Introduction: A Unique Opportunity for Action and Impact

Over the past year, the international health community has converged around a new and inspiring global strategy for Every Woman Every Child (EWEC), with clear goals to be achieved by 2030.¹ The new strategy aims to support and empower all women, children, and adolescents to survive, thrive, and help transform the world in the sustainable development goal (SDG) era.

The strategy highlights, with urgency, the critically important role that civil society engagement (CSE) plays in sustainably addressing inequities and mobilizing for transparency, accountability, advocacy, results, and innovations. Accordingly, the new strategy yields a unique opportunity to align action, voice, funding, and resources, collaboratively with all of civil society, for sustainable impact.

Multiple global initiatives and efforts abound in this reproductive, maternal, newborn, child, and adolescent health (RMNCAH) space,² and all aspire to meaningfully engage civil society, extend equitable coverage, and strengthen accountability mechanisms for results. While each of these efforts is addressing critical barriers to CSE and generating important learning within the context of its own mandate, opportunities exist for strengthening CSE across these efforts.

By establishing a shared frame of reference (e.g., a common taxonomy) for CSE across partners and streams of work, our vision is one of greater opportunities for addressing restrictive governance environments; leveraging limited presence; magnifying voice; aligning existing resources; mobilizing new resources; extending reach; maximizing linkages of CSE structures for building capacity; and facilitating learning among civil society actors. Ultimately, our hope is that enhanced coordination and connectivity will lead to more effective and organized civic participation and impact.

With the needs of newborns, children, adolescents, and women in mind, NOW is the time to capitalize on this global conversation and maximize learning, sharing, and the efficient and effective use of existing platforms, networks, resources, and capacities at the regional, national, and sub-national levels, as well as the creation of new ones where needed. Development stakeholders are keen to come together to build on current efforts to learn, share, advance, and realize the results that CSE can bring for EWEC.

Therefore, it is imperative for development stakeholders in the RMNCAH space to organize, coordinate, align globally and regionally, and connect in country.

To build on this momentum and enable better alignment, coordination, and harmonization, a small group of global development partners\(^3\) engaged in EWEC\(^4\) gathered in Washington, DC, on January 14, 2016, to explore whether it would be possible to build consensus around a Common Frame of Action for Civil Society Engagement to sustainably “end preventable mortality, and enable women, children and adolescents to enjoy good health and thrive.”\(^5\) Participants actively engaged to identify core elements that could serve to create a common taxonomy and draft model for CSE across partners.

This document is shared with the intent of facilitating further conversation, collaboration, and planning. The goal is to foster better coordination among development stakeholders, host country governments, and civil society actors for prioritizing, mobilizing, strengthening, and supporting civil society and its related engagement for reaching EWEC.

Civil Society Engagement for Every Woman Every Child: Core Elements of a Common Frame of Action

The core elements of a Common Frame of Action, as discussed at the January 14 meeting, build on the principles of inclusiveness,\(^6\) transparency,\(^7\) independence,\(^8\) and accountability\(^9\) identified by civil society representatives as minimum standards that need to be adopted to improve partnerships in Global Financing Facility (GFF) country platforms.\(^10\)

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\(^3\) Thirty seven representatives from the following CSO constituencies or organizations participated in the workshop: Gavi CSO constituency, Global Financing Facility (GFF) civil society engagement, FP 2020 CSO engagement, PMNCH Secretariat and NGO constituency, Global Health Council, Maternal and Child Survival Program, mPowering Frontline Health Workers, UNICEF/A Promise Renewed, Bill and Melinda Gates Foundation, and USAID Bureau for Global Health/Ending Preventable Child and Maternal Deaths.

\(^4\) [http://www.everywomaneverychild.org/](http://www.everywomaneverychild.org/)


\(^6\) Inclusiveness can be defined as a “process by which efforts are made to ensure equal opportunities for all, regardless of their background, so they can achieve their full potential in life.” [Creating an Inclusive Society: Practical Strategies to Promote Social Integration.](http://www.un.org/esa/socdev/documents/creating_an_inclusive_society.pdf) United Nations Department of Economic and Social Affairs/DESA. Draft 2009.


