

Providers as Advocates

for Safe Abortion Care: A Training Manual



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ISBN: 1-933095-42-3

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Produced in the United States of America.

Suggested citation: Turner, Katherine L., Evangeline Weiss and Gita Gulati-Partee. 2009. *Providers as advocates for safe abortion care: A training manual*. Chapel Hill, NC: Ipas.

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Providers as Advocates for Safe Abortion Care: A Training Manual

Katherine L. Turner, Evangeline Weiss and Gita Gulati-Partee

ACKNOWLEDGEMENTS

The authors would like to recognize and thank the following Ipas staff and consultants for their contributions to this training manual:

- Ms. Joan Healy, Ms. Charlotte Hord Smith, Ms. Emily Turner, Dr. Rodolfo Gómez Ponce de León, Dr. Barbara Crane, Ms. Amanda Sissine, Ms. Jennifer Kiefer Soliman and Ms. Nicole Marin for technical inputs and administrative assistance;
- U.S.-based Training and Service Delivery Improvement (TSDI), Policy and Programs unit staff for technical inputs at several points in the development process;
- Dr. Kapila Bharucha, Ms. Daniela Draghici, Dr. Raffaella Schiavon, Ms. Beatriz Galli, Dr. Rodolfo Gómez Ponce de León and Ms. Karen Trueman for their participation in needs assessment interviews;
- Ipas Africa Alliance and Africa region TSDI staff and Regional Capacity-Building Workshop participants in Nairobi, Kenya for their participation in a focus group discussion;
- Dr. Sangeeta Batra, Ms. Ramatu Daroda, Ms. Piya Gunsalus, Ms. Alyson Hyman, Dr. Phan Bich Thuy, Ms. Nadia Shamsuddin and other Ipas Asia region staff and Regional Capacity-Building Workshop participants for their participation and feedback at a pilot workshop in Chiang Mai, Thailand;
- U.S.-based Ipas staff for their participation and feedback at a workshop in North Carolina, USA;
- Global TSDI unit staff for their participation and suggestions at a workshop in North Carolina, USA;
- Dr. Kapila Bharucha, Ms. Daniela Draghici, Ms. Beatriz Galli, Dr. Takele Gerresu, Dr. Ejike Oji, Dr. Rodolfo Gómez Ponce de León and Ms. Karen Trueman for their review of an earlier draft of the manual;
- Dr. Elizabeth Randall-David, training mentor and consultant, for her technical review and upgrades to the training manual;
- Tamara Braam and Zane Dangor, previously of the Sonke Development Agency in the Republic of South Africa, for key advocacy concepts and content included in this manual.

We would like to thank the founders and staff of The Stone House (<http://www.stonecircles.org/stonehouse/>) for providing a welcoming and enabling environment for some of the workshops.

Evangeline Weiss and Gita Gulati-Partee are with OpenSource Leadership Strategies, Inc. at <http://opensourceleadership.com/>.

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Materials on CD-Rom

Providers as advocates for safe abortion care PDF and Microsoft Word versions

PowerPoint slides

Improving access to safe abortion: Guidance on making high-quality services available.

A presentation package for advocates

Abortion attitude transformation: A values clarification toolkit for global audiences

PURPOSE AND BACKGROUND

The purpose of *Providers as Advocates for Safe Abortion Care: A Training Manual* is to foster an advocacy perspective in health-care providers who are involved in delivering abortion and/or postabortion care. To increase access to safe abortion care globally, we must nurture an advocacy mindset in a variety of stakeholders. Health-care providers have particular strengths, status and access to achieve broad and long-lasting health system changes. Providers are uniquely positioned to influence their peers, the public, the media and policymakers when it comes to health care and the provision of safe abortion care for women.

Questions may arise of who can be an advocate and exactly what activities constitute advocacy. We recognize that the primary role of most providers is offering health-care services. There are many actions providers can and already do take during their daily work that have a positive impact on quality and access to services. We also believe that, with training on abortion within the context of international human and women's sexual and reproductive rights, power, basic social change strategies and advocacy skills, providers can also have a crucial and complementary role as advocates for broader changes in abortion laws, policies, service delivery and access.

The purpose of this training manual is to help providers:

- Recognize their personal power as advocates
- Develop an advocacy perspective
- Identify different circumstances and means to advocate for comprehensive abortion care to the full limits of the law

How do providers as advocates contribute to the advocacy arena?

Providers as advocates bring credibility to advocacy efforts. This credibility derives from:

- First-hand experience
- Objectivity related to clinical issues
- Significant social capital
- Unique positioning as intermediaries between clients and policymakers
- Prestige and status in their communities

What barriers must providers overcome to become advocates for safe abortion care?

- Time
- Risk (real or perceived)
- Cultural and power barriers such as gender norms and medical hierarchy
- Misunderstanding about what advocacy is or lack of confidence
- Previous negative experience
- Workplace limitations

What do providers need to be effective advocates for safe abortion care?

- Clarification of their values, beliefs and attitudes about abortion-related care and their role in that care
- An advocacy perspective
- An understanding of the many levels of advocacy
- Public speaking skills
- Up-to-date information about abortion laws, policies, practices and data
- Evidence-based and ready-to-use advocacy materials and messages
- Assertiveness skills and strategies for dealing with conflict
- An analysis of power that also includes an examination of personal power
- Network building as well as training to work with and share power with others

ABOUT THIS TRAINING MANUAL

This training manual contains activities for providers who are committed to providing postabortion and safe abortion care but who are unsure in their role as advocates. Some of the activities may also be relevant for providers with more formal advocacy experience. Facilitators will need to adjust the content and activities according to the existing knowledge, attitudes, skills and learning needs of the participants. There are specific recommendations in the “Facilitator Note” boxes throughout the manual.

This manual was designed from a comprehensive literature review, interviews with experienced providers, safe abortion care advocates and public policy experts.

This manual is organized in four parts:

Part 1: Workshop Introduction provides the rationale for this workshop, elicits participant expectations, discusses group norms and creates the foundation for a productive learning environment.

Part 2: What is Advocacy? Why Become an Advocate? introduces participants to a broad definition of advocacy and providers’ unique contributions to advocacy, invites providers to explore the issues they strongly believe in that fuel their advocacy, helps providers see a wide range of everyday opportunities for advocacy and examine the benefits and risks, reviews three key roles that provider advocates play and the different circumstances that call for different roles.

- Activity 1: What is Advocacy and Why Providers as Advocates?
- Activity 2: An Issue I Strongly Believe In
- Activity 3: Developing an Advocacy Perspective
- Activity 4: Three Roles of an Advocate

Part 3: Power in which participants explore their understanding of personal and political power and different expressions of power; reflect on what influences their sense of power and how this relates to assuming an advocacy role and consider visible versus more hidden ways of exerting power.

- Activity 5: Power Is...
- Activity 6: Personal Power Continuum
- Activity 7: Visible versus Hidden Power

Part 4: Advocacy for Safe Abortion Care offers a concrete review of laws, policies and data; encourages participants to explore their social networks as spheres of influence and an important starting place for advocacy activities and begin to plan their advocacy action steps.

- Activity 8: Understanding Abortion Laws, Policies and Data
- Activity 9: Social Networks as Spheres of Influence

- Activity 10: Advocacy Action Steps
- Activity 11: Closure

Additional Content

Additional content is recommended to supplement the content of this training manual, depending on participants' current knowledge level, beliefs and attitudes.

Abortion and Human Rights

An in-depth understanding of comprehensive, woman-centered, safe abortion care and the belief that safe abortion is a basic human right is considered a participant prerequisite. Although this manual does not include activities focused on reproductive rights, global abortion statistics or professional ethics, these topics are all directly related to advocacy. This manual is intended to reinforce the global political and human rights element of advocating for safe abortion care.

Activities and presentations on abortion and human rights should be included in workshops and reinforced in all discussions. If participants need more background information on abortion and human rights before considering abortion advocacy, we recommend the following resources. Full citations and Web links are listed in the bibliography.

- The Overview and Guiding Principles and Reproductive Rights modules from Ipas's Woman-centered abortion care: Reference and Training Manuals (Hyman et al. 2005; Hyman et al. 2006).
- Safe abortion: Technical and policy guidance for health systems (WHO 2003).
- Improving access to safe abortion: Guidance on making high-quality services available. A presentation package for advocates. (FCI and Ipas 2005). Multiple language and regional versions are available.
- What is woman-centered comprehensive abortion care? (Hyman et al. 2003).

Professional Ethics and Refusal Clauses or "Conscientious Objection"

For more information on these topics, please see the following resources:

- Abortion, social inequity and women's health: Obstetrician-gynecologists as agents of change. <http://www.figo.org/files/figo-corp/docs/World%20Report%20Pages%20310-316.pdf>
- Addressing unsafe abortion: A commitment to saving women's lives. http://www.ipas.org/publications/asset_upload_file257_2444.pdf
- International Federation of Gynecology & Obstetrics: Resolution on conscientious objection. <http://www.figo.org/projects/conscientious>
- Conscientious objection and the implementation of the choice on termination of pregnancy act 92 of 1996 in South Africa (Naylor et al. 2005).
- The limits of conscientious objection to abortion in the developing world (van Bogaert 2002).

Values Clarification

The activities in this manual will likely raise some questions about values, beliefs and attitudes about abortion. However, this manual does not include activities to clarify values or transform attitudes. If participants try to use the activities and discussions to clarify their values, it can become disruptive for the facilitator and other participants. It is advisable to facilitate values clarification activities prior to the advocacy activities. A helpful resource for this is: Abortion attitude transformation: A values clarification toolkit for global audiences (Turner and Chapman 2008).

Participant and Workshop Considerations

Number of participants and room layout: These activities were designed with a time frame that is based on an average number of 20 participants. Because many of the activities are designed for small group work, an ideal physical layout for the room is clusters of 6-8 people per table.

Advocacy Skill Level: These activities were designed to lay the foundation for beginner provider advocates. Some activities may also be relevant for those with more formal advocacy experience. This training does not contain in-depth advocacy skills that provider advocates will need once they begin more formal advocacy efforts. Specific advocacy skills such as messaging, public speaking, coalition and network building, planning an awareness campaign, working with the media, etc. are not included in this manual but are recommended for subsequent training events.

Participant Screening: Support for safe abortion care is crucial for an effective workshop and outcomes. This manual is intended for providers who are already involved in postabortion and/or safe abortion care and who are interested in being more active advocates for safe abortion care. Participants may want to become better advocates even if they do not personally perform abortion. This training may be less effective with providers who are still questioning their values or who are not supportive of safe abortion care. A sample participant assessment tool is included in this manual and can be completed by potential participants to determine readiness for this training. It can also help facilitators determine how to structure this training for the greatest impact.

Customization: It's important to tailor the workshop because this has been developed as a global training manual. It is important to consider the following:

- The activities with scenarios, case studies and information on laws and policies should be adapted to reflect the local context. In settings where abortion laws and policies are more restrictive, scenarios will need to reflect that political climate. Each activity includes suggestions for advanced preparation such as this.
- A regional workshop with participants from different countries lends itself to opportunities for people to be grouped in country teams for certain activities. Sessions that are offered in country may present the opportunity to group participants by region or state.

- Participants' level of expertise and experience may be varied. This will need to be addressed in advance when designing the workshop and tailoring activities and scenarios. Tips for effective customization are included.

Adult Learning: The activities in this manual were designed according to adult learning principles of active engagement, experiential learning using relevant scenarios and mutual dialogue among facilitators and participants, among others. PowerPoint slides are included to complement participatory activities; use of PowerPoint slides alone is strongly discouraged as it would significantly decrease participants' learning and retention. Instructions for flipcharts are included for facilitators who prefer them to PowerPoint slides. A helpful resource for examples of icebreakers, energizers, evaluations and other ideas for making the training interactive and engaging for a range of learners is Ipas's *Effective training in reproductive health: Course design and delivery. Reference and Trainer's Manuals* (Wegs et al. 2003, Turner et al. 2003).

Evaluation and Follow Up: There are a variety of methods for evaluating this training. Sample pre and post-workshop surveys can be used to assess initial knowledge, comfort levels and attitudes on safe abortion advocacy and discern changes from the beginning to the end of the workshop. Facilitators need to review the surveys in advance and make any changes to reflect the content that will be covered in that workshop. The advocacy action steps worksheet provides a basis for follow-up on intended activities after the workshop. A sample workshop evaluation form is included to measure participant satisfaction against the objectives and suggestions for improvement. Other training evaluations are in Ipas's *Effective training in reproductive health: Course design and delivery. Reference and Trainer's Manuals* (Wegs et al. 2003, Turner et al. 2003).

Sample Agendas: A sample agenda is included in this manual to provide guidance on designing workshops. Facilitators will need to create a tailored agenda that meets the time frame and specific objectives for each workshop. Facilitators can also incorporate individual activities from this manual into workshops on other related topics.

PART I: WORKSHOP INTRODUCTION



Purpose:

The purpose of this activity is to welcome participants to the workshop; orient them to the workshop goal and objectives; solicit their expectations; review the agenda, facilitator and participant roles and group norms; and invite them to evaluate the workshop. The aim is to create a productive learning environment that enables facilitators and participants to achieve workshop objectives.



Objectives:

By the end of the workshop introduction, participants will be able to:

- Describe the workshop goal, objectives and agenda;
- Articulate their expectations for the workshop;
- Identify facilitators' and participants' roles and responsibilities;
- Agree to monitor themselves according to agreed-upon group norms;
- State an intention to provide feedback on the workshop and facilitators.



Materials:

- Flipchart easel and paper
- Markers
- PowerPoint slides and participant handouts
- LCD projector, laptop computer and screen
- Effective training in reproductive health: Course design and delivery, Reference Manual, pp 91-96 for examples of icebreakers
- Labeled flipcharts: "Workshop Expectations," "Garden" and "Group Norms"



Time:

15 minutes for introductions

10 minutes for goal, objectives, expectations, agenda, garden

5 minutes to discuss trainer and learner roles

5 minutes to establish group norms

35 minutes total



Advance Preparation:

- Complete Facilitator Advance Preparation Checklist and Participant Pre-Workshop Assessment forms to select appropriate participants, determine participant needs and set workshop goals and objectives.

- Tailor the workshop title, goal, objectives and agenda to meet program objectives, participant needs, time and other considerations.
- Customize slides according to your workshop: “Workshop Goal and Objectives,” “Workshop Agenda,” “Facilitator Roles,” “Participant Roles” and “Group Norms.”
- Label flipcharts with “Workshop Expectations,” “Garden” and “Group Norms.” You may either list some sample group norms to start with or begin with a blank flipchart and allow participants to suggest all of them. See Suggested Group Norms for examples.

Facilitator Instructions:

1. Welcome participants and introduce the workshop. Thank them for their attendance.
 - Introduce yourself and provide some information about your facilitation experience and background working with health-care providers in reproductive rights and advocacy.
 - Introduce the workshop:

We are enthusiastic about this workshop because we recognize that, to increase access to safe abortion care globally, we must nurture an advocacy mindset among a variety of stakeholders. Health care providers have particular strengths, status and access to achieve broad and long-lasting health system changes. Providers are uniquely positioned to influence their peers, the public, the media and policy makers when it comes to health care and the provision of safe abortion care for women.
 - Ask participants to introduce themselves by stating their names, where they work, their position or title and any other relevant information.

Facilitator Note: Time permitting, you can lead an icebreaker activity at this point that allows participants to introduce themselves in a more creative way.

