

STAKEHOLDER MAPPING AND ANALYSIS — COLLECTIVE PROBLEM-SOLVING
MEDIA STRATEGIES — GUARDING PROGRESS — COALITION-BUILDING

ROOTS OF CHANGE

A step-by-step advocacy guide for expanding access to safe abortion

Ipas

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Ipas works to advance reproductive justice by expanding access to abortion and contraception, using a comprehensive approach that addresses health, legal and social systems. We believe every person should have the right to bodily autonomy and be able to determine their own future. Across Africa, Asia and the Americas, we work with partners to ensure that reproductive health services, including abortion and contraception, are available and accessible to all.

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Acknowledgments — Revised edition

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INTRODUCTION

About this Guide

This guide is intended for advocates interested in supporting expanded access to safe abortion care in their countries. This guide will help you and your colleagues develop a strategy that considers the unique considerations for abortion-related advocacy. It is intended that you will work through this guide together with a small group of stakeholders who are committed to working together on expanded access to safe abortion care.

This guide will take you through each step in the process, but it is up to you to decide where you need to begin. While this guide is a primer for those who may be new to abortion advocacy, it is also a helpful resource for experienced advocates as well.

Ipas is available to provide additional support in the use of this guide. If you have any questions or would like additional assistance, please contact advocacy@ipas.org.

Why this Guide?

There are many existing resources to support advocacy on human rights and women's rights, as well as sexual and reproductive health rights (SRHR). This guide is intended to guide advocates through a process of: 1) understanding the context for abortion in their country; 2) managing the abortion-related and non-abortion-related challenges of collective action; and 3) provide direct links to additional tools, resources, and information that will support them over the short- and long-term.

This guide is specific to abortion-related advocacy and, as such, it recognizes that there are unique considerations and challenges in this work. Much of the information in this guide updates information developed in a related resource, *Making safe abortion accessible: A practical guide for advocates*.

The sections of this guide are meant to be completed in real time, and with a small group of core partners invested in this work. We hope you will find this a helpful resource, and we welcome your feedback if you have suggestions for improvement.




ABORTION IS CRIMINALIZED.

While abortion is one of the oldest medical practices—the earliest known description dates back to around 1500 BCE—criminalization of the procedure and the incarceration of women is a more recent phenomenon. When abortion is criminalized it means that the state holds punitive power over women’s reproductive autonomy.

Laws that criminalize abortion presume that the threat of arrest or imprisonment will prevent women and girls from having abortions. As the World Health Organization (WHO) reports, making abortion illegal does not reduce abortion rates, nor deter women from getting abortions.

Criminal laws on abortion are enforced in a discriminatory way and disproportionately impact the most vulnerable women and girls. Those who are poor, rural and lack education are at the highest risk of police investigations, arrest, prosecution, and imprisonment for unsafe abortions. It should be noted that women with financial resources are rarely arrested or prosecuted for an illegal abortion—this is because they can obtain safe and private abortion services locally or have the funds to travel to get a safe abortion.

RESOURCES:

-  [When abortion is a crime: Nigeria—video](#)
-  [When abortion is a crime: Latin America—fact sheet](#)
-  [Movement for Safe, Legal Abortion Goes Global—news story](#)



UNSAFE ABORTION IS A PUBLIC HEALTH CRISIS.

There is a direct correlation between restrictive laws and a woman’s access to safe abortion services. While widespread use of misoprostol is making abortion safer where abortion services are restricted by the law, in these contexts women continue to risk death and disability by turning to abortion under unsafe conditions.

Sixty-six countries in the world either prohibit abortion entirely, or permit it only to save a woman's life. According to WHO, 25 million unsafe abortions take place around the world each year—an overwhelming 98 percent of these take place in developing countries with punitive legal restrictions.

Women who fear prosecution for unsafe abortions often delay or fail to seek treatment at public hospitals or clinics, with adverse effects to their health and lives.

RESOURCES:




-  [Unsafe abortion: The preventable pandemic](#)
-  [Harm reduction: A novel approach to addressing unsafe abortion](#)

ABORTION-RELATED **STIGMA** UNDERLIES THE ISSUE.

Restrictive legal frameworks contribute to ongoing fear and stigma that can result in police harassment, surveillance and extortion. It can also lead to the arrest, prosecution and imprisonment of women. Women prosecuted for abortion face criminal punishments ranging from fines or community service to long prison sentences.

Because abortion is highly stigmatized, simply being accused of an abortion-related offence can negatively impact a woman's relationship with her family, employer and community. Investigation, prosecution and imprisonment can have even more detrimental effects, contributing to a climate of intimidation and fear that has damaged the lives of millions of women and girls wherever criminal abortion laws are in place and enforced.

RESOURCES:




-  [Conceptualizing abortion stigma](#)
-  [International Network for the Reduction of Abortion Discrimination and Stigma \(inroads\)](#)
-  [Is abortion stigma linked to higher incidence of unsafe abortion?](#)

HUMAN RIGHTS PROTECT ABORTION RIGHTS, TO UPHOLD HUMAN DIGNITY AND REPRODUCTIVE AUTONOMY.

When women are arrested for having abortions they are being punished for making reproductive decisions in the interest of their own health and wellbeing. When abortion laws are enforced, women's rights are denied.

Criminalizing abortion violates many basic human rights, including rights to life, liberty, security, health, and freedom from torture. Moreover, criminal abortion laws discriminate on the basis of sex—they penalize a health service only women need.

RESOURCES:

-  [The Storehouse for Abortion Law and Policy: Drafting abortion laws generally](#)
-  [The Storehouse for Abortion Law and Policy: Health and life indications—human rights standards](#)
-  [General Comment No. 22 \(2016\) on the Right to sexual and reproductive health](#)

SECTION 1

Identifying problems and understanding the current context

Step 1: Envisioning an ideal world for safe abortion care

To understand what you'll need to make safe abortion care a reality, it is important to first ask yourself: *What does a world where abortion is legal and safe look like?*

Gather a group of interested colleagues and together imagine how you would like to see abortion care change by the end of the next decade. What are all the problems (political, social, economic) that must be solved before everyone who needs an abortion can access the care that they need? Think comprehensively and expansively to develop the fullest possible picture of how abortion care can change in your country. Don't let current political or cultural movements limit your vision!

Would you want abortion to be (discuss together and check all that apply; add to the list if needed):

- easily discussed within societies and recognized as a woman's right?
- less restricted by law?
- considered an integrated component of women's reproductive health care?
- available as part of routine health services?
- integrated with other reproductive or general health services?
- accessible at various facilities, such as rural health centers, private clinics, district and referral hospitals, special clinics?
- available to poor women at low or no cost?
- covered by insurance or government so cost would not affect access?

- provided by a range of health professionals in addition to doctors (for example, midwives, nurses, physician assistants, medical and clinical officers, or other midlevel health professionals) so that women in both urban and rural settings have access to services?
- unaffected by harassment or violence toward health professionals who provide them?
- taught as a routine part of educational curricula (including school-based sexuality education programs for adolescents as well as in the training programs for health professionals)?
- Available at pharmacies for women who have accurate information about medical abortion?
-
-
-

Step 2: Identifying the challenges or problems that must be resolved to make this a reality

Step 1 asked you to imagine the ideal world for safe abortion care. For this step, and with that ideal world in mind, ask yourself: *What problems must be solved before everyone who needs an abortion can access the care they need?*

With the same group of colleagues from Step 1, consider using a facilitated brainstorming activity to describe as many of these problems as you can. Keep in mind all the levels of society that have an impact on abortion care: the legal and policy framework; existing community norms and individual needs/priorities; and the infrastructure for delivering health care to people in your country or the health system. Summarize and consolidate the problems into categories and list them below.

Problems or Challenges related to safe abortion care:

After the group has brainstormed as comprehensive and exhaustive a list as possible, answer the following questions together (assign someone to document the responses in the spaces provided below):

Which of these problems are most urgent?

Which of these problems are you and/or your partners best positioned to influence?

Which problems seem too difficult or impossible to resolve?

How does the perception of abortion in your community need to change to be successful in achieving the ideal world for abortion care?

Step 3: Understanding the legal, public health and community context for abortion care in your country

Now that you've envisioned the ideal world for access to abortion care in your country and what problems and challenges are standing in the way of that ideal world, let's look more closely at the status of abortion access today.

This section will walk you through the evaluation of each of the four essential elements to an enabling policy environment: a) laws that permit wide access to abortion; b) strong implementing policies, systems, and resources; c) political will and government ownership; and d) stakeholder knowledge and support.

Evaluating each of these four essential elements produces a country profile that can help determine policy intervention points, strategies and supporting activities.




In small groups, divide up the below questions and work together to answer as many as you can. You are encouraged to consult whatever resources needed to complete these questions.

For the questions you are unable to answer, consider how else you might get that information. Are there others you can include in this activity to help answer more questions? See how many of the following questions you can answer together, and take note of those that spark ideas for action within your group for follow-up:

A: Assessing the legal context for abortion

ABORTION LAWS

Several websites and resources are available to help you investigate the abortion laws in your country:

-  The [WHO Global Policies Database](#) is a comprehensive resource created in 2017 that will give you information about the abortion law, policy barriers to access, regulations and guidelines, and international human rights treaties to which your country is a party. This resource was developed in 2017 and data are still being populated. You might be able to answer most of the below questions from this resource.
-  The Center for Reproductive Right's [World Abortion Laws interactive map](#) allows you to select a country and find the indications for legal abortion. This map is updated yearly.
-  The Pew Research Center organizes its [Worldwide Abortion Policies interactive map](#) by indication and by country so that you can either select an indication (life, health, mental health, fetal impairment, economic/social reason, or on request) and highlight all of the countries in which abortion is legal in those circumstances, or

scroll down to a table where each country and all indications in that country are listed. The Pew Research Center's data comes from the [United Nations Population Division's World Abortion Laws](#) published in 2013. If laws and policies have changed in your country since then, this may not be your most up-to-date resource.

