



ROOTS OF **CHANGE**

FACILITATION GUIDE

Ipas

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

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INTRODUCTION

Acknowledgements

This facilitation guide has been developed by Elizabeth Guthrie as a companion guide to **ROOTS OF CHANGE: A STEP-BY-STEP ADVOCACY GUIDE FOR EXPANDING ACCESS TO SAFE ABORTION**. Many thanks to our technical reviewers and co-creators: Jina Dhillon, Noreen Fagan, Jeanne Hefez and Hope Tyson. Thanks also to our pilot facilitators: Celestin Compaore, Francoise Mukuku, Djenebou Diallo, Suzanne Majani, Judith Okal and Mandira Paul. The feedback of all these individuals was essential to the creation of the activities in this guide.

About this guide

This facilitation guide is a companion to **ROOTS OF CHANGE: A STEP-BY-STEP ADVOCACY GUIDE FOR EXPANDING ACCESS TO SAFE ABORTION**, published by Ipas in 2018. The **ROOTS OF CHANGE** advocacy guide was developed to support advocates interested in engaging directly in advocacy to support expanded access to safe abortion care in their country. It is an interactive workbook that can be worked through with a small group of stakeholders as they take into account the unique considerations for abortion-related advocacy and develop a strategy for action. It takes readers through each step in the process of developing an advocacy strategy and draws from Ipas's decades of experience in abortion advocacy.

ROOTS OF CHANGE was tested with smaller groups and works well in that context. With larger groups, we have found that a facilitated process is preferred for developing a strong advocacy strategy with wide buy-in from key stakeholders. If you have a small, already convened group interested in working on abortion advocacy, the **ROOTS OF CHANGE** advocacy guide can be used to help you assess your context and determine possible advocacy intervention points. If you have a

larger coalition of stakeholders, including some who might be less familiar with the issue, this facilitation guide is a better choice and can help you facilitate a process to develop a shared vision and strategy for action.

The **▶ ROOTS OF CHANGE** advocacy guide includes sections on communications planning and opposition monitoring not reflected in this facilitation guide, which is primarily focused on helping groups launch a new coalition or clarify the advocacy strategy of an existing coalition. Communications planning and opposition monitoring are key next steps, once a coalition feels secure in its purpose. The **▶ ROOTS OF CHANGE** advocacy guide can lead you through developing a communications strategy and preparing for and monitoring the opposition. Ipas has resources and staff available if you have questions about communications or opposition monitoring. Please contact us at advocacy@ipas.org with questions.

Building a coalition for abortion advocacy

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

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

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

Make sure you know who “controls” access to abortion services and plan to include those individuals in some way. For instance, are ob-gyns the only health providers authorized to do abortions? You may need to invite a highly respected ob-gyn who supports an expanded role for midlevel health professionals in abortion care to join your group. Are NGOs working on women's rights issues interested in addressing abortion issues? Maybe they can help you tackle the issue using rights language and concepts.

Try to identify and involve all parties who have some stake in what happens with abortion; failing to include certain groups now may lead them to oppose

or undermine your efforts later. Try not to limit your coalition. Strive for the right complement of partners at the start, but you should be willing to take a new look at your coalition periodically to see if additional groups should be invited to join.

» Beware this coalition-building pitfall

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

Convening a **ROOTS OF CHANGE** workshop

GROUP SIZE

We recommend using this facilitation guide to assist with your advocacy strategy development process if your group is going to be larger than about 10 people. A group of 10 or fewer can work through the **ROOTS OF CHANGE** advocacy guide as a small group—or can use this facilitation guide if a facilitated approach is preferred.

GROUP COMPOSITION

To know where to begin with your workshop planning, you must understand the extent to which your participants are 1) sensitized to the harms of unsafe abortion, 2) in support of policy change to expand access to safe abortion and 3) committed to public collective action to advance abortion access and rights.

For groups that might include people who have not been fully sensitized or whose level of support is unknown, we suggest a **full day of activities on values clarification for action and transformation (VCAT)** to support participants in clarifying their personal values around abortion and ensuring they are ready to fully support expanding access to safe abortion.

We also recommend a general introduction to the global public health problem of unsafe abortion and the evolution of abortion rights internationally.

For groups who are already established, sensitized, and committed to policy change, we recommend starting with **at least one or two VCAT activities** to act as an icebreaker—and including more as you are able. If you are able to dedicate a full day to VCAT, it will be beneficial to participants, but if participants have already gone through a VCAT workshop, you can truncate your time spent on VCAT.

PLAN YOUR WORKSHOP

- Review resources:
 - [*Roots of Change: A step-by-step advocacy guide for expanding access to safe abortion*](#)
 - [*Abortion Attitude Transformation: A values clarification toolkit for global audiences \(VCAT toolkit\)*](#)
 - [*Global Abortion Policies Database*](#) from World Health Organization
 - [*The World's Abortion Laws map*](#) from Center for Reproductive Rights
 - PowerPoint presentation: Overview of Unsafe Abortion and Abortion Rights (included in zip file with this guide)
 - Facilitator's guide (for those newer to facilitation) in [*Abortion Stigma Ends Here: A toolkit for understanding and action*](#)
- Review the participant list to develop your agenda (see two sample agendas below).
 - Check accessibility for participants and make sure you can accommodate participants' needs.
- Work closely with co-facilitators to select activities and content for the training, which may vary depending on the mix of participants.
- Meet with co-facilitators at least one day prior to the workshop to review workshop content and define roles.
- Work closely with logistical coordinators to ensure access to all needed facilities (for example, breakout rooms if needed, printing, etc.).
- Place participant materials in folders to be handed out on the first day.
- Review materials lists including print outs for activities prior to beginning your workshop.
- Prepare flipcharts labeled "parking lot" or "garden" to capture ideas for later discussion throughout the workshop.
- If possible, play music and/or use a nonverbal signal to return from activities (for example, chimes); it helps to create an atmosphere of receptivity, which is critical for this learning.

For additional support planning your **ROOTS OF CHANGE** workshop, contact Ipas at advocacy@ipas.org.

SAMPLE AGENDA:

2.5-day workshop including a full-day of abortion VCAT
(Recommended for new coalitions, existing coalitions that might be new to the issue of abortion, or for coalitions that include members who are new to the issue.)

