



How do we learn in advocacy and why is that important?

Safe abortion advocacy in a contentious world

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1 Safe abortion advocacy in a contentious world

Advocacy is a crucial activity in advancing human rights and system transformation. In the past decades, development agents have therefore increasingly invested in advocacy projects. The process of advocacy is complex. Especially advocacy for issues that are sensitive and subject to stigma, like safe abortion. Despite [substantial evidence](#) on the importance of access to safe abortion, it remains a topic that is strongly influenced by political and cultural discourses. The current [political contentiousness around SRHR](#) asks for advocacy more than ever, in order to guarantee women's health and human rights. It asks as well to further reflect on how we learn within [advocacy cycles](#), in order to strengthen its effectiveness. In this brief we demonstrate how complex advocacy processes can be monitored and learned from.

From traditional to more flexible MEL approaches

Advocacy projects often struggle with traditional Monitoring & Evaluation systems due to their complex nature where non-linearity, long processes, the need for a right political momentum and the importance of synergies, challenge to demonstrate attribution of change to specific activities. In a recent [blog](#), KIT authors discussed why a strong focus on traditional Key Performance Indicators can be problematic in monitoring, evaluation and learning (MEL) of complex change efforts and argue for adaptive management approaches.

In this brief we further apply this thinking by capitalizing on our work in two different advocacy projects. In the [advocating safe abortion project](#) from the International Federation of Gynaecologists and Obstetricians (FIGO), KIT supported national societies in obstetrics and gynaecology to apply an Outcome Harvesting (OH) approach to reflect on and re-steer their advocacy strategies. In the final evaluation of the [Making Abortion Safe programme](#), from the Royal College of Obstetricians and Gynaecologists (RCOG), we also applied an Outcome

Harvesting approach with an emphasis on learning. In both projects the advocates, or change agents (mostly health care professionals) had the credibility to advocate, but were not always very experienced (yet) in advocacy.

[Outcome Harvesting](#) (OH) aims to collect ("harvest") information, about who had changed due to advocacy efforts, in what - e.g. behaviour, relationships, actions and policies, positively or negatively, intended or unintended -, to then, working backwards, define whether and how a programme, concerted actions or advocacy strategies contributed to these (systemic) changes. The method has its critics and its believers. It is also being called a [feminist approach](#), because of its participatory and empowering nature, acknowledging the importance of process. This brief is not about the advantages or disadvantages of OH as a method, but we demonstrate how the principles of OH can be applied for learning in (and planning for) advocacy.

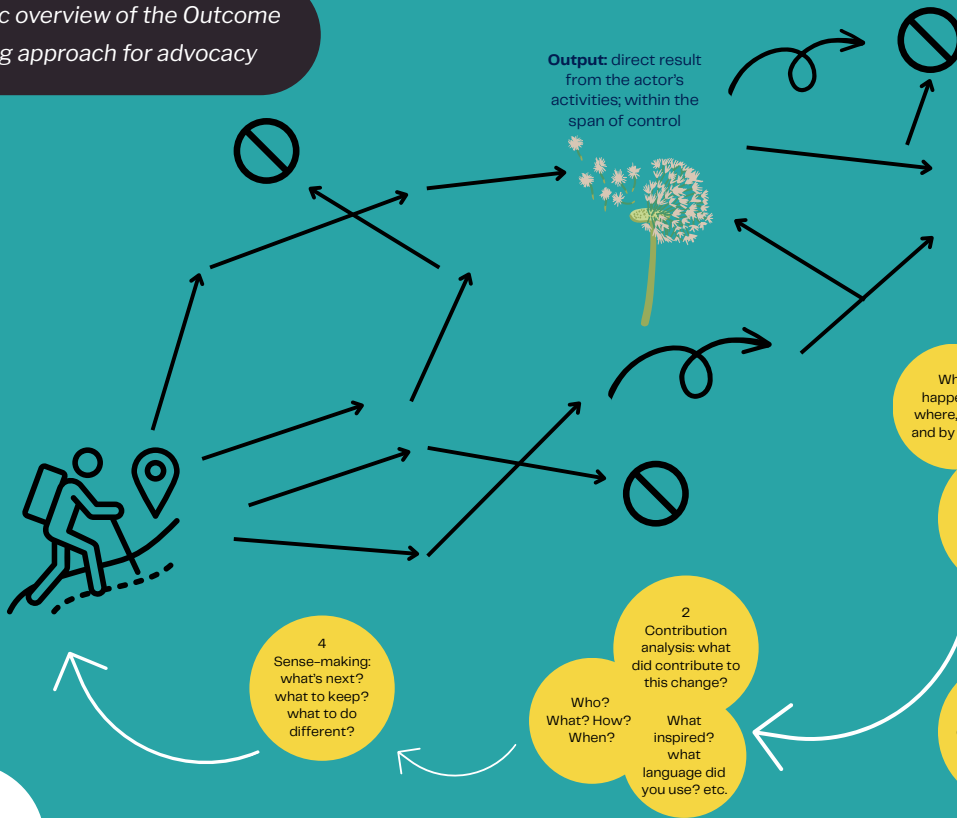
Navigating the complex landscape in which advocacy is conducted can be challenging.

