



The Asia Safe Abortion Partnership (ASAP) is a regional network of individuals and organisations working for sexual and reproductive health and rights; doctors, nurses, midwives, lawyers, researchers among others. It was founded in 2008 to promote women's sexual and reproductive rights and health in Asia by reducing unsafe abortion and by promoting access to comprehensive safe abortion services.

It started with 37 members at the founding meeting and has now grown to include members from South and South East Asia as well as the Middle East and the Pacific. We have active members in Afghanistan, Bangladesh, China, India, Indonesia, Iran, Japan, Lebanon, Malaysia, Nepal, Pakistan, Philippines, Sri Lanka, Thailand and Vietnam.

ASAP is a forum for information exchange and joint learning; for strategic thinking and planning; for regional and international advocacy. ASAP also provides capacity building support to its members in the areas of advocacy; research and documentation; and service delivery. From 2014 - 2015, ASAP facilitated regional advocacy meetings in 8 countries across the region.



Dr. Katayon Sadat organised a two-day training on safe abortion techniques at the Malalai Hospital Training Hall, Afghanistan on 10th- 11th June 2015. 15 participants attended the training from Obstetrician and Gynecologist (OBGYN) department of Malalai Maternal Hospital and Rabia Balkhi Hospital. The training started with a brief introduction by Dr. Katayon about the work of ASAP, following were the main topics covered during the training:

- The global importance of Safe Abortion Techniques and best practices adopted around the world (Lessons learned): Dr. Katayon Sadat gave a presentation on the global importance of safe abortion techniques and best practices adopted around the world. She shared her experience and lessons during ASAP refresher institute. She also shared her findings on women's limited access to safe abortion services in Asian countries and existing religious challenges in Afghanistan and other Asian muslim countries to safe abortion under the Islamic and Sharia Law.
- WHO guidelines on Safe Abortion in Asian Countries: discussion on WHO guidelines on Safe Abortion in Asian Countries and orientation on WHO manual as reference guide for safe abortion.
- Presentation on PAC and usage of Manual Vacuum Aspiration (MVA): discussion on MVA parts, MVA importance, MVA complications, MVA benefits and Afghan Ministry of Public Health guideline for PAC.

- **MVA demonstration on model:** In this session, participants were invited to observe the trainer on the usage of MVA on model as per cervical block method.
- **Trainees practicing on model:** in this session the participants were divided into four groups and each group was given a model and an MVA kit to practice. This was followed by an open discussion with participants on problem solving.
 - **Presentation on Misoprostol regime and protocol:** In this session participants had a chance to observe MVA usage on patients at the hospital. They were then provided with in-depth knowledge on the practical use of MVA on patients. (Note: Due to cultural sensitivity, no picture was taken from this session)

The training concluded with a discussion of potential challenges and addressing participants concerns regarding MVA and distribution of MVA Kit and Misoprostol Protocol. Overall, feedback of the participants was positive, they were happy to learn the usage of MVA. Main concern highlighted was the unavailability of MVA kit at their hospitals. (Note: MOPH does not have enough budgets to buy MVA kit for the all hospitals, although Malalai hospital and AFSOG approached MOPH and they promised to supply in future).