INDICATIONS FOR ABORTION

Abortion is permitted:		Notes
■ yes ■ yes, with restrictions ■ no		
To save a woman's life	■ ■ ■	
To preserve a woman's physical health	■ ■ ■	
In cases of rape or incest	■ ■ ■	
In cases of fetal impairment	■ ■ ■	
To preserve a woman's mental health	■ ■ ■	
For economic or social reasons	■ ■ ■	
On request	■ ■ ■	

Is every box green? If so, that does not mean no policy barriers to abortion care exist, but it does mean that the law allows for fairly wide access to care. In the sections of this toolkit we will explore some of the other barriers to access that exist.

Are the boxes for life, health, rape/incest, and fetal impairment green? If so, your country is in alignment with international human rights standards, which widely affirm that states have an obligation to decriminalize abortion under these circumstances at a minimum. You can consider yourself to be in a less-restrictive legal setting. However, barriers to care in law or in fact likely still exist and interventions to address these barriers will help more people access the care they need.

Are most boxes red? If so, you can reasonably consider yourself in a restrictive legal setting. Abortion is likely not widely available to most of the women who need it.

CRIMINALIZATION

In some countries, there are criminal penalties and people might end up in jail for seeking or providing abortion care. Fill in the table below to the best of your ability. One resource that might help is the [WHO Global Policies Database](#).

	Yes or no	Penalty
People seeking abortions risk criminal sanctions (arrest or jail)		
People providing abortions risk criminal sanctions (arrest or jail)		
There is a "duty to report" law that requires health-care providers who suspect women of having an induced abortion to report them to the police.		

Is there any data available on the **enforcement of criminal laws** on abortion (for example, number of arrests, average length of detainment for abortion-related offenses, number of prosecutions and/or convictions for abortion-related offenses in the last five years)? List relevant info below:

OTHER RELEVANT LAWS AND POLICIES

Are there laws governing discrimination or gender-based violence that could be relevant for abortion access? For example, laws on gender equality likely include nondiscrimination provisions that may apply to abortion care and laws on gender-based violence might include provisions guaranteeing access to health care for victims of violence, which could be interpreted to include abortion care. List relevant info:

B: Assessing implementing policies, systems, and resources

Along with the legal indications for abortion care and political will to protect and fulfill SRHR, implementing policies, systems and resources have a large impact on how many people can access the care they need. Work through the tables below in small groups, referring to external resources where necessary.

POLICIES, STANDARDS AND GUIDELINES, AND COMMODITIES FOR ABORTION

Policy		Notes
<ul style="list-style-type: none"> ■ Policy exists and follows best practices ■ Policy exists but does not follow best practices ■ None or no policy 		
Standards and guidelines for induced abortion	■ ■ ■	
Standards and guidelines for postabortion care (PAC)	■ ■ ■	
Country approval mifepristone-misoprostol	■ ■ ■	
Country approval misoprostol for incomplete abortion	■ ■ ■	
Country approval misoprostol for postpartum hemorrhage	■ ■ ■	
Midlevel providers can provide care	■ ■ ■	
Conscientious objection is narrow—applies only to the provider and provider must refer	■ ■ ■	
Comprehensive Abortion Care (CAC) is in training curricula	■ ■ ■	
Postabortion Care (PAC) is in training curricula	■ ■ ■	

THIRD PARTY CONSENT

Barriers		Notes
<ul style="list-style-type: none"> ■ Barrier not in the law/policy, best practices observed ■ Barrier not in the law/policy but best practice not observed ■ Barrier exists 		
Police reporting requirement for rape or incest	■ ■ ■	
Judicial authorization allowed to bypass third-party consent	■ ■ ■	
Parental consent required for minors	■ ■ ■	
Spousal consent required	■ ■ ■	
Hospital committee or multiple abortion providers must approve abortion care	■ ■ ■	

Additional barriers in implementing policies or guidelines

Are there **other administrative or regulatory barriers** that limit access to services (for example, provisions saying that only health professionals can perform abortions, waiting periods, high costs, restrictions on advertising or providing information about abortion)? List below:

Are there **restrictions in policy or practice** that limit women's ability to access and use **contraception** and emergency contraception? For example, do young women or unmarried women have full access to contraceptive information and services? Do married women need spousal consent for contraception, etc.?

Assessing the health system and abortion care delivery

CADRE OF PROVIDER

When performed under proper medical conditions by trained personnel in a hygienic setting, abortion is an extremely safe procedure. Self-management of medical abortion in early pregnancy is an evidence-based option in WHO guidelines. Many countries have policies that limit the provision of abortion services to physicians or physician specialists (obstetrician-gynecologists). This restricts women's access to safe services, particularly in nonurban settings. Laws that require a health professional to provide or approve an abortion may criminalize the growing number of people who use pills to end abortion outside the formal health care system. Task sharing abortion-related services between physicians and midlevel providers (trained, non-physician health-care providers, such as midwives, nurses and physician assistants) is becoming a key strategy to increase access to safe abortion care. According to WHO in 2012, "Abortion care can be safely provided by any properly trained healthcare provider, including midlevel providers ..."

LIST THE CADRES OF PROVIDER PERMITTED TO PERFORM ABORTION BELOW:

Cadre: <input type="checkbox"/> yes <input type="checkbox"/> no	Methods allowed
Ob-gyn	<input type="checkbox"/> <input type="checkbox"/>
Medical doctor	<input type="checkbox"/> <input type="checkbox"/>
Midwife	<input type="checkbox"/> <input type="checkbox"/>
Nurse practitioner/physician's assistant	<input type="checkbox"/> <input type="checkbox"/>
Community health worker	<input type="checkbox"/> <input type="checkbox"/>
Family welfare visitor	<input type="checkbox"/> <input type="checkbox"/>
Clinical officer	<input type="checkbox"/> <input type="checkbox"/>
Other (list)	<input type="checkbox"/> <input type="checkbox"/>

HEALTH SYSTEM STRENGTH AND READINESS

■ yes ■ somewhat ■ no		Notes
People from all socioeconomic, ethnic and age groups are equitably able to access abortion	■ ■ ■	
Health facilities offering abortion are equitably distributed throughout the country where they are needed	■ ■ ■	
Providers are receptive to learning and offering a variety of abortion techniques	■ ■ ■	
Abortion is affordable to most people	■ ■ ■	
Abortion is covered by most insurance services or the government health scheme	■ ■ ■	
A wide range of modern contraceptives are available throughout the country	■ ■ ■	
MA drugs are available and accessible to women	■ ■ ■	
An adequate number of health professionals are willing to provide abortion	■ ■ ■	

ABORTION STATISTICS

Do you know how many women die from unsafe abortion in your country? What is the maternal mortality rate or ratio in your country or region? Can you determine from these statistics what percentage of deaths are due to unsafe abortion?

What percentage of hospital admissions is attributable to women seeking treatment for abortion complications? What is the cost to the health system of treating these women?

Are there data available describing the demographic characteristics of women seeking treatment for incomplete abortion? Are they poor? young? members of a specific ethnic group? inhabitants of a particular region of the country? Do the available data show any pattern(s) of discrimination against marginalized individuals?

C: Assessing political will

Political will includes the commitment of key opinion leaders and decisionmakers to support abortion rights, whether that is working to reform abortion laws in restrictive settings or being vigilant against regression in less restrictive settings. Political will also includes the commitments that the government has made to international human rights treaties that protect sexual and reproductive rights. We also believe that sustainable political will depends on strong locally-led social movements to protect and demand SRHR in their communities, since ultimately government actors are accountable to their constituents.

POLITICAL WILL AND SUSTAINABLE LEADERSHIP:

Governments and key stakeholders take actions that demonstrate their commitment to women’s rights, comprehensive abortion care (CAC), postabortion care (PAC), and contraception overall, and that institutionalize women’s access to care.

	■ yes ■ yes, with restrictions ■ no	Notes and names
Key lawmakers are committed to safe, legal rights-based care free from barriers to access	■ ■ ■	
Key DOH/MOH stakeholders are committed to safe, legal rights-based care free from barriers to access	■ ■ ■	
Community, professional and civil society organizations and networks have adequate capacity to engage in and sustain advocacy work	■ ■ ■	
Groups have sufficient advocacy skills and are engaged in effective advocacy for safe abortion access and rights	■ ■ ■	
Groups have capacity to develop future leaders for advocacy in abortion access and rights	■ ■ ■	
Groups have adequate internal operational, management and financial capacity to sustain functioning	■ ■ ■	
Locally-led community groups have meaningful participation and leadership by girls and women in policy and advocacy process	■ ■ ■	
Key government stakeholders are regularly monitoring the policy and legal framework and are poised to take collaborative action if there is a risk of regression in abortion laws and policies	■ ■ ■	

Do any prominent individuals in government openly support or oppose safe legal abortion? Who, and what do they say?

Do any nongovernmental organizations (NGOs) currently work on abortion issues, for or against? If so, please describe.

