

**Participatory Policy Processes in Turkey:
A Case Study on the NGO Advocacy Network for Women
(KIDOG), 1995–1999**

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**PARTICIPATORY POLICY PROCESSES IN TURKEY: A CASE STUDY ON
THE NGO ADVOCACY NETWORK FOR WOMEN (KIDOG)
1995–1999**

I. BACKGROUND

This report is one of four case studies—Turkey, Ghana, CERPOD/Sahel, and Peru—documenting the experiences of advocacy partner networks that have been formed or strengthened under the POLICY Project. The POLICY Project is a five-year, USAID-funded project designed to create supportive policy environments for family planning and reproductive health (FP/RH). POLICY is committed to forging a participatory policy process that involves more diverse and larger numbers of actors than the high level decision makers traditionally involved in formulating and implementing policy. To this end, the project promotes the active and effective involvement of nongovernmental organizations (NGOs) and other representatives of civil society in policy advocacy to advance FP/RH policies that respond to the expressed needs of beneficiaries. POLICY stimulates the involvement of these new policy stakeholders by creating and strengthening advocacy networks. Worldwide, POLICY works with NGOs, women’s groups, professional associations, community-based organizations, and youth groups to transfer networking and advocacy skills and to enhance various groups’ ability to function as respected and credible legitimate partners in the policy arena.

The Turkey case is the first in the series and describes the experiences of an NGO advocacy network known as KIDOG, or the Advocacy Network for Women. The case study is based on information collected through more than 30 interviews conducted in Turkey and the United States and a comprehensive review of relevant documents. The appendices provide a complete list of respondents.

II. INTRODUCTION

“We are collaborating and KIDOG is making my job easier.” This observation by Dr. Rifat Köse, director of the General Directorate of Maternal/Child Health and Family Planning (MCH/FP) in Turkey’s Ministry of Health, says much to highlight the success achieved by a group of NGOs that joined together to effect change in Turkey’s reproductive health policy environment. The case of the Turkish NGO advocacy network known as KIDOG is a unique example of how and why a loosely structured group of NGOs entered the policy process as a novice advocate for client-centered FP/RH policies and how it emerged as an effective and respected player in the policy arena.

KIDOG’s name, *Kadin İçin Destek Olusturma Grubu*, conveys a new and complex concept that is still foreign to many Turks—advocacy. The literal translation of the network’s name is “Group of Women to Create Support.” A more accurate translation is “*The NGO Advocacy Network for Women*”. KIDOG’s mission is to “raise the status of

women in Turkey” by advocating for laws and policies that promote improvements in women’s health, education, and legal rights.

With significant organizational and technical support provided by its partnership with the POLICY Project, KIDOG has dispelled two longstanding myths in Turkey—that collaboration among NGOs is more costly than beneficial and that policy is the exclusive domain of the government. The following case describes the policy environment and conditions that fueled KIDOG’s development and enabled it to thrive, the technical areas in which its advocacy efforts excelled, and the processes by which the network became a formidable policy partner. The case study closes with a look at the results that KIDOG has achieved and applies the lessons learned from the network’s experiences to expand and strengthen advocacy networks in Turkey and around the world.

III. THE CONTEXT: FAMILY PLANNING AND REPRODUCTIVE HEALTH IN TURKEY

Turkey is the only nation in the world that sits astride two continents. The area north of the Marmara Sea is part of Europe while the large land mass to the south is located in Asia. Geographically, socially, and culturally, Turkey balances and blends the best of both worlds, but economic and social development indicators show that the day-to-day existence of most Turks more closely resembles that of their Asian neighbors than their neighbors to the north. Turkey is an upper-middle-income country (World Bank, World Development Report, 1998–1999), but its 1997 per capita GNP of \$3,130 is the lowest among the five neighboring Eastern European countries also classified as upper-middle-income. That figure is well below the average per capita GNP of \$4,520 for upper-middle-income countries worldwide.

Social development statistics paint a grim portrait of the country’s health status, particularly maternal and child health and reproductive health. The 1998–1999 World Development Report (WDR) estimates Turkey’s maternal mortality ratio (MMR) at 180 maternal deaths per 100,000 live births. That figure translates into approximately 1,400 women dying each year from pregnancy, delivery, and postpartum-related causes. Similarly alarming was the infant mortality rate (IMR) of 43 deaths per 1,000 live births during the five-year period 1993–1998 (Demographic Health Surveys, 1998). This rate is considerably higher than other upper-middle-income countries whose IMR averages 31, and it is four times that of countries in the European Union where the IMR remains below 10 (WDR, 1998–1999). Between 1993 and 1998, six out of 10 mothers received prenatal care from a doctor and 73 percent of all births took place in a health facility.

Recent data also provide some insights into Turkish women’s family planning and reproductive health needs. Trends gleaned from the 1993 and 1998 DHS suggest that total fertility rates (TFR) have changed little during the intervening five years. In 1993, the average number of children born to a woman was 2.7; by 1998, that figure had dropped imperceptibly to 2.6. Regionally, the difference in TFR is pronounced; in 1998,

the Eastern Region of Turkey reported a TFR of 4.2, which approximates the high fertility levels registered by the entire country 20 years ago.

The 1998 DHS reported that knowledge of family planning methods is almost universal among Turkish women and their husbands. Unfortunately, that knowledge is not reflected in the use of modern contraceptive methods. Of the 64 percent of married women of reproductive age practicing contraception, only 38 percent rely on modern methods; 26 percent continue to depend on less effective traditional methods, predominantly withdrawal. As expected, educational levels and regional differences show striking disparities in contraceptive prevalence rates. Only 28 percent of women with no formal education use modern contraception compared with 53 percent of women who have completed a secondary education. As with the TFR, the Eastern Region falls behind the rest of the country in terms of contraceptive prevalence; only 42 percent of married women use contraceptive methods, with 27 percent of those relying on modern methods.

The childbearing preferences of Turkish women indicate a huge potential demand for modern contraceptives. According to the 1998 DHS, 62 percent of all Turkish couples do not want more children and 14 percent want to postpone childbearing for two years. The considerable unmet need for family planning has created a major reproductive health problem in Turkey—the incidence of induced abortion is close to 15 for every 100 pregnancies. These data, coupled with the prediction that Turkey’s current population of 65 million will double in the next 45 years, depict an environment in which the prospective impact of improved and increased family planning services is tremendous. Increasing the availability and acceptance of modern contraceptives will help Turkish families achieve their desired fertility and economic goals and, at the same time, support the state’s commitment to achieving a sustainable level of population growth and social and economic development.

Political support for family planning emerged in 1965 when Turkey adopted its most important piece of FP/RH legislation. The *1965 Law on Population Planning* legalized the sale and distribution of contraceptives, legalized voluntary surgical contraception, and allowed, with some restrictions, the dissemination of public information on family planning. It further allowed nonphysicians, including trained nurses and midwives, to provide family planning services, including the insertion of IUDs. In 1983, a constitutional amendment extended reproductive health services by legalizing induced first-trimester abortions.

As expected, the 1965 law charged the large and centralized state, particularly the Ministry of Health, with responsibility for carrying out the national family planning program, training health personnel in contraceptive administration, and educating the public. Consequently, the Ministry of Health adopted a multisectoral approach to implementing the family planning program. That approach brings together Ministries of Defense, Education, Labor, and Social Security; universities; the media; the Social Security Institution (SSK); professional associations; and NGOs.

Since passage of the 1965 law, Turkey has gradually accepted the notion of family planning and has supported family planning activities. High-level government officials in the Ministry of Health and Ministry of Women's Affairs have publicly endorsed family planning and favorably influenced reproductive health policy developments. President Suleyman Demirel, speaking at a 1995 international family health and family planning conference, emphasized that "...people cannot be forced to have fewer children.... We are being advised to have only as many children as we can raise, feed, and give a decent education. Family planning in Turkey means giving technical and scientific support."