DAY 1: VCAT + Exercise 1 from Roots of Change

9:00 am – 9:30 am	Welcome and introduction Objectives, agenda, and group agreements
9:30 am – 10:45 am	VCAT: Reasons why An exercise that explores all the reasons why people have unwanted/unintended pregnancies and choose to terminate a pregnancy. Explores our personal comfort and discomfort with different reasons and what happens when subjective comfort levels are translated into laws and policies.
10:45 am – 11:00 am	Break
11:00 am – 11:45 am	VCAT: Cross the line A lively introductory exercise that helps participants start to clarify their beliefs about specific aspects of abortion care and examine where those beliefs came from. It also helps the group as a whole start to see the diversity of beliefs in the room in a safe and respectful way.
11:45 am – 1:00 pm	VCAT: Why did she die? With PowerPoint presentation of Overview of Unsafe Abortion and Abortion Rights This case study helps participants examine the harmful consequences of barriers to safe abortion care. After an in-depth examination of an individual-level case study in small groups, we share a presentation on the global landscape of abortion access to support participants in linking individual realities to the global impact of unsafe abortion and barriers to care.
1:00 pm – 2:00 pm	Lunch
2:00 pm – 3:00 pm	VCAT: Four corners This interactive and energetic exercise helps participants build empathy and understanding of different points of view on abortion care by stepping into someone else’s shoes to explain why someone might reasonably hold a belief that is different from theirs.
3:00 pm – 3:45 pm	VCAT: Personal beliefs versus professional responsibilities This activity is intended to help participants assess where their personal beliefs are in alignment or in conflict with their professional responsibilities to provide or support provision of safe abortion care. It was initially designed with health-care providers in mind, but it is often adapted quickly and easily for other audiences.
3:45 pm – 5:00 pm	Roots of Change Exercise 1: Envisioning an ideal world for safe abortion care To begin developing an advocacy strategy to expand safe abortion access and rights, it is important for a coalition to first ask itself: What does a world where abortion is legal and safe look like? This is an opportunity for the coalition to think comprehensively and expansively to develop the fullest possible picture of how abortion care can change its country and what it will take to make that world a reality. * Note, if you are running late and it is getting too close to the end of the day, consider having groups develop their stories during this session and then share and discuss their stories the next morning.
5:00 pm – 5:15 pm	Closing

DAY 2: Roots of Change

9:00 am–9:30 am	Welcome Review of Day 1
9:30 am–10:30 am	Exercise 2: Identifying barriers and determining priorities This exercise helps determine priorities for action by asking participants to identify the barriers to achieving an ideal world for women and girls regarding safe abortion—and to determine which barriers are most important or urgent and which barriers are best addressed by this group.
10:30 am–10:45 am	Break
10:45 am–12:00 pm	Exercise 3: Understanding the context This exercise will walk you through the evaluation of each of the eight essential elements to a functioning sustainable ecosystem for access to safe abortion: 1) Individual knowledge and agency, 2) Community social norms and support, 3) Political support and leadership, 4) Policy and legislation, 5) Financing, 6) Commodities, 7) Health workforce and service delivery, and 8) Health information.
2:00 pm–3:00 pm	Exercise 4: Stakeholder mapping This activity identifies and maps the diverse stakeholders who will be involved in your advocacy work.
1:00 pm–2:00 pm	Lunch
2:00 pm–3:30 pm	Exercise 5: Action planning Action planning to determine what specific steps the coalition will take to achieve its advocacy goal; milestones for the next three, six, and 12 months; and how progress will be measured.
3:30 pm–4:00 pm	Closing * Note that this day is intentionally left with room at the end in case any of your sessions go longer than anticipated and you need to change your agenda to accommodate.

Day 3: Roots of Change

9:00–9:15 am	Welcome Review of Day 2
9:15–10:30 am	Exercise 6: Coalition planning Leveraging your coalition’s strengths and mitigating challenges will help you in your efforts to expand safe abortion access and rights. This session gives the coalition space to identify challenges and developing proactive solutions to ensure success.
10:30 am–12:00 pm	Exercise 7: Talking about abortion When talking about abortion with other people, we may encounter awkwardness, discomfort, and even hostility on occasion. This activity helps participants anticipate negative comments and reactions from people we care about who have different levels of comfort with abortion. It is designed to help participants develop and express appropriate, respectful and confident responses to disapproving questions and concerns.
12:00 pm–12:30 pm	Closing

SAMPLE AGENDA:

2-day workshop including one half day of abortion VCAT
(Recommended for coalitions that have already gone through the VCAT process)

DAY 1: VCAT and Roots of Change

9:00 am – 9:30 am	Welcome and introduction Objectives, agenda, and group agreements
9:30 am – 10:15 am	VCAT: Cross the line A lively introductory exercise that helps participants start to clarify their beliefs about specific aspects of abortion care and examine where those beliefs came. Plus, it helps the group as a whole start to see the diversity of beliefs in the room in a safe and respectful way.
10:15 am – 11:30 am	VCAT: Why did she die? With PowerPoint presentation of Overview of Unsafe Abortion and Abortion Rights This case study helps participants examine the harmful consequences of barriers to safe abortion care. After an in-depth examination of an individual-level case study in small groups, we share a presentation on the global landscape of abortion access to support participants in linking individual realities to the global impact of unsafe abortion and barriers to care.
11:30 am – 11:40 am	Break
11:40 am – 1:00 pm	Exercise 1: Envisioning an ideal world for safe abortion care To begin developing an advocacy strategy to expand safe abortion access and rights, it is important for a coalition to first ask itself: What does a world where abortion is legal and safe look like? This is an opportunity for the coalition to think comprehensively and expansively to develop the fullest possible picture of how abortion care can change its country and what it will take to make that world a reality.
1:00 pm – 2:00 pm	Lunch
2:00 pm – 3:00 pm	Exercise 2: Identifying barriers and determining priorities This exercise helps determine priorities for action by asking participants to identify the barriers to achieving an ideal world for women and girls regarding safe abortion—and to determine which barriers are most important or urgent and which barriers are best addressed by this group.
3:00 pm – 4:30 pm	Exercise 3: Understanding the context This exercise will walk you through the evaluation of each of the eight essential elements to a functioning sustainable ecosystem for access to safe abortion: 1) Individual knowledge and agency, 2) Community social norms and support, 3) Political support and leadership, 4) Policy and legislation, 5) Financing, 6) Commodities, 7) Health workforce and service delivery, and 8) Health information.
4:30 pm – 5:00 pm	Closing

DAY 2: Roots of Change

9:00 am–9:15 am	Welcome Review of Day 1
9:15 am–10:15 am	Exercise 4: Stakeholder mapping This activity identifies and maps the diverse stakeholders who will be involved in your advocacy work.
10:15 am–11:15 am	Exercise 5: Action planning Action planning to determine what specific steps the coalition will take to achieve its advocacy goal; milestones for the next three, six, and 12 months; and how progress will be measured.
11:15 am–11:30 am	Break
11:30 am–1:00 pm	Exercise 6: Coalition planning Leveraging your coalition’s strengths and mitigating challenges will help you in your efforts to expand safe abortion access and rights. This session gives the coalition space to identify challenges and develop proactive solutions to ensure success.
1:00 pm–2:00 pm	Lunch
2:00 pm–3:30 pm	Exercise 7: Talking about abortion When talking about abortion with other people, we may encounter awkwardness, discomfort, and even hostility on occasion. This activity helps participants anticipate negative comments and reactions from people we care about who have different levels of comfort with abortion. It is designed to help participants develop and express appropriate, respectful and confident responses to disapproving questions and concerns.
3:30 pm–4:00 pm	Closing * Note that this day is intentionally left with room at the end in case any of your sessions go longer than anticipated and you need to change your agenda to accommodate.

