



Western Hemisphere Region

**Joining Forces for Voice and Accountability: An IPPF/WHR-EN  
Consortium for Civil Society Participation**

**2<sup>st</sup> Annual Report**

**April 2009 – March 2010**

## Annual Report Format

### 1. Programme Identification Details (separate annex)

<b>GTF Number</b>	328
<b>Short Title of Programme</b>	Joining Forces for Voice and Accountability
<b>Name of Lead Institution</b>	International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR)
<b>Start date<sup>1</sup></b>	09/09/2008
<b>End date:</b>	31/03/2015
<b>Amount of Funding:</b>	4,999,999 GBP
<b>Brief Summary of Programme:</b>	<p>This project is a seven-year advocacy initiative in 11 countries in Latin America and Central Asia/Eastern Europe, and is managed by a consortium led by IPPF/WHR in partnership with the IPPF/European Network (EN).</p> <p><i>Voice</i> focuses on holding national governments accountable to their commitments to achieving universal access to reproductive health and gender equality as necessary prerequisites for eradicating extreme poverty by 2015. Through this project, we seek to improve the capacity of civil society (including IPPF Member Associations) to influence key decision makers and create policy change regarding sexual and reproductive health and rights (SRHR) issues. In addition, we strive to improve the ability of IPPF Regional Offices to provide high-quality and timely technical assistance to our MAs specific to advocacy and governmental accountability related to SRHR issues.</p>
<b>List all countries where activities have taken or will take place</b>	Please see Annex 8 for the list of countries.
<b>List all implementing partners in each country</b>	Please see Annex 8 for the list of implementing partners in each country.
<b>Target groups- wider beneficiaries</b>	The primary target group of this project is the governments in the implementing countries. Affecting the changes at the governmental level sought by this project

<sup>1</sup> Date your grant agreement was signed.

	will in turn touch the lives of all in society, with a particular emphasis on youth. Due to the nature of this project, it is not feasible to estimate a number of beneficiaries reached
<b>Lead Contact</b>	Please see Annex 7 lead contact details
<b>Person who prepared this report (if different from Lead Contact)</b>	Please see Annex 7 lead contact details

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### **2. List of Acronyms**

AER	Advocacy Expected Result
BiH	Bosnia and Herzegovina
CSO	Civil Society Organization
EN	European Network (of IPPF)
FOIA	Freedom of Information Act
HDI	Human Development Index (as defined by the UNDP)
IPPF	International Planned Parenthood Federation
JFVA	Joining Forces for Voice and Accountability
MA	Member Association (of IPPF)
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MoE	Ministry of Education
MoH	Ministry of Health
NGO	Non-governmental Organization
RO	Regional Office (of IPPF)
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
WHR	Western Hemisphere Region (of IPPF)

### **3. Executive Summary**

This project seeks to increase the accountability of governments to their commitments to gender equality and universal access to sexual and reproductive health services. Such an endeavour requires a solid foundation based on thorough planning and capacity building, which was the principal focus of the project's first year. With the firm base in place, the two regional offices (ROs) of the International Planned Parenthood Federation (IPPF), the Western Hemisphere Region (WHR) and the European Network (EN), worked with one another and their Member Associations (MAs) during the project's second year to implement the project's activities. As originally contemplated, the second year marked the inclusion of three additional MAs from the EN in Kazakhstan, Moldova, and Tajikistan. In their first year participating in the project, these three new MAs successfully applied the project's methodology, interacting and collaborating with civil society organizations (CSOs) working on democracy building, transparency and accountability, as well as with decision-makers on the local, national and regional levels.

The focus of the project's second year centred on three main strategies: 1) strengthening of MAs' capacities, 2) creating or strengthening networks that incorporate the advocacy expected result (AER) of each country into the networks' agendas; and 3) increasing political commitments and adapting the advocacy strategies to political contexts.

#### **1) Strengthening MAs' capacities**

Given that advocacy on the issue of transparency and accountability for government's SRH commitments is a new area for the MAs, the first step was to strengthen MAs' knowledge-base in this regard. This included not only capacity building for technical staff, but the MAs' Board members as well. This exercise included several training activities at both the national and regional levels, addressing advocacy issues with a specific focus on the role of civil society to demand government accountability and issues of governance and transparency.

