



Workshop

Synergies between pro-choice physicians and *acompañantes* of self-managed abortions

FACILITATION MANUAL

Suzanne Veldhuis

Workshop

*Synergies between pro-choice physicians and acompañantes
of self-managed abortions*

Facilitation manual

First edition, 2024

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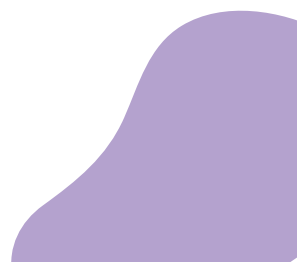
Suzanne Veldhuis

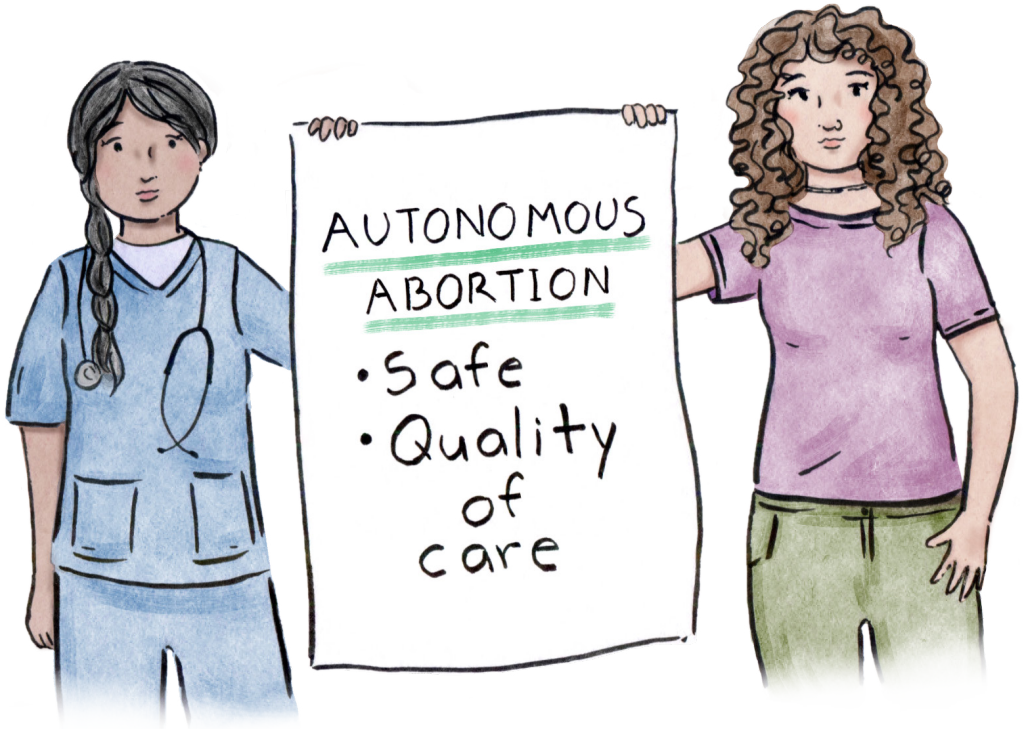


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AUTONOMOUS
ABORTION

- Safe
- Quality of care

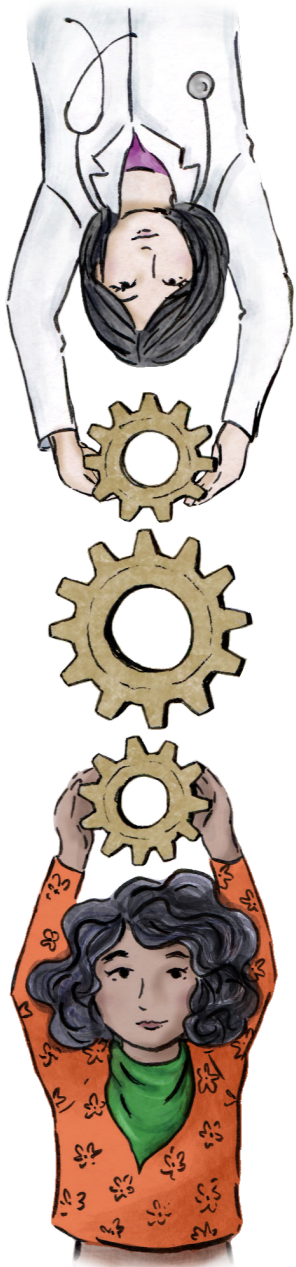
Acknowledgments

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Summary

COLLABORATION BETWEEN PEOPLE, ORGANIZATIONS, AND sectors is necessary to achieve objectives related to health. In the struggle for safe abortion, the formation of alliances, partnerships, and possible synergies between pro-choice physicians – those who form part of the healthcare system – and *acompañantes*¹ – those who are part of an autonomous health movement – has the potential to increase access to quality safe abortions and therefore reproductive justice. However, it is unknown how to achieve effective interactions between these two dissimilar figures. The workshop “Synergies between pro-choice physicians and *acompañantes*” seeks to create spaces where both communities can begin to approach each other and explore possible collaborations and synergy in favor of safe abortion and reproductive justice.