Turkey achieved a second milestone in its FP/RH policy environment in January 1996 when it ratified the comprehensive National Strategy for Women's Health and Family Planning. The strategy includes family planning and reproductive health and provides policy guidelines in both domains. It is a comprehensive document that includes 48 strategies and 303 proposed activities. Its diverse targets for the year 2000 include increasing the number of clinics, health centers, and private practices that provide family planning services, and introducing reproductive health and human rights education at appropriate educational stages. While commending the strategy for its inclusiveness, some RH experts warn that it lacks essential components if it is to become a reality, namely, implementation and monitoring and evaluation plans, a task force to ensure its implementation, and a designated oversight agency. Ongoing discussions that involve public and NGO representatives are aimed at creating working groups and timetables for developing the requisite plans to implement the strategy.

Despite seemingly progressive national FP/RH policies, FP/RH professionals characterize the support from official policy actors as sporadic and inconsistent. The government does not act unilaterally and official policy actors frequently present a less-than-unified front. Critics point to few concrete signs that Turkey's supportive legal and policy framework is mirrored in concrete and sustainable political, programmatic, and financial commitments. They insist that the government needs to take a more active role in promoting family planning and reproductive health.

Historically and still today, Turkish FP/RH professionals characterize the policy environment as relatively closed and not especially transparent to those outside the public sector. As a result, nongovernmental actors have found it difficult to navigate and participate meaningfully in the policy formulation process. While recent developments between NGOs and policymakers are prompting both sectors to reassess their tenuous relationship, change is coming slowly and skepticism persists. By and large, mutual respect and collaboration, particularly in the area of advocacy, has not typified the relationship between government and civil society. Policymakers have viewed NGOs as unorganized, technically weak, and ill informed about policy matters. Similarly, NGOs have viewed public sector officials as risk-averse, immersed in bureaucracy, and seriously out of touch with the Turkish people. On some level, both groups are correct.

Some of these perceptions began to change when, in 1995, a confluence of developments, both domestic and international, resulted in the early stages of network

building and coordination among a small group of NGOs in Istanbul. Until that time, most Turkish NGOs had functioned as independent entities that were noncollaborative at best and suspicious at worst. Advocacy was the purview of foreign organizations such that civil society was reluctant and unprepared to venture into the policy arena.

What were the developments that began to change the policy landscape at that time? First and foremost was the decision by the government of Turkey and the U.S. Agency for International Development (USAID) to phase out USAID's donation of contraceptive commodities and to transfer procurement responsibility to the Ministry of Health. In 1995, both parties endorsed a five-year strategy (1996–2000) calling for the gradual phase-out of technical assistance and financial resources, particularly with respect to contraceptive commodities. The implications of USAID's departure from Turkey were enormous. For nearly 30 years, the United States had been the largest foreign donor in the area of family planning, providing over 65 percent of Turkey's international family planning assistance and donating 100 percent of the contraceptive commodities distributed through public sector service delivery points.

The five-year phase-out strategy impelled new and diverse partners to address USAID's priority interventions in policy development as well as improved access to and quality of services. Recognizing the contributions of NGOs in related areas, USAID believed that NGOs "could play a strong advocacy role with Turkish decision makers at the national, provincial, and municipal levels...to strengthen the commitment to increased funding of population activities and...(to achieve) program sustainability." USAID was eager to provide technical and organizational assistance to local NGOs to help them develop capabilities in family planning interventions.

At the same time, USAID-supported policy work in Turkey was shifting from the OPTIONS II Project to the newly designed POLICY Project that included a specific participation element that was devoted to creating and strengthening policy advocacy networks. POLICY's commitment to participation assumes that NGOs have a tremendous, largely untapped potential to become powerful advocates and that NGO involvement will lead to development policies that are sound, sustainable, and accurately represent the expressed needs of the people.

In July 1995, just before the start of the POLICY Project, a group of 11 NGOs gathered at an advocacy workshop organized by OPTIONS II. The goals of the workshop were to introduce the concept of advocacy, reach consensus on a Turkish-language definition of advocacy, and develop a mechanism for ongoing communication among NGOs. Workshop participants expressed interest in forming an advocacy network that could be launched at the U.N. Conference on Human Settlements (Habitat II) and NGO Forum scheduled for May 1996 in Istanbul. By the time POLICY established a presence in Turkey, the 11 NGOs had submitted a request for technical assistance in networking, advocacy, and strategic planning to help them prepare for Habitat II.

At the request of USAID, the POLICY Project came to Turkey for the first time in November 1995 to conduct a policy assessment. As a result of that visit, the POLICY team developed a comprehensive strategy that responded to all the events just described. The POLICY/Turkey strategy presented six medium-term objectives in a fully integrated approach to strengthening the FP/RH policy environment. They included strategic planning to ensure efficient use of resources; assessing the government's capacity and plans for contraceptive self-reliance, including financing, procurement policy, and forecasting; developing a market segmentation plan to identify target consumers for each provider group; strengthening public-private partnerships; and establishing and strengthening an NGO advocacy network.

The last objective was the prologue to the story of KIDOG. The transformation of a group of 11 organizations into a network that successfully advocates for improvements in women's health, education, and legal status can be attributed to a variety of factors. Foremost among these factors are the members' dedication and commitment to collaboration and professionalism and the technical guidance and support provided by the POLICY Project.

IV. THE STORY OF KIDOG

Since its first meeting in 1995, KIDOG has evolved into a strong and highly effective network of 20 NGOs working in the areas of women's health, education, and legal rights. The members of KIDOG form a unique and diverse group of Istanbul's more established and respected NGOs that provide services, information, education and communication (IEC), and research in their respective technical areas. KIDOG describes itself as a secular, democratic, nonpartisan, and active coalition.

But this was not always the face of Turkey's NGO sector. At their first encounter in 1995, the 11 original members found themselves discussing issues of poor inter-organizational communication and cooperation. Recognizing that they frequently dealt with the same or related beneficiaries and implemented programs with similar objectives and activities, the organizations perceived that they were working less effectively and efficiently as single groups than as one collaborative body. They passed each other at conferences, in their target communities, and at professional forums but had no common place to meet each other or opportunities to share project concerns, achievements, and resources. Several of the organizations had experience in working with ministries or other government agencies, but none had envisioned devoting significant resources and a specific program to effecting the formulation and execution of policies. The early members acknowledged that forming a network would expand their organizational capacity to execute projects jointly as well as increase their chances of effectively advocating, under one powerful and united voice, for improved client-centered policies and programs.

As noted earlier, USAID/Ankara was actively encouraging NGOs to assume a greater role in population and health programs and, at the same time, was trying to

persuade the government to “explore and leverage ways in which the commercial sector and nongovernmental organizations can contribute to their efforts, [thereby] decreasing the financial and human burden on the government.”¹ Instead of supporting local family planning organizations on a project basis, USAID was committed to developing a strong and influential NGO advocacy network. According to Pinar Senlet, population advisor at the U.S. Embassy in Ankara, “the idea of USAID supporting networks was not an accident but a strategic decision,” and USAID looked to the newly awarded POLICY Project to help make it happen.

During POLICY’s initial assessment visit in 1995, USAID grantees—the three major family planning organizations in Turkey—were asked to share their perceptions of the current state of NGO inter-organizational collaboration and coordination. POLICY’s assessment concluded that there was little to no communication among the grantees, there was much duplication of the work, and the NGOs themselves were interested in changing the situation. POLICY suggested providing technical and financial assistance to help improve NGO collaboration through the creation of an advocacy network.