After the RO advocacy planning training to MAs, assisting them in formulating their individual advocacy strategies, the MAs' advocacy teams have replicated the planning process using IPPF's Advocacy Planning tools (see Annex 4). This was done in different localities throughout their respective countries, engaging youth leaders and other stakeholders in the project. Most MAs received additional training from IPPF/WHR and local CSO experts on budget and social auditing to begin to monitor government's commitments as well as democracy building. These initial steps will be followed up on in year 3.

#### **2) Creating and Strengthening networks**

The initial workshops conducted in each of the MAs during the first year of the project identified the need to create and strengthen networks and alliances in order to increase the organizations' relative power to advocate for political change. One of the most important successes of the second-year activities was not only the consolidation and strengthening of the alliances, but also

achieving partners' "buy-in" around the issue of monitoring the implementation of governments' commitments towards fulfilment of MDG5b.

In this phase of the project, the MAs successfully created new networks, while simultaneously strengthening existing networks of which they were already a part, and joining already-established networks. This unification of efforts paved the way for strengthening advocacy towards the achievement of the MAs' AERs. Overall, the MAs created six new networks this year that included key civil society stakeholders from both the national and regional levels. The MAs strengthened 11 existing networks of which they were already members, adding new members, particularly from fields such as transparency and human rights. Finally, the MAs joined three networks that were already in existence, placing the issue of universal access to reproductive health, and in particular their AER, as a priority in the networks' agendas. To this end, in all the three cases, the MAs and their network partners developed a joint action plan to achieve the AER in each country.

### **3) Increasing political commitment and adapting the advocacy strategies to political context**

One of the main activities undertaken in the project's second year was the updating of the MAs' political maps, ensuring that they were targeted to a specific topic (for example, teenage pregnancy). Having a more targeted focus has allowed the MAs to adapt their advocacy strategies to tackle both troubling political issues, as well as to partner with newly appointed allies in the Ministries of Health and other government agencies. Two significant political issues arose in Panama and Kyrgyzstan. In Panama, the newly appointed Health Minister is a member of the Opus Dei. In Kyrgyzstan, the health system has been undergoing reform in a non-transparent manner. Thus, both MAs were forced to adapt their strategies, working more closely with partners and enhancing their advocacy skills to demand governments' accountability. MAs in Bolivia and Albania, worked with allies at the Ministries of Health, providing technical support, jointly reviewing the SRH legislation and designing initial implementation plans.

In some cases, upcoming elections served as an opportunity to achieve desired results within a shorter time frame. For example, in the case of BiH, with elections in October 2010, the MA managed to convince decision-makers involved in the development of the National SRHR strategy to push for results earlier than anticipated. These efforts were successful and the MA has started to work on budget allocation challenges.

Finally, in the context of the upcoming MDG Summit in September 2010, the international pledges were used as a strategy to increase political commitment and accountability at the national level. For instance in Peru, the MA managed to work with legislators to call for updates on the status of the governments' MDG commitments. In both Albania and Mexico, the MAs provided input in the MDG progress review process, in particular MDG5b, organized meetings and supported the elaboration of the report.

During the project's second year, both IPPF Regional Offices have closely followed the progress in all countries and have provided technical assistance in both regions via intra-regional meetings and individual support through visits, emails and monitoring phone calls. These regular interactions have allowed all partners to strengthen their work, identify both challenges and successes, map progress, and draw on lessons learned and to readjust their plans when necessary.

Overall, the goals for the second year of the project have been achieved. All MAs are successfully on board and have clear and solid plans for moving forward, while building in flexibility in response to changes in political contexts. The capacities of both ROs and the MAs have been strengthened, new networks among CSOs have been created and new alliances in the government have been established while existing ones have been strengthened and at the very least, maintained. There are no factors foreseen at present that suggest the project goals will not be reached during the life of the project, as the activities in the second year of operation have primed the MAs for further success in the coming years.

#### **4. Programme Management**

The two ROs have successfully fostered strong, multidisciplinary teams in both regions, including experts on advocacy, sexual and reproductive health and rights, monitoring and evaluation and financial management.

#### **5. Working with implementing partners**

At the MA level, three new MAs in (Kazakhstan, Moldova and Tajikistan) were incorporated into the project as planned (see Annex 8). All three new Project Coordinators have been recruited and have successfully conducted the planned activities within agreed deadlines.

