



Western Hemisphere Region

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

3rd Annual Report

April 1, 2010 – March 31, 2011

Annual Report Format

1. Programme Identification Details (separate annex)

GTF Number	328
Short Title of Programme	Joining Forces for Voice and Accountability
Name of Lead Institution	International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR)
Start date¹	09/09/2008
End date:	31/03/2013
Amount of Funding:	4,999,999 GBP
Brief Summary of Programme:	<p>The <i>Voices</i> project is a five-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>Voices</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, the IPPF/WHR-EN consortium seeks 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, this project strives to improve the ability of IPPF Regional Offices to provide high-quality and timely technical assistance to IPPF MAs specific to advocacy and governmental accountability related to SRHR issues.</p>
List all countries where activities have taken or will take place	Please see Annex 8 for the list of countries.
List all implementing partners in each country	Please see Annex 8 for the list of implementing partners in each country.
Target groups- wider beneficiaries	Each country participating in the project has a national-level advocacy expected result (or desired political change). Since these

¹ Date your grant agreement was signed.

	<p>political changes are at the national level, we can assume the entire population of these countries will benefit either directly or indirectly from an increased access to sexual and reproductive health. Therefore, the total number of beneficiaries, direct and indirect, of our project in the eleven countries is 204 million people (204,200,000).²</p> <p>Some of the advocacy expected results are focused on specific populations within the country, such as a national adolescent or motherhood policy. Therefore, to be more specific, the total number of direct beneficiaries of our project in the eleven countries is 62 million people (62,218,527).³</p>
Lead Contact	Please see Annex 7 lead contact details
Person who prepared this report (if different from Lead Contact)	Please see Annex 7 lead contact details

² Total population numbers are taken from the following source: Population Reference Bureau: 2010 World Population Data Sheet. http://www.prb.org/pdf10/10wpds_eng.pdf. Mid-2010 estimates.

³ Direct beneficiary numbers are taken from the following sources: Source for all LAC countries: UNFPA: Country Profiles for Population and Reproductive Health, web version <http://www.unfpa.org/public/countries>. Adolescent population is people ages 15-24. 2010 estimates; Source for Kyrgyzstan: UNICEF Stats, web version http://www.unicef.org/infobycountry/kyrgyzstan_statistics.html#83. Total adolescent population (aged 10-19), 2009 estimates; Source for Tajikistan: UNFPA: Country Profiles for Population and Reproductive Health, web version <http://www.unfpa.org/public/countries>. 2010 estimate of total female population.

List of Annexes

- Annex A 1 – Achievement Rating Scale
- Annex A 2 – Most up to date Programme Logframe
- Annex A 3 – Annual Financial Report
- Annex A 4 – Material produced during reporting period
- Annex A 5 – Web Update for your programme
- Annex A 6 – Annual Work Plan for following year
- Annex A 7 – Lead contact details
- Annex A 8 – List of partner countries and the implementing organization in each country
- Annex A 9 – Short Articles about the emerging impact of the programme
- Annex A 10 – Detailed Risk-Assessment by Country
- Annex A 11 – Advocacy Expected Results by Country
- Annex B 1 – Detailed budget for all project years
- Annex B 2 – Sensitive Information (LAURA)
- Annex C1 – Outstanding issues from previous reports

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)
SR	Sexual Rights
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
WHR	Western Hemisphere Region (of IPPF)

3. Executive Summary

Year 3 marked an important juncture for the implementation of the *Voices* project and its primary focus on increasing the accountability of governments to their commitments to gender equality and universal access to Sexual and Reproductive Health (SRH) services in eleven countries across two regions. While the political contexts operating in the project countries are complex and vary widely, the project has created an important framework that has enabled IPPF Member Associations (MAs) and other civil society organizations to raise the importance of SRH in their respective countries through a systematic approach to understanding political processes and government structures and tailoring advocacy strategies accordingly. At the midpoint of the five-year initiative, the *Voices* project continues to consolidate and move beyond the short and mid-term project outcomes such as an increased capacity of MAs to achieve advocacy results and play a proactive role with other CSOs in influencing policy. In particular, building relationships with government officials and other non-traditional partners, including budget expert groups and the media, have served to increase the credibility of IPPF MAs while simultaneously enabling them to target their advocacy efforts more effectively.