The stage was set—a sufficient number of NGOs had expressed an interest in organizing and becoming policy advocates while USAID/Ankara had pledged technical and financial support through its collaborating agencies to make coordinated advocacy a reality. With these enabling conditions in place, the POLICY Project was able to serve as a catalyst in the creation of Turkey’s first NGO advocacy network. In March 1996, POLICY and 33 participants from 18 NGOs representing family planning, women’s health, human rights, women’s legal rights, and education came together at their first workshop. POLICY staff helped the group identify techniques for networking, articulate the steps for designing and implementing an advocacy campaign, and strategize for the U.N Habitat II Conference where the network would launch its advocacy agenda and key issues.

Since that first encounter, POLICY and KIDOG have developed a multifaceted partnership. Through a skilled team of Ankara- and U.S.-based professionals, the project has focused workshops and technical assistance visits on building the institutional capacity of KIDOG members in advocacy, policy analysis, strategic planning, and program, financial, and institutional sustainability. POLICY/Turkey staff consists of three professionals, one of whom serves as the participation coordinator devoting full-time efforts to promoting the involvement of civil society groups, primarily KIDOG, in the FP/RH policy process. A team of participation staff in Washington, D.C. provides technical support and backstopping to the participation coordinator and coordinates network activities with the Turkey country manager to ensure effective and efficient integration of participation activities into the POLICY/Turkey portfolio. Project staff also provide a critical link between USAID and KIDOG, keeping both abreast of each other’s activities and progress.

¹ *USAID and Turkey—A Model Partnership in Population and Family Planning*, OPTIONS II Project, The Futures Group International, 1994.

The development of KIDOG signals a milestone in the evolution of Turkey's nongovernmental sector. On average, Turkish NGOs are between 10 and 15 years old. Precisely because they are so young, their organizational structures and capabilities are at an early stage of development. Decision making remains centralized, staff turnover is high, salaries are low, financial and programmatic sustainability is elusive, and attention to strategic planning is lacking. These young organizations tend to work independently and rarely collaborate with each other or join coalitions. They are inexperienced in relating to international private voluntary organizations and foreign donor agencies. Within this context, collaboration in the NGO community is difficult and still in only a nascent stage. As organizations struggle to forge identities of their own, build field expertise, gain public recognition, and secure scarce human and financial resources, competition is an impediment to collaboration and is construed as the only means of surviving.

The partnership between POLICY and KIDOG was both a reaction and a response to the situation facing the NGO community. KIDOG was created in an attempt to develop an advocacy program that would be implemented jointly as an extension of each members' capabilities and not as a new program or new organization. Successful advocacy by a network requires the network to build its internal capabilities so that it can select and analyze policies, propose alternatives, and exert pressure, always making the most efficient use of its diverse resources and expertise. In fact, it was the diversity of KIDOG's membership that presented the network with its first challenge—how to develop an advocacy agenda that responded to and blended the interests and needs of member organizations involved in women's health, legal rights, and education. This was and continues to be one of the biggest challenges facing KIDOG.

KIDOG's choice of advocacy issues and campaigns over the past three years has been influenced by a variety of factors, including the relative importance of the issues to the entire membership, the timing of the issues, and the availability of campaign-related resources. While each campaign has provided KIDOG with an opportunity to showcase the network's potential, the campaigns have not received equal or equitable endorsements from all KIDOG members.

As is often the case with advocacy, opportunities arise and advocates respond. The UN Habitat II Conference and NGO Forum that was scheduled for Istanbul in spring 1996 provided KIDOG with its first and immediate opportunity to galvanize its advocacy efforts. POLICY made substantial technical contributions to ensuring KIDOG's readiness for the conference, and Habitat II proved to be a driving force in bringing together the NGO members into a loose but formalized network. KIDOG members considered their participation at Habitat II a major success—its members worked collaboratively on an international platform and KIDOG rose to attract the attention of international activities and policymakers.²

² A detailed description of the network's activities is presented in "A Report of the NGO Advocacy Network for Women (KIDOG) on its participation in the United Nations Conference on Human Settlements, Habitat II NGO Forum," prepared by the POLICY Project, 1996.

Reveling in their success at Habitat II, the network acknowledged that, unforeseen advocacy opportunities notwithstanding, the network could benefit considerably from a strategic plan to guide its advocacy agenda. Consequently, POLICY and the Family Planning Management Project (FPMD) jointly conducted a strategic planning workshop for KIDOG in July 1996. At the workshop, KIDOG members agreed to direct their advocacy efforts to promoting implementation of Turkey's commitments to the programs of action developed at the UN International Conference on Population and Development (Cairo, 1994) and the UN Women's Conference (Beijing, 1995). The breadth of the international and national declarations encompassed improvements in women's reproductive health and rights, women's equitable access to formal and nonformal education, and women's legal rights, among other issues. The declarations' issues and goals meshed perfectly with KIDOG's own mission.

Thus, KIDOG designed and embarked on its second advocacy campaign—to raise awareness of the Cairo and Beijing declarations in general and Turkey's commitments to those declarations in particular; to assess and publicize the nature and extent to which the state had realized its commitments; and to mobilize NGOs to advocate for policies and programs that honored Turkey's commitments. The strategy presented an opportunity to mobilize the network's cumulative, multifaceted expertise. In addition, the campaign was designed to expand KIDOG's reach and membership by working beyond Istanbul to involve five important urban areas and lay the groundwork for a nationwide network.

KIDOG's third and most successful foray into advocacy materialized as a natural extension of POLICY's technical analysis of USAID's contraceptive phase-out plan. KIDOG's advocacy goal was to convince policymakers to allocate sufficient funds to purchase the contraceptives required to meet family planning clients' needs as USAID phased out its contraceptive donations. KIDOG advocates met with high-level policy officials, including the president of Turkey, to urge immediate and responsible action and mobilized the media to bring attention to the impending crisis, thus engendering public support.

As KIDOG planned and executed its various campaigns, from 1996 to the present, the POLICY Project has served as the group's primary technical and financial resource in developing and promoting the network and undertaking policy advocacy activities. The project has conducted or supported numerous workshops for KIDOG members on topics that include strategic planning, advocacy, working with the media, policy analysis, and proposal development. Day-to-day technical assistance and encouragement are provided by the POLICY participation coordinator in Ankara who stays in constant contact and responds promptly to any of KIDOG's training or technical assistance requests.

Beyond its association with POLICY, KIDOG has also developed ties with international donors and cooperating agencies. FPMD has conducted workshops for KIDOG on strategic planning, grant writing, group facilitation skills, and conflict resolution. The network has received funding from the Global Fund for Women in

response to a proposal for providing network members with communication equipment and has submitted a proposal to the European Union to support the network's Cairo and Beijing Campaign. Of the relationship between POLICY and KIDOG, the population advisor at the U.S. Embassy noted, "We are happy to see that POLICY has helped KIDOG get connected to other donors.... As individual organizations, they have no access to international donors nor to USAID. Currently, as a network, they do have access."

Throughout this process, POLICY's responses to KIDOG's needs have progressed from generic to specific. The level and nature of POLICY support in the creation, development, and daily work of KIDOG is revealing. Civil society organizations that wish to work through new and unconventional channels—such as advocacy networks—require significant levels and specific types of support, which, as is the case in Turkey, are not always available domestically. The POLICY Project has been well positioned to nurture and support KIDOG's networking and advocacy capabilities and to forge a partnership with the network. POLICY has provided continuous, committed, professional, and unique support. Sustaining training, technical assistance and, ultimately, a partnership is a costly and long-term process that in this particular case has produced positive results.

