Vitala Global Design & Research Report

MIA 2.0

October 2022

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Introduction

Profamilia & Vitala Global Foundation embarked on a partnership on a project to co-design and adapt the current Mia platform to improve abortion self-care to support young people living in Colombia.

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In Colombia, there is a significant gap in access to sexual and reproductive health services, more specifically to safe abortion, which especially affects young people of limited resources living in rural or peripheral areas of the country. The Mia teleabortion service has been servicing the Colombian population but vast majority of those from urban settings. Profamilia has been part of Global Care, a global consortium for abortion self-care that aims to enable abortion self-care practices worldwide through design, implementation and knowledge-sharing of person centered care models that respond to different social and legal contexts. Within this consortium, Profamilia wished to strengthen Mia, the safe abortion service through telemedicine that was created by the organization as an alternative to mitigate the impact of barriers to access to sexual and reproductive health services during the Covid-19 pandemic.

Within the framework of Global Care, Profamilia worked with Vitala Global Foundation - a Canadian not-for-profit organization that utilizes feminist design principles to co-design digital solutions for abortion self-care and contraception care. Working together the aim was to strength and promote the provision of abortion by telemedicine in Profamilia through the design of a digital solution that is centered on the needs, identities and circumstances of women and people with gestational capacity between ages of 13 and 28 who may require it.

This project was conducted in two consecutive phases, first exploratory and research phase that focused on the abortion self-care experiences of young people and whether a digital solution for Mia would be acceptable to them and second phase included the co-design and incorporation of results to build a prototype of a digital solution that would be an expansion of the current Profamilia Mia platform.

This design report highlights the process that Vitala Global underwent with Profamilia from January 20th 2022 to September 30th, 2022.

Vitala Global's Human-Centered Design & Research Process

Vitala Global utilizes a human-centered design and research methodology to co-design, develop and implement digital solutions to address abortion and contraception care in the most challenging contexts globally. Vitala's methodology is based on the following Design Principles:

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Vitala Global's Design Principles

1 Ensure an equitable inclusivity through an authentic and diverse representation of women and girls*

2 Empathically guide, promote, & advance women and girls' rights, autonomy and sexual and reproductive wellbeing

3 Embody credible information & expert advice that is scientific & data-drive, safe-guarded and judgment-free

4 Create and implement digitally accessible sexual and reproductive care, that is current, informed, durable and results-driven

5 Embrace an interactive learning approach that integrates a multidisciplinary team of field experts, trusted partners, women and girls and the community

6 Authentically understand women and girls, by being women-centric: women-led, women co-designed and women advocated

*we are committed to gender inclusivity

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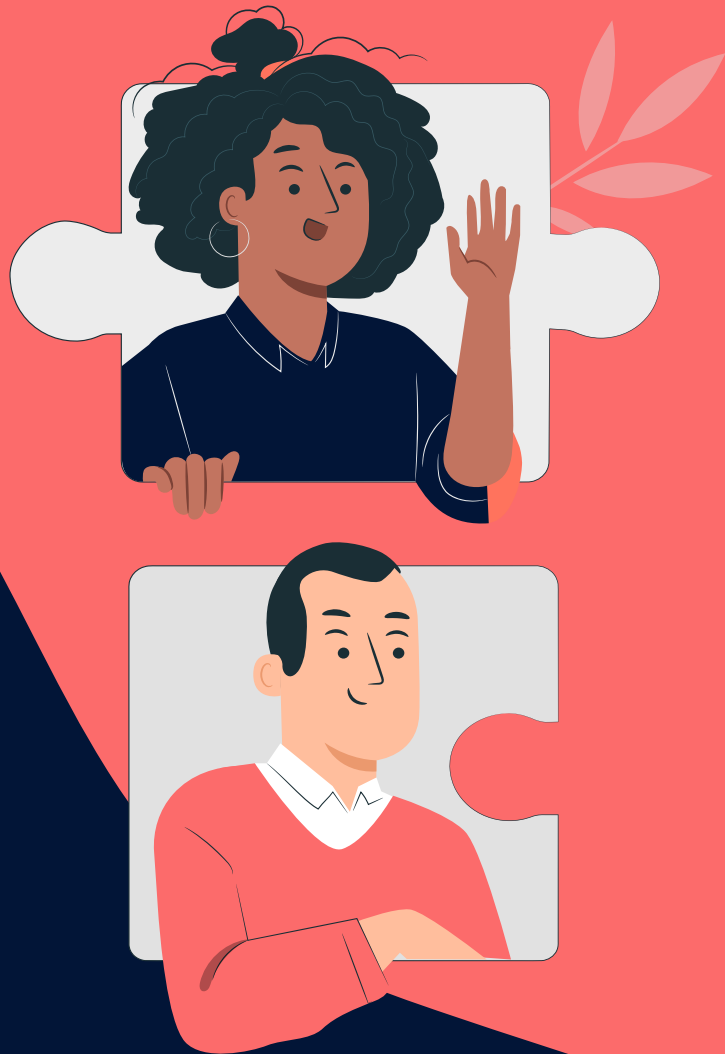
Theory of Change

The first step of this project was to conduct a Theory of Change workshop with key stakeholders from the Profamilia team who are familiar with the Mia teleabortion service. The intention was to first understand the challenges of abortion self-care from an organization standpoint, the challenges and opportunities of the Mia teleabortion service and to reimagine what an adapted and expanded version of Mia could look like in Colombia.
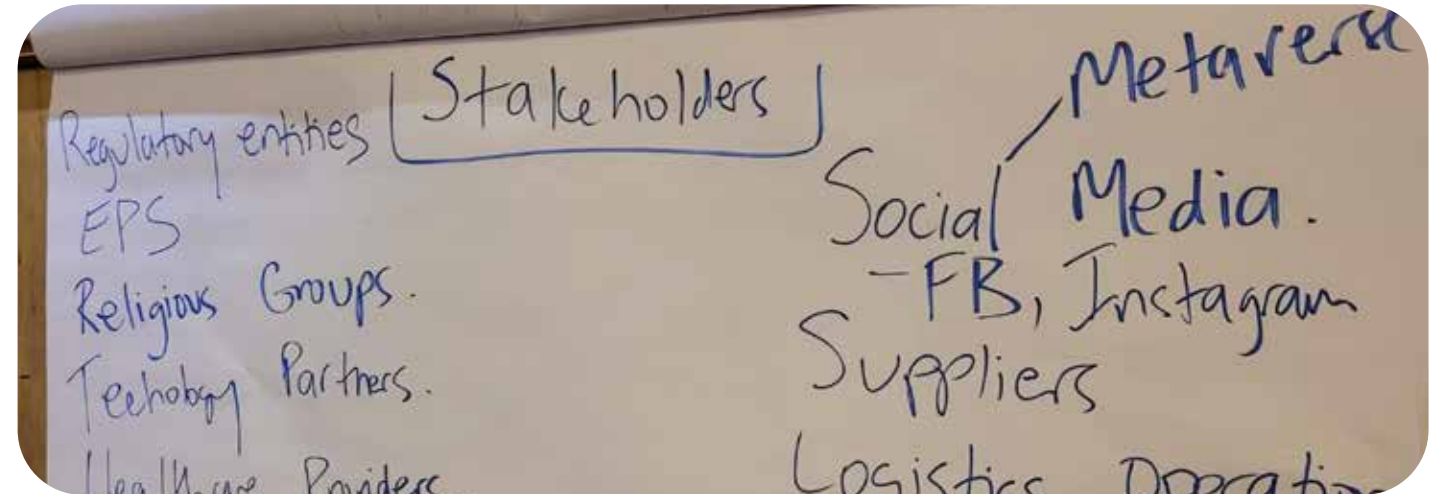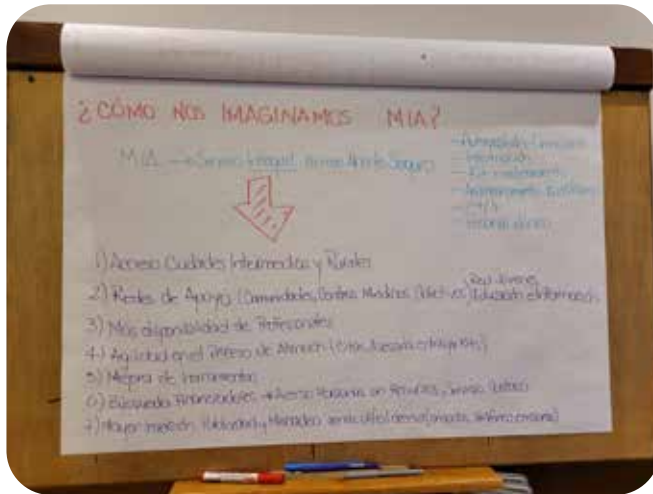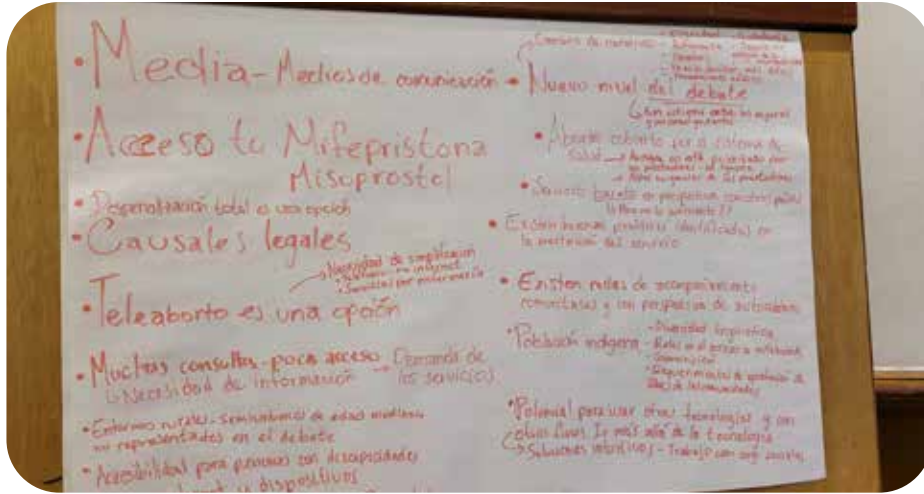
The Theory of Change workshop was conducted in Bogota, Colombia on February 15, 2022 facilitated by Dr. Roopan Gill, Executive Director of Vitala Global Foundation. There were a total of 20 participants from the following departments within Profamilia: Project and Research, Advocacy, Health Department, Innovation, Communications, Technology, Global Care Team and Customer Service.

The following questions were posed to the Profamilia team to explore throughout the workshop:

- What is the problem we are trying to solve through the next Mia development?

- Who should be our key audience population in that development?

- What are your entry points for reaching your key audience population?

- What steps are necessary to achieve the changes we seek in telemedicine and self manged abortion access?

- What are the key contextual factors we need to consider in the digital landscape in Colombia?

- What are the potential measurable effects of your work?

- What are the broader potential benefits of your work?

- What is the long term change we see as our goal for self-managed abortion and telemedicine?