EXERCISE 1:

Envisioning an ideal world for safe abortion care

Introduction

To begin developing an advocacy strategy to expand safe abortion access and rights, it is important for a coalition to first ask itself: What does a world where abortion is legal and safe look like? This is an opportunity for the coalition to think comprehensively and expansively to develop the fullest possible picture of how abortion care can change its country and what it will take to make that world a reality.

Objectives

- To investigate the connection between access to comprehensive sexual and reproductive health care and information and life outcomes for women and girls.
- To articulate the world we want for women and girls and how access to comprehensive reproductive health care, including safe abortion, contributes to that world.

Time required

90 minutes

Materials

- Paper
- Pens or markers



Advance preparation

Arrange the room so that it is easy for the group to split into smaller groups to do small group work. We recommend multiple tables with 4–8 people per table. Ensure each table has paper and writing materials.



Instructions

OPEN

Suggested script: “To begin developing an advocacy strategy to expand safe abortion access and rights, it is important for a group to first ask itself: What does a world where abortion is legal and safe look like? This is an opportunity for a coalition to think comprehensively and expansively to develop the fullest possible picture of how safe and legal abortion care can change the lives of women and girls in its country and what it will take to make that world a reality.”

ACTIVITY

Part 1: Introducing the activity and developing the character (10 minutes)

- Divide participants into small groups.
- Tell participants that we are starting with a storytelling exercise. Each small group will be developing a character who is a 10-year-old girl and telling two stories about her life. Each small group will share its story and is free to do so in a creative way: They can draw their story, act it out, or share however they would like.
- Give guidance on character development. Suggested script: “First, we need to know who your stories will be about. What is her name? Where was she born? What is her favorite food? What is her favorite subject at school? What does she want to be when she grows up? You have five minutes to develop your character. Include anything that will help us really understand who she is.”
- Give groups five minutes to describe their character within their groups.

Part 2: Storytelling—Two possible worlds (30 minutes)

- Now that participants have a good sense of their characters, they will be developing two different stories about how her life could go, depending on the world she lives in.
- Groups will write Story 1 before moving on to Story 2.

STORY 1

15 minutes: 5 minutes for introduction,
10 minutes for story development

Introduction: Suggested script, "In the world of Story 1, your character grows up with access to education, including education about sex, family planning, and healthy relationships. The information she receives is accurate and non-judgmental. She is not at risk of sexual violence or exploitation. She has high-quality health care, including reproductive health care, and knows that if she experiences an unplanned or unwanted pregnancy, she will not have to risk her health, life, and liberty by pursuing an unsafe option. She feels safe and confident that she will be able to achieve her dreams."

The questions for groups to consider when developing their stories:

- What happens in your character's life as she grows into adulthood?
- Describe her physical, emotional, and mental state. Is she happy? Sad? Healthy?
- What is her role in the community? Has she achieved her dreams?

Give groups 10 minutes to write Story 1.

STORY 2

15 minutes: 5 minutes for introduction,
10 minutes for story development

Introduction: Suggested script, "In the world of Story 2, your character grows up without access to education about sex, family planning, or healthy relationships. She hears things about sex and relationships from classmates, but the information she receives is inaccurate and sometimes harmful. She is at high risk of sexual violence and exploitation, and if she becomes pregnant as a result, she might have to risk her health, life, and liberty if she does not want to continue the pregnancy. She doesn't have access to quality health care and is not sure where to turn."

The questions to consider when developing Story 2:

- What happens in your character's life as she grows into adulthood?
- Describe her physical, emotional, and mental state. Is she happy? Sad? Healthy?
- What is her role in the community? Has she achieved her dreams?

Give groups 10 minutes to write Story 2.

Part 3: Story sharing (30 minutes)

- Give each group 5 minutes to share their stories with everyone. Ask groups to start with the more negative story (Story 2) and then share the more positive story (Story 1).

Part 4: Debrief (10 minutes)

- Ask the large group the following debrief questions:
 - What did you notice about the differences in the lives of your characters depending on what world they were living in?
 - What was possible for the characters in the ideal world that was not possible in the other world?
 - How did access to reproductive health care contribute to these possibilities?
 - What stood out to you about this exercise?

CLOSE

Thank participants for their creativity and energy. Tell participants that they have come together to ensure that the world in which girls grow up to achieve their dreams becomes a reality, and that the next activities in this workshop are designed to help the coalition determine its role in achieving this world.

EXERCISE 2:

Identifying barriers and deciding priorities

Introduction

In Exercise 1, you told the story of the world you want to see for women and girls and made the link between that world and access to comprehensive reproductive health care and reproductive rights. In this session, we will be identifying barriers to the achievement of that world and determining priorities for action by this coalition.

Objectives

- To identify barriers to the world we want for women and girls that are related to access to comprehensive reproductive health care, including safe abortion.
- To analyze those barriers to identify those that are both especially urgent/important and addressable by this coalition. The intersection between urgency/ importance and being within this coalition's power to address is a good place to start when determining your coalition's advocacy goal.
- To begin to articulate an overall advocacy goal for the coalition.

Time required

60 minutes

Materials

- Flipcharts
- Markers
- Post-it notes
- Stickers in two colors (optional)

Advance preparation

Arrange the room so that it is easy for the group to split into smaller groups to do small group work. We recommend multiple tables with 4-6 people per table.

Instructions

OPEN

Suggested script: “In our first exercise, we talked about the ideal world we want for women and girls, and how access to reproductive health care and information is vital to that world. In this session, we’ll brainstorm the barriers to achieving that world. And finally, we’ll begin to define *our* role in addressing the barriers we see and achieving the world we want for women and girls.”

ACTIVITY

1. Identify the challenges to making your ideal world for women and girls a reality (given your current context) **(30 minutes)**

Write the guiding question for this exercise on a white board or flipchart so that participants can easily reference it. For this exercise, an example of a good question could be: “What would we need to change in order to achieve the positive world for women and girls in *[your country]*?”

Encourage participants to think broadly and expansively. They should consider all levels of society that are relevant, such as the legal and policy norms and standards, community/individual norms and priorities, as well as the health system infrastructure in the country.

Instruct participants to write one challenge per sticky note. They should have no more than **5 minutes** to do this part of the exercise. The idea is rapid brainstorming—no overthinking. The goal of the exercise is to quickly identify as many of the challenges as possible. The exact language and details can be refined later.

- As sticky notes are completed, the facilitator can walk around and put them up onto flipcharts at the front of the room, sorting the challenges into thematic categories as the participants continue drafting. You will likely need to spread these “buckets” over several flipcharts and can spread these flipcharts out on a “gallery wall.” For any that don’t easily fit into a category, put aside and save for group discussion.
- After 5 minutes, reconvene participants and ensure all remaining sticky notes are posted and sorted where possible.

- The facilitator then leads a group review of the categories, allowing for adequate discussion and agreement from the group about the sorting of sticky notes.

Start prioritizing. Suggested script: “It can be overwhelming to consider *all* the barriers to achieving the world we want for women and girls in our country. This next step helps us prioritize what barriers we will address as a coalition.”

Feel free to use whatever method you think will be best for helping to determine the coalition’s priorities and strengths.