2. Review the slide “Workshop Goal” and discuss with participants.
 - Engage providers who are already offering abortion-related services to contribute to broader advocacy efforts.
 - Help providers:
 - Recognize their personal power as advocates;
 - Develop an advocacy perspective;
 - Identify different circumstances and means to advocate for comprehensive abortion care to the full limits of the law.
3. Review the slides “Workshop Objectives” and discuss with participants.
 - By the end of this workshop, participants should be able to:
 - Define advocacy;
 - Describe why providers are uniquely positioned to advocate for safe abortion care;

- Identify an issue in which they strongly believe and what about that issue inspires advocacy;
 - Describe an advocacy perspective;
 - Explain the three roles of an advocate and which role they would need to play in different situations;
 - Define power and different expressions of power including: power over, power with, power to and power within;
 - Discuss factors that impact our sense of power, what might increase it and the potential of collective power;
 - Describe opportunities to advocate for increased access to safe abortion care according to local laws, policies and data;
 - Identify current and potential allies in their social network they plan to approach and how;
 - Identify obstacles to safe abortion care and develop advocacy action steps they will take in the next three months.
4. Show slide and post flipchart labeled “Workshop Expectations” and solicit participants’ expectations for the workshop. Write the expectations exactly as they express them on the flipchart.
 - Post this flipchart on the wall;
 - Keep the flipchart up and review it at the end of the workshop during the Closure activity.
 5. Review the slides “Workshop Agenda” with the main agenda items you are covering in your workshop.
 - Discuss which of the workshop expectations they just named are likely to be met during the workshop and which are not likely to be met. Discuss possible changes that can be made to accommodate participants’ expectations.
 - For those that fall outside of the scope of the workshop, make a plan to provide additional resources or other means for participants to meet those needs.
 6. Show slide and post flipchart labeled “Garden” (sometimes called “Parking Lot”) and explain that the “Garden” will be used to keep discussions on topic without losing important ideas that arise.
 - When ideas arise that are not on topic or there isn’t time to address at that moment, facilitators or participants “plant them in the garden” (write them on the flipchart). They are set aside to be discussed later in the workshop.
 - Facilitators will allocate time to periodically review the garden with participants. At that time, the group discusses whether they want to include the topic in the workshop and, if so, when they would like to address it. Facilitators will make changes to the agenda to include the topics participants have decided to address.
 - Due to time constraints, facilitators may have to ask participants to choose one topic over another.

7. Show slide labeled “Facilitators’ Roles” and share expectations about your roles, including:
 - Provide information and feedback to participants;
 - Ask and answer questions;
 - Facilitate discussions and activities;
 - Make sure the group stays on task and on time to attain objectives;
 - Model effective training techniques;
 - Maintain a productive learning environment;
 - Follow group norms.

Ask participants to share other roles that facilitators should play during the workshop and add them to the slide. Remind participants that you welcome feedback about your facilitation.

- Remind participants that you will not have answers to all the questions that arise. Emphasize that you will facilitate the group working together to find answers to most questions. Participants have valuable skills and experience to share and they will learn a lot from each other during the workshop.

8. Show slide labeled “Participants’ Roles” and share your expectations about their roles, including:
 - Participate fully according to one’s comfort level;
 - Take responsibility to ensure personal learning goals are met;
 - Share knowledge and experiences with facilitators and other participants;
 - Give constructive feedback to facilitators and other participants;
 - Follow group norms.

Ask participants to share other roles that they should play during the workshop and add them to the slide.

9. Show slide and post flipchart labeled “Group Norms” and explain that group norms are mutually agreed upon and they serve to:
 - Set guidelines for how the group will work together;
 - Create a safe, respectful and productive learning environment for everyone;
 - Enable tasks to be accomplished efficiently and objectives to be met.

Read norms if you listed a few as examples. Clarify any norms that participants don’t understand and solicit norms to add or remove from the list.

- Once participants have agreed on the list, ask them to raise their hands if they agree to maintain these norms each time they meet.
- Hang the flipchart on the wall where everyone can see it and explain that it will be posted throughout the workshop and participants should refer to it as needed. Reinforce that participants have agreed to monitor themselves and raise concerns when they believe participants are not abiding by the norms.

Facilitator Note: If at some point during the workshop you detect that a participant is not abiding by the group norms, you can stop the discussion or activity, ask participants to review the group norms, and remind them that everyone agreed in the beginning to abide by these norms.

10. Show slide “Workshop Evaluation Methods” and discuss how the workshop will be evaluated:
 - Pre and post-workshop surveys
 - Action plans
 - Workshop evaluation form
 - Informal feedback to facilitators
11. Review training logistics such as bathroom locations, time and place of lunch and other breaks, procedure for getting messages, any hotel and financial arrangements, etc.
12. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation and segue to the next activity.

Suggested Group Norms

You may want to prepare a flipchart in advance with a few of what you consider to be the most important group norms or you may begin with a blank flipchart labeled Group Norms. Leave space for participants to contribute norms that are important to them.

- Speak one at a time.
- Allow each person time to talk.
- Maintain confidentiality (avoid identifying details).
- Agree to disagree, but do so respectfully.
- Value each person's unique perspectives.
- Participate at your comfort level.
- Take some risks (step outside your comfort zone at times).
- Start and end on time (includes coming back from breaks promptly).
- Turn cell phones and beepers on vibrate.
- Honor everyone's input (regardless of educational degrees, professional or community status, or personal experiences with the topic).
- Ask questions when you have them.
- Speak for yourself (begin statements with "I" rather than "everybody" or "you").
- Maintain a supportive environment (for example, for those who may experience anxiety talking about difficult topics).
- Take responsibility for your own learning (for example, take breaks, ask for clarification and give input to facilitators if something about the workshop is not working for you).
- Feel free not to participate if a certain topic or activity feels too uncomfortable.
- Have fun (even though the topic is a serious one).

PART 2: WHAT IS ADVOCACY? WHY BECOME AN ADVOCATE?

ACTIVITY 1: WHAT IS ADVOCACY AND WHY PROVIDERS AS ADVOCATES?



Purpose:

The purpose of this activity is to reflect on perceptions and a definition of advocacy, review providers' unique contributions to the advocacy arena, challenges they face and recommendations to overcome them. Participants discuss what providers need to be effective advocates and brainstorm examples of advocacy activities in different arenas.



Objectives:

By the end of this activity, participants will be able to:

- Define advocacy;
- Describe why providers are uniquely positioned to advocate for safe abortion care;
- List some of the challenges and recommendations for providers who wish to become advocates;
- Articulate what providers need to be effective advocates;
- Give examples of advocacy activities providers can undertake in different arenas.



Materials:

- LCD projector, laptop computer and screen
- PowerPoint slides and handouts
- Flipchart easel and paper
- Flipchart paper labeled "Advocacy"



Time:

5 minutes to define advocacy

5 minutes to review providers' unique contributions to the advocacy arena

15 minutes to discuss challenges providers might experience and recommendations to overcome them

5 minutes to review what providers need to be effective advocates

10 minutes to brainstorm advocacy activities

40 minutes total



Advance Preparation:

- Label flipchart paper “Advocacy.”
- Photocopy slide presentation handouts for participants.

Facilitator Instructions:

1. Post flipchart paper labeled “Advocacy.” Ask participants what words and images come to mind when they hear the word “advocacy.” Record their responses on the flipchart.
 - Affirm that participants already have good ideas about what advocacy is. State that we will build on these ideas to develop a common vision of advocacy for safe abortion care.
2. Show the slide with the definition of advocacy we are using in this workshop:
 - “Advocacy is the strategic use of information and action to shape opinion, policies and practices that affect people’s lives.” (Adapted from Hord 2001 and Sharma 1997)
 - Ask participants how this definition is similar or different from the words and images that came to mind. Take a few comments from participants.
3. Ask: *What unique contributions do providers bring to advocacy on safe abortion care?* Take a few responses from participants. Review the following slides, referencing participants’ responses in the relevant places:
 - Providers bring credibility to advocacy efforts. This credibility derives from:
 - **First-hand experience** with women suffering – even dying – from the consequences of unsafe abortions. They have clout as the people who witness and attempt to alleviate this suffering. This creates incredible motivation for social change and a desire to be part of that change.
 - **An aura of objectivity** when their positions and decisions are evidence based. Few other advocates bring this combination of perceived objectivity and first-hand experience.
 - **“Significant social capital** – resources, social connections and expertise – all of which often allow them privileged access and special influence with policymakers and other elite groups, as well as the media and other health professionals” (Gasman et al. 2006).
 - **Unique positioning** as intermediaries between clients and policymakers, maintaining relationships and leverage in both directions. Providers can serve as champions for women’s health. Sometimes providers are the policymakers.
 - **Prestige and status** in their communities. This could mitigate the risk associated with advocacy described below.

4. Ask: *What are some of the challenges that providers face when you consider becoming advocates for safe abortion care?* Take a few responses from participants, noting them on a flipchart, reserving space after each one. Solicit recommendations to overcome each challenge, noting them underneath. Show slides and discuss any of the following challenges and recommendations to overcome them that were not mentioned by participants.

- **Time:** is the biggest barrier for most providers who already face significant demands and do not have much time to devote to additional advocacy activities or training on advocacy.

Recommendation: Use a broad definition of advocacy and give examples of advocacy during everyday work and life. By demystifying what advocacy actually is, providers can see that they probably already advocate in small but meaningful ways in how they deliver services, how they communicate with clients and colleagues and how they influence service delivery in their facilities. By learning to be more aware of advocacy opportunities and their response to them, they can leverage greater influence and outcomes.

- **Risk and stigma:** Because advocacy, by definition, challenges existing systems, it carries greater risk than service delivery. Advocating in favor of safe abortion to the full extent of the law can result in stigmatization and social marginalization, because abortion and people advocating for it are often stigmatized, even when they are within legal boundaries. Providers may also bear some financial risk when they are not compensated for their advocacy activities.

Recommendation: Providers have power – personal, positional and political – to counter the risks. They can assess the strengths and challenges of colleagues, professional associations and others as potential collaborators. What are their attitudes and beliefs? What resources do they have? What work has already been done that can lay the groundwork for further advocacy activities? A good advocacy plan is based on strength. Providers can select activities that are a good match for them and seek support from colleagues and others in their network.

- **Cultural and power barriers:** such as gender norms and medical hierarchy can complicate advocacy roles. Gender norms may not support women serving in an advocacy role. Medical hierarchy may limit mid and lower-level providers' ability to educate or challenge providers at a higher clinical level. For example, nurses may not feel comfortable challenging the physicians working in their facility.

Recommendation: Raising awareness of and attempting to change stigma, gender norms and professional protocols require larger cultural and institutional shifts, which advocacy can help enable. Providers who advocate for safe abortion care also educate people about broader social issues such as gender, sexuality and family roles. Providers can enlist the help of those higher up in the hierarchy to partner in advocacy efforts. There is strength in numbers and by networking and coalition building, providers can form groups or catalyze existing professional associations to advocate for their cause.

- **Misunderstanding or lack of confidence:** Providers may fear advocacy because of a misunderstanding of what advocacy is or a lack of confidence in their ability.

Recommendation: This can be most directly addressed through training designed to build understanding, skills and confidence.

- **Previous negative experience:** Some providers might have a resistance to advocacy because they have had negative experiences with advocates or activists in the past. They may see advocates as people who are adversarial, strident, attacking or other such negative attributes.

Recommendation: Training can increase understanding about who advocates are and what they do. Providers already openly engaged in advocacy can model the provider advocate role and serve as mentors for those just entering the advocacy arena.

- **Workplace limitations:** Some providers may be public employees with restrictions on their ability to engage in certain kinds of advocacy, especially lobbying.

Recommendation: Training can offer clarification on the exact workplace policies on advocacy versus lobbying. Coalition building can strengthen relationships between providers and other advocates and perhaps offer opportunities for public employees to contribute in less visible ways to advocacy campaigns without violating terms of their employment.

- Acknowledge that these challenges can be frustrating but that we will be talking more about how to deal with these during this workshop.

5. Ask: *What do providers need to be effective advocates for safe abortion care?* Take a few responses from participants and then show slides and discuss any of the following that were not mentioned by participants.

- Clarification of their values, beliefs and attitudes about abortion-related care and their role in that care;
- An advocacy perspective;
- An understanding of the many levels at which advocacy takes place;
- Public speaking skills to be used with a range of audiences including media, colleagues, clients and community-based organizations;
- Up-to-date information about local abortion laws, policies and practices as well as the health system and public policy process in their country;
- Up-to-date data on abortion-related morbidity and mortality and how legal, policy and practice changes can influence them;
- Evidence-based and ready-to-use advocacy materials and messages;
- Assertiveness skills and strategies for dealing with conflict;
- An analysis of power that also includes an examination of personal power;
- An understanding of how to create and make maximum use of social networks and learning to work with and share power with others.

6. Write the following arenas on a flipchart:

- Within a practice or facility
- With colleagues, professional associations and health systems
- In personal and community settings
- With the media
- With policymakers

Ask participants to give examples of advocacy activities they can undertake in each arena. Remind participants that there is a wide spectrum of activities. Discuss some examples:

- Within a practice or facility – Providers can make their office a safe and private place for women, provide factual information to counter myths, display educational materials, ensure they and staff maintain strict confidentiality and culturally appropriate communications and offer referrals to services beyond the scope of their practice (Physicians for Reproductive Choice and Health, www.prch.org). Much advocacy amounts to better patient care guided by evidence of the social context (Gruen et al. 2004).
- With colleagues, professional associations and health systems – Providers can work with others to improve service delivery within an institution or community, organize a professional association to act on issues of concern and form a peer group for political advocacy (Gruen et al. 2004). Ob-gyn societies have sponsored educational forums and peer study groups, issued ethical guidelines, disseminated research, sent representatives to policy-making bodies, supported individual cases and engaged the media (Gasman et al. 2006). Behind the scenes work, such as providing background research to support someone else's public stand, are equally important to more public advocacy activities.
- In personal and community settings – Providers can hold informal discussions with family and friends, vote and encourage others to vote and engage their community in advocacy activities (Gruen et al. 2004).
- With the media – Through the media, providers can attract the attention of community and lay persons, colleagues, institutions and policymakers, offer opportunities to provide scientifically sound and accurate information and disseminate research.
- With policymakers – Providers can provide oral or written testimony at hearings or other public forums, educate elected and appointed officials as well as their staff members and thank policy makers who advance their cause. They can write a letter or sign a petition, serve in a political interest group, or work on a candidate or issue campaign (Gruen et al. 2004).

7. Ask participants for their reactions to these example activities in different arenas and discuss.

8. Solicit and discuss any outstanding questions, comments or concerns.
Thank the group for their participation and segue to the next activity.

ACTIVITY 2: AN ISSUE I STRONGLY BELIEVE IN



Purpose:

The purpose of this activity is to remind participants that advocacy is an extension of issues in which they strongly believe. To deepen the conversation about advocacy, participants identify issues related to abortion care in which they strongly believe, what about them evokes strong feelings and how this relates to advocacy.



Objectives:

By the end of this activity, participants will be able to:

- Identify an issue in which they strongly believe and what about that issue evokes strong feelings;
- Describe similarities among the beliefs and feelings expressed by participants;
- Explain how their beliefs and feelings about issues inspire advocacy.



Materials:

- PowerPoint slides and handouts
- An Issue I Strongly Believe In worksheet



Time:

10 minutes to introduce activity and complete worksheet

10 minutes to share worksheet responses in pairs

15 minutes for large group discussion and summary

35 minutes total



Advance Preparation:

- Determine the concepts and wording around “strongly believe in” that resonate with participants and adapt worksheet if needed.

Facilitator Note: Originally in this activity, providers described issues they felt passionate about, but the concept of “passion” did not resonate with all people in relation to their work. Thus, the phrase “strongly believe in” has been substituted. Please use concepts and wording that resonate with your participants and the cultural context.

Facilitator Instructions:

1. Introduce this activity by stating that, as providers of abortion-related care, we each believe more strongly in some issues relating to abortion care than others. It is important to articulate what we feel deeply about since this often provides the motivation to activate change.