V. INSIDE KIDOG

Though KIDOG's members are linked to one another by their common vision—to elevate women's quality of life and social status—they represent three different fields: health, education, and legal rights. Consequently, the 20 organizations that currently constitute KIDOG have diverse missions, structures, cultures, and programmatic expertise. Yet, through hard work and determination, the organizations have combined to create a new entity that is greater than the sum of its parts. KIDOG has succeeded in attracting Istanbul's most reputable and successful organizations working in reproductive health and family planning, children's rights, education and literacy, legal and labor rights, and juvenile delinquency.

A look at the internal organization and operations of KIDOG discloses a constantly evolving but simple and effective structure. The structure of KIDOG was designed at the first advocacy workshop and has remained unchanged. It is based on the principles of democracy and flexibility. The network operates with only two standing committees—the Coordinating Committee and the Issue Working Groups. Other decision-making or task groups are formed on an *ad hoc* basis according to the needs of the current campaign and the planned activities.

The Coordinating Committee

KIDOG's executive decision-making body is the Coordinating Committee, five individuals who are elected periodically by a plenary of KIDOG members. The principal

tasks of the committee are to ensure efficient internal communications and to coordinate network activities. Committee members note that they are also responsible for inviting and encouraging member participation in network plenary sessions, working group meetings, and advocacy activities in general. Such participation demands knowledge of members' expertise and interests so that work is distributed by "finding the right job for the right people." The committee is charged with decision making on behalf of the membership by informal consultation or consensus, with fundraising and other institution-strengthening activities, and with representing KIDOG in dealings with its partners, including POLICY, other cooperating agencies, and donors. The Coordinating Committee also facilitates the smooth and efficient functioning of KIDOG's three Issue Working Groups—on legal rights, education, and women's health—and the *ad hoc* working groups formed during advocacy campaigns.

Historically, members of the Coordinating Committee have taken on most of the responsibility for the network's FP/RH advocacy activities. Given the heavy workload, membership on the Coordinating Committee rotates annually and is staggered. At any one time, two or three members step down from the committee, allowing their replacements to work with the remaining, more experienced committee members. This arrangement ensures a smooth transition and continuity of leadership and contributes to an equitable distribution of work.

Committee members include paid professional staff members and volunteers from host organizations that have clear and vested interests in strengthening KIDOG. The sizable workload and time commitment required of Coordinating Committee members, however, has led several member organizations to reevaluate their roles and even their membership in the network. Some organizations' executives see themselves as "lending" their staff to KIDOG; in other instances, member organizations view their efforts as "aiding" a new organization and thus find it hard to merge their KIDOG responsibilities with their own organizational interests and priorities. Yet, many members recognize that KIDOG is still in its infancy. Organizational concerns over divided loyalties, disproportionate contributions, and scarce resources are a natural part of any network's maturation process.

Member Participation

Contrary to popular belief in Turkey, KIDOG shows that interorganizational collaboration is possible. The network has brought together diverse organizations that either did not know of each other or had not considered working together. KIDOG has succeeded in committing the human, material, and financial resources of its individual member organizations to the greater goal and objectives of the network. The clear successes achieved during KIDOG's advocacy campaigns attest to the fact that KIDOG is a well-organized, highly capable corps of volunteers who frequently give of their own personal time, efforts, and resources to accomplish their tasks.

The level of member participation in KIDOG is not uniform however. Invariably, some group members devote more time and energy than others and some do not contribute at all. According to the Coordinating Committee, the current participation rate of 60 percent of organizational members is low. One member of the committee remarked, “As a Coordinating Committee, we have needed to make special efforts to get participation from our members.” Another member said, “We participate as much as we can, given our resources and knowledge. Every NGO does whatever [it] can do.” While the limits of time and other organizational resources contribute in part to the inactivity of some members, other more important reasons bear examination and thoughtful responses.

KIDOG is a network of organizations as much as it is a group of committed individuals. It is noteworthy that many of the individuals who participate most actively in network meetings and advocacy activities do not have senior-level decision-making authority in their respective organizations. Yet, it is the responsibility of these representatives to keep their respective executive directors, boards, or other governing bodies informed of their KIDOG activities to ensure continuous member support for the network. However, in several instances, the limited involvement and interest of the executives has led to misunderstandings and concern. For example, between 1996 and 1998, two organizations withdrew from KIDOG while others continued to question their involvement in the network. After internal changes in its own administration, one of the departing organizations felt that its membership in KIDOG was no longer a worthwhile investment. The second cited heavy workloads, pressing internal organizational issues, and disagreement with an advocacy issue as its reasons for leaving KIDOG. In yet another case, the extensive contributions of one individual to campaign activities created tension in her own organization and raised questions of loyalty.

But conflicts are to be expected when organizations suddenly find themselves interacting with new partners and developing network relationships. Sometimes improved communication between the network and the organization is sufficient to eliminate any suspicions or doubts. The best approach however is to demonstrate to the organization that the relationship is mutually beneficial and synergistic. For example, one of the Coordinating Committee members was asked by her director why she was spending so much time at KIDOG. The director wanted tangible results that his organization’s membership in the network was a worthwhile investment. The committee member responded by slowly and suitably integrating the organization into KIDOG to the point that KIDOG’s work eventually was included in the organization’s strategic plan.

Another factor that has contributed to fluctuations in participation and membership levels is that KIDOG has worked primarily on FP/RH advocacy campaigns. The primary cause of the disproportionate emphasis on FP/RH lies in the network’s partnership with the POLICY Project. As an FP/RH policy project, POLICY must commit its technical and financial support to advocacy efforts in these fields. Unfortunately, as noted by a Coordinating Committee member, the FP/RH focus has “alienated or distanced” certain member organizations, notably those involved in education and legal rights. Other members feel “limited” in their ability to contribute substantively to advocacy activities

because they lack expertise in FP/RH. One network member stated, “We feel KIDOG is too involved in family planning issues at the expense of other issues. If it is to become a true network, with diverse membership, it needs to expand the breadth of issues it chooses to work on.” KIDOG recognizes that the overemphasis on FP/RH could lead to burn-out among the FP/RH organizations as well as to the departure of nonfamily planning members who feel their interests are not receiving equal attention.

POLICY staff and members of the Coordinating Committee are encouraging network members to identify key policy issues in the areas of women’s education and legal rights as the first step in diversifying their advocacy efforts. Further, KIDOG and POLICY are devising strategies aimed at increasing the level of member participation, minimizing attrition, and recruiting new members.

Despite the above difficulties, the benefits of KIDOG membership are many and varied, particularly for smaller organizations with limited connections to other organizations. One network member noted that her involvement in KIDOG has demonstrated to her organization the challenges of acting alone rather than in alliance with others. Networking has also introduced opportunities for organizational representatives to meet each other, share ideas, and divide tasks. Another member mentioned that membership in KIDOG has afforded her organization opportunities to “get help from” and “offer help to” other organizations. She emphasized that the network’s use of international documents and its presence at international conferences has benefited member organizations by exposing them to new and valuable information and adding a “world perspective” to their work.

KIDOG Resources

A wealth of resources is required to run a network such as KIDOG—everything from funds to dependable and experienced members to meeting space and telephones. The technical, managerial, and logistical resources contributed by KIDOG members are considerable but varied. Access to resources is an area of grave concern for the sustainability of any network.

Several member organizations can demonstrate expertise in a particular field, have achieved high levels of organizational development, and maintain clear statements of their missions, goals, and objectives. These organizations generally employ paid, professional staff on a full-time basis and enjoy access to the international donor community. Other organizations lack some of these material and financial resources but function with a deeply committed volunteer corps.

KIDOG does not have paid staff or an infrastructure of its own—office space, telephone lines, computers, administrative support, etc.—and therefore relies on the contributions of member organizations. A trial experience with membership dues made it evident that all members did not support the proposed annual membership fee of approximately US\$25. In lieu of dues, KIDOG agreed that members could volunteer

human and material resources as long as each member made an effort to contribute to the best of its abilities. KIDOG's limited discretionary funds have curtailed the extent and diversity of its advocacy activities.