HUMAN RIGHTS MECHANISMS

International and regional human rights treaties can be powerful tools for advocacy efforts to advance SRHR. Treaty monitoring bodies can ask governments to report on how they are respecting, protecting and fulfilling people’s human rights, including rights related to abortion. The responses from state parties and the recommendations from human rights treaty monitoring bodies can be used for advocacy follow-up.

You can find a list of which international treaties your country is party to at the [OCHPR website](#). By clicking on the link to each individual treaty you can look up your country’s submissions and reporting schedule and check previous recommendations (the Committee's concluding observations) for your country.

International human rights treaties relevant to abortion ■ signed ■ signed with reservations ■ not signed	Notes: Include language from concluding observations, commitments from state party, upcoming TMB review sessions	
International Covenant on Civil and Political Rights (ICCPR)	■ ■ ■	
International Covenant on Economic, Social, and Cultural Rights (ICESCR)	■ ■ ■	
Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	■ ■ ■	
Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)	■ ■ ■	
Convention on the Rights of the Child (CRC)	■ ■ ■	
Convention on the Rights of Persons with Disabilities (CRPD)	■ ■ ■	

Regional human rights treaties can also be powerful tools for advocacy. In some cases, these treaties might have more influence than international treaties. The *Maputo Protocol* (see chart on next page) is of importance because of its strong language around abortion rights in the treaty itself. “Ratifying Maputo” means a government has an obligation to “protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus” (Article 14).

Africa regional human rights treaties		Notes: Include language from concluding observations, commitments from state party, upcoming TMB review sessions
■ signed ■ signed with reservations ■ not signed		
African Charter on Human and People's Rights	■ ■ ■	
The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol)	■ ■ ■	

American regional human rights treaties		Notes: Include language from concluding observations, commitments from state party, upcoming TMB review sessions
■ signed ■ signed with reservations ■ not signed		
American Convention on Human Rights	■ ■ ■	
Inter-American Convention to Prevent and Punish Torture	■ ■ ■	
Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women	■ ■ ■	
Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities	■ ■ ■	

OTHER GOVERNMENT OBLIGATIONS

Governments also sign on to international programmes and plans of action that don't have the force of law the way treaties do but which do create expectations or obligations for governments to fulfill. Some of the following might be helpful to understand your government's position on SRHR, and knowing if your government has plans for reducing maternal mortality is particularly helpful to advocating for reform of restrictive abortion laws.

■ yes, government is a party, has a plan of action, and participates in planning and follow up meetings ■ government is somewhat engaged ■ government is not engaged		Notes, link to relevant documents
ICPD Programme of Action, 1994 (CPD)	■ ■ ■	
Beijing Platform for Action, 1995 (CSW)	■ ■ ■	
Sustainable Development Goals	■ ■ ■	
Maputo Plan of Action	■ ■ ■	
Family Planning 2020	■ ■ ■	
Other (name)	■ ■ ■	

Are there any domestic policies, programmes, goals or plans that might be relevant to your advocacy efforts? List below:

D: Assessing stakeholder knowledge and support

The final step to understanding the policy environment for abortion is to determine what different groups of stakeholders know about abortion and the abortion law. Even if you have a liberal abortion law, strong implementing policies, and government support for SRHR, unsafe abortion can persist if people protecting, providing or seeking services don't know about those provisions.

LEGAL SECTOR

Do lawyers know what the law says? Do any prominent lawyers support or advocate for abortion rights?

Do judges generally interpret existing laws broadly, to ensure as many people as possible can access safe abortion services? Do any prominent judges support or advocate for abortion rights?

Do police know what the law says? If so, how do they learn about it? Is the abortion law in the police training curricula? Do any prominent police personnel support or advocate for abortion rights?

Do police ever harass or threaten abortion providers or women seeking care?

What are the statements/positions of local police, judges, lawyers and other professional legal sector associations regarding abortion?

HEALTH SECTOR

Do health-care providers have an accurate understanding of what the law says? If so, how do they learn about the law?

Do health workers support making abortion more accessible? Is there support at all levels of the health system, from the senior health administrators in major hospitals to the service providers working at community-based health facilities?

Are there any prominent health-care providers who support or advocate for abortion rights?

What are the statements/positions of local medical, nursing, midwifery and other professional associations regarding abortion?

Would health professionals who derive income from clandestine abortion block efforts to make abortion more accessible?

COMMUNITY

Do women know what the law says? If so, how do they learn about the law?

Do young people have access to comprehensive sexuality education? If so, where do they get this education and does it include abortion? Who are the primary gatekeepers to reproductive, sexuality and sexual health information?

Is abortion discussed in the media? If so, how is it talked about?

What is the popular opinion regarding the importance of safe and accessible abortion services and the right to safe, legal abortion among individuals in the community?

What is the opinion regarding the importance of safe and accessible abortion services and the right to safe, legal abortion among religious leaders?

Do any prominent individuals in popular culture openly support or oppose safe legal abortion?

Who opposes making abortion services more available? What is their reasoning? How much influence do they have? How do they express their opposition?

What other types of groups or individuals create barriers to access?

E. Analysis and sample strategies

Look at the tables you have filled out and the questions you have answered. What do you notice? What sections are more red than green? What answers suggest a gap you need to address? In places where the law is restrictive and there is no political will or stakeholder support for abortion, you might want to start with sensitizing stakeholders and building support for law reform. If you are in a less-restrictive setting with laws that could be interpreted for wide access but there are barriers in implementing policies and guidelines, you might want to start with addressing those barriers and building sustainable political will to reduce barriers and affirm reproductive rights. Below is a brief list of possible intervention points to address different elements of the policy environment.

To address your abortion law:

- Conducting strategic assessments in collaboration with government stakeholders
- Sensitizing policymakers, including values clarification training and stigma reduction exercises
- Conducting study tours
- Collaborating with ministries, departments and agencies (MDAs)
- Providing technical assistance on the writing of abortion laws
- Building coalitions
- Building strategic partnerships
- Conducting research into the effects of criminalization

To address implementing policies, guidelines and resources:

- Providing technical assistance on the writing of standards and guidelines

- Promoting task shifting
- Working to get medical abortion drugs and manual vacuum aspiration technology on the essential drug list
- Getting PAC and CAC training into health-provider curricula
- Improving commodity supply chains
- Removing barriers in implementing policies
- Working with community intermediaries to provide rights-based referral strategies

To address political will:

- Collaborating with government stakeholders to deepen resolve to respect, protect, and fulfill reproductive rights, including abortion law reform or protection against regression
- Supporting government champions
- Working with UN treaty monitoring bodies and processes
- Participating in national or regional SRHR coalitions and developing coalition strengthening strategies
- Developing youth leadership for policy advocacy
- Strengthening social movement
- Community-led human rights accountability

To address stakeholder knowledge and support:

- Values clarification training and stigma reduction workshops
- Police trainings and curricula development
- Lawyer trainings
- Consultation with judges
- Collaborating with health-care providers and professional organizations
- Partnering with comprehensive sexuality education (CSE) groups
- Outreach to communities
- Media trainings on SRHR

- Working with non-traditional partners
- Working with faith leaders and traditional leaders

These are only some of the possible activities you might want to consider to address the policy environment for abortion care in your country. List below any other possible intervention points to address and activities you might want to undertake:

Step 4: Defining your advocacy goal

Congratulations! You now have a clear enough picture about your context that you can clearly define your advocacy goal. Using a facilitated process, work with colleagues to co-draft the advocacy goal. This will be the guiding light for your coalition and future advocacy activities. Once it's drafted, keep it somewhere visible so that it can be regularly referred to and tweaked, but most importantly, so that it can keep you inspired as you further finalize your advocacy strategy.

SECTION 2

Mapping stakeholders, power holders and allies

Access to abortion can be complex. Addressing barriers to abortion care requires a multidisciplinary approach with diverse stakeholders. In the next section, you will learn about factors that should be considered when forming and sustaining an advocacy coalition.

Here though, we will start by focusing on all of the key stakeholders that your advocacy work will involve, and the relative power and influence of those stakeholders. Many of these stakeholders will be critical members of an advocacy coalition, while others may instead be important gatekeepers to ensuring widespread access and availability for safe abortion care. You are likely to also encounter those who are actively opposed to your work, and who seek to obstruct it. Include those stakeholders here too. In Section 4, we will provide tips and strategies for dealing with opponents to your work.

A note on power mapping: In assessing the relative power or influence of the stakeholder, first think about structures and systems of power in your country. What does power look like in your context? What are the characteristics of those with power? Below are some common characteristics of power holders that you may want to consider (or expand on) before ranking power and influence. Power holders tend to:

- have decisionmaking authority;
- have voices that are highly respected or that reach a large number of the population;
- control money;
- be holders of information;
- have connections to authority and/or strong personal networks;
- have knowledge, relationships, information, and resources; and/or
- may be notorious for evoking fear/intimidation.

STAKEHOLDER MAPPING: UNDERSTANDING POWER AND INFLUENCE

Directions: Review the categories of stakeholders listed below. For each category, and using the *Stakeholder Mapping Sheet* in Appendix 2, identify all of the groups and/or individuals who are relevant stakeholders for the advocacy goal you have identified. Use a separate *Stakeholder Mapping Sheet* for each category. You may need several copies of the mapping sheet in order to complete this exercise.