Schematic overview of the Outcome Harvesting approach for advocacy



Outcome: a change in the behaviour, relationships, actions, activities, policies or practices of an individual, group, community, organization or institution (the social actor) that the actors aim to influence, but do not control.

Output: direct result from the actor's activities; within the span of control



Credits: I. de Vries

Four steps that help improve learning in advocacy

As mentioned, foreseeing outcomes in a complex landscape, in which advocacy is conducted can be challenging. While there is a tendency to monitor direct result from the advocate’s activities, those that are in the span of their control - e.g. writing an article, meeting with influencers or generating a media item-, we ultimately want to know what

changed in the behaviour, relationships, actions, activities, policies or practices of the individual, group, community, organization or institution, that advocates aim to influence. We describe 4 steps, as demonstrated in the figure, of what advocates can do to monitor and learn from their advocacy efforts.

Step 1

Advocates must gather comprehensive information about the witnessed changes by identifying who or what changed, where and when the changes occurred, and assessing their significance. It is equally important to analyze the significance of the change, whether the change aligns with advocacy goals and to determine if it was positive or negative, intended or unintended. Does the language used in the change appropriately reflects the intended message? For instance, while a news item highlighting advocacy efforts may initially seem like a victory in raising public awareness, a closer analysis might reveal judgmental language that perpetuates the stigmatization of abortion. Similarly, a declaration might appear to be progress, but a detailed review could show a lack of rights-based discourse in the document.

Step 2

The next step involves conducting a contribution analysis to understand what drove the change. Advocates should examine factors such as who or what inspired the change, the leveraging momentum, strategies employed, and the language used. This analysis is crucial, particularly also when the outcomes differ from expectations. Reflecting on these insights helps advocates identify areas where strategies or messaging might need adjustment.

Step 3

Both the description of the change and the contribution analysis should be grounded in evidence. This evidence is developed systematically through documentation, interviews with diverse stakeholders to capture their perspectives on the change, and narrative reviews, amongst others. Combining this learning approach with accountability enhances its impact and credibility.

Step 4

The final step is sense-making, a critical phase where advocates reflect on their findings, adapt strategies, and recalibrate their advocacy efforts as needed. While ongoing reflection is valuable, dedicated moments for in-depth sense-making are essential to identify what should be continued, adjusted, or abandoned. These insights then inform the planning of the next stages of advocacy.

Based on our experience, adopting the approach outlined in this brief fosters a learning culture among both new and experienced advocates. It helps them plan and evaluate their advocacy strategies effectively, shifts their focus from simply executing activities to achieving meaningful outcomes, and empowers them in their roles as agents of change. It also recognises that changes, such as a policy win can be overturned and needs vigilant monitoring and advocacy for implementation. This implies that funding and organizing advocacy should seldom be

approached as a short-term and straightforward endeavour. Successfully adopting this learning approach requires organizations and donors supporting advocacy to embrace flexibility and adaptability in their action plans and budgets to drive meaningful change.

If you want to learn more about this topic or would like to discuss how your organisation could apply a learning approach in advocacy, please contact the authors i.d.vries@kit.nl, l.kusters@kit.nl

More on KIT's work in relation to advocacy for SRHR?

➤ Safe abortion: <https://www.kit.nl/institute/impact-areas/global-health/sexual-and-reproductive-health-and-rights/safe-abortion/>

➤ Young people's advocacy: <https://www.kit.nl/institute/project/break-free-young-people-advocate-for-their-sexual-and-reproductive-health-and-rights/>

➤ Young Women for Awareness, Agency, Advocacy, and Accountability: <https://www.kit.nl/institute/project/yw4a/>

➤ Irene de Vries, Lisa Juanola van Keizerswaard, Bianca Tolboom, Susan Bulthuis, Anke van der Kwaak, Jaydeep Tank, Korrie de Koning. Advocating safe abortion: outcomes of a multi-country needs assessment on the potential role of national societies of obstetrics and Gynecology. International Journal of Gynaecology and Obstetrics, 148:3, March 2020. <https://doi.org/10.1002/ijgo.13092>

➤ Morris JL, Armitage S, Davis J, Jameen Kaur, Matthew Pretty, Sophie Ea, Jane Seok, Irene de Vries. Professional societies of obstetrics and gynecology as agents of change in sexual and

reproductive health: FIGO's 10-country safe abortion advocacy project in Africa and Latin America. Int J Gynecol Obstet. 2024; 164(Suppl. 1): 31-41. <https://doi.org/10.1002/ijgo.15334>

➤ Juanola van Keizerswaard L, de Vries I, Moran N, et al. The role of healthcare providers in expanding legal abortion: qualitative insights from Argentina, Ireland, and South Korea. Int J Gynecol Obstet. 2024; 164(Suppl. 1): 21-30. <https://doi.org/10.1002/ijgo.15333>



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