



INTERNATIONAL WOMEN'S
REPRODUCTIVE HEALTH:
*Supporting Local Advocacy
in Sub-Saharan Africa*

THE WILLIAM AND FLORA HEWLETT FOUNDATION

APRIL 2016

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(Cover Image) MBLAE, UGANDA: Community health worker during a home visit, providing family planning services and options to women in the community. This program is supported by Reproductive Health Uganda.

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INTRODUCTION

One of the Hewlett Foundation's most enduring commitments is assuring everyone has access to family planning and reproductive health services. The Global Development and Population Program's International Women's Reproductive Health Strategy¹ strives for three outcomes: (1) to ensure that no woman has an unwanted pregnancy, with a focus on Francophone West Africa and East Africa; (2) to ensure that no woman dies from an unsafe abortion; and (3) to make family planning and reproductive health an integral part of broader development goals.

The program is working towards these outcomes through several complementary approaches and sub-strategies. These include testing new tools—such as behavioral economics and human centered design—to improve family planning service delivery; catalyzing collaboration between national governments and private and public donors, for example through the Ouagadougou Partnership²; and promoting policies that increase equitable access to quality family planning and safe abortion services. Local “in-country” advocacy capacity can help promote better, more sustainable family planning and reproductive health outcomes.

This paper describes the program's sub-strategy for strengthening the quality and effectiveness of advocacy by locally-based, indigenous groups targeting national or sub-national family planning and reproductive health decision-makers. Local advocates may be nongovernmental organizations chartered in their country or among coalitions. They may offer family planning and reproductive health services, focus exclusively on policy change, or combine both functions. All are part of their country's indigenous “civil society”—neither businesses nor government entities. For simplicity, this paper will frequently refer to these local advocacy actors as civil society organizations (CSOs).

¹ The William and Flora Hewlett Foundation, *International Women's Reproductive Health Strategy*. (April 2014). http://www.hewlett.org/sites/default/files/International%20FPRH_Strategy_Final.pdf

² See: <http://partenariatouaga.org/en/>



THE PROBLEM AND OPPORTUNITY

Strengthening local advocacy capacity to promote better family planning and reproductive health outcomes is critical for several reasons. First, tax and other domestic revenues have begun to rival or overtake what developing country governments receive from bilateral donors to fund family planning and reproductive health—making local advocates key players in directing resources to their best use. Second, many donors—including the Hewlett Foundation—recognize that sustained improvements in development outcomes occur only when priorities are established within local and national contexts, by participants in policy processes who have an enduring stake in the outcome. With full knowledge of the context in which they operate, local organizations can define priorities, engage in policy debates, and develop effective arguments. They can also use commitments made through multilateral processes like the Sustainable Development Goals (SDGs) to press for change at home and to hold their own governments accountable for national policies and goals. Third, some governments in sub-Saharan Africa are becoming increasingly open, and offer space – albeit sometimes limited – for civil society engagement. They may respond to pressure from the local CSOs that have or seek a significant role in influencing policy change and the implementation of policies.

Current local advocacy capacity is inadequate in most countries, however, and under prevailing models and approaches it is unlikely to improve. CSOs in the Global South are too often constrained by short-term funding that is focused on narrow advocacy wins reflecting donors’ priorities. The technical assistance—such as workshops or trainings—that usually accompanies this targeted advocacy funding is too often poorly matched to the CSOs’ longer-term organizational needs, and poorly informed about local political and policy realities. In addition, there are relatively few domestic sources of funding for advocacy efforts, so local CSOs are reliant on support from overseas.

These constraints are largely by-products of a power and resource imbalance between funders and the organizations that seek their support. Many family planning and reproductive health CSOs in sub-Saharan Africa are relatively young, small, and inexperienced in negotiating grant funding and contracts. Even the most sophisticated advocates may be dependent on short-term, narrowly focused grants. Without stable, adequate core funding, they may have no choice but to accept the policy priorities and strategies suggested by a powerful funder. Changes in a funder’s priorities may mean another one-year grant and perhaps another technical assistance intervention tailored to the project’s goals rather than the CSO’s. This cycle can continue over many years without the CSO ever fully addressing its own capacity needs or advocacy goals.

