Establishing a Global Network to Identify, Challenge and Mitigate Abortion Stigma Background Report

JULY 2014

inroads

International Network for the Reduction
of Abortion Discrimination and Stigma

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EXECUTIVE SUMMARY:

Establishing a Global Network to Identify, Challenge and Mitigate Abortion Stigma: Background Assessment

INTRODUCTION

Abortion stigma is a critical factor in the social, medical and legal marginalization of abortion worldwide. The field of abortion stigma research however is nascent and there is much to be learned and understood. One of the key action items agreed upon by an international group of researchers, practitioners and advocates was the creation of a global network and community of practice to further collaboration and coordination of efforts to understand, mitigate and challenge abortion stigma.

METHODS

In order to inform the development of a global abortion stigma network, Ipas supported background research on existing networks in the sexual and reproductive health and rights (SRHR) and related fields. Through this process, we surveyed potential network members with a brief electronic questionnaire; interviewed stakeholders who have been involved in the establishment or ongoing maintenance of an existing knowledge or advocacy network and identified options for organizing the structure and key functions of the global network. Data from each source were triangulated to inform the findings and recommendations. The purpose of this assessment was to:

1. Gain an understanding of how a select group of existing knowledge and advocacy networks are structured to meet their objectives;

2. Gather lessons learned from those networks and their participants in terms of challenges and successes;

3. Seek advice and input on building a network and engaging stakeholders; and

4. Gather information from a diverse group of potential stakeholders and users of inroads on key priority areas and methods the network should employ.

KEY FINDINGS

Key functions of the network. Survey respondents and stakeholders identified a variety of ways that the network could strengthen their individual and collective work on stigma. Highlights include: providing a central resource repository of tools and best practices; developing shared language about stigma; creating visionary and positive language; providing a platform for collaboration as well as a mechanism to link with other fields.

Network engagement. Survey respondents indicated strong interest in joining such a network and volunteered a variety of skills and resources that they are poised to share with the network members. US-based respondents and stakeholders prefer to engage by participating in listservs, sharing research findings, and sharing practical tools to mitigate stigma. Respondents outside of the United States had a stronger preference for in-person engagement strategies.

Online tools. Respondents prioritized a database of stigma tools and current projects, as well as a searchable research library. A majority of respondents (71%) indicated that they would use a members-only space on a network website. There is capacity among potential members to engage via social media, as 62% of respondents use Facebook and 54% use Twitter.

Network integration. While growing inroads, it is important to look at similar networks, coalitions, and groups that already exist. It is helpful to learn from the lessons learned, best practices and models that other groups have utilized. Respondents emphasized the importance of integrating this new network into the landscape of networks and coalitions that already exist.

Network membership structure. Stakeholders and survey respondents endorsed a membership structure that was open to individuals and organizations who are interested, but that would require members to endorse a simple values statement. Ultimately, the structure of membership and leadership should be generated from the needs and capacities of active members.

Lessons and recommendations for effective networks. Survey respondents and stakeholders had several recommendations for creating effective networks, including setting clear goals, generating priorities *up* from the membership, having a clear leadership and membership structure, ensuring transparency around funding, and maintaining manageable size, and appropriate security precautions.

RECOMMENDATIONS FOR THE GLOBAL NETWORK

Inroads (the International Network for the Reduction of Abortion Discrimination and Stigma) launched in April 2014 and was informed by the findings in this background assessment. As the network grows, we anticipate that the goals and membership structure will be refined with input from members. The proposed network goals include:

Goal 1: Bring together diverse stakeholders to share information, tools, and resources around abortion stigma and discrimination.

Goal 2: Learn from promising practices for stigma intervention.

Goal 3: Expand programmatic, research and advocacy strategies.

Goal 4: Support coordination among research, policy and practice.

Goal 5: Raise awareness about abortion stigma.

Goal 6: Develop capacity and resources for abortion stigma research and program work.

Goal 7: Create an innovative technology platform for inroads members.

Inroads will foster the knowledge sharing and linkages in order to catalyze members' efforts to understand, challenge, and mitigate abortion stigma across the following domains:

1. Abortion stigma in culture and discourse, including language, popular discourse and media, and news coverage

2. Abortion stigma in governments and civic structures, including laws and policies

3. Abortion stigma in organizational and institutional settings, including abortion service delivery

4. Abortion stigma in communities

5. Abortion stigma at the individual level

6. The intersection of abortion stigma with other areas of stigma and discrimination.

Proposed network structure. Ipas will serve as the initial host organization, and will invite members through an open call to apply to become part of the inroads' Steering Committee. This committee will reflect the geographic and thematic diversity of the global membership. It will meet on a regular basis and will inform network activities. Members of the Steering Committee will form and serve on working groups that will push forward the work of key thematic areas.

Membership is open to interested individuals and organizations that are committed to understanding, mitigating and challenging abortion stigma. In order to join, members will review a statement of the responsibilities and benefits of membership and will endorse the network's values statement: "I/we are committed to the advancement of sexual and reproductive health and rights, including the right to abortion. Abortion stigma contributes to the social, medical and legal marginalization of abortion worldwide. As part of inroads, I/we are committed to understanding, challenging and mitigating abortion stigma." Individuals who are not interested in membership have the opportunity to join the listserv in order to stay up to date on global activities around abortion stigma.

