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Is the Policy Win All? A Framework for Effective Social-Justice Advocacy

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Key Points

- This article offers a theory-of-change framework to help those engaged in social-justice advocacy to reflect on whether social-justice values are being retained in the process.
- A reproductive rights effort in South Africa provides an example of how social justice values can be lost in the advocacy process.
- The failure to sustain work on the ground pointed to the need to maintain a base of support even after a policy victory.
- Strategies must be revisited as social and political contexts change.
- One of the critical social-justice values that supports the establishment and maintenance of alliances is collaboration, which must continue to be nurtured even after a victory.
- The theory-of-change framework helps to keep these values visible.

At one of my interviews with the Ford Foundation for a job as a program officer in reproductive health and rights, I was asked whether I had any experience in successfully influencing policy change.

“Yes,” I said. “On abortion in South Africa.”

I proceeded to tell the story of the campaign to increase access to abortion and other reproductive health services in South Africa. The campaign culminated in the Choice on Termination of Pregnancy Act of 1996 and in significant related

policy changes that gave the public free access to primary health care, an increased range of contraceptives for free, the right to Pap smears and treatment to prevent cervical cancer, and so on.

The interviewers then asked whether I’d had experience of such advocacy going wrong.

“Yes,” I said. “On abortion in South Africa!”

And I described how, despite winning passage of a law that should have led (and did, to a limited extent) to a significant decrease in the number of maternal deaths and ill health in the country, the campaign had not managed to address the major barriers to countrywide implementation.

This story highlights a number of the challenges to advocates, donors, and evaluators in understanding and advocating for social change. This article, therefore, aims to unravel some of the key components to policy advocacy as a way of reflecting on what kinds of outcomes can be used as markers of progress in achieving the goals of social-justice advocacy. Donors, evaluators, and, indeed, many advocates tend to focus on a policy win. But policy wins are usually the result of multiple strategies coupled with windows of opportunity that may not be predictable. In addition, the very same factors that influence policy wins need to be sustained in order to support policy implementation, to address challenges to policy, and to achieve the ultimate goals of advocacy campaigns.

This article offers a theory-of-change framework of measurable outcomes to help those engaged in supporting or undertaking social-justice advocacy to continually reflect on whether the diverse factors that influence change are being addressed, and whether social-justice values are being retained in the process. It encourages reflection in particular on whether the needs and aspirations of those who are most excluded in society remain at the forefront of advocacy campaigns. Without a theory of change – without clarity about what advocacy hopes to achieve and what strategies will be pursued to get there – it is not possible to assess progress and adjust strategies.

In presenting this theory of change for social-justice advocacy, this article uses a case study of reproductive-justice advocacy in South Africa. It compares the factors that facilitated policy wins in the period of transition from apartheid to democracy with the factors that undermined implementation in the post-apartheid period.

Measurable Outcomes of Policy Advocacy

A number of reviews of the literature on successful advocacy initiatives group the outcomes for which advocacy campaigns tend to aim (Coffman, 2007; Korwin, 2009; Klugman, 2009; Reisman, Gienapp, & Stachowiak, 2007). Reisman et al. call these groups “outcome categories.” The first four lay the groundwork for effective advocacy:

1. strengthened organizational capacity;
2. strengthened base of support;
3. strengthened alliances; and
4. increased data and analysis from a social-justice perspective from which the alliances can draw.

These four outcomes form the basis for conducting advocacy, sometimes quietly within the corridors of power and sometimes from the outside, through the mobilization of constituencies, public actions, and the engagement of the media. They enable the following outcome, which is a marker of significant progress in advocacy:

5. the development of consensus around a common definition of the problem and possible policy options by an ever widening constituency of people (both of which will also evolve over time with new insights, data, and constituencies informing them).

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These, in turn, form the basis for the advocacy movement as a whole, comprising individuals, organizations, and alliances that are continually adapting to changes in context in order to ensure the “readiness” of their organizational capacity, messages, and strategies. They enable effective engagement in the policy process, which falls within the sixth outcome category:

6. increased visibility of the issue in policy processes, resulting in positive policy outcomes, including maintaining gains, and maintaining pressure through ongoing monitoring of the implementation of policy.

Ultimate impacts, usually beyond the timeframe of any grant or set of grants, would be:

7. shifts in social norms, such as decreased discrimination against a specific group or increased belief that the state should provide high-quality education. That said, along the way, one may start to see shifts in public understanding and visibility of the issues, as the problem definition or potential solutions gain social acceptance over time; and
8. shifts in population-level impact indicators, such as decreased violence against women,

suicides of gay youth, or increased educational achievement among groups with historically poor achievement.