Current local advocacy capacity is inadequate in most countries, however, and under prevailing models and approaches it is unlikely to improve.

LOCAL ADVOCACY EFFORTS ARE OFTEN CONSTRAINED BY

- Short-term funding focused on narrow advocacy wins;
- Over-emphasis on donor priorities that don't match local realities; and
- Few domestic sources of advocacy funding.

These constraints are largely by-products of a power and resource imbalance between funders and the organizations that seek their support. But local organizations also say their work is sometimes hampered by their inability to work directly with ministries or international organizations.

Local organizations note that setting priorities for their own advocacy work is sometimes hampered by their inability to view the full landscape of family planning and reproductive health advocacy in their own countries. Major bilateral donors like USAID or DFID may operate in direct relationship with government ministries or international organizations. But the broader local CSO community may be unaware of the donors' overall strategy, or lack established mechanisms through which to learn what each other is doing. Internal rivalries and competition for funding may make advocates reluctant to share information about priorities or opportunities to seek locally available funds.

As this sub-strategy attests, the Hewlett Foundation is committed to supporting local CSOs. But the Foundation will primarily do so through mechanisms that involve intermediary organizations such as international non-governmental organizations (INGOs) due to lack of institutional capacity to make a large number of grants directly to entities that do not have tax-exempt nonprofit status under U.S. tax law.

Relying on INGOs as re-granting mechanisms can offer strategic as well as operational advantages. They can add value far beyond the funds they pass through to CSOs by creating networks among these sub-grantees and other partners, connecting local advocacy to global policy debates, and helping local organizations gain access to donors and other international organizations. Drawing on their own breadth of advocacy experience, INGOs can also help strengthen CSOs' capacity.



MOMBASA, KENYA: Members of a Youth to Youth group in Bangladesh slum in Mombasa, go for a community outreach distributing condoms, and performing skits with messages relating to reproductive health. The initiative is supported by DSW (Deutsche Stiftung Weltbevölkerung).

PHOTO BY : Jonathan Torgovnik
Reportage by Getty Images

Working through INGOs brings challenges as well. INGOs have relatively high operating costs, which can cause an inequity—or a perceived inequity—between the amounts re-granted to CSOs and the amount retained by the INGO to cover its costs. Funders may hold INGOs accountable for moving funds out quickly to sub-grantees, further increasing the administrative costs for INGOs. INGOs, feeling pressure to produce results on a relatively short-term grant, may be incentivized to regard local advocacy organizations as project implementers rather than equal partners—a hired driver rather than a co-pilot. Funders and INGOs may hold CSOs accountable for resulting advocacy outcomes, but rarely do the intermediaries or the CSO sub-grantees feel empowered to question the funder or hold it accountable for creating perverse incentives.

The Foundation candidly recognizes that by primarily supporting local organizations via intermediaries, it may reinforce the structural problems and power dynamic that can be inherent in this funding model. The sub-strategy presented here seeks to address those potential negative effects and contribute to sustained and effective local advocacy.

Successful examples in the family planning and reproductive health and other fields help point the way. Local advocacy organizations and intermediary INGOs have overcome these obstacles through the confluence of talent, patience, long-term commitments, and timing. A savvy donor-supported coalition in Uganda, for example, has drawn on global and local technical assistance providers to make progress towards changes in attitude and policy that may reduce the terrible toll of unsafe abortion in that country. At a meeting hosted by the Foundation in April 2015, representatives of various stakeholder groups in the family planning and reproductive health field underscored successes among advocates for reproductive rights and health in Central and Latin America, and cited systematic efforts to build CSO policy advocates to advance tobacco control laws in the global South.

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OUR GRANTMAKING STRATEGY

This sub-strategy draws on many inputs, including a background report³ on advocacy capacity building efforts by international and national level organizations; a scoping paper⁴ on the desirability and feasibility of establishing an “Advocacy Accelerator” to support effective capacity strengthening efforts in sub-Saharan Africa; and the stakeholder meeting in spring 2015. The Foundation sought ideas and feedback from local CSOs, intermediary organizations, donors and others in the field.

In response to the challenges and opportunities articulated above, the Hewlett Foundation identified a set of principles to guide its strategy for strengthening in-country CSO advocacy capacity.