KEYWORDS: alliance, collaboration, empathy, gender, reproductive justice, health, solidarity.

¹ *Acompañantes* are (feminist) activists who accompany self-managed medication abortions outside of clinical settings.

Foreword

THE METHODOLOGY DETAILED IN THIS manual was developed for the doctoral research “Synergies between pro-choice female physicians and *acompañantes*” and the research project “Engaging doctors as agents of change to improve access to safe abortion in Mexico: an innovative network linking supportive physicians with *acompañantes*”, the results of which are currently in press.

Preliminary results show that the workshop methodology has the potential to foster understanding and rapprochement between pro-choice female doctors and *acompañantes*, blurring the boundaries of training and fostering alliances between both sectors for the benefit of reproductive justice, understood as

the set of social, political, and economic factors that allow people to have power and self-determination over their reproductive trajectory, recognizing that the freedom to make decisions about the body and those related to sexual and reproductive health is impacted by structural inequalities that include gender-based power relationships (CNEGSR, 2022, p.13).

The workshop facilitation manual “Synergies between pro-choice physicians and *acompañantes* of self-managed abortions” is aimed at organizations, academic and research personnel, institutions, health personnel, collectives, and anyone interested in developing workshops that seek to create spaces where they can begin to get to know, recognize and share experiences, and from there foster collaboration and synergy between these two key groups fighting for access to safe abortions. In this sense, the manual is an instrument in the struggle for reproductive justice.







synergy

collaborative trait that may be present to a lesser or greater extent and that combines the strengths, perspectives, values, resources and skills of the people or organizations involved.



Introduction

FOR FOUR DECADES, COLLABORATION ON health topics has been of interest to governments and international bodies such as the World Health Organization (WHO), as it is considered that most health-related goals cannot be achieved unilaterally by one person, organization or sector (Lasker *et al.*, 2001; Pan American Health Organization, 2007; Jones and Barry, 2011; Loban *et al.*, 2021), as the conjunction of forces, sectors and resources is necessary to achieve it.

In the struggle for safe abortion, a myriad of actors are involved. Historically, physicians have played an indispensable role in the provision of services. This landscape has changed dramatically with the introduction of medication abortion in the 1980s, from the discovery by Brazilian women of misoprostol as an effective and safe method for abortion outside of clinical settings, to the recognition and recommendation of self-management of mifepristone or misoprostol by the WHO in its latest guidelines on abortion care in 2022 (WHO, 2022).

At the same time, the figure of the *acompañantes* has emerged as a central protagonist, specifically but not limited to the Latin American movement. They are feminist activists who facilitate access to safe abortions [...], they created models [...], politics (Baum *et al.*, 2020; Larrea *et al.*, 2021; Veldhuis *et al.*, 2022).

Nevertheless, the presence of pro-choice² physicians continues to be indispensable both to guarantee access to clinical abortion services and for the role they can play in political advocacy through the use of their hegemonic voice.

We rely then on the presence and relevance of these two dissimilar figures fighting for safe abortion: pro-choice physicians, who are part of the healthcare system, and acompañantes, who belong to an autonomous health movement (Braine, 2020). However, examples of successful collaborations between both figures are scarce (Fernández Vázquez and Szwarc, 2018) and there is still a lack of knowledge about achieving effective interactions between these two disconnected fields.

We are convinced that the formation of alliances, collaborations, and possible synergy between these two actors will favor access to quality safe abortions for the benefit of reproductive justice (Fernández Vázquez and Szwarc, 2018; Larrea *et al.*, 2021; Yanow *et al.*, 2021) and we envision a myriad of ways of collaboration, for example:

² We use the term *pro-choice* to refer to a wide range of positions including recognizing access to abortion as a human right, being pro-abortion, promoting reproductive justice, empathizing with people seeking abortions, and so on.

- * Training and sharing of knowledge and experience.
- * Influencing and broadening discourses on both sides regarding abortion.
- * Sharing information on models of care.
- * Creating new definitions and conceptualizations of safety and quality of care.
- * Timely and mutual referrals to ensure access to safe, quality abortions and to respond to the needs and preferences of those who are having an abortion.
- * Collaboration and structured articulation between *acompañantes* and the public system.
- * Exchange of strategies and joint action to prevent criminalization for both abortion providers, *acompañantes*, and people having an abortion.
- * Alliances for political advocacy.

The workshop detailed in this manual is a methodological proposal from the Gender and Health approach that promotes alliances, collaborations, and synergies between pro-choice physicians and *acompañantes* through awareness and mutual understanding. The workshop methodology is based on dialogic pedagogy in the tradition of Freire, which seeks to transform the world through a dialogic encounter between human beings (Bautista Jiménez, 2006). This methodology was developed within the framework of qualitative research that analyzed possible synergies between members of the

Female Doctors' Network for the Right to Decide³ –Mexico and *acompañantes* in three Mexican states, carried out in 2022-2023, and which found changes in the participants that allow forming the necessary basis for collaborations.

This manual describes in detail how to plan and develop the workshop, and includes specific objectives, topics, a list of required preparations and materials, a descriptive letter, a detailed explanation of each of the activities, and a list of bibliographic references. The documents necessary for the development of the activities are included in the Annexes.