One option: Facilitate a session of voting for priorities using colored dot stickers **(5 minutes)**

- Display the flipcharts with the different barriers, grouped into thematic clusters, at the front or around the room.
- Give each participant three stickers in one color (for example, red). These stickers are votes.
- Ask participants to use the red stickers to indicate their votes for what they think are the most urgent or important barriers/issues. They do not have to distribute their three red votes evenly. They can put all three on one issue, if they feel strongly that it is the most important.
- Distribute three stickers in a different color (for example, blue). Ask participants to repeat the process, voting on what issues or barriers this coalition is best prepared and has the power to address.
- After the voting activity, take a moment to discuss **(20 minutes)**
 - Where are the votes concentrated?
 - Notice that there might be issues that were considered urgent and important but don’t seem within the power of the coalition to address. Why is that?
 - What are the issues that seem both urgent and addressable by the coalition?

» Voting alternatives

Instead of stickers for voting, you can use red and blue markers or pens to vote, asking people to make a mark on the flipchart they are voting for. Alternatively, you could facilitate a group discussion to answer the questions:

- what are the most important/urgent barriers to the world we want to achieve?
- which of those are we best positioned to address?

2. Articulate the advocacy goal (15-30 minutes)

If you think you hear a consensus emerging, try saying it out loud. Suggested script: “It sounds like we all agree that X is really important and something we should address as a coalition. Is that true?”

Discuss if there is a way of capturing the top priorities (we recommend no more than three) in one overarching advocacy goal.

Write the emerging advocacy goal on a flipchart. Don’t be alarmed if you can’t quite get the wording right. Try to capture the big idea, and you can return to the precise wording once you’ve determined objectives and strategies.

Note: We use the terms **goal** and **objectives** in this guide. **Goal** refers to the long-term outcome the coalition wants to achieve: your vision for the future. It can be broad and aspirational and should provide the “why.” **Objectives** are the specific and measurable steps toward that goal—they are the “how.” We will be determining objectives in a later session.

» Sample advocacy goals

- A committed and engaged coalition focused on the blossoming of health access for women and a model for drastic maternal mortality reduction.
- To build support and nurture relationships that will ensure abortion law reform and the protection and promotion of sexual and reproductive health and rights (SRHR), through:
 1. Education focused on community engagement and sensitization of key decisionmakers
 2. Consultation and collaboration with key decisionmakers and opinion leaders to ensure sustainability of political will for SRHR-related priorities.

CLOSE

Thank participants for their creativity and energy. Assure participants that you will be returning to the advocacy goal throughout the rest of the workshop, so there is no need to get the words perfect just yet.

EXERCISE 3:

Understanding the context

Introduction

Now that you've envisioned the ideal world for access to abortion care in your country and what problems and challenges are standing in the way of that ideal world, let's look more closely at the status of abortion access in your country today. This exercise analyzes different aspects of abortion access in order to give you a full picture of the comprehensive ecosystem for abortion care in your country, including where you can have impact.

Objectives

- To evaluate the different elements of the enabling environment for safe abortion care.
- To create a comprehensive country profile.
- To determine promising policy intervention points.

Time required

From 60–120 minutes, highly dependent on number of small groups and amount of questions each group is tasked with answering. A larger number of small groups means fewer questions per group and a shorter time period needed to answer those questions. Fewer small groups will result in more questions per group and a longer time period spent answering them.

Materials

- Printed copies of questionnaires for groups:

- Understanding the context: Community
- Understanding the context: Health systems
- Understanding the context: Laws and policy



Advance preparation

- Print out enough copies of each worksheet to accommodate having three groups, with each group working through one of the questionnaires



Instructions

OPEN

Suggested script: “This exercise will walk us through the evaluation of each of the eight essential elements that make up a sustainable ecosystem for access to safe abortion: 1) Individual knowledge and agency, 2) Community social norms and support, 3) Political support and leadership, 4) Policy and legislation, 5) Financing, 6) Commodities, 7) Health workforce and service delivery, and 8) Health information.

Evaluating each of these elements produces a country profile that can help determine intervention points, strategies, and supporting activities. For this activity, we will be using questionnaires that incorporate some context assessment questions from the Ipas Sustainable Abortion Ecosystem Assessment Tool along with questions from our **ROOTS OF CHANGE** advocacy guide. Answering these questionnaires will give you a fuller understanding of your context in order to design the most effective advocacy strategy.”

ACTIVITY

1. Divide participants into three groups: laws and policy, community, and health systems.

The **laws and policy** group will assess:

- Political support and leadership
- Policy and legislation
- Financing

The **community** group will assess:

- Individual knowledge and agency

- Community social norms and support

The **health systems** group will assess:

- Health information
 - Health workforce and service delivery
 - Commodities
2. Participants can self-select to the context area about which they know the most.
 - Please note—the questionnaire sections related to “political support and leadership” and “policy and legislation” are fairly long. If the laws and policy group is large enough, you might consider splitting that group into subgroups to answer different sections.
 3. Hand out the relevant questionnaires to members of the different groups.
 4. Ask each group to designate a recorder to record the answers and a spokesperson to report back.
 5. Give groups **25 minutes** (*or longer, if you have determined you need more time and have it available in your agenda*) to fill out as much of the questionnaire as they can. Ask participants to also think widely about their content area and ask themselves any additional questions. The questionnaire doesn’t capture every aspect of the context, so they should feel free to have a wide-ranging conversation about different aspects of the context. Just ask that they take notes so they can report back to the group.
 6. Give each group **5 minutes** to report back. Assign someone to record all the information in one document.
 7. Facilitate a group discussion:
 - Ask the group to identify if there are any opportunities in your context that you could leverage. For example, if your country is a signatory to the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, better known as the Maputo Protocol, your coalition might consider organizing around your country’s obligations under that treaty.
 - What are the gaps or weaknesses the group noticed that could be potential points of intervention?
 - What have you learned about your context from this exercise?

CLOSE

Close by thanking participants and by reviewing the advocacy goal you began drafting in Exercise 2. Is there anything you need to revisit or reword, now that you have a clearer understanding of the context?

HANDOUT

Understanding the context: Community

Questionnaire based on Ipas's Sustainable Abortion Ecosystem Assessment Tool and **ROOTS OF CHANGE** advocacy guide. For technical assistance related to assessing and improving sustainability of the abortion ecosystem, including access to the full assessment tool, send an email to advocacy@ipas.org.

INDIVIDUAL KNOWLEDGE AND AGENCY

In this section, you will be assessing the degree to which women and girls have the accurate information and understanding to inform their reproductive health decisions, including abortion, and can act independently to make their own choices regarding abortion.

Do women and girls have accurate safe abortion information (for example: safe methods of abortion, medical abortion information, or referrals)?

Is anyone in the community (community leaders, community-based organizations, community members, religious leaders, community health workers) providing safe abortion information (such as safe methods of abortion, medical abortion information, or referrals)? Who are they?

Is accurate, non-biased, accessible information on abortion (comprehensive sexuality education) provided through schools?

Who are the primary gatekeepers to information on sexuality and sexual and reproductive health?