PRINCIPLES

1. Support local policy advocacy priorities while seeking opportunities to connect these to global advocacy efforts.
2. Strengthen and provide more hands-on and sustained technical assistance tailored to each organization.
3. Support longer-term advocacy partnerships that strengthen and support local advocacy capacity.
4. Encourage mutual accountability among all parties: funders, intermediaries, and local partners.
5. Measure progress, document, adapt, and share what is learned.

To be meaningful, these principles require expression in concrete grantmaking activities and projects. The Hewlett Foundation's sub-strategy will include three related, mutually supporting grantmaking activities:

- Advocacy Partners: Re-orient re-granting for the long run;
- Advocacy Accelerator: A platform for shared learning, collaboration, and exchange; and
- Opportunistic Engagement: Test ideas, fill gaps, and leverage the Foundation's contributions.

³ Sherine Jayawickrama, *Supporting In-Country Family Planning and Reproductive Health Advocacy: Findings and Recommendations of Strategy Development Process*. (2014: The William and Flora Hewlett Foundation).

⁴ Rachel Wilson, *Exploring the value of a shared learning platform to strengthen advocacy capacity: Stakeholder feedback and recommendations*. (2015: The William and Flora Hewlett Foundation).

Advocacy Partners: Re-orient Re-granting for the Long Run

The Hewlett Foundation is contemplating support for a handful of trusted intermediaries that would serve as Advocacy Partners—the Foundation's chief mechanism for reaching its objectives under this sub-strategy. (Some support may take the form of renewed grants to existing grantees.) At least one would serve Francophone West Africa, which has particular language and other requirements. But the Advocacy Partners could be thematic rather than strictly regional: some potential Advocacy Partners represent a rights-based perspective centered on defending the sexual and reproductive rights of women and girls, while others are generally regarded as placing greater emphasis on family planning and reproductive health as part of broader development. Some Advocacy Partners might be stronger at building grassroots coalitions, while others may place greater emphasis on influencing UN processes.

Identifying Advocacy Partners with differing strengths and focus would enable the Hewlett Foundation to learn from their different CSO sub-grantees, strategies, and advocacy tactics—perhaps within the same countries. In assessing potential Advocacy Partners, the Hewlett Foundation will prioritize those who show the greatest commitment to building strong local organizations, and can demonstrate the breadth of supportive services—and patience—this process can require.

The Advocacy Partners will be expected to put the above five principles into practice in identifying and supporting local organizations to advance family planning and reproductive health funding and policy goals over a five-year horizon. The Advocacy Partners will pay particular attention to building sustainable advocacy capacity of their CSO sub-grantees, so that these local organizations would be able to define local policy priorities, develop advocacy strategies, secure resources, document and measure progress along the way, and adjust strategies as necessary. The sub-strategy will seek to track not only the advocacy outcomes, but these capacity dimensions as well. The Advocacy Partners represent a long-term experiment in building local advocacy capacity in a challenging and controversial field; all should be prepared to make the most of this learning opportunity.

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LOCAL ADVOCACY PRIORITIES

As mentioned earlier, the Foundation and many other donors increasingly recognize the value of empowering local advocacy organizations to determine their advocacy priorities independent of donors' or intermediaries' preferences. The Advocacy Partners can facilitate this process through respectful advocacy planning consultations with individual CSOs as part of the re-granting process. They can also facilitate dialogue with current or prospective advocacy coalition members to discuss joint or coordinated advocacy plans and objectives.

Advocacy Partners can add value to in-country advocates by providing information about the “big picture” and access to other stakeholders such as donors or peer INGOs. Local advocacy organizations often value the opportunity to connect their work to larger changes in global policy. At minimum, Advocacy Partners can and should serve



PIKINE, SENEGAL: A midwife providing a woman with family planning counseling at a health center.

PHOTO BY : Jonathan Torgovnik
Reportage by Getty Images

as conduits of information about global family planning and reproductive health policy debates and actions. They could “translate”—literally and figuratively—the language of UN agreements like the Sustainable Development Goals or other policy priorities into terms accessible and relevant to local CSOs. Working together, Advocacy Partners and local advocacy organizations can identify appropriate national (and in some cases) global policy objectives, discern the strategies and tactics needed to achieve the objectives, and then assess and refine their advocacy activities over time. Setting policy priorities consultatively will also create opportunities for local advocates to inform global deliberations, facilitated by the Advocacy Partners’ connections to those UN or other multi-funder initiatives.

