Claiming the Right to Safe Abortion: Strategic Partnership in Asia
Partner Report

Final Narrative Report: 2018 to 2023

CommonHealth- India

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Brief context analysis

India operates as a parliamentary democracy with a federal setup encompassing 29 states and 7 Union Territories. As of January 2024, the nation's population, as per the UN's World Population dashboard, exceeds 1.42 billion, establishing it as the world's most populous country. Approximately 65% of the populace resides in rural areas, while adolescents make up around one-fifth of the population, and approximately one-tenth are aged 60 or above.

In India, healthcare falls under the jurisdiction of individual states, which are tasked with organizing and delivering healthcare services. The policy framework, at least on paper is forward thinking. The National Population Policy, 2000 (NPP 2000) emphasizes the importance of citizens making voluntary and informed choices regarding reproductive health services, while the National Health Policy (NHP) 2017 prioritizes universal access to high-quality healthcare, particularly focusing on reproductive, maternal, child, and adolescent health. The policy places a strong emphasis on reducing maternal mortality rates. Healthcare services are provided through both public and private sectors. The government sector comprises central, state, and local divisions, organized into a three-tier network consisting of Subcentres, Primary Health Centres, Community Health Centres, District Hospitals, and specialized hospitals.

Since 1971, abortion has been legally permitted under the Medical Termination of Pregnancy (MTP) Act. The Act has undergone amendments aimed at improving women's access to safe abortion services while upholding principles of dignity, autonomy, and confidentiality. Amendments made in 2002 broadened the range of services by allowing medical abortion up to 49 days of gestation. In 2021, further amendments were made, extending the upper gestation limit to 24 weeks for specific categories of women. Additionally, the amendments relaxed restrictions regarding foetal abnormalities, streamlined the requirement for service provider opinions for termination, emphasized the protection of a woman's identity, and permitted termination in stipulated time regardless of marital status.

Nevertheless, despite the presence of comprehensive and empowering policies and a progressive abortion law, significant gender and economic disparities persist. Health inequalities are widespread due to factors such as socio-economic status, gender, and vulnerabilities, particularly affecting marginalized groups such as Dalits, Adivasis, individuals with disabilities, those

living with HIV/AIDS, internal migrants, and the elderly. Women's reproductive health remains a pressing issue, with marginalized communities and economically disadvantaged segments experiencing disproportionately poorer outcomes, sparking on-going debate and concern.

The underfunded and weakened government health system has faced challenges in protecting the poor and marginalized from market-driven inequities. Prolonged underinvestment has exacerbated this struggle. As a result, there has been a growing dependence on the private sector, primarily due to the limited availability or absence of government health services, especially related to safe abortion, reproductive morbidities and adolescent health. This reliance on private services has led to significant out-of-pocket expenses for individuals seeking care.

Religious and cultural fundamentalisms are on the rise, imposing strict regulations on women's movements, attire, and social interactions, consequently diminishing women's autonomy. Insufficient funding for think tanks has restricted the scope of progressive civil society. Human rights activists who scrutinize or oppose the government's positions on various societal issues encounter obstacles in securing funding and face intimidation tactics.

Against this complex background, abortion is highly prevalent in India. According to a Guttmacher study, in 2015 there were 15.6 million abortions in the country, with 81% using medication, and only a small fraction adhering to the necessary prescription from an authorized service provider. Unsafe abortions account for approximately 8% of all maternal deaths in the country – almost all preventable. Women from lower castes, for whom access to safe services is a challenge, seem to bear a disproportionate burden of abortion-related complications, morbidity and mortality.

Despite being legally sanctioned, access to safe abortion services in government facilities is limited. As most states have achieved replacement fertility rates, there has been a decline in the willingness of healthcare providers in government facilities to offer abortion services. Anecdotal reports indicate instances where women are refused abortions and advised to continue their pregnancies. On the other hand, private institutions encounter inefficiencies due to a scarcity of trained professionals and varying approval procedures. The situation is further complicated by declining child sex ratios (0-6 years) and the implementation of the POCSO Act. At the community level, widespread misconceptions and resulting stigma persist, largely due to

public attention on sex-selective abortions, leading many to mistakenly believe that all abortions are illegal. Misperceptions regarding the necessity of spousal consent contribute to situations where women are less inclined to terminate pregnancies. Conversely, the requirement for mandatory reporting to law enforcement officials under POCSO undermines the confidentiality of minors and discourages their utilization of approved service providers.