Do women and girls, family members, and community members understand the legal parameters for abortion services (including provider obligations, criminal penalties, and what their rights are)?

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

Can women and girls easily access abortion services within the formal public health system?

Can women and girls easily access abortion services outside the formal public health system?

Do women and girls use traditional or unsafe abortion methods at the community level?

Is there gender equality within the community?

Do women and girls have agency over their own safe abortion decisions?

COMMUNITY SOCIAL NORMS AND SUPPORT

In this section, you will be assessing the degree to which social norms are free of abortion stigma and discrimination and are supportive of people's ability to exercise their sexual and reproductive health and rights. You'll also assess the degree to which community-based and civil society organizations and other community members are informed and empowered to uphold women's and girls' human rights and equitable access to power and decisionmaking by holding duty-bearers accountable, based on health outcome information.

What is the opinion about abortion amongst the following groups? Is stigma high? Is anyone supportive?

Community-based organizations

Community members

Religious leaders

Community health workers and volunteers

Medical providers and clinic staff

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

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

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

Are there active, local social movements supporting gender equity and women's rights?

What are the primary barriers to women and girls accessing safe abortion services?

Who do women and girls rely on for social support for safe abortion services (social support can be emotional, informational, instrumental, and companionship)?

Are there champions for safe abortion care at the community level?

Is there support from police for abortion providers and women seeking care?

HANDOUT

Understanding the context: Health systems

Questionnaire based on Ipas’s Sustainable Abortion Ecosystem Assessment Tool and **ROOTS OF CHANGE** advocacy guide. For technical assistance related to assessing and improving sustainability of the abortion ecosystem, including access to the full assessment tool, send an email to advocacy@ipas.org.

If your group is large, consider breaking into smaller sub-groups to fill out the different sections of this questionnaire.

COMMODITIES

In this section, you will assess to what degree the medicines and supplies required for safe abortion services are available at the right place, at the right time, in the right quantity, and in the right condition.

Are the following commodities on essential supplies or essential medicines lists?

Misoprostol	
Mifepristone	

Are the following abortion drugs registered in your country?

Misoprostol for postabortion care	
Misoprostol for induced abortion	
Combipack for induced abortion	

Is manual vacuum aspiration (MVA) available in health facilities?

Is the public sector committed to ensuring that all drugs on the essential medicines list are available at health facilities?

Are misoprostol and/or mifepristone and/or combipacks available in health facilities procured from WHO Pre-Qualified or Stringent Regulatory Authority- approved manufacturers?

Do facilities in your country designated as being able to provide abortions have a sufficient supply of abortion commodities to meet caseload?

Do health facilities experience stock outs of abortion commodities?

What are the common reasons for stockouts?

Are stock records at health facilities complete and up to date?

Are medical abortion medicines available at private pharmacies?

HEALTH WORKFORCE AND SERVICE DELIVERY

In this section, you will assess the degree to which abortion services are free of stigma, respect human rights and are available through a trained and supported health workforce that meets clinical and service delivery standards. You'll also assess the extent to which health-care providers are supportive of access to abortion.

Is there sufficient availability of abortion services based on population needs?

Are evidence-based abortion standards and guidelines fully implemented at the facility level?

Are clinical protocols up to date and evidence based?

Are regulations, standards, and protocols for abortion-related care integrated with broader reproductive health policies, strategies and programs?

Are training systems and human resources in place for abortion care (certified instructors, on-the-job training, continuing education)?

Are pharmacists trained to dispense the correct dosage of medical abortion drugs and give information about how to identify and react to a complication?

Do health-care providers have an accurate understanding of laws and policies related to abortion? How do they learn about the law?

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

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

Are abortion services accessible to all members of the population, including hard-to-reach and vulnerable populations?

Are abortion services provided in a supportive environment that is free of stigma and that respects human rights?

Is there a system in place to evaluate if services are meeting the needs of the local population?
Are there accountability mechanisms in place to ensure responsiveness to community needs?

HEALTH INFORMATION

In this section, you will assess the degree to which information systems are in place to identify, collect, document, and use data on current and emerging reproductive health needs, including abortion.

Do population data sources such as Demographic and Health Surveys (DHS) include robust information on abortion care and other key sexual and reproductive health and rights indicators, such as:

- Information on whether women have had an abortion?
- Maternal mortality related to unsafe abortion?
- Key indicators on unmet need, demand for services (comprehensive abortion care, postabortion care, and family planning)?

Are national abortion service statistics complete, accurate, and reported in a timely manner?

Does civil society have access to data from health systems on abortion care?

Are civil society organizations empowered to act on data to support accountability mechanisms?

What are the important data/statistics related to abortion in your context?



HANDOUT

Understanding the context: Laws and policy

Questionnaire based on Ipas's Sustainable Abortion Ecosystem Assessment Tool and **ROOTS OF CHANGE** advocacy guide. For technical assistance related to assessing and improving sustainability of the abortion ecosystem, including access to the full assessment tool, send an email to advocacy@ipas.org.

POLITICAL SUPPORT AND LEADERSHIP

In this section, you will assess to what degree government stakeholders demonstrate prioritization of sexual and reproductive health and rights by respecting, protecting, and fulfilling human rights obligations. Prioritization of abortion involves a commitment to ensuring meaningful access to comprehensive and postabortion care for all who need it, informed by available health information. To sustain political support and leadership, there must be effective and reliable champions for abortion access at all levels of government and the health sector (public and private) as well as a well-functioning and effective civil society movement that is mobilized on advocacy and political accountability for abortion access.

Has the government signed on to most or all of the below international human rights treaties relevant to abortion (Not sure? Check your country's ratification status here: <https://abortion-policies.srhr.org>)?

- ☐ International Covenant on Civil and Political Rights (ICCPR)
- ☐ International Covenant on Economic, Social and Cultural Rights (ICESCR)
- ☐ Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- ☐ Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment (CAT)
- ☐ Convention on the Rights of the Child (CRC)
- ☐ Convention on the Rights of Persons with Disabilities (CRPD)

Has government signed on to most or all regional human rights treaties?

Africa:

- ☐ African Charter on Human and People's Rights
- ☐ The Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol)

Is the government actively reporting on sexual and reproductive health and rights and/or abortion in its state party reports under these treaties?

Do ministries within the government have a plan of action and participate actively in most or all of the following consensus agreements:

- ☐ ICPD Programme of Action, 1994 (CPD)
- ☐ Beijing Platform for Action, 1995 (CSW)
- ☐ Sustainable Development Goals (SDGs)
- ☐ Family Planning 2020
- ☐ Maputo Plan of Action

Are there policymakers or government officials openly supportive of abortion and/or involved in initiatives, campaigns, or other advocacy to expand access to safe abortion? Please list.

Are there individuals currently holding a key political or governmental position who directly oppose making abortion services more available?

If yes, what is their reasoning for opposing abortion access? How much influence do they have? How do they typically communicate their views?

Are there national policies or programs related to sexual and reproductive health and rights and/or abortion? (If yes, please list)

Have law enforcement agencies made arrests or prosecuted people for seeking or performing abortion?