As noted earlier, KIDOG has accessed the international donor community for funding with limited success. POLICY has awarded several minigrants to KIDOG to support discrete advocacy activities such as the press conference on contraceptive self-reliance, the publication "In Light of International Declarations: Women in Turkey," and travel of KIDOG representatives to international population and development forums. KIDOG is eager and committed to expanding its funding base in order to give the network greater latitude and freedom in its advocacy work. KIDOG's recent efforts to address sustainability concerns include plans for developing a fundraising strategy.

Engaging the Public Sector

KIDOG has focused its advocacy outreach on policymakers in the Ministry of Health's General Directorate of MCH/FP, the Ministry of Women's Affairs, and key politicians, including the president and selected members of Parliament. These officials are major players in FP/RH policy, particularly with respect to the contraceptive self-reliance campaign. Over the course of several meetings, KIDOG has established excellent rapport with the general director and the deputy general director of the MCH/FP, and all parties have come to consider themselves as partners with a shared mission to improve FP/RH policies.

Establishing the relationship with ministerial officials can best be described as a long and arduous process in which both parties had to dispel preconceptions and prejudices about each other. KIDOG members believed that government officials would ultimately follow a party or official line and thus undermine the network's efforts to engage the public sector in meaningful policy dialogue. Moreover, KIDOG perceived the policy process as the sole domain of the government—one that would severely restrict the participation of nongovernmental actors. Ministry officials, in turn, did not consider Turkish NGOs capable of functioning as partners in the policy process. They attributed the NGOs' inability to a lack of sophistication in the ways of policy formulation and limited knowledge about the technical aspects of policy issues.

In the same manner that public sector officials started recognizing differences among NGOs, the NGOs began to recognize that the public sector is made up of unique individuals with distinct personalities, levels of commitment to the issues, and, most importantly, degrees of openness to working with the nongovernmental sector. The process followed to arrive at the National Strategy for Women's Health and Family Planning is particularly illustrative of the changing perceptions held by each group of stakeholders. The national strategy was prepared with inputs from a multisectoral group led by the Ministry of Health, General Directorate of MCH/FP and comprised of representatives of other ministries and government agencies, private business, international aid agencies, and NGOs, KIDOG among them. NGOs are continuing to play an important

role in the formation of “implementation working groups” to plan the format and timetable for implementing the strategy.

Based on their work with KIDOG and other NGOs, Ministry of Health officials attest that NGOs can and do provide objective viewpoints in policymaking and implementation. Furthermore, NGOs play a valuable role in the policy process because of an important comparative advantage: given that NGOs are able to adapt to changing political or policy contexts, they can respond more quickly than the public sector. As one ministry official put it, “On the contraceptive procurement issues, we saw [KIDOG] going to other ministries and other private sector NGOs; that is something we could not have done.”

There are other more tangible benefits to the inclusion of the nongovernmental sector in policy setting. According to Dr. Rifat Köse, “In the last two years, we have had a strong and close collaboration with KIDOG. During these two years, [we] gained greater knowledge of the importance of family planning for women’s health. KIDOG members attended the planning meetings as technicians, and their contributions were very valuable. They have also provided important support to the strategic plan. Compare that to seven or eight years ago when the MOH took the lead in drafting the strategic plan for child health with no participation from the NGO sector.” Dr. Köse continued, “[KIDOG] has its own mission, goals, and objectives but we are working on parallel objectives.... We are collaborating and they are making my job easier.” The director proposed an even broader advocacy role for KIDOG, “I would like to see them get involved in lobbying the Parliamentarians—that is where the budget decisions get taken, and [KIDOG] is very skilled and capable of convincing them. They know the issues inside and out.”

The last comment points to the heart of KIDOG’s success in winning over detractors and skeptics. KIDOG invests considerable time and effort in preparing for its advocacy events and thus ensures that its advocacy messages are concise, correct, and consistent. Throughout each encounter with government officials, politicians, or the media, KIDOG members have proven to be highly knowledgeable of their issue, have supported their message with accurate and up-to-date data, and have been prepared with specific policy requests.

VI. FROM ADVOCACY TRAINING TO ADVOCACY CAMPAIGNS

During the last three years, KIDOG has implemented three distinct advocacy campaigns and has developed preliminary plans for a fourth. The first campaign surrounded the UN Habitat II Conference and NGO Forum that was held in Istanbul in 1996. Habitat II was the catalyst for the founding NGOs to meet and form KIDOG, and it provided the forum for testing the network’s structure and collaborative style of work. The positive reactions to KIDOG’s initial products and approach convinced the members to devote renewed energy and greater resources to their network.

KIDOG's second advocacy strategy was and is designed to support the international declarations and national commitments made at Cairo and Beijing. The strategy achieves several objectives—it involves members from all three Issues Working Groups and presents opportunities for KIDOG's Istanbul-based membership to reach and mobilize local and grassroots NGOs throughout Turkey. More important, the network's Cairo and Beijing strategy is monitoring and even pushing the government to follow through on its commitments for improved reproductive health, legal rights, and education for women in Turkey.

KIDOG's third and ongoing advocacy campaign focuses on lobbying policymakers to provide the funding necessary to ensure uninterrupted availability of contraceptive commodities for targeted groups. The network's early successes with respect to the contraceptive self-reliance issue were instrumental in bolstering members' commitments to the campaign and to KIDOG. More recently, some of the network's family planning members have committed themselves to work with the POLICY Project on a new endeavor—creating consumer demand for high-quality FP/RH services and encouraging decision makers to respond.

The Habitat II Conference and NGO Forum

From June 3–14, 1996, the United Nations Conference on Human Settlements (Habitat II) and NGO Forum was held in Istanbul. The purpose of the conference and forum was to address two themes of equal and global importance: “adequate shelter for all” and “sustainable human settlements development in an urbanizing world.” More than 2,000 partner organizations were accredited to Habitat II and joined official government and political representatives in drafting the “Habitat Agenda” and the “Global Plan of Action” adopted by the conference.

Habitat II provided the ideal platform to launch KIDOG as a network of civil society organizations and player in the international population and development arena. In the international forum that convened government delegations and partner NGOs from around the world, KIDOG's strategic planning and professionalism proved pivotal in capturing the attention of international activists and policymakers. KIDOG members provided policymakers, NGOs, and the private sector with up-to-date information on the status of women and reproductive health in Turkey and, in a broader sense, sought support for KIDOG's mission and thus attracted new members.

In preparation for the NGO Forum, the POLICY Project provided KIDOG with significant training and technical assistance in designing and producing advocacy and promotional materials, “packaging the message,” lobbying the official Turkish delegation, and networking with forum attendees. Most of KIDOG's efforts during Habitat II were directed at publicizing the newly formed network and disseminating its mission, goals, and objectives through the distribution of written materials. KIDOG developed a bilingual booklet and computer presentation on the status of Turkish women in the fields of education, legal rights, and health and presented both products at the KIDOG information

booth. In addition, the network sponsored four panels—NGO Ventures in Reproductive Health, Violence at Home, Adult Education for Women, and Advocacy for Sustainable Development—that reflected the diversity and expertise of KIDOG’s organizational members. KIDOG succeeded in attracting the attention of forum participants by conducting field visits to network members’ community-based projects, thereby generating considerable interest in the network among foreign NGOs and the media.

Most important, KIDOG members played a critical role in lobbying the official Turkish delegation on issues to be included in the Istanbul declaration, particularly as related to reproductive health. KIDOG believes that without pressure on the official delegation, the Turkish government would not have signed important provisions of the Habitat II *Programme of Action*.

