SAFE ABORTION DAY
Awareness and Advocacy

Report of the initiatives by the CommonHealth partners in different states to mark the 'International Safe Abortion Day'

28th September 2020

Organized by

CommonHealth

RUWSEC

Sahaj
towards alternatives in health and development

CONTENTS

INTRODUCTION 1

Safe abortion is a nuanced issue that requires a genuine understanding and attention from the state, policymakers, service seekers and society in general. The International Safe Abortion Day, commemorated on 28th of September every year, provides an opportunity to deepen the on-going awareness and advocacy around the issue. Celebrated worldwide since 2015, the Safe Abortion Day is collective call for an ensured access to quality safe abortion services for individuals, as crucial to protecting and realising fundamental human rights.

CommonHealth, a multi-state coalition of organisations and individuals working on Reproductive Health and Safe Abortion, marks the day with advocacy activities every year. This year, in 2020, the pandemic situation made it more challenging as well as more necessary to mark the Day. In this context, CommonHealth partners in various states effectively reached out to communities and stakeholders to sensitise them on and bring the issue of safe abortion services to the fore.

This report presents a consolidated account of these initiatives taken by seven CommonHealth partners located in five states in India (Maharashtra, Gujarat, Tamil Nadu, Uttar Pradesh and Punjab). Working with diverse social groups, from tribal, rural and urban women, youth to sex workers, these organisations focused on issues specific to their contexts and strengthened advocacy with respective stakeholders.

CommonHealth appreciates the commitment and spirit of its partners, who have diligently worked on the issue despite the challenging situation. As this report presents, these collective efforts will contribute to achieving CommonHealth goal of ensuring accessibility of improved and responsive health care services for individuals, especially women and marginalised sections.

About CommonHealth

CommonHealth - Coalition for Reproductive Health and Safe Abortion, constituted in 2006, is a multi-state coalition of organisations and individuals working to advocate for better access to sexual and reproductive health care and services to improve health conditions of women and marginalised communities. Within sexual and reproductive health and rights, CommonHealth concentrates its efforts largely on maternal health and safe abortion. CommonHealth's prime objective is to mentor and build capacity of CommonHealth members and other advocates to hold the health system accountable for universal access to good quality reproductive health services, including safe abortion services.

CONTEXT 2

2.1 Abortion scenario: global and national

As per World Health Organization (WHO)[1] estimates between 2015 and 2019, on average, 73.3 million induced (safe and unsafe) abortions occurred worldwide each year. Among these, one out of three were carried out in the least safe or dangerous conditions. Over half of all estimated unsafe abortions globally were in Asia, most of them in south and central Asia. Each year almost half of all pregnancies - 121 million - are unintended, at the risk of being aborted often in unsafe conditions and between 4.7 to 13.2 percent of maternal deaths can be attributed to unsafe abortion.

A significant variance is observed in the estimates for the number of abortions reported and the total number of estimated abortions taking place in India. According to the Government Health Management Information System (HMIS) reports, the total number of spontaneous/induced abortions that took place in India in 2016-17 was 970436, in 2015-16 was 901781, in 2014-15 was 901839, and in 2013-14 was 790587. The first national study of Guttmacher Institute, International Institute for Population Sciences (IIPS), and Population Council[2] estimated that nearly half of the pregnancies in women in reproductive age group are unintended and abortions account for one third of all pregnancies. This study estimated that 15.6 million abortions took place in India in 2015, with 3.4 million (22%) of these being in health facilities, 11.5 million (73%) being through medical methods outside facilities and 5 percent being performed outside of health facilities using other, typically unsafe, methods. Prior to this study, the last available estimate for incidence of abortion at 6.4 million abortions per year in India was from a multi-centric study of 380 abortion facilities across six States under the 'Abortion Assessment Project – India'[3]. Yet, the fact remains that abortion is widely prevalent in India, and deaths from unsafe abortions are estimated to be around 8 percent of all maternal deaths.

Apart from the burden of unwanted pregnancies, lack of safe abortion services lead to death and morbidities among women. This calls for a need to duly recognise abortion as a health care service and safe abortion as a woman's right and ensure the provision of Comprehensive Abortion Care services, a demand upheld by the advocates of safe abortion services.

1. https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion
2. https://www.guttmacher.org/news-release/2017/national-estimate-abortion-india-released
3. https://www.researchgate.net/publication/7804491_The_Abortion_Assessment_Project-India_Key_Findings_and_Recommendations

2.2 Impact of the pandemic on healthcare, specifically safe abortion services

The Covid-19 has caused a two-fold impact on the health services world over. Firstly, it restricted the access to sexual and reproductive health services, as all health machinery was geared towards Covid-19 care. Secondly, the lockdown and travel restrictions made physical access challenging and sometimes impossible. Many people were, and still are, afraid to leave their homes due to uncertain, complex and time-consuming pathways to care. But abortion is a time sensitive service. The disruption of existing services, especially contraceptive services and increase in domestic violence and coercive sex as reported anecdotally, is likely to have caused a rise in the already large number of unwanted/unintended pregnancies and rise in individuals resorting to unsafe methods/services.

