Latin American Consortium against Unsafe Abortion - CLACAI

© Latin American Consortium against Unsafe Abortion
Executive Secretariat based in PROMSEX
Av. José Pardo 601 Oficina 604, Miraflores, Lima – Perú
(511) 4478668
susana@promdse.org
www.clacai.org

Coordination and text editing: María José Barajas

Authors: CLACAI, in collaboration with Marcela Rueda

Design and layout: Julissa Soriano

Photographs: CLACAI

Strategic Plan 2015 – 2019
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The Latin American Consortium against Unsafe Abortion (CLACAI) is a regional network that promotes access to information and safe technologies and strategies to reduce unsafe abortion in Latin America. CLACAI works in the framework of full respect for human rights, including sexual and reproductive rights, from a gender and equity perspective. It is composed of activists, researchers, health service providers, lawyers and other professionals.

The Conference of the International Consortium for Medical Abortion (ICMA), held in Johannesburg in 2004, was the beginning of CLACAI. On that occasion, a group of participants from Latin America decided to promote actions to join several efforts towards safe abortion in the region. Subsequently, the decision was made to form the Latin American Consortium against Unsafe Abortion (CLACAI), and the first Coordinating Committee was named. In 2006, 46 representatives from 13 countries participated in CLACAI’s first general meeting in Lima.

Notably, the Consortium was founded based on an intersectoral approach where women's rights activists, researchers, and health service providers converged. In addition, the Consortium currently includes legal professionals.

Moreover, the backbone of CLACAI’s partnership was the prevention of unsafe abortion and access to technologies such as medical abortion, contributing to decreasing the risks associated to the procedures. Similarly, CLACAI’s approach has widened to include the implementation of legal abortion.

Finally, the Consortium presents its Strategic Plan for the 2015-2019 period, continuing the institutional strategy defined in our previous plan for 2011-2014, where a number of outcomes and indicators have been identified in relation to the scope of CLACAI’s mission and vision to ensure an adequate and sustainable response time for the reduction of unsafe abortion in Latin America.

SUSANA CHAVEZ
Executive Secretary
main achievements
Since its inception, CLACAI has advanced two processes for assessing compliance with its strategic plans that permitted to conclude that, to date, CLACAI’s main achievements are:

- Consolidating itself as a leading partnership, an information center, a link between regional and local actions and a meeting point between sectors working towards safe and legal abortion.

- Consolidating itself as an expert and legitimate voice in the region, which interacts with various stakeholders in order to increase access to safe and legal abortion.

- Making scientific evidence and updates on legal and safe abortion available through the repository, the regional and subregional conferences, websites and other communication and training areas.

- Prompting the debate on medical abortion and access to Misoprostol as an appropriate means to increase women’s access to safe abortion.

- Supporting local initiatives that enabled driving the issue of legal and safe abortion in various contexts in the region.

“CLACAI is an institution that is built on participation.”

“We have heard that CLACAI is a forum where there is freedom to exchange ideas on abortion. There is no other equal space of trust between different stakeholders in the region.”

Participant who completed the online questionnaire conducted during the evaluation process of CLACAI’s 2011-2014 Strategic Plan, focusing on full membership in the Consortium.
I. REGIONAL CONFERENCES

CLACAI’s Regional Conferences constitute an institutional landmark that characterizes the Consortium, as they are a privileged space to debate and discuss about legal and safe abortion. These conferences are celebrated every two years in different countries and they are organized by different national networks.

CLACAI’s Regional Conferences gather around 300 participants working daily for the access to legal and safe abortion in the region.

The first Regional Conference took place in 2009.

The last Regional Conference took place in 2014 in Lima, under the title: “Reaffirming the legacy of Cairo: Legal and Safe Abortion”. It was one of the first regional meeting including a reflection and analysis about the Montevideo Consensus.
II. SUBREGIONAL CONFERENCES

They constitute a perfect forum to debate in a decentralized way, trying to reach more organizations working in the region. These meetings, taking place in the Andean sub region, Central America and Mexico and in the Southern Cone, are organized as well every two years.