Many donors were not “reproductive justice” donors, but were more concerned with ending apartheid and building movements to enable development under apartheid and in the transition to democracy.

This article considers the dynamics that influence outcomes in each category, and the kinds of outcomes donors, grantees, and evaluators may seek from a social-justice values perspective. It does so using the case of reproductive-justice advocacy in South Africa during the transition from apartheid to democracy and in the fifteen-year period thereafter – the “transition” and the “post-apartheid” periods.¹ The information is based on a range of policy analyses undertaken regarding the role of civil society in these periods (Albertyn & Meer, 2008; Klugman, Stevens, & Arends, 1995; Klugman, 2000; Marcus & Budlender, 2008; Robins, 2009), including a recent review of the state of civil-society advocacy on these issues conducted by the author in collaboration with Khathatso Mokoetle (2010).

The Case of Reproductive-Justice Advocacy in South Africa: 1990-2010

From the mid- to late-1990s, donor support for mobilizing grassroots constituencies, undertaking

policy-oriented research, and establishing policy-advocacy NGOs and coalitions played a critical role in the achievement of wide-ranging sexual and reproductive-justice policy changes during the era of transition from apartheid to democracy. Many donors were not “reproductive justice” donors, but were more concerned with ending apartheid and building movements to enable development under apartheid and in the transition to democracy.

The mobilization of civil society, coupled with civil society leadership’s entry into political power and government, enabled the achievement of a group of policies that are among the strongest in the world from both public health and human rights perspectives. The Choice on Termination of Pregnancy Act of 1996 allows a woman to choose to terminate a pregnancy within the first 12 weeks, or to do so in consultation with a medical practitioner between 13 and 20 weeks. It also allows midwives to conduct abortions and does not require minors to get parental consent before having an abortion. It enables the realization of a number of human rights for women, in particular the rights to life, liberty, autonomy, and security of the person; to equality and nondiscrimination; to privacy; to the highest attainable standard of health (including sexual health); and the right to decide the number and spacing of one’s children. The result of the legislation was a significant drop in the country’s maternal mortality within a few years, and a decline in the loss of dignity and autonomy associated with women’s lack of access to safe abortions.

Policies and judicial findings on a range of other related issues were also made during this time. By the late 1990s, organizing around the HIV/AIDS pandemic in the country had also come into its own. Donor funding again played a critical role in supporting the legal, research, and grassroots capacities needed to challenge a government in denial as well as international pricing regimes that made anti-retroviral treatment for people in developing countries unaffordable. And here, too, there were such major policy gains that South Africa now has the largest HIV/AIDS program in the world.

¹ In the South African context, the language of “reproductive rights” is used to describe the rights to accessible, affordable, appropriate, and quality health services; to information; to autonomy in sexual and reproductive decision-making; and to freedom from discrimination, coercion, and violence as they relate to reproduction. These rights are usually undermined by poverty as well as by discrimination on the basis of gender, race or ethnicity, sexual orientation, disability, or other bases of discrimination. In the United States, the term “reproductive justice” is used to capture the goals of such movements, hence my use of that term in this article.

Yet, despite the fact that sexual- and reproductive-justice issues are central to effective prevention of HIV/AIDS transmission and that people living with HIV/AIDS face daily challenges regarding their sexual and reproductive decision-making, these issues have slowly shifted from center-stage during the transitional period to outside the public health agenda in the post-apartheid period. Between 2002 and 2008, four of the leading sexual- and reproductive-justice organizations in the country closed down.

While the loss of advocacy organizations does not explain the loss of service outreach within the public health system, it does partly explain why these failures were allowed to happen with impunity, and why issues of sexual and reproductive justice were not incorporated into the HIV/AIDS civil society and policy agendas. At moments of crisis, such as challenges to the abortion law at the constitutional court and in parliament, advocacy groups have managed to garner enough momentum to provide inputs to government, politicians, and legal advocacy organizations to keep the law in place. But they have not managed to garner sufficient public or political momentum to take forward the achievements of the transition period. At the time of writing, there has been an increase in maternal deaths. This is attributed to a number of factors, including the impact of HIV/AIDS, women resorting to unsafe illegal abortions, and the decline in quality of health services.