Advocating for Implementation of the Cairo and Beijing Programs of Action

The UN International Conference on Population and Development (ICPD), held in Cairo in September 1994, broadened the modern understanding of “population” by integrating related development concerns. The conference set forth new approaches in these fields by emphasizing people’s—particularly women’s—health, empowerment, and rights as a basis for sustainable development. One of ICPD’s most important goals was to declare that universal access to reproductive health should be made a reality in as short a time as possible. The inextricably linked Program of Action produced at the UN International Conference on Women in Beijing in 1995 explicitly addressed reproductive health improvements as crucial to women’s advancement. Both the Beijing and Cairo conferences presented vivid and groundbreaking examples of the significant impact of NGOs as advocates for people-centered development policies. The contributions of NGOs from around the world were exemplified by the organizations’ participation in the preparatory sessions, the conferences and forums themselves, the drafting of the programs of action, and, currently, the monitoring and review of individual governments’ commitments to the Cairo and Beijing declarations.

KIDOG contends that neither the Cairo nor Beijing platform has been fully adopted by the Turkish government or members of civil society. A member of the Coordination Committee commented, “It is essential for the community to become aware of its rights and of the state’s responsibilities and to develop a consciousness of taking ownership of its rights before public opinion can effectively apply pressure upon governments and a culture of equality can be engendered.” Consequently, KIDOG and other NGOs have turned the platforms into advocacy tools to hold the Turkish government accountable for its commitments at Cairo and Beijing. KIDOG’s choice of Cairo and Beijing for its advocacy efforts was a natural fit with the network’s mission to improve women’s health, education, and legal status and a natural extension of the POLICY Project’s mandate to support and promote the participation of civil society in the FP/RH policy process.

In early 1997, KIDOG designed its advocacy strategy for what has come to be known as its Cairo and Beijing Campaign. As part of the strategy, network members wrote and published *In Light of International Declarations: Women in Turkey*. The document summarizes the Cairo and Beijing resolutions pertaining to education, health, and legal rights; assesses Turkey's progress in its commitments to the resolutions; and proposes specific actions to be carried out by local-level NGOs in the spirit of the declarations. KIDOG's intention was to disseminate the booklet to as broad an audience as possible, including local policymakers, NGOs, and academicians as well as international audiences at the ICPD+5 initiatives scheduled for 1998–1999.

But KIDOG's efforts resulted in considerable more exposure than originally expected. Because of its Cairo and Beijing strategy, KIDOG was invited to participate in several of the international ICPD+5 forums. ICPD+5 marked the fifth anniversary of ICPD by formalizing a process of review and appraisal of the achievements and constraints faced in the implementation of the Cairo *Programme of Action*. Through the United Nations Population Fund, ICPD+5 sponsored a series of review-related activities that included regional roundtables, an international NGO forum, and a special session of the UN General Assembly.

With financial support from the POLICY Project, a member of KIDOG's Coordinating Committee was able to represent the network at the UN Roundtable on Partnership with Civil Society in Bangladesh in July 1998. The same member attended the ICPD+5 NGO Forum in The Hague in February 1999. These meetings included participants from over 40 countries—including representatives of governments, nongovernmental organizations, and UN agencies—and provided opportunities for sharing experiences, information, and ideas on strategies for strengthening government/civil society partnerships in implementing ICPD.

Securing the participation of a KIDOG representative at both the Bangladesh and The Hague meetings followed intense lobbying of UN and Turkish MOH officials with assurances that KIDOG was a representative body with the technical experience and expertise to act as a valid NGO spokesperson. As was the case with Habitat II, the international sessions provided KIDOG with global exposure and a receptive audience for the network's mission and accomplishments. In turn, KIDOG was legitimized further in the eyes of national and international policymakers as a resourceful and influential network that is welcome at major international gatherings.

Another major component of the network's Cairo and Beijing Campaign is a series of KIDOG-organized regional workshops in five major cities throughout Turkey. The purpose of the workshops is twofold: to reach local NGOs, government leaders, and media representatives with information on Turkey's track record in implementing its Cairo and Beijing commitments, and to help create local advocacy efforts for improvements in women's health, education, and legal rights. KIDOG has encountered some difficulties in securing funding for the full range of workshops and is still waiting to hear from potential donors.

Nevertheless, in early December 1998, KIDOG conducted the first of its Cairo and Beijing workshops in Bursa with minimal financial and technical support from POLICY. On three occasions, KIDOG members traveled to Bursa to plan, conduct, and follow up on the workshop with representatives from Bursa's public and NGO communities. In the first workshop, 64 participants from NGOs, universities, political parties, the media, and the public sector convened to review Turkey's commitments and progress toward those commitments; identify local priorities for health, education, and legal rights; and establish a monitoring committee for follow-up activities. The Bursa participants expressed interest in replicating KIDOG's network model and advocacy activities and sought additional technical assistance and training from KIDOG to create their own regional network. (Unfortunately, Turkey's devastating 1999 earthquake indefinitely postponed KIDOG's follow-up activities in Bursa.) The success of the Bursa experience had a positive outcome for KIDOG as well. It reinforced members' commitment to KIDOG's mission and campaign and bolstered their self-confidence. KIDOG remains optimistic that it will obtain funding to continue its work in Bursa and conduct the other regional Cairo and Beijing workshops.

Campaign for Contraceptive Self-Reliance

KIDOG's campaign on contraceptive self-reliance has been the network's most comprehensive and successful advocacy campaign to date. It has also been one of its most controversial, leading to profound debate within KIDOG about the nature of its relationship to the POLICY Project and to USAID.

As mentioned earlier, contraceptive self-reliance refers to the projected consequence of USAID's phase-out of contraceptive donations—that is, by 2000, Turkey must rely on its own resources to budget, procure, and target the distribution of contraceptive commodities. The POLICY Project worked closely with the MOH to assess and project the implications of the phaseout and to forecast commodity and funding requirements for the government.³ For various reasons—including lack of political will, limited technical expertise in the MOH, a perceived shortfall of financial resources, and the absence of pressure from outside forces—the projections failed to mobilize the appropriate government agencies to allocate sufficient funds.

The POLICY assessment predicted that without immediate and substantial fund allocations, contraceptive commodity reserves would last only six months. The shortage of contraceptives would have potentially devastating effects both politically and, more important, individually. For Turkey, the projected shortfall would seriously set back progress in modern contraceptive use and signal the government's inability to fulfill international commitments to improve the reproductive health status of Turkish women. On an individual and personal level, women and couples, particularly the poor and underserved, would be forced to use less effective methods or even go without.

³ See "Case Study of Contraceptive Self-reliance Efforts in Turkey: Prospects and Lessons Learned," POLICY Project, November 1999, for additional information.

POLICY and USAID determined that broader public awareness of the issue of modern contraceptive availability combined with outside pressure could prove instrumental in motivating the government to act. POLICY looked to KIDOG to achieve both objectives. It presented its proposal to KIDOG and encouraged network members to initiate an advocacy campaign to address the contraceptive self-reliance crisis. POLICY offered technical and financial assistance to ensure that the network was accurately informed and properly prepared.

KIDOG's decision to support the contraceptive self-reliance advocacy campaign came after a thoughtful and fairly lengthy process of analyzing members' concerns and weighing the perceived advantages and risks accompanying the network's involvement. Some members felt that by succumbing to pressure by POLICY and USAID, KIDOG was compromising its autonomy, particularly at a time when the network was trying to define its own organizational identity. Others argued that taking on the campaign would be further indication that KIDOG was not committed to the diversity of its network members but, in fact, was created to advocate solely on reproductive health issues. Ultimately, as one Coordinating Committee member later explained, the decision to commit to the contraceptive self-reliance campaign "boiled down" to the presence of three prerequisites—timing, feasibility, and resources. Once committed, KIDOG members went to work quickly and urgently to mobilize resources and implement the campaign.