As a result, during year 3, the *Voices* project made important advances in achieving the **long-term outcomes of creating policies or plans, achieving budget allocations and implementing accountability mechanisms, all in all, improving SRH services, and paving the way for greater progress in the remaining two years of the project.**

Achievements in Year 3 related to plans and political changes include:

- In the **Dominican Republic**, the MA (PROFAMILIA) worked with the Ministry of Health (MoH) to reduce teenage pregnancy. Together, the two have developed the “National Plan to Reduce Unwanted Teenage Pregnancy.”
- In **BiH**, the working group developed a National Strategy on SRHR for the Federation of BiH country entity, led by the MA (XY), which includes a 10-year action plan with clearly defined M&E plans and which was adopted by the government.
- In **Bolivia**, the MA (CIES) has been working with local authorities to guarantee the inclusion of SRR and YFS in their legislation. As a result, in El Alto, Universal Access to Differentiated Services for Youth was included by municipal ordinance.
- In **Tajikistan**, the MA (TFPA) led a MoH working group charged with developing National standards for safe abortion and of post-abortion care that are now being finalized in collaboration with WHO.

Advances in public budget allocations include:

- In **Mexico**, MEXFAM partnered with the Coalition for Women’s Health and worked with the MoH to allocate funds for the implementation of the recently published Specific Action Program for Sexual and Reproductive Health of Adolescents. The Coalition worked to successfully achieve an allocation of 200 million pesos (16.4 million USD) in the 2011 budget, to be transferred to the states to distribute contraceptives and to implement the Program.

- In **Kazakhstan**, the MA (KMPA) worked on budget allocation for SRH at the regional level and as a result, one of its representatives was included in the committee in charge of the distribution of the reproductive health section of the local budget on public health systems
- In **Peru**, the MA (INPPARES) worked with the Ministry of Education (MoE) for the comprehensive sexuality education (CSE) guidelines implementation and achieved a budget allocation of more than 1 million soles (630,000 USD) for this purpose. The MA is also monitoring the implementation of the Strategic Plan to Reduce Maternal Mortality, making recommendations to increase the budget on SRH.
- In **Kyrgyzstan**, the revolution in the spring 2010 and subsequent change of the government required that the MA (RHAK) focus its efforts on the local level. RHAK and its coalition partners have strengthened political commitments to YFS in the regions, including financial support (in-kind support to YFS clinics and around 13.000 USD from the local budgets in Kyzyl Kia and Karakol regions), including monitoring and evaluation.

Several important advances were made in Year 3 to institutionalize accountability mechanisms within governments. These include:

- In **Panama**, there are norms regarding youth-friendly SRH services that are not being implemented. The MA (APLAF) trained youth to conduct social audits of service-providers on YFS. A social audit conducted in 2010 revealed irregularities that were presented to the technical staff in the MoH and to the Health Unit Directors who signed an agreement to implement the recommendations this year, when the MA will conduct another audit.
- In **Albania**, the MA (ACPD) and coalition partners achieved a major victory, putting together the MoH and MoE at the same table in an official working group established by MoH decree and facilitated by ACPD, to develop a policy paper on youth sexuality education that will serve as a guide in building programs and offering services in the health and education system.
- In **Moldova**, the MA (SPFM) became a member of the National Coordinating Committee on the implementation of the National Strategy on Reproductive Health, acting as Secretariat of the Committee –despite the political crisis. The MA helped develop a Plan of Action for the Strategy’s further implementation, which was approved by the Committee.

Finally, both IPPF Regional Offices have closely followed the progress in all countries and have provided technical assistance in both regions to maximize the opportunities to exchange experiences and to take this project further. For instance, EN MAs jointly participated in the meeting on MDG 3, 4 and 5 organized by WHO Europe. To further expand this work, in 2010, IPPF/WHR, partnered with the International Budget Partnership (IBP) in a pilot experience to assess budget transparency on maternal health through country-level partnerships between SRH NGOs and budget groups.

Overall, the goals for the third year of the project have been accomplished, achieving concrete results. The following years will look towards ensuring further accountability of the political changes achieved, thereby contributing to the sustainability of the project over the long-term.