Furthermore, there has been a noticeable rise in the number of legal cases filed to obtain abortions. Some rulings have prioritized abortion rights based on women's health concerns, while others have emphasized the rights of the foetus. The diversion of resources and heightened caseloads during the recent pandemic has negatively affected crucial reproductive health services, including contraception and safe abortion services.

While the 2021 amendment to the MTP Act introduced several positive changes, such as reducing the requirement for multiple doctors' opinions, extending the gestational age limit for legal pregnancy termination and eliminating marital status as a relevant factor, concerns persist regarding the use of the gender-specific term 'women' instead of 'pregnant persons' and the introduction of medical boards as third-party authorizers for termination. The Act still does not recognize abortion access as an inherent right of the pregnant individual, instead framing service provision under eugenic and compassionate grounds subject to the discretion of medical professionals, thereby maintaining a hetero-patriarchal nature.

Additionally, following the 2022 overturning of Roe v. Wade by the Supreme Court of the USA, the anti-choice movement in the country has gained momentum. This decision against abortion rights energized the anti-choice movement, sparking protests like the "March of Life" on the 51st anniversary of the MTP Act. Following India's Supreme Court recognition of marital rape and women's reproductive autonomy, opposition from religious groups intensified. Opponents aim to inspire broader support to overturn the MTP Act, while advocates like CommonHealth stress the importance of understanding and countering this movement's evolving tactics through research and analysis. However, while opposition to abortion isn't new, it hasn't been as intense as in other countries.

In India, there have been persistent gaps in comprehending the full range and extent of obstacles to accessing safe abortion services. The available data regarding the actual availability of such services and the prevalence of anti-abortion sentiments in the country is insufficient. While there are studies

and reports indicating health providers' opposition to provision of safe abortion, it is not known if it is a blanket opposition or if they would support it under specific conditions. Little is known about how local community leaders, women and men and civil society organisations (CSOs) – even those working on health and gender – perceive abortion and whether they would support abortion as a women's right. A comprehensive understanding of these challenges is crucial for effective advocacy for safe abortion as a fundamental women's right.

Given the diverse socio-cultural, economic, and health policy and care landscape across states, advocating for access to safe and high-quality abortion services necessitates tailored strategies for each state. It is crucial to identify key stakeholders and their stances on promoting safe abortion services. Engaging with various parties such as medical professionals, health administrators, and community networks is vital. CommonHealth, a multi-state coalition undertook evidence-based advocacy efforts to promote the right to safe abortion at both national and selected state levels.

Established in 2006, CommonHealth is a multi-state coalition focused on maternal-neonatal health and safe abortion. It advocates for improved access to sexual and reproductive healthcare, aiming to hold the health system accountable for universal access to quality services, including safe abortion. Through advocacy efforts in states in which have its members, it mobilizes local communities and partners to influence local and national discourse.

Its Theory of Change for advocacy initiatives and identified risks and mitigation strategies are described below:

Theory of Change: CommonHealth, India

Goal: to create an environment where women[1] of all ages, especially of marginalised communities 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 in the government sector.						
What is the problem you are trying to solve?	**Who is your key audience?**	**What is your entry point in reaching your audience?**	**What steps are needed to bring about change?**	**What is the measurable effect of your work?**	**What are the wider benefits of your work?**	**What is the long-term change you set as your goal?**
Access to safe and legal abortions services is a challenge for women in India, especially women from marginalized communities (such as poor, Dalit and HIV positive women) ***Context:*** Abortion is not a reproductive right in India, though the country is signatory to ICPD agenda and subsequent international agreements promoting Sexual Rights and Reproductive Rights (SRHR). Despite a liberal law, services are conditional, guided earlier by concerns for reduction in MMR, then population control and in recent years by campaign against sex selection. A number of factors right from the policy & programme environment, the health	**Primary:** CBOs, CSOs, Professional bodies like Federation of Obstetricians and Gynaecologists Society of India (FOGSI), district level government health officials and other allies **Secondary:** CommonHealth members and SRHR advocates	1. Building evidence and broadening the support for advocacy 2. Develop and disseminate IEC material and knowledge products	1a. Documentation of evidence on women's lived realities and the myths and misconceptions about abortion 1c. Mapping of government sector recognized facilities to present evidence related to non-availability of safe abortion services 2a. Creating knowledge products and messaging on abortion using secondary data and the national baseline to address lack of awareness, conflation between Acts, budgetary provisions for MA pills and government sector facility preparedness to provide safe abortion services. 2b. Use of social media	1. National baseline Documentation of life histories and evidence 2.Government sector facility map in CSO/CBO areas 3. Knowledge products, IEC material, two pagers, briefs, blogs 4. CSO / CBO network / engagement 5. Allies' engagement in campaign 6. Increased awareness about abortion legality, services, rights and entitlements amongst CSOs/CBOs	• Stronger evidence base with a focus on women's lived realities. • Government health system with full range of safe abortion services for women including the marginalised women	1. Increased awareness about abortion, where access to safe abortion is seen as a need, right and choice of women. 2."Creation of Common Ground" with allies to expand the constituency supporting the demand for safe abortion services within government sector. 3. By 2020, women including the marginalised women have access to quality abortion services through government health facilities, particularly PHCs and CHCs