\(^8\) Independence can be defined as self-governance, autonomy, and control by its own members.

\(^9\) Accountability ensures that actions, decisions, programs, and policies made by public officials and other decision-makers are (1) implemented, (2) meet their stated objectives, and (3) respond to the communities they aim to benefit. In the context of RMNCH, the relationship between the state (from the national to local level) and its people is the most relevant. However, accountability can and should apply to all partners (e.g., donors, the private sector, multilateral organizations, NGOs) and not just governments. Accountability is about civilized power and balancing engrained and unequal dynamics that exist between power-holders and those affected by their actions. [Engendering Accountability: Upholding Commitments to Maternal and Newborn Health.](http://www.un.org/esa/socdev/documents/creating_an_inclusive_society.pdf) Global Health Visions. September 21, 2015.

Group discussions during this meeting translated these principles and other related issues into a set of core elements that interact at the global, regional, and national levels in three important areas: Civil Society Organization (CSO) Roles, CSO Capacity, and Prerequisites that are important to have in place. The dimensions within each area (e.g., unique CSO roles related to accountability, mobilization, and advocacy) are fluid, and both influence and are influenced by each of the other areas. CSOs can be both agents of change and providers of technical assistance. In order for CSOs to maximize their roles, critical capacities are essential in key areas. But even in cases where CSO capacity is strong and CSOs are well-positioned to carry out their roles, the presence or absence of key enabling prerequisites (e.g., political will, inclusiveness, transparency, and independence) can influence impact of CSO contributions.

Each of these elements is discussed further below, illustrating the complexity that lies beneath these core concepts.

**Unique Roles of Civil Society**

Across all sectors, CSOs play key roles in the areas of accountability, mobilization, and advocacy. As outlined in Figure 2, CSOs can play these roles at multiple levels, from local to global. In addition, there are broader roles related to health and development programmatic action to support the goals of EWEC where CSOs can have great impact; for example, CSOs play roles related to organizing and voicing local perspectives, priorities, and solutions; policy influence;

“...The role that civil society plays in achieving better health outcomes and outputs at the country level is critical. Civil Society Organizations possess a wealth of experience and provide insight into gaps of health service delivery and the real, practical, and political challenges that need to be overcome to make progress in achieving improved health outcomes and status. They also have hands-on experience and knowledge of what works in many different settings for various communities that can offer solutions to some of these challenges.” *Guidance on Civil Society Engagement in Country Health Sector Teams*. 2012. International Health Partnerships.

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11 *Social* mobilization is a process that engages and motivates a wide range of partners and allies at national and local levels to raise awareness of and demand for a particular development objective through dialogue. Members of institutions, community networks, civic and religious groups and others work in a coordinated way to reach specific groups of people for dialogue with planned messages...it seeks to facilitate change through a range of players engaged in interrelated and complementary efforts. ([http://www.unicef.org/cbsc/index_42347.html](http://www.unicef.org/cbsc/index_42347.html)).

12 Advocacy is defined as “the deliberate process, based on demonstrated evidence, to directly and indirectly influence decision makers, stakeholders, and relevant audiences to support and implement actions.” *Advocacy Toolkit: A Guide to Influencing Decisions that Improve Children’s Lives*. UNICEF. 2010.

13 Political will refers sustained commitment and support from political leaders that results in policy change. *Source: Reforming Government Systems Under Real World Conditions Technical Brief*. The World Bank. 2008. For the context of this model, protection of free speech and freedom of press, among others, would represent areas where political will is essential.
Within each role, activities across the levels of engagement will differ, but all are needed to reach and sustain the goals of the global strategy. Multi-directional processes within and across the levels allow for ongoing alignment of priorities and approaches and the collaboration, organization, and harmonization of messages. They also provide opportunities to magnify voice, mentor, and share information and learning.