Do civil society organizations have sufficient advocacy skills and are they engaged in effective advocacy for safe abortion access and rights?

Do civil society organizations have capacity to develop future leaders for sustainable advocacy in abortion access and rights?

Do civil society organizations have adequate internal operational and management capacity to sustain functioning?



POLICY AND LEGISLATION

In this section, you will assess the degree to which the legal and policy framework is in place to realize an individual's abortion rights. Foremost, this includes laws, policies, and other regulatory actions that support comprehensive abortion care, postabortion care and medical abortion—as well as overall sexual and reproductive health and well-being. Laws and policies on gender equality, public health, and protection from violence are also critical aspects of the legal and policy framework for realizing abortion rights.

Do laws and regulations in the country recognize and support women's human rights generally?

Do national or sub-national policies or strategies include abortion as a human right and/or public health priority? What are they?

Describe the legal status of abortion under the current law.

Describe the current status of other policies related to abortion or that might impact access to abortion, such as:

- Standards and guidelines for induced abortion
- Standards and guidelines for postabortion care
- Provider type and abortion care provision (for example, is abortion service provision restricted to certain types of providers? Are policies related to provider type based on up-to-date recommendations?)

- Conscientious objection (for example, does it only apply to the health provider and they must refer patients?)
- Comprehensive abortion care in training curricula
- Postabortion care in training curricula

Is there a “duty to report” law that requires health-care providers who suspect women of having an induced abortion to report them to the police?

Are there laws governing public health, discrimination or gender-based violence that could be helpful for expanding abortion access?

Are there other policy or regulatory barriers that limit access to services? If so, what are they? Examples of policy/regulatory barriers: provisions saying that only medical doctors can perform abortions, waiting periods, high costs, restrictions on advertising or providing information about abortion.

Are there restrictions in policy or practice that limit women's ability to access and use contraception and/or emergency contraception?

Examples of limiting policies/practices: young women or unmarried women do not have full access to contraceptive information and services, married women need spousal consent for contraception, etc.

Are there laws or policies that specifically restrict the distribution of misoprostol or mifepristone?

FINANCING

In this section, you will assess the degree to which funding mechanisms lead to affordable, equitable access to abortion care across the entire health system.

Does government allocate any public revenues to abortion care?

Is abortion included in key strategic and implementation documents at the national and sub-national levels?

Are there sufficient resources in national and sub-national budgets to purchase abortion commodities and supplies?

Are there sufficient resources in national and sub-national budgets to support abortion service delivery?

Is abortion care included in formal health insurance schemes (social, national, and private health insurance schemes) or included in universal health coverage as part of the package of essential health services?

Are public financing mechanisms available to support access for low-income individuals?

Are there standardized, transparent charges for abortion services?

Are there civil society organizations advocating for increased or sustained financing for abortion services and/or commodities?

EXERCISE 4:

Stakeholder mapping



Introduction

Access to abortion can be complex. Addressing barriers to abortion care requires a multidisciplinary approach with diverse stakeholders. In this exercise, we identify all of the key stakeholders that your advocacy work will involve. Many of these stakeholders will be critical members of an advocacy coalition, while others may instead be gatekeepers to ensuring widespread access to safe abortion care—people or institutions that are essential for progress to happen. You are likely to also encounter those who are actively opposed to your work and seek to obstruct it. Include those stakeholders here too.



Objectives

- To identify the diverse stakeholders who will be involved in your advocacy work.
- To develop an idea of gatekeepers and opponents to reform in your country.
- To determine with which key stakeholders your coalition has existing connections.



Time required

60 minutes



Materials

- Flipchart
- Markers



Advance preparation

On 11 flipchart pages, write the following headings, one per flipchart page:

- Women's groups and/or community-based organizations
- Community leaders
- Health-care providers (doctors, midwives, traditional birth attendants, community health workers, etc.)
- Legal sector (judges, lawyers, law enforcement or police)
- Government ministry/department stakeholders (Health, Justice, Social Welfare, Women's Affairs, etc.)
- Researchers, scholars, academics
- Members of parliament
- Religious leaders
- Journalists and media
- Celebrities
- Funders/miscellaneous/other

Post these flipcharts throughout the room (on tables, flipchart stands, or walls if your markers don't bleed through).



Instructions

OPEN

Suggested script: "In this activity, we will start by focusing on all of the key stakeholders that your advocacy work will involve, and the influence of those stakeholders to assist or block your goals. Many of these stakeholders will be critical members of an advocacy coalition, while others may instead be important gatekeepers to ensuring widespread access and availability for safe abortion care."

ACTIVITY

1. Brainstorming stakeholders (40 minutes)

Ask participants to spread themselves evenly so that every flipchart has 2–3 people (depending on number of participants).

Ask participants to brainstorm and write down the most influential people or

organizations in these stakeholder groupings who could potentially influence your advocacy goals, either positively or negatively.

If the person's or organization's stance on abortion or sexual and reproductive health is known, write it next to the name using a plus or minus.

If the stance on abortion is not known, leave blank.

After a couple of minutes, ask people to switch to a different flipchart and repeat the process, adding any stakeholders who are not yet listed on the flipchart. If the new people can fill in the plus or minus by names, they should do that.

After a couple of minutes, switch again.

Repeat enough times that everyone has a chance to add to every flipchart.

Ask participants to return to their seats for a group discussion.

2. Facilitate group discussion (**20 minutes**)

Ask the following questions:

- Who among the brainstormed stakeholders has the power to block your goals? (People or groups without whose support you cannot move forward.)
- Who among the brainstormed stakeholders has the power to most significantly move you forward toward your goal? (These can be the same people who potentially have the power to block.)
- Do we know their stance on abortion?
- Do we have existing relationships with them?
- If not, what do we need to do to reach them?
- Should any of these stakeholders be invited to join this group/coalition?

Capture important highlights from the discussion. Mark, circle, or list the most important stakeholders to reach out to.

CLOSE

Thank participants for their time and energy. Ask for closing impressions or thoughts from the group.

EXERCISE 5:

Action planning



Introduction

By this point, you have determined your advocacy goal, explored gaps and opportunities in your context, and mapped out who can help and hinder you as you move toward your goal. Now it is time to start planning what actions your coalition wants to take to achieve your advocacy goal.



Objectives

- To determine what specific steps the coalition will take to achieve its advocacy goal.
- To define how achievement of your advocacy goal will be measured.
- To determine milestones for the next three, six, and 12 months and beyond.



Time required

90 minutes



Materials

- Flipchart
- Sticky notes
- Markers



Advance preparation

- Ensure materials are distributed throughout the room.

Instructions

OPEN

Suggested script: “In previous sessions, we determined the ‘why’ and the ‘who’ —why access to safe abortion was important to achieving the world we want for women and girls, and who could help or hinder us in our pursuit of that world. Now we need to determine the ‘how’ and the ‘when’ —how we’re going to achieve our advocacy goal and what the timeline looks like.”