In this pandemic situation, International Safe Abortion Day is a timely reminder that access to legal and safe abortion is fundamental to every person's right to attain the highest standard of sexual and reproductive health.

It is a time to highlight the impact of disruption of sexual and reproductive health services in our specific contexts and to reiterate the need for adequate services for women seeking abortion and an enabling support to make an informed decision about their reproductive health, rights, bodies and futures. It is also an opportunity, to understand alternative pathways to services such as Telemedicine, which has been promoted to support delivery of health services without having to visit a health facility –during COVID-19, as a long-term opportunity to safeguard every person's sexual and reproductive health and well-being far into the future. With this in mind CommonHealth undertook advocacy on 28th September 2020 for ensured access to quality safe abortion services for individuals, as a crucial step to protecting and realising fundamental human rights.

International Safe Abortion Day – 28th September

The day was first celebrated as a day of action for decriminalization of abortion in Latin America and the Caribbean in 1990 by the Campania 28 September. In 2011, the Women's Global Network for Reproductive Rights (WGNRR) declared 28 September as an international day. The date was chosen to commemorate the passing of the Law of Free Birth passed by the Brazilian parliament on September 28th, 1871. This law was a key legal reform intended to provide freedom for the children of enslaved people in Brazil at the time.

The day's name was changed to **International Safe Abortion Day** in 2015, that year 83 activities were organised in 47 countries by national, regional and international NGOs and activists. Since then the day is celebrated globally.

For year 2020, the theme of International Safe Abortion Day was: **"Self-Managed Abortion".**

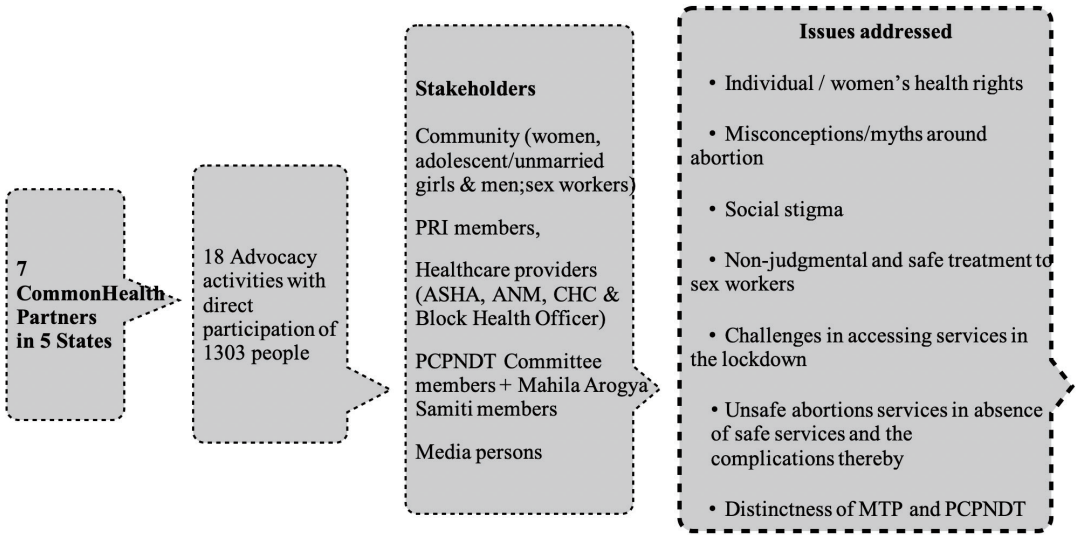
ADVOCACY ACTIVITIES 3

3.1 Process

CommonHealth set out the process in August 2020 by sending an invitation letter to its partners to be a part of the collaborative efforts to mark the International Safe Abortion Day. Given the pandemic situation and restrictions on large gatherings, partners had to work the way out in deciding possible initiatives. CommonHealth worked closely with partners to plan awareness and advocacy activities in their specific contexts. Under the safe abortion advocacy programme, CommonHealth has produced briefs, factsheets and other resources, which were shared with the partners as a handy resource. This helped to shape the collective action. Various advocacy activities planned by the partners contributed in deepening the engagement with various stakeholders.