Currently, donor fragmentation exists in regard to the prioritization, processes, and related investments for civil society strengthening. Increased engagement across partners and levels will provide the opportunity to further align, harmonize, and maximize processes and investments. Civil society cross-country\textsuperscript{14} networks and alliances, in particular, can contribute to greater sharing and sustaining of lessons and reforms and therefore, the resiliency of civil society participation.

Yet today, the lack of a common language/taxonomy for CSE across global organizations, development partners, and countries inhibits the systematic sharing of evidence, best practices, and tools. A common language with agreed-upon definitions—beginning with the roles outlined above—would allow for better coordination, setting, and targeting of shared objectives; better alignment; more efficient distribution of and advocacy for resources; and the identification of gaps and opportunities. Furthermore, this common language could provide a “framing” to gather and strategically share documentation on the value-added, vital functions of CSE and proven successes for addressing inequities and contributions to health-related SDGs.\textsuperscript{15} Better donor alignment and “self-awareness”\textsuperscript{16} at the global, regional, and country levels through a common framing would enhance the effectiveness, reach, and follow through of engagement with country stakeholders. The CSE language and framing will build upon and be informed by existing research and learning.\textsuperscript{17}

\textsuperscript{14} Cross-country networks can include south-to-south, national alliances with engagement from sub-national CSO partners, regional networks, and global networks, with strong connections across all of them.


\textsuperscript{16} Self-awareness in this context refers to self-examination of processes used throughout the program cycle with relation to transparency, inclusiveness, participation, and shared vision and objectives, among others. Beyond “doing no harm,” there is a need to proactively model authentic CSE. As development actors, we are not neutral in our presence.

The Need for CSO Capacity Strengthening

**CSO capacity** is a broad area that has been articulated in many domains, including financial management and management systems capacity; technical capacity to deliver services; capacity to build trust and engage community members in identifying, prioritizing, and resolving problems; and capacity for monitoring, evaluation, and learning. Competency in these and other related areas contributes to CSO validity, viability, independence, diversity, and the potential for impact. In the context of discussions at the January 14 meeting, CSO capacity was examined in terms of the technical, managerial, and relational capacities (Figure 3) that are essential to enabling CSOs to maximize their unique roles.

- **Technical:** This domain represents the knowledge, attitudes, values, and practices necessary for advancing household and community behaviors (e.g., breastfeeding; water, sanitation, and hygiene (WASH); early care seeking; child spacing); ability to deliver services (preventive and curative); ability to manage and maintain shared community assets (e.g., water sources, grinding mills); and local knowledge, use, and support of existing social networks, community characteristics, history, local innovations, and available natural and other resources. It also includes CSO capacity to strengthen access to timely, relevant, accurate information and its use for determining and adapting priorities, conducting advocacy, influencing policy, targeting the unreached, and tracking results, as well as the skills and knowledge for applying participatory learning and action methods, understanding the burden of disease, and extending equitable coverage to vulnerable and difficult to reach populations.

- **Managerial:** As discussed at the workshop this domain relates to the full range of organizational capabilities the CSOs need to effectively operate. It also includes CSOs’ capacity to organize themselves to bring diverse representation and voice to national and local dialogue, and to organize members and account for resources to conduct advocacy, planning, implementation, monitoring, and learning activities. Managerial capacities relate to the ability to set shared objectives while also putting systems in place that allow for change management as the local context shifts.

- **Relational:** This domain represents the overall capacity of CSOs to connect different actors and establish important organizational relationships. It includes CSOs’ capacity to facilitate participatory inclusive processes that raise awareness of needs and empower citizens and community organizations to act, including the setting of priorities and strategies for resolving problems; the ability to respond to challenges with innovative solutions; the capacity to create demand for and to demand services; and the capacity to build and strengthen trust and connectedness within their communities and networks as well as with key organizations and partners outside of their communities. This connectedness can enable the mutual exchange of information and resources,

the building of technical and other skills, and the opportunity to communicate priorities and perspectives.