Preliminary activities. The background assessment established that there is a need for such a network and community of practice. Respondents are eager to collaborate in a network to understand, challenge, and mitigate abortion stigma and share expertise and resources in a community of practice around abortion stigma. In order to harness this enthusiasm, preliminary activities include launching new website features to enhance collaboration and resource sharing; refining the network's strategic plan with input from a global Steering Committee; convening a webinar series; organizing in-person membership meetings; and developing opportunities for ongoing monitoring and evaluation.

Introduction

Abortion stigma is emerging as a critical factor in the social, medical and legal marginalization of abortion worldwide. The field of abortion stigma research is nascent and there is much to be learned and understood. To address this gap, Ipas and UCSF's Advancing New Standards in Reproductive Health (ANSIRH) organized a meeting on abortion stigma, inviting experts from law, health care, the social sciences, and community organizing in June 2013. Nineteen researchers, practitioners and advocates from 11 countries participated at the Rockefeller Foundation's Bellagio Center in Italy. The main objectives of this meeting were to produce clear research, programmatic and advocacy objectives related to abortion stigma, and to identify a pathway for collective and global action. Building knowledge in this area will require scholarship and programmatic work across multiple disciplines with varied methodological tools. One of the key action items agreed upon in order to further collaboration and coordination of these efforts was the creation of a global abortion stigma network. Inroads (the International Network for the Reduction of Abortion Discrimination and Stigma) was introduced in December 2013 and the website was launched in April 2014.

Such a network would allow individuals and institutions involved in research, program design and evaluation, and advocacy around abortion stigma to share information, tools, and experiences. Participants agreed that a global network would foster synergies and partnerships among the global community working to understand, challenge and mitigate abortion stigma. The network can coalesce anti-stigma and discrimination prevention and reduction efforts into a community of practice of individuals and organizations who have the knowledge, skills and resources to address abortion stigma. Furthermore, it would serve as a vehicle to move forward the Bellagio learning and action agenda identified at the June 2013 meeting.[1]

The first step in the planning process was to conduct background research on the existing networks in the sexual and reproductive health and rights (SRHR) field to identify options for organizing the structure and key functions of inroads. Additionally, we surveyed 106 individuals across 26 countries to seek input from potential inroads members. Finally, we conducted key informant interviews with selected

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[1] The learning agenda for abortion stigma identified at the June 2013 meeting included research and programmatic questions that need to be addressed at five levels: (1) framing discourse and culture; (2) government and structural; (3) organizational and institutional; (4) community; and (5) individual. Source: Hessini, L. (at press). A learning agenda for abortion stigma: Recommendations from the Bellagio Expert Group Meeting. *Women and Health*.

interested individuals active in the movement to ensure access to safe abortion worldwide. This report summarizes the findings from the scan of networks, survey, and key informant interviews and recommends a preliminary membership and network structure.

Methods and Sample

This background assessment employed a mixed-methods approach to gather information on existing networks and suggestions for the key priorities and functions of inroads. These methods included a scan of existing networks, key informant interviews, and a brief electronic survey. Data from each source were triangulated to inform the findings and recommendations. This assessment was not meant to be representative of all those who might participate in the network, rather the intention was to:

1. Gain an understanding of how a select group of existing knowledge and advocacy networks are structured to meet their objectives;

2. Gather lessons learned from those networks and their participants in terms of challenges and successes;

3. Seek advice and input on building a network and engaging stakeholders; and

4. Gather information from a diverse group of potential stakeholders and users of inroads on key priority areas and methods the network should employ.

Network scan

To gather ideas from other relevant networks, a web scan was conducted to identify existing networks that work or worked in the areas of abortion, family planning, sexual and reproductive health and rights, contraception, violence against women, human rights and economic development. Network websites suggested by colleagues at Ipas and the 11 stakeholders interviewed were also included in the web scan. In total, 46 different networks' websites were identified and reviewed (see Appendix B for list of network websites visited).

Stakeholder interviews

Twenty-eight individuals representing 25 organizations or networks were identified by participants at the June 2013 meeting and from the scan of existing networks. As of March 17, 2014, 11 interviews were conducted. All stakeholders interviewed had been involved in the establishment or ongoing maintenance of an existing knowledge or advocacy network, or were involved in work addressing abortion stigma. Individuals represented global networks, regional networks, or multi-disciplinary organizations working in SRHR.

Stakeholder interviews were conducted between December 2013 and February 2014 using a semi-structured interview guide. The interview guide covered a broad range of topics, including abortion stigma and network membership and engagement strategies. Interviews ranged in length from 30 minutes to approximately one hour. Interview notes were typed and analyzed using a thematic approach.

Web survey

To better understand the needs and interests of the potential network community, a 22-item electronic survey was used. The electronic survey was designed by Ipas and a consultant with input from several working group members and included questions on demographic information (area of expertise, geographic area, etc.) as well as questions to elicit thoughts about abortion stigma work, the primary functions of the network, useful components of a network website, social media presence, and network outreach strategies.