III. LOCAL INITIATIVES

Between 2011 and 2014, CLACAI made three calls to support local initiatives. Thus, as a result of this process, fifteen projects have been funded, each with an amount of US $5,000; six in the Southern Cone subregion, five in Central America, and four in the Andean Region.

While these initiatives are usually implemented in the context of broader programs on safe abortion, a review of proposals and reports revealed that eight of these local initiatives were focused on the strategic line of access to services; three on information/education/communication; two on the legal profession; and two on research.

Finally, CLACAI has also offered concrete support to address local issues. Thus, in 2013, it launched a tour of experts in El Salvador, Honduras and Guatemala to support conferences, training, media coverage and strategic meetings with civil society organizations. In the same year, the Consortium was also invited to submit an Amicus Curiae brief in a case involving access to safe abortion for a teenager in Argentina.
IV. LEGAL GROUP
The 2011–2014 Strategic Plan envisioned the creation of CLACAI’s Legal Committee, consisting of all legal advocates who are members of the Consortium and responsible for providing technical advice to different countries in the region and sharing experiences and best practices in the field of strategic litigation.

V. “REPOCLACAI” REPOSITORY

In September 2011, CLACAI launched the “RepoCLACAI” institutional repository which aims to centralize, preserve and provide access to knowledge about abortion, mainly for all institutions or participating or adherent groups of the Consortium, as well as for the general public.

The project is based on free access to knowledge and therefore, all resources within it are open access and/or in digital text format.

“CLACAI’s repository provides access to information that did not used to be so user friendly. Anyone who wants to know about the issue now has easier access to information, and in today’s world that is vital.”

Participant who completed the online questionnaire conducted during the evaluation process of CLACAI’s 2011–2014 Strategic Plan, focusing on full membership in the Consortium.
CLACAI has an organizational structure that represents the various sectors and countries of its membership and allows democratic, transparent and efficient governance in the management of resources (see Diagram 1 below):

CLACAI’s membership is currently composed as follows:

- Number of individual members: 281
- Number of institutional members: 120
- Number of countries: 22 (including the US, Spain and France)
- Number of members identified as health service providers: 100
- Number of members identified as activists: 95
- Number of members identified as researchers: 55
- Number of members identified as human rights defenders or lawyers: 31

Today, 21 countries are represented, including Argentina, Bolivia, Brazil, Colombia, Chile, Costa Rica, Cuba, Ecuador, El Salvador, Spain, United States, France, Guatemala, Haiti, Mexico, Nicaragua, Paraguay, Peru, Puerto Rico, Uruguay and Venezuela.

Moreover, the Consortium emphasizes the work of CLACAI’s Executive Secretariat, which has received positive feedback from Consortium members.
2015 – 2019

strategic plan
the region’s social and political landscape:
a brief contextual review
At present, according to the World Health Organization (WHO), about 22 million unsafe abortions are performed worldwide each year, most of them in developing countries\(^1\). About 20% of these abortions occur in Latin America and the Caribbean, based on figures provided by the Guttmacher Institute, and about 4.4 million abortions were performed in the region in only 2008 – 95% of which were unsafe –\(^2\) and this figure has remained more or less constant.

On the other hand, the legal status of abortion in Latin America and the Caribbean is diverse: while in seven of the 34 countries in the region abortion is fully criminalized (El Salvador, Nicaragua, Honduras, Dominican Republic, Suriname, Haiti and Chile), in all remaining countries it is permitted under different circumstances\(^3\). These include:

- To preserve the woman’s life: Brazil, Guatemala, Mexico\(^4\), Panama, Paraguay, Venezuela, Antigua and Barbuda and Dominica.
- To preserve health and save the woman’s life: Argentina, Bahamas, Bolivia, Costa Rica, Peru, Ecuador and Granada.
- To preserve mental health as well as the reasons expressed above: Colombia, Jamaica, St. Kitts and Nevis, St. Lucia and Trinidad and Tobago.
- In cases of rape: Mexico, Panama, Bolivia, Ecuador, Brazil, Colombia, Argentina, Saint Lucia, Barbados and Saint Vincent and the Grenadines. This applies to Ecuador as well in cases where the raped woman suffers from a mental disability and to Bolivia in cases of incest.
- For socioeconomic reasons as well as the reasons expressed above: Belize, Barbados and Saint Vincent and the Grenadines.
- In case of congenital malformations of the fetus: Mexico, Panama, Colombia, Brazil, Barbados and Belize.
- Without restriction: Cuba, Guyana, Puerto Rico and Uruguay.