Within IPPF/EN, the main change was the decision to discontinue project implementation in **Armenia**. As mentioned in the previous annual report submitted in 2009, the Armenian MA was in the midst of a challenging transitional period institutionally, while individually, the Project Coordinator was ineffective in executing the project and the MA staff didn't have the capacity to compensate and balance the situation. IPPF/EN monitored the situation closely, providing extra support and technical assistance to the MA. However, after significant effort, it was clear that the situation would not improve. (Please see Annexes 9 and 10 for a copy of the email sent to KPMG and for more detailed information on the situation in Armenia and the technical assistance provided).

The SRHR and democratic needs in Armenia still provide enormous opportunities for a project such as the Joining Forces for Voice and Accountability (JFVA) initiative. However, after lengthy consideration, IPPF/EN acknowledged that despite the intensive support provided to

PAFHA, the MA is still not ready to implement the challenging and demanding JFVA project. IPPF/EN is determined that the investment in PAFHA will not be lost, and will continue to develop its capacities to undertake advocacy, albeit at a more realistic pace.

## 6. Risk Assessment

In the original project proposal, three main risks were outlined as potentially impacting the success of the project at the country level: political opposition, a loss of momentum, and turnover of political leaders. Once the project was launched, the 11 participating MAs were asked to identify additional sources of risk as well as potential impact and probability for each.

These risks are summarized in the table below, and more information by MA can be found in the Annex 11.

RISK	POTENTIAL IMPACT	PROBABILITY	MITIGATION MEASURES
	(High, medium, low)	(High, medium, low)	
<b>EXTERNAL</b>			
Political Opposition	Average High	Average Medium (Some countries high, others low)	Update of political map, to adapt the methodology and strategies with stakeholders according to the context
Loss of momentum	Average Medium	Average Medium	Work with the media to place the issue in the agenda, and linking the national with the international agenda
Turnover of political leaders and changes in political structures	Average High	Average Medium	In those cases where there were elections, this was a main issue. Prior to elections, fora and agreements were signed with candidates, ensuring their commitment to the MDGs and other SRHR issues.
Economic Crisis	Average High	Average High	This was mentioned by almost all MAs, with little to be done. Materials linking MDG5 with poverty were created to keep it on the agenda.
<b>INTERNAL</b>			
Need of institutional	Average Medium	Average Medium	Training and technical assistance provided in order

strengthening to meet the responsibilities of the project			to monitor and strengthen the implementing teams.
Institutional involvement on advocacy	Average Medium	Average Low	Involvement of the Board and other technical staff in the trainings and project activities.
Confrontation among CSOs on SRH issues	Average High	Average Low	Holding sessions and working on building consensus among the groups and networks, when possible.
Staff turnover	Average High	Average Medium	Increasing commitment to the project and clarifying expectations from the beginning.

## 7. M&E Arrangements

There have not been any significant changes to the M&E arrangements for the programme during this year. The M&E personnel, resources and activities continued to be assigned during the period according to the specifications of the Inception Report.

## 8. Logframe Changes

There have been no substantial changes to IPPF's logframe since the last report to DFID (the Annual Report 1). However, there have been changes in some indicators, in terms of wording or frequency to collect the information. The most up-to-date logframe can be found in Annex 2.

## 9. Emerging impact on governance and transparency

This second year of the project has focused on consolidating the networks and strengthening their advocacy skills in order to influence decision-making processes. Furthermore, the activities carried out during the second year have contributed to progress on various indicators from the overall GTF Programme Logframe. For instance, the networks created reinforce GTF indicator 4.3. "Increased in number of civil society coalitions working on budget and policy issues from 2008 to 2013" where 20 coalitions are working in the project. Of these 20, six are new, 11 were existing networks that incorporated new members possessing complementary skills such as budgeting and transparency expertise and who adopted the AER into their agenda and three were existing networks where JFVA partners were invited to participate and bring the project into the networks' agendas.

Additionally, training to all MAs on budget and accountability contributed towards indicator 2.2 “Evidence of a sustainable improvement in civil society capacity and collective voice to demand improved governance and transparency from governments at different levels by the end of GTF funding.” For instance in the case of Peru, Mexico, Albania, and BiH, after receiving training on accountability mechanisms and the use of the access to information law, the MAs used the tools to evaluate governments’ actions towards fulfilling their commitments to as well as budget allocations towards MDG5b.

Particular examples of some other indicators are presented in the tables below.