In reviewing the outcome categories associated with advocacy processes, the factors that facilitated and constrained the achievement and implementation of reproductive-justice policies during this period in South Africa will be discussed. In terms of ensuring future success, the focus will be on the core question of how social-justice values need to be fostered within each category of outcomes.

Strengthened Organizational Capacity

Strengthened organizational capacity in non-profits and coalitions is an essential marker of improved organizational conditions for advocacy and policy-change efforts.

Organizational capacity involves a number of essential components that donors, activists, and evaluators would assess: strategic and evaluation capacity with their associated leadership capacity and ability to generate new leaders; fundraising capacity, including a diversity of donors, and financial management capacity; and networking and communications capacity. Less easy to measure, but arguably most important, is the extent to which a leading organization in an advocacy campaign or coalition has “adaptive capacity” (Letts, Ryan, & Grossman, 1999, p. 135) – the capacity to learn as the situation changes. This requires an inclusive style of leadership that is able to take an organization and its coalition members along in a process of reflection.

Between 2002 and 2008, four of the leading sexual- and reproductive-justice organizations in the country closed down.

In relation to the case study, three of the four reproductive-justice organizations that closed in South Africa between 2002 and 2008 had seen changes in leadership. None of them had managed to groom second-generation leadership that would be able to adapt to the post-apartheid environment – in particular leadership of women living with HIV/AIDS, given the enormity of the challenges HIV/AIDS poses for reproductive justice. In interviews with the leadership of the organizations that closed and with members of other donor-funded sexual- and reproductive-justice groups, while some argued that the problem had been a lack of funds, most recognized that the overriding factor was a lack of leadership, vision, and organizational capacity (Klugman & Mokoetle, 2010). Organizations were not able to adjust to the changing environment, particularly in terms of rethinking their strategies, as major policy victories had been achieved and the new challenge was to enable and monitor implementation.

Similarly, the reality of the HIV/AIDS pandemic required reproductive-justice organizations to reassess the terrain and redefine their reproductive-justice demands to take account of HIV/AIDS. It also required them to shift their mode of engagement with donors and to even change donors. Many donors who were working to an anti-apartheid brief stopped funding in the country or, in the case of bilateral and multilateral donors, shifted their funds to government. New donors were coming in, but in the case of the health field, a large proportion were concerned with addressing HIV/AIDS as one of the country's biggest challenges and did not recognize the centrality of sexual and reproductive justice to preventing HIV/AIDS.

The lesson for an advocacy theory of change is that even after policy victories, one needs strong organizations and coalitions to keep the attention of policymakers and policy implementers on the issue.

Arguably, organizations have their time. The emergence and growth of many HIV/AIDS organizations was indeed appropriate for this time, and critical in addressing the right to treatment for people living with HIV/AIDS. But allowing reproductive health and justice to fall off the agenda in this period was due to poor organizational and leadership capacity.

The lesson for an advocacy theory of change is that even after policy victories, one needs strong organizations and coalitions to keep the attention of policymakers and policy implementers on the issue, adjusting to changes in context without letting go of the core social-justice value – in this case, supporting the rights and health of poor women.

Strengthened Base of Support and Alliances

The “base of support” for an issue refers to grassroots, leadership, and institutional support, which includes the breadth, depth, and influence of support among the general public, interest groups, and opinion leaders. The social-justice values dimension of building a base of support pertains to the participation of those who are most affected in defining the problem and potential policy proposals or options for implementing policy. Here, effectiveness overlaps with values: While the participation of those most affected is a values-based principle of a social-justice approach, it is also pragmatic because of the need to ensure appropriate policies and maintain the degree of mobilization necessary for policy victories and for holding governments accountable for implementation.

As an advocacy process gets under way, different organizations representing different interests and bringing in a wider range of insights, contacts, and relationships will almost certainly need to be mobilized. However, this breadth of support also creates value-related challenges. Alliances need to be nurtured. The larger a coalition, the wider the range of interests held within it. Whether new perspectives are brought in by new allies, new research findings, or from the piloting of interventions, the extent to which the problem definition and possible policy options are standardized is a key marker of the effectiveness of the alliance building process. How much those solutions continue to represent the interests of those most affected is another values-based question for evaluation, as the dilution of policy demands is always a likelihood in the process of seeking consensus among ever-wider sectors.