4. Programme Management

The two IPPF Regional Offices have successfully fostered strong, multidisciplinary teams across both regions, including experts on advocacy, sexual and reproductive health and rights, monitoring and evaluation and financial management. In that regard, there have been no personnel changes since the last report. However, there were some challenges in programme management related to the approval process for requesting an extension of the project timeline from five to seven years. A revised project budget according to a seven year timeline was submitted along with the Year 2 Annual Report. However, DFID’s decision to withdraw the option to extend GTF programmes was communicated to the consortium in the third quarter of Year 3, and required a revision of the project budget, and therefore, implementation of project activities, back to a five year timeline. Lack of clarity about the project timeline and budget until close to the end of the Year 3 created an extra burden for both the programmatic and financial management of the project, as it required both the Regional Offices and MAs to readapt their programmatic and financial plans after Year 3 was already underway. While the issue has been resolved thanks to the MAs efforts and RO coordination, it did complicate the work of the Regional Office and the MAs to compress the timeline for carrying out some of the project activities programmed for in Year 3.

5. Working with implementing partners

Beyond the removal of implementing partners in Nicaragua and Armenia from the project that were approved in previous reporting periods, there have been no additional changes in the implementing partners that took place in Year 3.

6. Risk Assessment

Following last year’s report, the 11 participating MAs were asked again to assess their risks as well as potential impact and probability for each and mitigation measures.

These risks are summarized in the table below, and more information by MA can be found in the Annex A 10.

RISK	POTENTIAL IMPACT	PROBABILITY	MITIGATION MEASURES
	(High, medium, low)	(High, medium, low)	
EXTERNAL RISKS:			
Political context (elections and government turnover, lack of political will and	Average High	Average High-Medium	Networking and lobbying with decision makers; building trust with key actors;

financial commitments in favour of SRH issues, other political priorities)			creating innovative partnerships (governmental, public and media); updating political map and map of actors
Civil Society Organizations (lack of expertise or capacities in certain issues, other priorities on partners' agendas, tension to speak out on controversial issues, lack of self-sustaining financial mechanisms)	Average High-Medium	Average High-Medium	Capacity building for partners; developing strategic partnerships; constantly promoting the importance of SRHR; information sharing; joint planning with partners; developing income generating activities.
Government capacities (lack of local government capacities, corruption and lack of public awareness)	Average High	Average Medium	Trainings and sensitizations for local governments; providing TA to public officers, holding government accountable
INTERNAL RISKS:			
Human resources (staff turnover and/or lack of staff, not enough resources to support the project team)	Average High-Medium	Average High-Medium	Distributing roles and responsibilities in the MA; involving more MA staff/volunteers in advocacy efforts.
Institutional capacities (lack of knowledge on key advocacy issues (budget monitoring, policy monitoring, etc.), weak internal communication)	Average High-Medium	Average Medium	Capacity building for staff and volunteers; information sharing

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. In meeting the external evaluation requirements of this project, IPPF/WHR contracted the TCC Group as the external evaluators to

implement the Mid-Term Review and Final Evaluation. TCC was chosen through an openly competitive bidding process, in which a request for proposals was publicly placed on the IPPF/WHR website. IPPF/WHR received seven proposals total from both regions, and after much consultation between IPPF/WHR and EN, TCC was contracted to conduct the mid-term review and final evaluation for this project. In carrying out the MTR, TCC was in regular communication and met several times with IPPF/WHR and EN to discuss the design and implementation of the MTR. In addition, TCC conducted several interviews and site visits with the participating MAs in order to finalize and submit the mid-term review documents submitted along with this report.

8. Logframe Changes

There have been no substantial changes to IPPF's logframe since the last report to DFID (the Annual Report 2). However, there have been changes in some indicators, in terms of wording or frequency to collect the information, as per the email sent to KPMG on May 27, 2011 requesting approval of these changes. This revised logframe can be found in Annex A 2.

9. Emerging impact on governance and transparency

See Annex A9

10. Cross-cutting issues

As it was stated in previous annual reports, a key focus of this project 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 sexuality education (CSE) and youth-friendly services (YFS). In that regard, the MAs in **Albania, BiH, Bolivia, Kyrgyzstan** and **Mexico** and its partners are working 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 most countries. For instance, in **Bolivia**, in addition to consolidating the work of four regional youth networks and training 416 young people on their rights and how to demand their fulfilment, CIES, the IPPF MA, is also working with the indigenous movement in advocating for a General Law on Sexual and Reproductive Rights. In the case of **Kyrgyzstan** (RHAK) and **Mexico** (MEXFAM) both MAs have ensured the financing for and sustainability of YFS and contraceptives.