Stakeholder: Women's groups and/or community CBOs				
<p>Reasons to involve them:</p> <p>To offer reproductive rights education to women and their families</p> <p>To document and report cases of human rights violations and discrimination against women in health services</p> <p>To lobby for changes in service accessibility, law or policy</p> <p>To empower women to demand better and more accessible care, as those needing services</p>	<p>On a scale of 1–5 (1 being lowest, 5 being highest), estimate the relative power and/or influence of this group in your country</p>	<p>Stance on abortion</p> <p><input type="checkbox"/> supportive</p> <p><input type="checkbox"/> not supportive</p> <p><input type="checkbox"/> unknown</p>	<p>For any of these groups (but especially those ranked 3 or higher in power/influence), list the most influential individual(s) from that group</p>	<p>Do you have connections, relationships, or history with the influential individuals in this group? (Y/N)</p>
Stakeholder: Community opinion leaders				
<p>Reasons to involve them:</p> <p>To influence public opinion</p> <p>To draw attention to a controversial issue and make it acceptable to discuss openly</p>	<p>On a scale of 1–5 (1 being lowest, 5 being highest), estimate the relative power and/or influence of this group in your country</p>	<p>Stance on abortion</p> <p><input type="checkbox"/> supportive</p> <p><input type="checkbox"/> not supportive</p> <p><input type="checkbox"/> unknown</p>	<p>For any of these groups (but especially those ranked 3 or higher in power/influence), list the most influential individual(s) from that group</p>	<p>Do you have connections, relationships, or history with the influential individuals in this group? (Y/N)</p>
Stakeholder: Health-care providers (doctors, midwives, traditional birth attendants, community health workers, etc.)				
<p>Reasons to involve them:</p> <p>To provide medical expertise and on-the-ground information regarding health care services and abortion care</p> <p>To be spokespeople to the media on the need to change abortion law and/or reduce existing barriers/ on the magnitude of unsafe abortion and its impact on women's health and rights</p>	<p>On a scale of 1–5 (1 being lowest, 5 being highest), estimate the relative power and/or influence of this group in your country</p>	<p>Stance on abortion</p> <p><input type="checkbox"/> supportive</p> <p><input type="checkbox"/> not supportive</p> <p><input type="checkbox"/> unknown</p>	<p>For any of these groups (but especially those ranked 3 or higher in power/influence), list the most influential individual(s) from that group</p>	<p>Do you have connections, relationships, or history with the influential individuals in this group? (Y/N)</p>

Stakeholder: Legal sector (lawyers, judges, law enforcement or police)

<p>Reasons to involve them:</p> <p>To litigate cases for expanding access to information or broad interpretation of legal indications, and increase women's access to safe and legal abortion</p> <p>To litigate cases to eliminate barriers on women's access, such as conscientious objection, lack of implementation of abortion services and lack of providers trained to perform abortion</p> <p>To work within the legal profession to eliminate judicial barriers to abortion services permitted by law</p>	<p>On a scale of 1–5 (1 being lowest, 5 being highest), estimate the relative power and/or influence of this group in your country</p>	<p>Stance on abortion</p> <p><input type="checkbox"/> supportive</p> <p><input type="checkbox"/> not supportive</p> <p><input type="checkbox"/> unknown</p>	<p>For any of these groups (but especially those ranked 3 or higher in power/influence), list the most influential individual(s) from that group</p>	<p>Do you have connections, relationships, or history with the influential individuals in this group? (Y/N)</p>
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Stakeholder: Policymakers in the Ministry/Department of Health, Education, Women's Affairs, etc.

<p>Reasons to involve them:</p> <p>To develop or amend health-policy regulations governing abortion services</p> <p>To collect and share statistics and research data on women's and providers' criminalization and information on health consequences of unsafe abortion to women's health and rights</p> <p>To draft laws, policies and guidelines to eliminate barriers to accessible services caused by health system requirements</p> <p>To develop policies and facilitate national reproductive health education programs in schools</p> <p>To promote and support legislation and policies that promote women's equality and access to services</p>	<p>On a scale of 1–5 (1 being lowest, 5 being highest), estimate the relative power and/or influence of this group in your country</p>	<p>Stance on abortion</p> <p><input type="checkbox"/> supportive</p> <p><input type="checkbox"/> not supportive</p> <p><input type="checkbox"/> unknown</p>	<p>For any of these groups (but especially those ranked 3 or higher in power/influence), list the most influential individual(s) from that group</p>	<p>Do you have connections, relationships, or history with the influential individuals in this group? (Y/N)</p>
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Stakeholder: Academics and researchers

<p>Reasons to involve them:</p> <p>To develop research and document how abortion and abortion laws and policies affect women's lives</p>	<p>On a scale of 1–5 (1 being lowest, 5 being highest), estimate the relative power and/or influence of this group in your country</p>	<p>Stance on abortion</p> <p><input type="checkbox"/> supportive</p> <p><input type="checkbox"/> not supportive</p> <p><input type="checkbox"/> unknown</p>	<p>For any of these groups (but especially those ranked 3 or higher in power/influence), list the most influential individual(s) from that group</p>	<p>Do you have connections, relationships, or history with the influential individuals in this group? (Y/N)</p>
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Stakeholder: Members of Parliament

<p>Reasons to involve them:</p> <p>To introduce legislation or policy changes that facilitate women's access to safe abortion</p>	<p>On a scale of 1–5 (1 being lowest, 5 being highest), estimate the relative power and/or influence of this group in your country</p>	<p>Stance on abortion</p> <p><input type="checkbox"/> supportive</p> <p><input type="checkbox"/> not supportive</p> <p><input type="checkbox"/> unknown</p>	<p>For any of these groups (but especially those ranked 3 or higher in power/influence), list the most influential individual(s) from that group</p>	<p>Do you have connections, relationships, or history with the influential individuals in this group? (Y/N)</p>
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Stakeholder: Religious leaders

<p>Reasons to involve them:</p> <p>To emphasize the range of beliefs that exist about reproductive health matters within a religion</p> <p>To clarify positions within different religions regarding reproductive health and rights</p>	<p>On a scale of 1–5 (1 being lowest, 5 being highest), estimate the relative power and/or influence of this group in your country</p>	<p>Stance on abortion</p> <p><input type="checkbox"/> supportive</p> <p><input type="checkbox"/> not supportive</p> <p><input type="checkbox"/> unknown</p>	<p>For any of these groups (but especially those ranked 3 or higher in power/influence), list the most influential individual(s) from that group</p>	<p>Do you have connections, relationships, or history with the influential individuals in this group? (Y/N)</p>
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Stakeholder: Journalists and other members of the media

<p>Reasons to involve them:</p> <p>To address abortion from different angles, sharing available data from public health and rights-based approaches to influence public opinion</p> <p>To disseminate key facts and other information</p>	<p>On a scale of 1–5 (1 being lowest, 5 being highest), estimate the relative power and/or influence of this group in your country</p>	<p>Stance on abortion</p> <p><input type="checkbox"/> supportive</p> <p><input type="checkbox"/> not supportive</p> <p><input type="checkbox"/> unknown</p>	<p>For any of these groups (but especially those ranked 3 or higher in power/influence), list the most influential individual(s) from that group</p>	<p>Do you have connections, relationships, or history with the influential individuals in this group? (Y/N)</p>
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Stakeholder: Celebrities

<p>Reasons to involve them:</p> <p>To provide personal testimonies and histories to attract support to the issue</p>	<p>On a scale of 1–5 (1 being lowest, 5 being highest), estimate the relative power and/or influence of this group in your country</p>	<p>Stance on abortion</p> <p><input type="checkbox"/> supportive</p> <p><input type="checkbox"/> not supportive</p> <p><input type="checkbox"/> unknown</p>	<p>For any of these groups (but especially those ranked 3 or higher in power/influence), list the most influential individual(s) from that group</p>	<p>Do you have connections, relationships, or history with the influential individuals in this group? (Y/N)</p>
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Stakeholder: Funders—individual and organizational

<p>Reasons to involve them:</p> <p>To provide financial support for the campaign</p>	<p>On a scale of 1–5 (1 being lowest, 5 being highest), estimate the relative power and/or influence of this group in your country</p>	<p>Stance on abortion</p> <p><input type="checkbox"/> supportive</p> <p><input type="checkbox"/> not supportive</p> <p><input type="checkbox"/> unknown</p>	<p>For any of these groups (but especially those ranked 3 or higher in power/influence), list the most influential individual(s) from that group</p>	<p>Do you have connections, relationships, or history with the influential individuals in this group? (Y/N)</p>
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SECTION 3

Coalition building

A coalition is a powerful tool for mobilizing stakeholders in support of a collective goal. Forming and sustaining a coalition, however, can be extremely challenging and resource-intensive. Think carefully about the composition of your coalition, ensuring that each stakeholder is committed to achieving the advocacy goal you have articulated. If there is already an existing coalition dedicated to broader sexual and reproductive health goals, consider how you might join forces to achieve the advocacy goal you identified.

In general, the groups working in your abortion advocacy coalition should:

- Include groups that represent women and girls (the beneficiaries of your work)
- Specialize in a priority area (law, health, women's rights, etc.)
- Have contacts and experience that allow them to act strategically
- Have or be able to obtain funding to cover the costs of anticipated activities
- Be committed to the goals of the coalition

Determine where there are gaps or weakness in your coalition and identify groups or individuals who could fill those gaps. Make sure you know who controls access to abortion services and plan to include them in some way. For instance, are ob-gyns the only health providers authorized to do abortions? You may need to invite a highly-respected ob-gyn who supports an expanded role for midlevel health professionals in abortion care to join your group. Are NGOs working on women's rights issues interested in addressing abortion issues? Maybe they can help you tackle the issue using rights language and concepts. *Use the stakeholder mapping table from Section 2 to identify key coalition members.*

Try to identify and involve all parties who have some stake in what happens with abortion; failing to include certain groups now may lead them to oppose or undermine your efforts later. Try not to limit your coalition. Strive for the right complement of partners at the start, but be willing to take a new look at your coalition periodically to see if additional groups should be invited to join.

