



ORGANIZATION
Vitala Global

CONTACT

Roopan Gill | rgill@vitalaglobal.org
Genevieve Tam-Saadi | hello@vitalaglobal.org

PARTNER ORGANIZATIONS

Fòs Feminista, PLAFAM, Faldas-R, Entre Nosotras, Anniecannons, Grand Challenges Canada, Women First Digital, Women on Web, Joven Pride, Vayalo, Mulier, inRoads

Aya Contigo is a digital support system offering harm reduction information to self-manage abortion safely, and personalized contraception decision-making.



implementation story:

Self-management of abortion care in a legally restrictive and humanitarian setting: co-developing a digital self-care companion with Venezuelan women and grassroots movements



I don't have a steady job. I don't have a steady income. Since abortion is legally restricted here, even accessing the medicines was quite complicated. It was extremely complicated. The information provided by the Aya Contigo mobile app helped me to prepare the abortion process, and made me more confident in what I was doing.

- Aya Contigo User

BACKGROUND AND CONTEXT

Like several other countries in Latin America, the Bolivarian Republic of Venezuela has highly restrictive abortion laws. Induced abortion is legal only to save the life of pregnant women, and those who perform or facilitate an abortion under other circumstances risk imprisonment (1). Estimates suggest that 10% of all maternal deaths in the country can be attributed to unsafe abortions. However, due to the criminalization of abortion, underreporting is suspected to be significant (2).

A COMPLEX HUMANITARIAN CRISIS

Venezuelans are facing a complex humanitarian emergency. The handling of foreign exchange reserves, the decline of oil revenues in 2013 and the imposition of economic sanctions in 2017 have contributed to a context in which many people in 2019 earned a monthly minimum wage of as little as US\$ 2.20 (3). The health-care system has been deteriorating since 2013, with medical supply shortages; health-care workers leaving the country due to low salaries; and interruptions in the supply of running water and electricity, which affect the hospital infrastructure (2). Furthermore, women often experience stigma within the formal health system. Fear of judgemental or abusive behaviour from health workers, and of being deemed to have no legal right to abortion on life-saving grounds, prevents women from seeking abortion care in the formal health system.

Estimates indicate that, as a consequence of this humanitarian crisis in the Bolivarian Republic of Venezuela, the rates of unplanned pregnancies, as well as maternal health complications and maternal deaths resulting from unsafe abortions, are unprecedented (2). The country has one of the region's highest rates of pregnancy among adolescents aged 15-19 (95 births per 1000 in 2019, compared to an average of 62 per 1000 women for the region) (2). Moreover, in a period of just one year from 2015 to 2016, maternal mortality increased by 66% (2). These circumstances, in combination with the vicious poverty cycle (2), make the situation for Venezuelan women and girls particularly alarming.

REDUCING HARM IN A LEGALLY RESTRICTIVE SETTING WITH UNDERGROUND ABORTION MARKETS

Many Venezuelan women and girls migrate to neighbouring countries to access sexual and reproductive health (SRH) services, such as delivery care (4), abortion care, to buy contraceptive products and/or to escape gender-based violence (4).

In the Bolivarian Republic of Venezuela, there is a large clandestine market of medical products for abortion. Within the context of a legally restrictive setting – and despite the risk of legal prosecution – local grass-roots organizations that promote access to safe abortion care in the country focus on harm reduction – that is, providing women seeking abortion with information about how to safely self-administer a medical abortion. This may entail providing information about the abortion process; about where to find quality medical abortion medicines at a low cost; and about how to use the medication – without actually providing the medication or assisting in performing the intervention. These grass-roots organizations are often small teams of volunteers, with limited resources to physically accompany all women in need of support.



I started researching on the internet and I found many people in the city of Caracas who sold abortion medicines, but each pill was \$20 and I needed 12. I didn't have that money, and I also heard that it could be fake products and that many people had died because of them.

- Aya Contigo User

Under these conditions, there is a significant need in the Bolivarian Republic of Venezuela for a wider range of options for accessing safe, timely and person-centred induced abortion, as well as for better access to effective contraceptives to lower the risk of unwanted pregnancies.