HANDS-ON, SUSTAINED TECHNICAL ASSISTANCE

Local CSOs and other sources consulted during the sub-strategy development process called for longer-term, more sustained, and better-tailored technical assistance. Local advocates asked for more flexibility to identify their own technical assistance needs.

The Foundation anticipates that the Advocacy Partners would seek ways to improve upon how they provide technical assistance. This may involve providing more assistance directly, facilitating access to other experts, or addressing organizational capacity needs such as strategic planning or fundraising where appropriate. The technical assistance should also be tailored to the needs of each local organization, and draw whenever possible on technical assistance providers living in the same country or region, who speak the language and are deeply familiar with its political and policy context. The Advocacy Partners’ role in “brokering” technical assistance for the CSOs would include frequent reliance on the Advocacy Accelerator, which is described in more detail below.

Consistent with the Foundation’s overall commitment to learning and sharing what is learned, Advocacy Partners would create multiple opportunities to gather and share knowledge and experience in tailored ways to, from, and among local advocacy organizations. Some learning opportunities will involve workshops to develop specific advocacy

skills and then share the results of applying them. Other gatherings will support the processes of policy advocacy prioritization described above.

LONGER-TERM SUPPORT

The Hewlett Foundation plans to make five-year grants to Advocacy Partners to support and encourage them to develop long-term partnerships with their CSO sub-grantees. By giving intermediaries more time to cultivate their engagements with local groups, the Foundation can offer the Advocacy Partners more latitude to offer patient, sustained and effective long-term assistance that can better nurture promising family planning and reproductive health advocates.

The Advocacy Partners will identify strong local family planning and reproductive health advocacy organizations and those with the potential to become strong. The Advocacy Partners will make consultants, tools, and its own staff available to assess and address the local CSOs' advocacy capacity needs. The long-term grant from the Foundation would enable the Advocacy Partners to engage consultants or experts over multiple years, enabling the Advocacy Partners and these consultants to develop deeper relationships with the local advocates and to more effectively help them develop their advocacy skills.

At least some re-granted support could take the form of unrestricted core funding to trusted CSOs, offering selected sub-grantees more flexibility in addressing their perceived capacity needs. (The Advocacy Partners would have to operate within the legal and regulatory frameworks, which may limit their ability to provide unrestricted funding in some cases.) Such funding might be increased over time as intermediaries and the Hewlett Foundation gain confidence in a particular CSO's governance and effectiveness. It is anticipated that over time, the local CSOs can gain the strength and stability to stand alone and to engage as genuine partners with the INGOs and funders when their interests align.

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Advocacy Accelerator: Platforms for Shared Learning, Collaboration, and Exchange

The Foundation is not alone in its efforts to improve how it supports stronger advocacy in low-resource settings. In discussions with the Foundation's staff and consultants, other donors, agencies, advocates, and technical assistance providers expressed a strong desire to share and benefit from what they and others have learned. Many lamented the fragmentation of efforts to strengthen advocacy capacity and challenged the Foundation to help fill that gap by providing a common platform to share learning on successful advocacy practices within, across, and between sectors and geographic areas.

The Hewlett Foundation engaged a consultant to explore the desirability and feasibility of developing an Advocacy Accelerator that could serve as such a platform, offering added value to advocates, researchers, technical assistance providers, and donors alike. The resulting consultation helped to prioritize four principal areas of activities for the Advocacy Accelerator, detailed below. The Foundation will pilot the Advocacy Accelerator starting in 2016, after a further consultation process to determine key structural issues including governance, staffing, and location. The Advocacy Accelerator would test strategies in the following areas:

INCREASING ACCESS TO EXPERTISE from advocacy and organizational effectiveness practitioners and researchers. The Advocacy Accelerator could vet, support, and refer advocates to high-quality, locally based advocacy and organizational effectiveness technical assistance providers in select countries. In addition, the Lab could host country-specific policy forums with local health advocates, researchers, and policymakers to share timely information on shifting government processes, players, and leverage points.