Advocacy Pitfall: Obstacles such as distance, lack of transportation, lack of funds, and linguistic or cultural barriers can make it hard to involve grassroots women in national coalitions. For example, women from rural areas may be less experienced with rights-based activism than women who live in capital cities. But without the participation of rural women, does your coalition really reflect the full population? Will your coalition be perceived as representing only a select group?

The rest of this section contains key considerations for you to keep in mind as you develop and work to sustain an advocacy coalition. These are topics that, if not understood and addressed, can cause problems for your coalition that reduce and impede its effectiveness. Review each consideration carefully and think about how it does or could affect your coalition.

Decisionmaking and authority structures

Key challenges you may experience:

- Lack of established and validated governance structure
- Coalition is new, inexperienced, and has insufficient funding
- Coalition members have different advocacy priorities (family planning vs. abortion)

Solutions and resources:

- Adopt a coordinated and validated structure
- Recruit qualified and committed members
- Adopt bylaws and statements of commitment
 - *Bylaws* are the written rules that control the internal affairs of the coalition. They can define things like the group's official name, purpose, requirements for membership, officers' titles and responsibilities, how offices are to be assigned, how meetings should be conducted, and how often meetings will be held. Bylaws also govern the way the group must function, as well as the roles and responsibilities of its officers. They are essential in helping an organization map out its purpose and the practical day-to-day details of how it will go about its business.

Bylaws Template

This is an example of coalition bylaws that you may use or adapt as appropriate for your needs

Bylaws of

Article I: Name and Purpose.

Section 1: The name of the organization shall be

.....

Section 2: (Name of organization) is organized for the purpose of

.....

Article II. Membership.

Section 1: To become a member of (name of organization), potential members must meet the following requirements:

.....

(include commitment statement if desired)

Section 2: Members of (name of organization) have the following rights and responsibilities:

.....

Article III. Officers and decisionmaking.

Section 1: The governing structure of (name of organization) is as follows:

.....

(Insert Task Force or Executive Board structure that will govern coalition.)

Section 2: Task Force officers' titles and main duties are as follows:

a. President:

b. Vice President:

c.

d.

Section 3: Procedures for filling and vacating offices. An officer shall be dropped for excess absences from his or her office if he or she has unexcused absences from meetings in a year. An officer may also be removed under the following circumstances:

.....

Section 4: Committees:

Section 5: Decisions

a. Decisions are to be made as follows:
(Describe voting procedures and minimum votes required to pass a measure.)

b. At least % of the total membership must be present to have a quorum.

c. Amendments to the bylaws must be made as follows:

Article IV. General, special and annual meetings.

Section 1: Regular meetings are to be held as follows:

.....

Meetings may be called by the following people:

.....

For meetings, notice (in writing, via phone, via email)
of at least (days/weeks/months) must be given to members.

Section 2: Special meetings may be called by

.....

(who has authority to call them) under the following circumstances:

.....

Section 3: Annual meeting. The date of the annual meeting shall be set by

and notice (in writing, via phone, via email)

of at least (days/weeks/months)

will be given to members for the annual meeting.

Article V. Task Force or Executive Board

Section 1: Task Force size and role. The task force shall have up to
and not fewer than members. The Task Force is responsible for

Section 2: The Task Force shall meet at least
(frequency), at an agreed upon time and place.

Section 3: Elections and terms. Task Force members will be chosen by

.....
All task force members shall serve (month/year) terms, but (are/are
not) eligible for re-election.

Section 4: Quorum. At least% of the task force members must be present
before task force business may be conducted.

Section 5: Resignations and Termination. Resignations from the task force must be in
writing and must be given to (whom).

A task force member shall be dropped for excess absences from the task force if he or
she has unexcused absences from task force meetings in a year. A task
force member may also be removed under the following circumstances:

.....
Section 6: Special meetings. Special meetings of the task force may be called under
the following circumstances:

.....
These bylaws were approved at a meeting of the

..... (task force, officers, general membership) on
..... (date).

Coalition coordination

Key challenges you may experience:

- Lack of full time, committed, paid coordinators
- Need for logistics and other resources (materials, supplies, etc.)
- Need for a membership committee to manage communications, new member orientation, etc.
- Political pressures

Solutions and resources:

- Consider how to increase funding— are donors willing to pay for formation of a coalition?
- Utilize information sharing systems like Google Groups, Facebook Groups, WhatsApp, etc.
- Appoint an experienced coordinator and chairperson
- Develop a comprehensive workplan
 - A *workplan* helps turn the vision of the coalition into a reality. It describes the way your group will use its strategies to meet its objectives. A workplan consists of several action steps or changes to be brought about in your community. Each action step or change to be sought should include the following information:
 - What activities will occur?
 - Who will carry out these activities (lead, support, be consulted)?
 - By when they will take place, and for how long (timeline)?
 - What resources (money, staff, time, etc.) are needed to carry out these changes?
 - Communication (who should know what?)
 - How will you measure your success and learn from your failures?

COALITION COMMITTEES

Specialized committees are usually action-oriented. Depending upon the issue they address, their initial goals may be very specific or more general. In either case, however, their purpose is to come up with real results. The membership of committees will usually center around a particular area of expertise or representation of a set of relevant stakeholders (for example, communications, health, legal, media, etc.).

How can these committees operate within the context of the broader coalition? There are several options. Three common models:

1. *The task force or action committee operates independently.* In this situation, the larger group delegates authority for the issue in question to the task force that's working on it. It may come back to the initiative for help, support, or resources, or to report on its progress, but the decisions about how to proceed are its own.
2. *The task force operates fairly independently, but reports back to the larger group on a regular basis.* It doesn't need approval to do most things, but can't commit the initiative to anything or act in its name without an official okay.
3. *The task force needs permission to take any action steps at all.* Operating this way, it would probably formulate a plan and get it approved by the larger group. Then, it would have to check with the larger group only if the plan changed.

Regularly check on the status of the coalition using the *Coalition Health Check-up Score Sheet* available on next page.

Diagnosing the Health of Your Coalition

[Adapted from Gillian Kaye, President, Community Development Consultants, Brooklyn, New York]

Using the scale below, rate each component of your organization, then tally your score on the score sheet provided at the end.

Strong or Always 5 4 3 2 1 **Weak or Never**

1. The clarity of your coalition's vision, mission and goals

- A. Your coalition's vision (your dream) and mission (what you are going to do) take into account what is happening in the community.
- B. Your vision, mission and goals are written down.
- C. Residents and institutions are aware of your coalition's vision, mission and goals.
- D. Your coalition periodically re-evaluates and updates its vision, mission and goals.
- E. Your coalition's activities are evaluated in relation to its vision, mission and goals.

2. The effectiveness of your coalition structure

- A. Your coalition has a regular meeting cycle that members can count on.
- B. Your coalition has active committees.
- C. All of your members have copies of the bylaws.
- D. Your task force or executive board and committees communicate regularly.
- E. Your task force or executive board meets on a regular basis with good attendance.

3. The effectiveness of your outreach and communication

- A. Your coalition has a newsletter or another method of communication that keeps the community updated regularly and informed about your activities.
- B. You use a survey or other method to collect information about members' interests, needs and concerns.
- C. You always publish those survey results and use them to guide your coalition's projects.
- D. The survey is conducted every year or so because the community and residents change.
- E. Your coalition conducts its outreach where the members are, including where they live, shop, and work.

4. The effectiveness of coalition meetings

- A. Members feel free to speak at a meeting without fear of being confronted for their views.
- B. Your coalition advertises its meeting with sufficient notice by sending out agendas and fliers in advance.
- C. You provide childcare, transportation and translation when needed.
- D. You accomplish the meeting's agenda in meetings that start and end on time.
- E. You hold meetings in central, accessible and comfortable places and at convenient times for all members.

5. Opportunities for member responsibility and growth

- A. Your coalition makes a conscious effort to develop new leaders.
- B. You offer training and support to new and experienced leaders, either through your coalition or through outside agencies.
- C. You give committees serious work to do.
- D. Leadership responsibilities are shared; for example, you rotate the chairing of a meeting between members.

6. The coalition's effectiveness at planning, implementing and evaluating projects

- A. At the beginning of each new year your coalition develops a workplan that includes goals and activities to accomplish during the year.
- B. These plans are based at least in part on information collected from member surveys.
- C. After each activity or project, the leadership or the committee evaluates it learn from the experience.
- D. Your coalition always organizes visible projects that make a difference to members.
- E. When you undertake projects, you develop action plans that identify tasks, who will do them, and by what target dates.

7. Your coalition's use of research and/or external resources

- A. Your coalition works with other coalitions in the community on common issues, and with other organizations that address critical community concerns.
- B. Your coalition utilizes the resources and information of other organizations that can help the community, such as training workshops.
- C. Your coalition keeps updated on issues affecting communities across the districts and country.
- D. Outside speakers come to meetings to address topics of interest to members.