Feminist grass-roots movement Faldas-R's Venezuelan hotline team. By co-developing and co-designing the Aya Contigo app with local partner organizations, Vitala Global ensured that community know-how was integrated into the project.



WHO ABORTION GUIDELINES AND TOOLS

APPLYING WHO RECOMMENDATIONS ON SELF-MANAGEMENT OF ABORTION

In response to the need for a broader range of options for accessing safe, comprehensive abortion care, the Canadian non-profit organization Vitala Global developed a mobile application based on evidence outlined in WHO guidelines. This app accompanies Venezuelan women and girls as they self-manage their medical abortions, and it offers information on post-abortion contraception. The digital tool was named Aya Contigo, referring to the word “Aya”, which in many languages carries the connotation of a caretaker, and “Contigo”, which is the Spanish term for “with you”.

A guiding principle underpinning the development of Aya Contigo was the WHO recommendation highlighting that, in early pregnancy, pregnant women themselves can safely and effectively self-manage their medical abortion in full or in part, if they have a source of accurate information and quality medicines, and access to a trained health worker if and when they need it.

Aya Contigo provides step-by-step guidance across the continuum of care, including self-assessment of eligibility for medical abortion, administration of medical abortion medicines, self-assessment of the successful completion of her abortion, and post-abortion contraception. It also seeks to safeguard mental well-being, by providing continuous support, as needed, up to 30 days after the abortion – for example, through live chats and WhatsApp notifications.



As a woman going through this, you ask yourself a thousand questions that you have in your head that are weighing you down. Aya Contigo answers them with complete clarity.

- Aya Contigo User

Feminist group Entre Nosotras, one of Vitala Global’s key partners in the project to develop Aya Contigo.



USING WHO GUIDANCE TO BUILD TRUST

The WHO guidelines [Medical management of abortion](#) and [Health workers roles in providing safe abortion care and post-abortion contraception](#)¹ were used to guide and inform the design and development of the tool, including recommendations provided through the app. Using the WHO publications also played a role in Vitala Global’s work to build successful relationships with, and trust among, local partners. Many Venezuelan grassroots organizations that work to reduce harm for people who seek induced abortion rely on guidelines from WHO, as these are evidence-based and add legitimacy to the work of these organizations. As Aya Contigo is grounded in evidence outlined by WHO, while being adapted to the local context, Vitala Global had the confidence to refer women to existing service providers, which can provide further in-person accompaniment, if needed.

¹ These and other WHO abortion-related guidelines have been replaced by the [WHO Abortion care guideline](#) (2022), a consolidated guideline on comprehensive abortion care across the continuum of care, spanning clinical care, service delivery, and law and policy. Additional resources on abortion care can be found [here](#).

IMPLEMENTATION STORY

CO-DEVELOPING AN APP WITH WOMEN AND LOCAL GRASS-ROOTS ORGANIZATIONS

The development of Aya Contigo was grounded in a community-led, localized approach and in the idea of co-developing the product with people from the target audience. Key partners in this project were Fòs Feminista, PLAFAM, and feminist grass-roots organizations Faldas-R and Entre Nosotras, which all work to promote safe and dignified abortion care using harm reduction models, through hotline services, accompaniment models, or face-to-face information and counselling in clinics. The project applied rigorous human-centred research and design thinking principles, keeping the values, preferences and needs of Venezuelan women at the centre.