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Some key highlights from the meeting included:

- Definition of self-management and self-care; the insight that self-care goes beyond self-management and encompasses the whole issue of being aware of what one needs

- Exploration of accompaniment and how that pertains to the existing Mia service; go beyond how to access but to provide support in the way the person wants and needs

- Communication strategy is important to publicize service to hard to reach populations

- Digital coverage and digital skills across Colombia are varied and this needs to be taken into consideration

- Structural barriers within Colombia play a part in abortion access

- Challenges with EPS and the insurance schemes which can be a barrier for young people/ hard to reach populations

- Indigeneous people, language, poor access and therefore very important to consider their views and understand how they think and consider abortion

- Need to consider Mia's accessibility to children and adolescents, people with disabilities, transgender people because the discourse currently very focused and designed for cis women

- A shared vision as Mia that provides holistic medical and psychological care, bridging gaps and connecting to support networks, feminist groups

- Mia defined collectively by participants in one word as "Access"

- Ideas about the Mia of the future were explored: simple, self-managed, accessible, natural and humanized, sustainable support networks, easy to use, accessible language, increase women's capacities in their processes, empowerment, Mia to connect with existing feminist networks, think outside the box, digital not the only solution, strong communications & marketing strategy to accompany the next version of Mia 2.0

At the end of the meeting, a common understanding of abortion self-care was reached that highlighted that Mia 2.0 will go beyond just access to abortion pills but is also providing holistic, accompanied support to place the abortion-seeker at the center. The goal is to understand the barriers and facilitators of abortion access that diverse populations across Colombia may face and to acknowledge that there may be trade-offs. Digital is not the panacea but it can be one aspect to increase reach, while considering other tools as part of the ecosystem that can help improve access. Ultimately, thinking about Mia 2.0 as a bridge to provide safe, supported, accompanied, evidence-based, quality comprehensive abortion care to people living in Colombia seeking abortion and contraception care.

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Formative Research

Profamilia and Vitala Global jointly completed a protocol which received ethics approval by the Profamilia Ethics Board on March 8th, 2022. The formative research intended to answer the following research question: "Among women and young people with gestational capacity living in Colombia, what would be an appropriate digital solution to improve abortion self-care support through the Mia platform?"

We focused on women and people with gestational capacity between 13 and 28 years of age (who had or who had not had induced abortions) in order to inquire about barriers, opportunities and perspectives on: abortion, SRH, design and content of possible digital platforms that address these issues and services. The target was historically marginalized groups (LGBTQI, trans men, migrants, indigenous and Afro-Colombian people). Five municipalities were the target for this project with the intention to prioritize their demographic and cultural characteristics with regards to improving access and reach of the Mia teleabortion service. These were: Mitú, Bogotá, Cúcuta, Soledad and Popayán.

The specific objectives for Phase 1 - Research & Explortory Phase included:

- To explore the abortion self-care needs of women and young women of childbearing capacity living in Colombia who have and have not access abortion services

- Understand the content and design preferences for a digital solution that can provide care and support to women and those of gestational capacity for abortion self-care through the Mia platform

- Understand risks and benefits as perceived by the study participants regarding the use of digital platforms for care and support of their abortion needs

- To understand perspectives of key stakeholders about the digital solution for the care and support of their abortion needs

The methods for Phase 1 included 4 key activities: contextual analysis, semi-structured qualitative interviews, interviews with key stakeholders and national virtual survey.

The specific objectives for Phase 2 - Prototype design, user testing and refinement included:

- Design an initial prototype of a digital solution that includes preferences of women and young people with gestational capacity and identified barriers of the current Mia platform to facilitate abortion self-care support

- Evaluate the usability of the digital solution with women and young people with gestational capacity living in Colombia through user testing

The methods for Phase 2 included a co-creation workshop amongst key stakeholders, iterative design process with Vitala Global's UX/UI design team, content development, illustrations and user testing.

Summary of each step of the research and design process are highlighted in the subsequent sections.

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Contextual Analysis

In collaboration with Bridge Sisters (https://www.thebridgesisters.com), a thorough contextual analysis was completed. The analysis reviewed the context and legal framework of abortion access in Colombia to understand its evolution, challenges and current implementation status. The contextual analysis provided important insights that informed the design and development of the Mia 2.0 prototype taking into account the challenges, barriers and faciltitating factors for implementation of a digital solution for abortion self care in Colombia at large with a special focus on the 5 municipalities. The 80 page report can be accessed on the button below.

Access Here

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Social Media Survey

A national virtual survey was co-designed between Profamilia and Vitala Global's research teams and reviewed by 3 youth from the Profamilia Youth Network in Colombia. Those eligible to respond were women and persons with childbearing capacity between 13 and 28 years of age living in Colombia. Vitala Global worked closely with the Profamilia Commuications Department to design social media Ads that would be disseminated through Profamilia's social networks and web-page.
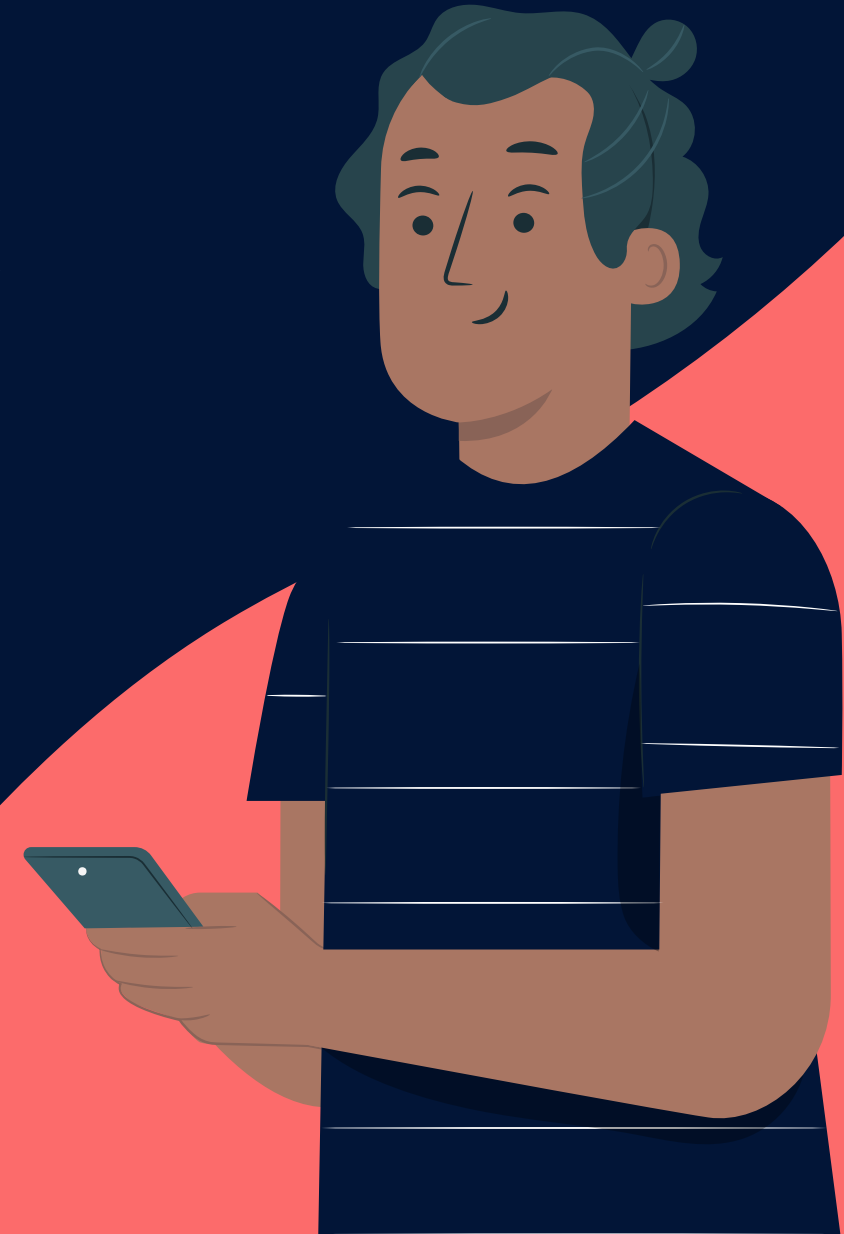
In the online survey, total of **5733** surveys were collected from women, men with transmusculine life experiences and non-binary persons assigned female at birth. **98.5%** of participants were cisgender women, **0.1%** men with transmasculine life experiences and **0.9%** non-binary persons. Vast majority of respondents were between 20 - 24 years old **(46.4%)** and **95%** reside in urban areas. **93.5%** of participants did not identify with any ethic group, **4.9%** identified themselves as black, afro-descendant, Raizal and Palenquero (NARP), **1.2%** as indigenous and at least **0.1%** as Gypsy/Rom. Vast majority of respondents were either studying or had already completed their university studies **(48.5%), 25.6%** studying or have completed high school and **23.4%** studying or completed their technical/technological studies.

The survey highlighted both the way young people access information about sexual and reproductive health and their abortion experiences. These are the key findings that were relevant to inform the design & development of Mia 2.0:

- **66.9%** of respondents use the internet and **34%** rely on their friends to find information related to sexual and reproductive health to make decisions regarding sexuality.

- Use of the internet continues to be the main source of information for SRHR.

- When asked about access to digital technologies, vast majority had access to the internet via cell phones and the second most used device was a laptop.

- Concern that other people may see messages about sexual and reproductive health on their device was most prevalent amoung people aged 12 to 19 **(55.6%)**, 20 to 24 years **(50.9%)** and 25 to 28 years **(47.7%)**.

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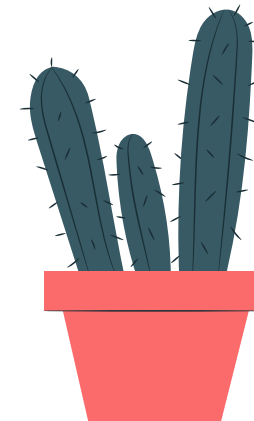
Participants indicated that when they underwent an abortion procedure, accompaniment in the process represented a key role, whether by the partner, a counselor or service provider or friends. The role played by feminist groups/collectives during the process stood out. **636** people **(11%)** had an unplanned pregnancy between 2020 and 2021, of which **163** accessed an abortion procedure (induced with medication or by surgical methods). Among the **163** people who accessed the procedure, the main difficulties in accessing abortion services were related to: The cost of the procedure **(59.5%)**, moral judgment by health care providers **(42.9%)**, lack of access to information **(33.1%)**, lack of friendly services **(22.7%)**, and poor availability of medications **(19%)**.

In the three age groups that made up the survey sample, the **three main difficulties** for accessing abortion were the cost of the procedure, moral judgment on the part of health care providers, which may be related to the social stigma and lack of access to information.

Stigma associated with abortion was recognized both in the interviews and in the survey results as one of the main barriers that limit women, men with transgender life experience and non-binary people assigned female at birth from accessing sexual and reproductive health services such as abortion, due to the lack of confidence to talk about the subject or the fear of judgement by some provdiers who still do not know the regulations or delay the procedures.

For **35%** of young participants, lack of available friendly services represented a signficant barrier to abortion care.

When it came to accompaniment and support, **636** participants who stated that they had an unplanned pregnancy in the last two years, about **416** indicated that when they underwent or attempted to undergo an abortion procedure, they were accompanied before, during and after the procedure. The respondents emphasized use of accompaniment before and during the procedure and decreased relatively after the procedure, mainly among people between 25 and 29 years of age **(47.9%)** and those who report having no income **(39.6%)**. Those who underwent an abortion, **31%** received support and accompaniment from their partner, **19%** from friends, **7.3%** from feminist groups and **6.5%** from family members.