<b><i>GTF programme number</i></b>	328
<b><i>GTF programme log frame indicator to which this case study is contributing</i></b>	4.2 Increased from x to y in the level of knowledge and participation by citizens about public budget issues and government policy and decision making from 2008 to 2013. 4.3 Increased from x to y in number of civil society coalitions working on budget and policy issues from 2008 to 2013.
<b><i>What is the evidence for the example given?</i></b>	In Bosnia & Herzegovina <sup>2</sup> : A draft National SRHR strategy and five-year action plan have been developed by a working group composed of representatives from the Ministry of Health, Ministry of Education, a representative from the social security department, gynecologist and representatives of CSOs, including IPPF’s MA XY as equal members in both entities of Bosnia & Herzegovina. The draft documents from both entities include recommendations from CSOs, representing the needs of most vulnerable groups of the country.
<b><i>What has changed?</i></b>	The first change achieved was the strengthening of joint collaboration between CSOs. This was made possible by the active leadership of the Association XY and its Network of Youth Friendly Centers (YFC). Association XY took a lead role in coordinating efforts of the network’s members at the entity and municipal levels in advocating for a National SRHR strategy. Association XY and partners were able to include essential recommendations, such as: sexual and reproductive rights principles, based on the IPPF Declaration on Sexual Rights, the modules previously developed by XY on peer education and youth SRHR, and additional issues (e.g. trafficking, gender, juvenile violence) into the draft National SRHR strategy of the Federation of BiH some. Association XY also represented

<sup>2</sup> The State of Bosnia and Herzegovina is divided into two Entities: the Republika Srpska and the Federation of BiH. Each Entity has its own political structure and administration, with an overarching central government.

the expertise of the YFC Network members in the framework of the MoH working group.

Following the successful experience of the MoH working group in BiH, a similar MoH working group was created in the country's second entity, Republika Srpska. This was made possible through close collaboration, led by the Association XY of CSO partners from both entities.

**Who has benefited?**

The main beneficiaries are the CSO partners involved in the collaboration led by Association XY. During the reporting year, strategic collaborative between the MA and CSO's was reinforced and CSO participation in decision-making processes at different levels of the country's administration was strengthened. Additionally, it is expected that legislative changes will lead to a more synchronized health policy system on entity level (BiH and Republika Srpska), ultimately contributing to the improvement of citizens' (especially young people's) SRHR outcomes.

**Why this change is useful?**

Firstly, the changes referred to above have opened doors for CSOs to work further on specific parts of the SRHR strategy. The changes will also allow CSO partners to represent the population's needs and influence government budget allocation at the cantonal, municipal, and regional levels under the new legislation. The positive example of close collaboration among CSOs and with different Ministries will also be useful for other NGOs and Government Institutions to replicate this good practice in other spheres/issues.

**Where has this change occurred (national or local)?**

The initial achievements in policy change under the reporting period occurred both at entity and regional (municipal/cantonal) levels.

<b>GTF programme number</b>	328
<b>GTF programme log frame indicator to which this case study is contributing</b>	4.4 Annual evidence of CSOs influencing Government policy decisions and strengthening the effectiveness of watchdog institutions 7.1 Annual evidence of increased impact by pro-poor CSOs on Government in policy making and the passing of legislation
<b>What is the evidence for the example given?</b>	In Mexico: Project activities are currently being conducted in close coordination with the Ministry of Health, as well as the Coalition for Women's Health. The Mexican government published the Specific Action Program for Sexual and Reproductive Health of Adolescents, primarily due to the advocacy efforts of the Coalition for Women's Health lead by IPPF/WHR's MA, MEXFAM.
<b>What has changed?</b>	For the first time in Mexican history, there is a specific action program for adolescents' reproductive health. This topic has historically been adopted

into planning and maternal mortality action programs, where it has been diluted, and in many cases lost completely. This specific action program was designed with the participation of civil society, namely, MEXFAM. The MA has been heavily involved in the Action's publication (which took place in August 2009) as well as promoting its implementation and monitoring at various levels including the legislative and executive branches, as well as other government bodies. MEXFAM has trained other NGOs, equipping them with technical skills in the area of reproductive health and has empowered these NGOs to discuss and advocate for these issues on their own. Sexual and reproductive health has indeed become one of the Coalition for Women's Health's main goals. The Coalition has not only undertaken specific activities for the promotion of SRH, but it has considered it as one main goal for the collective work plan for 2010. The Specific Action Program is being monitored by civil society organizations, which not only demand its implementation but also a specific budget allocation for its activities. MEXFAM has become an important political actor by providing technical information and data to other NGOs working in the health field; thus profiting from, while also reinforcing, existing synergies within Mexican civil society.

