

National Advocacy Planning: Claiming the Right to Safe Abortion

Advocacy Plan for 2021

Country Name: India

Organization name: CommonHealth

Advocacy Goal: Overall advocacy goal is to create an environment where women of all ages can access safe abortion services without stigma, by spreading awareness using a women's rights discourse and increasing availability of safe and legal abortion services

Expected change: All women and those in need of these services, irrespective of their age, marital status, caste, economic class, religion or geographical location have access to safe abortion service and post abortion care

Specific advocacy objectives: By 2022

- Build alliances and launch State (Bihar and Tamil Nadu and if budget permits Haryana, Uttar Pradesh, Punjab and Maharashtra – CH-CREA partnership States) and national campaign to advocate for safe abortion as a woman's right.
- Create a critical mass of key stakeholders at national and state level (Same states as mentioned above) who understand safe abortion as a right and work to improve access to the full range of comprehensive safe abortion access in identified states.
- Create champions from local leaders of CBOs, youth groups (medical students), SHGs, women panchayat members and front-line health workers in above mentioned states advocating for women's right to safe abortion
- Campaign to increase awareness about legality, public health importance, availability and different methods of abortion in States mentioned above.
- Work towards ensuring that women including those from marginalised communities (such as HIV positive, poor women and Dalit women) in Tamil Nadu and Bihar have access to quality medical abortion services through the government health facilities

Primary Advocacy Audiences: Primary audience both local and national for the advocacy would be

- District, State and National level government health officials
- Members of professional bodies like Federation of Obstetricians and Gynaecologists Society of India, IMA, Nursing and midwifery association
- SRHR advocates and other allied networks
- CommonHealth members

Strategies for primary advocacy audience: Key influencing strategies with these primary advocacy audiences would be

- Build capacity of Civil Society Organisations and CommonHealth members to understand safe abortion rights and the nuances of the intersection with sex determination concerns.
- Build capacity of Civil Society Organisations and CommonHealth members to engage with state policy makers and district programme managers and advocate for safe and legal abortions services, especially within the public sector and within the context of the pandemic
- Build synergies with SRHR advocates and other network and allies working on abortion to engage with national level policy makers
- Consistently document and disseminate state and grass-root level evidence in the context of non-availability of safe abortion services especially within the context of the pandemic and its impact on those in need of these services
- Create an e-resource space for the sharing and archiving of this and other relevant literature.
- Build alliances and create a Think Tank of key stakeholders to understand the current status of safe abortion access and laws in India, the changing context (because of the pandemic and the law review and legal and policy changes in the country) and the future advocacy needs.
- Organising meetings for alliance building / creating Think Tank (technical agencies, government

representatives, professional organisation representatives (FOGSI, IMA) researchers, academics, CommonHealth members, media representatives, lawyers) to bring together key stakeholders to understand the current status of safe abortion access and laws in India

- Consistently generating evidence related to pathways and sources of myths and misconceptions, and women's lived realities particularly in the context of non-availability of safe abortion services especially within the context of the pandemic and its impact on those in need of services in various languages
- Disseminating evidence related to non-availability of safe abortion services and its impact on those in need of these services

Secondary Advocacy Audiences: Secondary audience at local and national level for the advocacy would be

- Adolescents (above 18 years of age) and youth in the community
- Technical agencies like IDF, FRHS-India
- Health service providers including frontline workers (ASHAs and ANMs)
- Media, journalists and social media spaces
- Medical students, nursing students and other health discipline students
- Community Based organisation (CBOs) and Civil Society Organisations (CSOs)
- Panchayati Raj Institutions (PRI-Local government) members
- Self- help groups (SHGs) of people living with different vulnerabilities

Most of the CH partners work either with the PRI members or SHGs, thus it would be important to educate these groups about the legality of the abortion in India and the gravity of situation due to lack of non-availability of these services

Strategies for secondary advocacy audience: Key strategies for secondary advocacy audience would be

- a. Create and disseminate knowledge products and messages including short videos in different languages for awareness campaigns and advocacy
- b. Adapt, develop and disseminate IEC material while ensuring uniformity of language
- c. Sensitise frontline workers and service providers at public health facilities to non-availability of safe and legal abortion services within the public sector and its impact on women
- d. Sensitise and build capacity of representatives from media, CBOs/CSOs, PRIs and medical students fraternity to build a strong narrative around the need for safe and legal abortion services within public sector and to advocate for women's right to safe and legal abortion services
- e. Facilitate, mentor and support campaigns by sensitised representatives and CommonHealth partners on ensuring safe and legal abortion services.
- f. Identify and nurture 2-3 journalists to write on abortion from gender and health perspective