3.2 Overview of the collective action

There are several barriers in ensuring safe abortions that fall within the two extremes; misconceptions, misinformation, stigma of service seekers and service providers on one hand and poor availability and accessibility of recognised, quality services on the other. Loosening up this web of barriers necessitates working simultaneously with a range of stakeholders, such as community, service providers, functionaries, elected representatives and media. This is what the partners have aimed for, as the following flow chart indicates:



Addressing varying needs, partners engaged with a range of community members including adolescent girls, a section deprived of knowledge of their body as well as with community of sex workers, who are stigmatised because of their work and are denied services in public facilities. Initiatives were planned to empower those disenfranchised such as women to decide for themselves and to develop awareness of men on the range of contraceptives that are available so that unintended/unwanted pregnancies are prevented. Self Help Groups (SHGs) that have a collective voice at the community level and elected representatives who can influence the community opinion were among the key stakeholders participating in various programmes. Engagement of both the frontline health workers and higher level functionaries helped partners get a reality check and sensitivity crucial in performing their roles. Similarly, media engagement contributed in sensitising the media persons and led to an informed coverage on abortion issues.

(See ***Annexure-I:*** Brief introduction of partner organisations.***Annexure-II:*** Table of activities of each partner)

3.3 Challenges

Along with the challenges mentioned earlier related with the access and availability of health services, lockdown posed several challenges in reaching out to stakeholders and organising advocacy activities. Owing to the safety concerns of the participants and observance of restriction guidelines that changed from time to time, partner organisations struggled to plan and conduct activities. Sometimes the activities were rescheduled and sometimes they had to be cancelled for not getting permission to organise people. In some places *basti* (urban settlement) level meetings had to be postponed suddenly when some COVID-19 cases were identified in the vicinity. Ensuring involvement of stakeholders, especially block level functionaries and media persons, was also challenging because of their focus on COVID-19 reporting, increased work burden and unpredictable schedules. Frontline health workers were too busy with COVID-19 assignments to attend to any other meetings. Despite the challenges, the pressing need to bring forth the pandemic impact on time sensitive services inspired the partners to organise a range of activities by strictly following the safety measures.

3.4 Highlights of the activities

a. Aamhi Aamchya Aarogyasathi, Kurkheda, Gadchiroli, Maharashtra

Aamhi Aamchya Aarogyasathi (AAA) organised a series of village-level training sessions for women and adolescent girls. Men were included in some of the sessions, on the theme of safe abortion and contraception titled 'My body, my rights'. Aimed at creating awareness on reproductive health issues, these sessions opened up the community on topics of pregnancy and abortion that they hesitate to speak openly about. The sessions asserted right of girls and women to have a say in decisions impacting them, from marriage to pregnancy and number of children. Participants found the information on contraceptives, spacing methods and safe abortion services interesting and valuable.

b. Saheli HIV AIDS Karyakarta Sangh, Pune, Maharashtra

Saheli Sangh that works with sex workers in Pune's red-light area organised a meeting with peer leaders that was followed by community-level meetings in different parts of the area. Information addressing the misconceptions related to abortion and about health right of community women was spread through WhatsApp broadcast group that the organisation already has. Listing the demands of sex workers on safe abortion services, Saheli developed a guideline for health care professionals and disseminated it among the local health services and the media. (See *Annexure-III*–1. Guidelines for health care professionals)

c. Gramin Punarnirman Sanstha, Azamgarh, Uttar Pradesh

Gramin Punarnirman Sanstha (GPS) focussed its advocacy activities in villages covered by Atraulia Community Health Centre (CHC) in Azamgarh, Uttar Pradesh. Through a series of village-level meetings GPS identified women in need of abortion care, but who couldn't access it owing to the lockdown, travel restrictions and the complications it led to or the out of pocket expenditure incurred in accessing private services. Ground realities were presented before the CHC health officials with a charter of demands. (See ***Annexure-III*** - 2. Charter of demands)

Gyanmati's Case

Thirty years old Gyanmati is married and stays with her three children - two daughters and one son - in a village in Azamgarh, UP. While her husband works as a labourer in a company in Ludhiana. With a job loss and no means to survive in the lockdown, he returned to his family in April 20. The couple is satisfied with their three children and do not want any more children. Usually they take precaution, but condoms were not available locally and stock with ASHA was also not replenished. Gyanmati missed her period in May 2020. Getting worried she contacted ASHA, who did her urine test confirming her pregnancy. The couple got worried, as they couldn't afford another child in such uncertain circumstances. As ASHA suggested abortion is easier in the early months, Gyanmati consulted her husband and both decided to terminate the pregnancy. A government hospital is available in Atraulia, but the doctor there is known to be indifferent and chargesheavily. Hence Gyanmati went to a private lady doctor who charges less. The doctor charged her Rs. 750, gave abortion pill and asked her to consume it in the evening. This led to heavy bleeding and severe pain in abdomen till the next day evening. With the persistent bleeding her husband got worried and took her to the same doctor who gave medicine for a week and charged Rs. 500. With no work and no saving the couple had to raise money somehow by borrowing it from others. With the medicines and complete rest now she feels better. Gyanmati said, "I am worried about the sudden expenses that caused when we are facing a crunch. Somehow wecould raise the needed money, but what would happen to people who cannot. Shouldn't the government hospitals run properly, so that the poor get needed treatment?", she asked.

d. Guru Angad Dev Sewa Society, Ludhiana, Punjab

Guru Angad Dev Sewa Society (GADSS) organised activities with women in slum areas in Ludhiana. Along with imparting information on safe abortion services, these meetings addressed common misconceptions in the women's minds, who considered abortion as a 'sin' and felt that women's consent is not enough and consent from husband or a family member is essential to get an abortion done.