8. The coalition's sense of community

- A. Your coalition builds social time into meetings so that people can talk informally and build a sense of community.
- B. You plan social activities.
- C. Everyone in your organization is treated equally.
- D. You recognize and reward all member contributions, large or small.
- E. You make all residents welcome in the coalition regardless of income, ethnicity, religion, gender, age or education level.

9. How well the coalition meets needs and provides benefits

- A. You make resource lists and important contacts available to members on a regular basis.
- B. You hold workshops with experts who can provide specific services to members.
- C. Your coalition helps members out with issues of individual need.
- D. Your coalition holds meetings and workshops in which residents can meet elected policymakers and government personnel to voice their opinions and learn about resources and programs in the community.

10. Your coalition's relationship with elected officials, institutional leaders and other power players

- A. Coalition leaders know how to negotiate successfully with elected officials and institutional leaders about member concerns.
- B. Your coalition has one or more regular representatives who attend important community meetings.
- C. Coalition leaders and members understand the lines of authority, decisionmaking power, responsibility, and other aspects of the community power structure.
- D. Your coalition meets with officials on a regular basis about the issues that concern members.
- E. Your coalition participates in district-wide activities and demonstrates focus on community issues.

COALITION EVALUATION SCORE SHEET

Fill out this score sheet using the total numbers from each section of the organizational diagnosis.

Section:	Total Score:
Vision, mission and goals
Coalition structure
Outreach and communication
Coalition meetings
Member responsibility and growth
Projects
Research and external resources
Sense of community
Needs and benefits
Relation with power players

For each section, follow the guidelines below:

If you scored between:

- 5–15 Watch out! You may need an overhaul in this area.
- 15–20 Checkup time! It's time for tune up to get everything in good working order.
- 20–25 Congratulations! You're running smoothly and all systems are go. Keep up the good work!

Membership

Key challenges you may experience:

- Keeping the group together and on track to achieve advocacy goal
- Keeping coalition manageable in terms of size and scope
- Capacity (funding, skills, experience)
- Individual organization mandates that pull members away from coalition activities/priorities

Solutions and resources:

- Consider defining terms of reference (TOR) for members
- Capacity-building trainings for members that build experience and idea sharing
- Evaluate progress. Evaluating progress means to determine the value of the work you are doing as a coalition. You have developed and implemented an initiative in your community, and you want to know how well it's working. Evaluation provides you with this feedback.
 - When should you evaluate progress?
 - When your plan is in action—
 - Determine baselines for behaviors you wish to change. If you want to know how much change your program has brought about, you'll need to know what was happening before your group got started. Focus on the impact your work is having on the community. Continue revising and updating action plans. Keep the group strong and focused on the goals at hand. You may want to use a survey that appraises your community goals, and use the feedback to change your planned priorities.
 - When some of your action plans are complete—
 - Use the evaluation to help the group continue to measure its impact on the community, and to create plans for continuing helpful programs for the future. For example, community level indicators will tell you if your interventions are having an impact on the bottom line.

Event Log Form

The event log form below is designed to help you record major activities of your group's initiative, such as community actions. They are also used to record any changes in the community facilitated by the initiative.

Event log for:

Site: **Completed by:**

For this form, please describe:

- Actions taken to bring about changes in the community related to your coalition goals
- Changes in programs, policies, and practices related to your coalition goals

Date (MM/DD/YYYY)	
Event Give broad information about the event. Include why it is important and what happened as a result.	
Description Who was involved? What organizations were the collaborators? What community sector or objective does this relate to? Was this the first time the event happened? Lessons learned—what would you do differently?	

MAPPING OF MEMBERSHIP CAPACITY

Regardless of the region or country of focus, no law or policy reform effort can succeed without skillful collaboration with a wide range of partners. In the last section, you identified key stakeholders that are relevant for achieving your advocacy goal. A coalition or network should draw directly from the community it seeks to serve; working through a coalition means you can support and strengthen the voices of the key stakeholders you identified in the last exercise. Building and maintaining a strong and effective coalition or network is the key to successful policy initiatives. This is true whether the goal is to change a country's abortion law, to reduce the harm caused by restrictive laws, or to advocate for improved access to safe abortion generally. Bringing together stakeholder support, through formal coalitions as well as more informal partnerships, is key to the success of your advocacy. You may not know the answers to everything, but use this opportunity to ask questions of colleagues and other partners who may have the information you need. Think about the advocacy goal and key stakeholders that you identified in previous sections.

Use the *Key Stakeholder Mapping Form* below to better understand current and future partners for the coalition. For each partner, complete the following information to the best of your ability. After you've done this for each coalition partner, you should have a better sense of who the strongest partners are, as well as those who may need additional support and/or capacity-building.

Partner Mapping Form

Partner Name:

Mission Statement:

How does this group represent the community you are trying to serve?

.....

What is this organization's specialty area?

.....

Who does this group know or have access to that will be helpful for your advocacy?

.....

How has the organization previously expressed its commitment to your advocacy goal (public statement, verbal commitment, etc.)? How do you know this organization will be a committee coalition member?

.....

Rate the stability and strength of this organization in the categories below:

(1 being lowest, 5 being highest)

..... *Financial:* The organization has relatively stable funding and has the capacity to seek and manage additional funds.

..... *Operations:* The organization is adequately managed and functions well independently.

..... *Diligence:* The organization operates efficiently and has a reputation for completing work on time.

..... *Human Resources:* The organization is adequately staffed to take on additional coalition work.

..... *Political Resources:* The organization is able to influence public discourse, develop campaigns and has developed strategic partnerships with key stakeholders.

Diversity

Key challenges you may experience:

- Getting the right people to attend meetings, including underrepresented or marginalized groups
- Identifying likeminded organizations outside of capital city
- Ensuring inclusiveness nationwide

Solutions and resources:

- Consider how you might use the broader SRHR framework to pull in diverse partners
- Diversity of coalition member expertise is key
 - If you can bring different types of members into your group, it will be more representative of the full community—your group will stand to gain broader community support.
 - With a multi-sector membership, more opinions will probably be expressed and discussed—that means better decisions may get made.
 - A diverse, multi-sector membership is usually also a larger membership with more talent and variety of talents at your disposal.
 - The contacts and connections made in a diverse, multi-sector group lead to new community relationships, sparking new community initiatives that might never have otherwise existed.

WHO?

Think of society as being composed of component parts. Just about anything that exists has such components. Living beings have organs and cells; nations have towns and cities; galaxies have stars. In a community, the basic component parts are often called sectors. The sectors of society can be thought of as pieces of the pie. Here's an example of how to think about those sectors:

1. **Social institutions:** These institutions are large and powerful social structures that guide and control much of the community's life. In any community, these are likely to include:
 - **Schools**—especially public schools, local colleges and universities, and possibly private and parochial schools

- **Churches**—which may also include organizations and groups within the churches and across all churches, such as interfaith or ecumenical groups
- **Businesses**—particularly large employers, and/or profitable businesses, acting singly or through collective groups, such as the chamber of commerce
- **Media**—including local newspapers, local radio and TV stations, local cable television, and other community-wide print publications
- **Government**—national, district or city

2. **Other common organizations**

- Clinics, hospitals
- Ethnic clubs or associations
- Hobby groups
- Housing authorities and housing groups
- Neighborhood groups
- Professional associations
- Professional schools
- Recreational groups
- Religious groups
- Service associations (the Rotary, etc.)
- Social service agencies

3. **Individual citizens**

Rapid Response

Key challenges you may experience:

- Lack of spokesperson trainings to respond on short notice
- Lack of communication plan/strategy (including rapid response plan)
- Lack of structure and appropriate messages for responses

Solutions and resources:

- Communications plan/strategy is critical for advocacy (See Section 5)
- Key spokespeople must have ongoing training and support

Financial Sustainability

Key challenges you may experience:

- Lack of a fundraising strategy
- Over-reliance on one donor
- Challenge with respective funding requirements which might conflict with mandates of specific organizations (Global Gag Rule, for example)

Solutions and resources:

- Roadmap for the coalition (How long does it need to exist?)
- Donor mapping (Who is funding this kind of work and will they support your coalition and/or partner organizations?)
- Fundraising strategy
 - Financial difficulties, unfortunately, are an important consideration for all organizations. If your group is like many community organizations, finding the money to reach your goals is a constant struggle. Do we cut staff or programs? What will we do when the grant ends? Where else can we get support?
 - Fortunately, you don't have deal with your financial woes alone. There are people who can take care of the money so that other members of the organization can breathe easier and focus on the work they are expected to do. The people who can help manage your finances may be on the Coalition Task Force, hired grant writers, or (our suggestion) members of a *financial sustainability committee*.



A Financial Sustainability Committee can:

- Help get resources to help your organization survive and thrive.
- Ease the transition from one source of funding to another, such as at the end of a grant period.
- Help find money or goods from many different sources—a financial committee that has members with many connections will help lead to a diverse funding base for your organization, which is one of the most effective ways to ensure sustainability.
- Meet some funders' requirements—sometimes, the existence of a committee for financial sustainability is a requirement for receiving a grant.
- Allow members of your group to focus their time and energy on the jobs they were hired to do. Too often, members of organization spend so much time trying to find resources for the organization they are unable to spend time doing what they were hired to do. A community mobilizer may spend all his/her time mobilizing the community around the need for money to keep the organization going instead of the real issue of child hunger, for example. By having a committee of experts taking care of the finances, you allow the mobilizer to do what s/he knows best.