In the case study, the process of winning support for reproductive-justice issues during the period of transition involved mobilizing a wide range of constituencies through organizations and networks of workers, doctors and nurses, women (including rural women), young people, lesbians, disabled people, faith-based organizations, and the structures of the newly legalized African National Congress, including its “women’s league” (Klugman, Stevens, & Arends, 1995). These

groups were drawn together in a process of deliberation about the reproductive and sexual health and rights problems facing women. Through interactions between experts (both academics and practitioners) and these organized constituencies, policy proposals were developed within months of the establishment of democracy in April 1994. These experts included many people who, during this period of deliberation, were elected into parliament or joined the new government administration. As a result, there was wide-ranging support for the issues and many contentious issues had been debated and resolved before they ever got onto the official political agenda. Given the breadth of the base of support and the diversity of allies, a substantial negotiation of values was necessary. In the debates about the impact of unsafe and illegal abortions on women's health and lives, for example, the need for safe abortion became clear from a public health point of view and from the point of view of saving women's lives, because of high rates of death and illness caused by illegal abortions.

At the time, the overarching frame or worldview was the need to end discrimination on the basis of race. This provided a powerful motivation as, under the previous regime, only those with access to substantial resources – in effect, only white women – had access to safe abortions, whether legally or illegally. Thus, ending discrimination was the overriding value that enabled consensus. But beyond that, there were value differences. The doctors involved in the deliberations argued strongly that only doctors should be able to do abortions, even though there is no evidence in the clinical literature to suggest that only doctors can carry out safe abortions. This position was more a reflection of doctors' professional interests. In contrast, nurses participating in the process saw the opportunity of increasing the areas of responsibility and potential income for midwives. Women's rights groups recognized that the absence of doctors in rural areas would mean that rural and poor women would continue to have unsafe abortions. Thus, the final proposal, and the law that was ultimately passed by parliament (the Choice on Termination of Pregnancy Act of 1996), included allowing trained midwives

to perform abortions, thereby increasing access of the poorest and most marginalized women.

This example illustrates how the process of building a base of support and alliances requires the negotiation of values. From a social-justice perspective, it shows how the needs and rights of those on the margins need to take precedence, and organizations representing them need to hold more "mainstream" advocacy groups accountable.

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By 2006, however, there was no longer any national organization or coalition bringing together groups concerned with reproductive justice. Reproductive-justice organizations describe a situation in which competition between groups has become the norm, particularly in context of scarcity of donor funds for this work. Equally significantly, few of these organizations have retained or built formal and ongoing linkages with grassroots constituencies. This is despite the fact that during the 2000s, there was wide-ranging mobilization of people infected or affected by HIV/AIDS into local organizations and national networks. These could have become a new base of support for reproductive justice, given that the negotiation of sexual relationships is at the heart of reproductive justice and of HIV/AIDS prevention in the Southern African context, where HIV/AIDS is predominantly sexually transmitted. Yet reproductive-justice organizations did not manage to engage grassroots organizations or HIV/AIDS organizations, let alone manage to capture their moral outrage at the dire state of women's

reproductive health and how the HIV/AIDS pandemic was exacerbating it. Their networks in fact declined, as did their means of communication, such as shared newsletters. Also, many of those who had been employed in nongovernmental organizations and research institutions focusing on reproductive justice were now working on HIV/AIDS, without taking the reproductive-justice concerns into those spaces. The HIV/AIDS terrain, in turn, was dominated by claims for the right to treatment, which “constructed women as bearers of children, and as patients, rather than as active agents in their own right” (Albertyn & Meer, 2008:28).

Effective advocacy puts learning above competition. This is a challenge for advocacy groups, particularly in the context of competition for scarce donor resources.

This failure points to the need to maintain a base of support and develop new strategic allies in an ongoing way even after a policy victory. It also points to the need to revisit strategies as social and political contexts change. One of the critical social-justice values that supports the establishment and maintenance of alliances is collaboration, and this is an area where donors frequently exacerbate the situation. Given the complexity of theories of change in relation to policy advocacy, a donor, advocacy organization, or evaluator should never expect one organization to deliver all of the outcomes, but rather that a mix of organizations would collectively achieve these. Collaboration between organizations in recognition that they each have something to contribute, rather than competition for attribution of victories, is not only a “good” value, but is what is needed to be effective. Effective advocacy puts learning above competition. This is a challenge for advocacy groups, particularly in the context of

competition for scarce donor resources. It poses one of the biggest challenges to donors – how to create enough financial security for a group of organizations that they are willing and able to acknowledge and support each others’ strengths, without fearing that their own contributions will be devalued? And above all, the social justice value of participation – the inclusion of the issues facing, and indeed the people, who are most affected – is particularly important as the range of allies increases and strategic compromises are made. It holds even if policy victories are won, organizations representing those at the margins need to establish sustained mechanisms for holding decision-makers accountable for their decisions.

