

Making legal and safe abortion services available for Latin American Women

** The crowdfunding campaign will fund USD \$50.000 from the total cost of the project

PROJECT SUMMARY

1. Problem addressed by innovation of the project:

The majority of Latin American countries legally restricts abortion and condemns women who have an abortion and the practitioners who provide the services. However, in most countries where there are exceptions, they are poorly implemented and women struggle to find safe services when they need them.

ESAR foundation trains practitioners and provides them with technical assistance in the comprehensive management of unwanted pregnancy (CMUP) in 10 Latin American Countries where over 700 providers of services who serve over 170.000 women a year have been benefited. Despite the existence of some safe options in some countries, most women cannot find services available, nor can they find any information about safe and/or legal choices.

ESAR has made huge progress in supporting the provision of safe and legal abortion services in Argentina Colombia and Mexico City. This situation offers a huge opportunity for women in the neighboring countries. In the year of 1969 in the UK when abortion services were allowed through the health risk legal exception, women from Ireland and the Isle of Mann, in spite of having no laws that would guarantee and protect their right, were able to find services in England, thus preventing thousands of unsafe abortions. These traveling women were provided with logistics and financial aid by people and organizations.¹ A similar situation is experienced by women in the United States of America who need to travel to other states with more favorable legal contexts to access services.

Latin America has one of the highest unwanted pregnancy and abortion rates in the world and the tendency keep on rising over time as opposed to what has happened in the last decades in more developed regions: Each year ninety six (96) out of one thousand (1000) fertile women get an unwanted pregnancy and forty four (44) of them decide to interrupt their pregnancy. It is estimated that between 68% and 75% of the abortions are deemed unsafe, thus 12% of those cases will result in complications.²

Oriéntame Clinics in Bogotá has successfully implemented and promoted legal services through the internet using the existing legal exception. Even though these services are offered for Colombian women Oriéntame clinics' contact center daily gets phone calls involving cases of unwanted pregnancies in all of the Latin American region, especially countries where ESAR trainees operate.

¹ Abortion Support Network www.asn.org.uk has supported almost 5000 women mujeres since 2009 to access safe abortion services in England, the majority residing in Ireland.

² Singh S et al., *Abortion Worldwide 2017: Uneven Progress and Unequal Access*, New York: Guttmacher Institute, 2018.

Even though ESAR groups around 800 providers in ten countries of Latin America, these practitioners provide CMUP services to women with gestational ages up to 12 weeks. Therefore, there is an unmet need in women with pregnancies exceeding the 12 weeks limit, these women will need to recur to either unsafe options or continue an unwanted pregnancy and be subject to the negative consequences that affect them, their families and eventually the unwanted child.

2. Current political, social and economic context

The problem we are addressing through this idea is mainly tackling the challenge of restrictive contexts in countries that criminalize women who have abortions and practitioners who provide them. Though women have accomplished a great deal in bringing awareness around this topic and some battles have been won in the region, the conservative parties in most countries in south America are gaining force and becoming a real burden in the fight towards legalization.

In Guatemala not only is abortion completely penalized but recently in 2018 there was a bill project to eliminate sexual education from schools and suppress any kind of sexual diversity trait in the pedagogical contents.

In El Salvador a girl was recently convicted for having a miscarriage.

In Ecuador, Peru and Bolivia there are various cases of women and abortion service providers penalized for consented abortion even though the law allows abortions through exceptions that cannot and will not be applied by private practitioners or the public system given the stigma towards these services deeply persist.

Brazil faces hard times with their president who has publicly declared war against sexual diversity, gender equality and minorities making it hard to believe that there will be any positive developments in this matter.

Colombia recently went through a revision of the Constitutional Court sentence in which Abortion was partially depanelized in three cases to limit the gestational age at which women may ask for a service. However, thanks to the hard work of feminist groups and organizations like ours the project did not pass and therefore projects like these may succeed.

Therefore we firmly believe that the current situation does not hinder the project but makes it more necessary and relevant.

