancy and unsafe abortion in contexts where your agency works. It is designed to spark dialogue about relevant issues and actions pertinent to your agency's role in the provision of safe abortion care to reduce maternal death and injury caused by unsafe abortion.

### OBJECTIVES

By the end of this activity, participants will be able to:

- Articulate opinions and viewpoints related to the issue in the story
- Analyze and discuss actions to be taken related to the issue in the story
- Demonstrate empathy toward the individuals and situations evoked by the story

### MATERIALS

- Copies of "Facilitating dialogue: Participant handout" (one copy per participant).

### TIMELINE

Total time: 30 minutes

### ADVANCE PREPARATION

- Select and prepare a relevant thought-provoking story (some possible options are included in the "Participant handout"). Print copies to hand out to participants, if needed. You may also use local newspaper stories or reports or briefs from your agency's projects when available.
- Prepare discussion questions.
- Review the story and discussion questions in advance to familiarize yourself with them.

## INSTRUCTIONS

**STEP 1:** Introduce the facilitators and the activity.

**Sample introduction:**

“We are going to spend a little time talking about the issue of unsafe abortion and your agency’s role relative to the provision of safe abortion care to reduce maternal deaths and injury caused by unsafe abortion. We would like to use this discussion as a means of analyzing the problem in more detail and determining what is needed to ensure women can access safe medical care.”

**STEP 2:** Distribute or present the story. Wherever possible, have participants read out loud or “role play” the story for the entire group.

**STEP 3:** Facilitate a discussion about the story using the discussion questions you developed in advance.

**STEP 4:** Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank them for their participation.

## SAMPLE DISCUSSION QUESTIONS

- What do we see in this story? (*Keep the discussion focused on the surface: who is involved, what are they doing and saying, etc.*)
- What problems are presented? (*Now ask the group to dig deeper into underlying, unspoken dynamics*)
- Is this problem different for displaced or refugee women?
- What new information did you learn from this story?
- Why does this happen? (*Why does this problem exist? What are the root causes?*)
- How does this relate to our work?
- What can we do to improve this situation?
- What will you take away from this story?

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## Participant handout: Stories

### EXAMPLE #1

#### **UN Peacekeepers: Congo leads world in sex abuse allegations**

Adapted from: AP News, Krista Larson and Paisley Dodds, 9.21.17

<https://apnews.com/abbc13a929264889a110d2bb2cccf01f>

BBUNIA, Congo (AP) — She had been orphaned by a brutal conflict, but the 14-year-old Congolese girl found refuge in a camp protected by United Nations peacekeepers.

The camp should have been safe the day she was raped. A delegation from the U.N. was paying a visit, and her grandmother had left her in charge of her siblings. That was the day, the girl says, that a Pakistani peacekeeper slipped inside their home and assaulted her in front of the other children. But that was not the end of her story. Even though she reported the rape, the girl never got any help from the U.N. She did become pregnant, however, and had a baby. With no proof of paternity, she was kicked out of her parents' home. Now she struggles to raise her 2-year-old child on her own.

Of the 2,000 sexual abuse and exploitation complaints made against U.N. peacekeepers and personnel worldwide over the past 12 years, more than 700 occurred in Congo, The Associated Press found. The embattled African nation is home to the U.N.'s largest peacekeeping force, which costs a staggering \$1 billion a year.

During a yearlong investigation, the AP found that despite promising reform for more than a decade, the U.N. failed to meet many of its pledges to stop the abuse or help victims, some of whom have been lost to a sprawling bureaucracy. Cases have disappeared or been handed off to the peacekeepers' home countries -- which often do nothing with them. The key to that is establishing paternity, which is elusive for most now that their attackers have long since gone home to their own countries.

With rare exceptions, victims interviewed by the AP received no help. Instead, many were banished from their families for having mixed-race children - who also are shunned, becoming a second generation of victims.

The AP found that victims of car accidents involving U.N. vehicles are more likely to receive compensation than victims of rape. Why? Because those injuries were inflicted during the course of the U.N. worker's "official duties."