POLICY's part in proposing the advocacy issue to KIDOG demonstrated two important facts. First, it showed that access to information on national policy remains relatively closed to the NGO community in Turkey. Second, it taught KIDOG the critical importance of understanding and monitoring the policy environment to identify potential advocacy issues and support ongoing campaigns. KIDOG would not have had access to information on the self-reliance issue if not for its partnership with POLICY and, by extension, with USAID. The network also recognized that it did not have knowledge of planning, budgeting, and allocation issues within the Ministry of Health; for example, KIDOG was unaware that there was no specific line item allocated for the procurement of contraceptives.

As promised, POLICY staff provided technical and financial support to KIDOG in the design and implementation of its multifaceted campaign. During several briefing sessions with KIDOG members, POLICY staff presented and summarized key data and recommendations on the status of self-reliance initiatives within the MCH/FP General Directorate. Armed with this information and analyses, KIDOG members designed a two-pronged advocacy approach to reach policymakers on the one hand and generate media interest on the other. The advocacy message was clear—without immediate government budget support and procurement of contraceptives, poor women throughout the country would not have access to the contraceptive methods they needed to plan and space their families. POLICY continued to lend support in the conceptualization of an advocacy strategy, development of advocacy and public education materials—including fact sheets, press kits, and presentations—and in the organization of a press conference.

The policy audience of KIDOG's advocacy campaign included Parliamentarians, senior officials at the ministries of Health, State, and Women's Affairs, officials at the State Planning Organization and Social Security Institution, and President Demirel. KIDOG met with and distributed information packets to key Parliamentarians, including those on the committees on Budget and Planning, and Health and Social Affairs. After a successful briefing, KIDOG convinced one member of Parliament to present the issue to Parliament. The Parliamentarian did so that same month — May 1998—and his speech was officially recorded in the *National Assembly Register*, the equivalent of the U.S. *Congressional Record*.

KIDOG's major advocacy coup occurred in May 1998. After much persistence and navigation through official and informal channels, KIDOG was able to meet with Turkish President Suleyman Demirel. The President reiterated his longstanding commitment to family planning in general and supported the immediate and specific need to ensure the availability of contraceptive commodities. He said that the government would fulfill its promise to provide contraceptives and reproductive health services to its people. In turn, President Demirel directed the Prime Minister and the Ministry of Health to procure needed contraceptives and to develop a long-term solution to the self-reliance issue. Of the presidential meeting, a European Union representative noted, "The fact that [KIDOG] has met with the President provides them an immense sense of legitimacy. This action opened many doors and legitimized KIDOG as actors in the system."

A press conference organized by KIDOG in June 1998 was an important step in informing policymakers and the general public about first, the importance of securing a supply of contraceptives and second, the responsibility of the public sector to procure the commodities. KIDOG released a press statement that underlined the severity of the contraceptive shortage and the state's failure to purchase the necessary quantity of commodities. A KIDOG spokesperson alerted the audience and noted that if the Ministry of Health did not allocate at least US\$5 million in 1998 to fill the gap created by the phaseout of foreign donations, Turkey's successes in family planning and maternal and child health would be seriously compromised. The press release was covered in at least 10 of Turkey's most important newspapers.

Two months after their successful press conference, KIDOG members met with the Minister for Women's Affairs. The network presented the minister with an overview of the situation and noted that commitments were lacking at key decision-making levels if present levels of family planning services were to continue. In an unprecedented move, the minister directed letters to the Ministry of Finance, the Ministry of Health, and the State Planning Organization. Her comments underlined Turkey's commitments to the Beijing and Cairo Platforms of Action and requested "[that] the necessary attention and support be extended during the preparation of the 1999 budget to increase the share of the health sector so that family planning services may be sustained at an adequate level."

A subsequent meeting with the Minister of Health led the Minister for Women's Affairs to conclude that KIDOG's efforts would be a significant contribution to the search for a sustainable solution. Noticeably, cabinet officials and KIDOG can point to shared priorities in generating funds, securing policymakers' commitments, and motivating other sectors to take the initiative toward contraceptive self-reliance. As one MOH official stated, "The additional 50 billion Turkish lira that were allocated this year for contraceptive purchases with the support of KIDOG was no small feat, but we are not fully satisfied because we want these funds to be financially and politically sustainable."

KIDOG members observe that the campaign has given them public recognition as an expert advocacy group while concrete success—namely the additional allocation of 5 billion Turkish lira (about US\$280,000) in funding for contraceptive procurement—has proved the benefits of teamwork. Yet, the campaign for self-reliance is far from over. In partnership with major public sector officials, KIDOG continues its efforts to advocate for adequate funding for contraceptive commodities and to promote a strategy to target available contraceptives to the poorest and neediest populations. Moreover, by embracing the goal of contraceptive self-reliance, KIDOG has managed to achieve an even broader policy impact. Network members and government officials contend that the periodic contact between KIDOG and MOH officials has led to a positive partnership. Further, the network has made significant strides in raising policymakers' awareness of the need to expand reproductive health coverage and increase the quality of services provided by the public and private sectors.

The POLICY Project/KIDOG Partnership

POLICY began its relationship with KIDOG in November 1995 when initial meetings with the three leading family planning organizations in Istanbul indicated a strong interest in developing an advocacy partnership. Since then, the relationship has been constant and mutually rewarding. However, POLICY and KIDOG have struggled together to define the nature and extent of their partnership and to find the appropriate balance between guidance and interference in the network's organizational development and advocacy priorities.

POLICY staff has made a sizeable technical, financial, and emotional investment in strengthening KIDOG. That investment has led to expectations and perceptions on both sides, not always positive. For example, some KIDOG members believe that the large influx of technical assistance from POLICY has led outside parties and the project itself to consider KIDOG an extension of POLICY and, by implication, USAID. Similarly, in some instances, POLICY has viewed KIDOG's response to its advice as uncooperative or non-collaborative. The POLICY/KIDOG dynamic continues to evolve as the network moves toward independence and sustainability and as the project learns to retreat and assume a less directive role.

VII. LESSONS LEARNED

KIDOG has made great strides in fulfilling its mission and now stands as a model of NGO/public sector partnership as well as NGO collaboration. Initial skepticism that KIDOG could sustain itself as a network and succeed in its advocacy efforts has been replaced with respect and admiration on the part of NGOs, policymakers, and donors. KIDOG is now poised to move into a phase of contemplating its future directions and developing strategies to address those directions.

KIDOG's experiences and its evolving relationship with POLICY have proven to be fertile ground for valuable lessons about network formation, participatory policy processes, advocacy, and partnerships. The lessons have significant implications for POLICY's and KIDOG's future work, and they will guide the development of new approaches and tools as the project and KIDOG move into a phase of expansion and sustainability.

Promoting Participation

Promoting the participation of civil society in the policy process is a time-consuming, costly, and complex process. It is particularly challenging to create a network and carry out advocacy in environments that are closed and resistant to collaboration, as was the case in Turkey's public and NGO sectors. Yet, as KIDOG has demonstrated, with the proper mix of skills, knowledge, and determination, participation can work in almost any environment.

Partnerships

- In the POLICY/KIDOG alliance, both parties have learned that true partnerships require commitment, compromise, and patience. It is important that partners base their expectations on local realities like the openness of the policy environment, the levels of experience and sophistication of the network, and the technical, human, and financial resources available to the network. Productive partnerships are also based on trust and mutual respect.
- POLICY and KIDOG have learned the value of maintaining balance between the interests and priorities of the donor, the project, and the network. Donors and projects that exert too much influence on a network's advocacy agenda risk weakening the network's independence, internal structures, and credibility. Conversely, the network must assert its commitment to its own mission and priorities and not feel an overriding dependence on or obligation to the donor or project.