Another cross-cutting issue is HIV/AIDS. In most of the project 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. For example, the MAs in **Peru** (INPPARES) and **Albania** (ACPD) have developed a CSE curriculum that served as a guide in building programs and offering services in the health and education system, including training for teachers.

The *Voices* project also cross-cuts the IPPF-wide efforts to advance MDG5b. In April 2010, IPPF along with other partner organizations launched a year-long initiative called *Your Promise, Our Goal – Universal Access to Reproductive Health* during the forty-third session of the United Nations Commission on Population and Development (CPD) to raise awareness among decision-makers at the national, regional, and international levels on the existence and urgency of Millennium Development Goal (MDG) 5b, and on the gaps and challenges impeding its achievement. To build on this effort, IPPF/WHR embraced the IPPF-wide initiative through the launching of a united communications and advocacy campaign, which included the development of a website, creation of fact sheets, blog placements, action alerts and participation in key regional and global conferences, including the MDG Summit. The campaign's advocacy expected result was achieved with strong references to the importance of universal access to reproductive health in the MDG Summit outcome document. In paragraph 65 of the MDG Summit outcome document, "Keeping the Promise – United to Achieve the Millennium Development Goals", under the section on MDG 5 the document states,

“ b. Building on effective, multisectoral and integrated approaches, we emphasize the need for the provision of universal access to reproductive health by 2015, including, integrating family planning, sexual health and health-care services in national strategies and programmes.”

In addition, during the MDG Summit, financial commitments were made by governments, the private sector, foundations, and NGOs in support of the Secretary General's Global Strategy for Women and Children's Health, which has as a component a focus on sexual and reproductive health.

11. Progress towards sustainability (Year 2 onwards)

One of the main objectives of the *Voices* project is to increase MAs' capacities to advocate for institutionalized mechanisms to hold governments accountable for their political commitments. In this regard, there were 57 trainings conducted in Year 3 building the skills within CSOs on advocacy, budget and accountability. Additionally, 19 new and/or revamped permanent processes within the government were established with meaningful MA participation to hold governments accountable (see below for examples). This represents an increase in political space that will contribute to sustain the impact of the project once the project comes to an end.

One external factor affecting the project's sustainability, as part of the potential impact of the financial crisis reported last year, is that after having seen governments that were more politically progressive we are now seeing a swing in the other direction with many governments electing more conservative leaders. Additionally, the experience of facing riots and political blockages might threaten the possibility of significant advances in certain countries. To mitigate these challenges, all project MAs are working to institutionalize their partnerships and strengths to face these challenges.

The IPPF/WHR-EN Consortium is increasing CSO efforts to hold governments accountable, either through strengthening of existing mechanisms or the creation of new ones. In many cases, there are accountability instruments such as a Freedom of Information Act (FOIA) that MAs are using to hold government accountable. Additionally, MAs are working together with governments towards the creation and institutionalization of political changes, where they are not only advocating for the establishment of a certain program, but evaluating the program through the use of social audits and assuring both that funds are allocated for this purpose, and that civil society is participating. As a result of these efforts, In Year 3 of the project, IPPF MAs have become part of the country-level processes in the following ways:

- In **Albania**, ACPD is leading an official working group between the Ministry of Health and Ministry of Education charged with developing sexuality education models for the country.
- In **BiH**, XY together with its coalition partners has strengthened political commitments to YFS in the regions that aim to get financial support to YFS from municipal, cantonal and regional authorities. The recognition of youth SRHR as political priorities and their inclusion in local budgets contributes to the sustainability of YFS beyond the MAs work.
- In the **Dominican Republic**, PROFAMILIA is part of the Committee within government designing and monitoring the implementation of the National Plan to Prevent Teenage Pregnancy.
- In **Moldova**, SPFM, has succeeded in becoming a member of the National Coordinating Committee on the implementation and evaluation of the National Strategy on Reproductive Health.
- In **Mexico**, MEXFAM is working together with UNFPA and the Secretariat of Health to design a model of YFS to be implemented in five states throughout the country, with funding coming from those institutions.