Fortunately, the region has experienced significant positive changes in different areas. For example, in October 2012, Uruguay joined the countries that allow abortion without restrictions, enabling Uruguayan women to have an abortion within 12 weeks, or up to 14 weeks if they have been victims of rape, or at any time during the pregnancy if there is a health risk to the mother or if the fetus is not viable.

\(^2\) Guttmacher Institute, “Facts on abortion in Latin America and the Caribbean.” In Summary, January 2012.
\(^4\) For most women, considering that in this country, the legality of abortion is determined at the state level.
Meanwhile thanks to a judgment by the Supreme Court, in April 2012, Brazil recognized the right to abortion in cases where the fetus suffers anencephaly.

Also that same year, a judgment of the Supreme Court of Argentina clarified the exceptions to the criminalization of abortion and its requirements and, in July 2014, Peru approved a protocol for the regulation of therapeutic abortion, after 90 years of being decriminalized.

Moreover, from the standpoint of advocacy work, the safe abortion agenda has been further advanced. Thus, there have been various discussions on this subject in academic conferences in the region and, in 2014, Peru presented the Draft Law No. 3839 for the decriminalization of abortion in cases of rape, which is currently being debated in Congress. Similarly, in Argentina, a campaign was conducted with the aim of implementing public policies that ensure all Argentinian women real access to abortion regarding health and rape exceptions.\(^5\)

Another highlight from recent years is the greater availability of technologies for safe abortion. In fact, there is an increase in the number of countries, or regions within countries, that have incorporated Mifepristone and Misoprostol for obstetric use, such as Mexico City and Uruguay, in the case of the former, and Ecuador in the case of the latter.

\(^5\) At the initiative of FEIM and CEDES and with the support of the Promoter Group, IWHC, IPPF, and SAAF. The campaign can be found here: www.despenalizacion.org.ar
Moreover, regional challenges are an important focus of attention, especially taking into consideration that many politicians in power have a strong conservative view against abortion and civil society groups are becoming more knowledgeable and present in executive and judicial spheres.

Another major regional challenge is to address the urgent issue of conscientious objection from a legal and operational perspective. Therefore, it is essential that conscientious objection is regulated by establishing clear and specific guidelines for raising objections according to a number of reasons and within a specific time frame.

With regards to increasing access to technologies for safe abortion as explained above, it should be noted that, despite this, dispensers (shops, small pharmacies) have been relegated by large retail chains, and there is greater difficulty in accessing Misoprostol since a prescription is required.

Finally, the decriminalization of abortion in countries where this practice is dramatically prohibited is a key issue that the region should continue to work to overcome. Fortunately, some of these countries are incorporating the issue in their agendas, such as Chile, whose current president has expressly promised in her government program to promote decriminalization to preserve the woman’s life, in the grounds of rape and in cases of unviability of the fetus. It is expected that during the implementation period of the current 2015-2019 Strategic Plan, the governments of El Salvador, Nicaragua, Honduras, Dominican Republic, Suriname, and Haiti will also experience progress in this regard.
mission and vision
The Latin American Consortium against Unsafe Abortion (CLACAI) is a regional network that promotes access to information and safe technologies and strategies to reduce unsafe abortion and improve access to safe abortion in Latin America. It works in the framework of full respect for human rights, in particular sexual and reproductive rights, from a gender and equity perspective as a substantive contribution to the democratic agenda. It is composed of individuals, organizations and networks dedicated to activism, research, and provision of health services, the legal environment and other related areas of work.