[1] By women we mean both women and transgender persons

system to the women in the community influence women's access to safe abortion services. CommonHealth would like to address two specific problems: At the ***community level***, Community Based organisations (CBOs) and Civil Society Organisations (CSOs) who work for women's SRHR lack basic awareness about legality, methods and standard procedures for abortion, lack clarity about Acts related to sex determination and abortion and about intersectionality of the issue. At the ***health system level***, there are barriers to services in the government sector, especially to MA pills and services in recognized facilities. Professional organisations of health service providers lack awareness and positive attitudes and as a consequence apprehensive of providing services.		3. Capacity building of State level CommonHealth members to speak the same language, advocate for availability of services in government sector and engage with policy and programmes and service delivery 4. Conduct "Common Ground" workshops to build synergies with other network and allies working on abortion 5. Capacity building of alliance to speak the same language and advocate for availability of services in government sector	to create awareness and for advocacy 3a. Value clarification on the right to safe abortion 3b. Development of an advocacy plan using the evidence 3c. Promote same language, messages for advocacy 4a. Identification of potential allies 4b. Advocate for single platform for advocacy with complementary strategies & for knowledge sharing 4c. Collectively engage with the issue of sex selection and its impact on availability of safe abortion services 5a. Value clarification on the right to safe abortion 5b. Promote same language, messages for advocacy			

Key assumptions

1. Abortion is considered as a need & right by allies.
2. CSOs and CBOs in the region are unaware & unable to advocate for women's SRHR to the fullest.
3. Government health system lacks basic facilities to provide mandated safe abortion services
4. Women's lived realities have not been taken into account in advocacy or for service planning
5. United voices for complementary campaigning and advocacy have not been raised for women's access to safe abortion services

Key risks

1. Government will not want to prioritise abortion as a health need & allocate requisite attention & budget to ensure facility preparedness for mandated safe abortion services
2. All allies will not be equally sensitive and invested in abortion related issues
3. Allies will be interested in the issue and will hold sustained interest
4. "Global gag rule' will impact allies' engagement
5. Increasing anti-abortion sentiment and environment of conservatism, patriarchal values, restrictions on women's autonomy will prevail.
6. Census of India figures on sex ratio will link sex determination and abortion and push back the campaign for access to safe abortion services

Mitigation strategies

1. Documentation of
   a. inclusion of safe abortion services in government policy, programme commitments, district Project Implementation Plans (PIPs) and available budgets
   b. field realities, need for, access to and use of services
2. Alliance with select partners who are unencumbered by global gag rule, have genuine interest in the issue and who work on SRHR
3. Conduction of common ground workshops and engagement of allies in planning, implementing and monitoring strategies while ensuring that strategies are complementary and not competitive.
4. Dissemination of IEC material and knowledge products.
5. Alignment of safe abortion service availability in government sector agenda with government programmatic focus on promotion of PAIUCD and reduction of preventable maternal deaths.
6. Delinking of sex selection and safe abortion by highlighting that sex selection is a gender issue and safe abortion is women's right issue

The theory of change was formulated with the overall goal of creating an environment where women of all ages, especially of marginalised communities can access safe abortion services without stigma, by spreading awareness using a women's rights discourse and advocating for increased availability of safe and legal abortion services in the government sector. In the beginning we had identified gaps and areas of priority action based on baseline assessment in two States- Bihar and Tamil Nadu.