The survey was administered in English, Spanish and French using Survey Monkey to 192 individuals between November and December 2013. The distribution list was compiled purposively based on Ipas's and other working group members' knowledge of people from different sectors supporting or working to reduce abortion stigma and discrimination. The survey was not intended to be representative of all potential users of the network. In addition, in December 2013 inroads conducted a "soft launch" of the network website and sent out an introductory email to a diverse list of potential members and other interested parties. The email directed people to the Network's website, which had a link to the survey. Data collection ended on February 19, 2014. In all, 110 people began the survey and 106 individuals completed the survey. Four individuals began but did not complete the survey and were excluded from the survey. Because the survey link was publically available and able to

be forwarded, the total number of possible respondents is not known. The estimated response rate based on the main distribution list (192 individuals) was 55.2 percent. Survey responses were securely downloaded from Survey Monkey, after which data cleaning and univariate and bivariate analyses were conducted using Microsoft Excel.

Survey respondents represented a broad range of areas of expertise, countries and target populations (see Table 1 in Appendix A). Overall, respondents reported a range of expertise across the fields of policy/advocacy, community activist, program implementation, clinical providers, research and evaluation, academia, fundraising, donors and legal services. Individuals from more than 26 countries responded to the survey versions in English (89 percent), Spanish (10 percent), and French (1 percent). Over half of the survey respondents were from the United States (55 percent). Approximately 39 percent of respondents reported a focus at the national level, with the remainder focusing on global (23 percent), regional (23 percent) and local (15 percent) levels.

Findings

The following section presents key findings from the background assessment.

Key functions of the network

Survey respondents and stakeholders were asked how a network addressing abortion stigma could be helpful to their work. Furthermore, network websites were scanned for their functionality and benefits.

How inroads could be helpful to potential members' work

Survey respondents

- Central resource repository

- Space to share best practices

- Collaboration; networking; connecting with colleagues

- Messaging and strategy; common language

- Tools; models to share with others

- Scales and measures

- Further understanding of nuanced intersections with other areas

Stakeholder interviews

- Space to share program learning, research, tools in one common library

- Development of shared language about stigma

- Development of visionary and positive language

- Serve as a platform for collaboration

- Link members to other fields who have worked on stigma (for example: HIV, mental health, LGBTQ)

- Priority focus on stigma, rather than a hope that other priorities will lead to decrease in stigma

Existing networks were reviewed for the functionality provided to members. Networks offered a variety of functions to members, including access to latest updates in the relevant field, opportunities to participate in meetings, publicize organizations and their work, be nominated for leadership roles, learn and share through discussion and exchanges, receive materials, access and link to other global coalitions and networks, joint fundraising and partnership opportunities, and networking opportunities.

Network engagement

According to the survey responses, there are already 89 individuals who are interested in joining the network. We asked survey respondents and stakeholders about ways they would prefer to engage with the network in order to inform communication and engagement strategies. Survey respondents most frequently selected using a listserv (57 percent), sharing research findings on abortion stigma (51 percent), and sharing practical tools to mitigate abortion stigma (58 percent) (See Table 2 in Appendix A). For US-based respondents, priorities included the listserv, e-newsletters, webinar series, a yearly conference, and the ability to share research findings and practical tools. Respondents from outside of the United States (referred to as global respondents for the remainder of this report) indicated slightly different priorities, with a lower interest in a listserv (33 percent Global vs 76 percent US). Global respondents were most interested in a yearly conference, the ability to share practical tools and research findings, and webinar series.

Respondents were also asked about what other capacities they would like to be involved in the event that they didn't elect to join the network. Respondents were most interested in webinar series, tools around abortion stigma, and an annual conference (see Table 3 in Appendix A).

Survey respondents were asked about the skills and resources that individuals or organizations would be willing to contribute to the network. Sixty-nine individuals offered up specific skills and resources as suggestions for contributing to the network.

Skills, resources and other strengths to contribute to inroads: Key themes

Skills and expertise

- Teaching and research skills
- Mass media content analysis
- PhotoVoice
- Cultural competence
- Survey development
- Data collection and analysis
- Behavioral theory
- Conceptualization of stigma
- Youth engagement
- Video documentary skills
- Strategic planning
- Grant writing

Resources

- Tools and strategies
- Survey results
- Findings from formative research on stigma
- Contacts and networks
- Direct access to women seeking abortion
- Direct access to abortion providers
- Workshop materials

Other strengths

- Collaboration in research activities
- Build awareness and mobilize local communities
- Share insights about how stigma manifests locally

Online tools

Respondents were asked about their preferences for the functions of web-based network tools. Overall, respondents prioritized a database of stigma tools (e.g., scales, evaluations, interventions), a database of current projects, a research library, and a calendar of relevant events (See Table 4 in Appendix A).

Seventy-one percent of respondents indicated that they would use a members-only space on a network website. Respondents most frequently selected sharing resources and tools, learning about the research of other members, and online discussion as ways they would use a members-only space.

Social media

Respondents were asked about their existing social media use. Respondents most frequently use Facebook (62 percent) and Twitter (54 percent).

Network integration

While growing inroads, it is important to look at similar networks, coalitions, and groups that already exist. It is helpful to learn from the best practices and models that other groups have utilized. Respondents emphasized the importance of integrating this new network into the landscape of networks and coalitions that already exist; both in open-ended survey responses and in stakeholder interviews. Several respondents mentioned the problem of duplication of efforts and how it is important to determine how this network can work together with the existing systems and groups already in the field of SRHR. Several themes emerged about considering the role of inroads in the larger context of networks and coalitions working on abortion-related issues.