The Latin American Consortium against Unsafe Abortion (CLACAI) is the leading multi-partner network in the region for reducing unsafe abortion and ensuring access to legal abortion.
The Latin American Consortium against Unsafe Abortion (CLACAI) has outlined several institutional and organizational challenges in three strategic areas and three organizational objectives respectively, which are explained below.
1. strategic areas

STRATEGIC AREA ONE: PROMOTING ACCESS TO ABORTION, WITHIN EXISTING LEGAL FRAMEWORKS.

Strategic Action 1.1: Broadening the understanding of the health exception, the rape exception and other exceptions, as well as on existing legal frameworks among health service providers and justice and protection operators.

Expected Results of Strategic Action 1.1: Groups of service providers and justice and protection operators have acquired knowledge and skills for proper implementation of the health exception, the rape exception and other exceptions, as well as on existing legal frameworks in at least five countries.

Strategic Action 1.2: Offering technical assistance for developing public policies (protocols, guidelines, regulations, records, statistics, human resources) with quality standards and strategies for political action to ensure the implementation of the health exception.

Strategic Action 1.3: Promoting the implementation of public policies that allow access to recommended medical and surgical technologies for safe and legal abortion in essential health services.

Expected Results of Strategic Action 1.2 and 1.3: In at least three countries there are new public policies (adopted or under discussion) aimed at ensuring the implementation of existing legal frameworks on abortion and/or improving access to medical and surgical technologies in essential health services thanks to technical assistance from CLACAI.

Strategic Action 1.4: Strengthening existing partnerships (e.g. FLASOG and Campaña 28 de Septiembre); and promoting new partnerships with other relevant regional and global actors (e.g., CRR, WLW, Red ALAS) to improve access to abortion within existing legal frameworks.

Expected Results of Strategic Action 1.4: Joint activities or in partnership with at least three regional and global players.
Strategic Action 1.5: Contributing to the generation of regional consensus on conceptual issues related to legal abortion (health exception, rape exception, conscientious objection, Montevideo Consensus, gestational age, etc.).

Expected outcome of Strategic Action 1.5: regional consensus driven around at least two key issues related to legal abortion (e.g. conscientious objection).

Strategic Area Two: Promoting Innovative Initiatives for Partial or Full Decriminalization of Abortion.

Strategic Action 2.1: Strengthening, within CLACAI, a dialogue on innovative strategies for the partial or total decriminalization of abortion and on emerging issues and challenges (e.g. anti-rights groups).

Expected results of Strategic Action 2.1: In three countries with full or partial criminalization of abortion, innovative strategies for positioning the agenda of abortion and counteracting emerging challenges (including claims of unconstitutionality, litigation of landmark cases, citizens’ initiatives, legislative initiatives, among others) have been identified with support from CLACAI.

Strategic Action 2.2: Repositioning abortion as an issue of the democratic agenda.

Expected results of Strategic Action 2.2: Developing and implementing a communications strategy to position abortion as an issue of the democratic agenda.

Strategic Action 2.3: Promoting accountability, producing information, establishing indicators and disseminating data on abortion in regional fora, agendas and platforms including, among others, ECLAC and monitoring mechanisms of the Montevideo Consensus.
Strategic Action 2.4: Accompanying other national and regional actors in the regular monitoring of trends in the public opinion and in turning these findings into useful information for advocacy.

Expected results of Strategic Actions 2.3 and 2.4: Regional actors working towards the partial or full decriminalization of abortion have more information to hold governments more accountable and to support advocacy processes.

Strategic Action 2.5: Contributing to the development of an agenda including the region’s research needs to support processes for partial or full decriminalization and ensure access to legal abortion as well as promoting it with key organizations.

Expected results of Strategic Action 2.5: CLACAI features an agreement document on research priorities in the region.

### STRATEGIC AREA THREE:

**PROMOTING THE AVAILABILITY AND PROPER USE OF APPROPRIATE MEDICAL AND SURGICAL TECHNOLOGIES AND QUALITY STANDARDS FOR SAFE ABORTION IN THE FIRST AND SECOND QUARTER.**

**Strategic Action 3.1:** Promoting a theoretical and practical framework linking technologies for safe abortion with human rights with the support of CLACAI’s legal group.