***Who has benefited?***

It is premature to state that the program itself has already had a measurable impact amongst Mexican adolescents. However, the project has had an impact at the following two levels:

1. The Coalition for Women's Health has acquired stronger knowledge in the field of reproductive health, further extending its advocacy possibilities, and
2. MEXFAM and the other organizations from Coalition for Women's Health have gained participation space with government authorities, namely the Ministry of Health and National Population Council.

The Ministry of Health is also profiting from this joint venture by capitalizing on MEXFAM's work and monitoring skills to support the program activities, especially at the state level in five states.

***How the change occurred?***

Through a strong and well-planned advocacy effort led by MEXFAM, the Coalition for Women's Health has played a key role in promoting and advancing the SRHR for adolescents, particularly poor adolescents, in relevant fora at the legislative branch. Regular meetings, continuous exchange of information and technical documents, and a permanent "state of alert" are the main tools used by the Coalition in its advocacy activities. For example, in an unprecedented collaboration, the Ministry of Health is currently working with MEXFAM in monitoring the advance of the Specific Action Program for Adolescents in five states. The MoH requests support from MEXFAM in key actions such as the creation of inter-institutional groups charged with implementing the Program, as well as a review of the program's indicators. MEXFAM has been invited to co-head the inter-institutional group in one of the project's state.

***Why this change is useful?***

Having a program to address the specific needs of adolescents, particularly

the most vulnerable, will contribute to the reduction of unwanted teenage pregnancy and maternal mortality, as well as to the improvement of universal access to SRH, as stated in the MDG commitments. Additionally, shifting authority towards the states ensures a more successful collaboration between the government authorities and local NGOs, thus facilitating the replication of this specific program at a larger scale.

***Where has this change occurred (national or local)?***

The change has occurred at the state and national levels.

## 10. Cross-cutting issues

As it was stated in the first year of project implementation, a key focus of this project as defined at the country level is to increase governments' accountability towards the MDG5 commitments, especially MDG 5b – universal access to reproductive health. This topic encompasses many cross-cutting issues such as youth, poverty, HIV/AIDS and gender. In particular, this includes ensuring youth, especially poor youth, are able to access comprehensive sexual education (CSE) and youth-friendly services (YFS). The MAs in Mexico, Albania, BiH and Kyrgyzstan are working with CSO partners and government officials towards developing a new legislative package for YFS and youth SRHR or including these priorities in broader SRHR regulations. Advocacy trainings conducted by the MAs included youth members of the organisations and specific trainings for young people were organised in Peru, Bolivia, Mexico, Albania and BiH.

In Bolivia, within the framework of MDGs and its AER, CIES (IPPF's MA) has consolidated four regional youth networks, training 260 young people on their rights and how to demand their fulfilment. Two additional examples are Bosnia and Herzegovina and Mexico, who have both ensured the financing for and sustainability of YFS and contraceptives. Although the governments have policies on the books allowing for the provision of these services, insufficient resources were allocated for their implementation. Within the context of the global financial crisis, XY and its partners (in Bosnia and Herzegovina) as well as MEXFAM and its Mexican partners, channelled their efforts and successfully reached the minimum amount of resources to guarantee the sustainability of YFS.

Another cross-cutting issue is HIV/AIDS. In most of the countries, the MAs and their partners are working towards the implementation of CSE and universal access to reproductive health services as means of prevention of HIV/AIDS. In Peru, for instance, INPPARES (IPPF's MA) has developed a CSE curriculum and has worked with local governments towards its implementation. INPPARES has succeeded thus far in the locality of Loreto.

Finally, as part of the JFVA efforts, in March 2010, IPPF launched the "Your Promise, Our Goal" campaign: a year-long initiative to raise awareness among decision-makers on the existence and urgency of MDG 5b, and on the gaps and challenges impeding its achievement (more: <http://www.ippfwhr.org/MDG5b>). Even though this initiative is still in its initial

phases, all MAs are implementing strategies to combine this international initiative with the national advocacy strategies so that governments will be urged to fulfil their commitments to all in society with a particular focus on women, youth and people living with HIV/AIDS (see Annex 5).