The organisation also engaged with frontline healthcare providers like ASHAs, staff nurses as well as a group of budding service providers - the students of Guru Angad Dev College of Nursing. Meetings with both these groups aimed at sensitisation and building a women's rights perspective among participants. The confusion between abortion and sex selection laws was addressed in-depth by explaining that while the Medical Termination of Pregnancy(MTP) Act, 1971 allows termination of pregnancy under certain conditions, the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act forbids pre-natal sex determination and selection. The group of nursing students participated in the poster competition and prepared posters with clear messages on safe abortion.

e. Society For Advancement Of Rural People And Natural Resources, Ropar, Punjab

Along with organising awareness camps for women in Nangal and surrounding villages of Rupnagar district in Punjab, Society For Advancement Of Rural People And Natural Resources(ARPAN)also engaged a range of stakeholders like frontline healthcare providers, members of district-level PCPNDT Committee, elected representatives and media persons in discussions and deliberations related to access to safe abortion services. The focus remained on spreading information and addressing misconceptions, especially the conflation of MTP and PCPNDT Acts. Relevant material explaining key aspects of various laws, such as MTP Act, POCSO Act, and PCPNDT Act, was shared with the participants. As a result of media sensitisation, local newspapers covered the issues adequately and published informative articles on the Day.

f. Rural Women's Social Education Centre, Tamil Nadu

Rural Women's Social Education Centre (RUWSEC), organised meetings in 11 villages in Thirukazhukundrum block of Chengalpattu District, Tamil Nadu involving rural unmarried girls, married women and lactating mothers along with SHG women. RUWSEC used a quiz activity to understand the knowledge and perception of the community concerning abortion and accordingly gave inputs to clarify misconceptions. (See *Annexure-III*-3. Quiz questionnaire)

The quiz activity created a platform to assess and provide the scientific information in response to quiz questions. The discussion also addressed misconception around abortion, especially the prevalent one that abortion is a 'sin'. Participants especially appreciated the information on medical methods of abortion and emergency pills, which they said is useful for many women.

g. SAHAJ, Vadodara, Gujarat

SAHAJ reached to women/girls in Vadodara slums with whom they had already taken sessions on sexual and reproductive health and rights and organised refresher trainings for them. SAHAJ also succeeded in getting significant participation of members of Mahila Arogya Samitis (MAS) mandated under NUHM in Vadodara in these sessions. Based on a pre-post test they imparted inputs to address the gaps in knowledge.

For this purpose a board game was used, where participants moved depending on actions taken by them in particular given situations. Since the group was already exposed to basic information they sought information on advanced topics, such as informed choice for contraception and abortion and approved and registered health facilities for abortion. Revision of earlier topics, such as pre-natal sex determination and 'XX-XY' theory on how the sex of the foetus gets determined - helped to clarify their doubts. (See *Annexure-III* - 4. Session outline).

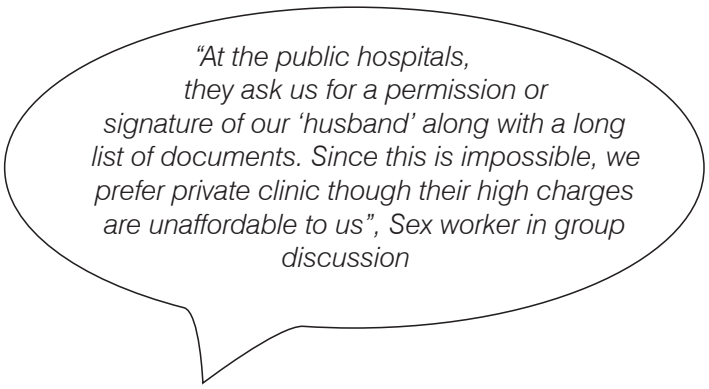
KEY OUTCOMES 4

4.1 Engagement with community stakeholders: *Diverse communities common concerns*

As the partners are working with diverse social groups in rural and urban areas, the activities brought forth safe abortion concerns and needs from a range of community members.

By building awareness and knowledge, the activities enabled the participants to articulate their demands.

- The issues of taboo and inaccessibility become more acute for disenfranchised and underprivileged section of the community especially women sex workers and people with HIV (PLHA) and lead to discrimination and denial of services by the healthcare providers, especially in the public health facilities.