**Strategic Action 3.2:** Strengthening, within CLACAI, a dialogue on the challenges and available alternatives for increasing access to technologies.

**Strategic Action 3.3:** Encouraging the documentation and dissemination of experiences of women, health professionals and justice operators regarding access and use of Misoprostol and/or Mifepristone.
**Strategic Action 3.4:** Creating alliances that favor the conduction of qualitative and quantitative research at local, national and regional levels on the use of Misoprostol and/or Mifepristone.

**Expected results of Strategic Action 3.1, 3.2, 3.3 and 3.4:** New information available in the region about the challenges and alternatives for expanding access to technology and about the experiences of women, health professionals and justice operators as well as protection in access and use of drugs at local, national, and regional levels.

**Strategic Action 3.5:** Promoting dialogue within CLACAI and other regional actors on the issue of abortion in the second quarter.

**Expected results of Strategic Action 3.5:** An increase of actors in the countries of the region working towards the implementation of abortion in the second quarter.
II. Organizational Goals

Organizational Goal One: Increasing CLACAI’s Visibility and Legitimacy as a Leading Regional Network.

- **Action/Initiative 1.1:** Developing and implementing an internal and external communication plan for positioning CLACAI with relevant stakeholders.
- **Action/Initiative 1.2:** Participating in regional and international fora and networks.
- **Action/Initiative 1.3:** Reinforcing mechanisms for rapid response to emerging demands.
- **Action/Initiative 1.4:** Creating a mechanism for granting awards and recognitions to leaders from different sectors whose work contributes to the achievement of CLACAI’s mission.

Organizational Goal Two: Improving the Quality, Representation and Participation of CLACAI’s Members.

- **Action/Initiative 2.1:** Strengthening the mechanism to support local initiatives ensuring clear and inclusive selection criteria.
Action/Initiative 2.2: Implementing regional and subregional conferences as well as other training and exchange of experiences’ processes on safe and legal abortion.

Action/Initiative 2.3: Strengthening the presence of actors in countries and underrepresented sectors (e.g. Brazil).

ORGANIZATIONAL GOAL THREE: STRENGTHENING THE CONSORTIUM’S DECISION-MAKING MECHANISMS AND ITS DECENTRALIZATION.

Action/Initiative 3.1: Installing working groups/committees to facilitate the implementation of the strategic actions prioritized by CLACAI for the 2015-2019 period.

Action/Initiative 3.2: Strengthening CLACAI’s Technical Secretariat, expanding its human resources whenever possible and necessary.

Action/Initiative 3.3: Increasing CLACAI’s funding by actively seeking donors.

Action/Initiative 3.4: Evaluating the implementation of the 2015-2019 Strategic Plan (middle and long-term).

Action/Initiative 3.5: Implementing annual meetings of the Coordinating Committee.
STRATEGIC AREA ONE:  
PROMOTING ACCESS TO ABORTION WITHIN EXISTING LEGAL FRAMEWORKS.

<table>
<thead>
<tr>
<th>STRATEGIC ACTIONS</th>
<th>EXPECTED RESULTS BETWEEN 2014-2019</th>
<th>INDICATORS</th>
<th>SOURCE OF VERIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Broadening the understanding of the health exception, the rape exception and other exceptions, as well as on the existing legal frameworks among health service providers and justice and protection operators.</td>
<td>Groups of health service providers and justice and protection operators to have acquired knowledge and skills for the proper implementation of the health exception, the rape exception and other exceptions, as well as on existing legal frameworks in at least five countries.</td>
<td>Number of workshops/working sessions on the appropriate implementation of existing legal frameworks aimed at service providers and justice and protection operators done with CLACAI’s support or leadership. Number of publications on the adequate implementation of existing legal frameworks aimed at service providers and justice and protection operators done and disseminated with CLACAI’s support or leadership. Number of local initiatives focused on increasing the knowledge and skills of service providers and/or justice and protection operators for the proper implementation of existing legal frameworks supported. Percentage of service providers and justice and protection operators participating in workshops/working sessions on the proper implementation of existing legal frameworks, which reports an increase in their knowledge (before/after).</td>
<td>Reports for donors, repository, approved files on local initiatives, reports on regional and subregional conferences. Before/After Results</td>
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</table>
### STRATEGIC AREAS