Finally when it came to design and content for a mobile intervention to facilitate abortion self-care, firstly, **71.6%** of respondents feel comfortable receiving information on SRH through instagram and **60.1%** through Tik Tok which highlights the opportunity to disseminate truthful information through these. The main modality that young people would like to receive information is first through personal email **(89%)** and second WhatsApp **(86.3%)**. People expected to find information about sexual and reproductive health, different costs highlighted of various contraceptive methods, access to a free line with direct contact to someone, access to contraceptives and scientific, evidence-based information about sexual and reproductive health.

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Stakeholder and Individual User Interviews

19 interviews with key stakeholders from the five regions of interest in Colombia: Bogota, Cucuta, Mitu, Popayan and Soledad were conducted. These interviews were carried out throughout March and April 2022.

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The interviews actors were:

- From **Bogotá:** Alienhadas.

- From **Cúcuta:** Las Mijas, Aquelarre Violeta, Fundación Frida Kalho, Corporación Mujer Denuncia y Muévete, Irene from Ensororadas, Andrea and Kelly from Moiras, and Karen from Frontera Morada.

- From **Mitú:** Comisaría de Familia, Paola from Oficina de la Mujer Gobernación, Gilma from Instituto Colombiano de Bienestar Familiar (ICBF), and Leydy from ICBF.

- From **Popayán:** Colectivo Viraje, Comunitar Zully, Insurrectas, and Jennifer Flores.

- From **Soledad:** Innovación Social, Colectivo Rosa Violeta, and Jennifer from Colectivo Emma Goldman.

To show common factors identified during the analysis of the 19 interviews, the following word cloud shows the most mentioned topics. These common topics included women, aborton, accompaniment, health, access, process, people, rights, networks, violence, trans, pregnancy, talking, education, IVE and more.

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The access barriers and challenges identified for these regions were divided into the following themes. In-depth analysis of each can be found in detail in the report.

- **Young Population Barriers**
  - Barriers to lack of SRH education and access to contraception
  - Teenage pregnancies complicated by abuse
  - Barriers to accessing services with parents' consent
  - Young migrant women as sex workers resulting from deception
  - Importance of approaching different social groups according to their specific experiences and needs
  - Transphobia amidst medical personnel
  - Young people seek information through social media platforms, even when internet is scarce i.e. Tik Tok, Instagram, Facebook

- **Economic Barriers**
  - Colombia a country with high poverty levels
  - Poverty disporportionately impacts women, trans men, nonbinary people
  - Cost as a barrier to access abortion and/or family planning services

- **Rural Areas**
  - Greater poverty for those living in rural areas
  - Challenging to reach due to poor infrastructure and transportation to and from is difficult

- **Insufficient/deficient health services**
  - High levels of teenage pregnancy
  - Rural ares in and of themselves are diverse within Colombia
  - Digital disparities diverse depending on degree of rurality

- **Multiculturality**
  - Multicultural and multiethnic context within Colombia
  - Messaging and communications difficult as not all groups share same views on sexual and reproductive healthy, family planning, sexual abuse, domestic violence and more

- **Insufficient Access to Technologies**
  - Women in rural areas more likely to face poverty therefore difficult to access communication technology (i.e. internet/smartphones), especially for migrants
  - Women in rural areas may not own phone: male partner, rely on friend or the phone they may own allows them to make calls & send SMS messages
  - Apps like WhatsApp and Facebook often used in rural areas as included in data plans
  - Restrictions on technology access in rural areas, many women may not learn about self-managed abortion apps

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- **Machismo**
- Machismo in Colombian society is a challenging obstacle to overcome re: sexual and reproductive health and rights
- Collective idea of women's roles in society is attached to patriarchal system that determines traditions
- Problem of sexual violence and rape culture
- Importance of including men in sexual education

- **Lack of Comprehensive Reproductive & Sexual Education**
- Lack of SRH education is key barrier to abortion care and SRH services in general
- Higher rates of teenage pregnancy
- Lack of knowledge about one's bodies
- Education of folks about trans men's pregnancy and menstruation

- **Migration Barriers**
- Migrant women are victims of at least one type of violence - many fleeing from situation of domestic/sexual violence in their own country
- Undocumented women and girls have many obstacles to accessing reproductive and sexual health services
- Unable to use EPS due to lack of documentation
- Precarious economic situations
- Migrant women tend to turn to unsafe abortions (i.e. punching oneself in the stomach, falling from stairs, taking herbal remedies, inserting dangerous objects through cervix)
- Lack of knowledge about self-managed abortion with pills

- **Law Implementation**
- Challenges about implementation - have a law on paper but entirely different to have a law that is functional, respected and guaranteed to all
- Most vulnerable to criminalization are those living in margins (young people, rural, migrants)

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The commonalities identified:

● **Telemedicine**
• Stakeholders praised telemedicine as a tool for medical attention due to challenges in rural areas
• Telemedicine can allow folks to maintain privacy
• Telemedicine also poses challenges as few can use because of economic barriers and insufficient access to internet
• Folks more likely to trust telehealth when organizations or colectivas recommend the approach
• Importance of talking to a person and not just a bot i.e. early stage of content when one is contemplating ending pregnancy and have questions/doubts

● **Lack of Trust in the Institutional Services**
• Women and migrants distrust institutional health services, reach out to advocacy organizations for guidance
• Women prefer to contact groups/colectivas for information on having a self-managed abortion at home instead of going to hospital
• Issues of obstetric violence, lack of personal care in healthcare institutions, long waiting periods, secrecy around abortion and family planning services
• Barriers for young women from institutions with doctors who believe they are too young for sexual activity

● **Accompaniment**
• Healthcare institutions have many issues: accessibility, equipment, quality of gender-based care, discrimination, reproducing stigma

around sexual and reproductive health and rights
• Actors consider accompanying people through their experiences as one of the crucial and most relevant parts of their work with women and girls, trans men and nonbinary people

● **Transparency of the Abortion Process**
• Provide as much information as possible about self-managed abortion

● **Accessibility**
• Importance of accessible information
• Educational information must be easy to find and phrased in accessible ways
• Technological interfaces must be friendly and intuitive for the user
• Must take into account languages other than Spanish (i.e. English, indigenous languages)
• Inclusiveness crucial, videos with sign language are equally necessary

Finally, the following specificities was mentioned as important to consider in an abortion app: step-by-step instructions, pedagogy to demystify patriarchal ideas, questions boxes, educational information for individuals and organizations interested in working with abortion accompaniment or sexual and reproductive education, adolescent-focused language, cartoon format, peer-to-peer video capsules, information on pregnancy and the body, parenting material, color schemes not traditionally associated with gender binary, contraception information that targets both women and men, trans inclusivity, information on menstrual health, vasectomy education, list of active telephone numbers/ websites, messages of encouragement, practices that prioritize confidentiality and anonymity.

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Insights & Opportunities - UX/UI Design Research

A researcher and UX/UI designer from the Vitala Global team independently analyzed the transcripts, coded the data and together discussed the key insights and opportunities. In design thinking research, qualitative research and its analysis is done in a way to highlight observations in users and how those can lead to opportunities in the design of a solution. The team identified a number of insights and opportunities and through an iterative process and sharing with the Profamilia team, one key insight and opportunity was identified that informed the co-creation workshop.

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Insight 1

Young people are curious about their sexuality and sexual health but there is either a lack of sex education in schools or social, cultural, religious barrieres which leads to them exploring through the internet, their peers and/or social media networks (Tik Tok, Instagram, Facebook) that may not always provide accurate information leading them to being misinformed about their rights, how to prevent pregnancies and lack of knowledge of contraceptive options.

Insight 2

Young Colombians who had an abortion experience through telemedicine/Mia successfully completed their abortion but they felt that there was a lack of accompaniment and support throughout the process which for some left them feeling alone and isolated, perpetuating the stigma and guilt already felt by them.

Opportunity 1

How can social media networks be better utilized to provide accurate and evidence-based information, knowledge about the Mia service and integrate information beyond abortion and contraception for young people?

Opportunity 2

How can the Mia service be improved to virtually accompany young people from remote municipalities so that they feel supported and empowered throughout their abortion experience?

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Insight 3

Young people regardless of their background and gender identity are familiar with using apps particularly menstrual tracking apps, mental health and exercise apps and WhatsApp but many of them did not use these consistently and deleted them because of poor user interfaces or design features, lack of gender inclusive and youth-friendly language, inaccurate predictions and cost.

Insight 4

During the Covid-19 pandemic, the vast majority of young people with internet access connected with telemedicine services for various health related reasons but overwhelmingly they all did not like their experience because it was not coordinated well, not personable, described as superficial and inefficient.

Opportunity 3

How can we use young people's experience with other mobile applications and apply it to a comprehensive abortion and contraception self-care digital health intervention (ie Mia 2.0)?

Opportunity 4

How can we design a telemedicine/teleabortion service for young people living in Colombia to improve the quality of their SRH experience taking into account the limited internet access in some areas of the country?

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Insight 5

Youth under 16 require unique considerations in how information about abortion and contraception is shared with them highlighting need to connect sexual education with life projects and plans, using interactive video content and emphasizing consent because of risk of violence/abuse as main reason for unplanned pregnancies in minors.

Insight 6

Although abortion is legal in Colombia, it is the cultural, social, religious and economic context that forces young people to seek clandestine options or to carry out the process in secret for fear of being judged by society. Although there are clinics like Profamilia and Orientame; lack of knowledge, lack of financial resources and stigma leads them to try to find solutions outside the health facility.

Opportunity 5

How can we balance the delivery of evidence-based and comprehensive information about abortion, contraception and sexual health for youth 13 - 28, while also tailoring it to those under 16?

Opportunity 6

How can we make Mia visible and reach populations that due to their cultural, social, religious and economic context are not being supported in matters of reproduction and sexual health?

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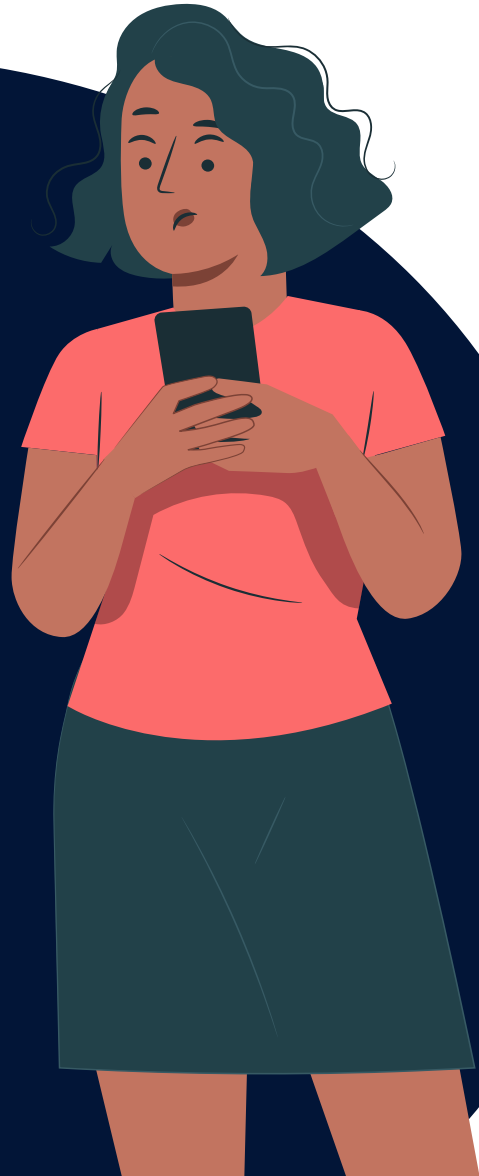
Key Insight

Young Colombians who had an abortion experience through telemedicine with Mia successfully completed their abortion but felt that there was a lack of accompaniment and support throughout the process, feeling themselves alone and isolated, perpetuating the stigma and guilt that they already had.