Considering inroads in larger landscape of networks, coalitions and organizations

Shifting abortion stigma is a prerequisite for all of the work around abortion, including politics, research, access, advocacy, service delivery, etc.

There is an emergent need for attention and resources on stigma specifically, with a space to share resources, ideas, tools and results on stigma

Duplication of efforts and resources

- Work on stigma should not be done in isolation from other political, legal or access efforts

- Large number of networks, campaigns, coalitions already exist

- Some regions are more densely networked than others, and a network should try to prioritize less densely networked regions and populations

Fears around a new network competing for resources

International and global networks are particularly challenging, but also crucial for this context

Important to talk about abortion stigma in intersectional ways—not just in the context of other work on abortion, but of intersection with other sources of stigma

Network membership structure

Forty-six network and coalition websites across a variety of fields were reviewed for membership structure (see Appendix B). Structures ranged from fluid and open to having defined levels of membership where membership was restricted. For example, the Post-Abortion Care (PAC) Consortium is open to all individuals and organizations working on and/or interested in PAC issues. Other networks and consortia had some defined levels of membership. For example, the International Consortium for Emergency Contraception (ICEC) has different levels of membership. Organizational members must pay an annual fee and be committed to ICEC's mission. Individual membership is for individuals who sign up to be part of a listserv and may attend a yearly conference. Other networks have more restricted membership. For example, the Women's Global Network on Reproductive Rights (WGNRR) requires references from an organization that can describe a potential member's work and confirm that the individual or organization supports WGNRR's principles. Some networks carefully screen and vet potential members, such as the National Abortion Federation and the Abortion Care Network.

In order to connect members, a number of networks scanned use the Knowledge Gateway to manage member databases and listservs, host discussions and archive files. This Gateway is hosted by the World Health Organization's Implementing Best Practices Initiative. Other networks use their own or a supporting organizations' technology.

Stakeholders had several recommendations for inroads membership structure:

- Ask potential members to endorse some values statement about abortion stigma in order to join. This will keep membership to a more manageable size of individuals and organizations who are interested in stigma. Several stakeholders emphasized that a smaller network of individuals and organizations that are committed to the work would be more beneficial to both members and to the larger field.

- However, stakeholders cautioned against creating too many barriers to the useful benefits of the network (such as password protected log-in to website, requiring references, requiring potential members to disclose a burdensome amount of information in the membership process).

- Stakeholders across a number of networks and organizations emphasized that ultimately the structure of both membership and leadership should be generated from the needs and capacities of active members.

Survey respondents were also asked about the level of commitment that should be required of network members. Most suggested that members should be required to share information with other members of the network (75 percent) and to incorporate work on abortion stigma into ongoing activities (60 percent). (See Table 5 in Appendix A).

Lessons and recommendations for effective networks

Survey respondents and stakeholders had several recommendations for creating effective networks. Several key themes emerged and are described below:

- **Clear goals.** Survey respondents and stakeholders emphasized the need for clear goals, since stigma is such a high level concept. Clarity of goals can also help the network integrate more successfully with the existing efforts around abortion and SRHR.

- **Generate up from the membership.** When network priorities are generated from the membership, networks are more effective and sustainable. When the agenda is set by one or a few stakeholders and imposed on the membership, then networks struggle and fail.

- **Transparency of network structure and leadership.** It is important to be clear about who is responsible for decision-making, and what the roles and responsibilities are of organizations and individuals.

- **Transparency around funding.** If funding is available for participation in the network, it should be clear how it is allocated and who is eligible to receive it.

- **Manageable size.** Create a structure that allows for groups of manageable size, rather than prioritizing a large number of members.

- **Consider security.** Anti-choice groups are expanding efforts to infiltrate networks, campaigns and organizations.

Successes from most effective networks

- Sharing information, resources, and opportunities

- Creating a common voice

- Clear and consistent communication

- Combining multiple modes of communication

- Galvanizing members into action

- Capitalizing on triggering events to catalyze network action

- Being responsive to member needs

- Building member capacity

- Staying true to a clear purpose

- Linking people to resources

- Fostering communication among members

- Developing a functional infrastructure based on mission, goals

- Ensuring that all members are heard from

- Having reasonable and clear expectations of contributors

- Creating a culture of learning

- Fun

- Have one organization or person championing the network — none are self-sustaining

Struggles from least effective networks

- Lack of commitment from members

- Lack of opportunities to engage

- Too large of a membership base

- Goals that are funder or secretariat driven rather than member driven

- Too centralized decision-making

- Lack of functional communication

- Unclear objectives

- Trying to get too many people involved too quickly

- Expectations that exceed resources or capacity of members

- Duplication of other networks

- Lack of fundraising to support the network

- Too much emphasis on meeting; not enough on action steps

- Coopting of others' ideas

- Lack of trust

Recommendations

Based on this background assessment, including a survey of potential network members, stakeholder interviews, and a scan of existing SRHR networks, it is clear that abortion stigma is emerging as a global area of focus. It is clear that there is a need to further understand stigma and how it manifests globally and locally. Furthermore, a forum of sharing knowledge and experiences (e.g., formative research findings, best practices, tools, existing and emerging resources, etc.) would support individual and organizational efforts worldwide to challenge and mitigate abortion stigma. To address these critical needs, as well as to support the research and action steps identified in the learning agenda for abortion stigma (Hessini, in press), the Bellagio Expert Group are proposing the following goals, thematic areas, and structure for inroads, a global knowledge network and community of practice to understand, challenge and mitigate abortion stigma.