Increased Data and Analysis From a Social-Justice Perspective

Evidence, whether in the form of research findings or personal testimonies, is frequently helpful and sometimes essential to strengthen the capacity of the base and allies to pin down the problem definition, to shape and test potential policy options, and to analyze a changing policy environment. Both the media and policymakers may feel that research findings legitimize policy demands. Producing data and analysis may also carry a significant values dimension to the extent that it provides information on previously ignored groups or is produced by and carries the perspectives of such groups. And who does the research influences its findings: The orientation and perspective of researchers influences what questions they ask and how they interpret their findings. So the lack of research generated by or in close relationship with those who are the target of policies can mean the lack of accurate information on which to shape policy options.

A strategy that donors can use here is enabling advocacy groups to commission the necessary research so that its findings are more likely to be used. On the other hand, gathering data beyond those needed immediately for advocacy can be essential for gaining deeper insights into problems, policy options, and indeed the nature of the policy terrain. Research may need to be done over some months or even years, and therefore

cannot be commissioned at the moment that the findings are needed. Advocacy nongovernmental organizations and membership-based organizations also need to be identifying research questions and allying with research entities in order to get research done. Evaluating the information dimension of advocacy requires not only looking at its source, but also at its effectiveness in advocacy (Boaz, Fitzpatrick, & Shaw, 2009). The lack of linkage between researchers and research findings with groups able to use research for advocacy is usually the result of a poor theory of change, such as the notion that new evidence will inevitably lead to improved policy outcomes (Young, 2009). As a result, no effort goes into building the necessary linkages with the base of support and allies on the issues.

Regarding the case study, in the transition period advocates put substantial energy into identifying and forming alliances with researchers with key knowledge. For example, a historian was able to give evidence in parliament about the long history of abortion among people of all ethnicities in the country, so that it could not be construed as “un-African.” Also, reproductive-health researchers anticipated the need for health systems data that would inform politicians about the costs of unsafe abortion to the public health system, and that was collected before the issue went to parliament. Advocates also gathered key anecdotal evidence, for example from religious women whose clergy had supported them in having abortions, thus undermining the view that abortion was necessarily “anti-Christian.” Legal experts studied international law to formulate arguments about constitutionality and legal interpretation. All of this helped to frame messages for the media and in policy debates in ways that kept the issues of discrimination against women and public health at the forefront. This illustrates the tight relationship that was developed between researchers and activists as well as the strategic nature of research. In addition, a number of research institutions, sometimes in collaboration with reproductive-justice nongovernmental organizations, developed and evaluated methods for building health service and community support for reproductive justice and particularly for abor-

tion. (Varkey, Fonn, & Ketlhapile, 2000; Mitchell, Trueman, Gabriel, & Bock, 2005).

One of the gaps identified in the recent review of civil-society advocacy on reproductive justice in the post-apartheid period is the lack of connection between activists and researchers.

In contrast, one of the gaps identified in the recent review of civil-society advocacy on reproductive justice in the post-apartheid period is the lack of connection between activists and researchers, the lack of a forum for identifying research priorities and sharing research findings as the basis of reproductive-justice advocacy. As a result, there is very little data beyond anecdote about the reproductive-justice challenges facing women living with HIV/AIDS. There has also been extremely limited mobilization to get government and civil society groups to use the methods developed to build support for implementing reproductive-justice policies.² There has been one initiative, conducted under the auspices of a project to develop treatment guidelines for HIV-positive women, which ran an e-list that fostered debate on reproductive-justice issues as they pertain to HIV/AIDS and established a collaborative project with researchers, clinicians, and some activists to develop guidelines on specific topics. But it, too, has faltered, as the host organization expressed discomfort with the “movement-building” dimensions of the project, wanting to run it as a more dispassionate research project.

This disconnect – between those seeing research as closely linked with advocacy and mobilization and those keen to keep research politically neutral – is a common weakness in advocacy

² The abortion service nongovernmental organization, IPAS, has made some headway in training public health services in parts of some provinces.

processes and a reason why advocacy theories of change need to include it as an outcome area worthy of continual monitoring.