- *Some of us may believe strongly in preventative services such as contraception and family planning; some may care deeply about how gender, sexuality and inequality relate to abortion care; and for others, emotional and spiritual aspects of abortion service provision are important issues. Some of us may be concerned about adolescent health services. Some of us may feel strongly about improving women's economic or educational status.*
2. Ask participants to take a few minutes to fill out the worksheet *An Issue I Strongly Believe In*.
 3. Divide the group into pairs and request that participants take 10 minutes to share their responses. Encourage participants to observe closely when other providers are describing issues they strongly believe in and note how they can tell the strength of people's feelings through verbal and non-verbal signs.
 - Explain and give examples of verbal and non-verbal if necessary. Verbal signs include words used and tone of voice. An example would be if someone used a lot of descriptors and had an upbeat tone of voice, such as, "I am completely committed to promoting women's rights!" Non-verbal signs include facial expressions, physical indications and body language. An example would be if their eyes brightened and they smiled, leaned forward and gestured more with their hands.
 4. Bring participants back to the large group and ask for two to three volunteers to briefly share their responses.
 5. Discuss this activity by using the questions below.
 - *What similarities are there among the issues people discussed?*
 - *What about the issues evoked strong feelings?*
 - *As you observed people talking about issues they strongly believed in, what were verbal and non-verbal signs of their strong feelings?*
 - *What was it like to speak to your partner about the issues you strongly believe in?*
 - *How do these issues and feelings inspire us to advocate for safe abortion care?*
 6. Make the following points if they have not already been mentioned by participants :
 - *The issues we each strongly believe in are personal and unique to us, based on our experiences, values, identities and other factors.*
 - *Some of us have many interests relating to abortion care and we may experience difficulty focusing on just one or two. Some of us may feel less strongly about this work.*

- *When we identify issues we strongly believe in and claim them as our professional cause, we tap into our values, ethics and needs. Advocacy is an extension of believing in something strongly.*
 - *Advocacy is a way of acting on the issues we strongly believe in to effect change.*
7. Solicit and discuss any outstanding questions, comments or concerns. Thank the group for their participation and segue to the next activity.

An Issue I Strongly Believe In

What abortion-related issue do you strongly believe in?

What about this issue evokes strong feelings in you?

How do these beliefs and feelings inspire you to advocate for this issue?

ACTIVITY 3: DEVELOPING AN ADVOCACY PERSPECTIVE



Purpose:

The purpose of this activity is to encourage providers to develop an advocacy perspective by seeing and responding to opportunities for influencing change in their everyday work and lives. Participants will also discuss benefits and risks for them and how to overcome their obstacles to advocacy.



Objectives:

By the end of this activity, participants will be able to:

- Describe an advocacy perspective;
- Explain how they can see and respond to opportunities for influencing change in their everyday work and lives;
- Discuss benefits and risks for them and how to overcome obstacles to advocacy.



Materials:

- PowerPoint slides and handouts
- Benefits and Risks of Advocacy worksheet



Time:

15 minutes to introduce an advocacy perspective and discuss the case story

15 minutes to discuss everyday advocacy opportunities

15 minutes to complete and discuss the Benefits and Risks of Advocacy worksheet

5 minutes to make closing points

50 minutes total



Advance Preparation:

- Facilitators may choose to substitute a real example of an advocacy opportunity from their setting for the Professor K and Doctor X case story.

Facilitator Instructions:

1. Show slide and explain that the purpose of this activity is to encourage providers to adopt an advocacy perspective by seeing and responding to opportunities for advocacy in their everyday work and lives. We will also discuss benefits and risks and how to overcome obstacles to advocacy.
2. Show slide and define an advocacy perspective:
 - *An advocacy perspective is a frame of mind where someone sees and responds to diverse, everyday situations in their work and lives as potential opportunities for influencing change.*
3. Show slide “Advocacy Perspective Case Story” and ask a participant to read it out loud.
 - A leading newspaper writes a story about the rise in the use of misoprostol for abortion. The article contains misinformation about the safety and efficacy of misoprostol to induce abortion and warns readers of the dangers if they “abuse misoprostol for abortion.”
4. Show slides “Professor K’s Response” and “Doctor X’s Response,” and ask a participant to read them out loud.
 - Professor K is a respected professor and Ob-Gyn at the university teaching hospital. She uses misoprostol for all Ob-Gyn indications, including abortion, in her private practice and has also written policies for its use in the hospital. She writes a letter to the newspaper with correct information about the safety and efficacy of misoprostol for abortion as well as for other obstetrical and gynecological indications.
 - Doctor X uses misoprostol for all Ob-Gyn indications, including abortion, in his private practice but does not use or discuss it in his practice at the public hospital. He has talked in professional conferences and meetings about the dangers of “misuse of misoprostol for abortion.” He does not take any steps to inform his peers, clients or the public about its safety and efficacy.
5. Ask one or two participants to compare the responses of Professor K with Doctor X.
 - *Does Professor K have an advocacy perspective?*
 - *Does Doctor X have an advocacy perspective?*
6. Ask participants for a real example of an advocacy opportunity in a health care setting. Ask how providers in that setting responded to that opportunity and whether they were more like Professor K or Doctor X.

7. Acknowledge that while there are clear benefits, there are also certain risks involved in advocacy. People's perceptions about the benefits versus risks may influence their decision to engage openly in advocacy activities. Ask the following questions:
 - *Thinking about Professor K and Doctor X, what do you perceive as the benefits and risks of Professor K's advocacy?*
 - *What are the benefits and risks of Doctor X's actions?*
8. Show slide "Everyday Advocacy Opportunities."
 - *There are many opportunities for advocacy in our personal and professional lives.*
 - *Personal versus professional situations may call for different approaches.*
 - *There are a variety of ways to advocate in different situations.*
9. Show slide "Everyday Advocacy Opportunities Situation One" and ask a participant to read the situation out loud.
 - Your large, extended family is planning to celebrate an older relative's birthday. Ever since you became a health-care provider, female relatives have approached you in private to ask where they could go to end an unwanted pregnancy. Your family is deeply spiritual and most of your older relatives have stated their opposition to abortion. Last year an adolescent cousin died due to complications from an unsafe abortion. Your family has never openly discussed her cause of death. The deceased girl's mother has asked you to educate young family members about contraception and the dangers of unsafe abortion.
10. Ask the following questions about this situation:
 - *What are the issues of concern in this situation?*
 - *In what ways could you advocate?*
 - *What are possible outcomes of your advocacy?*
 - *What are some benefits and risks of advocacy in this situation?*
 - *How does this situation relate to your life?*
11. Show slide "Everyday Advocacy Opportunities Situation Two" and ask a participant to read the situation out loud.
 - You are having dinner at a restaurant with several of your colleagues who work in the same specialty. There is a dramatic television show playing in the background. In the show, one of the characters has just found out she is pregnant and is contemplating an abortion. The most senior colleague at the table uses incorrect information to support his remarks opposing safe abortion care. He asserts that if abortion were completely outlawed, women would not have sex outside of marriage and abortion would never occur.

12. Ask the following questions about this situation:
 - *What are the issues of concern in this situation?*
 - *In what ways could you advocate?*
 - *What are possible outcomes of your advocacy?*
 - *What are some benefits and risks of advocacy in this situation?*
 - *How does this situation relate to your life?*

13. Discuss these situations with the following questions:
 - *What were some similarities across the two situations? What were some differences?*
 - *How might your advocacy benefit you in these situations? How might it benefit others?*
 - *What are some of the risks of assuming an advocacy role with your extended family? What are some of the risks of advocating with colleagues?*

14. Ask participants to individually complete the Developing an Advocacy Perspective worksheet. Show slide “Advocacy Perspective Discussion” and discuss the following questions, taking responses from 1-2 different participants for each question:
 - *What are potential benefits and risks of being involved in advocacy for safe abortion care?*
 - *Given the benefits and risks, what motivates you to adopt an advocacy perspective?*
 - *What obstacles exist to adopting an advocacy perspective?*
 - *How would you overcome these obstacles?*

15. If participants do not mention them, show slides “Benefits and Risks” and propose these potential benefits of advocating for safe abortion care:
 - *Improving women’s health and saving lives by ensuring access to safe abortion;*
 - *Gaining respect from clients, colleagues and others;*
 - *Influencing administrators and policymakers to effect changes that help many women;*
 - *Joining a vibrant and committed community of advocates.*

If participants do not mention them, discuss these potential risks of advocating for safe abortion:

- Professional or personal stigmatization
- Confrontation, harassment, threats or even violence by opponents
- Clients choosing a different provider
- Loss of employment

16. Show slides and ask participants to discuss “Advocacy Perspective: Closing Points.”
 - *An advocacy perspective is a frame of mind where someone sees and responds to diverse, everyday situations in their work and lives as potential opportunities for influencing change.*
 - *Many providers see advocacy as a natural extension of their provider role and as a professional and ethical responsibility.*
 - *The right to safe abortion care is included in international charters and treaties as a sexual and reproductive right. Advocating for safe abortion care is advocating for human rights.*
 - *There are many situations in our everyday work and lives that lend themselves to advocacy, once we adopt this perspective.*
 - *There are potential risks and benefits for us to become involved in advocacy.*
 - *Advocacy occurs whenever we choose to communicate our knowledge and experience with safe abortion care.*
 - *Advocacy can happen in different ways and at different levels.*
 - *Advocacy is most successful when we strategically choose the people and places where we can expect to have an influence.*
 - *Not all of our efforts will be successful, but we learn from our experiences how to be more effective the next time.*

17. Solicit and discuss any outstanding questions, comments or concerns. Thank the group for their participation and segue to the next activity.

Benefits and Risks of Advocacy

1. What are the potential benefits and risks for you of being involved in advocacy for safe abortion care?

Benefits	Risks
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
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2. Given these potential benefits and risks, what motivates you to adopt an advocacy perspective?

3. What obstacles exist to your adopting an advocacy perspective?

4. How would you overcome these obstacles?

ACTIVITY 4: THREE ROLES OF AN ADVOCATE



Purpose:

The purpose of this activity is for participants to learn about the three roles of an advocate (educator, witness and persuader) and determine which role is already familiar and comfortable to them. They discuss different scenarios, the advocacy role they would play in each scenario and what information, experiences and resources they would need to take action.



Objectives:

By the end of this activity participants will be able to:

- Explain the three roles of an advocate and their familiarity and comfort with each;
- Describe which role they would need to play and what they would need to take action in different situations;
- Identify one personal tool or skill that they have for advocating effectively in their communities.



Materials:

- Laptop computer, LCD projector and screen
- PowerPoint slides and handouts
- Three Roles of an Advocate worksheet
- Three Roles of an Advocate Scenarios worksheets



Time:

20 minutes to present and discuss the three roles of an advocate and complete worksheets

20 minutes to work in small groups on scenarios

25 minutes for small group report outs (may be longer if using more creative method)

10 minutes to discuss scenarios in large group

5 minutes to review Part Two: What is Advocacy? Why Be an Advocate?

80 minutes total



Advance Preparation:

- Three Roles of an Advocate Scenarios would be more relevant if you customize them using real, local examples. The purpose of the scenarios is to present different settings and situations and have participants determine the advocacy role and information, experiences and resources needed, possible actions and expected outcomes. The customized scenarios should follow these guidelines:

— **Provider-client:** a situation that is confined to the privacy

of a consulting room, that focuses on the provider-client relationship and which offers insight into advocacy as a means of expressing support, offering information and ensuring access to services for women through effective referrals.

- **Provider-provider:** a situation that is defined by professional conflict or opportunity for support between colleagues.
- **Provider-professional network:** a situation in which providers are compelled to speak in a more public forum with some colleagues who may or may not be supportive of safe abortion care.
- **Provider-media:** a situation involving some form of media (magazine, newspaper, television, radio) engaging the public on the topic of abortion.
- **Provider-policymaker:** a circumstance in which providers are presented with the opportunity to act on an explicitly political situation, such as a campaign, lobbying day, pending legislation, request from a politician's office or the need to organize a response to a policymaker's behavior or speech.

Facilitator Instructions:

1. Show slide "Three Roles of an Advocate" and describe to the group that there are different roles for advocates.
 - *Advocates usually play one of three roles: Educator, Witness and Persuader.*
 - *Each role is important and plays a part in successful advocacy efforts.*
 - *Some advocates are comfortable in all three roles and some become skilled in mainly one.*
 - *As we discuss each role, consider which one feels more familiar or comfortable to you.*
2. Review the slide "Three Roles of an Advocate: Educator."
 - Is an expert – has knowledge from education, training and experience as a provider of abortion-related care.
 - Identifies information that is most important to the specific advocacy effort, communicates this knowledge in easy-to-understand language and facilitates discussion about the topic.
3. Ask participants to write down on their Three Roles of an Advocate worksheets a recent example when they played the role of educator. Ask participants to then write the most important information about abortion they communicated in this role of educator. Ask one or two participants to share their examples.

4. Review the slide “Three Roles of an Advocate: Witness.”
 - Has insight based on firsthand experience—represents women’s real health concerns, specific conditions, struggles and needs;
 - Uses storytelling and firsthand accounts in public forums to evoke compassion, build solidarity and make the case.

5. Ask participants to write down on their worksheets a recent example when they played the witness role to advocate for safe abortion care. Ask participants to think about some of the women they have cared for and which stories stand out as the most poignant illustration of the need for safe abortion care and dire consequences when safe care is not provided. Ask them to briefly write these stories on their worksheets, taking care not to include any identifying information to protect the women’s confidentiality. Ask one or two participants to share their experiences playing the witness role and the stories that have been most effective for advocacy purposes.

6. Review the slide “Three Roles of an Advocate: Persuader.”
 - Strategically manages a specific change;
 - Has unique expertise and desires to change a particular topic, policy or position;
 - Draws upon current evidence (data), allies and organized networks and makes written recommendations to affect focused change.

7. Ask participants to write on their worksheets a recent example when they played the persuader role to advocate for focused change on safe abortion care. Ask participants to write the specific evidence (data) they used, method of organizing allies and networks, written recommendations they developed and other strategies that were vital to their advocacy efforts.

8. People may play different roles in different circumstances, but ask participants which role is most familiar and comfortable to them at this time. Ask participants to raise their hands if they see themselves primarily in the following roles:
 - *How many of you see yourselves primarily as educators?*
 - *How many of you see yourselves primarily as witnesses?*
 - *How many of you see yourselves primarily as persuaders?*

9. Summarize by stating that many of them seem to already see advocacy as part of their professional and personal identity. This training is designed to help them increase their self-awareness and act more intentionally and strategically.

10. Segue to the next part of this activity by stating that we have explored different advocacy roles. We will now discuss scenarios that present different opportunities for advocacy roles and actions and discuss the

benefits and risks of taking these actions and how we might minimize the risks.

11. Divide participants into small groups of no more than five people per group. Explain that they have 20 minutes to read and discuss their scenario, determine what advocacy roles would be appropriate and answer the other questions. Ask groups to assign one person to take notes and prepare a brief (three minute) report of their responses to the larger group.

Facilitator Note: If you have time and would like to introduce another engaging training method, you can ask each small group to develop a creative report of their discussion and responses through the use of a skit, role play, storytelling, poem or song, for example. The use of role play or skit might help the small and larger group generate more ideas for possible advocacy responses to the scenario. This will work effectively with a group that is more comfortable with a variety of training methods.

12. For each of the five scenarios, show “Three Roles of an Advocate: Scenario” slide, have a participant read the scenario out loud and then have the group make their brief presentation. After each presentation, ask the rest of the group if they have any questions, comments or suggestions for this scenario. Discuss the following possible actions for each scenario if they have not already been raised.
13. Show slide and discuss “Client-Provider Possible Actions”:
 - Counsel on pregnancy options, safe abortion and postabortion fertility and contraception (Educator role).
 - Help her consider options, potential outcomes and ensure her confidentiality regarding her decision.
 - Refer her to resources and services for safe abortion care, prenatal care, parenting or adoption (depending on her decision, local laws and policies).
 - Client education and counseling are advocacy.
 - This is an example you can use (Witness role) when you advocate for nonjudgmental pregnancy options counseling and referrals. Misinformation about abortion can prevent women from seeking help.
14. Show slide and discuss “Provider-Provider Possible Actions”:
 - Remind colleagues that gossip and discussing a colleague’s behavior in front of clients is inappropriate professional conduct.
 - Tell the midwife about other providers in the area who share her allegiance to safe abortion.
 - Inform her about her professional rights and personal safety measures she might want to take (Educator role).
 - Help her network with other safe abortion care providers, or if a network already exists, link her to it (Persuader role).