SERVING AS A TRUSTED RESOURCE for timely, high-value advocacy information, perspectives, and practices. In particular, the Advocacy Accelerator could gather and share evaluations, case studies, and experiences of promising and proven resources, tools, and approaches for strengthening advocacy capacity. The Lab could add to knowledge by soliciting and providing perspectives from local and global policy and advocacy experts on select topics through interviews, blogs, webinars, and social media.

PROVIDING A PLATFORM FOR ENGAGEMENT to improve trust, collaboration, and shared learning. This could include providing professional facilitators and a safe space for advocates and donors to engage in co-creation, joint planning, and shared learning using innovative and proven models and practices. The Lab could also offer a neutral and trusted space for donors and intermediaries to better explore with local advocates the full range of advocacy gaps and challenges, as well as what is needed to overcome them.

PROMOTING PROFESSIONALIZATION of advocacy as a valued skill and area of expertise. The Advocacy Accelerator's role could include promoting strong and effective leadership and support of advocacy strategies, staffing, and functions within organizations. The Lab could support the inclusion of advocacy as a professional practice area in academic institutions and professional bodies.

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Given the enthusiasm and support for the Advocacy Accelerator concept from a wide range of stakeholders, the Hewlett Foundation anticipates that there may be interest from other funders and advocates in creating and testing the model, with an initial focus in East Africa and the possibility of expanding to West Africa. At the same time, the Advocacy Accelerator is a new and unproven concept that will require time, resources, and flexibility to start up. While most interviewees believed the Lab would add value, several also raised questions regarding its funding, structure, and utilization. The Foundation will seek to assess and address such concerns by engaging a diverse set of in-country advocacy stakeholders to advise on the process and approach. The Hewlett Foundation regards the potential upside of a successful Advocacy Accelerator as greater than the risks and is willing to support it as part of this sub-strategy for the next five years.

Opportunistic Engagement: Testing Ideas, Filling Gaps, and Leveraging the Foundation's Contributions

Given the limited resources of the Hewlett Foundation, taking advantage of opportunities to leverage other funding and efforts will help maximize the impact of this sub-strategy. Participating in multi-donor funds that support local advocacy capacity could be one such opportunity. For example, Amplify Change is a multi-donor fund launched in September 2014 to provide direct support to local CSOs to advocate for better policy and action on neglected sexual and reproductive health and rights issues. The fund is well-positioned to help identify and nurture local advocacy "talent" and offers a forum for sharing lessons learned with and by other contributing funders. The Foundation's participation in such multi-donor efforts can help position it as a thought leader and perhaps leverage positive changes in advocacy or capacity building practices disproportionate to the Foundation's actual financial contributions. Collaborative funding efforts can also help the Foundation address the massive demand for local capacity strengthening beyond its limited geographical focus. Working jointly with additional funders in other regions, moreover, the Foundation can learn about talented technical assistance providers or effective advocacy organizations, and share information about them with the Advocacy Partners and through the Advocacy Accelerator.

As resources permit and as opportunities emerge, the Foundation may also seize opportunities to support existing partnerships or projects that show promise as models for family planning and reproductive health capacity development within its regions of focus. One possible example is the "twinning" model of the collaboration between the Center for Health, Human Rights and Development (CEHURD) and Health Global Access Project (Health GAP) in Uganda as co-leaders of a coalition to combat the health consequences of unsafe abortion, offering a useful approach to embedding global advocacy expertise in a locally-led coalition. The Foundation can add value to these existing efforts by providing funding aligned with its core principles; for example, by helping to source technical assistance to these partnerships or by offering the support of the proposed Advocacy Accelerator's learning platform. The Hewlett Foundation's support



SAHRE BOCAR, SENEGAL: Women going through the TOSTAN Community Empowerment Program, where women participants learn about their right to health and their right to be free from all forms of violence, about hygiene, and how diseases are spread and prevented. They also discuss the health risks of harmful practices such as female genital cutting and child/forced marriage, and how to improve child and maternal health in their village.

PHOTO BY : Jonathan Torgovnik
Reportage by Getty Images

for innovative models could include an emphasis on monitoring and evaluation to assess effectiveness, or on changes to existing collaborations that might bring them closer to the level of local CSO capacity that the Foundation hopes to encourage.