The women told the AP stories of not being able to finish their studies, of being thrown out of their homes for getting pregnant, and of not being able to find husbands because of their mixed-race children. One thing they all want is financial help to raise their kids.

**EXAMPLE #2**

Adapted from: **Conscientious objection and its impact on abortion service provision in South Africa: a qualitative study**

Harries, et al. *Reproductive Health*. 2014

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3996040/>

The South African Choice on Termination of Pregnancy Act (CTOP) No.92 of 1996 promotes a woman's reproductive right to have an early, safe and legal abortion.

The CTOP Act does not specifically mention a right to conscientious objection but it does set out guidelines regarding how health professionals are expected to act in terms of the legislation.

In some situations it appeared as if conscientious objection was being used as a means to oppose abortion on very broad grounds, and conscientious objection became an all-encompassing opportunity for non-participation in abortion services.

In one instance, a provider at a designated abortion facility, who was familiar with the details of conscientious objection and the duties of health care workers as they related to abortion provision, intimated that despite being aware of the limitations placed on conscientious objection, management still permitted providers to refuse to render services. From her perspective this was evidenced by employing nurses from outside of the public health sector through a private nursing agency to provide abortion services:

*I cannot remember much about conscientious objection, it was introduced about 10 years ago. It says you can refuse to do the procedure, but you cannot refuse to render services, like to counsel, pre-counsel or refer..... But we have a lot of colleagues who refuse and so we have nursing staff from an agency coming in, because the staff refuse to go in theatre [operating room] to work there. And I think somehow, although the law says you cannot refuse to go that far, somehow, our managers respect the staff's position otherwise they wouldn't have got in agency staff to assist. [provider at designated abortion facility]*

Moral conflict around abortion is unique in relation to other medical practices in South Africa, and is the only instance where health care professionals can invoke their right to conscientious objection. In order to continue to provide access to safe abortion services, measures need to be put in place to address the problems of conscientious objection and ensure that the small cohort of providers who are providing services are supported.

### EXAMPLE #3

Adapted from: **Richard Beddock: Female migrants in an 'impossibly vulnerable situation'**

By Cecile Barbieri, 8 March 2017

<http://www.euractiv.com/section/development-policy/interview/richard-beddock-female-migrants-are-in-an-impossibly-vulnerable-situation/>

In a crisis situation, the worst-affected victims are always the weakest: the women and children. Female migrants find themselves in an impossibly vulnerable situation.

We are unable to help women with childbirth along the migration route. The situation is just too precarious. And we also have to deal with the language barrier. So we have concentrated our action in Calais and other villages in the North of France.

The situation in Calais is very difficult, because we have been reduced to caring for women right down in the mud. They are mostly young women that take to the migrant route. But they are no better off in Calais than they were in Jordan.

We are very troubled by the absence of public funding. The politicians ignore the situation on the ground. When we arrive at the camps with our staff and our equipment, it is very clear that there is a dire need for greater care.

We have no institutional funding for Calais, we rely on the French National College of Gynaecologists and Obstetricians and on private finances to support our work.

**EXAMPLE #4**

Adapted from: **Refugee battles for abortion after rape on Nauru**

Sydney Morning Herald

Bianca Hall, April 15, 2016

<http://www.smh.com.au/federal-politics/political-news/refugee-battles-for-abortion-after-rape-on-nauru-20160414-go67o6.html>

The young African refugee was in the midst of a violent epileptic seizure when she was raped on Nauru. Now, she is nine weeks pregnant and desperate to have an abortion. Since her rape, the young woman has attempted suicide. She lives an uncertain life on Nauru on a temporary settlement visa, where she has since been accepted as a refugee. The Australian government refuses to transfer her to Australia but instead want to transfer her to Papua New Guinea where, according to the country's criminal code, a woman who attempts to "procure her own miscarriage" faces a maximum seven years' imprisonment. The Department of Immigration and Border Control and the Commonwealth of Australia argue this means she is not Australia's responsibility. She has filed an emergency injunction with the help of a lawyer, and her case is being discussed in federal court.