The ability to cohere a growing group of people who recognize a problem, and then come to agreement around a specific problem definition that is drawn from and talks to the experience of those most affected, is a key outcome.

Increased Support for a Specific Problem Definition and Policy Options

This takes us back to the values dimension of research for advocacy. Allan, McAdam, and Pellow (2010) talk about the need for a “motivational frame” that will persuade people to take action, making them want to get involved. This is what often shifts research findings into campaign language.

Increased standardization in the articulation of the problem and potential policy options is a marker of the coalescing of a base of support and alliances, particularly as numbers grow. In the search for early indicators of effective advocacy, the ability to cohere a growing group of people who recognize a problem, and then come to agreement around a specific problem definition that is drawn from and talks to the experience of those most affected, is a key outcome. It brings together the efforts in the previous outcome categories and is therefore a solid indicator of movement towards the goal(s). Monitoring how this problem definition is renegotiated as new allies are found or as the political, social, or economic context changes, and the extent to which it remains true to the concerns of those suffering the greatest discrimination or lack of access to resources, is core to the maintenance

of a social-justice perspective in evaluation. The same applies to the policy options developed by the organization or network. The extent to which policy think tanks or other groups with resources and power, such as lawyers framing litigation strategies, are held to the commitment to address the needs of those who are excluded or marginalized is a key indicator that social-justice values are underpinning an advocacy process as it develops over time.

In South Africa in 2001, reproductive justice activists and lawyers decided to work in alliance with HIV/AIDS activists and lawyers to ensure that potential litigation for the implementation of programs to prevent mother-to-child transmission of HIV/AIDS would be framed around women’s reproductive rights, including the right to have healthy babies. But over time the lawyers let go of this frame in favor of arguments based on the right to health care, including to treatment (Albertyn & Meer, 2008). Hence a critical opportunity for broadening and deepening public understanding and legal precedent regarding the scope of reproductive justice and women’s rights in particular, was lost. In the process, public and policy recognition of the right to treatment eclipsed the issues underlying the HIV/AIDS epidemic, in particular the lack of mutuality in sexual and reproductive relationships. It is here that the failure of reproductive-justice advocacy is most noticeable. There is information, there are researchers, but there is no frame around which to build a collective understanding and set of demands. In the post-apartheid era and in context of the pandemic, a new frame is needed. In the recent assessment of the state of reproductive-justice organizing in South Africa, what became clear is that there is no longer a shared problem definition among remaining reproductive-justice advocates. Each interviewee had a somewhat different focus: the absence of attention to men, the absence of attention to sexual orientation, the absence of lesbians’ voices among those concerned with sexual orientation, the absence of attention to young people’s interests, and so on (Molobi, Mokoetle, & Klugman, 2010). A new effort is needed to bring these together under a broader frame, in recognition that mutually respectful

sexual and reproductive relationships and the ability of all people to make decisions about their sexual and reproductive lives are fundamental to achieving equality for all people and to effectively preventing HIV/AIDS.

Increased Visibility of the Issue in Policy Processes Resulting in Positive Policy Outcomes

The issue of “readiness” is particularly important in policy advocacy because the actual moments for policy change often come and go as political and economic contexts change. It is much easier for policy activists to move their agenda when there are changes in context that create windows of opportunity (Leat, 2005), for example in the run-up to elections or after the election of a new party or new president. Windows can also be created through activism – mobilizing public concern about an issue, or using litigation to force state action, as occurred in the South African case (Marcus & Budlender, 2008). This is why solid and coordinated strategies among groups and coalitions aiming for change are so important. Windows of opportunity are critical moments for policy activists seeking to push a transformative agenda, compared to “politics as usual,” where they may only be able to push for small improvements to existing policy. Shaw describes the need for “tactical activism” (2001, p. 5), where policy advocates use a window of opportunity by finding a way to link their solution to the problem that is on the political agenda. Such tactical activism assumes advocacy groups are already prepared so that they can take advantage of any possible windows of opportunity.

Winning the right of civil society to participate in certain policy forums is a critical social-justice values outcome in itself. The actual inclusion of civil society in policy debates, or their right to access policymakers and achieving representation or participation specifically of marginalized groups in those forums, is an additional critical outcome. In particular, Chapman asks “whether the effort has increased the access and influence of disenfranchised groups such as women in debates and decision making, or strengthened the accountability of state institutions to civil society

groups” (2002, p. 51). Once the right to participation has been won, a quality outcome would be the ability of these participants to be heard in these forums. Groups will frequently claim participation as an achievement, which it is. But the more important question is whether the groups’ participation has been of a quality that it is being taken seriously by other stakeholders, whatever their position on the topic, and, ultimately, whether it is influencing the debate.