Strengthening the connections within and across the various levels, platforms, and networks (global, regional, national, local) holds significant potential to positively impact CSO capacity. The Global Fund, Scaling up Nutrition (SUN), and GAVI\(^\text{18}\) initiatives offer promising models of CSE at both the global and country levels. Currently, the presence, reach, and linkages among CSE structures at and between the global, regional, national, and local levels are weak and in many contexts, absent. There is little to no information exchange or mentoring opportunities across the existing networks. Regional networks in Africa are particularly weak, with little exchange among their partner countries. In countries where mechanisms do exist, they need to be strengthened and supported to effectively organize and extend their reach to additional and new CSOs. In addition, where networks are present, CSO actors not residing near capital cities struggle to find resources to travel to and participate in meetings.

Donor fragmentation on priorities, investments, and program approaches, as well as “siloed” funding mechanisms and donor-specific mandates, further reinforce the lack of meaningful CSE and the importance of the need for alignment among development stakeholders. This scarcity of context-specific coordination mechanisms contributes to the limited capacity found among civil society actors to effectively voice their unique perspectives and priorities and to fulfill their roles as independent entities enabling advocacy, mobilization, and mutual accountability, among others.

**Key Prerequisites for Civil Society Engagement**

Civil society’s capacity to actively carry out its key roles of accountability, mobilization, and advocacy is profoundly tied to the context-specific enabling environment. Basic, key prerequisites\(^\text{19}\) for effective CSE include political will, inclusiveness, independence, and transparency. These elements exist on a continuum and need to be defined, assessed, and understood in each operational context to effectively address the “power” dynamics at play and to implement context-specific, compelling CSE strategies.


\(^{19}\) In the context of their discussions on prerequisites, participants also noted that a common frame of action would need to be supported by viable, innovative approaches for ensuring sustainable resourcing of platforms for promoting concerted CSO action in the RMNCAH space.
Too often, inhibitive country governance structures limit the diversity, strength, and resiliency of citizens’ participation and voice and contribute to a lack of transparency, weak accountability processes, and minimal or no citizen input into policies and program priority selection. Poor access to information further compounds citizens’ and CSOs’ lack of awareness of their rights and knowledge regarding opportunities, programs in place for their benefit, or results of country or local investments. Although information technology reach is vast and provides a unique and powerful opportunity for engaging citizens, and youth in particular, there is a need to open up access to information through raising awareness and nurturing trust of information sources. One grave result of limited citizen participation and CSO engagement is persistent inequitable coverage of universal health care, with the rural poor having the lowest coverage and poorest health outcomes.

Given the complexity and importance of the civil society landscape, it is imperative that development stakeholders and civil society actors skillfully select, adapt, and align strategies to utilize and create space for participation and to strengthen CSE based on the limitations and opportunities present in each context-specific environment.

Civil Society Engagement in the Context of a Larger, Dynamic Ecosystem

The engagement of civil society in EWEC fits within a dynamic system of change and progress (Figure 5). Progress is informed at all levels through learning, fueled by evidence and data.

Citizens and communities are at the root of EWEC. Civil society platforms, bringing together capable and diverse CSOs sharing a measure of trust and building social capital, are empowered by both participating in an enabling environment with strong health and social sector governance and by contributing their organized leadership to this governance and environment. This mutually reinforcing relationship allows engagement with citizens in a productive way, while relying on evidence to inform governors of the health sector, civil society groups, and citizens themselves about what works and what needs to be improved.

As shown in Figure 5, this process of learning and influence among actors (bottom half) is mirrored (top half) in how policies enable programs, which inform policies, again guided by data, evidence, and learning. The focus of this learning is equity, sustainability, and scale toward the EWEC vision.

“Together, citizens, civil society, and government can support ongoing efforts to comprehensively address maternal and newborn health through citizen action, civil society advocacy and monitoring, government oversight, and global support. By creating context-specific strategies, partners can leverage one another’s comparative advantage to develop coordinated and deliberate collective action.” Engendering Accountability: Upholding Commitments to Maternal and Newborn Health. Global Health Visions.
Moving Forward: Next Steps

In bringing together partners who have been leading CSE on many fronts, this meeting sought to identify the core elements of a common framework to serve to bridge and connect the many efforts that are already well underway. The purpose of this document is to provide a starting point for discussions within and between partners for continuing to build those bridges.