Goals and Outcomes

All of these activities will advance the sub-strategy's overall goal: A vibrant local CSO sector in sub-Saharan Africa that can capably and positively influence the family planning and reproductive health policies and funding decisions of their own national governments and of international donors.

In pursuit of this goal, the sub-strategy will strive to make progress towards these outcomes, which directly align with the principles:

1. Policy advocacy priorities are locally driven and informed by global advocacy efforts.
2. Technical assistance providers offer appropriate, hands-on, sustained support to CSOs.
3. Longer-term advocacy partnerships with CSOs are established and local advocacy capacity is increased.
4. Advocacy Partners, the Foundation, and CSO sub-grantees hold each other accountable, using a range of feedback mechanisms.
5. Effective monitoring and evaluation systems are established, lessons learned are shared, and timely adjustments are made to the overall strategy and its grantmaking activities.

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MONITORING AND EVALUATION

To have the greatest possible impact, the Foundation and its partners will want to know along the way whether they are making progress, why or why not, and how to make effective course corrections as necessary. The sub-strategy includes a monitoring and evaluation approach that seeks to balance the value of specific progress indicators with significant flexibility to encourage learning and adjustments. In order to minimize reporting burden, the Foundation anticipates working with the Advocacy Partners in particular to complement their own monitoring and evaluation frameworks. The Foundation plans to engage an external consultant to help monitor progress and address deeper evaluation questions that can reveal where the strategy is working well and where it can be strengthened. This information will be widely shared to help all stakeholders, including the Foundation, hold one another to their obligations and to learn from the experiences of CSOs, Advocacy Partners, and other funders. In the spirit of ongoing learning, the Foundation's monitoring and evaluation approach will very likely evolve over the course of the strategy's first five years of grantmaking activity.



MBALE, UGANDA: Community health worker during a home visit, providing family planning services and options to women in the community. This proactive program is supported by Reproductive Health Uganda.

PHOTO BY : Jonathan Torgovnik
Reportage by Getty Images

MONITORING

The Foundation will work with its grantees and the external evaluator to develop and refine a set of indicators for assessing progress towards the goal and outcomes. For each outcome, the Foundation and its grantees would be assessed on achievement of initial milestones about a year into the grant activities. This early assessment would help the Foundation respond flexibly to indications that specific grantmaking activities might be off course. The external evaluator would work in particular with the Advocacy Partners to help them learn from early experiences and adjust their partnership and technical assistance approaches over time. Once the initial milestones have been reached, the Foundation and its grantees would regularly track and measure progress using annual indicators. Below are examples of potential initial milestones and annual indicators for the five outcomes.

1. Policy advocacy priorities are locally driven and informed by global advocacy efforts.

POSSIBLE INITIAL MILESTONE: Develop a joint work plan or advocacy strategy with a CSO sub-grantee that is driven by the local CSO's advocacy priorities

POSSIBLE ANNUAL INDICATOR: Number of CSO sub-grantees that report they are satisfied with the support they receive for identifying advocacy objectives

2. Technical assistance providers offer appropriate, hands-on, sustained support to CSOs.

POSSIBLE INITIAL MILESTONE: In consultation with CSO sub-grantees, Advocacy Partners identify and engage one or more technical assistance providers capable of assessing and addressing the CSOs' capacity needs over time

POSSIBLE ANNUAL INDICATOR: Number of technical assistance providers identified and made available by the Advocacy Partners to CSO sub-grantees

3. Longer-term advocacy partnerships with CSOs are established and local advocacy capacity is increased.

POSSIBLE INITIAL MILESTONE: Develop a long-term (e.g. 3-5 year) sub-grant agreement with at least one CSO sub-grantee or lengthen the grant terms with at least one current sub-grantee

POSSIBLE ANNUAL INDICATOR: Among CSOs that have received 12 months or more of support through Advocacy Partners, the number that demonstrate improved advocacy capacity

4. Advocacy Partners, the Foundation, and CSO sub-grantees hold each other accountable, using a range of feedback mechanisms.