#### STRATEGIC AREA ONE: Promoting access to abortion, within existing legal frameworks.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>2. Offering technical assistance for developing public policies, including protocols, guidelines, directives, records, statistics, human resources quality standards and political action strategies in order to ensure the implementation of the health exception.</td>
<td>In at least three countries, there are new public policies (approved or under discussion) aimed at ensuring the implementation of existing legal frameworks on abortion and/or improving access to medical and surgical technologies in essential health services that were developed thanks to technical assistance from CLACAI.</td>
<td>Number of national actions developed thanks to technical assistance from CLACAI (letters of support, developed reports, local initiatives supported, shared publications), by country, to promote the implementation of public policies that guarantee the implementation of existing legal frameworks on abortion.</td>
<td>Reports for donors, trip reports, approved files on local initiatives.</td>
</tr>
<tr>
<td>3. Promoting the implementation of public policies that allow access to recommended medical and surgical technologies for safe and legal abortion in essential health services.</td>
<td></td>
<td>Number of national actions developed thanks to technical assistance from CLACAI (letters of support, developed reports, local initiatives supported, shared publications) to promote the inclusion of medical and surgical technologies recommended in essential health services.</td>
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30 2015 – 2019 strategic plan
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<thead>
<tr>
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<tr>
<td>4. Consolidating existing partnerships (e.g. FLASOG and “Campaña 28 de Septiembre”); and promoting new alliances with other relevant regional and global actors (e.g. CRR, WLW, Red ALAS) to improve access to abortion within existing legal frameworks.</td>
<td>Activities conducted jointly or in partnership with at least three regional and global actors.</td>
<td>Number of partnership agreements (oral or written, for specific or long-term actions) with existing platforms (FLASOG, Campaña, Red Alas, Legal Conference, etc.) to implement actions for improving access to abortion within existing legal frameworks. Number of actions implemented by CLACAI in partnership with other networks/groups/associations for improving access to abortion within existing legal frameworks.</td>
<td>Reports for donors, MOUs.</td>
</tr>
<tr>
<td>5. Contributing to the generation of regional consensus on conceptual issues related to legal abortion (health exception, rape exception, conscientious objection, Montevideo Consensus, gestational age, etc.).</td>
<td>Regional consensus driven around at least two key issues related to legal abortion (e.g. conscientious objection).</td>
<td>Number of meetings/work sessions supported or led by CLACAI for seeking regional consensus on key issues related to legal abortion. Number of consensus documents on key issues related to abortion in which CLACAI has actively contributed.</td>
<td>Reports for donors, consensus documents.</td>
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### STRATEGIC AREA TWO:
PROMOTING INNOVATIVE INITIATIVES FOR PARTIAL OR FULL DECRIMINALIZATION OF ABORTION.