Progress towards outcomes

The aim of CommonHealth's advocacy project was to foster perspective-building and clarify values on issues that act as significant barriers hindering the acknowledgment of girls' and women's right to access safe abortion information and services. Additionally, the project sought to establish an inclusive, multi-stakeholder partnership across multiple countries to enhance evidence-based advocacy and accountability efforts in Asia as well as at the national level.

With this purpose, CommonHealth's strategies included building synergistic alliances at national level such as the informal coalition for safe abortion advocacy and at the regional level such as SAIGE. Focus was also on creating "Common Ground" between activists through workshop and meetings aimed at capacity building, information dissemination, sharing experiences and updates, as well as engaging in discussions and debates to broaden support for safe abortion services as a fundamental right. Additionally, efforts were made to cultivate a critical mass of key stakeholders, including researchers, lawyers, academics, activists, and representatives from civil society organizations, at both national and state levels, who recognize safe abortion as a service need, right, and choice for women.

CommonHealth developed and regularly updated Information, Education and Communication (IEC) material and knowledge products and made them available in at least five regional languages. Its members developed factsheets on laws, abortion statistics and baseline and on-going situation analysis findings; wrote blogs on topical issues related to abortion and contributed to white papers, concept notes and manuals and booklets on legal abortion, providers' legal obligations, intersectionality and abortion access. Some of these developed in collaboration with allied partners were formally launched and were shared with government National Adolescent

Health Programme officials of States and WHO India Country Office – on their request.

To ensure that all members conducted consistent advocacy using the right vocabulary CommonHealth abortion theme team with some external experts conducted capacity building sessions. These "Common Ground" sessions, one to two per year had participation of approximately 35-40 CSO representatives and grassroots advocates working on the issue of Safe abortion. Additionally, "Abortion, Gender, Rights Institutes" or AGRI were conducted in collaboration with CREA wherein another 35 to 40 gender champions were trained to document discriminatory practices in relation to safe abortion service access and conduct campaigns against such practices. These training sessions ended with plans/ideas of conducting advocacy routinely as well as on the international safe abortion day. CommonHealth team followed up plans of these participants.

CommonHealth and CREA conducted a scoping and needs assessment study to understand the emerging training needs especially when it ventured into newer regions such as the North-east and states such as Jammu and Kashmir where the participants had not been actively working on the issues of abortion wanted to know more not just about safe abortion but also about the larger Sexual and Reproductive Health and Rights (SRHR) context and be active based on this knowledge. The institute content and design was designed based on findings of the scoping study and profile of participants who had registered. A few refresher trainings were also conducted for alumni of these institutes.

For evidence building CommonHealth carried out baseline and on-going situation analysis and small studies on access to contraception and abortion services during the pandemic. It also contributed to a trans national research study in collaboration with Fos Feminista partners on "Mitigating the harm of overturn of Roe v. Wade on global SRHRJ through South-South activism and solidarity". CommonHealth also conducts training of its members to carry out situation analysis and other research to generate evidence. Research findings are shared on various platforms at the local, regional and national level in the country. These are shared in form of reports, briefs and presentations.

Findings of these studies and other evidence in the public domain informed the launch of community, state, and national campaigns of CommonHealth members advocating for safe abortion as a women's right and working towards enhancing information and access, particularly for marginalized

women, at government health facilities in nine states (Bihar, Jammu & Kashmir, Kerala, Maharashtra, Odisha, Punjab, Tamil Nadu, Uttar Pradesh, West Bengal).

The consistent participation of community and other stakeholders and media coverage specifically during the celebration of International Safe abortion Day (activities spread across the whole month) indicate that the NGO/CBO members have managed to reach expected audience and have able to garner the trust of community and others towards their work. This is one of the great achievements of CommonHealth in building such capacities to outreach and extend support even in difficult times. Participant feedback and evaluation of the online advocacy institute on "Abortion gender and rights" in partnership with CREA and in case of the International Safe Abortion Day activities showed that as a result of these efforts there is better understanding of abortion as a gender issue and of service seekers' entitlements and service providers' legal obligations. The International safe abortion day every year has received tremendous visibility in media and has helped build local support groups-linkages for advocacy and services provision.