## **11. Progress towards sustainability (year two onwards)**

One of the main objectives of this GTF fund is to increase our MAs' capacities to demand improved transparency from governments at different levels. This is being addressed by increasing our MAs' abilities to sustain the impact of the project. As it can be seen in Annex 2, there were 41 trainings this year addressing governance and transparency issues as well as building the skills within CSOs to institutionalize these capacities to continue to work on these issues after the GTF project concludes.

One external factor affecting the project's sustainability is the potential impact of the financial crisis. According to the 2009 Report on the Millennium Development Goals (MDGs), progress towards their achievement by 2015 is threatened by the crisis' continued effects. The projected increase in poverty for 2009 directly affects the progress made in achieving MDG 1. While the implementation of counter-cyclical policies has helped most countries to swiftly address the external turbulence, it remains unclear whether any of these short-term gains will be sustainable, given the unpredictability of external factors.

The IPPF/WHR-EN Consortium is tackling this issue reinforcing the existing accountability mechanisms to hold governments responsible. In many cases, there are accountability instruments such as a Freedom of Information Act (FOIA). In both Peru and the Dominican Republic, the FOIA is being used to demand information on governments' fulfilment of their commitments. Additionally, MAs are working towards the creation and institutionalization of political changes, where they are not only advocating for the establishment of a certain program, but are assuring both that funds are allocated for this purpose and that accountability mechanisms are established to ensure that service provision will continue once the JFVA project ends. For example, in Albania as well as in Mexico and Peru, government institutions (MoH and MoE) ask the MAs for assistance to better understand who is implementing what actions related to SRHR, particularly regarding their commitments on MDG5b. These are examples that show how CSOs can be essential clarifying situations and finding solutions.

## **12. Innovation**

In this second year of the project, the participating MAs reinforced the innovation of the methodology presented the first annual report, successfully bridging NGOs from different fields such as SRH and budget and transparency. For instance, in Panama, where government opposition is a

serious obstacle, the MA is working with a transparency and accountability expert to develop capacities in implementing a social audit on SRH services for youth to use empirical evidence to hold the government accountable. The idea of bridging SRH organizations with budgetary and transparency organizations, led IPPF/WHR and the International Budget Partnership (IBP) to develop a plan to pilot a tool on how to measure budget transparency on maternal health, to be implemented during 2010. This will be done by partnering an NGO from the SRH field (an IPPF/WHR MA) with an NGO working in budgeting (IBP partner) in different countries in Latin America. These partners will implement the assessment of budget transparency, particularly on maternal health. This tool will be shared with all partners involved in the JFVA project, reinforcing MAs' capacities in this new field.

### **13. Learning from GTF**

#### **Part 1: How tools and methods have been applied and how useful have these been in implementing your programme.**

The Map of Actors Analysis, created by IPPF/WHR and IPPF/EN has demonstrated significant added value to the project implementing teams and their advocacy targets. To use this method, each team must identify as many actors as possible in the target and secondary audiences as it relates to their AER. Once these actors have been identified, each is scored on the basis of three categories – 1) power, 2) position, and 3) interest. See Annex 12 for detailed explanation of the Map of Actors analysis.

Upon the completion of this analysis, target and secondary actors in each country are assigned scores based upon their power, position and interest. Averages for the scores are calculated and then plotted onto a graph. This presents a pictorial depiction of where actors for each country in the target and secondary audiences are with regards to the achievement of the AER (see graphs in Annex 12).

Such a representation allows us to see over time (in this case, year 1 to year 2), how the actors are moving either closer or further away from the AER in each country. This, in turn, allows for us to adjust our advocacy strategies according to where they fall on the graph. Such an adjustment was necessary in the case of Panama, where the target audience dramatically shifted from being slightly in favour to more strongly against the AER due to a new and far more conservative administration that assumed power in 2009. Instead of trying to involve favourable actors in the target audience to join their cause, the MA must now focus its efforts on neutralizing the conservative decision makers. The Map of Actors Analysis has proven to be an essential tool in ensuring that the advocacy strategies are updated in order to successfully move towards the fulfilment of the AER.