<table>
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<th>STRATEGIC ACTIONS</th>
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<tr>
<td>1. Strengthening within CLACAI a dialogue on innovative strategies for the partial or total decriminalization of abortion as well as on emerging on issues and challenges (e.g. anti-rights groups).</td>
<td>In three countries with full or partial criminalization of abortion, innovative strategies for positioning the agenda of abortion and counteracting emerging challenges (including claims of unconstitutionality, litigation of landmark cases, citizens’ initiatives, and legislative initiatives, among others) have been identified with support from CLACAI.</td>
<td>Number of actions supported by CLACAI (tours of experts; supported local initiatives, regional exchanges) for positioning the agenda of abortion and counteracting emerging challenges in countries with full or partial criminalization. Number of publications/reports/meetings where innovative strategies for the decriminalization of abortion are documented, supported or led by CLACAI. Number of meetings/work sessions to discuss innovative strategies for the total or partial decriminalization of abortion or new exceptions, supported or led by CLACAI among its membership.</td>
<td>Reports for donors, repository, approved files on local initiatives, reports on regional and subregional conferences.</td>
</tr>
<tr>
<td>2. Repositioning abortion as an issue of the democratic agenda.</td>
<td>A communication strategy has been developed and implemented to position the issue of abortion as an issue of the democratic agenda.</td>
<td>Number of communication materials that address the right to abortion as an issue of the democratic agenda supported or led by CLACAI. Number of regional or sub-regional workshops to disseminate/position the communication strategy.</td>
<td>Reports for donors, repository. Communication materials.</td>
</tr>
</tbody>
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### STRATEGIC AREA TWO:  
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</table>
| 3. Promoting accountability, producing information, establishing indicators and disseminating data on abortion in regional spaces, agendas and platforms including, among others, ECLAC and the monitoring mechanisms of the Montevideo Consensus. | Regional actors working towards the partial or full decriminalization of abortion to have more information to hold governments more accountable and to support advocacy. | Information about abortion in ECLAC platforms and other tracking mechanisms of the Montevideo Consensus. | Reports on CLACAI’s participation in messages/discussions/contacts with ECLAC and other platforms to include the issue of abortion.  
Repository files of the Executive Secretariat. |
| 4. Accompanying other national and regional actors in the regular monitoring of trends in the public opinion and in turning these findings into useful information for advocacy. | Number of surveys of public opinion trends implemented by national and regional actors, which have been accompanied by CLACAI.  
Number of communication materials generated and/or released by CLACAI on trends in public opinion. | | |
### Strategic Area Two: Promoting Innovative Initiatives for Partial or Full Decriminalization of Abortion

<table>
<thead>
<tr>
<th>Strategic Actions</th>
<th>Expected Results Between 2014-2019</th>
<th>Indicators</th>
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<tbody>
<tr>
<td>5. Contributing to the development of an agenda including the region’s research needs to support both processes for partial or full decriminalization and those that ensure access to legal abortion; and promote it with key organizations.</td>
<td>CLACAI features an agreement document on research priorities in the region.</td>
<td>Document agreement on the main needs of research developed with the support of and led by CLACAI.</td>
<td>Report meeting/work session</td>
</tr>
</tbody>
</table>
### STRATEGIC AREA THREE: PROMOTING THE AVAILABILITY AND PROPER USE OF APPROPRIATE MEDICAL AND SURGICAL TECHNOLOGIES AND QUALITY STANDARDS FOR SAFE ABORTION IN THE FIRST AND SECOND QUARTER

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<tbody>
<tr>
<td>1. Promoting, with support of CLACAI's legal group, a theoretical and practical framework linking technologies for safe abortion with human rights (e.g. the right to enjoy scientific progress; the right to information, among others).</td>
<td>New information available in the region about the challenges and alternatives for expanding access to technology and about the experiences of women, health professionals and justice operators; and protection in access and use of drugs at local, national and regional levels.</td>
<td>Practical and theoretical framework document, linking technologies for safe abortion to human rights supported and led by CLACAI.</td>
<td>Files of the Executive Secretariat</td>
</tr>
<tr>
<td>2. Strengthening, within CLACAI, a dialogue on the challenges and available alternatives for increasing access to technologies.</td>
<td></td>
<td>Number of meetings/work sessions, supported or led by CLACAI, focused on challenges and alternatives for expanding access to technology.</td>
<td>Reports for donors, regional/subregional meetings.</td>
</tr>
<tr>
<td>3. Encouraging the documentation and dissemination of experiences of women, health professionals and justice operators concerning access and use of Misoprostol and/or Mifepristone.</td>
<td></td>
<td>Number of publications developed and/or shared by CLACAI, on the experiences of women, health professionals and justice operators regarding access and use of Misoprostol and/or Mifepristone.</td>
<td>Repository</td>
</tr>
<tr>
<td>4. Creating alliances that favor the conduction of qualitative and quantitative research at local, national and regional levels on the use of Misoprostol and/or Mifepristone.</td>
<td></td>
<td>Number of qualitative and quantitative research on restrictions on the use of Misoprostol and/or Mifepristone, supported or driven by CLACAI.</td>
<td>Files of the Executive Secretariat</td>
</tr>
<tr>
<td>5. Promoting dialogues within CLACAI and with other regional actors, on the issue of abortion in the second quarter.</td>
<td>An increase in actors working in the countries within the region towards the implementation of abortion in the second quarter.</td>
<td>Number of CLACAI’s members that claim to be working for the implementation of abortion in the second quarter (in terms of advocacy, research or provision of services).</td>
<td>Survey (requiring a baseline)</td>
</tr>
</tbody>
</table>
## ORGANIZATIONAL GOAL ONE:
**INCREASING THE VISIBILITY AND LEGITIMACY OF CLACAI AS A LEADING REGIONAL NETWORK.**