It should be noted that the workshop was conducted only among women, which allowed the creation of an atmosphere of trust and the sharing of experiences frequently related to their gender. When facilitating the workshop in mixed groups, we suggest taking precautions to ensure the safety, respect, and confidentiality of the space and to manage gender relations. The workshop was conducted in groups with diversity in terms of age, sexual preference, religion, abortion-related experience, employment, place of work, type of accompaniment, political positions, and experience with previous interactions. Most of the participants had completed university studies and identified themselves as non-indigenous.

³ <https://www.medicasporelderechoadecidir.org>

The workshop has not been developed among homogeneous groups concerning workspace or accompaniment, nor with participants originating from situations of vulnerability related to educational level or ethnicity, for example. We suggest adapting the workshop based on the needs of the group, always creating conditions so that all people can participate equitably.

It is important to mention that the workshop is not intended to raise awareness about abortion. We start from the premise that all the people who participate in the workshop agree with and are in favor of abortion, with all the variety of political positions that this implies, and that they have an interest in getting involved in the struggle for safe abortion. The workshop can be used for both research and intervention purposes.

We suggest a preliminary interview with the participants to encourage reflection on the issue before the workshop and to create a common ground from which to start.

Objectives

GENERAL OBJECTIVE

To foster interactions, collaborations, alliances, and synergies between pro-choice physicians and *acompañantes* to strengthen the struggle for safe abortion.

TOPICS

1. Understanding.
2. Safe abortion and quality of care.
3. Collaboration and synergies.





SPECIFIC OBJECTIVES

1. To create a space for listening, empathy, reflection, understanding, and solidarity from which it is possible to get to know each other, share experiences and knowledge, as well as the exploration or construction of a joint work focused on safe abortion and the support of those who provide or accompany it.
2. To explore and discuss the similarities and differences in the conceptualizations of physicians and *acompañantes* regarding safety and quality in abortion care.
3. To explore and discuss what could be the role of physicians and *acompañantes* in abortion processes, with full respect for the autonomy of women and other pregnant people, and to explore the ideas of physicians and *acompañantes* about collaboration and its potential benefits.



Participants

THE WORKSHOP IS AIMED AT physicians who self-identify as pro-choice and *acompañantes*.

The workshop is not aimed exclusively at service providers or *acompañantes* who are currently providing accompaniment. To participate, it is sufficient to have an interest in getting involved in the struggle for safe abortion in any form: collaboration between physicians and *acompañantes* can have benefits beyond achieving case care, for example, in social and political advocacy actions.

To enrich the discussion and promote the variety of experiences and ideas shared, we suggest inviting diverse participants who also come from different sectors. For physicians: private sector, public sector, civil society, etc.; for *acompañantes*: from collectives, non-governmental organizations (NGOs), those who accompany autonomously, etc.

We recommend limiting the number of participants to a maximum of 16, with equal participation: half physicians and half *acompañantes*.

FACILITATING TEAM

It is preferable to have two to three facilitators to divide the following tasks:

- * Explanation of the dynamics.
- * Tracking the times of the activities.
- * Systematization process.
- * Observation of work groups.
- * Preparation of food and beverages during the break.

We recommend that the facilitating team has experience in managing groups from a gender perspective and in creating safe spaces. They must have knowledge of the current state of abortion (including key stakeholders) in the settings where the workshops are held. It is preferable that facilitators have previous experience working with both physicians and feminist activists.

Pre-workshop

INTERVIEWS

We suggest conducting pre-workshop interviews to build a common base from which to start the workshops. The interviews serve to initiate reflection on the topic of collaboration among the participants and workshop objectives.

See Annex II & III for interview guides.

MESSAGING GROUP

We recommend creating a messaging group (WhatsApp, Telegram, Signal) with the participants and one of the facilitators to organize the logistics of the workshop, including notices and reminders.

If the participants wish, the group can be maintained at the end of the workshop to facilitate further communication among participants.

Preparations for the facilitator team

- * Review the content of the session in detail and ensure that everyone is clear on how the activities will proceed.
- * Arrive at least one hour before the agreed-upon time to set up the space.
- * Have a large enough space to receive all participants with chairs arranged in a circle and tables to work in two groups (optional), as well as a table to store materials.
- * Review and confirm the availability of support materials, as well as stationery, equipment, and supplies for the break.
- * Check that everyone knows what their responsibilities are before, during, and after the session.
- * Prepare a list of participants to keep track of their arrival.
- * When the participants arrive, greet, and welcome them, invite them to fill out the registration sheet, and write their names and nicknames on a sticker to be placed in a visible place on their clothing.

SUPPORT MATERIALS

- * Workshop manual.
- * Descriptive letter.
- * Question guide.
- * Printed script of the two socio-drama scenarios.
- * Rules of coexistence on a flipchart.
- * Informed consent form (Annex I, one form for each person) in case they did not sign it during the selection process.

STATIONERY AND EQUIPMENT

- * Flipchart paper.
- * Ballpoint pens.
- * Colored markers.
- * Adhesive tape
- * Two envelopes with mixed pieces of two similar picture puzzles of approximately 12-16 pieces each.
- * Sticky labels.
- * Registration sheet.
- * Participation certificates.
- * Camera or cell phone to take pictures.
- * Food and beverages for the break.