Policy advocates have to continue to watch the political process, because policies can not only fail through lack of implementation but can also be overturned at any time.

In the South Africa case study, the high degree of access of civil society reproductive-justice groups to policymakers during the transition period was a key factor in the movement’s success. And in the post-apartheid period, one of the victories of the HIV/AIDS movement has been the right to participation. The South African National AIDS Council (SANAC) comprises sectors where groups representing diverse interests – women, youth, men, people living with HIV/AIDS – can advocate for their issues and participate in negotiations and debates with government about policy and its implementation. There is no similar forum for reproductive health and justice. But, as already indicated, given the prevalence of HIV/AIDS, SANAC is an essential forum for bringing reproductive-justice issues to the fore. Yet the women’s sector in particular is noticeably disorganized and silent on these issues, reflecting the lack of organizational capacity, base, allies, and shared message as discussed earlier.

Beyond evaluating readiness, donors, advocates, and evaluators would also need to assess if and how the policy message gains traction in a policy agenda and policy debate, and whether increased

numbers of policymakers show an interest in and ultimately take up a social-justice perspective on the issue. Ultimately, they would be looking to see this perspective on the issue being adopted in policy, funded and implemented, with effective mechanisms for monitoring implementation established. Note that a positive policy outcome may not be a new policy but “maintaining the status quo,” where an existing policy that supports the advocacy coalition’s values has been under threat. (Helzner, 2006, p. 26; Korwin, 2009). It is also worth monitoring unexpected victories and how these came about. Once a policy is won, ongoing reflection on the theory of change would be needed to assess the extent to which advocacy is effectively targeted to ensure that the new policy is resourced to ensure equity in implementation. Policy advocates have to continue to watch the political process, because policies can not only fail through lack of implementation but can also be overturned at any time. This is why grantmaking to influence policy assumes long-term planning and commitment to ensure readiness as reflected in the continuing strengthening of outcomes in the outcome categories already described.

Advocates need to ensure that in developing their theory of change for a specific advocacy goal, they interrogate whether engaging the public through media and other public spaces would be a help or hindrance in creating a conducive policy environment for the desired change.

Shift in Social Norms

In the long term, to sustain policy victories, one needs to build public support for an issue. Hence, the identification of shifts in social norms is a key indicator of long-term impact. In the early

stages of a campaign, evaluation might assess this outcome in terms of greater visibility of a social-justice perspective on the policy issue. As the campaign strengthens, building public outcry over an issue can be a means for policy activists to create a problem window of opportunity where politicians are pushed to take up a policy issue. But despite the conventional wisdom that public communication strategies are essential to successful advocacy, visibility alone is not a determinant of policy success. Indeed, sometimes visibility of a highly provocative issue can make it harder to maneuver an issue into a policy process because visibility serves to mobilize the opposition – as is frequently the case in relation to abortion. In addition, one sometimes achieves social-justice policy victories without majority support of the public; hence there is no causal predictability between opening public debate and winning policy change. Where dominant social norms are not in support of an issue, policy activists may decide not to engage the public at large. Advocates need to ensure that in developing their theory of change for a specific advocacy goal, they interrogate whether engaging the public through media and other public spaces would be a help or hindrance in creating a conducive policy environment for the desired change.

In the South Africa case, the change in the abortion law in 1996 was won in the context of an overarching frame of ending discrimination and its resultant impacts on women’s health and lives. However, despite the prevalence of abortion across all religious and cultural traditions in the country, it is a silent phenomenon and causes disquiet when brought into the public sphere. Women who know about the availability of free abortions, and can afford transport to the few facilities providing them, make use of them. Organizing such women and the public in general to speak out about the lack of services is quite another challenge. That said, interventions to build community understanding of reproductive justice, ways of preventing pregnancy, and the limited role of abortion within that have been tested and shown to be effective (Varkey et al., 2000; Mitchell et al., 2005). But, as already indicated, reproductive-justice activists have not

managed to implement these on a wide scale, nor to persuade government of their value. They have similarly made very limited inroads in building support among nurses and midwives, and here, too, well-tested interventions have not been institutionalized (Varkey et al., 2000; Mitchell et al., 2005). In particular, the idea of the right of people to choose whether to have or not to have children is a critical frame for the issues, and it has not been won. As a result, one irony of the new abortion law is that nurses often put pressure on women living with HIV/AIDS to have abortions or to be sterilized after giving birth, not out of support for women's right to make reproductive choices, but as a result of the stigma of HIV/AIDS.