Proposed goals

The International Network for the Reduction of Abortion Stigma and Discrimination seeks to:

Goal 1: Bring together diverse stakeholders to share information, tools, and resources around abortion stigma and discrimination.

Goal 2: Learn from promising practices for stigma intervention.

Goal 3: Expand programmatic, research and advocacy strategies.

Goal 4: Support coordination among research, policy and practice.

Goal 5: Raise awareness about abortion stigma.

Goal 6: Develop capacity and resources for abortion stigma research and program work.

Goal 7: Create an innovative technology platform for inroads members.

Proposed thematic areas

Based on findings from this background assessment and discussions at the June 2013 Bellagio Working Group meeting, we propose the following thematic areas of focus for inroads. We fully anticipate that these areas will be discussed, refined, and perhaps revised at membership meetings.
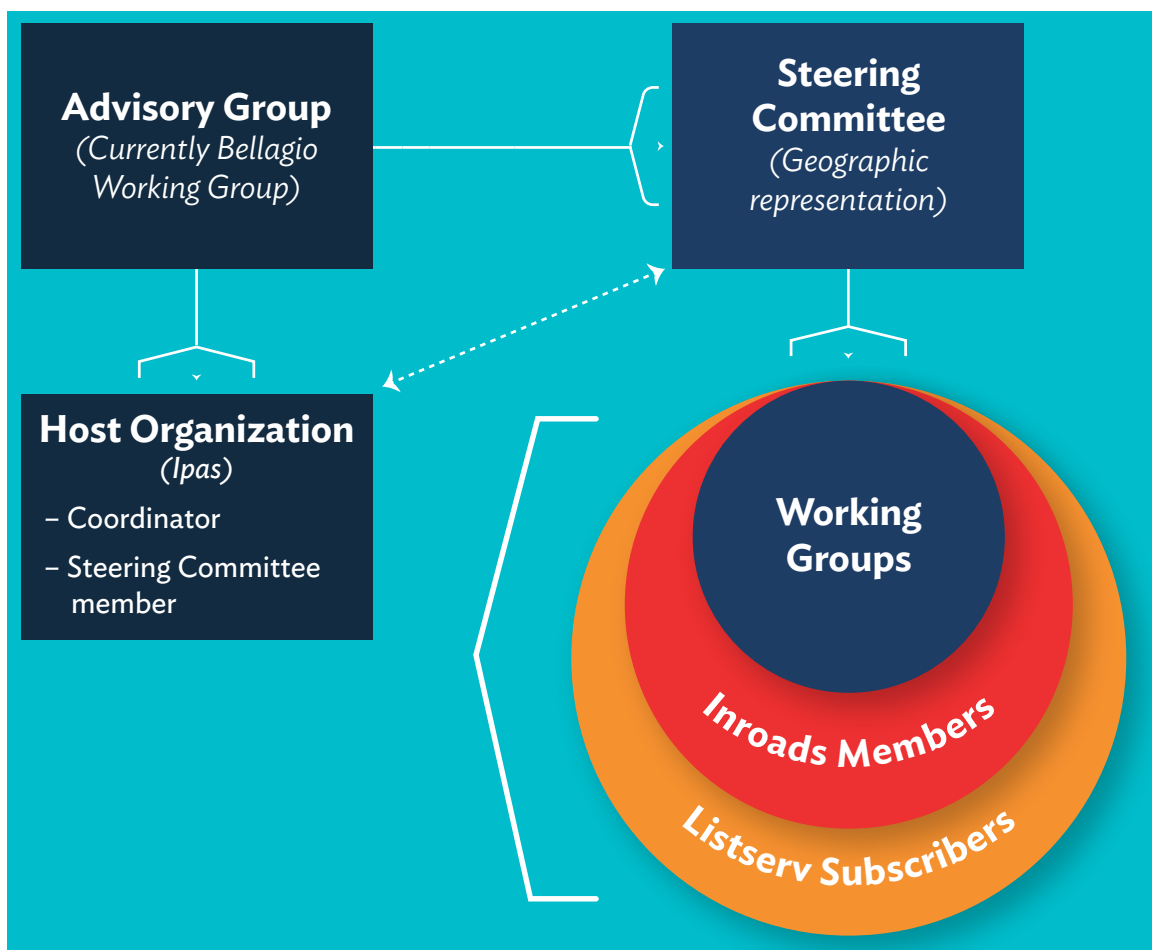
1. Abortion stigma in culture and discourse, including language, popular discourse and media, and news coverage

2. Abortion stigma in governments and civic structures, including laws and policies

3. Abortion stigma in organizational and institutional settings, including abortion service delivery

4. Abortion stigma in communities

5. Abortion stigma at the individual level

6. The intersection of abortion stigma with other areas of stigma and discrimination.

Inroads will foster the knowledge sharing and linkages in order to catalyze members' efforts to understand, challenge, and mitigate abortion stigma across these domains. Because our understanding of abortion stigma is nascent, inroads will serve as a community of practice for individuals and organizations considering abortion stigma as a topic for research and programmatic intervention.