Workshop agenda

GENERAL OBJECTIVE

To foster interactions, collaborations, alliances, and synergies between pro-choice physicians and *acompañantes* to strengthen the struggle for safe abortion.

ACTIVITIES	SPECIFIC OBJECTIVE	MATERIALS	DURATION
Welcome	To create safe conditions to carry out the workshop.	Flipchart with rules of coexistence, markers, pens, consent forms.	10 min
Introduction of participants	To learn who is participating in the workshop and what is their experience in relation to abortion.	NA	30 min
Gender and health introduction	To raise awareness about the role of gender in health.	Facilitator's guide with key points for the presentation.	10 min
Missing pieces for reproductive justice	To raise awareness of the benefits of collaboration.	Two envelopes with pieces of two puzzles.	10 min
Safe abortion and quality of care	To explore and discuss differences and commonalities in conceptualizations of safe abortion and quality of care.	Flipchart paper, tape with glue, colored markers, two tables (optional).	75 min
COFFEE BREAK		Food and beverages.	20 min

ACTIVITIES	SPECIFIC OBJECTIVE	MATERIALS	DURATION
Putting oneself in the other's shoes: ★ Sociodrama I "ROLE CHANGE" ★ Sociodrama II "MAKING A BRIDGE"	★ To raise awareness of each other's experiences in abortion care or accompaniment, differences, and similarities. ★ To raise awareness of the benefits of collaboration between physicians and <i>acompañantes</i> . ★ To explore the ideas of physicians and <i>acompañantes</i> on collaboration.	Camera or cell phone for recording, scripted role-play scenarios printed out.	120 min
New models	To explore and discuss what the role of physicians and <i>acompañantes</i> could be in abortion processes, with full respect for the autonomy of women and other pregnant people and explore ideas about the possibility of collaboration.		75 min
Closing	★ To reflect on key messages in promotion of collaboration. ★ Acknowledgement. ★ Handing out of certificates.	Certificates of participation, camera to take pictures.	10 min
Lunch (optional)	★ To promote the continuation of the exchange and the formation of ties		



Welcome

DURATION: 10 minutes.

MATERIALS: Flipchart with rules of coexistence, markers, pens, consent forms.

OBJECTIVE: Create safe conditions to carry out the workshop.

DESCRIPTION OF THE ACTIVITY

The facilitator team warmly welcomes the group.

The facilitator introduces themselves and the rest of the team, briefly explaining their role in the workshop.

Elements of the consent form are reviewed, specifically confidentiality and prior consent to take photos and make a recording (if applicable). Participants are handed the consent form, given a moment to read it, and asked to sign it (if they have not already done so).

The facilitator explains the objectives, characteristics, and topics to be developed during the workshop.

The facilitator presents the rules of coexistence and new rules are added if the participants so desire.

RULES OF COEXISTENCE

- * Respect, no judgment.
- * Confidentiality.
- * Do not monopolize the floor / respect time.
- * Active listening.
- * Phones on silent or turned off.

Introduction of participants

DURATION: 30 minutes.

MATERIALS: None.

OBJECTIVE: Approach: learn who is participating in the workshop and what is their experience with abortion.

DESCRIPTION OF THE ACTIVITY

The facilitator leads the participants' introduction exercise and explains the activity.

Each participant introduces herself with their name, where they come from, where they work, and very briefly describes their experience with abortion.

My name is _____. I am originally from _____
_____. I live in _____.

I am (profession/occupation) _____ and I work
at _____.

My experience with abortion is: _____

_____.

Gender and health introduction

DURATION: 10 minutes.

MATERIALS: Facilitator's guide with key points for the presentation.

OBJECTIVE: To raise awareness about the role of gender in health.

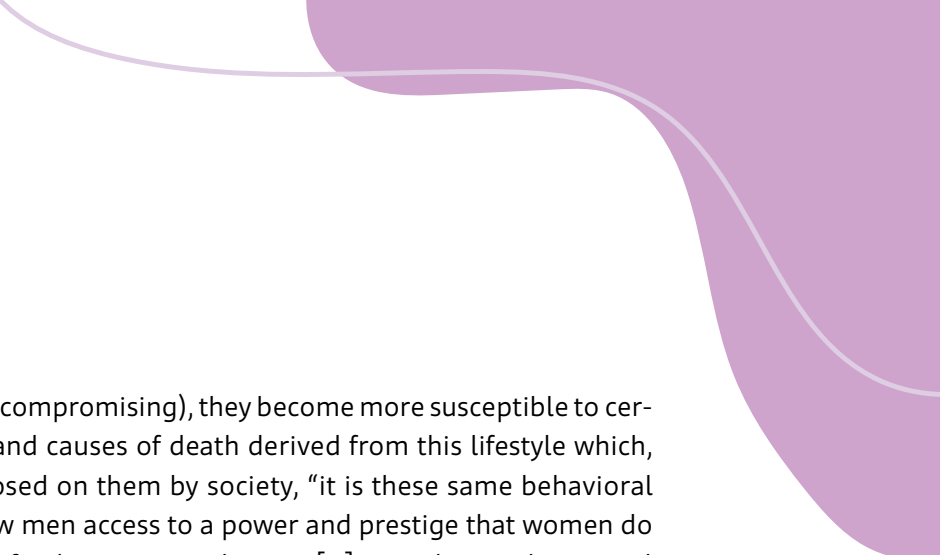
DESCRIPTION OF THE ACTIVITY

The facilitator gives a brief theoretical introduction on the importance of starting from a gender and health perspective to understand the differences and inequalities between genders in health experiences, impacts, care, and accompaniment, especially on the topic of safe abortion.