POSSIBLE INITIAL MILESTONE: Establish at least one feedback mechanism to gather input from CSO sub-grantees to Advocacy Partners and the Foundation

POSSIBLE ANNUAL INDICATOR: Number of CSO sub-grantees who express satisfaction with their Advocacy Partner, including with the Partner's response to feedback

5. Effective monitoring and evaluation systems are established, lessons learned are shared, and timely adjustments are made to the overall strategy and its grantmaking activities.

POSSIBLE INITIAL MILESTONE: The Foundation identifies and shares at least one early finding, tool, or best practice regarding advocacy capacity development based on data developed through the monitoring and evaluation

POSSIBLE ANNUAL INDICATOR: Number of organizations who use existing platforms to share findings and lessons

Given the varied contexts and layers of this strategy, no single data collection method would provide sufficiently rich data. Multiple data collection approaches will likely be needed to help the Foundation monitor progress, identify enabling and inhibiting factors, and address deeper evaluation questions. These techniques might include the following: observation, document review, survey and interviews (of Foundation staff, Advocacy partners, CSO sub-grantee, and technical assistance providers), standard assessment tools for advocacy capacity, and others.

EVALUATION

The monitoring framework and activities above can provide useful data for gauging how well the Foundation's grantmaking activities stay on course. Establishing deeper evaluation questions provides an additional opportunity to contribute to learning. Periodic evaluation can analyze the data collected through the monitoring activities described above, along with other sources of information, and take a step back to better understand what contributed to progress, why, and how. The evaluation can help test the "theory of change" implicit in the strategy. The external evaluator would play a role from the beginning of the strategy in advising on the M&E system for the Advocacy Partners and in advising on feedback mechanisms for the Partners and CSO sub-grantees. Late in the first year of Advocacy Partners activity, the evaluator might begin addressing some deeper evaluation questions—especially those related to treating sub-grantees respectfully, the effectiveness of technical assistance provision, and the use of feedback mechanisms. Other questions, including those about overall policy impact, might better be addressed in the fourth or fifth year of activity. The following sections outline possible evaluation areas of inquiry and an example of an evaluation question.

Examining Structure and Process

This sub-strategy calls for "principled" changes to the Foundation's existing grantmaking via intermediaries. Creating the Advocacy Accelerator represents an institutional innovation that can structurally affect the way information and lessons learned about family planning and reproductive health advocacy is gathered and shared. Perhaps more fundamentally, this sub-strategy calls for new structures and processes of mutual accountability that imply changes in how the Foundation, the Advocacy Partners, the technical assistance providers, and the CSO sub-grantees interact. Possible evaluation questions include:

- *How and why did structures of mutual accountability and partnership work well?*
- *Where did they fall short?*
- *Do the CSOs feel that these structures help address power imbalances?*

Questioning Effectiveness

Many of the strategy's grantmaking activities directly or indirectly aim to increase the CSOs' advocacy capacity. Are they working? Possible evaluation questions include:

- *How well does the technical assistance match the CSO's longer-term organizational needs?*

Multiple data collection approaches will likely be needed to help the Foundation monitor progress, identify enabling and inhibiting factors, and address deeper evaluation questions.

Assessing Policy Impact

Demonstrating positive impacts on family planning and reproductive health policies is challenging. Measures of advocacy impact are necessarily imprecise because of the complexity of policy change; many influences are beyond the control of the advocate being assessed. Policy impacts often take years to achieve. But in later years, annual reviews of the advocacy landscape at the national level could include assessments of the contributions to change achieved by the CSO sub-grantees. Well-designed evaluation can point to the contributions that different parties have made. With technical assistance where needed, CSO sub-grantees can develop their advocacy plans, including benchmarks for incremental progress towards achieving their policy change objectives. The same planning process can usefully incorporate measures of changes in advocacy capacity that are within the CSOs' control. These can offer a lesser but still valuable measure of progress, regardless of whether actual policy change is achieved. Possible evaluation questions include:

- *In what ways, and by how much, are changes in advocacy for local family planning and reproductive health priorities taking place?*
- *Is there any evidence that these grantmaking activities contributed to the changes?*
- *What local context factors help or hinder such changes?*

Testing the Overall Theory

Possible evaluation questions to test the validity of this strategy's theory of change might include:

- *What evidence do we have that strengthening advocacy capacity through tailored technical assistance and intensive information sharing via the Advocacy Accelerator is more effective than simply providing long-term core support to selected CSOs?*

This list of possible evaluation questions sketched above is by no means exhaustive. There is much to learn from this strategy, which proposes a complex grantmaking approach addressing controversial changes in norms and behavior in the challenging political and institutional context of sub-Saharan Africa. The evaluation will need to engage closely with the representatives of the Foundation, its fellow funders, the Advocacy Partners, and the CSOs to prioritize among these and other potential learning opportunities.. Choosing the focus for the external evaluation could itself be an early marker of the path toward mutual accountability and shared learning.

Annual stakeholder meetings, facilitated by a third party, could bring together funders, Advocacy Partners, Advocacy Accelerator staff, technical assistance providers, and CSO sub-grantees to discuss evaluation findings and identify ways to improve the performance of all parties. As noted above, in later years an annual review of the advocacy landscape at the national level could include assessments of the contributions to change achieved by the CSO sub-grantees.

Mutual Accountability

The sub-strategy's monitoring and evaluation priorities and practices will be guided in particular by the fourth and fifth core principles articulated above: mutual accountability and commitment to documenting and sharing lessons learned. Mutual accountability is intended to help level the imbalance of power between grant-makers and grant-seekers, whether that imbalance exists between funder and INGO intermediary, or intermediary and CSO sub-grantee. Local CSOs indicated that the imbalance of power made it difficult for local advocates to pursue their own advocacy priorities or ask for more appropriate technical assistance. Intermediaries in turn may be reluctant to question their donors' approach, even when they recognize problems. Being explicit and clear about what each party would be held accountable for, and establishing a clear process for periodic assessments, would help put this critical principle into practice.

The external evaluator will solicit and respond to confidential feedback from CSOs about the Advocacy Partners and technical assistance providers, and from all parties about the Foundation's role. This will complement the feedback mechanisms that the Advocacy Partners and CSOs will be expected to build into their relationships. Feedback of this kind means little, however, unless all parties are willing to learn from it and alter practices in response to feedback.

Documenting and Sharing Learning

Implementing this sub-strategy can potentially yield lessons learned about effective techniques for: promoting family planning and reproductive health policy change in sub-Saharan Africa; strengthening advocacy capacity; developing organizational capacity; funding CSOs through intermediaries; and identifying, developing, and assessing technical assistance providers. The approach to mutual accountability outlined above can create opportunities to gather meaningful data and create useful feedback loops.

The Foundation could commission the external evaluator to conduct case studies to delve more deeply into the effectiveness of the Advocacy Partners model in order to share the successes and challenges of this approach with the broader field. These case studies would explore the relative roles of the Foundation, Advocacy Partners, the CSO sub-grantees, and technical assistance providers, how resources were used, and how effectively the capacity building prepared each CSO to effect policy change. The Advocacy Accelerator could house the monitoring and evaluation results, including these potential case studies.



KAMPALA, UGANDA: Members of the Muvubuka Agunjuse youth club during an outreach in one of Kampala's slums. They were sensitizing a group of mechanics on the street to family planning issues, and sex education.

PHOTO BY : Jonathan Torgovnik
Reportage by Getty Images

Conclusion

Following the Foundation's principled approach to grantmaking under this sub-strategy requires a kind of "patient capital" invested over time, with the knowledge that mistakes will happen and some bets will not pay off. But this longer-term commitment aligns better with the long-term nature of most policy change and capacity-building efforts.

These principles require as well a fundamental willingness to listen, learn, adapt, share what is learned with others, and respond to what is learned as these projects unfold. The Foundation's overall commitment to measurement, learning, transparency, and sharing is fundamental to its longer-term success in pursuing this sub-strategy.

The William and Flora Hewlett Foundation is committed to building effective national family planning and reproductive health advocacy capacity as a key component of its broader International Women's Reproductive Health Strategy to enable all women to have access to quality family planning and reproductive health services. The grantmaking activities described in this sub-strategy can help build a sustainable infrastructure for policy change in countries where the need is greatest.

This sub-strategy requires a kind of "patient capital" invested over time.