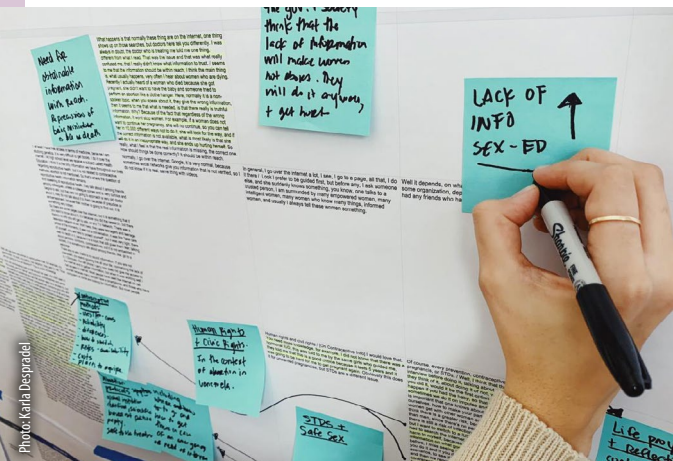
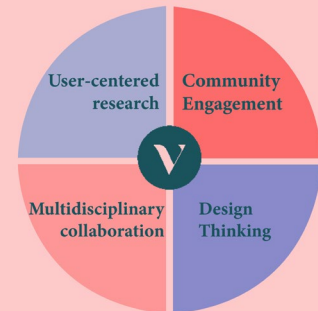
With the support of a Grand Challenges Canada OPTions grant, Vitala Global conducted a three-phase study to collect input from local grass-roots organizations and women. In the first step, interviews with a dozen organizations showed that partners would benefit from a digital tool allowing them to provide information and support during the self-management process of abortion, to women in hard-to-reach areas where these organizations are not physically present.

Input from women was collected through a survey and interviews. To recruit respondents, a social media campaign was developed and spread through the Facebook and Instagram accounts of PLAFAM, the main provider of SRH services in the Bolivarian Republic of Venezuela. A total of 1148 women participated in the online survey, and an additional 12 women who had undergone an abortion were recruited for in-depth interviews.

The survey found that one in three of the respondents had undergone an abortion in their lifetime, and that among those who had not, one in three knew someone who had. It also revealed that, as misinformation about abortion is rampant in the country, there is a pressing need for reliable information about abortion, and that a common way to attempt to access such information is to use WhatsApp groups, Facebook, Instagram, and Google searches on mobile phones. Women expressed a need for a trustworthy tool that - in one single place - would provide all the evidence-based information they may need before, during and after an abortion. Because of the frequent electricity shortages, such a tool would need to be functional without internet access. In addition to accurate information, women also expressed a need for emotional support and accompaniment during the abortion process..

The development of Aya Contigo was a deeply collaborative process, involving multidisciplinary partner organizations and end-users. User insights, in combination with expertise in abortion and in user-experience (UX) design, were used to inform the process.

Our Method



A COLLABORATIVE AND ITERATIVE DESIGN PROCESS

In this highly collaborative development process, the focus on empowerment of women in the local community was integrated throughout the co-design and co-development of the app - including in the hiring of suppliers. After the second phase of the research process - in which design concepts were evaluated by 10 of the participating organizations and user-tested by five women who had undergone an abortion - the organization AnnieCannons was hired to manage the software development. AnnieCannons - which is a female-led organization that provides training in programming to victims of gender-based violence - coded what would become Aya Contigo: a web application with offline capability and optional WhatsApp notifications.

Storyboarding session synthesizing results from surveys and interviews with women and organizations in the Bolivarian Republic of Venezuela. Women expressed a need for evidence-based information about abortion.



The Vitala Global team came to AnnieCannons with an incredible set of designs showcasing how thoughtfully they'd engaged in a process of participatory design with local design professionals, service providers, and individuals from the community. This set the stage for a deeply collaborative process between multidisciplinary stakeholders, where we integrated user insights, user-experience (UX) design, SRH expertise and product development. The Aya Contigo app is one of the more rewarding collaborations I've worked on in my career.

— Grace McCants, Lead Project Manager, AnnieCannons

A CARE COMPANION AVAILABLE EVEN IN REMOTE AREAS

The next step in the development process of Aya Contigo was to test the app's acceptability and usability, and the feasibility of self-assessing one's eligibility for medical abortion and the success of the abortion. In this process, 40 women who had self-managed one or several stages of a medical abortion with the help of Aya Contigo shared their input through various methods, including surveys, feedback during live chat conversations, and interviews. The women found Aya Contigo trustworthy, easy to use and essential to a positive experience of care. They also expressed appreciation for Aya Contigo's ability to take on the character of a companion through the abortion process.