Alliances Across Movements

(nontraditional SRHR allies like civil rights activists or general human rights defenders)

Key challenges you may experience:

- Impact of Global Gag Rule in forming alliances with other organizations
- Challenge with the focus and commitment to the cause of certain renowned local movements/networks—they feel nervous/ambivalent about being vocal on abortion

Solutions and resources:

- Consider ways to find common ground with nontraditional partners (for example, by offering them something that they don't have, like a gender or SRHR analysis for their work)
- Identify ways to support nontraditional allies, even if it doesn't directly support your work
 - Building trust and loyalty from allies often involves showing up for them without asking for anything in return
 - They are more likely to follow in turn if you take the first step, but be sure to weigh the cost/benefits before expending too many resources

SECTION 4

Opposition monitoring

Because abortion stigma is high, it is difficult to discuss the need to change the abortion law in virtually every culture, and it is almost inevitable that someone will oppose your efforts to expand access to safe abortion. This opposition may be rooted in religious beliefs or in a desire to maintain cultural practices that result in gender imbalances, particularly in matters related to sexuality and reproduction. Be prepared that you may not be able to change some people's minds, and recognize that opponents can be anywhere (parliamentarians, civil society groups, legal sector, medical professionals, etc.).

No matter what stage of the advocacy process you're in, you will face opposition. It is important to be prepared. The tips below will help you prepare.

Know the Opposition

Identify the groups or individuals likely to oppose your efforts, and try to understand how they think and work. Knowing their beliefs, strategies, resources and constituencies can help you expose their tactics, anticipate their future activities and neutralize their effectiveness. Ask the following questions about the opposition:

- Who are they and what is their affiliation? Are they individuals? Religion-based groups? Activist NGOs affiliated with foreign groups?
- What are their resources? Do they have funding? Do influential legislators or politicians support them? Do they have access to materials, videos or training from foreign anti-abortion groups? Are any media groups biased toward their point of view? Do they get financial support or technical assistance from outside the country, perhaps from the US?

- How large and powerful is their constituency? How do they reach their affiliates? Through e-mail, personal or phone contacts, churches?

Become familiar with their tactics, including making public statements, using social media, organizing marches, concerns, and conducting outreach to youth. Have they made public statements? What has been the tone of news coverage about them? What is the personal background of their leaders? Do they try to intimidate your supporters through public or personal harassment, or are their tactics subtler?

If there is an organized opposition group, assign someone from your coalition to regularly attend their meetings and forums. Read their materials, sign up for their e-mail bulletins or mailings, know what they are saying.

Meet the Challenge

Undertake **careful research** to substantiate your position, and take clear positions on major and controversial issues right from the start.

Prepare for criticism. Know your issue and the opposition's arguments thoroughly and don't be caught off guard.

Be prepared to **correct any misinformation** spread by the opposition and to address or answer all the charges they make against you or your work.

Look beyond reproductive health and rights issues and determine whether other groups can be damaged indirectly by the work of the opposition or are also under attack by the same organizations/opposition. Then **find allies** among those groups and band together. For example, efforts to build women's financial autonomy may be affected by campaigns to curtail women's rights. Thus, groups working on micro-credit programs may be willing to work with your coalition to fight these efforts.

Help the public understand why your approach supports women's rights, protects their health and lives, and benefits the community at large. **Frame your message in a positive way** and use memorable imagery to define your work for the public.

Look beyond the issue of abortion and **try to understand the opposition's underlying beliefs and agendas.** Train coalition members to ask questions that force opposition leaders to expose their beliefs and biases.

Weigh the benefits and disadvantages of responding to verbal attacks on coalition members, but be prepared to react quickly if you decide to respond. In some cases, a response could attract more negative media attention; in others, it may be necessary to clarify misleading or inaccurate claims. When you decide to respond, do so evenly and objectively. **Avoid hostility.**

If telecommunications infrastructure is adequate, **establish a rapid response** phone or e-mail system through which to alert coalition members to opposition activities. This can be an effective way to generate supportive calls to a radio talk show, letters to the editor or attendance at a community rally on short notice.

Educate the press to recognize misleading information. Educate the public about which media outlets are biased against women's reproductive health and rights. Be prepared to demonstrate how specific media outlets are biased against women's issues.

If anti-abortion activists in your country have engaged in physical violence and harassment, anticipate that you may face these or other risks. **Consider helping abortion providers** prepare to meet and recover from terrorist tactics. Remember that being prepared is not the same as being alarmist.

Find lawyers, doctors, law enforcement officials and other professionals who will provide free or inexpensive assistance if needed. Ask for their help in developing strategies to combat opposition tactics.

Stay one step ahead of the opposition by being a resource for the community. Keep a high profile, publicize the work of the coalition, and invite questions and input from the public.

SECTION 5

Developing a communications plan and media strategy

Developing a communications plan is an important part of your advocacy strategy. Having a plan will help you clarify the coalition's communication goals and objectives and it is a way to clarify the coalition's audiences, messages, communication channels and activities. A well-developed communications plan will help the coalition to identify strategies to reach out to your stakeholders and to communicate with them more effectively. Building a communications plan should be fun—it is a way to develop creativity, bring in different perspectives and to help coalition members get on the same wavelength.

Developing a Communications Plan

A communications plan accompanies and strengthens your coalition's advocacy strategy. Making key strategic decisions are the building blocks of any communications plan.

Step 1: Defining goals and objectives

The communications goal should reflect the advocacy goal and each objective should align with the advocacy objectives. Each communication objective should have its own communications plan. The order of your objectives may or may not be important in achieving your goal, so consider whether some steps must occur before others. Objectives should be specific, measurable, attainable, realistic and time bound (SMART). For media-related objectives, see *Developing a Media Strategy and Campaign* below.

Examples of goals and objectives:

Advocacy goal: Improve sexual reproductive health and rights through advocating for reform of restrictive laws and policies.

Communications goal: Build support to improve sexual reproductive health and rights through communications activities targeted at key audiences.

Communication objective #1: Put the debate around reproductive health and rights back into the public dialogue.

Communications objective #2: Build support of parliamentarians and government officials.

Step 2: Audiences

Who are the people that can help the coalition achieve its objectives? The more you can define your audiences, the more successful you will be at reaching them.

- 1. Select your target audience.** Go as narrow as possible and remember the general public or the media is not your audience.
 - Is the audience the same as the audience for the advocacy strategy?
 - Can you select audiences from the advocacy strategy and narrow them down for each objective?
- 2. Identify audience's readiness to receive and act on your communications.** Think about the issue from their point of view. Forget about your own understanding. You may consider the following:
 - Does the audience have any knowledge about SRHR issues? Do they need information? What is the relevant information that they will need?
 - Does the audience already have enough information? If so, what will make them take the next step?
 - Are they already committed to the issue? If so, what can be done so that they can take further action?
- 3. Identify the major concerns and obstacles.** What are the major concerns/obstacles that may prevent your audience from taking action? What can you do to make them trust the coalition and the issue you are promoting?
- 4. Determine audience's beliefs and readiness.** Once you have selected the target audience, determine where the audience's beliefs lie on the issue and if they are ready to hear what you are saying and to do what you want them to do.

Step 3: Messaging and the messenger

Before you start developing key messages to be used by the coalition, think about the overall framing of the messages. For example, if your audience is high school youth groups you could frame your messages under the theme of “education is a gate way to success.” If your messages are geared to community elders or Paramount Chiefs, you could frame your messages under the theme “building healthy communities.”

Consider the tone—an optimistic tone can be empowering. The key is to figure out what theme will work best for your audience and once you decide on the theme, stick to it.

Tips for developing key messages that will resonate with your intended audience.

1. The messages must resonate with the audience.
 - What message will make them listen?
 - How can you make them hear the message?
2. The messages must relate to the theme you have chosen for the specific audience and they must be consistent.
3. Key messages should address core values or any concerns the audience may have.
4. Consider the tone of the message.
5. Use simple words that the audience will understand.
6. Keep your messages to two to three sentences in length.

Who is the messenger?

Who you choose to deliver your messages is just as important as the messages. The right message delivered by the wrong person is likely to go unheard. The messenger should be someone who has credibility with the audience—someone who they can trust.

Step 4: Communications tactics and activities

The communications strategy starts coming together when you identify the communication tactics you will use to deliver your messages to the targeted audience.

An easy way to break down what needs to be done is by thinking about the tactics you’ll employ and the specific activities you’ll need to carry out for each one. You can think of tactics as the types of approaches and platforms you’ll use, such as meetings, letters and social media.

Activities are the to-do lists underneath each tactic, and may include things like “conduct three meetings with policymakers and three meetings with local religious leaders,” or “establish new Twitter channel” and “create content plan for Twitter.”

1. Determine what communications tactics you’re going to use to reach the target audience. Look at your objective, internal and external scan, target audiences and messages. How are you going to deliver the message to your target audience? Use direct tactics, as is possible.
2. Determine the communications activities you will use.
3. Timeline: Plan ahead and think about opportunities you can use for your activities, such as events and public gatherings. Give yourself more time than anticipated.
4. Assign key tasks to specific people.
5. Determine a budget.

Examples of direct tactics and activities

- Meetings: Develop the agenda, select spokesperson and develop messages.
- Letters: Develop the letter, incorporate key messages aimed at the intended audience.
- Distribution of communications materials: Develop flyers and fact sheets.
- Media Campaign (see below for more details)
- Social media
- Emails

Communications plan check list

Before taking next steps, take a moment to review the checklist below. Ensuring you have met each of the items will ensure that your communications plan is ready for implementation and will have the greatest impact.