Proposed network structure

To move forward a global understanding of abortion stigma, the following network structure is proposed, based on findings from this background assessment. Ipas, as host organization, will establish preliminary membership guidelines (outlined below), develop a website and initial membership engagement strategy, and convene a Steering Committee representing the diverse geography of the membership. The Bellagio Expert Working Group will serve as an initial advisory group, providing general feedback and input.

In order to ensure a truly global voice, the network advisor will issue an open call to existing members to apply to join the Steering Committee and will select members based on geographic region and based on commitment and contribution to identifying, mitigating, and challenging abortion stigma. Once the Steering Committee is convened (likely during the summer of 2014), the network advisor will engage and receive input from Steering Committee members. The network advisor will also work with the Steering Committee to establish an advisory committee consisting of key stakeholders from relevant sectors (e.g., existing networks in SRHR, researchers, intervention developers and implementers, advocates, and donors). Members of the Steering Committee will form and serve on working groups that will identify key thematic areas and push forward the work of each of those areas.

Preliminary membership guidelines.

General membership will be open to interested individuals and organizations that are committed to understanding, challenging and mitigating abortion stigma. In order to join, potential members will review responsibilities and benefits (outlined below), and endorse the network's value statement:

I/we are committed to the advancement of sexual and reproductive health and rights, including the right to abortion. Abortion stigma contributes to the social, medical and legal marginalization of abortion worldwide. As part of inroads, I/we are committed to understanding, challenging and mitigating abortion stigma.

Responsibilities of membership:

Members may choose to be listed on the network website, and can be listed as either individuals or as organizations.

1. Participate in network events at least once a year (such as webinars, meetings, conference calls, etc.)

2. Participate in the network listserv and share information with others in the network

3. Initiate work on abortion stigma or incorporate work into ongoing activities, where appropriate

4. Share information about inroads and its work with colleagues and partners

5. Attend and actively participate in membership meetings and conferences

Benefits of membership:

1. Participate in a Community of Practice with world leaders on abortion stigma

2. Access shared research and collaboration opportunities

3. Highlight and publicize innovative work via inroads resources (e.g., website, in publications, listservs, etc.)

4. Connect and strategize with organizations, individuals, and allies all working on similar issues around the world

5. Share new information and lessons learned with colleagues

6. Contribute to determination of inroads network structure at first member meetings

7. Serve in network leadership/structure

8. Participate in inroads meetings and conferences

9. Disseminate information about your organization or your work on the inroads website

It is expected that the network structure will evolve over time as member capacity grows, and the fields' understanding of abortion stigma, how it manifests, and how to challenge and mitigate it grows.

Preliminary inroads activities

The background assessment established that there is an eager audience of individuals and organizations poised to collaborate in a network to understand, challenge, and mitigate abortion stigma. Potential members are ready to get engaged and to share their expertise and resources in a community of practice around abortion stigma. It is equally clear that there can be considerable obstacles to network success. Potential members prioritize clear goals, a forum for sharing and collaboration, and a network that is responsive to member-driven priorities. To that end, we suggest the following activities:

• **Build and launch a network website and listserv.** The first phase of the website has been populated with existing tools and resources for individuals and organizations working around abortion stigma. A second phase will involve an innovative platform for collaboration and resource sharing, including a database of tools, research, and interventions as they emerge. The website and associated listserv will highlight what members are doing to understand, mitigate and challenge abortion stigma.

- **Convene a webinar series.** Potential members are very interested in what others are doing around abortion stigma research and programming. A webinar series will be one tool to share information. Collaborative webinar tools will also be used to solicit information and feedback from members and potential members.

- **Develop a strategic plan for inroads.** The host organization will draft a strategic plan with recommendations for membership cultivation, communication, fundraising, and thematic areas of priority. Once the steering committee is convened, the committee will finalize a strategic plan.

- **Convene an initial in-person membership global meeting or series of regional meetings.** Members are especially interested in collaborating in person, despite challenges. In person meetings will serve as opportunities for members to collaborate and share resources with one another. The network advisor will ensure participatory methods for meeting agenda development and for meeting facilitation.

- **Develop opportunities for ongoing monitoring and evaluation.** In order to ensure that inroads is making progress in shifting the global conversation on abortion, the technical secretariat will develop and implement a multi-modal M&E strategy.

Appendix A: Tables

Table 1. Selected survey respondent characteristics

Respondent Characteristics	Total (%) (N=106)	US-based (%) (N=58)	Global (%) (N=48)
Area of expertise			
Policy/Advocacy	23%	17%	29%
Academic	8%	12%	4%
Research/Evaluation	11%	17%	4%
Program Implementation	19%	21%	17%
Clinical Provider	13%	12%	15%
Donor	1%	2%	0
Fundraiser	3%	3%	2%
Community Activist	17%	16%	19%
Legal	1%	0	2%
Area of focus			
Local	23%	—	—
National	42%	—	—
Regional	16%	—	—
Global	24%	—	—
Country	**(Number)**		
Argentina	1	—	—
Australia	1	—	—
Bangladesh	1	—	—
Belgium	4	—	—
Brazil	2	—	—