Key Opportunity

How can the service and experience of Mia be improved to accompany young people from Colombia so that they feel supported and empowered before, during and after their abortion experience?

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Qualitative Research Themes

Traditional qualitative research analysis and a subsequent thorough research report was lead by Profamilia's research team. The semi-structured interviews were recorded in Spanish with the consent of the participants, transcribed, translated into English and both transcripts were coded in NVIVO in Spanish and English by one member of the Profamilia team and one from Vitala. The codes were then generated into themes using a thematic analysis and shared amongst the two researchers to ensure harmony with the insights and opportunities and to the overarching research question. Below are the themes and further details can be found in the research report.

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- **Abortion context in Colombia:** perceptions of needs & opportunities after the Court's ruling 2022

- **Narratives of health in young people:** interactions between sexual health, reproductive health and mental health
  - Where is the sexual and reproductive health information?
  - Differential approaches and urgent transformation: dissident identities and interculturality in sexual and reproductive health services

- **Contraceptives:** narratives of medicalization and agency

- **Medical abortion self-care and telemedicine:** opportunities & challenges
  - About telemedicine
  - Abortion in digital spaces

- **Abortion self-care needs in retrospect:** some guidelines for design of Mia 2.0
  - Information
  - Waiting Period

- Cost
- Privacy and confidentiality
- Accompaniment before, during and after procedures
- Role of accompanying third parties

- **Autonomy care and consent:** guiding principles for abortion self-care and the design of sexual and reproductive health technologies

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Co-creation Workshop

Vitala Global and Profamilia jointly planned and facilitated a co-creation workshop in Bogota, Colombia from May 19th & 20th, 2022. The key participants of this workshop including members from various departments of the Profamilia team who were also present in the Theory of Change workshop in February and feminist/grassroots partners, youth advocates and other relevant actors. The objectives of the two day workshop was to 1) share findings from the formative research to participants 2) share 6 user personas who represent the findings 3) co-create in an iterative process 6 different potential prototypes to inform Mia 2.0. The following is a summary of each of the user personas, the user journey flow and the subsequent prototype that was developed. A summary of the reflections from the meeting are highlighted as well.

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Laura

Indigenous - Popayan - 25 years old - Employed Professional

She was born in Tambo and her family is from there, but she lives in Popayán. She is a business administrator. His monthly income is 2 SMLV. She was in the process of changing her contraceptive method and became pregnant, she wants an abortion because having a child is not in her life plan.

Frustrations
She can not tell her family because they will not support her and she is afraid to do the procedure on her own.
It is not easy to find information on the internet about where and how you can have a safe abortion.
She feels judged by the medical staff at the hospital.

Motivations
Access sex education with ease.
Access personalized support on planning.
Access psychological support after abortion.

Technology
Own android smartphone - Prepaid plan
Low capacity
Laptop
She has Wi-Fi at home

"I looked for a lot of information on abortion and I couldn't find it, a friend told me to find out at Profamilia"

Potential Prototype: CASAMIA

- Create a 360 strategy, with a mobile car that reaches the least reachable municipalities and in which the use of MIA has already been detected:

  - Facilitate access to information and service through a mobile car
  - Bring people a face-to-face space where they can abort
  - Offer face-to-face support

- Strengthen Mia's existing platform (content creation, google ads)

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User Journey Laura

1. Find information	2. Request the Service	3. Receive the Kit and do the procedure	4. After the abortion
1.Take smartphone. 2. Google how to abort safely. 3. Enter to Mia website.	4. Fill out the form so that they can contact me. 5. Schedule an appointment. 6. Access to a virtual medical consultation where the procedure and how to use the kit are explained.	7. Receive physical kit from Mia. 8. Read additional information. 9. Carry out the procedure.	10. Schedule control appointment.

I never found the MIA website, it was recommended to me by a friend.

The virtual process is very cold.

I was alone and wanted to know if what was happening to me was normal.

I didn't get a chance to talk to anyone about the process.

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Potential Prototype:
GREEN BUTTON

- Create a green button that is recognized as Profamilia's abortion brand:

  - Distribution in pharmacies, applications such as Rappi, police stations, among others
  - Exclusive telephone line for abortion
  - Alliances with LGBTIQ groups and centers
  - Articulated and inclusive accompaniment

Oscar
Trans man - Bogotá - 23 years old - Independent

He is a graphic designer and works as a freelancer on different projects. His monthly income ranges between 1 and 2 SMLV. He lives in Chapinero with 2 friends. He is in a polyamorous relationship, he became pregnant without knowing that it was a possibility since with the hormonal treatment he had stopped bleeding.

Frustrations
He does not find information on how the abortion process can affect his hormoneization process. (Can I inject hormones while taking misoprostol and mifepristone? What care should I take in my circumstances?)
Confront transphobia and discrimination with health personnel.
Shame for facing an abortion recognizing himself as a man.

Motivations
Abort without affecting hormone therapy.
Feel guided and understood by a person who understands your process.

Technology
Own Android smartphone - Postpaid data plan
Medium capacity
Desktop computer - He has Wi-Fi at home

"I prefer to look for groups that advise me and guide me in the abortion process, I don't feel safe with private institutions or with the Colombian health system"

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User Journey Oscar

| 1. Find information | 2. Request the Service | 3. Receive the Kit and do the procedure | 4. After the abortion |

1.Take smartphone.
2. Google Abortion in trans men.
3. Enter to Mia website.

4. Fill out the form so that they can contact me.
5. Schedule an appointment.
6. Access a virtual medical consultation where the procedure and how to use the Kit are explained.

7. Receive physical kit from Mia.
8. Read additional information inside the Kit.
9. Carry out the procedure.

10. Schedule control appointment.

😀 **1**
😭 **2** 😭 **3**
😀 **4** 😀 **5**
😭 **6**
😀 **7** 😀 **8**
😭 **9**
😭 **10**

MiA's page does not appear in the first results. In addition, there is a lack of information on the abortion process in trans people.

The communication and illustrations are specifically aimed at women

There is a lack of trained personnel with experience in transgender people

I had many doubts and fear during the process.

I would like that someone asked me how I was after the process.

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Claudia

Migrant - Cúcuta - 21 years old - Unemployed

She is from Venezuela, but has lived in Cúcuta for more than 3 years. She's a single mother. She lives with his 2 small children, his mother and his sister. She has no income. She was taking care of herself with pills but she stopped buying them because the money was not enough and she got pregnant again, before her partner left her.

Frustrations
Her immigration status in Colombia is irregular.
She has no job or financial resources of her own.
She is afraid because she does not know how much an abortion process is going to cost her.and how it can affect her emotionally.
She do not know the Colombian health system and do not know how to access safe, free services according to their needs as a migrant.

Motivations
She hopes to have different options to pay for the process and to have emotional accompaniment to help her with the anxiety she feels at the moment.

Technology
She does not have smartphone, share her phone with her mother and her sister. She does not have Wi-Fi, if she needs internet, she will recharge 1,000 pesos per day.

"I don't have the financial capacity to support another child and I don't want him to be in need"

Potential Prototype: MIAmiga

- Create a voice assistant that facilitates connectivity, advice and support.

- Strengthening of the Mia kit, incorporating new ways of treating pain (heat pack, teas, integrating the worldview of communities and diversity of people).

- The shipment of the kit would be free and at the end of the experience the qualification of the service would be requested. Add to the kit recommendations on food, sleep, etc.

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User Journey Claudia

1. Find information	2. Request the Service	3. Receive the Kit and do the procedure	4. After the abortion
1. Ask a friend if she knows where I can get an abortion. 2. Call Profamilia where they give me information about Mia.	3. Call MIA and schedule an appointment by phone. 4. Access a telephone medical consultation where the procedure and how to use the Kit are explained.	5. Receive physical kit from Mia. 6. Read additional information inside the Kit. 7. Carry out the procedure.	8. Schedule a control appointment.

1 😄

2 😭
Profamilia is well known but Mia is not.

3 😄

4 😭
I don't have EPS or financial resources to pay for the Kit.

5 😄

6 😄

7 😭
The pain was very intense and I was very worried.

8 😭
I feel guilty and I don't know if it was the best decision.

Potential Prototype:
MILIZ

- Community radio Mia listens to you: create a space where women share their stories anonymously so they don't feel guilty

- Recommendations of professional accompaniment places (like Tripadvisor), that can be matched with places and people.

- Offline channel where you can see recommendations of places or doctors to abort

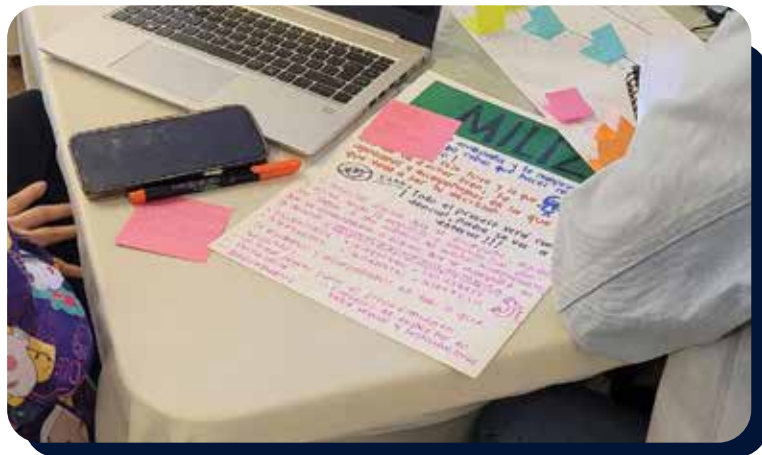## Lizeth

Indigenous - Mitú - 17 years old - farmworker

She got married at 14, she has 3 children. She works in the countryside, near Mitú with her husband. Her economic income together with her husband is less than 1 SMVL. Her beliefs do not allow her to use contraceptives because fertility is seen as a blessing. She is pregnant and does not know what to do, she does not want her husband to find it out.

Frustrations
Some hospital employees know her personally and may reveal information about her case to townspeople.
She is concerned about the cost of the procedure.
She does not have information on sexual or reproductive health beyond what she can request at the hospital, since the subject is not discussed at home and she has never received sexual and reproductive education.
Although she knows that it is the best alternative, she feels a lot of guilt and shame for wanting to have an abortion.

Motivations
Receive necessary information not only about abortion but also about contraceptives, sexual and reproductive education.
To be able to study in the future.

Technology
She does not have cell phone
She does not have Wi-Fi

"I already have 3 children and I don't want to have more"

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VITALA

User Journey Lizeth

1. Find information	2. Request the Service	3. Receive the Kit and do the procedure	4. After the abortion
1. Go to Mitú hospital and look for information, they give me information about Mia.	2. Get a cell phone, call Mia and schedule an appointment by phone. 3. Access a telephone medical consultation from a borrowed cell phone where the procedure and how to use the Kit are explained.	4. Receive physical kit from Mia. 5. Read additional information inside the Kit. 6. Carry out the procedure.	7. Schedule a control appointment.