The meeting created a unique opportunity to engage and move forward dialogue and action within multiple spheres of influence, including within and beyond participants’ home organizations—reaching into and impacting alliances, networks, communities of practice, and implementing environments. The potential for Civil Society Engagement for Every Woman Every Child: A Common Frame of Action to contribute to improved alignment, coordination, learning, and greater impact at every level, from global, to regional, to national, to sub-national and beyond, will begin with individual and collective steps as development stakeholders.

Recommendations

Workshop participants emphasized that there are key roles for diverse types of stakeholders to play to effectively engage civil society in support of EWEC, and they made the following recommendations to the following groups:

Global Actors (Donors, Multilateral Organizations, Others)

- Adopt a common language around key civil society roles and prerequisites.
- Recognize the distinct key roles that civil society can play and find ways to enable and promote these roles at all levels of action—global, regional, national, and local.
- Recognize and work toward ensuring the prerequisites needed for an enabling environment.
- Seek to align CSE at each level of action to increase collective impact across RMNCAH.

Governments

- Recognize the distinct key roles that civil society can play.
- Recognize and work toward ensuring that the prerequisites needed for an enabling environment to engage civil society are in place.
- Champion and support multi-stakeholder platforms at the country level that effectively engage all stakeholders, including civil society, as they work together to find common ground to support EWEC/GS 2.0 and increase impact of collective efforts in the RMNCAH space.
- Seek to model and monitor in-country platforms to enable an effective CSE process.
- Recognize civil society’s diversity, autonomy, and independence.

International Nongovernmental Organizations

- Adopt and advocate for the adoption of a common language around key civil society roles and prerequisites.
- Champion inclusive and effective CSE at all levels of action in support of EWEC.
- Continue to build the sustainable capacity of in-country civil society across distinct key roles.
- Continue to amplify the value proposition for CSE by building CSO cohesion and capacity at the local level, creating space for inclusive CSO representation at the national level, documenting and disseminating best practices and innovations, and supporting real-time learning for the role of civil society.
**Local Civil Society**

- Consider adopting a common language around key civil society roles and prerequisites.
- Support networks and processes for value-added exchange between the national and sub-national levels.
- Seek to strengthen local civil society’s capacity to speak with a common voice; be mutually accountable to constituents; build skills to address new areas of collective need; and share best practices, lessons, and resources as necessary for combined impact for EWEC.

**Commitments**

Workshop participants also made personal commitments to move forward the dialogue around advancing a common frame of action for CSE within their organizations and in broader constituencies and development fora. These commitments (short and longer term) include the following:

**Seek greater efficiency and effectiveness in engaging civil society in support of EWEC**

- **Expand the discussion** started at this meeting to include other important players who were not in attendance, including the Global Fund and SUN, as both have developed promising models of CSE processes.
- **Advocate for alignment among global actors and development stakeholders** for inclusive CSE and its unique role to contribute to achievement of the SDGs. Mobilize multilateral organizations, development stakeholders, and host governments to make a commitment to promote CSE more holistically.

**Continue to strengthen and adapt these core elements for use at multiple levels**

- **Actively seek feedback and consultation** from CSO southern representatives on the model, and share and incorporate feedback on the approach proposed here for EWEC. This would include translating the proposed model into other languages to facilitate sharing and dialogue across the regions.
- **Evaluate the feasibility and value of establishing a Community of Practice**, preferably in a “neutral space” that can drive the refinement of this model, broaden participation, and begin to gather and disseminate relevant learnings and technical resources for CSE for EWEC. Ideally this will link and engage with existing development civil society communities of practice. Identify, share, document, and communicate program successes, best practices, and resources (tools) for CSE, beginning with the Global Fund and SUN models.
- **Pilot/test the framing in 2-4 countries where GFF is present** (2 Francophone, 2 Anglophone) (in collaboration with the UNICEF Operational Framework).
- **Conduct a civil society strengthening mapping** exercise to identify gaps and opportunities.