In the case of all MAs, it was clear that it is more effective to work with networks and partners, not only in terms of making the best use of resources, but also for making contacts and aligning with other networks to influence

policies. For instance, in Peru, this proved to be very effective. Local networks were created to monitor the implementation of a program to reduce maternal mortality and unwanted teenage pregnancy at the regional level. After training these networks on advocacy and budget monitoring, the AER was put on the table, and all parties voiced their opinions as well as ways they could contribute to the objective. As a result, two networks with an average of 10 CSOs each started working in two regions of Peru: Junín and Lambayeque. The networks strengthened their relationships with the local governments and, working together, the governments and CSO-networks defined next steps in order to meet the set goals related to maternal mortality and teenage pregnancy. Additionally, as explained in part 2 below, the alliances in Kyrgyzstan in a politically unstable scenario were essential to maintaining the level of work and sustaining the partners' initial achievements. Developing and strengthening networks and joint activities at the regional/local levels proved useful in maintaining the initial achievements under the project, especially in a disrupted political context. The strategic partnerships established with CSOs, UN agencies and decision-makers also allowed the partners to conduct an ad hoc but successful campaign during the Fall of 2009 to prevent the obstacles to importing international medical aid, created by a new legislation.

## **Part 2: Governance and Transparency Themes**

The extent to which CSOs will be able to impact governance and transparency depends on several factors. The first factor is a certain degree of governmental openness to CSO participation. In the case of Bolivia and Albania, the government explicitly sought out the two organizations' input not only on governmental documents, but the programs' content and institutions' functioning/roles-responsibilities in order to ensure the governments' fulfilment of its commitments. The second factor is a certain level of institutionalization of transparency. This was the case in Peru, Mexico and Bosnia and Herzegovina. In these countries, the mechanisms are in place for CSOs to be able to demand information from governments and in turn, the governments feel compelled to respond to requests. The final factor is a level of institutional capacity on the part of CSOs. The MAs working on this project are not only able to work on a medium-term project, acknowledging that improving governance and transparency is something that takes time, resources and commitment, but they are also able to build the required networks to incorporate this issue into the agenda—an important for demanding government accountability.

Even when governments were open to CSOs' participation, certain alliances and strategies proved key to successfully bringing about change. For instance, in Peru, Mexico, BiH and Kyrgyzstan it was important to work at a local level, engaging local organizations and local government in the process. These local organizations are frequently less organized and prepared than the CSOs. Thus, training these organizations and working with them on the issue of governance and transparency, has transformed them into strategic allies to closely monitor which policies governments are actually being implemented.

Additionally, once the local government is aware of the support that these organizations can provide, the CSOs become 'change agents' themselves, designing policies that address the needs of the community.

### ***Suggested questions if relevant (divided by governance theme)***

#### **1. Governance in fragile states**

During the first two years of project implementation, the partner in Kyrgyzstan, RHAK, has been developing strong strategic partnerships with a number of key stakeholders, including parliamentarians, government officials and CSO actors at national and regional/local levels and UN agencies. These partnerships have been more or less formalised but have all included a strong commitment from the partners to jointly work on RHAK's AER, namely improving youth SRHR and services.

After the fragility of the state became evident in March 2010, ending with the fall of previous administration and dramatic riots in April, these partnerships have proven essential to maintain a certain level of work and sustain RHAK's initial achievements beyond the unstable political situation and unpredictable future. For instance, the leadership and commitment of parliamentarians in the framework of a working group on evaluating the current national SRHR law, in which RHAK has been a key leader, is still on the agenda despite a number of parliamentarians having disappeared from the political scene. A hearing is scheduled to be held in June 2010, taking into account recommendations made by the CSOs led by RHAK as well as UN agencies. RHAK is hopeful that the youth component for which they advocated will be included in the revised law. This shows a clear sign of commitment from key decision-makers towards the value and expertise of CSO partners, beyond the shift in political priorities.

The same lesson was learned about the RHAK-led working group involving the Ministry of Health in developing an action plan for the next phase of the National SRHR strategy implementation (2011-2015) and future budget allocation. Despite the crisis, the momentum was maintained, thanks to the strong joint work done by CSOs, UN agencies and government officials. RHAK and its strategic partners are hopeful that YFS will be included in the package, allowing for the sustainability of these services beyond UNFPA funding that stops next year.

The geographic diversity of RHAK's partners is another factor halting the reversal of achievements made to date. Given the unpredictability of the national landscape, RHAK has strategically decided to prioritise its advocacy work at the regional/local levels. Together with partners, the MA is advocating for the allocation of local resources to compensate for the anticipated lack/decrease of national funding for youth SRH and YFS. The political environment at regional/local level is perceived as much more stable for the moment and the experience during the transition period will also serve as best practise/piloted project to be scaled-up to the national level when the situation has returned to normal.