1 — 😭
Afraid someone will recognize her at the hospital.

2 — 😃

3 — 😭
I can only at a specific time, and one day of the week, is there any priority attention?

4 — 😭
Do they come to my place? And can contact information be kept confidential?

5 — 😃

6 — 😃

7 — 😭
It is very difficult for me and it is very expensive to go there

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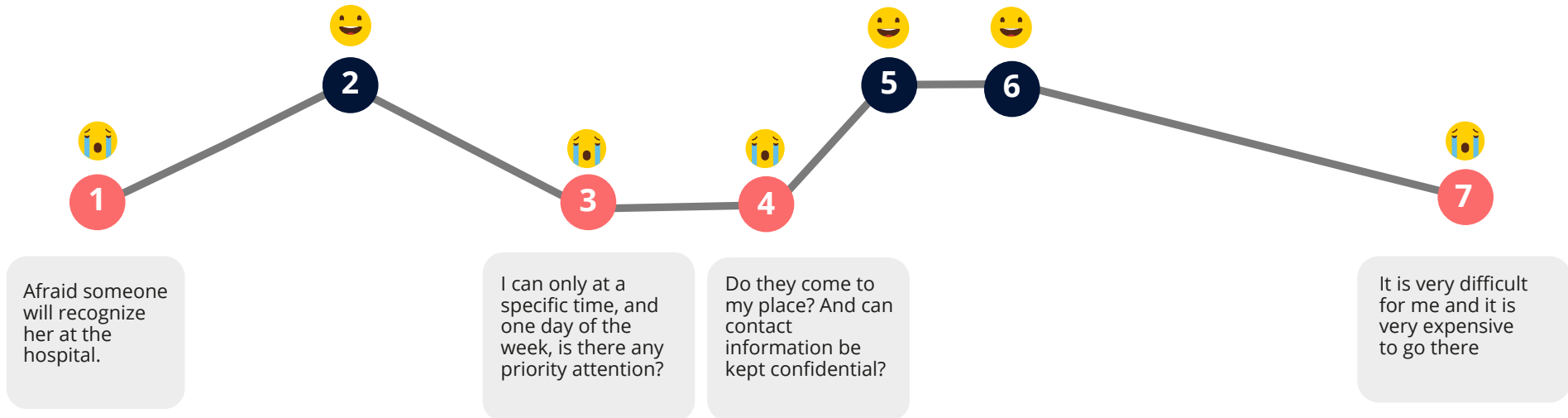
Valeria

Afro-Colombian - Soledad - 15 years old - Student

She studies in Soledad in a Catholic and female school, she is in tenth grade. She has no income of her own. She lives with her parents and her sister. She has a boyfriend in the neighborhood who is 1 year older than her. They had unprotected sex for the first time and she became pregnant.

Frustrations
She does not know her rights as a minor and the options she could have.
She does not know if she can do the abortion procedure at home without her parents notice it.
She shares a room with her sister, she has no privacy.

Motivations
Graduate from school.
Understand her body and learn about sexual health to make better decisions.

Technology
Own Android smartphone - Prepaid data plan
She has Wi-Fi at home

"I am not emotionally or economically prepared to have a child, I have other plans for my future"

Potential Prototype: TRANQUIMIA

- Create safe, legal and reliable spaces in the different municipalities, where the user can abort, resolve their doubts and have physical accompaniment

- Networking with Afro-based organizations, personalized attention for this population, publicity about Mia on social networks

- Visibility strategy, dissemination of reliable and clear information

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User Journey Valeria

1. Find information	2. Request the Service	3. Receive the Kit and do the procedure	4. After the abortion
1.Take smartphone. 2. Search in social networks #abortocolombia 3. Enter the Mia page after going through the Profamilia networks.	4. Fill out the form so that they can contact me. 5. Schedule an appointment. 6. Access a virtual medical consultation where the procedure and how to use the Kit are explained.	7. Receive physical kit from Mia. 8. Read additional information inside the kit. 9. Carry out the procedure.	10. Schedule control appointments.

1 3 4 5 7 8
2 6 9 10

Mia has no visibility on social networks.

The virtual process is very cold.

I don't want to have an abortion at home because I don't have privacy.

I would like to have personalized attention so that contraceptives can be recommended according to my body.

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Potential Prototype:
ABORTIPS & GREEN CAPSULES

- Abortips Podcast/Mp3 Player: Advice for abortion companions (before, during and after). It would be distributed in pharmacies and for free in libraries

- Green capsules: physical capsules where there is information on accompaniment with virtual reality

- Learn through video games
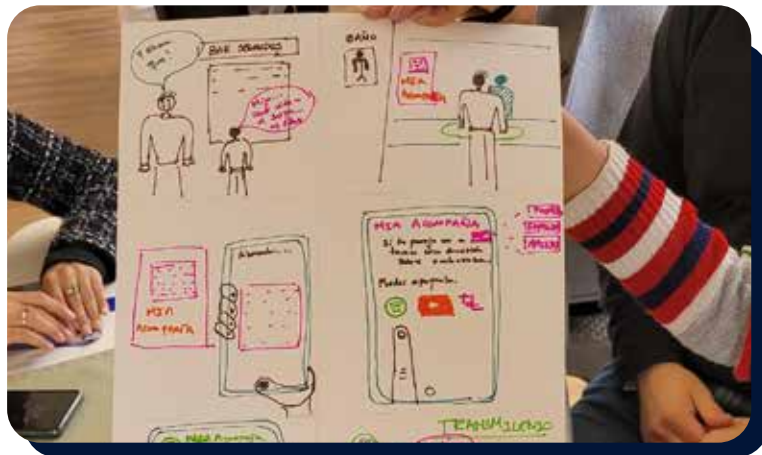
Carlos
Companion - Partner - Bogotá - 18 years
Employee / Student

Work during the day and study at night. His monthly income is equal to 1 SMLV. His partner is 16 years old. He asked for a day off work to accompany her in the procedure.

Frustrations
There is no information on how to accompany an abortion process. (recommendations, symptoms, risks).
He is afraid because if something goes wrong he doesn't know who to turn to.
He does not know if he can support his partner with the cost of the procedure.
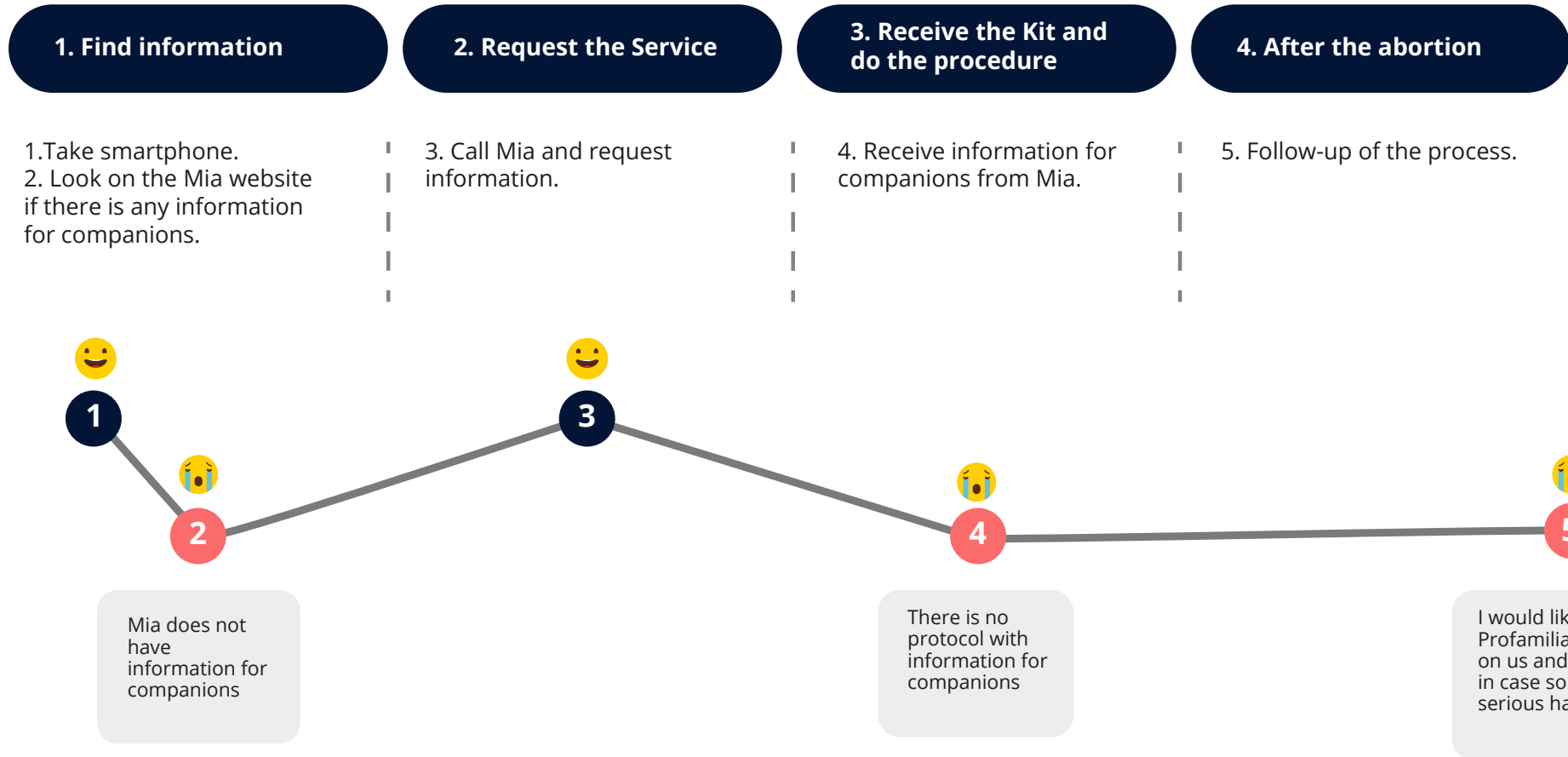He does not know how to support her partner emotionally.

Motivations
That his partner feels accompanied and safe during the procedure.
That his partner abort without any complications.

Technology
Own Android smartphone - Prepaid plan
Medium Capacity
He has Wi-Fi at home

"I'm very nervous about what might happen in the process, I don't know what to do if something goes wrong"

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User Journey Carlos

1. Find information	2. Request the Service	3. Receive the Kit and do the procedure	4. After the abortion

1.Take smartphone.
2. Look on the Mia website if there is any information for companions.

3. Call Mia and request information.

4. Receive information for companions from Mia.

5. Follow-up of the process.

1

3

2

4

5

Mia does not have information for companions

There is no protocol with information for companions

I would like that Profamilia follow up on us and be aware in case something serious happens.

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Recommendations and solution after workshop

After carrying out the workshop and according to the insights of the research, we realized that in order to respond to the problem of the project, a digital solution was not enough. That is why Vitala made the following recommendations to Profamilia, taking into account the entire abortion process (before, during and after) so that users can be offered a more complete accompaniment.