3. Proposed innovation:

Oriéntame Clinics proposes to create an international referral center for safe abortion services, (based on the internet and local allied organizations) that is able to give information, logistical coordination and financial support according to the economical means of each potential patient. The patients will be referred to one of the strategic service centers: Mexico City, Bogotá Colombia and Córdoba Argentina.

This service would provide:

- Access to abortion services for women with pregnancies in any gestational age for middle to low income countries like Honduras, Belize, El Salvador, Caribbean islands and Brazil.
- Access to abortion services for women surpassing the twelve week gestational age limit in countries where ESAR practitioners provide services (Guatemala, Nicaragua, Dominican Republic, Ecuador, Peru, Bolivia, Paraguay)

4. Innovation approach to solve the problem:

Currently, there is availability for webpages that inform women on how to have a medication induced abortion and how to identify complications to know when to get further help. However, there is no webpage that can refer women to safe and legal surgical abortion practitioners in their region if available and provide the logistics if they need to travel great distances and even internationally.

ESAR currently has a widely spread group of subscribed practitioners that might be able to provide post abortion care services to women with unwanted pregnancies to up to 12 weeks of gestational age. However, these practitioners rely on their own capacity to promote their services locally through strategies designed for restricted contexts by ESAR. Through this project ESAR would have the technological means to provide women with additional means to find the closest safe services available according to their needs.

Nevertheless, women with unwanted pregnancies with gestational age over twelve weeks would have a way to find safe legal and dignified services in Colombia Argentina and México and the means to get to these locations.

5. Initiative to poor, marginalized populations in low- or middle income countries:

Women from the mentioned countries find themselves in a dire situation if they have an unwanted pregnancy, these countries have very restrictive policies that stigmatized and persecute abortion services. Therefore, a vulnerable woman in these countries has close to zero chance to access safe and legal abortion services. Women undertake a higher risk at higher gestational ages.

6. How we manage safe abortion:

This project would apply technology available to most people (smartphones) to overcome access barriers and to guarantee rights regardless of the local context women and girls live in. This project proves that human rights transcend borders and that legitimacy is more important than legality.

There are few bold projects that confront legality in the way this project does, we have an opportunity to make legitimacy reach Latin American women. Safe abortion services still face tall unfrankable barriers even in countries with favorable legal contexts.

Similar projects like making misoprostol available for women and showing them the way to use it have proved successful. Nevertheless, these projects have a very limited objective population.

Women who cross the gestational week threshold can no longer interrupt their pregnancies in a safe effective way. Women whose pregnancies, for any reason, become unwanted at advanced stages of their pregnancies are hopeless and are obliged to either forcibly continue or unsafely interrupt.

This project addresses the problem in a very simple, effective and bold way women will find a legal safe service. It also involves the rising use of internet as the widest source of information, and uses it as a channel to make safe and legal services available for women regardless of their nationality and of their the restrictive context they live in.

It is important to highlight the expertise Oriéntame and ESAR have in counselling women from different Latin American backgrounds. ESAR/Oriéntame has the ability to design differentiated communicative material to approach this variety of women. ESAR has designed counselling material in the Mayan and Guaraní Languages to approach specific contexts. This means that any Latin American woman would find someone to approach her in a kindly and considerate manner that would be able to empower her to exert her right choose and fully assess her own situation.

Additionally, through the knowledge of the most varied contexts in Latin America ESAR has brought technical assistance to safe service providers who may live and work in the most isolated regions. This expertise will be very important in planning the logistics necessary to complete a service.

7. Objective

Create a service that makes legal, safe abortion services available for any Latin American woman in any of the regions where the service is legally recognized as a fundamental right and is sufficiently implemented.