- Question: *How might you let your colleagues know you are a safe person to speak to about safe abortion care?*

15. Show slide and discuss “Provider-Professional Network Possible Actions”:

- Locate other supportive colleagues, attend the panel and advocate for safe abortion through audience questions and comments.
- If a panelist is from an area with high unsafe abortion rates, raise this point and ask how they propose to reduce unsafe abortion during the session.
- Find out who organized this panel, contact them to complain about the lack of a balanced perspective and offer to organize a more balanced panel the following year.

16. Show slide and discuss “Provider-Media Possible Actions”:

- If the show includes a safe abortion perspective, publicly thank them.
- Provide the show’s host with accurate information on the impact of unsafe abortion and the needs for safe care.
- Organize a group of providers to listen and call in to the show with support for safe abortion care.
- Participate in the segment yourself or find a colleague who is willing and able.

17. Show slide and discuss “Provider-Policymaker Possible Actions”:

- Determine who the decisionmakers are and try to influence them in support of the candidate.
- Hold a public forum to highlight the need for this nomination to succeed.
- Personally meet with representatives from both sides and share your experiences as a provider.

18. Once you have talked about every scenario, show slide “Three Roles of an Advocate Scenarios Discussion Points” and discuss this activity as a large group using the following questions:

- *What more did you learn about the different roles of an advocate through these scenarios?*
- *What made you feel more or less comfortable responding to different scenarios?*
- *What are some of the similarities in all these scenarios?*
- *What information, experiences and resources would help you better respond to these scenarios?*

19. Review Part 2: What is Advocacy? Why Become an Advocate? by showing slides and asking the participants to read and comment on them.
 - *We defined advocacy as the strategic use of information and action to shape opinion, policies and practices that affect people's lives.*
 - *We have identified issues we strongly believe in and that we can advocate on.*
 - *We see advocacy as a natural progression of our professional and ethical responsibilities.*
 - *We see advocating for safe abortion care as advocating for human rights.*
 - *We defined an advocacy perspective as seeing and responding to diverse, everyday situations as opportunities to influence change.*
 - *We identified potential risks and benefits and ways to overcome obstacles to advocacy.*
 - *We can play different advocacy roles (educate, bear witness and persuade), depending on our comfort levels and the circumstances.*
 - *We discussed different advocacy audiences and settings, including: family and friends, clients, other provider colleagues, professional networks, the media and policymakers.*
 - *We understand that not all efforts will be successful but that we can learn from our experiences.*
20. Solicit and discuss any outstanding questions, comments or concerns. Thank the group for their participation and segue to the next activity.

Three Roles of an Advocate

Educator

- Is an expert — has knowledge from education, training and experience as a provider of abortion-related care;
- Identifies relevant information, communicates their knowledge in easy-to-understand language and facilitates discussion about the topic.

Please write a recent example when you played the role of educator:

Please write the most important information about abortion you communicated in this role of educator:

Witness

- Has insight based on firsthand experience — represents women's real health concerns, specific conditions, struggles and needs;
- Uses storytelling and firsthand accounts in public forums to evoke compassion, build solidarity and make the case.

Please write a recent example when you played the witness role to advocate for safe abortion care:

Please think about some of the women you have cared for and which stories stand out as the most poignant illustration of the need for safe abortion care and dire consequences when safe care is not provided. Please write a brief account of one of these stories, taking care not to include any identifying information to protect the woman's confidentiality:

Persuader

- Strategically manages a specific change;
- Has unique expertise and desires to change a particular topic, policy or position;
- Draws upon current evidence (data), allies and organized networks and makes written recommendations to affect focused change.

Please write a recent example when you played the persuader role to advocate for focused change on safe abortion care:

Please write the specific evidence (data) you used, method of organizing allies and networks, written recommendations you developed and other strategies that were vital to your advocacy efforts:

Three Roles of an Advocate, Scenarios: Provider-Client

A young woman arrives at your office with a request to terminate her pregnancy. She is a student and is not ready for motherhood yet. She is clear that she wants an abortion but is afraid because she has been told that abortion will “ruin her” and make her unable to bear children in the future.

What advocacy role(s) does this situation call for (educator, witness or persuader)?

How comfortable are you in this role/these roles?

What information, experiences and resources would you need to respond?

What actions might you take?

What outcomes would you expect from these actions?

Three Roles of an Advocate, Scenarios: Provider-Provider

In your facility's waiting room, you overhear a nurse comment loudly that the new midwife "has no morals" because she helps women terminate unwanted pregnancies. You have noticed several of your colleagues treating this midwife poorly. The midwife comes to you one day and asks for your advice about what to do.

What advocacy role(s) does this situation call for (educator, witness or persuader)?

How comfortable are you in this role/these roles?

What information, experiences and resources would you need to respond?

What actions might you take?

What outcomes would you expect from these actions?

Three Roles of an Advocate, Scenarios: Provider-Professional Network

You are at a regional Ob-Gyn conference. The program lists a panel on unsafe abortion. You note that all the panelists represent anti-abortion perspectives. There is likely to be no voice supportive of safe abortion care.

What advocacy role(s) does this situation call for (educator, witness or persuader)?

How comfortable are you in this role/these roles?

What information, experiences and resources would you need to respond?

What actions might you take?

What outcomes would you expect from these actions?

Three Roles of an Advocate, Scenarios: Provider-Media

A local radio station is planning a call-in show on women's reproductive health. You hear from a friend that they have been soliciting providers to speak for the segment on safe abortion care. So far, no providers have volunteered.

What advocacy role(s) does this situation call for (educator, witness or persuader)?

How comfortable are you in this role/these roles?

What information, experiences and resources would you need to respond?

What actions might you take?

What outcomes would you expect from these actions?

Three Roles of an Advocate, Scenarios: Provider-Policymaker

After recent elections, a new secretary of health is being nominated. You know this provider has a very strong allegiance to providing safe abortion care for women. Several people in the community are opposed to this official and a small group of religious and education leaders, as well as some providers, have formed a group to oppose the nomination.

What advocacy role(s) does this situation call for (educator, witness or persuader)?

How comfortable are you in this role/these roles?

What information, experiences and resources would you need to respond?

What actions might you take?

What outcomes would you expect from these actions?

PART 3: POWER

ACTIVITY 5: POWER IS...



Purpose:

The purpose of this activity is for participants to define power and discuss negative and positive expressions of power, including power over, power with, power to and power within. Participants discuss images of power and how they relate to their definitions and expressions of power and how power relates to their roles as advocates for safe abortion care.



Objectives:

By the end of this activity, participants will be able to:

- Define power
- Explain expressions of power including: power over, power with, power to and power within
- Discuss how certain images relate to their definition of power and different expressions of power



Materials:

- Laptop computer, LCD projector and screen
- PowerPoint slides and handouts
- Flipchart easel and paper, markers
- Power images printed on paper



Time:

5 minutes to introduce the activity and define power

10 minutes to present and discuss expressions of power

15 minutes to select and discuss power images in small and large group

5 minutes for summary points

35 minutes total



Advance Preparation:

- Post power images on the wall around the room.

Facilitator Note: To tailor this activity to local circumstances, collect local images with diverse people and scenes that depict different forms and expressions of power. Examples of images include: institutions such as a place of worship, school or governmental building; activists marching in the street; political leader talking to a group of constituents; muscular person lifting weights or some other demonstration of physical power; religious leader talking to a group of believers; police in uniform and with guns; person exerting power over another by a raised fist or some other form of violence; man of the family giving money to others in the family; a female informal leader leading other women in a project; a television with a newscaster; a person writing a letter to the editor of the newspaper; a provider speaking to a group of other providers; a provider talking to a client; a provider working on a clinic policy; people graduating from an educational institution or carrying books; a secretary guarding the entry to her boss's office; etc.

Facilitator Instructions:

1. Explain that one of the most important issues in advocacy is power. Advocacy for safe abortion is particularly linked to power in that the root cause of unsafe abortion is the limited power women have in their homes, communities and political systems. In this activity, the group will be discussing definitions and expressions of power.
2. Show slide “Power is...?” and ask participants to reflect on and write down their definition of power. Ask several participants to share their definition with the group. Ask for 1-2 observations about the definitions.
3. Show and explain slide “Expressions of Power.”
 - There are diverse sources and expressions of power, both positive and negative (Veneklasen and Miller 2002):
 - Power Over
 - Power With
 - Power To
 - Power Within
4. Show and discuss slide “Power Over.”
 - Win-lose relationship: taking power from others and using it to dominate and prevent them from gaining it;
 - Those who control resources and decision making have power over those without;
 - Perpetuates inequality, injustice and poverty;
 - Associated with repression, force, coercion, discrimination, corruption and abuse;
 - In absence of alternative models, people repeat power over patterns in personal relationships, communities and institutions;
 - People from marginalized or powerless groups, when they gain power in leadership positions, sometimes imitate the oppressor;

- People have to learn and internalize new leadership and decisionmaking methods.
5. Show and discuss slide “Collaborative Power: With, To and Within.”
 - More collaborative ways of exercising and using power: power with, power to and power within;
 - Create more equitable relationships;
 - Provide basic principles for empowerment strategies.
 6. Show and discuss slide “Power With.”
 - Find common ground among different interests to transform conflict and promote equitable relations;
 - Build collective strength, multiply individual talents and knowledge;
 - Based on mutual support, solidarity and collaboration;
 - Advocacy groups use power with to form alliances and build coalitions.
 7. Show and discuss slide “Power To.”
 - Every person has a unique potential and power to shape her life and world;
 - Each individual has the power to make a difference;
 - Citizen education, leadership development strategies are based on this.
 8. Show and discuss slide “Power Within.”
 - Agency: ability to act and change personal circumstances and society;
 - A person’s sense of self-worth and self-knowledge;
 - Ability to recognize differences while affirming common human search for dignity and fulfillment;
 - Storytelling, reflection and dialogue help people affirm personal worth and recognize their power.
 9. Explain that we are going to explore different forms of power through images. Post power images on the wall in advance. Ask participants to walk around the room, look at all of the images and select the one that most speaks to them about power.
 10. Ask participants to discuss their selected power image with others who selected the same or a nearby image. Show slide “Power Images” and ask participants to discuss for five minutes:
 - *How does this image relate to your definition of power?*

- *Does this image depict power over, power with, power to or power within? (Please explain how it depicts this.)*
- *How comfortable are you with this depiction of power?*
- *How does this relate to your experiences with power?*

11. Discuss this activity in the large group using the questions below:

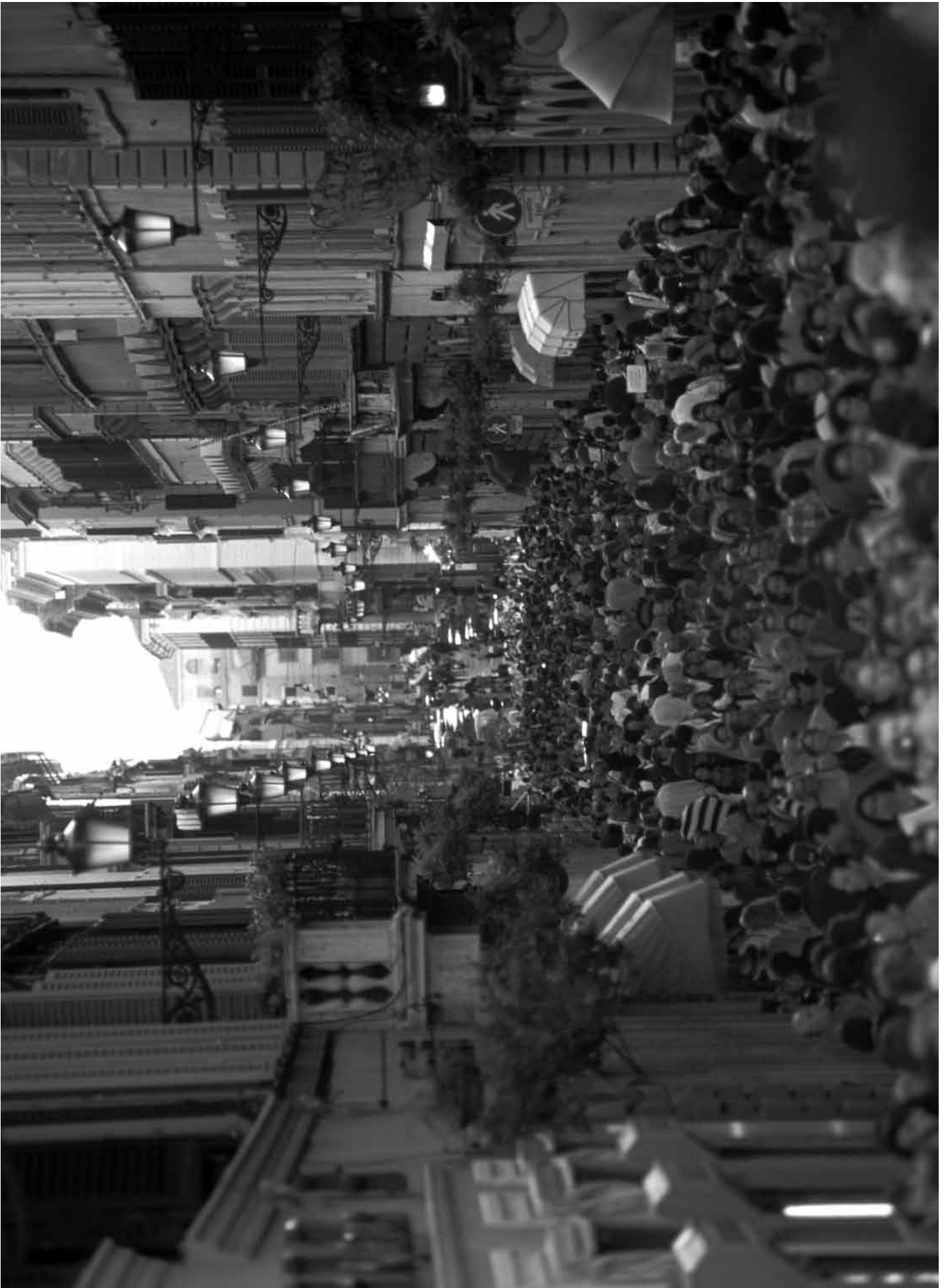
- *What observations do you have about these images and how they relate to your definitions of power?*
- *Which image depicts power over? (Ask participant to explain how it depicts power over). Power with? Power to? Power within?*
- *What does power have to do with our roles as advocates? With advocating for safe abortion care?*
- *How can we ensure that we are using positive expressions of power (power with, to and within) in our advocacy strategies?*

12. Show slide “Power Is... Summary Points” and make the following points if they have not already been raised by participants:

- Advocacy is one way of using and building power for positive ends;
- There are both negative (power over) and positive expressions of power (power with, to and within) that determine whether power is used to negatively or positively impact others;
- Power is directly linked to abortion in that the root cause of unsafe abortion is women’s limited power in their homes, communities and political systems;
- Advocacy for safe abortion care takes place in the context of women’s powerlessness:
 - Women’s lack of access to information and services on sexuality, reproduction and contraception;
 - Violence against women;
 - Women’s low socio-economic status;
 - Inequitable wages for women;
 - Lack of representation by women in governments and policymaking bodies;
 - Inadequate resource allocation for women’s sexual and reproductive health, including safe abortion care.
- Advocacy strategies that intentionally employ positive expressions of power such as power with, power to and power within can create, use and build more power to advance women’s and human rights.

13. Solicit and discuss any outstanding questions, comments or concerns. Thank the group for their participation and segue to the next activity.





