I read all the information in the app to make sure I was doing it right. My sister didn't know. Later I told her, but she had to leave the house. Since I knew that I was going to be alone during the whole abortion process, Aya Contigo was helpful, clearing up my doubts.

— Aya Contigo User

Vitala Global's own internal research shows that Aya Contigo plays an important role in the existing Venezuelan landscape of self-management approaches to medical abortion, including self-administration of post-abortion contraception. The app can leverage the work of organizations by linking care seekers with existing services, thus supporting women in accessing timelier abortion care. The digital nature of the product also enables organizations to help more women; organizations can guide several women in parallel, which would not be possible face to face, and *more* women in remote areas can be reached.



Thank goodness that I turned to PLAFAM, because if I hadn't, I would not have known about Aya Contigo. And if it weren't for Aya Contigo, I wouldn't have known about Entre Nosotras.

— Aya Contigo User

BALANCING GLOBAL RECOMMENDATIONS WITH LOCAL REALITIES

Throughout the development process, Vitala Global faced many challenges that proved the value of being agile and ready to reconsider initial plans. For example, the Covid-19 outbreak forced the organization to redesign its survey and interviews to be conducted entirely remotely. The importance of flexibility also became apparent as a legal case occurred in the country during the development phase of Aya Contigo. A 12-year-old girl who had a pregnancy as a result of rape underwent an abortion with the assistance of an activist – who was consequently sentenced to jail. Due to fear of legal implications, Vitala Global’s local partner organizations were forced to pause their services. To proceed with the development of the app without putting local partners at risk, Vitala Global developed alliances with international organizations in the interim such as Safe2Choose and Women on Web.

The most significant challenge faced during the implementation of Aya Contigo was the continuous lack of access to affordable and quality-assured medical abortion medicines and contraceptive products which women face in the Bolivarian Republic of Venezuela. Even when women are provided with evidence-based guidance on what medicines they may use to undergo a safe abortion, these medicines are often not available in practice in the country, due to the legal situation.

Moreover, Vitala Global learned that the local circumstances lead many organizations to adopt measures that are not in line with WHO guidelines but deemed necessary to prevent a misuse of services and a waste of scarce medicines. For example, most of Vitala Global’s partner organizations require an ultrasound to determine pregnancy before abortion care is provided. This is because some women turn to organizations for medical abortion medicines despite not being pregnant – but rather to obtain pills to sell on the clandestine market. The limited supply of medicines also leads organizations to use regimens that differ from WHO recommendations.

Vitala Global’s continuous stakeholder engagement laid the foundations for a trusting, transparent and safe space for partners to discuss local adaptations and the underlying causes of these adaptations. While this complex situation in the Bolivarian Republic of Venezuela further highlights the critical need for access to evidence-based abortion care, it also served as a learning opportunity for Vitala Global. The organization was challenged to seek a sensible balance between global recommendations and the objective of safeguarding women’s access to care within a multifaceted reality.



Illustration: Ana Maria Gomez

Aya Contigo is an app that offers virtual accompaniment, emotional support and trusted referrals.

FROM AN APP TO A CRITICAL PLAYER IN THE FEMINIST MOVEMENT

Aya Contigo officially launched for Venezuelans in March 2022. By July 2022, more than 1,500 women had engaged with the app. It is estimated that at least one third of these women have self-managed a medical abortion in full or in part, using the Aya Contigo platform.

Aya Contigo is a testimony to the power of involving local women in vulnerable situations throughout the entire chain of developing solutions to improve SRH. As women participated in the project as market

Latin American women were involved throughout the process of developing Aya Contigo: from local women testing the app to locally hired programmers and marketers. All the visuals in the app were produced by Colombian youth Ana Maria Gomez, who also produced this illustration.