KEY POINTS

- * No society treats its genders equally, but there is a clear detriment to the feminine in general and to women and sexual-gender diversities in particular, which is evident in the field of health, since the traces of our biographies are shaped throughout life.
- * A non-essentialist view of the body and health is required to analyze health inequalities according to gender (Esteban, 2006).
- * In the case of men, it is evident that to the extent that they conform to dominant models of masculinity (macho, strong, tough, unemotional, substance-consuming,





violent, and uncompromising), they become more susceptible to certain ailments and causes of death derived from this lifestyle which, although imposed on them by society, “it is these same behavioral ideas that allow men access to a power and prestige that women do not have, even if only to varying degrees [...] according to their social class, ethnicity, etc.” (Esteban, 2006, p.15).

- * In the case of women, life is marked by the watermark, first of all, of the recognized sex: she is a girl; and then by the corresponding categories or intersections that mark our destinies: ugly, graceful, white, black, healthy, disabled, poor, not so poor, desired, not so desired, among a long list of labels. Thus, our health trajectory is tattooed, precarious or favorable, throughout the life cycle, with the background scenario: a world in which being born a woman is less valued (Guerrero and Sánchez Ramírez, 2023), the role of caregiver is imposed.
- * If it is also a practice that deviates from the norm or traditional gender role, the person will often be judged for her decisions or behaviors. The more conservative a society is, the greater the sanction towards people who are transgressors.
- * To look at the world with a gender perspective or to put on purple glasses is to see the same from other angles and edges to understand and solve with justice, courage, and creativity the old and contemporary health problems, starting from situating ourselves and knowing the situation of those who are in front of us. To put ourselves in their place and recognize our own, without competing among ourselves, in complete and total solidarity, complicity, and unity.

Missing pieces for reproductive justice

DURATION: 10 minutes.

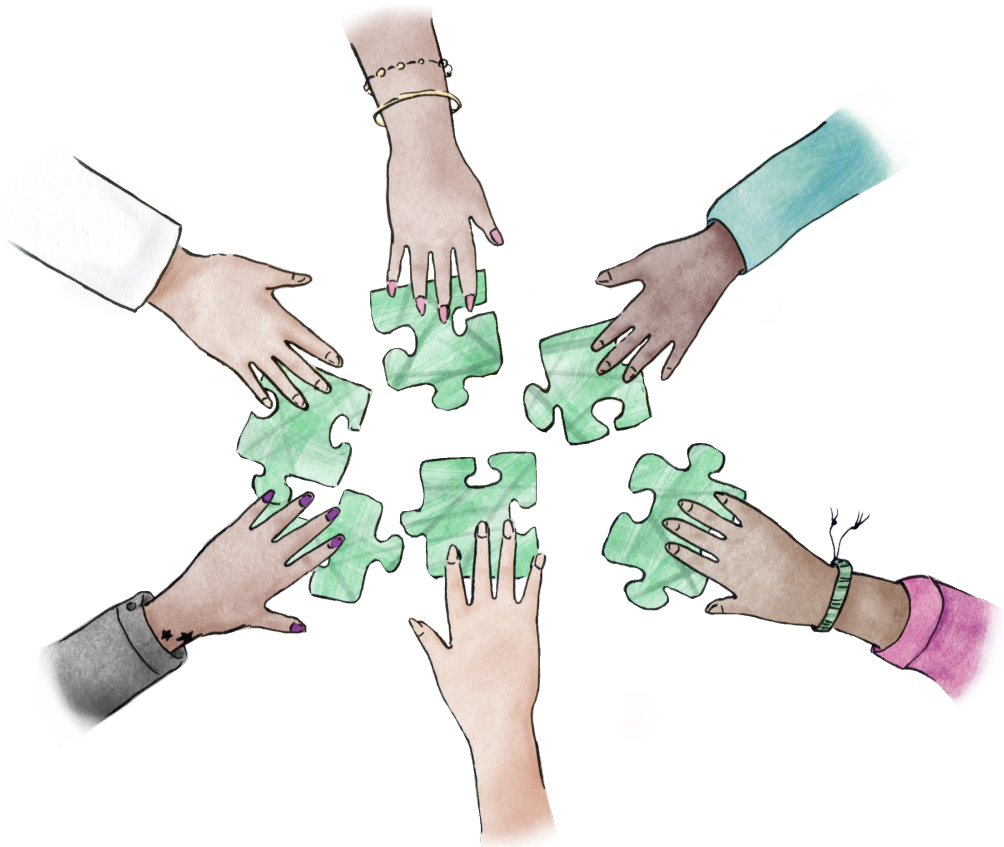
MATERIALS: Two envelopes with pieces of two jigsaw puzzles (divide into two in a mixed way to promote, first, confusion and then, collaboration).