ACTIVITY 6: PERSONAL POWER CONTINUUM

(Adapted by OpenSource Leadership Strategies, Inc. from a training conducted by Dan Cramer of Grassroots Solutions and Marcia Avner of the Minnesota Council of Nonprofits, 2006.)



Purpose:

The purpose of this activity is for participants to explore their perceptions of their personal power in different circumstances and with different people. Participants reflect on factors that influence how powerful they feel, how their sense of personal power influences their ability to advocate and what might help them increase their sense of personal power.



Objectives:

By the end of this activity, participants will be able to:

- Articulate their perception of their personal power
- Discuss factors that impact our sense of personal power
- Describe what might help them increase their sense of personal power
- Recognize the potential of collective power.



Materials:

- Paper signs with NOT AT ALL POWERFUL, VERY POWERFUL and numbers one through 10 written on them
- PowerPoint slides and handouts



Time:

5 minutes to introduce the activity

20 minutes for the power continuum statements

10 minutes for large group discussion

5 minutes to cover summary points

40 minutes total



Advance Preparation:

- In an open space, create a personal power continuum by posting a sign NOT AT ALL POWERFUL on one end, VERY POWERFUL on the other end and the numbered signs one through ten in order in between;
- Adapt personal power continuum statements to reflect local realities if needed.

Facilitator Note: There are a variety of ways to help participants feel more comfortable in this activity. It is advisable to facilitate this activity only after the group has developed some trust and rapport. Reiterate group norms before beginning, especially ones about respecting confidentiality, participating at their comfort level and maintaining a supportive environment. Remind participants that they do not have to participate if any of the questions feel too uncomfortable or risky for them. Ask participants to support each other during this discussion.

Facilitator Instructions:

1. Show slide and introduce the activity as an opportunity to explore our perceptions of our personal power. Power is a subjective experience and there are no correct or incorrect responses. In this activity we can explore what influences how powerful we feel in different circumstances.
2. Remind participants that this is a personal activity and it can be challenging to reflect on and reveal one's feelings of power or powerlessness in front of others. Ask them to honor each person's unique life experiences that inform their sense of personal power.
3. Explain the personal power continuum to participants: in this continuum, one represents the least powerful and 10 represents the most powerful and the numbers two through eight represent all of the points in between.

Facilitator Note: The personal power continuum should look like this:

NOT AT ALL POWERFUL					VERY POWERFUL				
1	2	3	4	5	6	7	8	9	10

4. Explain to the group that you will facilitate several rounds of this activity:
 - *For each of the statements I read, I would like you to consider how powerful you feel and move to the corresponding number. Please do not talk while the group is lining up along the spectrum. After each round, we will stop and have a brief discussion.*
5. For each statement you read, follow the same process:
 - Have participants move silently to the number that corresponds with how powerful they feel in that circumstance;
 - Ask one participant on either end of the continuum and one somewhere around the middle to share with the group why they have chosen to stand where they are;
 - Remind participants to listen respectfully to others' explanations without comment or disagreement.

6. Invite everyone to stand. Read the statements one at a time and follow the instructions above. You may decide not to read all of the statements. You can show the slide if you think it will help participants' understanding.
 - *How powerful do you feel walking down the street in the community where you live?*
 - *How powerful do you feel in your family? For example, if your family needs to make an important decision, how much power do you feel you have in the final decision?*
 - *How powerful do you feel when you are doing a consultation with a client?*
 - *How powerful do you feel at your workplace? For example, if your workplace needs to make an important decision, how much power do you have in the final decision?*
 - *How powerful do you feel with your professional colleagues? For example, if you were at a meeting with your colleagues and you wanted to influence them to make a certain decision, how much power do you feel you would have?*
 - *How powerful do you feel with policymakers? For example, if you were at a meeting with policymakers and you wanted to influence them to make a certain decision, how much power do you feel you would have?*
 - *How powerful do you think your clients feel when you are doing a consultation with them? For example, how much power do you think they feel to question your clinical assessment or recommendation?*
7. Thank the group and ask them to sit down.
8. Discuss this activity for a few minutes using some of the questions below:
 - *How did it feel to claim your place along the continuum in front of others?*
 - *What factors influenced how powerful or powerless you felt?*
 - *What would it take to move up along the continuum towards ten (very powerful) for each question?*
 - *How does your perception of your personal power influence your ability to advocate for safe abortion care?*
 - *How could you increase your sense of personal power in your community, in your family, at your workplace, with your professional colleagues and with policymakers?*
 - *What could we do to help our clients feel more powerful when they come to us?*
 - *How does our sense of personal power relate to expressions of power: power over, with, to and within?*

9. Show slide and summarize the following points if they have not already been raised in the activity:

- There are many factors that may influence how powerful we feel in different circumstances, including:
 - Our personal experience with discrimination or disenfranchisement;
 - Our professional and community status;
 - Economics;
 - Physical and mental health status;
 - Political views;
 - Demographics and identity such as gender, sex, religion, race, ethnicity, language, educational level, sexual orientation and more.
- Exploring our sense of our personal power can help us better empathize with our clients' and other people's feelings of powerlessness;
- There are many things we can do to help our clients feel more powerful when they come to us, including:
 - Educate them about their rights, their bodies, human reproduction, contraception and family planning;
 - Advocate for more enabling laws and policies that increase clients' choices;
 - Promote education for women and girls;
 - Respect clients' privacy and confidentiality;
 - Improve the quality of care.
- Increasing our sense of personal power (power within) and power to advocate (power to) and empathizing with clients' sense of power can lead us to adopt more collaborative expressions of power (power with) instead of a domineering one (power over).

10. Solicit and discuss any outstanding questions, comments or concerns. Thank the group for their participation and segue to the next activity.

ACTIVITY 7: VISIBLE VERSUS HIDDEN POWER



Purpose:

The purpose of this activity is for participants to recognize that there are visible and hidden forms of power and identify with which forms of power they feel most comfortable.



Objectives:

By the end of this activity, participants will be able to:

- Describe hidden versus visible power
- Give examples of hidden and visible power
- Discuss with which forms of power they are most comfortable



Materials:

- PowerPoint slides and handouts
- Power images from “Power Is...” activity hung on the walls around the room
- Flipchart paper labeled “Visible versus Hidden Power” with a continuum drawn on it horizontally with “completely visible” written at one end and “completely hidden” at the other end
- Masking tape



Time:

5 minutes to introduce visible and hidden forms of power

15 minutes to place and discuss images on visible versus hidden power continuum

10 minutes to discuss how visible and hidden power relates to advocacy and participants’ comfort employing power

5 minutes to discuss activity and Part Three summary points

35 minutes total

Facilitator Instructions:

1. Show slide and introduce the activity by explaining visible versus hidden forms of power.
 - Visible power is seen by and known to everyone. This form of power is expressed publicly. One example of visible power is the military. Ask participants for other examples. Some possible examples include: the government, police officers in uniform and police cars; academic, religious and other institutions; religious leaders; and parents of younger children.
 - Hidden power is not usually seen in public, not always known and therefore may operate without most people’s knowledge. This form of power is expressed privately. One example of this is the First Lady or Spouse, who may influence the leader in ways no one but the two of them understands. Ask participants for other examples. Some

possible examples include: school textbook authors, those working behind the scenes on important policies, those who benefit from political corruption, and passports and visas.

2. Post the “Visible versus Hidden Power” flipchart on the wall. Remind participants that this is a continuum, rather than two discrete categories. Many forms of power are somewhere along the continuum rather than at one end or the other.
3. Ask several participants to go to the power images posted on the wall and select a few that represent visible power. These could include: the government, religious institutions and leaders, teaching faculty, the police and the military. Ask them to post them at the appropriate place on the continuum.
 - Ensure that participants don’t spend much time debating where certain images should go on the continuum. Keep the group focused on the main point that some power is more visible and some is hidden.
4. Ask several different participants to go to the power images posted on the wall and select those that represent hidden power. These could include: passports and visas and other images that depict people exerting influence behind the scenes. Ask them to post them at the appropriate place on the continuum.
5. Ask participants to discuss how this issue of visible versus hidden power relates to advocacy.
 - Advocacy can involve employing more visible or hidden forms of power, depending on the circumstances and our comfort levels.
 - Ask for concrete examples of advocacy activities they might do that would be demonstrations of visible power. Examples might include: leading a televised press conference, speaking at a public rally, marching in the streets and authoring a published book or article.
 - Ask for examples of advocacy activities where they would exert their power in a more hidden way. Examples might include conducting research to inform policies, drafting clinical policies and holding private meetings with decisionmakers.
 - Invite participants to think about which activities they are more comfortable working on.
6. Ask the group: *How are you most comfortable employing your power as an advocate – in a more visible or hidden way and why? Take responses from a few participants.*
7. Show slide “Visible versus Hidden Power Summary Points” and discuss the following points:
 - Power can be visible or hidden.

- Advocates can employ visible and hidden forms of power.
 - Different advocacy opportunities call for different levels of visibility.
 - Some advocates are more comfortable with employing visible power and some prefer to leverage their power in a less visible way.
8. Show slide and review “Part Three: Power.” Ask participants to read the summary points out loud:
- Advocacy is one way of using and building power to influence others and effect changes that benefit those with less power.
 - There are both negative (power over) and positive expressions of power (power with, to and within).
 - The root cause of unsafe abortion is women’s limited power; advocacy that employs positive expressions of power can help advance women’s and human rights.
 - There are social, economic, political, physical and psychological aspects to power.
 - Exploring our sense of our personal power can help us better empathize with other people’s feelings of powerlessness.
 - As advocates, we may experience more power in one context and less power in others.
 - Being politically conscious means that we examine power relationships when evaluating our circumstances and those of the people around us.
 - Power is situational and relative.
9. Solicit and discuss any outstanding questions, comments or concerns. Thank the group for their participation and segue to the next activity.

PART 4: ADVOCACY FOR SAFE ABORTION CARE

ACTIVITY 8: UNDERSTANDING ABORTION LAWS, POLICIES AND DATA



Purpose:

The purpose of this activity is for providers to increase their understanding of abortion laws, policies and data and how they are interpreted and implemented. This information provides an important basis for advocacy efforts. Providers can also network with others in different countries and regions who have learned how to use and interpret existing laws, policies and data to advocate for increased access to safe abortion care.



Objectives:

By the end of this activity, participants will be able to:

- Articulate key elements of their country's abortion laws, policies and data;
- Discuss how different stakeholders interpret and implement the laws, policies and data and what factors influence their interpretation and implementation;
- Describe opportunities to advocate for increased access to safe abortion care according to their laws, policies and data.



Materials:

- Copies of the following for the countries and regions represented by participants (where available):
 - Current abortion laws
 - Relevant abortion policies, for example: national reproductive health policy, national clinical standards and guidelines and clinic protocols on abortion
 - Abortion magnitude studies
 - Abortion-related maternal morbidity and mortality data or estimates
 - Other relevant local abortion data
- Understanding Abortion Laws, Policies and Data worksheet
- Flipchart easel and paper
- PowerPoint slides and handout

Facilitator Note: Possible sources for these materials are:

- Current abortion law: <http://www.hsph.harvard.edu/population/abortion/abortionlaws.htm>
- Abortion laws factsheet: <http://reproductiverights.org/en/document/world-abortion-laws-2008-factsheet>
- Relevant abortion policies: Your Ministry of Health, Reproductive Health Division.
- Abortion magnitude studies: <http://www.ipas.org>; <http://www.guttmacher.org/>;
- Abortion-related maternal morbidity and mortality data or estimates: World Health Organization at: http://www.who.int/making_pregnancy_safer/topics/maternal_mortality/
- Other relevant local abortion data: Your Ministry of Health, Reproductive Health Division.



Time:

5 minutes to introduce the activity and provide resource materials and worksheet

25 minutes to work in small groups answering the questions

15 minutes for small group reports and discussion on advocacy opportunities

5 minutes for summary

50 minutes total



Advance Preparation:

- Research and assemble all the materials listed above.
- It can be helpful to invite a lawyer to assist with this activity if they are fully informed about local abortion laws and reproductive rights and supportive of broader interpretation of the law to increase access to abortion.
- Update the PowerPoint slides on World's Abortion Laws as needed at the Center for Reproductive Rights at: <http://reproductiverights.org/en/document/>

Facilitator Instructions:

1. Introduce this activity by discussing the importance of understanding local abortion laws, policies, data and the political and social environment in which participants are conducting their clinical work and advocacy efforts. Advocacy efforts must be grounded in factually correct information that is relevant to the local context.
2. Distribute the abortion laws, policies and data materials and Understanding Abortion Laws, Policies and Data worksheet.
3. Divide participants into small groups by country or region and ask them to read their resource materials and complete their worksheet questions. Remind them that they can divide the reading and worksheet questions among participants in their group and instruct them to write short, bulleted responses. Ask them to select a group reporter.
4. Ask each reporter to share their group's worksheet responses, ensuring you hear from every country or region represented in the large group. Write key responses on a flipchart.
5. Ask participants to discuss ways they can use this information in their advocacy efforts. Write responses on a flipchart.
6. Show slide "Understanding Abortion Laws, Policies and Data" and summarize the activity by making the following points if participants haven't already mentioned them:
 - *It is important to understand our country's abortion laws, policies and data.*
 - *This understanding includes the exact wording as well as how they are interpreted and implemented.*
 - *This understanding will enhance both our clinical work and advocacy efforts.*
 - *Networking with other provider advocates from around the world can increase your understanding of how others have interpreted their existing laws and data to advocate for enhanced policies and services that increase access to safe abortion care for women.*

Facilitator's Note: If participants are interested in networking with other provider advocates who are working on similar issues around the world, they can email Ipas at: training@ipas.org to find out more about networks and listservs on safe abortion advocacy.

7. Solicit and discuss any outstanding questions, comments or concerns. Thank the group for their participation and segue to the next activity.

Understanding Abortion Laws, Policies and Data

Instructions:

Please read your resource materials and write short, bulleted responses to the following questions.

What are the key elements in your country's current law on provision of abortion care?

What elements of abortion care provision are not explicitly mentioned? (For example, provider cadre authorized to perform abortion, weeks of gestation, sites where abortion can be performed, condition of the mother or fetus, women's age, etc.)

What language in the law is vague or unclear and could be open to broader interpretation to expand women's access? (For example, a medical practitioner could be interpreted to mean a physician, nurse midwife or other mid-level clinician.)

How is the law interpreted by health ministry officials, facility administrators, providers and others? What influences how people interpret the law?

Does your country have a national policy, standards and guidelines or protocols on abortion care? If so, what do they specify about who can perform abortion care, in which settings and under which circumstances?

How are facility administrators and providers implementing these policies, standards and guidelines or protocols?

What do your country's current abortion data say about:

(You may respond according to your own experience where data are not available.)

- **How many women have induced abortions annually?**
- **How many of those induced abortions are unsafe?**
- **Which women are most vulnerable to unsafe abortion?**
- **What are the root causes of unsafe abortion?**
- **What are the main barriers to safe abortion services?**
- **Recommendations for reducing abortion-related maternal morbidity and mortality?**

In your experience, how available are abortion services to all women who meet the legal conditions in your country?

What opportunities exist to increase provision of and women's access to safe abortion services according to your country's laws, policies and data?

What is the most important information to communicate about your country's abortion laws, policies and data? To whom does this information need to be communicated?

ACTIVITY 9: SOCIAL NETWORKS AS SPHERES OF INFLUENCE



Purpose:

The purpose of this activity is for participants to define and describe social networks, identify current and potential allies, understand how social networks can be a good place to begin advocacy efforts and begin thinking about who to approach in their network and how.



Objectives:

By the end of this activity, participants will be able to:

- Define and describe a social network and its different realms;
- Identify current and potential allies in their social network;
- Discuss who they plan to approach in their network and how.