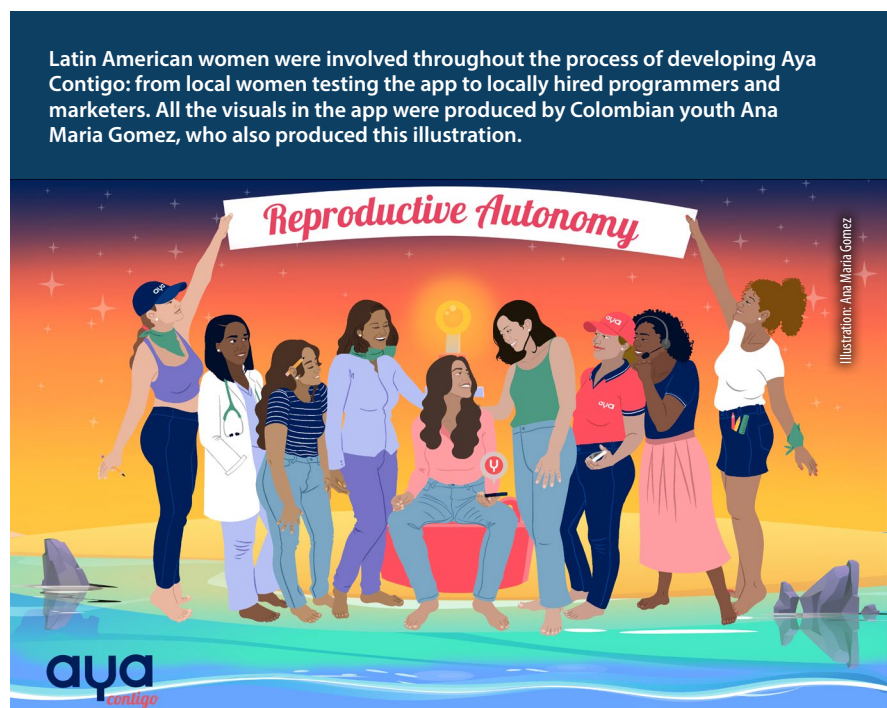


Illustration: Ana Maria Gomez

research respondents, testers, programmers and marketers, this project empowered women who were often marginalized – migrant women, women who had suffered gender-based violence, and women who suffered the financial and emotional stress of not having access to safe, timely and respectful abortion. Aya Contigo contributed to improved access to safe abortion care, supported organizations that provide an income to marginalized people, and likely prevented financial and emotional hardships associated with the continuation of an unwanted pregnancy within the context of a financial and humanitarian crisis.

What started as a product idea to address inaccessibility to abortion care has evolved into what Vitala Global believes is an integral part of the feminist movement in the Bolivarian Republic of Venezuela. Aya Contigo empowers women to exercise their rights to physical and mental health, autonomy and privacy, and to thrive, socially and financially, despite a challenging socioeconomic context.

The Aya Contigo app accompanies women and girls as they self-manage their medical abortions, and offers information on post-abortion contraception.



We're extremely pleased to work side by side with Vitala Global and our wonderful partners in Venezuela, in this participatory process to co-create Aya Contigo. Digital solutions and feminist solidarity together contribute to the powerful impact that this project represents: putting safe abortion information in women's hands - in the most adverse national settings and under challenging global circumstances.

— Susana Medina Salas and Nina Zamberlin, Fòs Feminista

Illustration: Ana Maria Gomez

Team aya contigo

- cofounders**
 - Geneveve: Director of Projects, Operations Lead, Product and User Support Lead
 - Roopan: Executive Director, Community & Partnerships Lead, Research & Design Lead
- Steffany**: Social Media Manager
- Isabel**: Aya Care Team Lead
- Maria**: Design and Impact Strategist
- Ana**: Illustrator
- Génesis**: Community Engagement Lead

VITALA

The Aya Contigo team that made implementation of the app for self-management of abortion a reality.