Cameroon	2	—	—
Canada	2	—	—
Colombia	2	—	—
Denmark	1	—	—
Ethiopia	1	—	—
Ghana	1	—	—
India	3	—	—
Kenya	5	—	—
Lesotho	1	—	—
Malawi	1	—	—
Malaysia	1	—	—
Mexico	9	—	—
Nepal	1	—	—
New Zealand	1	—	—
Nicaragua	1	—	—
Pakistan	7	—	—
Philippines	1	—	—
Poland	1	—	—
Romania	1	—	—
Sierra Leone	1	—	—
Switzerland	1	—	—
South Africa	2	—	—
Tanzania, United Republic of	2	—	—
United Kingdom	10	—	—
United States	90	—	—

Table 2. Preferred ways to engage as a member of inroads

Engagement with network	Total (N=106)	US-based (N=58)	Global (N=48)
Listserv	60 (57%)*	**44 (76%)**	16 (33%)
Members-only website section	36 (24%)	12 (21%)	13 (27%)
Conference calls	25 (24%)	14 (24%)	11 (23%)
Electronic newsletter	46 (43%)	30 (52%)	16 (33%)
Yearly conference	43 (41%)	21 (36%)	22 (46%)
Webinar series	51 (48%)	21 (36%)	22 (46%)
In-person meetings	39 (37%)	23 (40%)	16 (33%)
Share research findings on abortion stigma	54 (51%)	31 (53%)	23 (48%)
Share practical tools to mitigate abortion stigma	**62 (58%)**	37 (64%)	**25 (52%)**
No Response	14 (13%	6 (10%)	**25 (52%)**

Percentages will not add up to 100 as respondents were allowed to select more than one response.
  Bolded responses are the most selected responses in each group.

Table 3. Preferred ways to be involved other than membership

Engagement with network	Total (N=106)	US-based (N=58)	Global (N=48)
Webinar series	**39 (37%)***	**23 (40%)**	**16 (33%)**
Listserv	27 (25%)	20 (34%)	7 (15%)
Electronic newsletter	21 (20%)	7 (12%)	14 (29%)
Yearly conference	29 (27%)	12 (21%)	17 (35%)
Suggested research on abortion stigma	23 (22%)	13 (22%)	10 (21%)
Tools around abortion stigma	35 (33%)	21 (36%)	14 (29%)
No Response	26 (25%)	12 (21%)	14 (29%)

Percentages will not add up to 100 as respondents were allowed to select more than one response.
  Bolded responses are the most selected responses in each group.

Table 4. Preferred functions of web-based network tools

Functions of website or online tools	Total (N=106)	US-based (N=58)	Global (N=48)
Definition and background on abortion stigma	31 (29%)	19 (33%)	17 (35%)
Background on inroads network	16 (15%)	5 (9%)	6 (13%)
Media resources	16 (15%)	11 (19%)	8 (17%)
Webinars or Power Point slides on best practices or case studies	36 (34%)	25 (43%)	15 (31%)
Stigma tools (scales, evaluations, interventions) database	**65 (61%)**	**41 (71%)**	**22 (46%)**
Research library	38 (36%)	21 (36%)	16 (33%)
Ability to upload resources into shared resource library	24 (23%)	11 (19%)	12 (25%)
Web forums to collaborate on projects and receive feedback from colleagues	24 (23%)	12 (21%)	12 (25%)
Ability to collaborate virtually on projects with peers (e.g., Google Docs, video conferencing)	21 (20%)	10 (17%)	9 (19%)
Professional social network group (e.g., LinkedIn, Facebook)	12 (11%)	6 (10%)	5 (10%)
Calendar of relevant events, trainings, webinars, conferences	36 (34%)	26 (45%)	15 (31%)
Database of current projects being undertaken in the community around a specific topic	45 (42%)	25 (43%)	17 (35%)
List of member organizations	18 (17%)	11 (19%)	9 (19%)
None of these services are useful to me	0	0	0
No Response	18 (17%)	6 (10%)	12 (25%)

*Percentages will not add up to 100 as respondents were allowed to select more than one response.
 Bolded responses are the most selected responses in each group.*

Table 5. Preferred level of commitment for inroads membership

Level of commitment	Total (N=106)	US-based (N=58)	Global (N=48)
Incorporate work on stigma into ongoing activities	64 (60%)	34 (59%)	30 (63%)
Share information with other members of the network	**79 (75%)**	**46 (79%)**	**33 (69%)**
Participate in listserv	58 (55%)	37 (64%)	21 (44%)
Collaborate on joint projects	52 (49%)	23 (40%)	29 (60%)
Listed on network website	18 (17%)	9 (16%)	9 (19%)
No response	18 (17%)	9 (16%)	9 (19%)

*Percentages will not add up to 100 as respondents were allowed to select more than one response. Bolded responses are the most selected responses in each group.