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Before

1. Rebranding Website Mia

- Inclusive illustrations
- Information architecture: identification and definition of new content and navigation
- Detailed and clear information on contraceptives, abortion and pleasure
- Detail of contraceptive methods (include female condom, comparisons, pros and cons, risks, side effects,trans people in hormonal process)
- What happens in my body when I take abortion pills? Abortion step by step
- Information for accompanying person
- Self-care recommendations and how they need to be prepared prior to the abortion
- Abortion law and reproductive rights in Colombia Post-abortion care that includes emotional support and post-abortion family planning
- Abortion costs are transparent
- Safe places to abort which could include their home, a friend,partner or another safe space
- Experiences and testimonials from other users

2. Free Line SafeAbortion

- National free line where the person can request information related to their sexual and reproductive health
- A line that is specific to Mia and not just an overall Profamilia line

3. Marketing Plan

- Advertising strategy to determine how to reach the target
- Visibility of Mia on social networks independently of Profamilia: Tik Tok, Instagram, Facebook, WhatsApp Use of influencers
- Content creationt for Mia (Short videos and infographics); improve branding of Mia
- SEO Strategy specific to Mia

4. Create an ecosystem

- Alliances with Collectives (Accompaniment)
- Alliances with pharmacies (Kit delivery)
- Alliances with health centers (Safe places)

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5. Training Companions

- Physical or virtual workshops where information and tips are provided on how to accompany an abortion
- Targetted to anyone who plays the role of an accompanier for the pregnant person seeking abortion

6. Psychological Support

- Offer optional psychological/emotional support for people who are not sure about what decision to make either through Profamilia or refer to trusted providers

7. Training for Personnel that provides support

- Train staff to be more empathic with users and establish closer communication
- Guarantee immediacy in a defined schedule OR consider parts of conversations that can be automated via chatbot so that users are not left waiting
- Follow-up of the process with the user as they are going through the abortion process and afterwards

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During

1. Professional Medical Support

- Training for medical personnel on abortion in trans people
- Training for Mia personnel on empathy and human warmth; possibility to work in collaboration with collectives who may provide insights and trainings on emotional support and accompaniment
- Abortion line available to speak with a health professional; separate to existing line, specific to Mia

2. Companion Support

- Special support line for companions who are accompanying users through the abortion process
- Inclusion of men in process; consider marketing and communications unique to companions

3. Accessing medication abortion pills

- Mapping trusted pharmacies as referral network for Mia users to connect to and obtain Mia kits directly from if desired or as choice versus delivery at home
- Making Mia kits available in Profamilia sites outside of Bogota

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After

1. Emotional Accompaniment

- Offer optional emotional support after finishing the process through Whatsapp, in-person or Telemedicine

2. Review Process of Mia

- Make an evaluation of the abortion experience with Mia users to find out what is wrong and how it can be improved

3. Sex Education and Self-Care Workshops

- YouTube channel with videos on sex education and self-care
- Podcast about sexuality
- Physical or virtual workshops on sex education Physical workshops on sex education in rural areas
- Ensure synergy of other DHI programs Profamilia is working on for SRH and youth

4. Post Abortion Contraception

- Comprehensive patient-centered information about contraception
- Training of medical professionals to not coerce users solely on long acting methods and to provide range
- Utilize Mia telemed as an opportunity for users to connect with providers beyond the abortion experience to be counselled about abortion and connect to providers near them to obtain contraceptive method of choice
- Ensure contraceptive counselling is trans inclusive

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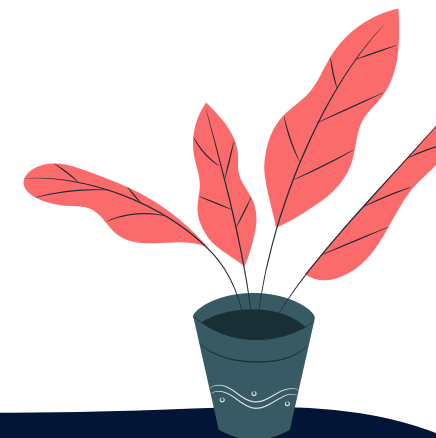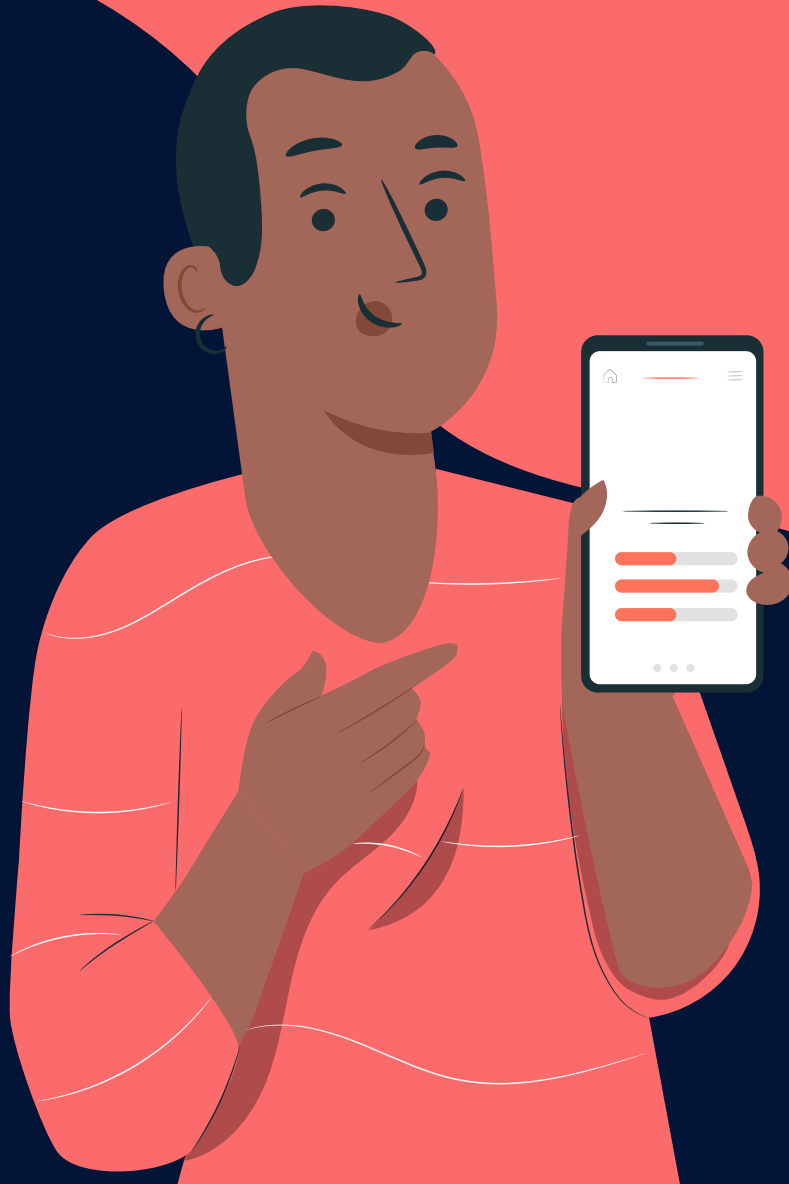
Digital proposal MIA 2.0

In this section we explain our digital proposal and the way that we envisioned MIA 2.0: What type of application is the most convenient, what type of content should we add to the existing informational arquitecture, and the main and desirable app features; so that, different types of users can have a personalized journey.

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Decision Support Tool

- Rebrand Mia as THE abortion and contraception decision making/accompaniment tool.

- Users go on and are given different routes options depending on their needs and not just medication abortion.

- Guide the user to specific Mia telemedicine service if they choose medical abortion.

Progressive Web App

- Without Internet: It must be accessible on poor quality connections or even without connection.

- Always up-to-date: Users should not download any updates. Since a progressive app is a website, all updates must be done in the background.

- Installable: It should allow the user to create a shortcut on their desktop with a custom icon, without any resources from an app store.

- Progressive: Should work for all users, regardless of their browser.

- Responsive: It should fit any screen size: desktop, mobile phones, tablets, etc.

- App-Like: Users should have the same experience as any other native app (ie, an App Store app).

- Shareable – It should be easy to share with just its URL. In addition, it must remain easily accessible.

- Secure: The application must use the HTTPS protocol to protect the privacy and integrity of the data exchanged.

Types of Users

- Pregnant person who does not know what decision to make and wants information and counseling.

- Pregnant person who is sure she/he wants to abort and would like to start the process with Mia.

- Person who will accompany an abortion process but does not have any info and has many questions.

- Person who wants to have access to information about contraceptives, abortion and gender-based violence to be informed or share with friends.

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Design

- Bright colors, green and purple

- Inclusive illustrations

- Simple and intuitive

- Easy access route

- Friendly

- Accurate and easy to find information

Content

- Specific information on abortion: steps, risks, pain, secondary effects, abortion in trans people, recommendations, benefits with EPS, transparency of costs, self-care, laws, directory

- Information for the person accompanying the abortion.

- Information on contraceptive methods: Pros and cons, effectiveness, contraception in trans people

- Simple language, easy to understand

- Inclusive language

- Experiences and testimonials from other users; opportunity to build a peer-to-peer network; MIA champions; MIA community

- Frequently asked questions

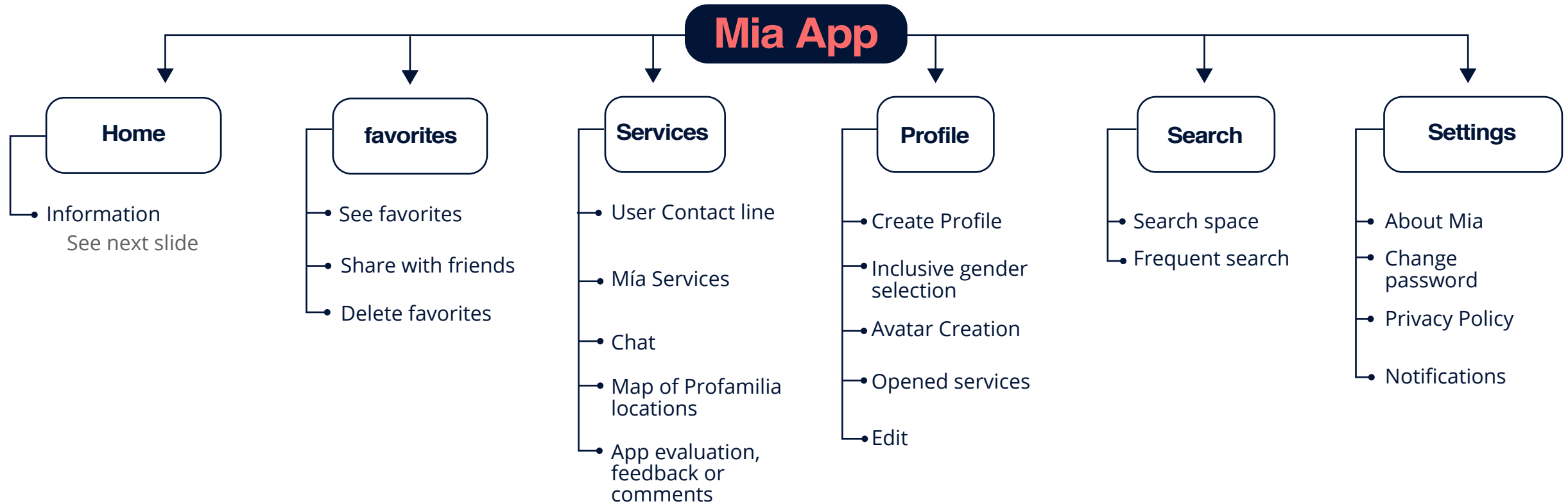- Myths

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App Features

Main Features

- Decision making tool (not just focused on medication abortion)