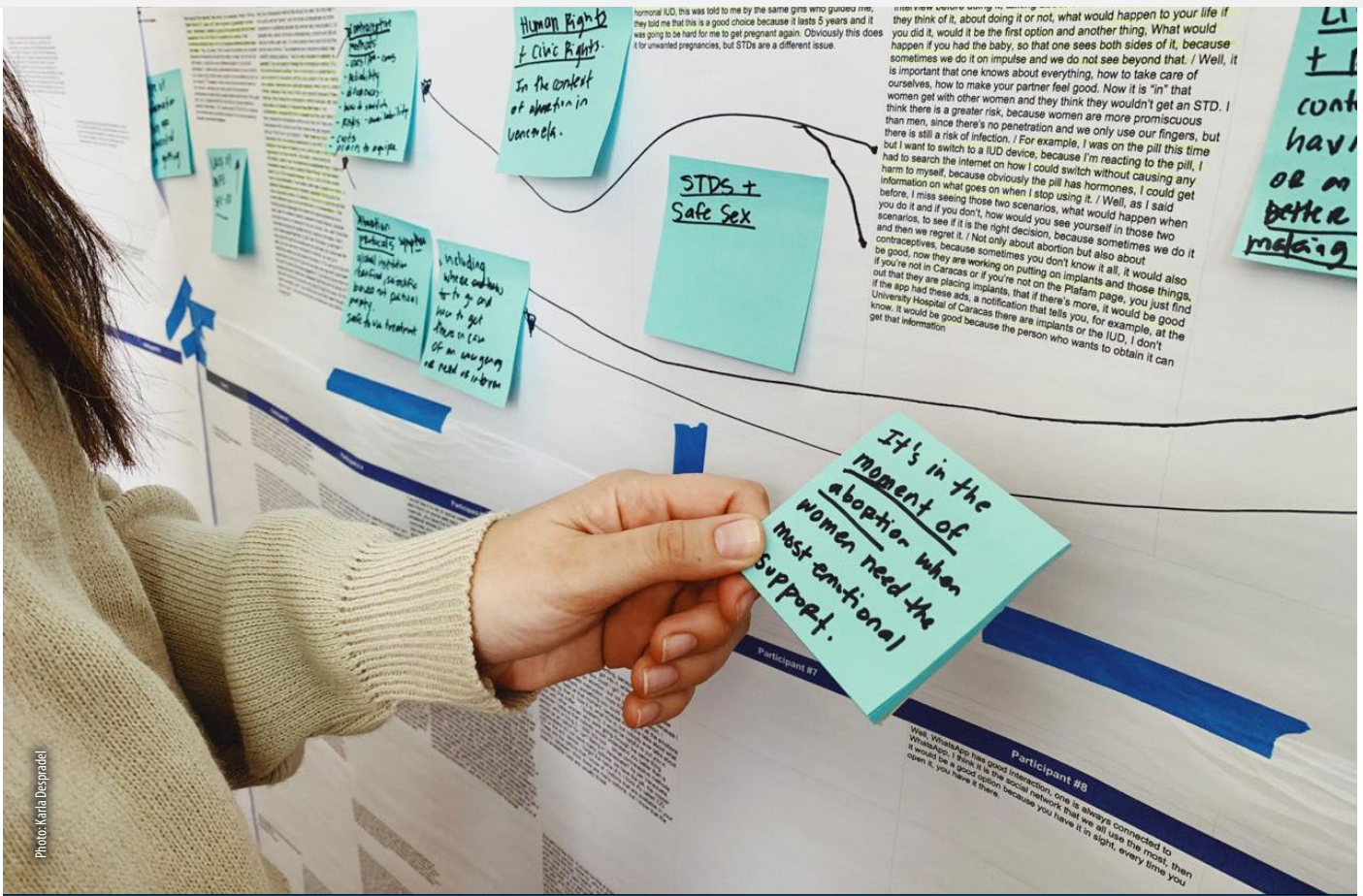


Photo: Karla Despradel

Storyboarding session synthesizing results from surveys and interviews with women and organizations in the Bolivarian Republic of Venezuela. Aya Contigo aims to meet women’s need for a trustworthy tool that provides evidence-based information, but also emotional support, during the abortion process .