- Engagement of adolescent girls and young married/unmarried women remained significant, especially in activities organised by AAA, RUWSEC and SAHAJ. This group was more open and receptive to SRHR inputs.

"It seemed that married women did not know much about contraceptives and were shy to talk about it. The adolescent girls, however, were curious to know about contraceptives & safeabortion and a separate session with them is certainly called for", AAA training facilitator

"We learnt from the meetings that abortion is not a sin. The information about medical abortion is very useful and we leant that it can be done up to 7-9 weeks of gestation, and D&E up to 24 weeks as per the latest amendment, "Youth in RUWSEC community session

4.2 Engagement with Government Stakeholders: Be accountable, be sensitive

The advocacy activities engaged a range of stakeholders, from frontline healthcare workers to block-level official and from elected representatives in local government to members of mandatory health-related committees such as PCPNDT Committee and Mahila Aarogya Samiti (MAS). The activities sought to ensure accountability of the service providers as well as sensitised them on the needs of people they are expected to provide services.

- By presenting the case-studies of women who faced health complications as a result of lack of accessible government abortion care services, GPS put forth their demands before the Superintendent of Atraulia CHC and other healthcare providers in the district.

- The impact of the lockdown was evident in the GPS case studies. Women who consumed medical abortion pills without medical advice suffered from incomplete abortion, heavy bleeding, extreme weakness and required to be hospitalised. Families reported spending Rs. 2500 to Rs. 14000 on private doctors or ongovernment doctors who have a private practice, which is a huge burden for families already grappling with the loss of employment and income post the lockdown.

"The number of recognised abortion care centres in Azamgarh, a district with 22 development blocks and over 54 lakh population, can be counted on fingertips. There are only 8 registered centres, mostly located at the district headquarters and only 2 are at the block level. Hence the community has no option but to approach "jhola-chhaap" quacks, which often proves to be risky or to private doctors, which is costly", Secretary, GPS

- Sessions with frontline healthcare providers like ASHA, ANM and with students of the nursing college by GADSS helped to sensitise them about their role in ascertaining quality health care in general and safe abortion care in particular.

- The group discussion with these MAS members by SAHAJ comprised of introducing the concept of safe abortions, its legality, methods of abortion and importance of post abortion care. These interactive sessions created awareness on the conditions under which women can opt for abortions, consequences of unsafe abortions and state of registered health facilities available in the Ward.

"Such discussions are very informative and helpful to future MAS work.We would want to know about contraception in detail", MAS member participant, SAHAJ.

4.3 Engagement with the Media: *Know before you tell*

Media, especially local/regional language media, is a major source of information for communities, provided the media persons are well-informed and sensitive to the issue. Keeping the media's potential in mind, the partner organisations engaged media persons in various activities and ensured that the issue is duly covered.

- Arpan and GPS made special efforts to engage media persons, such as sensitising them about safe abortion care, addressing conflation of MTP and PCPNDT Acts, provide relevant information and stories. This led to adequate coverage of the issues through informative articles in local languages. RUWSEC campaign was also covered by local Tamil newspaper.

- Saheli and GPS disseminated their community charter of demands via media.

असुरक्षित गर्भ समापन से बचने की दी गई जानकारी

(अवधनामा संवाददाता)

अतरौलिया/ आजमगढ़। अंतरराष्ट्रीय सुरक्षित गर्भसमापन दिवस के अवसर पर सभी महिलाओं के लिए गुणवत्तापूर्ण गर्भ समापन सेवाओं की उपलब्धता पर सामुदायिक स्वास्थ्य केंद्र अतरौलिया के बैठक कक्ष में आयोजित एक कार्यक्रम में चर्चा करते हुए ग्रामीण पुनर्निर्माण संस्थान के राजदेव के लिए। राजदेव ने बताया की लॉकडाउन के कारण गर्भनिरोधन सुरक्षित बनाने के लिए जरूरी है कि, सेवाएं उपलब्ध कराने वाले लोगों को

असुरक्षित गर्भ समापन से बचने की दी गई जानकारी

'भारत में असुरक्षित तरीके से होते हैं आधे से ज्यादा गर्भपात'

CONCLUSION 5

The International Safe Abortion Day 2020 was marked with a range of activities with a range of stakeholders asserting the need to focus on individuals' right to safe abortion services, to improve relevant programme and policy. It is noteworthy how partners worked their way out to overcome the pandemic-led challenges and organised the awareness and advocacy activities.

The various activities looked at the issue of safe abortion holistically. From highlighting critical issues of concern through fact finding to perspective building and sensitisation of various stakeholder groups, from addressing social stigma and misinformation to enabling community members to articulate their demands - the activities attempted to improve information and engagement of participants in favour of safe abortion services. This was accompanied by efforts to highlight the risks of postponement, delay in and denial of abortion care during a pandemic situation.