Materials:

- Flipchart easel and paper
- PowerPoint slides and handouts
- Markers
- Social Network as Spheres of Influence worksheet



Time:

15 minutes to introduce and discuss social network

10 minutes for individuals to fill out Social Network as Spheres of Influence worksheet

15 minutes in small groups to discuss Social Network as Spheres of Influence worksheet

15 minutes for large group slide presentations and discussion

55 minutes total



Advance Preparation:

- Adapt Social Network example for local relevance, if needed.

Facilitator Instructions:

1. Begin this activity by asking participants: What is a social network? List responses on a flip chart.
 - If participants did not mention it, show slide and state that a social network is a social structure of people and organizations that have relationships with each other.

2. Draw the social network star image (from the Social Network as Spheres of Influence worksheet) on a flipchart and ask one participant to volunteer to discuss their social network as an example for the group.
 - Ask: *What different groups of people and organizations are in your social network?*
 - You may need to give an example, such as: extended family members and write the phrase at one point of the star.
 - Solicit other groups of people and organizations from the participant, such as: friends, religious/faith groups, school/university, neighbors/community, colleagues/professional associations, recreational groups (such as an exercise club or reading group) and people you know through your children and write one of these phrases at each of the other points of the star.
 - Have participants think about the different realms of the groups, such as personal, professional, spiritual, political and others.

Facilitator Note: The groups of people and organizations in someone's social network may differ from person to person. Invite participants to list groups of people and organizations that are particular to their social network.

3. Ask the participant to come to the flipchart and list the names of several important people who belong to each group or organization in their social network using first names only or initials.
 - Ask the participant to use another color marker to circle the names of individuals who are likely to be in favor of safe abortion care (your allies).
 - Ask the participant to use a different color marker to underline the names of individuals who are unfamiliar or uncertain about the issue and may be open to more information about safe abortion care.
4. Explain to the group that allies are people who share similar beliefs and attitudes, in this case on safe abortion care. It is always helpful to begin advocacy work by forming partnerships with your allies.
 - *When you think about your allies, reflect on each individual's or organization's stake in safe abortion care: What would interest or concern them about safe abortion care?*
5. Distribute the Social Networks as Spheres of Influence worksheet to participants. Invite them to follow the same process you just demonstrated:
 - Label the points of the star with the groups of people and organizations that make up their social network;
 - List the names of several important people who belong to each group or organization;
 - Use another color marker to circle the names of individuals who are likely to be in favor of safe abortion care (your allies);

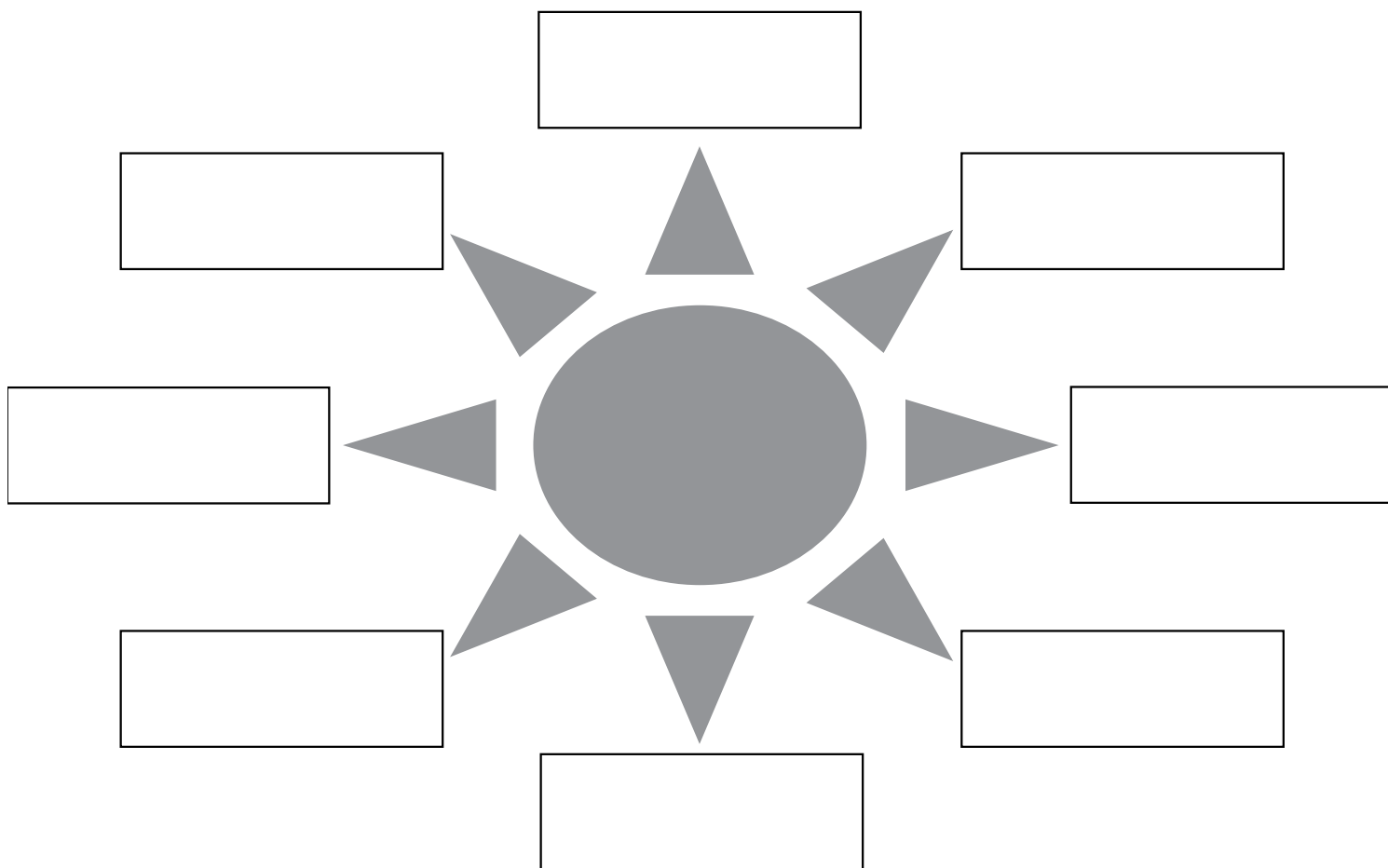
- Use a different color marker to underline the names of individuals who are unfamiliar or uncertain about the issue and who might be open to more information about safe abortion care;
 - Reflect on each individual's or organization's stake in safe abortion care: What would interest or concern them about safe abortion care?
6. Divide participants into small groups of three or four people. Ask them to discuss their Social Networks as Spheres of Influence worksheets with their group.
 - Remind participants that if others mention individuals or organizations they think they should also have in their social network, they can add them.
 7. Bring the large group back together and ask for one or two comments from each group about their discussion.
 8. Explain the slides "Effects of Social Networks as Spheres of Influence":
 - *This illustrates how we can begin advocacy efforts using our social networks to identify and connect with our allies, the people who share similar beliefs and attitudes about abortion and are willing to advocate for it.*
 - *We can also educate people who are uncertain and who could become more supportive of safe abortion care and through this we may increase the number of allies in our network.*
 - *Our network of allies increases in size and, with greater numbers, becomes more influential.*
 - *These initial steps can lead to the formation of more formal networks or coalitions that can serve as a powerful change agent to influence public opinion, laws, policies and services.*
 9. Ask participants to think about their allies, the individuals in their social network whose names they circled who they could approach today to discuss advocacy for safe abortion care.
 - Ask one or two participants to give an example of who they would approach, how and for what purpose. Remind them to consider what those people's interest or concern is about safe abortion care.
 10. Ask participants to think about the individuals in their social network whose names they underlined who they could approach today and educate on safe abortion care and advocacy efforts.
 - Ask one or two participants to give an example of who they would approach, how and for what purpose. Remind them to consider what those people's interest or concern is about safe abortion care.

11. Show slide “Social Networks as Spheres of Influence Summary Points” and discuss the following points if they haven’t already been mentioned by participants:
 - *A social network is a social structure of people and organizations that have relationships with each other.*
 - *Social networks are a great place to begin advocacy efforts and exert influence.*
 - *We can engage many people in our different spheres (personal, faith, professional, political, etc.) in advocacy efforts.*
 - *We can begin advocacy efforts with our allies (people who agree with our position) and people who are uncertain and open to learning more.*
 - *As we influence others, our network of allies grows.*
 - *Initial steps with our social networks can lead to the formation of more formal networks or coalitions that can serve as powerful change agents.*
 - *Collective power has the potential to exert more influence and effect greater change.*
 - *We can start today by planning to approach specific allies and potential allies (people who are uncertain and open to learning more).*
12. Solicit and discuss any outstanding questions, comments or concerns. Thank the group for their participation and segue to the next activity.

Social Networks as Spheres of Influence

Instructions:

- Label the points of the star with the groups of people and organizations that make up your social network.
- List several important people who belong to each group or organization.
- Use a color marker to circle the individuals who are likely to be in favor of safe abortion care.
- Use a different color marker to underline the individuals who may be open to being educated about safe abortion care.
- Reflect on each individual's or organization's stake in safe abortion care: What would interest or concern them about safe abortion care?



ACTIVITY 10: ADVOCACY ACTION STEPS



Purpose:

The purpose of this activity is to bring together many of the ideas from the workshop and move participants to action. Participants brainstorm obstacles to safe abortion care, develop advocacy action steps to address one of them and provide each other with additional suggestions. They commit to take specific action within three months.



Objectives:

By the end of this activity participants will be able to:

- Identify obstacles to safe abortion care and advocacy activities to reduce or eliminate them;
- Commit to specific actions they will take in the next three months;
- Articulate how and with which partners they will take action.



Materials:

- Flipchart easel and paper
- Advocacy Action Steps worksheet
- PowerPoint slides and handouts
- A photocopier to make copies of participants' Advocacy Action Steps worksheets



Time:

10 minutes to introduce the activity and brainstorm obstacles to safe abortion care

15 minutes to complete their Advocacy Action Steps worksheets

15 minutes to discuss worksheet responses in small groups

15 minutes for large group discussion and summary

55 minutes total



Advance Preparation:

Research local needs and priorities for safe abortion care and current advocacy activities that are already underway. When participants plan advocacy steps, encourage them to choose activities that will contribute to these advocacy efforts.

Facilitator Instructions:

1. Inform participants that this activity brings together many of the ideas that have been discussed so far and that they will now plan some advocacy action steps. Acknowledge that obstacles to safe abortion care will not be lessened without some action on our part.
2. Inform participants that first we will be discussing obstacles and advocacy steps they will take to make changes in provision of and access to safe abortion care.
3. Ask participants to brainstorm the obstacles for health systems, facilities and providers to offer safe abortion care. First write all the responses on the flipchart without comment, post flipcharts on the wall and then invite the group to make comments on the responses.
4. Ask participants to brainstorm the obstacles for women to access safe abortion care. First write all the responses on the flipchart without comment, post flipcharts on the wall and then invite the group to make comments on the responses.

Facilitator Note: During the brainstorm, participants may state obstacles that are based on their misunderstanding about a law, policy or data. Write their response without comment, and then when you invite comments from the group, ask participants to clarify the information upon which the response was based. Correct any misinformation. Also, participants may disagree about whether or not something is an obstacle. Write the response without comment and then when you invite comments from the larger group, ask for different views on whether or not it is an obstacle. There does not have to be agreement on this. A rich dialogue on obstacles and strategies to address them is what is most important.

5. Remind participants to think back to what they learned in the Understanding Abortion Laws, Policies and Data activity. Discuss local needs and priorities for safe abortion care and current advocacy activities that are already underway. When participants plan advocacy steps, encourage them to choose activities that will contribute to these advocacy efforts.
6. Ask participants to review the brainstormed lists, select one of the obstacles they would like to influence and write it on their advocacy action steps worksheet.
7. Ask participants to strategize one or two advocacy activities they could undertake that would reduce or eliminate this obstacle and write them on their worksheet.
8. Ask participants to complete the rest of the worksheet on their own and then they will discuss their responses with other participants. Also inform participants that you will make a photocopy of their worksheets

so that you can follow up with them to offer support and technical assistance, if needed.

9. Divide participants into small groups of three and ask them to take turns sharing their worksheet responses and soliciting additional suggestions from the other group members. Encourage them to note the suggestions on their worksheet.
10. Bring participants back into the large group and discuss the following questions:
 - *What do you notice about the obstacles your small group members decided to influence?*
 - *What were some of the activities your small group members are undertaking?*
 - *What were some helpful suggestions your group members made?*
 - *What will help you carry out these advocacy activities?*
11. Acknowledge that committing to take action in the next three months can be exciting and also daunting. Ask participants to exchange contact information with another participant and contact each other in several weeks to offer support with their advocacy efforts.
 - Facilitate this process to ensure that each participant has paired up with another to offer support in several weeks.
12. Show slide and summarize the activity by stating the following:
 - *Obstacles to safe abortion care will not be removed without some action on our part.*
 - *You have developed initial advocacy action steps to address some obstacles.*
 - *You and your allies are well positioned to advocate for safe abortion care.*
 - *Together, we can impact many of these obstacles!*
13. Make photocopies of participants' Advocacy Action Steps worksheets and have them keep the original for the closing activity.
14. Solicit and discuss any outstanding questions, comments or concerns. Thank the group for their participation and segue to the next activity.

Advocacy Action Steps

Obstacle to safe abortion care I would like to influence: _____

1-2 advocacy activities I will undertake in the next three months to reduce or eliminate this obstacle:

Individual and organizational allies and potential allies I can engage to help me:

I will use the following advocacy role(s) (circle): educator witness persuader

Please explain how: _____

I will exert my power in a visible or hidden manner (circle one): Please explain: _____

Some challenges I anticipate as I undertake these advocacy activities: _____

What are some strategies to overcome these challenges?

What are the first 3-5 steps I will take in this advocacy effort?

1.

2.

3.

4.

5.

ACTIVITY 11. CLOSURE:**Purpose:**

The purpose of this last activity is to review information covered in the workshop, have participants complete a letter to self and clarify plans for following up with them. Participants will complete a post-workshop survey to assess changes in knowledge, attitudes and behavioral intentions from the beginning of the workshop and a workshop evaluation form to solicit their feedback. Participants offer each other appreciation and certificates for their participation in the workshop.

**Objectives:**

By the end of this activity, participants will be able to:

- Correctly respond to questions about information and concepts covered in the workshop
- Articulate plans to implement advocacy action steps and support others
- Name what they liked and would suggest changing about the workshop
- Demonstrate appreciation to their colleagues

**Materials:**

- Workshop survey answer key for review
- Ball (if doing ball toss review)
- Extra copy of post-workshop survey and scissors (if doing question strips review)
- Envelopes and writing paper (one each per participant) and stapler
- Completed advocacy action steps worksheets
- Post-workshop surveys (one per participant)
- Workshop evaluation forms (one per participant)
- Certificates of participation

**Time:**

10 minutes to introduce closure and review information and concepts

5 minutes to write letter to self

10 minutes to complete post-workshop survey

5 minutes to complete workshop evaluation form

15 minutes to conduct closing ceremony (depends on number of participants)

45 minutes total



Advance Preparation:

- Complete certificates of participation with participants' names, signatures, logos, seals, etc. as needed.