OBJECTIVE: To raise awareness of the benefits of collaboration.

DESCRIPTION OF THE ACTIVITY

The facilitator divides the participants into two groups: a team of physicians and a team of *acompañantes*. Each group is given an envelope with the pieces of a puzzle with the instruction to put it together silently for 5 minutes.

The facilitator tracks the time and announces when there is 1 minute left to finish the puzzle. If the participants ask additional questions about the exercise, only the instruction that they have 5 minutes to assemble both puzzles is repeated.



In order to assemble the puzzles, the groups have to work together, since the pieces are mixed between the envelopes, and they will gradually realize that the other team has what they are missing and vice versa. At the end of the activity, there is a brief group reflection on the importance of communication, collaboration, and teamwork, and how limiting it is to be unable or unwilling to communicate with each other to achieve a good end.

Safe abortion and quality of care

DURACIÓN: 75 minutes.

MATERIALS: Flipchart paper, tape with glue, colored markers, two tables (optional).

OBJECTIVE: To explore and discuss differences and commonalities in conceptualizations of safe abortion and quality of care.

DESCRIPTION OF THE ACTIVITY

GROUP WORK: (20 MINUTES)

The facilitator forms two groups: one of acompañantes and one of physicians, and explains that each group should answer the following questions, identifying concepts or elements that they consider key (brainstorming), and write down the words they identify on one or more flipcharts:

1. What is a safe abortion?
2. What is quality of care for safe abortion?

The facilitator tracks time and notifies both groups when 5 minutes remain.



PLENARY SESSION: (55 MINUTES)

Each group presents its results.

A group reflection on the results is conducted based on the generative questions:

- Q1. What difference do you observe between the groups?
What do they agree on?
- Q2. Are there elements that are new to you? Would you like to incorporate some of them in your definition?

The facilitator makes a summary of the concepts, making the shared meanings and ideas visible, and ends the activity with a reflection on the results of the exercise.

Putting oneself in the other's shoes

DURATION: 90 minutes.

MATERIALS: Camera or cell phone for recording, scripted role-play scenarios printed out.

OBJECTIVES:

- ★ To raise awareness of each other's experiences in abortion care or accompaniment, differences, and similarities.
- ★ To raise awareness of the benefits of collaboration between physicians and *acompañantes*.
- ★ To explore the ideas of physicians and *acompañantes* on collaboration.

DESCRIPTION OF THE ACTIVITY

SOCIODRAMA I: "ROLE CHANGE"

Instruction and preparation

DURATION: 10 minutes.

The facilitator forms two groups, one of *acompañantes* and one of physicians. They are given the script of a situation they have to act out, each group chooses the actors and prepares the scene. The facilitator emphasizes that they cannot change the scene and must act it out as closely as possible to the script.

For the physicians' group: "You are an *acompañante*" (Annex IV).

For the group of *acompañantes*: "You are a physician" (Annex V).

Performance

DURATION: 20 minutes.

Each group has 10 minutes to act out the prepared scene based on the script provided. The other group observes. The facilitator tracks time and announces when there is 1 minute left to finish.

Group reflection

DURATION: 30 minutes.

After acting out the scenes, the facilitator moderates a group reflection based on the following trigger questions:

- Q1. How did it feel to act out/watch these scenes?
- Q2. Have you been in similar situations?
- Q3. Can they share experiences about the difficulties they face during care/accompaniment during abortion?

SOCIODRAMA II: “MAKING A BRIDGE”

Instruction and preparation

DURATION: 20 minutes.

Participants are asked to create and act out a new scenario involving at least one *acompañante* and one physician in a way that ultimately benefits the safety and quality of care in abortion. They are free to decide on the content of the scene and how many and which people participate.

Performance

DURATION: 10 minutes.

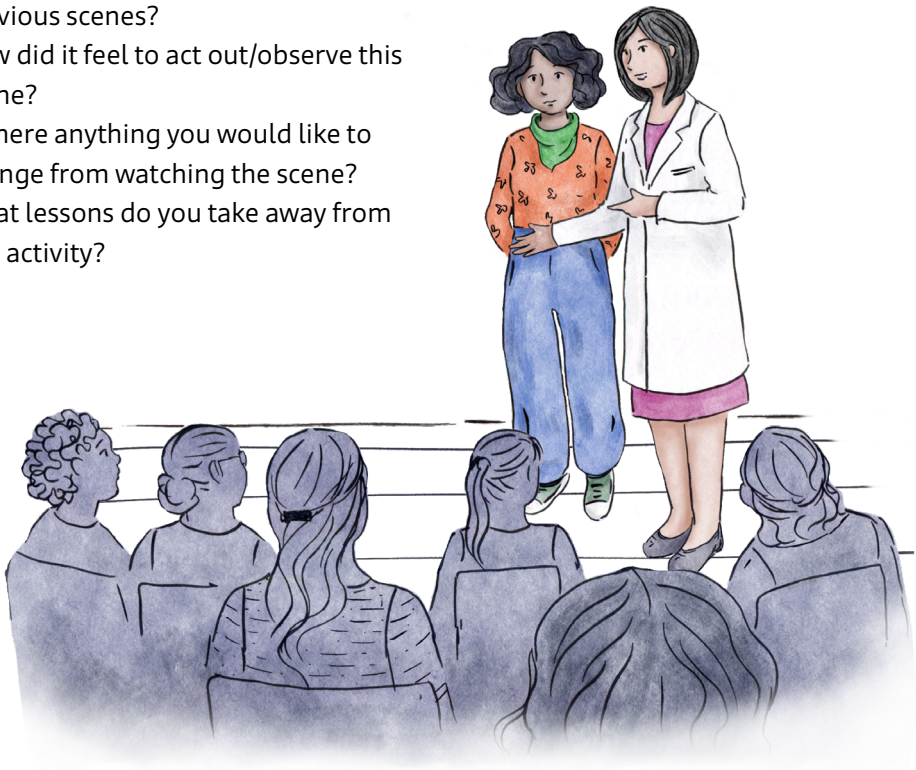
Participants have 10 minutes to act out the scene they prepared. Those who do not participate observe. The facilitator tracks time and announces when there is 1 minute left to finish.