- Is the plan doable in the time you have stated?
- Do you have enough resources to implement the plan?
- Have you selected the right audience and the right time?
- Will the communication activities move you toward achieving your objective?
- Do your messages align with the audience’s values?

- What are the other objectives you need to define to have a comprehensive communications plan?

Developing a Media Strategy

A media strategy is the strategic use of mass media to advance a public policy initiative. In most countries, media have a significant influence on public opinion and are a primary source of information for many. Members of the media can be important allies for your campaign or they can misrepresent your intentions and activities. It is important that your coalition develop a proactive approach to working with the media so the public receives accurate and unbiased information.

Media Strategy

Identify supportive members of the media and build relationships with them. Become a trusted source—make sure that they know they can call on you for reliable information when a story breaks. Ask them to reciprocate and help you get key stories out at strategic times.

- What contact does the coalition have with the media?
- Do you have a media list?
- List the most influential reporters you would like to contact.
- Consider inviting selected journalists to join your coalition. Contact representatives from different media: newspapers and magazine reporters, radio talk show hosts, television interviewers, editors and producers. Involve them early in the process so they can publicize relevant events and report accurately throughout the campaign.
- What members of the media would be beneficial in joining the coalition?
- Why?

It will never be possible to eliminate all negative information about abortion from the media—inaccuracies and sensational stories will persist, no matter how successful your work. Rather than seeking to eliminate all critical reports from the media, strive to keep reporters updated on facts about abortion issues and the latest research, promote articles related to sexual and reproductive health care and prepare to respond to stories that misrepresent the coalition's work. What resources does the coalition have available?

- What is the latest research you can share with the media?
- Have you shared any of these resources?

- Build capacity of reporters by educating them on the issues: hold workshops for them on gender and sexual and reproductive rights; hold a special meeting for editors and producers that determine media outlets' institutional positions.
- Provide members of the media with story ideas, background information and "resource kits."
- Use balanced, credible data.
- Do you have enough resources to hold a training?
- What could you have in a resource/press kit?
 - Press statement
 - Facts on unsafe abortion in your country and maternal mortality rates
 - Facts on unsafe abortion in the region and maternal mortality rates
 - Statements from key stakeholders

Media Campaign

Mass media campaigns can produce positive changes or prevent negative changes in health-related behaviors by exposing populations to messages through regular use of existing media, such as television, radio, online news outlets, magazines and newspapers.

Media campaigns can be short or extended over a long period of time. A campaign may stand alone or be linked to other program components, such as the coalition's advocacy outreach. Mass media campaigns are used to disseminate well-defined and focused messages to large audiences repeatedly over a specified length of time.

When developing a media campaign, consider: how to partner with different media contacts; what your messages are and how to formulate them; what you want to accomplish by working through the media; and what result you want from a media campaign.

Medium

Determine the audiences you want to reach, and then select appropriate media to reach each audience. Every medium may not be appropriate for every message: Do rural women listen primarily to radio? Do communities gather to watch TV? Is one newspaper the primary source of information for parliamentarians? Who reads political cartoons?

Go beyond just sharing information: Use the media to raise money, recruit supporters, inform the public, change public attitudes, influence government policy and legislation.

Consider all sorts of strategies for reaching the public. For example: find a supportive artist who is willing to create political cartoons about your campaign; call press conferences to announce new activities or clarify issues; send press releases to disseminate research findings or major policy changes; develop a network of radio listeners who can call in to talk shows with supportive questions and comments.

Example strategies:

- If rural populations are largely illiterate, a radio spot in a local language may be most appropriate.
- If information in the national newspaper catches the attention of legislators, identify some influential individuals to write opinion pieces or letters to the editor.

Messages

Use messages from your communications objective.

REMEMBER!

- Prepare talking points that include basic facts about abortion in your country and articulate the main objectives of your coalition's work. Make sure everyone in your coalition who works with the media has a copy.
- Define key messages for each audience, and tailor the messages to the media you have selected.
- Be honest, clear and accurate in the language you use.
- Be ready to respond to misstatements or criticism about the campaign or your actions.
- Don't allow yourself to be put on the defensive about your activities—know why you are involved in the work and be able to articulate it.

Messengers

As mentioned in the previous section, messengers are key to delivering your message. Think about who and what you want as the "voice" and "face" of your campaign and prepare a few individuals for these roles. Provide spokespersons with training in how to give an interview and respond to the press. Make sure they are fully aware of the content of the campaign and can speak accurately about it. Keep in mind that not everyone makes a good spokesperson!

- Choose your spokespeople carefully.

- Consider finding a respected and well-liked celebrity or popular figure, such as a television actor or popular author, to support your cause. Invite them to appear at public events in support of your work.
- Give your efforts a human face. Find women and men who are willing to talk about how unsafe abortion has affected their lives or health, or why safe legal abortion was the right choice for them.

SECTION 6

Developing a workplan for the next 3, 6 and 12 months

At this point, you may feel overwhelmed by all the information you've gathered and thought through. Don't lose steam! Now is the time to organize activities into short-, medium-, and long-term categories or "buckets." This will help you manage limited time and resources, as well as identify the priorities or urgent activities that should happen immediately. Work through the following sections to identify the types of activities that need to occur in the next 3, 6, and 12 months.

In the next 3 months...

What types of activities must happen first? Based on the discussions thus far, you may want or need to do some additional mapping, capacity-building, or consultations. Or you may need to hire more staff. These types of activities should likely occur before anything else. Be realistic about what you can accomplish in the next 3 months.

In the next 6 months...

Where do you hope to be in 6 months? Based on your response, work backwards and list the buckets of activities that must occur to achieve that 6-month objective.

In the next 12 months...

Where would you like to be one year from now? Work backwards to identify the types of activities that must occur to achieve the one year vision. It is reasonable to keep these activities loose and flexible, as much can happen and change in a year. Be sure your workplan is flexible enough to account for unexpected developments, as well as reasonably foreseeable political developments (upcoming elections, Constitutional reform processes, etc.).

APPENDIX 1

Links and resources

African Charter on Human and People's Rights:

<http://www.achpr.org/about/>

American Convention on Human Rights:

https://en.wikipedia.org/wiki/American_Convention_on_Human_Rights

Center for Reproductive Right's World Abortion Laws interactive map:

<http://worldabortionlaws.com/>

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT):

<http://www.ohchr.org/EN/HRBodies/CAT/pages/catindex.aspx>

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW):

<http://www.ohchr.org/EN/HRBodies/CEDAW/pages/cedawindex.aspx>

Convention on the Rights of the Child (CRC):

<http://www.ohchr.org/EN/HRBodies/CRC/Pages/CRCIndex.aspx>

Guttmacher Institute's Report *Abortion Worldwide 2017: Uneven Progress and Unequal Access*

https://www.guttmacher.org/report/abortion-worldwide-2017?utm_source=Master+List&utm_campaign=fc1c68553b-EMAIL_CAMPAIGN_2018_03_19&utm_medium=email&utm_term=0_9ac83dc920-fc1c68553b-244272485

Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities:

https://en.wikipedia.org/wiki/Inter-American_Convention_on_the_Elimination_of_all_Forms_of_Discrimination_Against_Persons_with_Disabilities

Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women:

https://en.wikipedia.org/wiki/Inter-American_Convention_on_the_Prevention,_Punishment,_and_Eradication_of_Violence_against_Women

Inter-American Convention to Prevent and Punish Torture:

https://en.wikipedia.org/wiki/Inter-American_Convention_to_Prevent_and_Punish_Torture

International Covenant on Civil and Political Rights (ICCPR):

<http://www.ohchr.org/EN/HRBodies/CCPR/Pages/CCPRIndex.aspx>

International Covenant on Economic, Social, and Cultural Rights (ICESCR):

<http://www.ohchr.org/EN/HRBodies/CESCR/pages/cescrindex.aspx>

OCHPR website: You can find a list of what international treaties your country is party to at:

<http://indicators.ohchr.org/>

Pew Research Center got its data from the United Nations Population Division's World Abortion Laws:

<http://www.un.org/en/development/desa/population/publications/policy/world-abortion-policies-2013.shtml>

Pew Research Center organizes its Worldwide Abortion Policies:

<http://www.pewresearch.org/interactives/global-abortion/>

WHO Global Policies Database:

<http://srhr.org/abortion-policies/>

APPENDIX 2

STAKEHOLDER MAPPING SHEET

Stakeholder:				
Reasons to involve them:	On a scale of 1–5 (1 being lowest, 5 being highest), estimate the relative power and/or influence of this group in your country	Stance on abortion	For any of these groups (but especially those ranked 3 or higher in power/influence), list the most influential individual(s) from that group	Do you have connections, relationships, or history with the influential individuals in this group? (Y/N)
		<input type="checkbox"/> supportive <input type="checkbox"/> not supportive <input type="checkbox"/> unknown		
		<input type="checkbox"/> supportive <input type="checkbox"/> not supportive <input type="checkbox"/> unknown		
		<input type="checkbox"/> supportive <input type="checkbox"/> not supportive <input type="checkbox"/> unknown		
		<input type="checkbox"/> supportive <input type="checkbox"/> not supportive <input type="checkbox"/> unknown		
		<input type="checkbox"/> supportive <input type="checkbox"/> not supportive <input type="checkbox"/> unknown		



Ipas Partners for
Reproductive Justice