Challenges

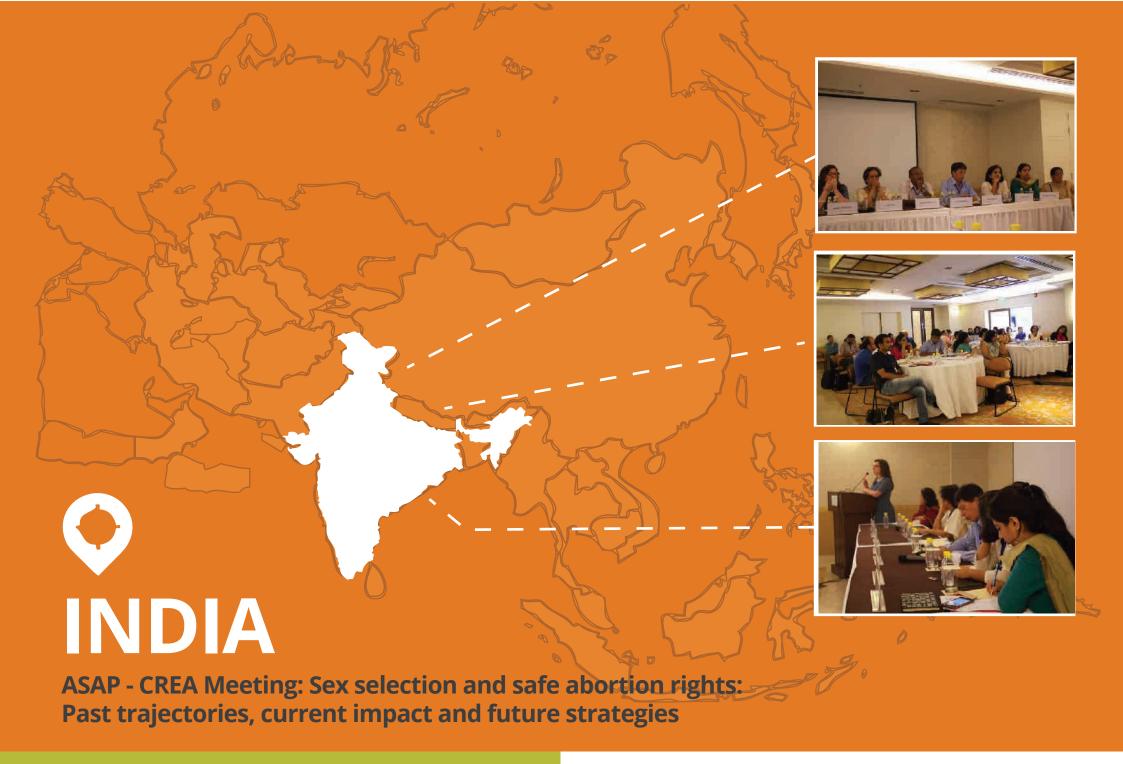
- 1. Due to limited budget, I was unable to find a volunteer trainer to assist me in this training program.
- 2. The participants requested for hard copies of WHO unsafe abortion book.
- 3. Lack of capacity of midwives in decontamination and sterilization of MVA kit.

Suggestions & Solutions

- 1. Will try to communicate and encourage AFSOG to assist in providing volunteer trainer.
- 2. Training is needed for midwives to train them on decontamination and sterilization of MVA kit.

Participants learn about safe abortion techniques at Malalai Hospital Training Hall, Afghanistan





Shweta Krishnan, India had undertaken a study on behalf of ASAP, starting in Jan 2014, to look into the origins of the sex selection campaign in India and the history of the girl child in pre- colonial and post-colonial times. ASAP and CREA www.creaworld.org collaborated to host a one day meeting in New Delhi on Sat 20th June 2015 to share the findings of some studies on the issue, as well as to generate discussion on the politics of the two issues, the ground realities and the impact this is having on women's right to safe abortion in India.

In the end of the meeting it was realized that the time has come to move away from quick fixes and rhetoric about "save the girl child" and recognize the need to approach the issue from multiple levels. Positive reforms, interventions and implementation are what will make a difference. While Acts such as the PCPNDT Act should be implemented, so should the MTP Act, as well as laws against dowry, to prevent child marriage, to provide education and employment for girls and women, and ensure equal inheritance, paid maternity leave and so many others to ensure that all factors determining girls' and women's welfare are addressed in a holistic and comprehensive manner.



Participants at an ASAP - CREA Meeting on Sex selection and safe abortion rights: Past trajectories, current impact and future strategies

Find detailed report of the meeting here:

http://asap-asia.org/wp-content/ uploads/2015/07/ASAP-CREA-Meeting-Report.pdf

Read the blog post here:

http://asap-asia.org/blog/sex-selection-vs-safe-abortion-rights-how-did-we-get-here-and-where-do-we-go-now/#sthash.XreONvQW.dpbs



Ignatia Alfa Gloria, Ninuk Windyantoro and SAMSARA organized a National Meeting of organizations and individuals from various fields and backgrounds with a view to set up a future network that supports the government's policy implementation in Government Regulation No.61 and Health Minister Regulation on Safe Abortion. Women's Health Group and Samsara held the meeting on May 29th, 2015 with support from ASAP. 19 participants from various organizations attended the meeting. Following are the key action points that emerged:

- Each participant will share the workshop result in their own institution or community and discuss the work that could be done together through this working group.
- Conducting advocacy work on each issue related to the institution or community- by adding socialization of Government Regulation No.61 On Reproductive Health (Part Safe Abortion). This activity includes translating the meaning of the two condition (medical emergencies and cases of rape) women can access safe abortion services.
- Give mutual support and maximize the potential of networks, both collectively and individually.
- Studying Health Ministry Regulation on Safe Abortion and make a note of entries submitted to Women's Health Foundation as a representation in overseeing the Regulation.
- Conduct a workshop in Jakarta right after the Health Minister Regulation on Safe Abortion is published

Participants at a National Level Working Group for Safe Abortion Advocacy in Indonesia





In partnership with the Asia Safe Abortion Partnership (ASAP), Tazila Khan from the National Forum for Women with Disabilities (NFWWD) introduced an SRHR Council within the forum. The objective of the project is to:

- Introduce and Connect Advocates for Disability Rights on every level.
- Start a council within National Forum that advocates solely about Safe Abortion and SRHR
- Turn Disabled women into Peer Educators of Safe Abortion and SRHR in their communities
- Collect feedback on practices, attitudes, experiences and facilities.

With a view to bring disabled women to the table and open up discussion and advocacy for SRHR, Abortion and Sexual Health a three day training was organised in Lahore from 12th-14th June 2015. 10 women from Lahore representing different disabilities and their attendants or parents were identified from a pool of applicants. Following were the main issues covered during the training:

Orientation and introduction to sexuality and sex education

Sexual and reproductive health and rights, including safe abortion

Communication, Leadership and Advocacy skills

Gender, Religion and Culture Sensitization

Networking, Social Media and Opportunities

Participants at a National Forum for Women with Disabilities





Sarah Jane Biton set up a "Women's Rights Collective" a Post Abortion Care (PAC) advocacy forum to raise awareness on abortion rights among Filipino women. As part of the small grant she also set up a safe abortion blog and Facebook page.

The project aims to contribute to raising the awareness of the Filipinos regarding abortion rights by conducting community education sessions. Further, it intends to organize and mobilize post abortion care volunteers and safe abortion rights advocates by inviting the participants of the Community Education Session (CES) to be part of the collective. And lastly to gather data about post abortion care violations and experiences by community immersion. The project ran from Maylune 2015.

Activity 1: Conducted a scientific and community-oriented information dissemination on post abortion care and abortion stigma in Metro Manila and Camarines Sur

Activity 2: Organized Post Abortion Care volunteers and safe abortion rights advocates

Activity 3: Data gathering (life stories) of men and women who experience abortion stigma and post abortion care violations

Participants at an ASAP - CREA Meeting on Sex selection and safe abortion rights: Past trajectories, current impact and future strategies



Challenges

- The biggest challenge is how to tap a community or a group who can help us on the project implementation. Even the progressive women's groups don't want to be involved.
- Time management. Managing our time is really a challenge, since apart from our own concerns, we need to consider also the available time of the target participants.
- Limited time for community education session. Since most of the participants only have 2-3 hours, we need to make our point despite the different negative reactions of some participants, just to ensure that they will leave the discussion area with a grasp of our key message.
- On how to handle the discussion itself. Every discussion is different. We tend to adjust base on their answers about their views on abortion. If the group is a bit progressive, we handle the discussion more progressively, discussing more of the human rights side. But if it is really backward, we have to start first with the values clarification and attitude transformation.