LESSONS LEARNED

Even in humanitarian contexts, it is possible to apply human-centred research and design thinking to inform the development and implementation of digital sexual and reproductive health and rights (SRHR) solutions. By using a localized, community-led approach, high-quality solutions can be achieved, even for some of the most stigmatized SRH issues, in some of the most challenging and legally restrictive contexts.

Particularly in complex humanitarian crisis situations where the health system is fragile, it is vital to work with local partners when designing and developing an abortion intervention. In humanitarian settings, larger international humanitarian organizations tend to be present for a limited time. Once their intervention is implemented and a crisis is resolved, these organizations often leave the setting. However, local grass-roots organizations remain and continue to work to improve the health of people in the setting. They are well embedded and well versed in the local circumstances, and have a deep understanding of the complex “ecosystem” of the situation, including the country-specific social, cultural, political and legal factors that affect SRHR in general, and access to abortion care in particular.

Self-management approaches to comprehensive abortion care cannot exist in a silo. An evidence-based tool that connects abortion seekers with organizations that facilitate access to safe abortion is a first step in bridging the gap between people’s needs and the supply of services in the formal health system. However, ensuring that safe and respectful comprehensive abortion care is available to all who need it without discrimination requires well functioning and supportive health systems, supported by laws and policies that promote and protect SRH and human rights.

tips for SRHR implementation

- 01 Listen to and learn from women and organizations in the community.** Working closely with end-users improves the understanding of gaps and barriers to accessing SRH services – and real-life implementation challenges. This supports SRHR interventions that are inclusive and non-redundant, and that augment and enhance existing local initiatives.
- 02 Co-design solutions with the end-users.** This approach can generate a sense of ownership, rather than a product that is served to them; the end result becomes a solution of their own making.
- 03 Be patient in building trust.** It is critical to allow the time needed to build strong relationships with local grass-roots organizations. Anchoring your work in evidence provided in WHO guidelines can support this process.
- 04 Be reactive and ready to change your plans.** By liaising with new stakeholders, exploring alternative methods and redesigning strategies, process delays can be avoided. Flexibility can be particularly valuable in restrictive legal contexts and complex humanitarian crisis situations, and in the event of unexpected situations such as a pandemic.



For more information and recent WHO resources on abortion care, please visit the WHO Abortion webpage.

This story was written by Vitala Global, with support from the IBP Network and the Prevention of Unsafe Abortion Unit, the WHO Department of Sexual and Reproductive Health and Research (including the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction - HRP). This document does not necessarily represent the decisions, policy or views of WHO or HRP. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO or HRP in preference to others of a similar nature that are not mentioned.

References

1. Código Penal Venezolano [Venezuelan Penal Code]. Caracas: National Legislative Commission; 2000 (in Spanish) (https://www.oas.org/dil/esp/Codigo_Penal_Venezuela.pdf, accessed 10 August 2021).
2. Mujeres al Límite 2019: Urge Implementación de Planes y Políticas Que Garanticen La Vida Digna de Mujeres y Niñas en Venezuela [Women to the Limit 2019: It is Urgent to Implement Plans and Policies that Guarantee a Dignified Life for Women and Girls in Venezuela]. Caracas: Centro de Justicia y Paz (CEPAZ); 2019 (in Spanish) (<https://cepaz.org/noticias/mujeres-al-limite-2019-urge-implementacion-de-planes-y-politicas-que-garanticen-la-vida-digna-de-mujeres-y-ninas-en-venezuela/>, accessed 2 February 2021).
3. Venezuela raises minimum wage in fourth year of hyperinflation. Caracas: Reuters; 1 May 2021 (<https://www.reuters.com/world/americas/venezuela-raises-minimum-wage-fourth-year-hyperinflation-2021-05-01/>, accessed 24 January 2022).
4. Evaluation of the unmet sexual and reproductive health needs of the Venezuelan migrant population Arauca, Cucuta, Riohacha and Valledupar in four cities on the Colombia-Venezuela border. Bogotá: Profamilia Colombia and International Planned Parenthood Federation (IPPF); 2019.