Simavi is an international non-profit organisation working towards a world in which basic health is accessible to all. Our goal is to structurally improve the basic health of 10 million people in marginalised communities in Africa and Asia by 2020. By doing so, we enable them to build a better existence and break the cycle of poverty. Our experience over the past ninety years has shown us that investing in water, sanitation and hygiene (WASH) and in sexual and reproductive health and rights (SRHR) is vital for people to be able to lead a healthy life. Therefore we concentrate our efforts in these two areas.

All our programmes are based on three integrated pillars: 1) Empower communities to demand quality services and to practice healthy behaviour; 2) Create a supportive, enabling environment in which all stakeholders are aware of their roles and responsibilities, work together and can be held accountable; 3) ensure that people use affordable, suitable and sustainable WASH and SRHR services. This is the core of our Theory of Change – it’s designed to ensure that everyone involved, from community to governmental level, works together towards realising sustainable improvement of basic health.

Background
Every year approximately 42 million women worldwide choose to have an abortion. More than half of these, a staggering 22 million, are unsafe, and 97% of these unsafe abortions occur in the developing world. Around 47,000 women die annually as a result of unsafe abortions, making it one of the major preventable causes of maternal mortality (15%). Moreover, an additional 5 million women suffer from long-term health complications as a result of unsafe abortions. These statistics underline unsafe abortion as a pressing global issue that needs to be urgently addressed in order to reduce maternal mortality and morbidity rates around the world.

There are several methods that help prevent unsafe abortions. These range from contraceptive use to prevent unwanted pregnancy, to less restrictive abortion laws and increased access to safe abortion services. However, there are many social, religious and political obstacles that prevent the implementation of these methods, particularly in the countries where Simavi works. To overcome these obstacles, women need to be empowered to make decisions about their own bodies and enjoy increased access to contraception, safe abortion and post-abortion services. Otherwise, women will still face the burdens and social stigma of unintended pregnancy and continue to risk their lives by undergoing unsafe abortions.

The Simavi Approach

Simavi considers the realisation of Sexual and Reproductive Health and Rights (SRHR) of women and girls to be crucial in realising basic health for all. Lack of access to safe and legal abortion is a major obstacle to the fulfilment of women’s SRHR. To address this issue, Simavi works on increasing access to safe and legal abortion In our programmes we work on the three pillars of our theory of change:

1. We empower women and communities to prevent unwanted pregnancies and unsafe abortions.

   The first step in preventing unsafe abortions is to ensure that women are empowered to make decisions about their own bodies and able to prevent unwanted pregnancies. Therefore, Simavi raises awareness with every member of a community - women, girls, men and boys - on their sexual and reproductive health and rights. This includes comprehensive sexuality education and information about contraceptive choice and reproductive rights. Moreover, we raise awareness about the health risks of unsafe abortions and the rights and options women have to access safe abortion services.

2. We create an enabling environment in which women are able to access contraceptives and safe abortion services.

   To increase access to safe and legal abortion services for women, it is crucial to remove stigmas and taboos surrounding abortion. Together with our local partners, Simavi works simultaneously at various levels to create a supportive environment in which women are able to access legal abortion services. At community level, we work with men and traditional and religious leaders to increase their understanding of the consequences of unsafe abortions and create awareness of women’s rights to access safe and legal abortion services. At institutional level we aim to influence policies and increase the legal space to make safe abortion services available to all women. We support local civil society organisations in their advocacy towards governments and policymakers in two goals: 1) to ensure laws and policies protect women’s health and rights; 2) to remove regulatory, policy and programmatic barriers that hinder access to, and timely provision of, safe abortion. In line with the World Health Organisation’s recommendations (2015) on safe abortion, Simavi strives for an enabling regulatory and policy environment to ensure that every legally eligible woman is able to access safe abortion care.
Case Unite for Body Rights in India, 2011-2015

As part of the SRHR Alliance, Simavi implements the Unite for Body Rights programme in India. The programme aims to improve the sexual and reproductive health and rights of young men and women. The programme has a three-pillar strategy:

1. Increasing quality and access to SRHR education;
2. Increasing quality and use of SRH services;
3. Creating an enabling environment for SRHR, within and outside communities through lobby and advocacy.