Membership/ Shared Leadership

- KIDOG members are one of the network's most important assets. The members are highly skilled and well-respected professionals. However, it has been difficult to strike

a balance between convening organizations with strong reputations for technical excellence and convening organizations that are willing and able to do the work. Developing procedures for recruiting organizational members will help ensure an adequate pool of resources for the network to draw on for its activities.

- Another factor contributing to low or inequitable network participation is the failure of some member organizations to absorb their network responsibilities into the organization's work. Leaders in the organizations must commit resources—human, financial, in-kind—to making the network successful, and must incorporate advocacy responsibilities into job descriptions of staff members.
- A successful network is by nature democratic and participatory. Responsibility and authority are distributed evenly and rotated routinely. When the burden falls on or is assumed by a small elite, the network risks member dissatisfaction, “burn-out”, and eventual disintegration. KIDOG has witnessed this to some extent and is taking steps to address member workload, recruitment, and retention. The network is also reaching out to other NGOs and networks to create coalitions for specific advocacy issues.

Capacity Building

- Building KIDOG's capacity as a network and as a policy advocate has relied in large part on POLICY inputs such as training and technical assistance in advocacy, fundraising, strategic planning, and management as well as small grants. Other cooperating agencies and donors have made valuable technical contributions as well. Increasing KIDOG's capacity and ensuring its sustainability, however, demands a long-term investment of human, material, and intellectual resources from a variety of sources.
- POLICY's past technical experience put the project in the position of identifying the knowledge and skill needs of KIDOG. While this assessment was generally on target, there were instances where KIDOG identified different needs and interests. Technical assistance plans must be developed jointly by the project and the network and respond to the internal priorities and expressed needs of the network and the experience base of the project.

Sustainability

As one of POLICY's more experienced partners, KIDOG has been the first network to address issues of sustainability. POLICY and KIDOG have learned that networks, like organizations, need structures, systems, and procedures for financial, programmatic, and institutional sustainability.

Financial Sustainability: Approaches that support financial sustainability include financial management systems to ensure accountability and transparency, and a fundraising

strategy to develop a diverse and adequate funding base. Networks require simple budgeting, accounting, and reporting systems to keep members informed of the network's financial status and to direct internal decision making. Further technical assistance should be directed to developing a fundraising strategy that sets annual targets, identifies potential donors and contributors, defines income-generating activities, and includes an annual implementation plan.

Generating a diverse funding base gives networks the freedom to select issues that address its mission and priorities and reduces the "donor-driven" phenomenon. In KIDOG's case, the relationship between the network and POLICY resulted in an advocacy agenda that overemphasized FP/RH at the expense of women's education and legal rights and led to member dissatisfaction. At the same time, the POLICY connection strengthened KIDOG and helped it gain credibility and enough success to pursue broad-based financing and, eventually, financial independence. Network conflicts can be minimized when decisions about allocation of network resources reflect the interests of all members. Financial independence will allow this to happen.

Programmatic Sustainability: The goal of programmatic sustainability is to establish clear and agreed-upon priorities for advocacy efforts and to develop or recruit the knowledge, skills, and resources needed to support those priorities. Programmatic sustainability requires a process for monitoring the policy environment, an inventory of member skills and resources, and access to relevant technical information and data. Networks require computers, modems, and Internet service to facilitate internal communication and access current information on programmatic priorities.

KIDOG's close and sometimes dependent relationship with POLICY has led to challenges in portraying KIDOG as an independent organization in Turkey. The network's public profile is centered on its family planning and reproductive health work, not as an organization whose mission is to improve the general status of women. With clear programmatic goals and systems for identifying advocacy opportunities, KIDOG will become more active in selecting non-FP/RH issues and not limiting its activities to one domain.

The valuable lesson for POLICY is the importance of promoting local ownership of network goals, activities, and successes.

Institutional Sustainability: Networks need to design and implement systems and procedures to govern decision making, communication, and membership. These include a clear organizational chart to define leadership functions and technical committees or teams; a communication tree to facilitate dissemination and collection of information; a membership plan for recruiting, developing, and retaining members; and "job descriptions" to clarify member roles and responsibilities.

KIDOG's difficulties in membership recruitment and retention and workload distribution will be reduced by setting clear membership goals, devising plans for retaining

and developing members, and articulating expectations for member responsibilities. KIDOG will also revisit its organizational chart and communication plans to promote broader participation among members and accommodate members' needs.

VIII. CONCLUSIONS

KIDOG has broken new ground and stimulated a new type of relationship between the public and nongovernmental sectors in Turkey. It has carved out a space for itself at the policy table and has yielded significant changes in the FP/RH policy arena. Collaboration with key policymakers has led to acceptance of civil society as an important stakeholder and a valuable partner in strengthening, not undermining, the policy process. KIDOG has proven that participation benefits all concerned and, above all, increases the likelihood that policies are responsive, representative and sustainable.

Ample opportunities abound for KIDOG to extend its influence through continued engagements with parliamentarians, other government institutions (such as the SSK and the State Planning Organization), and local governments. KIDOG also hopes to enlist professional associations of doctors, nurses, public health specialists, development workers, and so forth in its future advocacy efforts, particularly during its regional Cairo and Beijing initiatives. At the same time, KIDOG will devote resources and expertise to advocacy campaigns that address its non-RH domains or that bring together all three of its priority issues—education, legal rights, and health.

The challenge to KIDOG and all NGO networks is to sustain their early efforts and successes while surpassing the difficult hurdles posed by financial constraints, changing policy players, and competing loyalties.

Appendix A Case Study Respondents

1. POLICY/Turkey Staff
 - Dr. Zerrin Baser, County *Program Manager*
 - Sema Hosta, Participation Coordinator
2. USAID/Ankara
 - Dr. Pinar Senlet, Population Advisor
 - Jill Mathis, Assistant Population Advisor
3. Ministry of Health, MCH/FP General Directorate
 - Dr. Mehmet Rifat Köse, General Director
 - Ugur Aytac, Deputy Director General

4. Çigdem Bumin, Country Manager, AVSC
5. Halime Güner, Flying Broom
6. Ela Yazici, Project Manager, European Union
7. KIDOG Coordination Committee
 - Dilara Kehale, President of Besiktas Branch, Association in Support of Contemporary Living
 - Dr. Murat Firat, Occupational Health and Safety Coordinator, MEDLINE
 - Didem Gürses, Regional Coordinator, Family Planning Association of Turkey
 - Nurcan Müftüoğlu, Assistant General Coordinator, Turkish Family Health & Planning Foundation
8. Florence Nightingale Nurse Midwives Association
 - Yasemin Kutlu
 - Nursen Nahcivan
9. The Human Resource Development Foundation
 - Demet Güral, Executive Director
10. Family Planning Association of Turkey
 - Nigarin Yurdakuler, Vice President
 - Cemile Burçin Elitez, Board Member
 - Muzeyyen Guler, Board Member
 - Didem Gürses, Regional Coordinator, Family Planning Association of Turkey
9. Women's Rights Association
 - Sema Guler
 - Zuhall Ozhalli
10. Schering
 - Dr. Elçin Yıldırım, Product Manager
 - Sinasi Yörük, Marketing Director
11. Mother Child Education Foundation
 - Sema Gule
 - Ayla Göksel, General Coordinator

12. Ayse Durakbasi, Women's Library and Information Centre

13. Turkish Family Health & Planning Foundation

- Yasar Yaser, Executive Director
- Nurcan Müftüoğlu, Assistant General Coordinator

14. Esin Ucuncuoğlu, Turkish Re-liberation of Children Foundation

15. Akile Gürsoy, International Forum for Social Sciences in Health

16. Oya Eksen, Patria Nostra

17. KASAKOM

- Nesrin E.Çilingiroğlu, Associate Professor, Hacettepe Public Health Foundation
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