Group reflection

DURATION: 30 minutes.

The facilitator conducts a group reflection on the scene.

- Q1. What differences did they notice with the previous scenes?
- Q2. How did it feel to act out/observe this scene?
- Q3. Is there anything you would like to change from watching the scene?
- Q4. What lessons do you take away from this activity?



New models

DURATION: 75 minutes.

MATERIALS: None.

OBJECTIVE: To explore and discuss what the role of physicians and *acompañantes* could be in abortion processes, with full respect for the autonomy of women and other pregnant people, and explore ideas about the possibility of collaboration.

DESCRIPTION OF THE ACTIVITY

Group reflection

The facilitator moderates a group reflection based on the following generative question:

- Q. To provide good care/accompaniment to a girl, adolescent, woman, or pregnant person who decides to have an abortion, or for any contribution to the struggle for safe abortion: what kind of collaborations between physicians and *acompañantes* can you imagine?

Round

The facilitator asks each participant to answer the following questions:

- * What do I want/need from the other person (physicians <-> acompañantes)
- * What can I give to the other person (physicians <-> acompañantes)

The facilitator closes the activity with a brief systematization and reflection on what was shared and the proposals that emerged.



Closing

DURATION: 10 minutes

MATERIALS: Certificates of participation, camera to take pictures.

OBJECTIVES:

- * To reflect on key messages in the promotion of collaboration.
- * Acknowledgment.
- * Handing out certificates.

The facilitator thanks everyone present for their participation and takes up the following key messages:

- * There are often multiple definitions of safety and quality of care, as those who participate come from different “worlds”; however, they have a common floor (summarize the results of the activity).
- * The socio-dramas demonstrate that their realities, including what facilitates or hinders them, are very different: we hope for greater understanding, recognition, respect, and empathy for each other, enhancing their safety and empowerment.
- * At the same time, they tend to share many experiences and an interest in ensuring that all girls, adolescents, women, and other pregnant people have access to safe and quality abortions.
- * The greater the unity, the greater the strength!



The session can be closed by mentioning the previous points or with a brief account of the reflections and specific proposals that came out of the workshop.

The facilitator asks the participants if they want to keep the telecommunication group or if they prefer to eliminate it.

The facilitators hand out the certificates of participation and a group photo is taken.

We recommend closing the workshop with a shared meal with the facilitator team and the participants to promote the continuation of the exchange and the formation of bonds.

Annex I

Informed consent form (example) Workshop: Synergies between pro-choice physicians and *acompañantes* of self-managed abortions

THIS IS A CONSENT FORM, where you will be provided with information about the workshop in which you are invited to participate so that you can make an informed decision.

The objective of this workshop is to foster interactions, collaborations, alliances, and synergies between pro-choice physicians and *acompañantes* to strengthen the fight for safe abortion.

WHO CAN PARTICIPATE?

People who identify themselves as pro-choice physicians and *acompañantes* can participate.

WHAT DOES MY PARTICIPATION CONSIST OF?

Your participation will consist of a pre-interview, conducted in person or by video call on the platform of your choice (e.g. Zoom, Skype, Facetime), lasting approximately 30 minutes. This is in addition to your participation in the workshop, which lasts approximately 5 to 6 hours.

In the interviews, you will be asked various questions about your experience as a pro-choice physician or *acompañante*. With your permission, the interviews and workshop will be recorded and later transcribed for reporting purposes. A nick-

name will be used for security and confidentiality. Photos and recordings will be taken during the workshop.

WHAT ARE THE BENEFITS OF PARTICIPATING IN THE WORKSHOP?

Your participation in this workshop could directly benefit you, as it will create a space for the exchange of experiences and knowledge that seeks to foster the construction of mutually beneficial alliances.

HOW WILL MY PERSONAL INFORMATION BE PROTECTED?

All data collected will be strictly confidential, only the team of facilitators will have access to it, and it will remain under their safekeeping. No other person will be allowed to view, use, or consult this information without your consent. Names will be coded to avoid identifying the persons participating in this workshop, as well as other data that may need to be omitted at the participant's discretion. If at any time you so desire, all information collected will be deleted.