With the pandemic and the consequent lockdown the community level campaigns had taken a backseat till the second wave of the pandemic lasted. These were revived once the lockdown was lifted. Till then online campaigns was the strategy used.

At the national level, CommonHealth collaborated with a number of stakeholders to further its agenda of girls and women's access to safe abortion services. It contributed to the one-year long clinical course of reproductive justice, gender, and the law for law students in partnership with Jindal Global Law School. There is currently an absence of a curriculum on the subject of sexual and reproductive health and rights and the evolution of the reproductive justice movement in law schools. This course filled that gap. CommonHealth is also a member of an informal network of likeminded influencers and key stakeholders in India. Abortion Theme Lead of CommonHealth is a member of the Interim Steering Committee of the network. Till date about six online and one in-person webinars have been conducted to discuss and finalise the strategy to work towards advocacy for increasing access to abortion within existing legal framework, decriminalising abortion and addressing the anti-choice movement in the country. The collaborative efforts for advocacy after due deliberations on each issue existing as well as emerging has helped policy makers and media pay due

attention to the issue. Forging alliances with like-minded organisation, individuals with issue relevant expertise and across movements has added credibility to the efforts

At the regional level, CommonHealth is a member of SAIGE since its inception in 2018 alongside six other Civil Society Organizations (CSOs) from the region. On behalf of SAIGE, On behalf of SAIGE, CommonHealth had made a submission on "Leveraging digital innovations for improving access to abortion" for inclusion in parallel event of NGO CSW forum. The parallel event highlighting the situation of safe abortion in the global south with a special focus on Innovation and technological change in the digital age for improving safe abortion, gender equality and the empowerment of all women and girls. SAIGE has actively contributed to the publication of position papers addressing pertinent topics. Moreover, the platform has facilitated the sharing of members' experiences regarding access to Sexual and Reproductive Health (SRH) services amid and following the pandemic in their respective nations. Members have collaborated with partners from the LAC (Latin America and the Caribbean) region, exchanging invaluable insights, particularly in navigating challenges posed by the anti-choice movement, which have greatly enhanced advocacy endeavours. CommonHealth has also collaborated with Centre for Reproductive Rights in contributing abortion related recommendations to the UPR process

Lessons learned

One key lesson learned in the past five years was the necessity of maintaining dynamic activity scopes to effectively raise community awareness and advocate for rights and entitlements concerning abortion services. This approach ensured community engagement and commitment to addressing their needs. It involved incorporating activities that were tangential to the main objective but addressed prevalent community needs at any given time. For instance, during the COVID-19 pandemic, there was a pressing need for knowledge related to the virus and vaccination, which CommonHealth and its members undertook to fulfil.

Additionally, adapting existing in-person approaches for awareness creation and advocacy during the pandemic required continual alignment with evolving state regulations for community-level activities. These adjustments had implications for budgets, timelines, and the extent of reach within the community. The importance of crisis preparedness and flexibility in project design, strategies and approach was brought into focus and adopted as a

result.

Another takeaway was the challenging nature of accessing government health data and engaging with government health system officials due to a lack of governments' trust in NGOs and bureaucratic hurdles. Overcoming this obstacle required identifying NGOs/CBOs and members who have established working relationships with the state governments and utilizing them as intermediaries to engage with the government system. Conversely, members and allied partners possessed specific strengths and connections with certain community groups. Rather than adhering to a rigid, standardized advocacy plan, adopting a flexible approach based on capacity proved more effective in generating awareness and fostering a 'common ground'.

A key insight gained was the rise of the anti-choice movement in the country following the Supreme Court judgment in the USA. Recognizing the well-organized and well-funded nature of this movement, mapping its constitution and reach and anticipating its arguments and actions, underscored the necessity for pro-choice alliances to be prepared with evidence and risk mitigation strategies. This was essential to safeguarding the progress made thus far from being undermined.

An important determinant of the smooth progress of the initiatives was the mentoring support provided by members of the CommonHealth; particularly the steering committing members

Two areas where CommonHealth had some challenges were the formation of a Think Tank and the scope of advocacy. CommonHealth had also constituted a 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 in India and guide policy and programme related advocacy. It was found to be difficult to get all the high profile representatives to attend meetings. The informal network mentioned above, has some of the Think Tank members and serves the same purpose. In future CommonHealth plans to revive this Think Tank to have a more structured and focussed approach.