This collaborative effort of CommonHealth partners underscored the need for ensured access to contraceptives, along with knowledge of reproductive and sexual health, to counter the problem of unintended pregnancies and ensured access to safe abortion services to avoid unsafe abortions and complications thereby.

ANNEXURES 6

I. Brief Introduction of the Partner Organisations

a. Aamhi Aamchya Aarogyasathi, Kurkheda, Gadchiroli, Maharashtra

Amhi Amchya Arogyasathi (AAA) is not-for-profit Organization working since its inception in 1984 with women, adivasis, farmers and weaker sections through a community empowerment approach. Through their collectivisation, AAA assists rural communities to find their ways to solve their problems and has thus nurtured a self-help movement in the focus areas. AAA organises a range of knowledge sharing and capacity building activities with stakeholders.

b. Saheli HIV AIDS Karyakarta Sangh, Pune, Maharashtra

Saheli HIV/AIDS Karyakarta Sangh is a community-based organisation of sex workers' established in 1998 in Pune. Situated in the heart of Pune, the Budhwar Peth red light area has approximately 3500 sex workers population and 400 brothels. Saheli aims to bring women in sex work together and to empower them to solve their problems by taking initiatives and to enable them to protect their human rights.

c. Gramin Punarnirman Sanstha, Azamgarh, Uttar Pradesh

Gramin Purnirman Sansthan (GPS) is a voluntary organisation working in backward & vulnerable social groups with a rights-based approach. GPS works in 40 Gram Panchayats (GP) of Atraulia, 10 GPs of Ahiraula and 10 GPs of Koilsa block in Azamgarh district 340 villages of block Bhiyawn and Janhageerganj in Ambedkarnagar district, state Uttar Pradesh with the women of Dalit and marginalized communities on issues of women's health and empowerment and empowers the communities to uphold their right to work, right to food and right to health.

d. Guru Angad Dev Sewa Society, Ludhiana, Punjab

Guru Angad Dev Seva Society (GADSS), a voluntary organisation established in 1997 works with the underprivileged section of society. The core concerns of GADSS include Skill development of women, Reproductive and sexual health issues of women and Primary Health care for slum dwellers.

e. Society For Advancement Of Rural People And Natural Resources, Ropar, Punjab

ARPAN is a Social Service Society established in 1994 with the aim of rural development in a right-based approach. ARPAN works with the weaker section of the society, especially Dalits, women and children and has done some pioneering work towards achieving its goal.

f. Rural Women's Social Education Centre, Tamil Nadu

RUWSEC (Rural Women's Social Education Centre) is a non-governmental organisation working for women's health and reproductive rights, founded in 1981 by 13 women, 12 of whom were Dalit women. RUWSEC's broad activities include innovative field programmes and research on gender, SRHR and social justice, and running a reproductive health clinic and resource centre.

g. SAHAJ, Vadodara, Gujarat

SAHAJ an NGO in Vadodara, strives to make a difference in the lives of underprivileged people, both through direct action in the communities as well as through action research and policy advocacy. SAHAJ focuses on social accountability and citizenship building for children, adolescents and women in two specific sectors - Health and Education.

II. Table of Activities

Sr. No.	Dates	Place	Nature of activity/ activities	Focus group	Participation
(1) Aamhi Aamchya Aarogyasathi, Gadchiroli, Maharashtra					
1	23 Sep to 29 Sep 2020	Allitola, Gahanegata, Kukadel, Aambekhari and Korchi in Gadchiroli district	Series of seven half-day training sessions on safe abortion and contraception titled 'My body, my rights' at the village level	Women and adolescent girls	Total participation: 387 Average per session participation 55 women and girls
2	25-Sep-20	Rani Durgavati Training Centre, Yerandi, block Kurkheda, Gadchiroli	One-day training on safe abortion and contraception titled 'My body, my rights' for a mixed group	Women, adolescent girls and men	Total: 156 Women (121) + adolescent girls (17) + men (23)
(2) Saheli HIV AIDS Karyakarta Sangh, Pune, Maharashtra					
3	28-Sep-20	Saheli Sangh office	Consultation with peer leaders of on 'Safe abortion' and preparing guidelines for health professional for treating sex workers	Peer leaders and staff members	Total: 16 Peer leaders (12) + staff members (4)
4	29 Sep and 30 Sep 2020	Margi Galli and Saheli Office in Budhwar Peth, Red Light Area in Pune	Meeting with sex workers on the need of safe abortion, legality, safe abortion services, post-abortive care in the context of their experiences from service providers	Sex workers in Pune's red-light area	Total: 17 Sex workers: 15 Peer and staff: 2
5	Ongoing	Budhwar Peth, Red Light Area in Pune	Awareness posts through WhatsApp Broadcast Group	Sex workers in Pune's red-light area	