This illustrates the complexity of the challenge of developing an effective frame within which to promote reproductive justice in this context, and the broader point that shifting public norms is a particularly context-specific challenge.

Changes in Impact

This final outcome category refers to the hoped for impacts of policy change on the lives of the population and the conditions under which people are living (Reisman et al., 2007). From a social-justice values point of view, one would be looking for declines in discrimination against and stigmatization of specific groups of people, increases in equity of distribution of resources across the population as a whole – for example, in access to health care, and the institutionalization of mechanisms for participation in policymaking and monitoring. Most importantly, one would be looking to sustain impacts over time.

As already noted, in the South Africa case the original policy victory did result in declines in maternal deaths and ill health, and it is this that is a most likely explanation for the complacency of government and policy advocates. It is this complacency that has created the current situation, in which maternal deaths are increasing and access to abortion services is declining.

This experience reinforces the importance of maintaining an eye on advocacy goals over the

long run and remaining vigilant, even after an ostensible victory, to keep on strengthening each of the outcome categories so that impacts are monitored over time, and strategies to maintain and improve these are re-oriented as contexts change.

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Conclusion

While policy change itself is easy to monitor, the complexity and unpredictability of policy change raises questions about how to plan and strategize for such changes, and how to monitor whether one is making any progress. The theory of change presented in this article offers donors, advocacy organizations, and evaluators a way of conceptualizing the process of change and a range of outcomes that can be assessed in an ongoing way. They need to monitor whether existing organizational development and advocacy strategies are ensuring that organizations are in a constant state of readiness to effectively engage policymakers and implementers about a problem and potential policy or implementation options. Hence the focus of both strategic planning and evaluation is on the “steps that lay the groundwork” (Guthrie, Louie, David, & Foster, 2005, p. 12), shifting the policy environment, and thus contributing to the achievement of policy change and implementation. Monitoring of impacts, too – whether shifts

in social norms or in population-level indicators – while frequently too distant to measure within the time-frame of annual grants can be critical in identifying where policy victories are not resulting in effective implementation.

The primary lesson illustrated by the South Africa case study is that social-justice goals are frequently complex and not amenable to short-term investment or one-off evaluation. The victories of the reproductive-justice movement in the transition from apartheid to democracy were products of the strength of the movement's base, alliances, mobilization of information, and strategies of engagement, but also of the window of opportunity created by the commitment to equality that shaped the transition.

Within a decade, organizations had weakened or closed, links to diverse constituencies had not been maintained, and the lack of alliances with HIV/AIDS activists meant that demands to address HIV/AIDS treatment had taken over the public and political space in ways that ignored the importance of reproductive justice in its own right and in preventing the spread of HIV. This drew funds away from reproductive justice despite the slew of new laws that required implementation to protect public health. Would a more reflective process along the way have prevented these losses? So many factors were at play that it is impossible to pin down the exact moment or cause of the weakening of the reproductive-justice movement. But from the perspective of donors, evaluators, and, indeed, those hoping to revitalize this movement, there are critical lessons in relation to all of the outcome categories. Most particularly, the failure of the reproductive-justice movement to rethink its theory of change as the context has changed provides lessons for social-justice advocacy in many contexts.

The approach to policy advocacy described in this article can be used to help activists, donors, and evaluators continue to reflect on each of the outcome categories, to ensure that sufficient ongoing attention is paid to them. This is somewhat in contrast with the traditional view of policy processes as linear. Rather, it recognizes that those

engaged in policy-advocacy processes – whether as donors, advocates, or evaluators – need to monitor changes in capacity in all outcome categories and create a continuing process of analysis and learning for the advocacy initiative, assessing the appropriateness of the theory of change in relation to changes in context. If the only focus of evaluation were the policy outcome, these groups would have no basis for assessing readiness, and, given that a policy victory may take years to achieve, the work along the way would be devalued just as the need for ongoing post-policy advocacy would be forgotten. The base and allies need to be sustained over time, problem definitions and policy or implementation options continually redebated, messages reshaped, and advocacy sustained. In addition, the perspectives, interests, participation and agency of those most affected by the issue have to be kept at heart of these processes.

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