Facilitator Instructions:

1. Explain to participants that the workshop is coming to a close. Thank everyone for their participation throughout the workshop. Also express gratitude for their commitment to engage in advocacy efforts to improve women's health and lives by increasing access to safe abortion care.
2. Review key information and concepts discussed throughout the workshop. Use the items on the post-workshop survey form as your questions. There are a variety of ways to facilitate this review, including:
 - Ball toss: Toss a ball to a participant and ask them a question. If they answer correctly, have them toss the ball back to you. If they do not know the answer or answer incorrectly, have them toss the ball to another participant who wants to respond. Continue until someone answers correctly. Proceed in the same way with the remaining questions.
 - Question strips: Cut the questions on the post-workshop survey form into separate strips of paper and distribute a strip to each participant. Have them read the question and respond. Ask other participants to say whether the response was correct or incorrect. If incorrect, ask someone to give the correct response.
3. Distribute an envelope and plain piece of paper to each participant. Invite them to write a letter to self:
 - Address the letter to themselves;
 - Write a letter that will motivate them to implement their advocacy action steps, which they will attach to this letter;
 - They can write about: feelings they experienced and important thoughts they had in the workshop; abortion issues they strongly believe in; what motivates them to advocate for safe abortion care; etc;
 - Explain that this letter is meant as a private reflection and is not meant to be shared with others.
4. Ask participants to staple their letter to self on top of their Advocacy Action Steps worksheet, insert them into their envelope, seal it and address it to themselves.
 - Explain that you will be mailing these letters to them in several weeks as a reminder of the commitment they made and as motivation to act.
 - Remind them about the participant who they will call in several weeks to offer support (from Advocacy Action Steps activity). Suggest that the day they receive their letter would be a good time to contact the other person.

- Collect the letters.
5. As the facilitator, commit to contact them within a month to find out how they are doing with their implementation and offer any technical assistance needed.
 6. Distribute post-workshop surveys and ask participants to complete them and turn them in.
 7. Review items on the workshop expectations flipchart from the workshop introduction activity and ask participants which of the expectations were met and which were not met. Discuss plans to meet any unmet expectations through follow-up after the workshop.
 8. Explain that we are always interested in improving the workshop and that their honest feedback is an extremely valuable part of this process. Distribute workshop evaluation forms and allow enough time for participants to complete them.
 - Have them put completed forms into a large envelope or folder to protect their confidentiality.
 - Make sure to collect post-workshop surveys and workshop evaluation forms from all participants before they leave.
 9. Conduct the closing ceremony by having participants appreciate and present certificates to each other:
 - Call a participant to the front of the room and ask them to select another participant's certificate to present to them.
 - Without revealing who the person is, ask them to say something they appreciated about this participant or learned from them or will especially remember about them.
 - Ask the large group to guess who they are describing.
 - Once they have guessed or have made several incorrect guesses, call that person to the front of the room to receive their certificate.
 10. Solicit and discuss any outstanding questions, comments or concerns. Thank the group for their participation and conclude the workshop.

Workshop Tools

Providers as Advocates for Safe Abortion Care

Facilitator Advance Preparation Checklist

For more information and tips on workshop design and facilitation, please refer to Ipas's *Effective training in reproductive health: Course design and delivery, Reference and Trainer's manuals* (Wegs et al. 2003 and Turner et al. 2003).

- ☐ Clarify the broader goals you want this workshop to achieve, for example: increase the number of advocates working on safe abortion care; engage providers who are already offering abortion-related services to contribute to broader advocacy efforts; prepare providers to lead or join advocacy efforts aimed at changing laws or policies or improving quality of care; etc.
- ☐ Determine potential participants: providers who are already offering abortion-related care and are willing and interested in learning to become advocates or sharpen their advocacy perspective.
- ☐ Administer the participant assessment tool and use the information you learn to inform your workshop design.
- ☐ Determine how much time you have for the workshop.
- ☐ Develop specific workshop objectives that will help you meet your goals and that you can achieve within the time frame. You may want to refer to the objectives listed for each activity.
- ☐ Select activities you will include, customize them for your setting and design an appropriate agenda that corresponds with the available time, goals, objectives and participants' current knowledge, attitudes and skills.
- ☐ Ensure that you have adequate resources (human, financial and technical) to follow up with participants on their advocacy action steps.
- ☐ If you have time to cover most of the activities in your workshop, consider administering the pre and post-workshop survey to assess changes in participants' knowledge, attitudes and behavioral intentions.
- ☐ Review Materials and Advance Preparation lists from each activity and make all necessary advance preparations.

Providers as Advocates for Safe Abortion Care

Participant Pre-Workshop Assessment

Instructions: Please take a few minutes to read each of the following questions and check the most accurate response. Please answer each question as honestly as possible.

Name: _____

	A Lot	A Little	Not at All	Comments
1. How much do you provide postabortion care (treatment for incomplete or missed abortion)?				
2. How much do you provide safe, induced abortion care?				
3. How comfortable are you with safe abortion services being provided in your country?				
4. How comfortable are you with the idea that every woman has the right to access safe abortion services in your country?				
5. How comfortable are you working in a facility where abortions are performed?				
6. How comfortable are you discussing legal abortion options with women?				
7. How comfortable are you referring women for safe abortion services?				
8. How comfortable are you providing safe abortion to women who meet the legal indications in your country?				
9. How comfortable are you providing (or assisting with) safe abortion for every woman who desires it, regardless of her reasons?				
10. How comfortable are you discussing abortion with peers at work?				

	A Lot	A Little	Not at All	Comments
11. How comfortable are you discussing abortion outside of your work setting?				
12. How knowledgeable are you about your country's laws and policies on abortion care?				
13. How comfortable are you speaking openly about abortion?				
14. How comfortable are you speaking publicly (on the radio or television, in the newspaper, etc.) about abortion?				
15. How comfortable are you speaking publicly about abortion to elected officials and policy makers?				
16. How willing are you to learn more about how to advocate for safe abortion care?				

Providers as Advocates for Safe Abortion Care

Workshop Agenda*

DAY ONE

Time	Activity	Facilitator	Materials
10 minutes	Workshop Pre-Survey		
35 minutes	Part One: Workshop Introduction		
	Part Two: What is Advocacy? Why Become an Advocate?		
40 minutes	What is Advocacy and Why Providers as Advocates?		
35 minutes	An Issue I Strongly Believe In		
15 minutes	BREAK		
50 minutes	Developing an Advocacy Perspective		
80 minutes	Three Roles of an Advocate		
1 hour	LUNCH		
	Part Three: Power		
35 minutes	Power Is...		
40 minutes	Personal Power Continuum		
15 minutes	BREAK		
35 minutes	Visible versus Hidden Power		
	Part Four: Advocacy for Safe Abortion Care		
50 minutes	Understanding Abortion Laws, Policies and Data		
5 minutes	Daily evaluation		
	Co-facilitators' debrief		

DAY TWO

Time	Activity	Facilitator	Materials
5 minutes	Review Day One/Preview Day Two		
10 minutes	Icebreaker		
55 minutes	Social Networks as Spheres of Influence		
15 minutes	BREAK		
55 minutes	Advocacy Action Steps		
45 minutes	Closure		
10 minutes	Workshop Post-Survey		
10 minutes	Workshop Evaluation		

* We recommend that participants undergo values clarification and attitude transformation activities before this workshop. Depending on participants' knowledge levels, additional content on abortion, human rights, professional ethics and refusal clauses is also recommended.

Providers as Advocates Workshop

Pre-Workshop Survey

Please answer the following questions according to your knowledge and beliefs at this time. Responses *without* identifying information may be used for evaluation purposes and professional presentations and publications. Thank you!

Name: _____

Please circle TRUE, FALSE or I DO NOT KNOW for each question below.

1. Because of their first-hand experience in the health care system, providers are too biased to become successful advocates.
 - a. True
 - b. False
 - c. I do not know.
2. It is important to clarify your values on abortion before you learn how to become a better advocate.
 - a. True
 - b. False
 - c. I do not know.
3. Because believing in something can cloud judgment, providers should advocate for issues about which they do not feel strongly.
 - a. True
 - b. False
 - c. I do not know.
4. An advocacy perspective is a frame of mind where providers accept that there will always be laws, policies and practices that they cannot influence or change.
 - a. True
 - b. False
 - c. I do not know.
5. Providers' primary advocacy role is as a presenter at professional conferences and meetings.
 - a. True
 - b. False
 - c. I do not know.
6. It is important to have current data in order to be an effective advocate.
 - a. True
 - b. False
 - c. I do not know.

7. All expressions of power are negative.
 - a. True
 - b. False
 - c. I do not know.
8. In my country, only obstetrician-gynecologists are authorized to perform first trimester abortions.
 - a. True
 - b. False
 - c. I do not know.
9. Under what circumstances does the law permit first-trimester abortion in my country?
 - a. Under no circumstances
 - b. When the pregnancy is the result of rape or incest
 - c. When continuation of the pregnancy would involve risk to the woman's life
 - d. When continuation of the pregnancy would involve risk or injury to the woman's physical health
 - e. When continuation of the pregnancy would involve injury to the woman's mental health
 - f. When continuation of the pregnancy would involve injury to the father's mental health
 - g. Where there is a substantial risk that the fetus may have a serious physical abnormality or disease
 - h. Upon request of the woman
 - i. I do not know.
10. In my country, the law requires a married woman to obtain her husband's written consent before she can terminate a pregnancy.
 - a. True
 - b. False
 - c. I do not know.
11. In my country, the law requires an adolescent to obtain written consent from both parents before she can undergo a termination of pregnancy.
 - a. True
 - b. False
 - c. I do not know.
12. In my country, the law requires any woman seeking an abortion resulting from rape or incest to provide legal evidence of the sexual assault.
 - a. True
 - b. False
 - c. I do not know.
13. Power is always simple to recognize because people exert it openly.
 - a. True
 - b. False
 - c. I do not know.

14. It is better to begin advocacy efforts with people who have strongly disagreed with me about abortion.
 - a. True
 - b. False
 - c. I do not know.

Please fill in the correct response.

15. The three roles of an advocate are: _____, _____ and _____.

Please circle only ONE correct response for each question below.

16. Which of the following is *not* a usual role for advocates for safe abortion care:
 - a. Educating clients about options
 - b. Documenting and disseminating abortion-related morbidity and mortality
 - c. Influencing policy
 - d. Sharing poignant client stories with colleagues at meetings to make a point
 - e. All of the above are usual roles for advocates
17. A social network includes:
 - a. People we have influence with
 - b. People we interact with on a frequent basis
 - c. People we are related to
 - d. All of the above
 - e. None of the above
18. Which of the following is *not* an appropriate venue for advocacy efforts:
 - a. When educating clients
 - b. When interacting with the media
 - c. When talking to professional colleagues
 - d. When trying to influence policy makers
 - e. All of the above are appropriate venues for advocacy
19. Which of the following expressions of power is often harmful:
 - a. Personal power
 - b. Power over other people
 - c. Power in conjunction with other people
 - d. Power that institutions have
 - e. All of the above
 - f. None of the above

Please respond below based on your current beliefs and comfort levels. Please circle only one response for each question.

	Please circle one:				
	Strongly disagree				Strongly agree
1. I believe that providers of abortion services have an obligation to advocate for safe abortion care.	1	2	3	4	5
2. I am comfortable with safe abortion services being provided in my country.	1	2	3	4	5
3. I am comfortable with the idea that <u>every</u> woman has the right to access safe abortion services in my country.	1	2	3	4	5
4. I am comfortable working in a facility where abortions are being performed.	1	2	3	4	5
5. I am comfortable discussing legal abortion options with my clients.	1	2	3	4	5
6. I am comfortable referring women for safe abortion services.	1	2	3	4	5
7. I am comfortable providing (or assisting with) abortion for <u>every</u> woman who desires it, regardless of her reasons.	1	2	3	4	5
8. I am comfortable speaking openly about abortion.	1	2	3	4	5
9. I am comfortable speaking publicly (on the radio or television, in the newspaper, etc.) about abortion.	1	2	3	4	5
10. I am comfortable discussing abortion with peers at work.	1	2	3	4	5
11. I am comfortable discussing abortion outside my work setting.	1	2	3	4	5
12. I am knowledgeable about my country's laws and policies on abortion services.	1	2	3	4	5
13. I am comfortable speaking publicly about abortion to elected and appointed policy makers.	1	2	3	4	5

I intend to do the following within the next three months:	Please circle one:		
1. Learn more about the need for safe abortion care advocacy in my country.	Yes	No	Not applicable
2. Advocate making safe, comprehensive abortion care widely available in my country.	Yes	No	Not applicable
3. Educate women about safe abortion services.	Yes	No	Not applicable
4. Refer women seeking abortion to safe services.	Yes	No	Not applicable
5. Speak to my colleagues about the need for safe abortion care for all women.	Yes	No	Not applicable
6. Talk to allies in my social network about the need for improved safe abortion care.	Yes	No	Not applicable
7. Take a public stance on the need for improved safe abortion care.	Yes	No	Not applicable

Please respond below so we can plan a productive, satisfying workshop:

Two topics I hope we will address in this workshop are:

1. _____ 2. _____

What else would you like the facilitators to know as they are leading this workshop?

Please provide us with some information about you.

Your gender: _____ Your age: _____

Your religious or faith affiliation: _____

Your primary professional affiliation: *(Please select one)*

___ OB/GYN

___ Nurse midwife

___ Other health care provider (please specify): _____

Providers as Advocates Workshop

Post-Workshop Survey

Please answer the following questions according to your knowledge and beliefs at this time. Responses *without* identifying information may be used for evaluation purposes and professional presentations and publications. Thank you!

Name: _____

Please circle TRUE, FALSE or I DO NOT KNOW for each question below.

1. Because of their first-hand experience in the health care system, providers are too biased to become successful advocates.
 - a. True
 - b. False
 - c. I do not know.
2. It is important to clarify your values on abortion before you learn how to become a better advocate.
 - a. True
 - b. False
 - c. I do not know.
3. Because believing in something can cloud judgment, providers should advocate for issues about which they do not feel strongly.
 - a. True
 - b. False
 - c. I do not know.
4. An advocacy perspective is a frame of mind where providers accept that there will always be laws, policies and practices that they cannot influence or change.
 - a. True
 - b. False
 - c. I do not know.
5. Providers' primary advocacy role is as a presenter at professional conferences and meetings.
 - a. True
 - b. False
 - c. I do not know.
6. It is important to have current data in order to be an effective advocate.
 - a. True
 - b. False
 - c. I do not know.

7. All expressions of power are negative.
 - a. True
 - b. False
 - c. I do not know.

8. In my country, only obstetrician-gynecologists are authorized to perform first trimester abortions.
 - a. True
 - b. False
 - c. I do not know.

9. Under what circumstances does the law permit first-trimester abortion in my country?
 - a. Under no circumstances
 - b. When the pregnancy is the result of rape or incest
 - c. When continuation of the pregnancy would involve risk to the woman's life
 - d. When continuation of the pregnancy would involve risk or injury to the woman's physical health
 - e. When continuation of the pregnancy would involve injury to the woman's mental health
 - f. When continuation of the pregnancy would involve injury to the father's mental health
 - g. Where there is a substantial risk that the fetus may have a serious physical abnormality or disease
 - h. Upon request of the woman
 - i. I do not know.

10. In my country, the law requires a married woman to obtain her husband's written consent before she can terminate a pregnancy.
 - a. True
 - b. False
 - c. I do not know.

11. In my country, the law requires an adolescent to obtain written consent from both parents before she can undergo a termination of pregnancy.
 - a. True
 - b. False
 - c. I do not know.

12. In my country, the law requires any woman seeking an abortion resulting from rape or incest to provide legal evidence of the sexual assault.
 - a. True
 - b. False
 - c. I do not know.

13. Power is always simple to recognize because people exert it openly.
- True
 - False
 - I do not know.
14. It is better to begin advocacy efforts with people who have strongly disagreed with me about abortion.
- True
 - False
 - I do not know.

Please fill in the correct response.

15. The three roles of an advocate are: _____, _____ and _____.

Please circle only ONE correct response for each question below.

16. Which of the following is *not* a usual role for advocates for safe abortion care:
- Educating clients about options
 - Documenting and disseminating abortion-related morbidity and mortality
 - Influencing policy
 - Sharing poignant client stories with colleagues at meetings to make a point
 - All of the above are usual roles for advocates
17. A social network includes:
- People we have influence with
 - People we interact with on a frequent basis
 - People we are related to
 - All of the above
 - None of the above
18. Which of the following is *not* an appropriate venue for advocacy efforts:
- When educating clients
 - When interacting with the media
 - When talking to professional colleagues
 - When trying to influence policy makers
 - All of the above are appropriate venues for advocacy
19. Which of the following expressions of power is often harmful:
- Personal power
 - Power over other people
 - Power in conjunction with other people
 - Power that institutions have
 - All of the above
 - None of the above

Please respond below based on your current beliefs and comfort levels. Please circle only one response for each question.