One of Simavi’s local partners in India is NEEDS. NEEDS specifically aims to create an enabling environment to increase women’s knowledge of, and access to, sustainable, comprehensive abortion services. Many people in India lack information and knowledge about safe abortion services – which are legally available. Under the 1971 Medical Termination of Pregnancy (MTP) Act, abortions may be performed by a registered physician in a government-approved hospital or facility during the first 20 weeks of pregnancy. As the majority of people are unaware of this, and despite the fact that many service providers have been trained to perform safe abortions, many women still resort to unsafe abortion methods. To address this, NEEDS uses behaviour change communication interventions (BCC) to improve women’s knowledge and behaviour regarding SRHR and safe abortion.

NEEDS selects and trains peer leaders from the community itself, known as the Kalyanididi, to train (young) women about SRHR and safe abortion. The Kalyanididi then work with volunteers from each village to mobilise the (young) women within the village to join the training programme. These courses help the (young) women to build knowledge on different aspects of reproductive and sexual health, bust myths and misconceptions about safe abortion and help raise awareness of how to seek professional help for safe abortion practices.

In 2014 and 2015, NEEDS trained 6 Kalyanididis, who in turn trained 3,488 (young) women in 31 villages. The careful selection of leaders from the communities has helped to sustain the knowledge on sexual health in the community itself. In many cases, the (young) women have been able to seek professional help for under-going abortion. Young girls have become more vocal with their peers and mothers regarding issues related to reproductive and sexual health. The Kalyanididi have also emerged as advisors and counsellors for girls and women in this age group.

3. We ensure access to sustainable and affordable safe abortion services and contraceptives.

To prevent unsafe abortions, it is essential that women have access to affordable and quality contraceptives and safe abortion services. To realise this goal, Simavi creates demand for these services by empowering women and simultaneously improving the delivery of quality services by building the capacity of health workers and strengthening health systems. We ensure that health workers are trained on national safe abortion guidelines and are able to provide safe abortion services (when it is legal to do so). We also train health workers in post-abortion care to treat women who have undergone incomplete or unsafe abortions.

When legally and practically possible, Simavi promotes the use of Misoprostol and Mifepristone for safe medical abortion. Besides its application in treating post-partum haemorrhage (PPH), Misoprostol can be used for safe medical abortion as well as treating incomplete abortions. While it is recommend that this is used in combination with Mifepristone, it is not compulsory. In 2009 the World Health Organisation approved the use of Misoprostol in treating incomplete abortion and in 2012 included use of Misoprostol in its guidelines on prevention of PPH as well the guidelines on safe abortion. Misoprostol has many advantages compared to other available medication, as it is relatively cheap, easy to store, transport and use. Moreover, once health workers are trained properly, it can be safely applied at primary health care level. Simavi promotes the integration of Misoprostol in reproductive health programmes and, in countries where abortion is legal, safe abortion.
Case Community Activism and access to safe abortion in Tanzania, 2015-2016

According to the World Population Report 2009, 19% of maternal deaths in Tanzania result from complications experienced during abortions. Hospital data showed that in 2011 half of the women admitted with abortion complications had induced abortion and that 50% of the bed occupancy for emergency admissions was due to unsafe abortions. Many women who attempt to induce abortion are unaware of any safer option, and resort to using unsafe means. Every day, over 100 of them die. Young people’s access to life-saving and youth-friendly SRHR information and services remains a huge challenge in Tanzania.

In 2015, the Women’s Promotion Centre (WPC) started a 1-year project to increase access to quality life-saving SRHR information, services and commodities for marginalised communities in the Lake Zone of Tanzania. More specifically, WPC aims to reduce the stigma, myths and misconceptions surrounding abortion, contraception and sexuality that prevail amongst women and communities, including health workers and village leaders. In addition, WPC increases awareness of contraceptive use, the effects of unsafe abortion and the need for policy change towards safe abortion among women and girls and improves access to contraceptive and other SRHR commodities (such as Misoprostol) through community pharmacies.

WPC uses a Community Activism Strategy to identify, train and support local volunteer community activists who raise community awareness to fuel critical thinking, personal reflection and public dialogue on SRHR issues, including sexuality, contraception and abortion. These trained activists use both word of mouth approach and community dialogues to mobilise communities and build an enabling environment for women to access contraceptives and safe abortion services. WPC also gives information to women, health workers and pharmacists about the use of Misoprostol for postpartum haemorrhage and safe medical abortion. Additionally, WPC run their own community pharmacies, where contraceptives and Misoprostol are easily accessible.