- Consideration of a separate MIA support team / counsellors and the Mia line so it is not confusing with the current line that comes
- from Mia but is overall Profamilia line

- Optional login and password and notifications

- App rating

- Map of each Profamilia location and contact information

- Consider map of trusted pharmacies as partners where users may be able to receive Mia kit

- Chat/whatsapp embedded within and to consider automation of aspects of the chat that can be repetitive

- Share information with friends

Desirable Features

- Profile creation with nickname or avatar

- Alliances with pharmacies and colectivas

- Option to change app icon

- Follow-up of symptoms and emotions in the abortion process

- Self-care messages / notifications

- 24/7 emergency button

- Chat groups and peer-to-peer communities

- Information in other dialects

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Information Architecture Proposal

Mia App

Home
- Information
  See next slide

favorites
- See favorites
- Share with friends
- Delete favorites

Services
- User Contact line
- Mía Services
- Chat
- Map of Profamilia locations
- App evaluation, feedback or comments

Profile
- Create Profile
- Inclusive gender selection
- Avatar Creation
- Opened services
- Edit

Search
- Search space
- Frequent search

Settings
- About Mia
- Change password
- Privacy Policy
- Notifications

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Information Architecture Proposal

Home

Abortion

Contraceptives and STDs

Decision Support

Gender Based Violence

Testimonials

- Types of abortion
- Step by Step
- Risks
- Recommendations
- Abortion laws
- Costs and alliances E.P.S.
- Transparency of costs
- Self-care
- Abortion in trans people
- User experiences
- Frequently asked questions
- Resources
- Información para personas que acompañan un aborto

- Details of methods
- Pros and cons
- Effectiveness
- Risks
- Side effects
- Costs
- Contraceptives in trans people
- STD info
- STD tests
- Frequently asked questions
- Resources

- What options do I have after getting pregnant?
- Links to other Profamilia services
- Talk to a psychologist

- What are forms of Gender-based Violence (GBV)?
- How to protect yourself?

- Testimonials and experiences of users
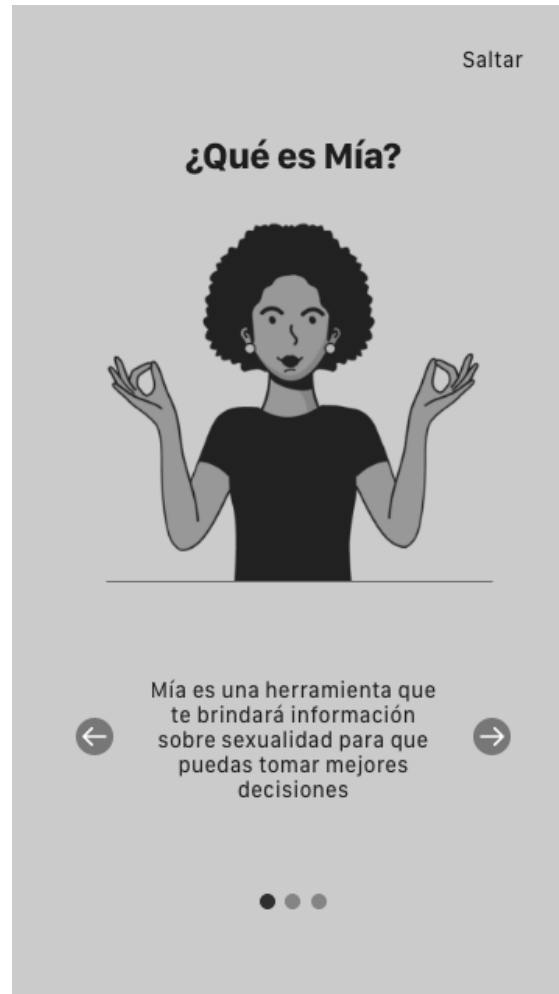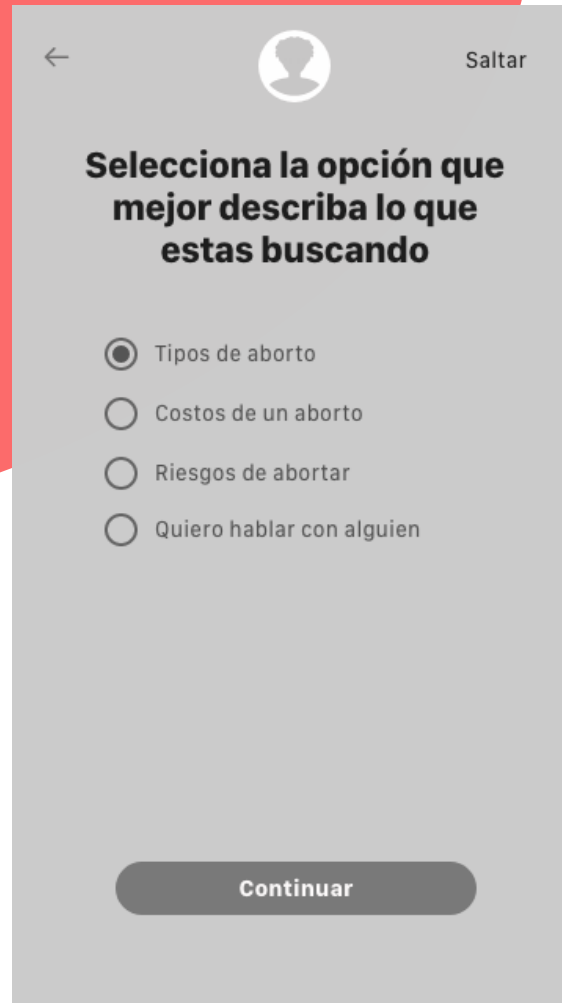- Add a testimonial
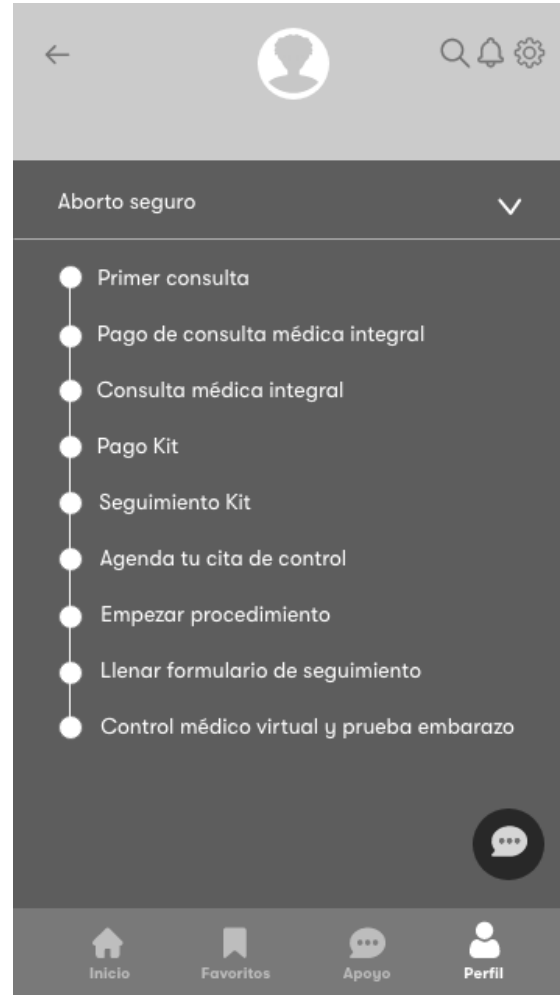
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Prototype Development

After Profamilia and Vitala agreed in the previous content and features we had several meetings with communications, marketing, PAEND, incidence and technology departments from June until September 5th, 2022. The focus was on improving the current user journey of a self-managed abortion process and automatize most of the steps so that the service channel can focus on providing closer support to the user. Below highlights the first iteration of the digital solution.

Low Quality Prototype

←   Saltar

**Hola Dan!
Cuéntanos un poco
más de ti**

- ○ Soy una persona embarazada que no sabe que decisión tomar
- ● Soy una persona embarazada y quiero abortar
- ○ Soy una persona que va a acompañar un proceso de aborto
- ○ Soy una persona que no esta embarazada pero quiero tener acceso a información

Continuar

←   Saltar

**Selecciona la opción que
mejor describa lo que
estas buscando**

- ◉ Tipos de aborto
- ○ Costos de un aborto
- ○ Riesgos de abortar
- ○ Quiero hablar con alguien

Continuar

←   Aborto   🔍 🔔 ⚙️

Tipos de aborto   🔖 ∧

Aborto con medicamentos
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Integer vitae massa purus.

Accede al servicio

Riesgos   🔖 ∨

Recomendaciones   🔖

🏠 Inicio   🔖 Favoritos   💬 Apoyo   👤 Perfil

59

mía

Crea un perfil

También puedes acceder sin crear
un perfil haciendo **click aquí**

Nombre

Pronombre

Email

Password

Crea un avatar

Aborto seguro

- Primer consulta
- Pago de consulta médica integral
- Consulta médica integral
- Pago Kit
- Seguimiento Kit
- Agenda tu cita de control
- Empezar procedimiento
- Llenar formulario de seguimiento
- Control médico virtual y prueba embarazo