12. Innovation

As presented in previous reports, a key innovation of the *Voices* project has been to forge strategic partnerships at both the regional and national levels. This is particularly true in forging alliances between SRH organizations and groups working on budget and transparency issues. This innovation was further expanded in Year 3 in the following ways:

- At the regional level, IPPF/WHR and the International Budget Partnership (IBP) developed a pilot experience assessing budget transparency on maternal health through country-level partnerships between SRH NGOs and budget groups. It was particularly important to assess availability of budget information because this is generally difficult to find, and it was innovative, since it was a creative way to obtain some level of information in the piloted countries, thereby contributed to improving overall availability of budget information on this topic. The findings will be shared with all partners involved in the *Voices* project, reinforcing MAs' capacities in this new field.
- In **Panama**, where government opposition is a serious obstacle, APLAFA worked with a transparency and accountability expert to carry out a social audit on SRH services for youth in three different municipalities. Results were presented to Ministry of Health and Director of Hospitals who in turn signed an agreement to improve those services complying with the norms.
- In **Kyrgyzstan**, for the first time, most NGOs working in different areas joined together to conduct an overall country budget review, and initiated a hearing in Parliament on state budget where they presented their analysis to the Parliament and Government. In doing so, RHAK and its partners had an unprecedented opportunity to confront key decision makers on this technical issue and to promote SRHR priorities.

Another area of strategic partnerships in Year 3 occurred with MAs from the EN. Through their joint efforts, the MAs participating in the project were invited to participate in the WHO-Europe MDG regional meeting in Albania (September, 2010) focusing on MDGs 3, 4 and 5. It was the first time that MAs were able to strategize at a regional level, which proved very useful in reinforcing advocacy capacities, synergies between MAs and identifying new advocacy entry points and contacts at the national levels. Additionally, in IPPF EN the project was implemented in two phases: three Member Associations (MAs) (Albania, BiH and Kyrgyzstan) began their individual projects in the first year, while the other three (Kazakhstan, Moldova and Tajikistan) began in the second year. This approach allowed during this year for the more experienced MAs to mentor and support those starting in the second year, strengthening partnerships within the region.

13. Learning from GTF

General Question: Governance and Transparency Themes

The extent to which CSOs are able to impact governance and transparency depends on several factors. Some external factors such as political willingness and appropriate mechanisms that ensure at least a minimum level of dialogue and collaboration between civil society and government officials are crucial. In addition, a certain level of institutionalization of transparency

where CSOs can demand information from governments and in turn, the governments feel compelled to respond to requests is required.

There are also factors internal to CSOs that enhance the impact on governance and transparency. CSOs must be altogether credible, legitimized and strategically organized to be able to meaningfully participate in decision making processes. This includes having the capacity to work in strategic ways, through training and acquiring of the right tools, such as updated political maps, and budget and accountability processes, as well as the ability to work in partnerships with other CSOs and government officials.

During Year 3, the project MAs demonstrated new ways of tackling governance issues that brought meaningful social change. For instance, CSOs in **Albania** conducted in-depth research on roles and responsibilities between different institutions in implementing an approved legislation, and in the **Dominican Republic** they generated new information related to SRH issues to discuss with decision makers. Another effective strategy was to approach different profiles of politicians to conduct strategic thinking together (**BiH**) or to approach the parliament instead of usual partners, with research and evidence-based arguments (**Mexico**), creating in both cases strategic allies in allocating specific budget funds for SRH for adolescents. Finally, a crucial strategy to bring about social change is to institutionalize CSO participation within the decision-making process, as was the case in **Kyrgyzstan**, where Public Advisory Boards under each Ministry were created. In **Bolivia**, the MA worked directly with local authorities to include SRH issues in their agendas.

Suggested questions that might be relevant

a. Governance in fragile states

CSOs played a crucial role in resolving the Kyrgyz political crisis that started in the spring of 2010. They analysed the critical situation and came up with concrete recommendations to help the country in re-building a democratic system when other actors remained inactive. The restructuring of a society as a whole during a political crisis can bring new risks, including providing fertile ground for extremists or higher corruption levels to take root. It can also bring new trends such as in **Kyrgyzstan**, where Parliament is now elected from political parties, and which required the MA to refocus its work.