FOR ANY QUESTIONS OR CLARIFICATION

Please contact the undersigned facilitator using the contact information provided at the end of this document.

By signing this form, I agree to voluntarily participate in this workshop. I have had the opportunity to carefully read each section of this form, and have it explained to me clearly so that I fully understand it. If I am unable to read, it will be clearly read to me, and if necessary, I will authorize someone else to translate. I have had the opportunity to ask questions and have received satisfactory answers. I understand that I may withdraw at any time. And I have been provided with a signed copy of this informed consent form

PARTICIPANT

FACILITATOR

Name and signature

Name and signature

Date: ____ / ____ / ____ (Day / Month/ Year)

Annex II

Interview guide for *acompañantes*

INTERVIEW GUIDE FOR ACOMPAÑANTES

PERSONAL CHARACTERISTICS

Name:

Age:

Place of residence (city, state):

Occupation:

Years of experience as an *acompañante*:

***Acompañante*:** autonomous / collective / NGO

- * Have you had any direct interaction with physicians regarding accompaniment or abortion?
- * Can you describe some of your experiences?
- * How did you feel in these interactions?
- * If you know/are in contact with an allied physician, what do you think of them, their approach to abortion, their way of interacting with you?
- * In your opinion and experience, what is a physician required for in the abortion process?
- * What do you expect from a physician?

In your opinion:

- * What role or input could *acompañantes* have in abortion care?
- * What role should medicine have in relation to abortion?
- * What difficulties might exist in the collaboration between physicians and *acompañantes*?

Annex III

Interview guide for physicians

INTERVIEW GUIDE FOR PHYSICIANS

PERSONAL CHARACTERISTICS

Name:

Age:

Place of residence (city, state):

Year of graduation from medical school:

Specialty:

Year of graduation:

Occupation (public, private, NGO, etcetera):

- * Do you know the role of “*acompañantes*”?
- * Have you had any interactions with *acompañantes*?
- * Can you describe these experiences?
- * If you know/are in contact with an *acompañante*, what do you think of them, their approach to abortion, their way of interacting with you?

In your opinion:

- * What role or input could *acompañantes* have in abortion care?
- * What role should medicine have in relation to abortion?
 - * If so, what do you think of the accompaniment model?
(Explore: safety, quality, benefits, disadvantages).
 - * What difficulties might exist in the collaboration between physicians and *acompañantes*?

Annex IV

Sociodrama script: You are an *acompañante*...

YOU ARE AT HOME HAVING dinner after a long day at work. You receive a WhatsApp message: a woman needs your help with an abortion. You ask her some questions and she tells you that she has to do it behind her husband's back because, besides being violent with her, he wants her to continue with the pregnancy. She says that she can't go to the pharmacy to get the medication because her husband watches her almost all the time. By the date of her last period, she is 12 weeks pregnant. You tell her that you can donate the medication because your collective has a small stockpile. You meet at the market where she usually goes shopping, since it is the only place where her husband lets her go alone. At the time and on the day you agreed for her to take the medication (at night, so that the husband is asleep) you send her messages to ask how she is doing. She replies that she is bleeding a lot and that she has large clots. You write to her reiterating the alarm data and that she can apply another dose of misoprostol to stop the bleeding. She says she can't go to the hospital because she's too scared, that she's going to be reported, and you know she's right. The next day she tells you that the bleeding is now normal, but that she would like to have a medical check-up. You recommend that she go to a private clinic that you know other women have been to, although you don't really know what the care is like or the cost, and you ask her to share her experience afterwards. You do not hear from her again.

Annex V

Sociodrama script: You are a physician...

YOU ARE AT THE END of your shift and have already seen more than ten patients, including an emergency C-section and a complicated delivery. You have just come off the (successful) resuscitation of a woman who went into arrest from a post-abortion hemorrhage and came in shock to the hospital. You haven't eaten all day and are barely sitting down when you overhear two colleagues talking about the case of a patient who came to the ER requesting an abortion. One of them says, "I already told her that these things are not done here, we are not here to kill babies," the other nods with a derogatory comment about the patient. You stand up and tell them that you are going to see the patient since it is her right to receive the medical attention she is requesting.

They respond: "Ah, you're a feminazi, always with your 'human rights'"; your colleagues mock you. When you arrive at the emergency room, you still manage to identify the patient and when you attend to her, she tells you that she has been raped. They are already calling you for another emergency C-section and you quickly explain that you can only give her misoprostol since you don't have mifepristone. To perform an MVA,⁴ you would have to admit her because the hospital's directors decided to do so. The girl opts for misoprostol, and you discharge her with your personal phone number for any problems she may have. You never hear from her again.

⁴ Manual vacuum aspiration

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Workshop

Synergies between pro-choice physicians and *acompañantes* of self-managed abortions

FACILITATION MANUAL

THIS MANUAL IS INDISPENSABLE for organizations, health institutions, groups, and anyone committed to reproductive justice. The main objective of the workshop described in these pages is to promote collaboration and synergy between pro-choice medical personnel and independent abortion companions. Through participatory methodologies and a gender and health approach, this manual – developed by Suzanne Veldhuis – offers a complete guide to planning and executing workshops that promote mutual understanding and effective collaboration between these two key groups in the fight for access to safe and quality abortions.