ACTIVITY

1. Review previous sessions (**5 minutes**)
 - Summarize what you have determined: an overarching advocacy goal, gaps and opportunities in your context, barriers and challenges, and relevant stakeholders.
 - Explain that objectives should be specific, as they’re the activities that will lead you to your goal.
 - Ask what the group thinks your objectives should be. Suggested script: “What should we set as the objectives for the coalition? How do we want to move closer to the world we want to see?”
2. Individual reflection and small group discussions and brainstorming (**15 minutes**)
 - Tell participants that each group will come up with three recommended objectives. Of the objectives proposed, the coalition will decide on 3–5 overall to move forward in the planning process.
 - Ask participants to spend 3–5 minutes (set a timer) silently reflecting and writing down their ideas for objectives: one idea per sticky note.
 - At each table, have individuals share ideas and start grouping similar ideas together.
3. Group brainstorm and decisionmaking (**25 minutes**)
 - Each small group reports back the objectives they want to propose.
 - Facilitator takes notes on a flipchart.
Note: Many objectives might be similar in tone, so the 3–5 primary objectives of the coalition might emerge organically, or you can use another sticker voting exercise similar to the one used in Exercise 2.
 - At this point, you will have your overall advocacy goal, and the 3–5 primary strategies you are going to employ to achieve that advocacy goal.

4. Brainstorm as a group where you want to be in three months, six months, 12 months and beyond with each advocacy objective. **(35 minutes)**
 - For each advocacy objective, have a flipchart page (or half of a flipchart page) for three months, six months, 12 months, and beyond (2–3 years, depending on what makes sense for your goal).
 - Solicit from the group what activities you want to undertake and how you want to hold yourselves accountable during that time period.
 - Repeat with every advocacy objective.
5. Ask the group to indicate which items they can take the lead on.
6. Schedule follow-up meetings.

» Sample goal and objectives

Advocacy goal: **Country X** is a model for the realization of women's sexual and reproductive health and human rights through successful implementation of the Maputo Protocol.

Objectives:

- Build support among key governmental stakeholders for the implementation of Article 14 of the Maputo Protocol.
- Build grassroots support and demand for implementation of Article 14 of the Maputo Protocol through engagement with key community influencers, including religious leaders, traditional leaders, and women's groups.
- Develop health-care providers as advocates and allies through the cultivation of champions and engagement with professional associations.

CLOSE

Close by reading your advocacy goal again, as well as the 3-5 objectives you have decided on as a coalition. Check in with the group to make sure the objectives and action plan are clearly leading to the goal. If not, consider rewording your goal, reframing your objectives, or adjusting your timeline.

EXERCISE 6:

Coalition planning

Introduction

A coalition is a powerful tool for mobilizing stakeholders in support of a collective goal. Forming and sustaining a coalition, however, can be extremely challenging and resource-intensive. This is a time for the coalition to identify potential challenges, review resources to help address those challenges, and make recommendations on how to prevent or mitigate challenges.


Objectives

- To identify the challenges that come with working in coalitions.
- To identify resources to mitigate those challenges.
- To create a plan of action to address those challenges.

Time required

75–90 minutes

Materials

- Recommended:  **ROOTS OF CHANGE: A SET-BY-STEP GUIDE FOR EXPANDING ACCESS TO SAFE ABORTION**—one printed copy per table, or a way for groups to access the PDF online (this activity refers to content from “Section 3: Coalition building”)
- Recommended: At least one laptop per table/group
- Printed handout: *Common challenges in coalition building: Solutions and resources* (included here)

Advance preparation

- Print enough handouts for each participant.
- Print out enough copies of the **▶ROOTS OF CHANGE** advocacy guide so that each small group has a copy. Or instruct participants to bring computers, if they have them, and send them instructions in advance for where to download the **▶ROOTS OF CHANGE** PDF (available online at www.ipas.org/resources/roots-of-change-a-step-by-step-advocacy-guide-for-expanding-access-to-safe-abortion).
- Write the following categories on a flipchart with plenty of space around each line of text to place sticky notes:
 - Decisionmaking and authority structures
 - Coalition coordination
 - Membership and diversity
 - Alliances across movements
 - Flexibility and rapid response
 - Financial sustainability

Instructions

OPEN

Suggested script: “Coalitions are immensely powerful tools for achieving change. They can also bring challenges. In this session, we’ll identify some of these challenges. Then we’ll review some of the recommendations and resources in the **▶ROOTS OF CHANGE** advocacy guide and other sources—plus best practices you bring from your own experience—to address those challenges or prevent them from occurring. But first, let’s play a game to identify what could get in our way.”

Note: This activity uses the Liberating Structures facilitation approach called “Making space with TRIZ.” You can read more about it here: www.liberatingstructures.com/6-making-space-with-triz

ACTIVITY

- Review advocacy goal and objectives. Make sure flipchart page with common challenges is also visible.
- Ask: “If we wanted to fail at achieving our vision for the future, what would we do to make certain we do not succeed as a coalition and do not reach our advocacy goal?”

- Examples could include: have competing priorities, not have enough money, not have the right people in the room, not develop leaders, etc.
- Write the responses on sticky notes and group them on the flipchart if they fit in the categories you've already listed. If not, start a new category.
- Once you have identified the possible pitfalls you might encounter, tell participants that they will now be brainstorming solutions in small groups to ensure that you don't fail but instead have proactive solutions to ensure success. Use the categories on the flipchart, plus additional ones the group has identified.
- Divide the work however it makes sense. There could be one category per small group or a group could address a few related categories (membership, diversity, and alliances across movements are similar, for example).
- Give participants **30 minutes** to read more about their category of potential challenge and the related resources in the **ROOTS OF CHANGE** advocacy guide or the *Common challenges in coalition building* handout (with "Other helpful resources for coalition building" at the bottom) and to develop recommendations for proactive solutions.
- While groups are developing recommendations, circulate through the different groups to help them make their recommendations as specific as possible.
- Ask each group to report back their recommendations for proactive solutions to ensure coalition success.
- Make note of any recommendations that include tangible next steps and ask if there are volunteers to take the lead on those action items.

» Be specific!

Encourage groups to be specific in their recommendations. "Communicate regularly" is vague, but "We recommend that committees meet monthly and establish a WhatsApp group for ongoing communication and collaboration between meetings" is specific and actionable. "Work together" is vague but "Clarify roles and decisionmaking authority through the development of coalition bylaws" is specific and actionable. In fact, there is a sample bylaws template in the **ROOTS OF CHANGE** advocacy guide, so work could start right away!

CLOSE

Summarize the recommendations made by the small groups, plus any tangible next steps and who will be moving those steps forward. Thank participants for their creativity and for helping to keep the coalition on track and geared for success.