As an integral part of the *Voices* project, in order to analyze and manage the risks, Kyrgyzstan and all MAs conduct a yearly updating of political maps and reflection meetings to discuss and strategize around their country situation, and how to better adapt the project strategies to the context and either existing or new stakeholders.

b. Access to justice and human rights

The *Voices* project has extensively advocated for SRHR as a human right, improving access to quality SRHR services (particularly YFS) and information. Such is the case of **Bolivia**, where the MA trained youth movements on SRHR and they are working to incorporate SR in their local constitutions. In

Moldova, the MA conducted trainings on advocacy and sexual rights with youth leaders and MA young volunteers. As a result, some of the young people became active members of the youth parliament which is an advisory body under the National parliament that provides reviews on the debated topics and policies.

Some MAs are advocating from a more general rights-based approach. In **BiH**, for example, the MA closely collaborated on budget tracking issues with leading NGOs demanding governments accountability. In **Peru**, the MA organized meetings with decision-makers such as “Our rights in the political agenda”, where CSOs presented their demand for human rights.

e. Public expenditure monitoring

The monitoring of public budgets has been considered by all the project MAs as a new sphere of advocacy. In some cases, as a result of the MA/CSO requests, the national governments through the Ministries of Health have provided data for the SRHR budget, subsequently identified gaps in budget tracking instruments at lower levels of the administration, and agreed to strengthen the mechanisms for monitoring its implementation. Creating a unified voice of NGOs with some competence in the budgeting process has been a key factor in achieving results in the field.

For instance, in Kyrgyzstan and in Mexico, the participation in the budgeting process has led to concrete allocations to SRHR services. In both places, the MAs identified that a key entry point would be to ensure that funds were allocated at a local level. In **Kyrgyzstan**, the MA has worked in 5 regions securing both in-kind support for YFS clinics and around 13,000 USD from local budgets in the Kyzyl and Karakol regions. In **Mexico**, the MA and partners worked with the legislature to earmark nearly 16.5 million USD at the state level to implement the National Plan for SRH of adolescents.

In the case of Kazakhstan and Peru, the MAs are participating in committees that oversee the budget, improving governance and transparency. In **Kazakhstan**, the MA has managed to be included in a committee in charge of the local health budget distribution. In **Peru**, the MA is part of a working group that includes government agencies and CSOs to oversee the budget on maternal health.

f. Access to Public Services and Decentralisation

In the majority of participating countries, health systems, including SRH services, are decentralised. Through the *Voices* project, many MAs are working with local authorities on prioritizing SRHR in public budgeting, particularly in BiH, Bolivia, Kazakhstan, Kyrgyzstan, Mexico and Peru. This approach has led to a better understanding by local authorities of needs of the local populations with a focus on SRHR of young people and their role in developing programs that respond to these needs, contributing to increasing transparency and accountability. In **Kyrgyzstan**, the local authorities made the decision to establish YFS at the local level aiming to be accepted and financially supported at a national level. In **Peru**, a public hearing was

conducted where the local government in Junín gave an account of its actions during the first 100 days in position, raising the issue of SRH services.

h. Gender, social exclusion and governance

As previously detailed, the *Voices* project has made significant advances in increasing the voice of youth, training them on their rights and empowering them to participate in decision-making processes at the national level. In the **Dominican Republic**, this resulted in the creation of the Specific Action Program for Adolescent Reproductive Health. In **Bosnia**, the MA worked with local authorities to sustain YFS beyond the support from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Also, marginalized groups are usually underrepresented in all areas of public life, especially in decision-making processes. In **Albania**, where Roma and Egyptian NGOs are fragmented, ACPD incorporated two of them within the MA-led SRHR coalition. This ensures that the voice of these two underserved communities is heard. In **Bolivia**, where the indigenous groups have been traditionally excluded, the MA signed an agreement with the CONAMAQ, the head institution that gathers the indigenous population, to work together in the development of a law promoting SRHR within a human rights-based approach.

i. Media and governance

Advocacy for SRHR issues is a multifaceted task, and the project has attempted to engage all possible partners to achieve better results, including the media. In **Albania**, where journalists generally lack the expertise to develop high quality articles on SRHR, the project has aimed to increase their knowledge of relevant SRHR data and expertise in the field. The trained media actively participated in the project activities reaching both public and decision-makers. As a result, a relationship of trust and collaboration has been established among media representatives, the MA and NGO coalition members, all of whom have ensured the sharing of same values and goals to improve of reproductive health status in the country. At the same time, the fact that the media, as a CSO actor, is more aware of populations' needs contributes to raising awareness of politicians and constitutes a key element of good governance