Additional advocacy strategies: Apart from the advocacy strategies mentioned above, the long-standing CommonHealth-CREA partnership will be leveraged for conducting capacity building workshops with CSO and CBO allies and partners from key states to strengthen State level advocacy groups (in Gujarat, West Bengal, Jharkhand, Madhya Pradesh and Tamil Nadu in addition to Bihar, Haryana, Maharashtra, Punjab and Maharashtra) and for mentoring support for State level advocacy by these allies.

d. Allies for Advocacy Strategies:

Allies	Why is it their problem?	What do they stand to gain?	What risks will they have to take?	What power/influence do they have over the audiences?	How are they organized?	How can they be engaged and sustained?	How will they participate in decision making?
SHG members	Non-availability of safe abortion services has severe financial and health implications	They will support steps for better access to safe abortion services	Challenge the health system	SHG women can influence the decision making at the village level by passing resolutions in Gram Sabha	SHGs are very well organised in selected States and a number of CH partners work with them.	CH partners in various states already work with SHG members	Participate in advocacy plan and campaign decisions
CBOs	Many of them already working on women's health issues so face these challenges in the field	This will further their agenda of promoting women's health and rights	Challenge the health system	CBOs in a form of coalition can influence the local level service delivery using community accountability mechanisms	Several CBOs work on issues related to women's health, choices and health and are members of CH.	Several CBOs and or the individuals working within these CBOs are members of CH,	Participate in district campaign for right to safe abortion services
Media	They report on cases of unsafe and / or illegal abortion but need more information about the legality of abortion and also build perspective about it	Their capacity to raise women's health, choices and rights issues will be enhanced	Go against the mainstream narrative which portray all abortions to be sex selective and are heinous crimes	Media has tremendous reach and is an important opinion maker. It can help in changing the narrative around abortion	Several print and electronic media houses, especially local (district and State) level are known to give space to women's health issues. CH members have worked with some of these media houses in the past.	CH members have engaged with media houses in the past. These partnerships will be leveraged as well as existing organised group of media will be engaged	Participate in the media campaign
Young people including medical professionals	They are the future service users and providers so they would be interested in knowing more about their needs,	CommonGround workshops will enable them to practice with more gender sensitive	Face the opposition of community and professional bodies like FOGSI and IMA who are against / resist steps for	They are the future service users and providers. Gender and rights sensitive young people and students can form a pressure	They are present as members of Nehru Yuva Kendra (NYKs), in medical colleges and CH members (Asia Safe	Through contacts in NYK, medical college and ASAP, regular engagement will be maintained	Participate in the state and national campaign planning and implementation

	entitlements and patients and learning new perspectives	approach	greater reach of safe abortion services	group within the community and amongst service providers for safer and better services	Abortion Services or ASAP) have engaged with young people for safe abortion services.		
SRHR Advocates	For them, lack of abortion services is one of the major SRHR challenge faced	This will enhance the solidarity among the SRHR advocates	They face the threat to securing funding for abortion related work because of GAG rule	SRHR advocates can raise the issue at national as well as international level	CH is a coalition with more than 200 members who have contacts with SRHR advocates	Through CH meetings SRHR advocates will be consistently engaged	Participate in the state and national campaign planning
Frontline workers	They are the first level of contact for women in need of abortion services and lack the requisite knowledge and perspective	This will help build the capacity of frontline workers to provide adequate and correct information on safe abortion services	Given their status in health system hierarchy, they face risk of opposition from higher authorities	Being part of the system, they can highlight the challenges faced by women in accessing safe abortion services	There are champions within and unions of ASHA workers and ANMs. CH members have some contacts with these groups.	CH will approach and engage them through their unions and design joint programmes.	Participate in the local campaign planning and implementation

e. Opponents to Advocacy Strategies:

Opponents	Do they want to stop you? Why?	Do they have the power to stop you? How?	What risks do you incur by opposing them?	What will your victory cost them?	What will they do to oppose you?	How can you overcome any opposition from them?	Can you make them an ally/neutral? How? If no, why?
Save the girl child organisations	There is prevalent belief among them that openly talking about safe abortion will lead to increased sex selective abortions	They will create strong anti-abortion narrative	The risk is low as long as evidence and experience based arguments are used for improving access to safe abortion services	The central argument of their campaigns and work stands challenged	They will insist on stringent implementation of PCPNDT and MTP act	It will be through presentation of evidence, dialogue, counter narrative through media	Dialogue and evidence based arguments through CommonGround workshops are helpful in changing perspectives
FOGSI	FOGSI opposes increase in provider base (through mid-level providers) for safe abortion services	They influence the policies and key decisions and have stalled the MTP act amendment process	As members are the main service providers in private sector, their opposition creates barriers to safe abortion service provision	They may loose business if there are more providers who can legally provide abortion services	They will lobby with the policy makers	It will be through creation of pressure for improving access to safe abortion services, if necessary through legal route	Bringing on board those who are positively inclined. Argue that the work is for women's health rights and they too can't disregard patients' wellbeing
Policy makers	Safe abortion is not the priority for them	They make the policies that ignore women's access to safe abortion services	They occupy the highest rung in the health care delivery system hierarchy. Their lack of engagement is a major barrier	Nothing.	They will not do anything. At the most, they will justify their priorities.	Through evidence and experience based policy dialogues and media campaigns	Creating strong coalitions/ campaigns and space for accountability to international commitments for women's choices and rights.

f. Risks and Overcoming Risks:

Risks	Overcoming them	Assumptions to overcoming them
Opposition from private providers for increasing the provider base	FOGSI members and policy makers would have to be convinced about the need to increase the provider base	FOGSI leadership and Policy makers would be convinced about increasing the provider base and they would negate the opposition from private providers
Opposition from the Save the girl child lobby	CommonGround workshops would have to engage them to conduct evidence and experience based dialogues	Attending workshops would address their apprehensions and change their attitude
Opposition from policy makers	Advocacy would have to be based in strong evidence	Strong evidence based advocacy and coalition campaigns would be difficult for the policy makers to ignore
Fear of Gag rule leading to non-involvement of CBOs	Workshops would have to be conducted and networks established	In view of their goal, objectives and activities for women’s health, these organisations would be willing to collaborate with us on the issue of safe abortion

g. Advocacy Plan and Timeline Country/Advocacy Issue

Year	Advocacy strategy	Key activities in each strategy	Timeline ¹	Resources
2021	<ul style="list-style-type: none"> •Building evidence and broadening the support for advocacy •Using media to build a strong narrative around safe abortion services for value clarification of abortion services •Awareness campaigns by Civil Society Organisation (CSO) partners and Community Based Organisations •Provide technical assistance (TA) for planning, budgeting and implementation of safe, equitable and sensitive abortion services with a wide reach 	<ul style="list-style-type: none"> •Continue to leverage CH-CREA partnership and conduct online capacity building institutes with CSO and CBO allies and partners from key states as part of the CH-CREA project in order to strengthen State level advocacy groups (same States as above) •Continue to mentor and support for State level advocacy by CSOs and CBOs •Continue to facilitate awareness campaigns by partners on legal and all methods of abortion services (through Women PRI member, SHG, ASHA, private practitioners meetings) •Conduct studies on access to abortion services in the context of declining contraceptive prevalence and sex ratio in select States. •Analyse and collate evidence from studies conducted in the country (and if available from Census 2021 and NFHS5 results) especially on abortion incidence, access to services, maternal mortality and sex ratio in the context of COVID pandemic •Facilitate online and in-print critique / articles on analysis of national and State level evidences by CH members •Promote evidence and experience based advocacy with State governments for increased availability of facilities, requisite infrastructure and trained human resources •Publish opinion pieces, blogs and articles of member organisations on abortion incidence, access to services, maternal mortality and sex ratio in the context of COVID pandemic •Publish opinion pieces, blogs and articles with allied partners and develop podcasts on CommonHealth position on self care initiatives, telemedicine, decriminalisation of abortion, impact of sex ratio estimates, criminal law review and proposed increase in age at marriage on access to abortion services in the country. 	<p>Throughout the year</p> <p>Throughout the year</p> <p>2nd half of the year</p>	<p>CommonHealth and CREA</p> <p>CommonHealth</p> <p>CommonHealth and allied partners</p>

¹ Tentative timeline