The advocacy envisioning done was appropriate but somewhat ambitious in view of the CommonHealth members' voluntary profile. First year experience of doing advocacy with member organisations provided the clarity about individual member's capacity and areas of expertise and informed the plans

for subsequent years. Implementation of the advocacy plan could thus be tailor made to the members' expertise. The impact of pandemic and the government initiative to amend the Act and review criminal laws in the country made CommonHealth expand the scope of its advocacy content.

Key milestones

A notable milestone was the manner in which the members responded effectively during the pandemic period. This response had a lasting impact on the project's implementation by fostering trust within the community over the long term. In eight states, CommonHealth conducted a study on the impact of COVID-19 on access to services, particularly among marginalized populations. The findings indicated that despite pandemic-related restrictions, member CSOs and NGOs of CommonHealth continued to provide information and support to community members, raised pertinent issues at various forums, and conducted advocacy activities across states online or in-person – in compliance with state government guidelines. The abortion theme team within CommonHealth also continued to enhance the capacities of its members based on identified needs and provided mentoring support during these challenging times. The study's report was widely disseminated, and regional dissemination events were conducted in Northern, Eastern, and Southern states.

The amendment of the MTP Act, along with a series of High Court and Supreme Court judgments, as well as the emergence of the anti-choice movement, underscored the significance of conducting advocacy using evidence-based, rational arguments and through an intersectional lens. In alignment with this approach, CommonHealth contributed to an advocacy manual developed by Jindal Global Law School. Furthermore, it revisited the context of the AGRI course and made revisions to incorporate these pertinent issues.

CommonHealth was an active partner in the organization of "Spotlight" webinars spearheaded by Family Planning Association of India, to commemorate the 50th anniversary of the MTP Act in India. This initiative exemplified the commitment of the 11 CSO/NGO partners to advocacy and awareness building related to safe abortion. The series of six webinars focused on various crucial aspects concerning access to safe abortion services, including the history of the Act, field implementation, associated experiences, and available data.

Drawing on its community research experience and consultations with allied organizations, CommonHealth strategically prioritized both legal and socio-cultural issues for advocacy, focusing on areas where it can actively facilitate the process of advocating for safe abortion access for women. As part of this strategy, CommonHealth is a proactive member of the informal coalition addressing three pivotal issues: enhancing access to safe abortion services within the current legal framework, countering the anti-choice movement, and advocating for the decriminalization of abortion. Notably, the lead for CommonHealth's abortion theme holds a seat on the Interim Steering Committee of this coalition, ensuring active participation and coordination in these advocacy efforts.

Conclusions

Over the past five years, CommonHealth has gleaned several valuable lessons and insights that have shaped its approach to advocating for safe abortion access for women. It has recognized the importance of maintaining dynamic activity scopes, that allow for flexibility in addressing evolving community needs while fostering engagement and commitment. This adaptability is particularly critical during health crises times. This flexibility also is imperative for navigating challenges posed by government health system shortcomings as well as for responding to the rise of the anti-choice movement. Furthermore, experience showed that the cornerstone of effective implementation of advocacy initiatives lies in building trust within the community.

Way forward

Moving forward, CommonHealth remains committed to advocating for safe abortion access, employing evidence-based, rational arguments that address issues through an intersectional lens. By prioritizing legal and socio-cultural issues and actively participating in coalitions and alliances addressing critical advocacy areas, CommonHealth aims to continue advancing the rights and entitlements of women regarding abortion services. With a seat on the Interim Steering Committee of a coalition focused on key issues, CommonHealth is well positioned to drive meaningful change and contribute to the deliberations followed by campaign for decriminalization of abortion in the long term.

Effective program strategies

CommonHealth believes that the strategies are likely to be effective in the long run as:

1. Building synergistic alliances at both the national and regional levels allows for collaboration and the sharing of experiences, *cross fertilisation of ideas,* pooling of resources, harnessing of range of expertise, enhancing advocacy efforts and increasing the reach and impact of initiatives;

2. Creating "Common Ground" between activists through workshops and meetings fosters collaboration, knowledge sharing, and solidarity within the advocacy community, strengthening reach of advocacy efforts as well as support for safe abortion services as a fundamental right;

3. Cultivating a critical mass of key stakeholders across various sectors and levels of governance ensures that advocacy efforts are informed by diverse perspectives and expertise. This broad-based support increases the likelihood of successful advocacy outcomes and sustainability over time.