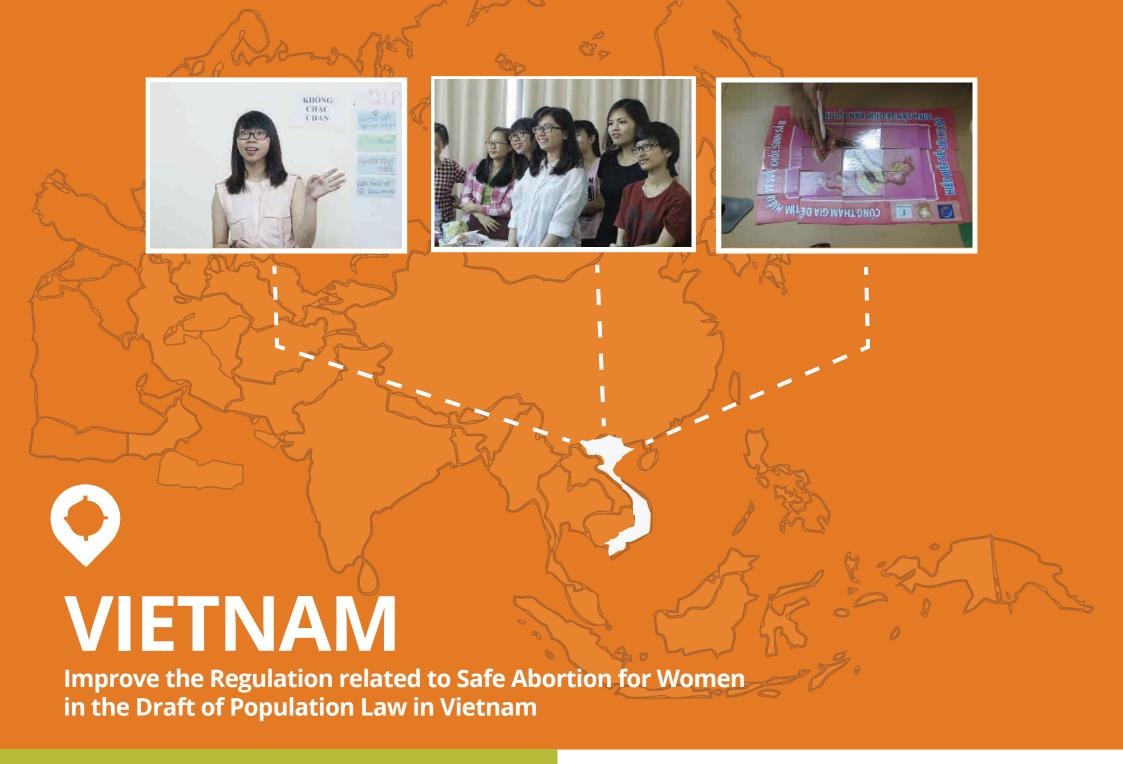
Data gathering.

Outcomes

- Collaboration with Kadamay/Sining Kadamay, FPOP Tandang Sora, Barangay Batasan Hills and Camarines Sur Chapter.
- Community Education Sessions, In Metro Manila, 11 sessions involving the adults, young adult and young people, with 68 participants were done. While for Aklan Province, we had 2 young people and a discussion with the Y-Peer group. And for Camarines Sur 7 batches, with 153 participants.
- The key message for the CES: "Abortion is a public health issue. Women die from unsafe abortion. Abortion is prohibited in the Philippines. However, we support the DOH policy on Prevention and Management of Abortion Complications, which includes Post Abortion Care. Because complications and deaths from unsafe abortion can be prevented."

Future Plans

- 1. Continue the Community Education Sessions, if time permits.
- 2. Develop a module base on the learning from the previous discussions
- 3. Supervise the Chapter in Metro Manila, and support their planned activities
- 4. Chapter building in Camarines Sur
- 5. Online activities data gathering and other efforts



Vietnam is a highly regarded pioneer among ASEAN countries in improving population quality, reproductive health, and mother and children's health. In 2015, The General Department of Family Planning implemented the first draft of the Population Law in order to improve management of and continue to enhance population works in the future. This action is regarded a milestone in the formation of legal foundation for the improvement of population quality, including promoting gender equality, and reproductive and sexual health for the population.

Hoang Minh Son and Thao Vi from the Centre for Creative Initiatives in Health and Population worked to build discussions on the draft of the Population Law currently implemented by the General Department of Family Planning. This is to ensure that when the Population Law is enforced, it will meet the population's need and achieve the national development goals. The activities recommended focus on Article 1, No.21 on abortion rights and responsibilities: "Women are entitled to: a) end a pregnancy by abortion as requested before 12 weeks, unless the purpose of abortion is gender-related or might cause serious health consequences to the mother."

In the context of inadequate information, counselling and education on safe sex, women and especially young women face many challenges in negotiating safe sex. In addition, because stigmas against sex before marriage are prevalent, this regulation might restrict access to safe abortion services of many young women. This might lead them to seek unsafe abortion, with many possible serious health and economic consequences.



Participants at a regional advocacy meeting to discuss revisions in the Draft of Population Law in Vietnam