	Please circle one:				
	Strongly disagree				Strongly agree
1. I believe that providers of abortion services have an obligation to advocate for safe abortion care.	1	2	3	4	5
2. I am comfortable with safe abortion services being provided in my country.	1	2	3	4	5
3. I am comfortable with the idea that <u>every</u> woman has the right to access safe abortion services in my country.	1	2	3	4	5
4. I am comfortable working in a facility where abortions are being performed.	1	2	3	4	5
5. I am comfortable discussing legal abortion options with my clients.	1	2	3	4	5
6. I am comfortable referring women for safe abortion services.	1	2	3	4	5
7. I am comfortable providing (or assisting with) abortion for <u>every</u> woman who desires it, regardless of her reasons.	1	2	3	4	5
8. I am comfortable speaking openly about abortion.	1	2	3	4	5
9. I am comfortable speaking publicly (on the radio or television, in the newspaper, etc.) about abortion.	1	2	3	4	5
10. I am comfortable discussing abortion with peers at work.	1	2	3	4	5
11. I am comfortable discussing abortion outside my work setting.	1	2	3	4	5
12. I am knowledgeable about my country's laws and policies on abortion services.	1	2	3	4	5
13. I am comfortable speaking publicly about abortion to elected and appointed policy makers.	1	2	3	4	5

I intend to do the following within the next three months:	Please circle one:		
1. Learn more about the need for safe abortion care advocacy in my country.	Yes	No	Not applicable
2. Advocate making safe, comprehensive abortion care widely available in my country.	Yes	No	Not applicable
3. Educate women about safe abortion services.	Yes	No	Not applicable
4. Refer women seeking abortion to safe services.	Yes	No	Not applicable
5. Speak to my colleagues about the need for safe abortion care for all women.	Yes	No	Not applicable
6. Talk to allies in my social network about the need for improved safe abortion care.	Yes	No	Not applicable
7. Take a public stance on the need for improved safe abortion care.	Yes	No	Not applicable

Please provide us with some information about you.

Your gender: _____ Your age: _____

Your religious or faith affiliation: _____

Your primary professional affiliation: *(Please select one)*

___ OB/GYN

___ Nurse midwife

___ Other health care provider (please specify): _____

Providers as Advocates Workshop

Workshop Survey Answer Key

Please answer the following questions according to your knowledge and beliefs at this time. Responses *without* identifying information may be used for evaluation purposes and professional presentations and publications. Thank you!

Correct responses appear in bold.

Name: _____

Please circle TRUE, FALSE or I DO NOT KNOW for each question below.

1. Because of their first-hand experience in the health care system, providers are too biased to become successful advocates.
 - a. True
 - b. False**
 - c. I do not know.
2. It is important to clarify your values on abortion before you learn how to become a better advocate.
 - a. True**
 - b. False
 - c. I do not know.
3. Because believing in something can cloud judgment, providers should advocate for issues about which they do not feel strongly.
 - a. True
 - b. False**
 - c. I do not know.
4. An advocacy perspective is a frame of mind where providers accept that there will always be laws, policies and practices that they cannot influence or change.
 - a. True
 - b. False**
 - c. I do not know.
5. Providers' primary advocacy role is as a presenter at professional conferences and meetings.
 - a. True
 - b. False**
 - c. I do not know.
6. It is important to have current data in order to be an effective advocate.
 - a. True**
 - b. False
 - c. I do not know.

7. All expressions of power are negative.
 - a. True
 - b. False**
 - c. I do not know.

8. In my country, only obstetrician-gynecologists are authorized to perform first trimester abortions.
 - a. True
 - b. False
 - c. I do not know.

Correct response depends on country.

9. Under what circumstances does the law permit first-trimester abortion in my country?
 - a. Under no circumstances
 - b. When the pregnancy is the result of rape or incest
 - c. When continuation of the pregnancy would involve risk to the woman's life
 - d. When continuation of the pregnancy would involve risk or injury to the woman's physical health
 - e. When continuation of the pregnancy would involve injury to the woman's mental health
 - f. When continuation of the pregnancy would involve injury to the father's mental health
 - g. Where there is a substantial risk that the fetus may have a serious physical abnormality or disease
 - h. Upon request of the woman
 - i. I do not know.

Correct response depends on country.

10. In my country, the law requires a married woman to obtain her husband's written consent before she can terminate a pregnancy.
 - a. True
 - b. False
 - c. I do not know.

Correct response depends on country.

11. In my country, the law requires an adolescent to obtain written consent from both parents before she can undergo a termination of pregnancy.
 - a. True
 - b. False
 - c. I do not know.

Correct response depends on country.

12. In my country, the law requires any woman seeking an abortion resulting from rape or incest to provide legal evidence of the sexual assault.
- a. True
 - b. False
 - c. I do not know.

Correct response depends on country.

13. Power is always simple to recognize because people exert it openly.
- a. True
 - b. False**
 - c. I do not know.
14. It is better to begin advocacy efforts with people who have strongly disagreed with me about abortion.
- a. True
 - b. False**
 - c. I do not know.

Please fill in the correct response.

15. The three roles of an advocate are: **Educator**, **Witness** and **Persuader**.

Please circle only ONE correct response for each question below.

16. Which of the following is *not* a usual role for advocates for safe abortion care:
- a. Educating clients about options
 - b. Documenting and disseminating abortion-related morbidity and mortality
 - c. Influencing policy
 - d. Sharing poignant client stories with colleagues at meetings to make a point
 - e. All of the above are usual roles for advocates**

17. A social network includes:
- a. People we have influence with
 - b. People we interact with on a frequent basis
 - c. People we are related to
 - d. All of the above**
 - e. None of the above

18. Which of the following is *not* an appropriate venue for advocacy efforts:
- a. When educating clients
 - b. When interacting with the media
 - c. When talking to professional colleagues
 - d. When trying to influence policy makers
 - e. All of the above are appropriate venues for advocacy**

19. Which of the following expressions of power is often harmful:
- a. Personal power
 - b. Power over other people**
 - c. Power in conjunction with other people
 - d. Power that institutions have
 - e. All of the above
 - f. None of the above

Providers as Advocates for Safe Abortion Care Workshop

Evaluation Form

GOAL: The goal of this workshop is to engage providers who are already offering abortion-related services to contribute to broader advocacy efforts.

OBJECTIVES: By the end of this workshop, participants will be able to:

- Define advocacy
- Describe why providers are uniquely positioned to advocate for safe abortion care
- Identify an issue in which they strongly believe and what about that issue inspires advocacy
- Describe an advocacy perspective
- Explain the three roles of an advocate and which role they would need to play in different situations
- Define power and different expressions of power including: power over, power with, power to and power within
- Discuss factors that impact our sense of power, what might increase it and the potential of collective power
- Describe opportunities to advocate for increased access to safe abortion care according to local laws, policies and data
- Identify current and potential allies in their social network they plan to approach and how
- Identify obstacles to safe abortion care and develop advocacy action steps they will take in the next three months

Please rate the workshop on each item below using the following scale. Please use the comments section to provide more information about the rating and suggestions for improvement.

4 = strongly agree 3 = agree 2 = disagree 1 = strongly disagree

The workshop fulfilled its goal and objectives (see above). _____

Comments:

The workshop was well organized. _____

Comments:

The workshop topics were appropriate. _____

Comments:

The facilitators used effective training methods. _____

Comments:

The facilitators responded to participants' needs. _____

Comments:

The workshop materials (handouts, worksheets, etc.) were effective. _____

Comments:

There were enough opportunities for discussion. _____

Comments:

The break, lunch and other logistical arrangements were satisfactory. _____

Comments:

What suggestions can you make to improve this workshop in the future?

Your general comments and suggestions:

Name _____

Date Completed

Hours Completed

ADDITIONAL RESOURCES

General Advocacy

Advocacy for social justice, by David Cohen, Rosa de la Vega and Gabrielle Watson, Kumarian Press, Inc., 2001.

This resource includes a step-by-step guide to planning and implementing an advocacy campaign, as well as case stories from around the world. It challenges value-neutral advocacy and asserts that “social justice advocacy must embrace power relationships, people’s participation and a vision of a just, decent society.”

Health care for all! Taking action: A guide to organizing in your community, Montgomery Health Care Action, ed. <http://www.mdhealthcarereform.org/Documents/Health%20Care%20TOOLKIT.%20FINAL.pdf>

This how-to toolkit for community organizing was created to change the health-care system in Maryland. It includes good use of tables and graphs to present data, as well as sample media release, newsletter article, letter to the editor and instructions for holding a community forum and a call-in to elected representatives.

An introduction to advocacy: A training guide, by Ritu R. Sharma, Support for Analysis and Research in Africa (SARA), 1995.

This is a 10-Activity guide outlining the advocacy process. The guide focuses on “advocacy directed at changing the policies, positions or programs of any type of institution – a small NGO, a council of elders, a ministry of health, a national parliament, an international agency or any other kind of organization.” This resource asserts that “wherever change needs to occur, advocacy has a role to play.”

Make a difference for your cause: Strategies for Nonprofit Engagement in Legislative Advocacy, by Gita Gulati-Partee and Sharon Stewart, Center for Lobbying in the Public Interest, 2006.

These strategies are intended to inspire and motivate U.S.-based nonprofits to include legislative advocacy as part of their core activities. The resource includes the “CLPI Road Map for Engagement in Legislative Advocacy.” The authors define advocacy as “identifying, embracing and promoting a cause. Advocacy can influence public opinion as well as public policy.”

A new weave of power, people & politics: The action guide for advocacy and citizen Participation, by Lisa VeneKlasen with Valerie Miller, World Neighbors, 2002.

This guide defines advocacy as “not just about getting to the table with a new set of interests, it is about changing the size and configuration of the table to accommodate a whole new set of actors. Effective advocacy challenges imbalances of power and changes thinking.” The guide includes sample exercises on understanding politics, planning and

conducting advocacy. Also included are helpful activities on understanding different forms of power.

Real clout: A how-to manual for community activists trying to expand healthcare access by changing public policy, by Judith C. Meredith and Catherine M. Dunham, The Access Project, 1999.

This is a helpful guide for U.S.-based health-care advocates.

Reproductive and Human Rights Advocacy

Advocacy guide for sexual and reproductive health and rights, International Planned Parenthood Federation, July 2001.

This guide provides a step-by-step guide to planning an advocacy campaign, including establishing goals, building a constituency, shaping a message and going public using the Internet and printed materials. The resource describes the process of lobbying policymakers as well as educating colleagues and others and dealing with the opposition. The guide defines advocacy as “the act or the process of supporting a cause or issue.” Interestingly, it distinguishes advocacy from information, education and communication programs as “a set of targeted actions in support of a cause or issue.”

Advocacy toolkit, Physicians for Human Rights.
www.physiciansforhumanrights.org/toolkit.

The toolkit includes basic information on government officials, media and publicity, event planning, organizing, recruitment, fundraising and coalition building.

Evidence-led obstetric care: Report of a WHO meeting, Geneva Switzerland, 28-30, World Health Organization, January 2004.

This report includes lessons about policy change in China, Thailand and Argentina. “Meeting participants concluded that it is difficult to systematically evaluate the promotion of policy change due to its complexity, but that clear messages and effective dialogue can facilitate the translation of evidence into policy.” WHO guidelines for safe abortion care (www.who.int/reproductive-health/publications/safe_abortion/safe_abortion.pdf).

From rights to reality: How to advocate for women’s reproductive freedom worldwide, Center for Reproductive Rights, February 2003.

This report focuses on lobbying and delineates key roles for advocates – educator, representative and persuader. The report includes a chart of policymakers (i.e., advocacy targets) at the national, state/provincial, local and regional and international levels.

International Conference on Population and Development (ICPD) Programme of Action, also known as “The Cairo Consensus,” 1994. <http://www.unfpa.org/publications/detail.cfm?ID=275&filterListType=4>

Key Actions for the Further Implementation of the Programme of Action of the ICPD -- ICPD+5. <http://www.unfpa.org/icpd/icpd5-keyactions.cfm>

Safe Abortion-Specific Resources

How to talk about abortion: A guide to successful communications, by Frances Kissling, Catholics for a Free Choice, 2002. Also in Spanish.

The author writes about communication strategies that are helpful for safe abortion advocates.

Making safe abortion accessible: A practical guide for advocates, by Charlotte E. Hord, Ipas, 2001.

This guide offers direction to activists who want to ensure that abortions permitted by law are safe and accessible. Includes sections on envisioning how you want to see abortion services change, finding partners to help accomplish goals, planning the work, spreading awareness of the need for change among a variety of audiences and helping prepare the health system and related sectors to offer safe abortion services. The guide defines advocacy as “the strategic use of information to change policies that affect people’s lives.”

Networking for Policy Change: An Advocacy Training Manual, The POLICY Project, 1999.

The manual includes detailed training tools and information for understanding advocacy networks and coalitions.

Safe abortion care: An imperative for health care workers, video, Ipas, 2002.

This video makes the case for training and supporting mid-level providers – nurses, midwives, physician assistants and others – to deliver abortion care as a component of comprehensive reproductive health care. It features interviews with prominent health-care providers, policymakers, parliamentarians and women’s health advocates from around the world who know firsthand the essential role that mid-level providers can and must play in making essential health services more accessible. The video is available through Ipas publications by emailing ipas_publications@ipas.org or going to <http://www.ipas.org>

The Society of Obstetricians and Gynecologists of Canada. www.sogc.org

This resource includes reference to its ALARM International Program (AIP), a five-day training and mobilizing tool for health professionals that focuses on the main causes of maternal and neonatal mortality and morbidity.

Medicine and Professional Ethics

Abortion, social inequity and women's health: Obstetrician-gynecologists as agents of change, Nadine Gasman, Marta Maria Blandon and Barbara B. Crane. http://www.figo.org/files/figo-corp/docs/World_Report_Pages_310-316.pdf

Addressing unsafe abortion: A commitment to saving women's lives, Ipas, 2004, 2008. http://www.ipas.org/publications/asset_upload_file257_2444.pdf

"Ethical guidelines on conscientious objection: FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health," *The International Journal of Gynecology and Obstetrics*, 92 (3): 333-334.

Conscientious objection and the implementation of the choice on termination of pregnancy act 92 of 1996 in South Africa, by Nikki Naylor and Michelle O'Sullivan.

"The limits of conscientious objection to abortion in the developing world," by Louis Jacques van Bogaert, *Developing World Bioethics*, 2 (2): 131-143.

"Physician-Citizens – Public Roles and Professional Obligations," by Russell L. Gruen, Steven D. Pearson and Troyen A. Brennan, *The Journal of the American Medical Association*, (2004) 291:94-98.

This article defines advocacy as to "publicly defend, maintain, recommend, stand up for, or raise one's voice on behalf of a proposal or tenet" and asserts that "physicians are natural advocates not only because of their special knowledge, perspective and proximity to health issues but also because of their public influence." The piece includes a helpful list of examples of advocacy and participation, "a spectrum of activities within and outside a physician's regular practice." The authors also note that "collective action is the hallmark of professionalism" and that "these larger movements have shown physician advocacy to be most effective when it has a specific goal, a clear message, good supporting evidence, collective action and participation in the political process."

Physicians for Reproductive Choice and Health. <http://www.prch.org/physicians-voices>

Downloadable testimonials from abortion providers, including: "William K. Rahbaum, MD – In His Own Words"; Preventing Unsafe Abortion through Medical Advocacy: A Call to Action for FIGO Members, Ipas. An example of "fast facts" about unsafe abortion including a bar graph depicting the estimated annual mortality due to unsafe abortion.

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