4. CommonHealth's partnership in "Spotlight" webinars was a strategic approach to raising awareness and fostering dialogue on issues related to safe abortion services. These webinars not only educated stakeholders but also stimulated discussions and potentially mobilized support for policy changes or initiatives aimed at advancing reproductive rights. It believes that such proactive engagement through webinars can contribute to building momentum and fostering collaboration in the advocacy efforts for safe abortion access in India.

How has integration of feminist perspectives with intersectional analysis, human rights-based approach and conflict sensitivity within the organisation and the intervention influenced programme effectiveness?

Common Health believes that integration of feminist perspectives with intersectional analysis, a human rights-based approach, and conflict sensitivity within a safe abortion advocacy program can significantly influence its effectiveness. It believes that by centering feminist perspectives, the program can better understand and respond to the specific needs and challenges faced by girls and women and marginalized genders in accessing

safe abortion services. This can lead to more targeted advocacy efforts and policies that address systemic barriers. It has tried to strategise and implement the safe advocacy initiatives in last five years- aligned to these beliefs.

Translation of feminist perspectives programmatically was reflected in the initiatives in terms of exploring, recognizing and addressing state and community specific power dynamics, inequalities, and discrimination faced by girls and women seeking access to abortion services. This led to more targeted advocacy efforts and policies that address systemic barriers mainly within the government health system and its advocacy pronouncements specifically stressed on reproductive and bodily autonomy, and the right to make decisions about one's own body. Addressing deeply ingrained patriarchal norms and cultural attitudes towards abortion was not without its challenges but CommonHealth members during their outreach activities tried to foster community dialogue, challenging stigma, and building alliances with feminist movements to push for policy reform and social change.

CommonHealth also acknowledged that individuals experience multiple intersecting forms of oppression based on factors such as gender, religion, caste, economic status, marital status, sexuality, disability, profession etc. To address explore, recognize and addresses the unique experiences and needs of diverse marginalised groups, CommonHealth specifically worked with adolescents, tribals, sex workers, urban poor and HIV positive girls and women. This intersectional approach helped tailoring its advocacy strategies, interventions and messages suitable for the diverse backgrounds, circumstances and experiences of these individuals seeking abortion care. CommonHealth believes that this led to more inclusive and equitable outcomes – however restricted they were in terms of scope and longevity of intervention. CommonHealth would have liked to engage representatives of these groups in designing and planning strategies and interventions to ensure ownership and sustainability. It hopes to do so through its members as a logical follow up of this initiative.

CommonHealth is of firm opinion that framing access to safe abortion services as a human right, grounded in principles such as dignity, autonomy, equality, and non-discrimination is fundamental to its advocacy approach. This approach emphasized the legal and moral obligations of states to respect, protect, and fulfil the reproductive rights of individuals – as endorsed in its international commitments. Holding governments accountable for these commitments was attempted and did yield positive results in Tamil Nadu and Uttar Pradesh wherein mobilisation of communities succeeded in making

district health authorities commit to make these services available in its health system as stipulated under the MTP Act. However, this was a challenging task as prevalent stigma, misperceptions and lack of awareness about own obligations permeate the government health system at even higher decision making levels.

CommonHealth's advocacy efforts did not actively integrate any conflict sensitivity approach as this did not come up as a major issue in its situation analysis. While challenges in navigating complex political and social dynamics are on the rise, conflict did not emerge as a concern.

In conclusion, integrating feminist perspectives with intersectional analysis and a human rights-based approach did enhance the effectiveness of CommonHealth's safe abortion advocacy efforts by addressing systemic ineqqualities, amplifying marginalised voices and adhering to rights based approach. However, this integration required resilience, creativity, and strategic alliance building by the safe abortion theme team of CommonHealth and on-going learning, adaptation, and collaboration in programmatic strategies to navigate challenges and seize opportunities for advancing reproductive rights and social justice.

***Note**: Reports of all the studies as well as the knowledge products have been shared with ARROW over the course of last five years.*