Sr. No.	Dates	Place	Nature of activity/ activities	Focus group	Participation
6	10 Oct to16 Oct 2020		Dissemination of final set of guidelines for health professional for treating sex workers	Service providers and media	
(3) Gramin Punarnirman Sanstha, Azamgarh, Uttar Pradesh					
7	28-Sep-20	Series of village meetings	Awareness meetings with village women on safe abortion services and contraception in the context of their experiences	Village women seeking reproductive health services	
8	28-Sep-21	Community Health Centre Atraulia - Azamgarh	Meeting with block-level health official and staff/ at CHC Atraulia	Village and block level health service providers and staff	Total: 22
(4) Guru Angad Dev Sewa Society, Ludhiana, Punjab					
9		Students of Guru Angad Dev College of Nursing, Ludhiana	Poster making competition: To create awareness on the importance of the Day and create posters for awareness	Nursing college students	15
10	27-Sep-20	Ganesh Nagar Slum	Series of meetings with women and different stakeholders	women in the slum area	18
11	28-Sep-21	Guru Angad Dev Hospital Chandigarh Road Ludhiana		Health workers including ANM, ASHA, Staff nurses	10
12	29-Sep-20			Women in marginalised sections	18

Sr. No.	Dates	Place	Nature of activity/ activities	Focus group	Participation
(5) Society For Advancement Of Rural People And Natural Resources, Ropar, Punjab					
13		Nangal and surrounding villages of Rupnagar district, Punjab	Awareness camps for women	Village women	Total: 65
14			Meetings with health workers	Health Workers ANMs, ASHAs, Anganwadi Workers, PRI Members and members of PCPNDT committee	
15			Awareness and sensitisation of media persons leading to adequate coverage on the issue	Local journalists	
(6) Rural Women's Social Education Centre - RUWSEC, Tamil Nadu					
16	28Sep to 10 Oct 2020	11 villages - Amanampakkam Mullikulathur Karumarappakkam Ecankarunai Perumbedu Naduvakkarai Mettu Egai Kunnavakkam Andimadam Pandoor Suradimangalam	Awareness building on abortion as women's right and access to safe abortion as their reproductive rights through community-level meetings in 11 villages in Thirukazhukundrum block of Chengalpattu District, Tamil Nadu.	Women SHG members, lactating mothers, women with a single child, unmarried girls	Total: 197 SHG women (123) + Lactating mothers (20) + Unmarried Girls (54)

Sr. No.	Dates	Place	Nature of activity/ activities	Focus group	Participation
(7) SAHAJ, Baroda, Gujarat					
17		Members representing 30 MAS from 25 bastis- Jalaramnagar Laxminagar 1,2 Gokulnagar 1 Panchmukhi 1, 2 Sainath vuda 1,2 Mujmahuda 1 Mujmahuda 2 Ranjitnagar 1, 2 Chandra Mauleshwar 2 Chandra Mauleshwar 1 Mahinagar Gayatripura Karmajyot Navi patra ni chal Gokulnagar 2 Savaiyanagar Housing board, Akota Nava vas 1, 2 Shabari Mahollo Vuda Santoshnagar Akota gaam Mali Mahollo Rampura 1 Rampura 2 Dharampura	group discussion on safe abortion, introducing the concept of safe abortions, its legality, methods of abortion and importance of post abortion care	Adolescents and youth; 15 to 24 years, married or unmarried	Total: 197
18		15 Bastis - Gokulnagar 2 Gokulnagar 1 Laxminagar Jalaramnagar Sanjaynagar Mali Mahollah Rampura 1,2 Vuda Santoshnagar Savaiyanagar Dharampura Panchmukhi 1, 2 Mujmahuda 1,2 Hanumantekri	Refresher group discussion sessions with married and unmarried young women/girls from 15 bastis	Women and girls in the age group of 18 to 24 years	Total: 185 (76 unmarried girls and women &108 married women)
Total Activities: 18				**Total direct participation: 1303**	

III. Resources Created

1. Safe Abortion Services for Sex Workers - Guidelines for Health Care Professionals

Saheli HIV AIDS Karyakarta Sangh
Safe Abortion of Sex Workers, Guidelines for Health Care Professionals

1. All sex workers should get non-stigmatised and non-judgmental treatment for abortion
2. All sex workers should get safe abortion services in trusted and safe health care facilities.
3. In safe abortion centres/ hospitals consent of an adult sex worker should be sufficient. There should not be a compulsion to get their husband's consent.
4. Sex worker should get equally respectable treatment as any other women.
5. They should not ask for identity proofs to the sex workers for abortions and family planning operations.
6. Sex workers deserve respect and proper and complete treatment for safe abortion
7. All the important medical information and process of safe abortion needs to be conveyed in simple language to the sex workers
8. Sex workers should get complete information about best possible options for safe abortion in health care facilities
9. Sex workers should be well informed about the charges and billing systems along with payment modes well in advance.
10. Post abortion care facilities and counselling support should be provided to sex workers
11. Post abortion contraception information and counselling support should be provided to sex workers
12. Post abortion services including family planning measures/operations should be provided to sex workers