<table>
<thead>
<tr>
<th>ACTIONS/INITIATIVES</th>
<th>INDICATORS</th>
<th>SOURCE OF VERIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing and implementing an internal and external communication plan for positioning CLACAI with relevant stakeholders.</td>
<td>Number of communication actions promoted by CLACAI in coordination with national or regional organizations on symbolic dates. A document summarizing internal and external communication actions (with partners on social networks, Website Strengthening Plan, Repository Strengthening Plan, with membership). Number of visits to the website. Number of visits to the repository. Guidance documents available online for CLACAI’s members to work with opinion leaders, journalists and social networks regarding the reduction of unsafe abortion and improving access to legal abortion.</td>
<td>Google analytics, reports on access to the repository. Media reports on local organizations. Database holding resources from CLACAI’s campaigns. Online documents on guidelines and communication plans. Files of the Executive Secretariat.</td>
</tr>
<tr>
<td>Participating in regional and international spaces and networks.</td>
<td>Number of CLACAI’s participants in regional and international fora and networks (e.g. participation in conferences, committees).</td>
<td>Trip reports, donor reports.</td>
</tr>
<tr>
<td>Strengthening mechanisms for rapid response to emerging demands.</td>
<td>Document that explains the process for responding to emerging demands. Number of emerging demands supported.</td>
<td>Files of the Executive Secretariat Social networks and website.</td>
</tr>
<tr>
<td>Creating a mechanism for granting awards and recognition of leaders from different sectors, whose work contributes to the achievement of CLACAI’s mission.</td>
<td>Document explaining the mechanism for granting awards/recognitions.</td>
<td>Files of the Executive Secretariat.</td>
</tr>
</tbody>
</table>
**ORGANIZATIONAL GOAL TWO:**
**IMPROVING THE QUALITY, REPRESENTATION AND PARTICIPATION OF CLACAI’S MEMBERS.**

<table>
<thead>
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<tbody>
<tr>
<td>Strengthening the mechanism for supporting local initiatives, guaranteeing clear and inclusive selection criteria.</td>
<td>Number of local initiatives supported annually. Number of local initiatives that successfully execute their projects (indicators approved in their proposals fulfilled).</td>
<td>Reports for donors, files of the Executive Secretariat. Reports of supported local initiatives. Reports of the group that selects initiatives and evaluates results of the impact made during each grant period.</td>
</tr>
<tr>
<td>Implementing regional and subregional conferences; and other training and exchange of experiences’ processes on safe and legal abortion.</td>
<td>Number of regional and subregional conferences implemented for 2015-2019 period. Number of participants in regional and subregional conferences. Rapporteurs of regional and subregional conferences available.</td>
<td>Files of the Executive Secretariat. Social networks and website.</td>
</tr>
<tr>
<td>Strengthening the presence of actors from underrepresented countries and sectors (e.g. Brazil).</td>
<td>Number of representatives from Latin American countries (at least two), based on CLACAI’s structure policies. Number of representatives by sector and type of representation according to the principles of equity defined in CLACAI’s policies.</td>
<td>Files of the Executive Secretariat. (List of CLACAI’s members).</td>
</tr>
</tbody>
</table>