Appendix B: Networks Scanned

Network[2]	Website	In-depth review[3]
28th of September Campaign	http://www.september28.org/	✓
Abortion Care Network	http://www.abortioncarenetwork.org/	✓
African Youth and Adolescents Network on Population and Development (AfriYAN)	No link available	
Asian-Pacific Resource and Research Centre for Women (ARROW)	http://www.arrow.org.my/	
Association for Women's Rights in Development (AWID)	http://www.awid.org/	✓
ASTRA - Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights	http://www.astra.org.pl/	
CLADEM	http://www.cladem.org/	
Coalition for Adolescent Girls	http://coalitionforadolescentgirls.org/	✓
CoreAlign	http://corealign.org/	✓
Coalition of Sexual Violence and Bodily Rights in Muslim Societies (CSVBR)	http://www.csbronline.org/	✓
CWGL's Post-2015 Women's Coalition	http://www.cwgl.rutgers.edu/coalition-building/post-2015-sustainable-development	
Development Alternatives for Women in a New Era (DAWN)	http://www.dawnnet.org/feminist-resources/	
Every Mother Every Child		✓
FEMNET: African Women's Development and Communications Network	http://femnet.co/index.php/en/	
FIGO — International Federation of Gynecology and Obstetrics	http://www.figo.org/	✓

2 Six networks that were reviewed do not have a public presence and are not included in this list.

3 In-depth review includes a review of the network's website and other written materials when available. We also conducted stakeholder interviews with representatives from a small selection of networks reviewed. We have not identified those in order to protect the anonymity of those individuals interviewed.

Network[2]	Website	In-depth review[3]
Gender-Based Violence Prevention Network	http://preventgbvafrica.org/	✓
Global Coalition on Women and AIDS (GCWA)	http://www.womenandaids.net/Home.aspx	✓
International Consortium for Medical Abortion (ICMA)	http://www.medicalabortionconsortium.org/	✓
• Asia Safe Abortion Partnership (ASAP)	http://www.asap-asia.org/	
• Eastern European Alliance for Reproductive Choice	http://en.reprochoice.org/	
• International Campaign for Women's Right to Safe Abortion (coordinated by ICMA)	http://www.safeabortionwomensright.org/	
• CLACAI	http://www.clacai.org/	
• Africa Network for Medical Abortion		
International Consortium for Emergency Contraception (ICEC)	http://www.cecinfo.org/	✓
• American Society for Emergency Contraception		
• Latin American Consortium for EC		
• ECafrique		
• European Consortium for Emergency Contraception (ECEC)		
Just Associates (JASS)	http://www.justassociates.org/	✓
Later Abortion Network (LAN)		✓
Maternal Health Task Force (MHTF)	http://www.mhtf.org/	✓
National Abortion Federation (NAF)	https://www.prochoice.org/	✓
National Network of Abortion Funds	http://www.fundabortionnow.org/	✓

Network[2]	Website	In-depth review[3]
New Leadership Networking Initiative	http://clpp.hampshire.edu/leadership-programs/new-leadership-networking-initiative-nlni	✓
Oral Contraceptives (OCs) Over-the-Counter (OTC) Working Group	http://ocsotc.org/	✓
Partnership for Maternal, Newborn and Child Health (PMNCH)	http://www.who.int/pmnch/en/	
Postabortion Care Consortium (PACC)	http://www.pac-consortium.org/	✓
Realising Sexual and Reproductive Justice (RESURJ)	http://www.resurj.org/	
Safe Abortion Action Fund (SAAF)	http://www.ippf.org/our-work/programmes/Safe-Abortion-Action-Fund	✓
Sexual Rights Initiative (SRI)	http://sexualrightsinitiative.com/	
Sexuality Policy Watch (SPW)	http://www.sxpolitics.org/?cat=1	
Strategies from the South	http://www.feim.org.ar/strategiesfromthesouth/	
Strong Families — led by Forward Together	http://forwardtogether.org/strong-families	✓
Women Human Rights Defenders International Coalition (WHRDIC)	http://defendingwomen-defendingrights.org/	✓
Women Living Under Muslim Laws (WLUML)	http://www.wluml.org/	✓
Women's Global Network on Reproductive Rights (WGNRR)	http://www.wgnrr.org/	✓
YouAct: European Youth Network on Sexual and Reproductive Rights	http://www.youact.org/	
Youth Coalition for Sexual and Reproductive Rights	http://www.youthcoalition.org/	✓

Appendix C: Bellagio Working Group Members

First Name	Last Name	Affiliation
Leila	Adesse	Affirmative Actions on Rights and Health (Ações Afirmativas em Direitos e Saúde)
Leslie	Cannold	Reproductive Choice Australia
Kate	Cockrill	The Sea Change Program
Rebecca	Cook	University of Toronto
Kelly	Culwell	International Planned Parenthood Federation
Lana	Dakan	David and Lucile Packard Foundation
Tine	Gammeltoft	University of Copenhagen
Bela	Ganatra	World Health Organization
Lisa	Harris	University of Michigan
Leila	Hessini	Ipas
Anu	Kumar	Ipas
Manisha	Mehta	Independant participant
Jazmin	Mora-Rios	National Institute of Psychiatry "Ramón de la Fuente"
Laura	Nyblade	Senior Technical Advisor for Stigma and Discrimination, Stigma Action Network Steering Committee member
Monica	Oguttu	Kisumu Medical and Education Trust (KMET)
Renu	Rajbhandari	National Alliance of Women Human Right Defenders
Annik	Sorhaindo	Population Council
Tracy	Weitz	Independent participant
Nana	Yaa Appiah	Ghana Women's Voices Foundation