Inicio   Favoritos   Apoyo   Perfil

Inicio

Aborto

Anticonceptivos Y ETS

Placer Sexual

Acompañantes

Otras opciones

Testimonios Y experiencias

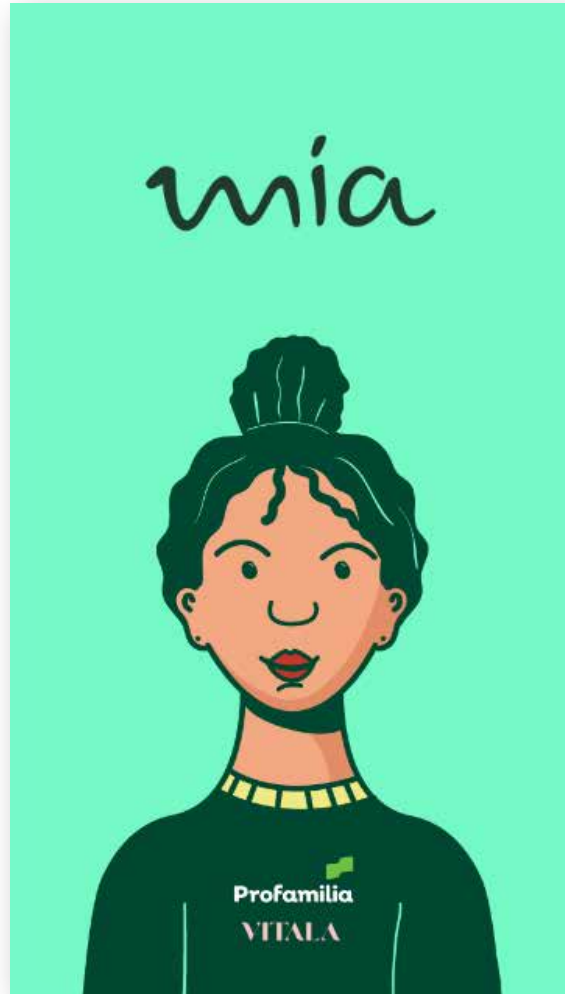Inicio   Favoritos   Apoyo   Perfil

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Look & Feel

We used the same colors, fonts, illustrations and graphic style as the Mia website because we wanted Mia 2.0 to have visual continuity. In the research it was found that the colors and illustrations of Mia are very friendly and striking.
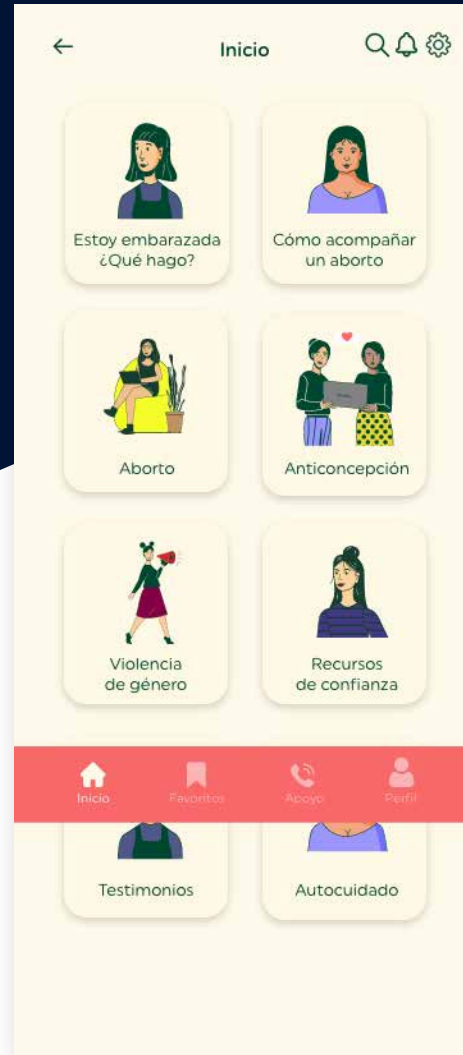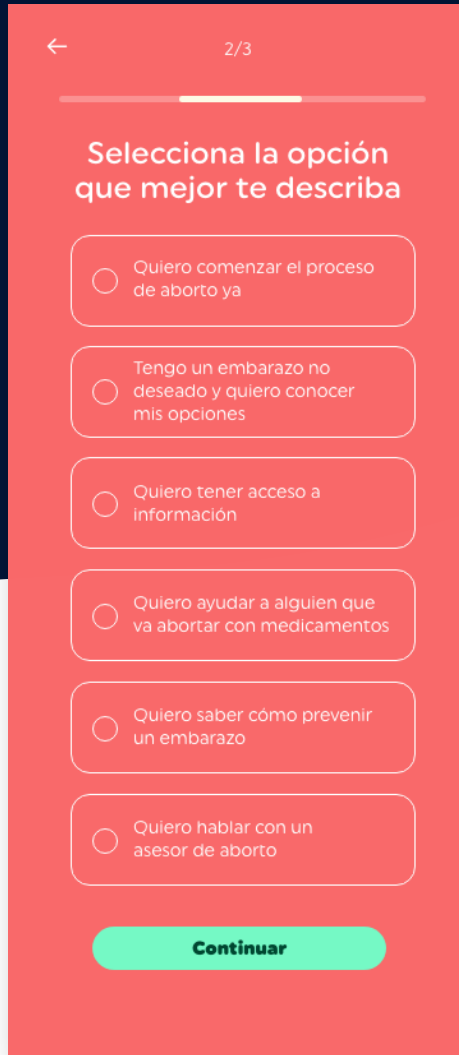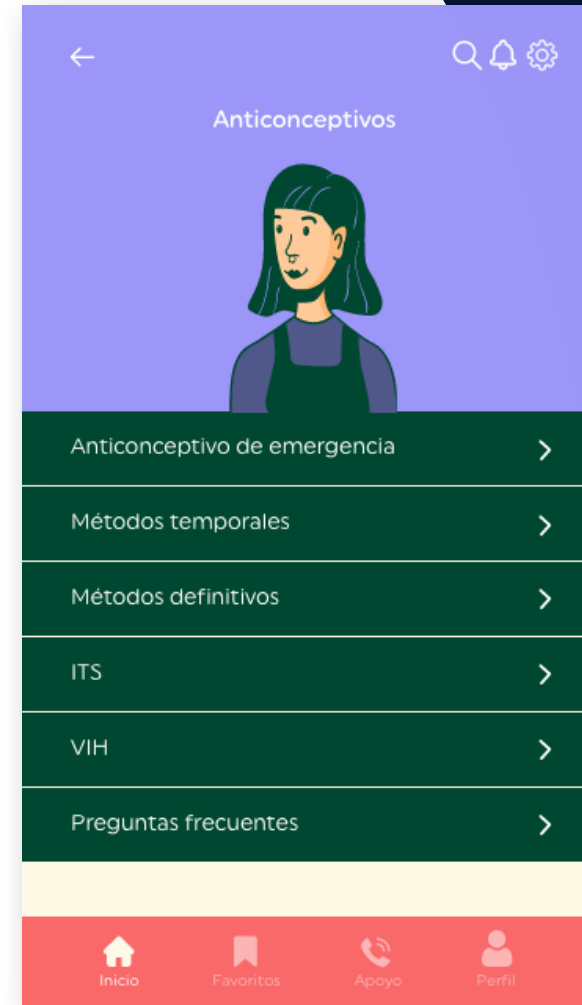
VITALA

mía

Uniform Rounded Ultra
Uniform Rounded Regular

VITALA

mía

Profamilia
VITALA

Saltar

¿Qué es Mía?

MIA es el servicio virtual de atención para aborto de Profamilia. Soy todas las mujeres y personas, que han decidido tomar una decisión frente a un embarazo no deseado. Te acompañamos en el proceso, sin importar lo insegura o difícil que consideres este proceso o si no cuentas con la información o acompañamiento suficiente. Profamilia garantiza tu derecho y acceso al servicio de aborto en casa de forma legal y segura.

Continuar

← 1/3

Queremos
conocerte mejor

Género

Pronombre

Edad

¿En dónde vives?

Continuar

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User Testing

Once we had the first prototype approved by Profamilia, the next step was to do two usability tests held by our UX/UI designer. The first one was from July 18th to 24th, 2022. After the iteration we did the second one from July 25th to 31st, 2022. We interviewed 8 women from Profamilia's Youth Network between 16 and 28 years old. In the following slides there is a summary of both tests.

See Full User Testing Results

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User Test 1

Tested Prototype

What they like:

- Visually it is very attractive
- It is very intuitive, each step is easily understood
- That the user can be contacted directly in the chat
- Being able to calculate gestational age
- The type of content found at the beginning is very complete
- Private way to consult and solve quickly

What they don't like:

- Technical words
- Long texts (my explanation at the beginning)
- Lack of illustrations in the middle of the texts
- Onboarding information is lost depending on the route selected

What they would change:

- Add illustrations to the texts
- Put examples in pronouns because many people do not know what what does it mean
- Explain the meaning of some words. (regular cycle, irregular)
- List the questions on the forms
- Display a message on the first page of content that the user open, explaining that in the little flag icon you can save to favorites.
- Notifications of interest and follow-up according to what the user read.
- Add a short explanation of what is expected at each step
- Give the option to mark that you do not have E.P.S.

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User Test 1

What did work:

• 4 of 4 users started and completed the medical abortion process
• Although 1 of 4 users did not find the specific content, 4 of 4 users knew how to bookmark content and where to look for it later to be able to share it.

What did not work:

• Too many options in onboarding
• How to accompany an abortion and abortion is confusing
• Users want the freedom to choose the content they want to read because everything seems very valuable to them and at this moment, according to the onboarding, they skipped the content
• Relevant information in the profile is missing.

Recommendations:

• Add a tool tip message for people to see the relevant information
• Evaluate onboarding so that people can access all the information in fewer steps. (Leave only 3 routes: I want abort now, access information on abortion and reproduction sexual and talking to someone)
• Add next button in the content to facilitate the route
• Add the privacy policy before the first form
• Change home cards titles for consistency between all and better understanding

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User Test 2

Tested Prototype

What they like:

• The information is very complete.
• There is a lot of useful information not only for the person who is going to abort, but also for someone who wants information or knows someone who is going to abort
• This is all the information that one is embarrassed to ask, it is a way deprived of seeking information
• The way the information is presented guides the user

What they don't like:

• "Sexual health and reproduction" is understood as rights and not as a help finding information on abortion and related topics.

What they would change:

• Add other payment methods like Nequi
• Write the questions on the forms better
• Name of Doctor and description

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User Test 2

What did work:

- 4 of 4 users successfully completed tasks 2, 3 and 4.
- With 3 options in the onboarding time and steps to find information is greatly reduced.
- The titles of each section are clearer and better locate user.
- The fact that the start is reached in only 2 steps helps the user to have an overview of all the information.

What did not work:

- 4 out of 4 users did not successfully complete task 1, they considered that speaking with an abortion counselor would solve your doubts more quickly

Recommendations:

- Onboarding: I want to explore information on sexual and reproductive health.
- Adjust the content of the forms, asking the questions clearer, shorter and easier to understand.
- Add Facebook and Google logo in the registry
- Add icons to accompany the text when the user completes a task.

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Final Prototype

After the tests we were able to iterate the prototype with the aim of giving the user a more efficient and effective experience during their journey through the app. Below you will find the final prototype and wireflow

See Prototype

See Wireflow

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Integration Strategy

In order to develop the application and together with the technology team of Profamilia, we have ensured that we can integrate all the user information that the app will collect with the programs that Profamilia currently uses. For example, the program to request a medical appointment. In this button you will find a document explaining in depth each of these integrations.

See Integration Document

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Monitoring & Evaluation

Based on Vitala Global's experience with co-designing and implementing Aya Contigo in Venezuela, an initial Monitoring and Evaluation (M&E) framework was adapted to take into consideration the unique aspects of Mia 2.0. Indicators that highlight key features of Mia 2.0 with emphasis on the before, during and after experience of abortion self-care through Mia are proposed. These indicators are a first step in the process however they will require iteration once Mia 2.0 has been pilot tested and planned to launch. The intention is to align indicators amongst our respective organizations working on digital abortion tools so that we can collect data that is consistent among the movement. A detailed version of indicators can be found in a separate document which can be accessed on the button below.

Access Here

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Next Steps

- Recruitment of a technology partner to code the mobile application

- Coding of the mobile application

- Consideration of a feasibility & acceptability pilot study

- Iteration of Mia 2.0 based on pilot implementation study

- Plan for marketing and communications strategy to launch Mia 2.0

- Launch of Mia 2.0

- Sustainability plan to ensure there are clear protocols in place in terms of maintenance and updates of Mia 2.0
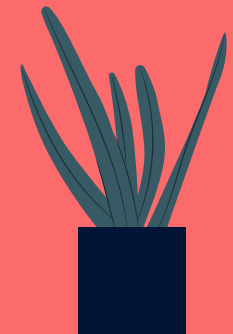
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Acknowledgments

Thank you to the collaborative efforts of Profamilia & Vitala Global.

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Illustrations: Images by Storyset on Freepik.com