## 2. Access to justice and human rights

Bolivia has been working for the local and national government's recognition of sexual and reproductive rights. To this end, the MA consolidated four regional youth networks, subsequently training the 260 young members on their sexual and reproductive health rights and how to demand their fulfilment. Additionally, in a context of legislative elections, the MA organized a forum where candidates were invited to present their proposals to guarantee the full exercise of sexual and reproductive rights. All candidates signed an agreement to work on this issue if they get elected. The MA has also organized two additional fora: one at a local level (El Alto, Bolivia) in which 30 youth and public officers convened to hear the government representatives' proposals as to how they plan to fulfil their sexual and reproductive rights, and another called "Forum 'a la inversa' (the other way around)", organized together with 35 youth organizations, and a total participation of 530 youth. During this meeting, candidates listened to participants' sexual and reproductive health needs and concerns and were asked to respond to how they would address those needs. Ultimately, this meeting served to align governmental policies with communities' needs, as well as creating the mechanisms for youth to hold government accountable for those policies.

In BiH and Kyrgyzstan, the work done by MAs and their partners to include youth SRHR in current and upcoming legislation have increased the visibility of and focus on youth rights. The trainings for the networks in Albania, Panama and Dominican Republic, highlighted the civic right to participate in decision making processes, encouraging CSOs to engage demanding their sexual and reproductive rights. Finally, the IPPF Declaration on Sexual Rights,

<http://www.ippf.org/en/Resources/Statements/Sexual+rights+an+IPPF+declaration.htm> has been translated into national languages (including for phase 2 MAs).

## 3. Public expenditure monitoring

The participating MAs in Mexico and Peru have pushed for increased government transparency and openness by utilizing the respective freedom of information laws in each country. In Mexico, the MA has used this law to submit requests to the government through an electronic system which tracks the number of requests and responses. The MA has used this system to submit several requests for information regarding the government's reproductive health spending, at both the national and state level. Of the responses received, about 60% have provided satisfactory information regarding their requests. While the other 40% have not provided detailed responses pertaining to their questions, it has allowed for the MA to continue asking follow-up questions and maintain the channel of communication open with the government in a formalized manner.

Similarly in Peru, the MA has used the Transparency and Access to Public Information Law to their advantage, submitting three requests for public information at the regional level (Lima, Junín, and Lambayeque). In Junín, this law has allowed INPPARES to request detailed information about the Peruvian government's actions regarding the reduction of maternal mortality and prevention of unwanted adolescent pregnancy. This has led to increased government transparency and openness with civil society, and it has also allowed CSOs to gain knowledge and use the legal framework to their advantage to strengthen government's action at the regional level.

#### **4. Decentralisation**

In the participating countries, health systems, especially insofar as SRH services, are highly decentralised. A national program's design and subsequent local implementation oftentimes represents a significant gap in terms of funds allocated and quality of services. Through the GTF program, IPPF MAs have the opportunity to monitor the transparency and effectiveness of the local implementation of national policies in a decentralised context.

For instance, in highly decentralized countries such as Peru and Mexico, after presenting the JFVA initiative to government actors, the government asked for the MAs' help and collaboration to track the implementation of funds allocated at the local level.

Similarly, in Bolivia and BiH, local officers have offered the MAs the opportunity to contribute to the design and monitoring of the SRH programs to be implemented in those localities. These initiatives have added a new dimension into the policymaking process that is increasing transparency and information so that the CSO can have a meaningful participation in the process and providing tools to them to demand higher accountability.

#### **5. Gender, social exclusion and governance**

Please refer to the case studies of MEXFAM and BiH in section 9 of this report. As previously detailed, this project has led to increasing the voice of youth. In Mexico, this was accomplished by pushing for the creation of the Specific Action Program for Adolescent Reproductive Health. In BiH the MA pushed for the inclusion of YFS in the National SRHR strategy and funded as a priority by the municipalities. These programs address the specific needs of adolescents, especially contributing to the reduction of unwanted teenage pregnancy and maternal mortality. They have also led to improving governance and transparency by creating inter-institutional groups, in which the Ministry of Health and civil society organizations working in collaboration to conduct and ensure the implementation of the Specific Program.