Specific objectives and activities:

1. Enhance Oriéntame Clinics' contact center to achieve chat service coverage in all Latin America.
 - a. Adapt the existing webpage www
 - b. Design and implement a promotional campaign (webpage positioning, key messages)
 - c. Train chat operators in differential client service
 - d. Licensing and Updating web services
 - e. Develop usage monitoring reports
 - f. Design and implement a chat service satisfaction survey
2. Implement a logistic service that is able to design and coordinate the entire value chain related to providing the service.
 - a. Train a logistics professional
 - b. Design liability responsibility contract/agreement between foundation and patient
 - c. Coordinate an e-consult when necessary.
 - d. Develop Promotional pieces (document cases)
3. Implement a differential financial aid for women accessing the service

- a. Design a and implement a survey to evaluate patient's socioeconomic profile
- b. Land & air transportation bookings
- c. Clinic service fees
- d. Accommodations and food

8. Environmental Sustainability, Gender Equality, and Human Rights and Inclusion

Through this project we intend to overcome the barriers of participation of girls and adolescents, commonly discriminated against for being considered incapable of making decisions rural women through Offering real spaces to exert their rights self determination autonomy and freedom of conscience.

The main efforts are: Overcoming exclusion barriers for minors and adolescents, commonly discriminated against as they are considered unable to decide and for rural women, offering real spaces for the exercise of autonomy, self-determination, and freedom of conscience. Involve women's organizations that support the IEC strategy and empowerment of women in free and informed decision-making about when to continue or terminate a pregnancy in safe conditions.

In addition, this innovation reduces barriers to the exercise of human rights, protects sexual and reproductive rights, especially those related to access to safe and legal abortions. For this purpose, it meets the principles of equality, non-discrimination and participation, including within the plan a wide dissemination of the initiative with women of different ethnicities and of reproductive age to allow everyone access to information and service with the same opportunity.

9. Expected Results

Latin America and the Caribbean has the highest unplanned pregnancy rate in the world . currently 96 out of 1000 women (116 of 1000 in the Caribbean), which result in 6.5 million abortions each year. Given the magnitude of the problem we do not pretend to have a great impact in these numbers. Nevertheless, we do think that any effort in providing safe and legal safe abortions for vulnerable women is important. We intend to provide 170 safe abortions in the first two years and scale up to impacting at least 500 women and girls in the first five years of the project. Additionally we might have a secondary effect by referring an important volume of non eligible women to our CMUP providers in ten Latin American countries. The secondary impact is expected to rise to at least 1500 women in the following three years. Additionally, we expect that at least 84% of these women will initiate a Modern contraceptive method and 55% will initiate a LARC in the first five years. Lastly we expect our webpage to attract at least 24000 users in the first year 50000 in the first three years and 60000 in the first five years of the project.

10. Challenges

We consider that the biggest challenge we would face in scaling up this project would be that it is not self-sustainable, given that the cost of each patient would be seemingly high and the focus population of the project is vulnerable women who would otherwise not be able to pay for the services themselves. We would be entirely dependent on grant to be able to scale up.

10. Budget:

Expenses	Year 1	Year 2
Remuneration - Funding Recipient's Employees	\$13275	\$29929
Reimbursable Travel Costs	\$32500	\$23305
Fee - Subcontractors	\$1163	\$10756
Reimbursable Goods and Supplies:		
Reimbursable equipment	\$2509	
Reimbursable Project Administration Costs directly related to the project	\$684	\$13526,71
Sub-grants	\$3585	\$8605,23
Tota per year	\$60524	\$118751,52
Total	\$179275,73	

11. Schedule of activities

Actividades/Activities	Agosto /august				Septiembre /september				Octubre/october			
1.Planeación/Planning												
1.1 Preparar insumos de fase inicial y elaborar planeación de las actividades/ Prepare initial phase inputs and prepare activities planning												
1.2 Realizar reunión con líderes de los municipios seleccionados / Hold a meeting with leaders of the selected cities												
1.3 Seleccionar grupos de trabajo en los municipios /Select working groups in the municipalities												
2.Ejecución /Execution												
2.1 Realizar reunión de arranque con los líderes / Hold kick-off meeting with leaders												
2.2 Sensibilizar en el cuidado de la higiene menstrual a niñas y mujeres en los municipios seleccionados / Raise awareness in menstrual hygiene care for girls and women in the selected cities												
2.3 Realizar curso virtual sobre la copa menstrual / Take a virtual course on the menstrual cup												
3.Monitoreo, evaluación y aprendizaje del proyecto / Project monitoring, evaluation and learning												
Elaborar informe final/Final Report												