HANDOUT

Common challenges in coalition building: Solutions and resources

DECISIONMAKING AND AUTHORITY STRUCTURES

Key challenges you may experience

- Lack of established and validated governance structure
- The coalition is new, inexperienced, and has insufficient funding
- Coalition members have different advocacy priorities (family planning versus abortion, for example)

Solutions and resources

- Adopt a coordinated and validated structure
- Recruit qualified and committed members
- Adopt bylaws and statements of commitment (▶ **ROOTS OF CHANGE** advocacy guide pages 37–39)

COORDINATION

Key challenges you may experience

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

Solutions and resources

- Consider how to increase funding. Are donors willing to pay for formation of a coalition?
- Information-sharing systems like Google Groups, Facebook Groups, WhatsApp, etc.
- Appoint an experienced coordinator and chairperson
- Develop a workplan (see ▶ **ROOTS OF CHANGE** advocacy guide, page 67)
- Develop coalition committees (see ▶ **ROOTS OF CHANGE** advocacy guide, page 41)
- Regularly monitor the health of your coalition (see ▶ **ROOTS OF CHANGE** advocacy guide, pages 42–46)

MEMBERSHIP

Key challenges you may experience

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

Solutions and resources

- Consider defining terms of reference for members
- Capacity-building trainings for members that build experience and idea sharing
- Evaluate progress. This means determining the value of the work you are doing as a coalition. You have developed and implemented an initiative in your community, and you want to know how well it's working. Evaluation provides you with this feedback
- Event log (see [▶ROOTS OF CHANGE](#) advocacy guide, page 48)
- Mapping of membership capacity (see [▶ROOTS OF CHANGE](#) advocacy guide, page 50)

DIVERSITY

Key challenges you may experience:

- Getting the right people to attend meetings, including underrepresented or marginalized groups
- Identifying like-minded organizations outside of your country's capital city
- Ensuring inclusiveness nationwide

Solutions and resources:

- Consider how you might use the broader sexual and reproductive health (SRHR) framework to pull in diverse partners
- Diversity of expertise among coalition members is key:
 - If you can bring different types of members into your group, it will be more representative of the full community—and your group will stand to gain broader community support
 - With a multi-sector membership, more opinions will probably be expressed and discussed—that means better decisions may get made

- A diverse, multi-sector membership is usually also a larger membership with more talent and variety of talents at your disposal
- The contacts and connections made in a diverse, multi-sector group lead to new community relationships, sparking new community initiatives that might never have otherwise existed

ALLIANCES ACROSS MOVEMENTS

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

Key challenges you may experience

- Impact of the Global Gag Rule in forming alliances with other organizations
- Uncertainty about the coalition's focus on abortion and weak commitment to the cause. Some local movements/networks may feel nervous or ambivalent about being vocal on abortion

Solutions and resources

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

RAPID RESPONSE

Key challenges you may experience:

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

Solutions and resources:

- A communications strategy and/or plan is critical for successful advocacy (See Section 5 of the [ROOTS OF CHANGE](#) advocacy guide)
- Key spokespeople must have ongoing training and support

FINANCIAL SUSTAINABILITY

Key challenges you may experience

- Lack of a fundraising strategy
- Over-reliance on one donor
- Funding requirements (such as those associated with the Global Gag Rule) that might conflict with the mandates of specific organizations

Solutions and resources

- Roadmap for the coalition: How long does it need to exist?
- Donor mapping: Who is funding this kind of work and will they support your coalition and/or partner organizations?
- Fundraising strategy
- Develop a financial sustainability committee (see **ROOTS OF CHANGE** advocacy guide, page 41)

OTHER HELPFUL RESOURCES FOR COALITION-BUILDING

Community Tool Box (resources on community-building skills—a service of the Center for Community Health and Development at the University of Kansas):
<https://ctb.ku.edu/en/table-of-contents>

New Tactics in Human Rights (a program of the Center for Victims of Torture):
<https://www.newtactics.org/tactics>

Coalitions Work tools and resources (available from Coalitions Work consulting group): <http://coalitionswork.com/resources/tools/>

Coalition Building and Maintenance (resources from Community Catalyst's Roadmaps to Health Community Grants Advocacy Toolkit):
<https://www.communitycatalyst.org/resources/tools/roadmaps-to-health/coalition-building-and-maintenance>

EXERCISE 7:

Talking about abortion

Introduction

When talking about abortion with other people, we may encounter awkwardness, discomfort, and even hostility on occasion. This activity helps participants anticipate negative comments and reactions from people we care about who have different levels of comfort with abortion. It is designed to help participants develop and express appropriate, respectful and confident responses to disapproving questions and concerns.

Objectives

- To anticipate possible negative or disapproving comments and questions from those who do not support the provision of abortion care.
- To construct effective responses to these comments and questions.
- To articulate effective responses to difficult questions and respond calmly to derogatory comments and hostility from others regarding abortion and/or their role in advocating for or providing abortion services.

Time required

75 minutes

Materials needed

- Flipchart pages
- Markers

- Copies of messaging resources, such as:
 - [*How to Talk About Abortion: A guide to rights-based messaging*](#) from International Planned Parenthood Federation (IPPF)

Advance preparation

- Review messaging resources and ensure participants have access to those resources.

Instructions

OPEN

Suggested script: “When talking about abortion with other people, we may encounter awkwardness, discomfort, and even hostility on occasion. In this activity, we will first be anticipating negative comments and reactions from people who have different levels of comfort with abortion. Then we will develop and practice expressing appropriate, respectful and confident responses to disapproving questions and concerns.”

ACTIVITY

1. **Distribute** one blank flipchart page per table.
2. **Brainstorm:** Give participants 5 minutes to brainstorm on their flipcharts all the negative things people say about abortion, women who have abortions, people who provide abortion services, people who work on abortion advocacy, etc. (**5 minutes**)
3. **Trade:** Have groups trade their flipcharts so that every group has a different flipchart than the one they produced and ask groups to take a moment to read through their new flipchart. Ask groups to choose two statements from the new flipchart they want to practice responding to. (**3 minutes**)
4. **Distribute** printed copies of International Planned Parenthood Federation’s *How to Talk About Abortion: A guide to rights-based messaging*. Tell participants they can use this guide as a reference and that Appendix 1 (page 22) will be particularly helpful.
5. **Respond:** Give participants 15 minutes to develop responses to two negative statements, using the guide as a reference. They can write directly on the flipchart if there is room or on separate paper. (**15 minutes**)

6. **Report:** Ask groups to report back the negative statements they chose and the responses they created as a group. Ask participants to note which responses they think are most compelling so they can remember them—because next you will be asking them to practice more with partners. **(10 minutes)**
7. **Practice:** Ask participants to pair up so they can practice responding to negative comments. The more we practice, the more confident we will feel when faced with negative comments. Tell participants you will facilitate multiple rounds of practice.
 - For each two-minute round, one person will take on the role of the person who says negative things about abortion, and the other person will assume the role of advocate responding to those negative comments. After two minutes, partners should switch roles. Use a timer to cue people when to switch.
 - If there is time for additional rounds, ask participants to switch partners for each additional round. Do as many rounds as you have time for in order to allow 10–15 minutes of group debrief afterward.

CLOSE

Debrief: Reconvene as a group and ask everyone the following questions **(10–15 minutes)**

- How did it feel to have to defend yourself against negative comments?
- What responses did you hear someone say that were particularly compelling?
- Do these responses have anything in common? Knowing what sorts of responses seem to be effective can help you as you develop additional messaging.
- How will you use something you learned in this exercise in the future?

Thank participants for their work.