2. Charter of demands presented to the Superintendent Atraulia CHC by GPS

- Equip Atraulia CHC to make abortion care services accessible to women in the block.
- Along with building awareness also ensure the availability of quality contraceptive devices to reduce the number of unsafe abortions that take place in the block.
- Appoint a female obstetrician at the Atraulia CHC
- Build awareness on the provision of MTP Act
- Make a list of registered abortion care facilities available at the CHC
- To address the misconceptions, sensitise and train ASHA, Anganwadi Workers and ANMs

3. Questionnaire/Quiz tool, RUWSEC

The quiz tool: These are questions to assess basic knowledge of participants about abortion. Provide correct and scientific information afterwards while discussing responses.

- Is it abortion legal India?
- Is it abortion legal for unmarried girls?
- Can traditional healers perform abortion?
- Can AYUSH doctor do the abortion?
- Can a Nurse do abortion?
- Can all MBBS doctors do provide abortion services.
- Up to how many weeks of gestation abortion is legal in India?
- Whose consent is needed for abortion?
- What are contraceptive methods available for men and women for spacing and limiting the family size?
- What are common methods of abortion?
- What are the health complications of unsafe abortion?
- Can one do self-medication with MA pills?

4. Session Outline by SAHAJ

Session: Me and My Body
Safe Abortion

Objective

- Women will know what safe abortion is
- They will know to identify signs of unsafe abortion to get medical help on time
- They will know about post abortive care

Method: Discussion, presentation

Material: Case story, presentations, chits of myths and facts, session outline,

Time: 90 minutes

How to conduct the session

Plan of the session

Topic	Method	Message	Time required
Abortion and reasons for abortions	Discussion, presentation	Abortion can be spontaneous or induced	10 minutes
Safe and unsafe abortions	Discussion on case study	Unsafe abortions lead to maternal mortality or morbidities	20 minutes
Legality and safe abortions	Presentation, discussion	Abortion is legal in India under specific conditions.	20 minutes
Ensuring safe abortions, post abortive care	Presentation Discussion	Post abortion care is necessary for every who has had an abortion, whether spontaneous or induced	20 minutes
Myths and facts	Question answer round		15 minutes

Outline/flow of the session

Topic one : Abortions and reasons for abortions

Understanding the terms abortion and why women undergo abortions
Expelling of a foetus out of the womb is called abortion. It may be natural/ spontaneous or induced Some women cannot carry a pregnancy till its end. Sometimes it is the body's natural reaction to expel the contents of the womb. This is called spontaneous abortion (miscarriage).

It can be caused by

- No care taken during pregnancy
- Doing heavy work during pregnancy
- Anaemia
- Mental stress
- Reproductive Tract Infections

However, some women choose to end a pregnancy. This is called induced abortion. Induced abortion is a planned decision to end or terminate the pregnancy.
Ask the participants
Why do some women want to end pregnancy/have abortion?
After their responses add (Make a presentation of the points given in booklet under topic one on a chart paper so that you do not miss any points)

Topic two: Safe and unsafe abortions

Read the case story from the booklet and discuss on the questions given below it. Refer the content given under the same section for better understanding of the topic before conducting the session.

Topic three : Legality and safe abortions

Ask the participants

- Is abortion legal?
- What are the methods of safe abortion followed by the service providers under the law?

(Refer booklet Section three for Medical Termination of Pregnancy Act 1971 and 2002 Methods of induced abortions under the law)

Topic four : Ensuring safe abortions, post abortive care

Tell the women what to expect in safe abortion?

Also tell them about post abortive care

Topic five : Myths and facts

Read out the statements and ask the participants whether they are myths or facts (See booklet for right answers)

- Abortion is a method of contraception
- Unsafe abortion is one of the many reasons for maternal mortality
- Eating hot foods like black pepper, dried ginger etc. can help aborting the child
- Unsafe abortions can lead to secondary infertility
- Abortion is safe if it is done within three months of pregnancy
- Abortion is legal in India but when it is done after knowing that the foetus is of a girl, it becomes illegal
- A husband's consent is needed for abortion

Extra reading (Read the section extra reading for spontaneous abortions, complications due to unsafe abortions, amniocentesis in the booklet)

Key messages

- Unsafe abortions lead to maternal mortality or morbidities
- Abortion is legal in India under specific conditions.
- Abortion is not a method of family planning
- Post abortion care is necessary for every who has had an abortion, whether spontaneous or induced