5

CROSSCUTTING ISSUES

Although the studies in this book arose from distinct circumstances and research questions in a limited set of Latin American countries, their shared focus on sexual and reproductive health gives rise to many common threads of meaning and reflection. The clash of cultural ideas and deeply held beliefs is nowhere more apparent than in the social and political dynamics surrounding sexual and reproductive health. While the book is divided conceptually into studies of advocacy and programs, these dynamics are apparent in both cases.

These studies aim to illuminate complex social and political experiences in order to suggest ways forward for advocates and those involved in programs. In all these experiences, organizations and individuals in advocacy NGOs and in community-level programs took stances to defend people's right to information, education, and services, in opposition to socially conservative forces at many levels. One study examines the nature of social movements to defend these rights, while two others examine the local effects of participatory programs that promote a framework of citizenship and rights in the delivery of health education and services.

This chapter discusses the crosscutting issues in these studies; these include the political dynamics surrounding the most contested sexual and reproductive health issues, numerous issues related to democracy, citizenship and participation, the dynamics of organizational change, and the limitations of project approaches in social change initiatives.

CONTESTED SEXUAL AND REPRODUCTIVE HEALTH ISSUES

These studies examine experiences in putting the ICPD principles into action, a task greatly complicated by deeply polarized political struggles around three contested issues in particular: (1) access to safe abortion; (2) access to sexual and reproductive health education and services for young people; and (3) nondiscrimination based on sexual orientation. The first two issues were a major focus of acrimonious debate at ICPD in 1994. The opposition has increased in strength and intensity since then in the two post-ICPD meetings in 1999 and 2004, threatening to stymie all efforts to reach consensus each time. In these UN-convened summits, unwillingness to posit freedom of sexual orientation as a human right blocks any mention of ''sexual rights'' or condemnation of discrimination based on sexual orientation, and gives rise to intense debates about language on ''the family'' or ''families.''

Three of the studies in this book focus on the first two of these contested issues. Chapter 1 analyzes the ''double discourse'' on sexual and reproductive rights and Chapter 2 focuses on the experiences of NGO advocacy networks. Both these advocacy studies examine the barriers in Latin America to advocacy for women's right to safe termination of unwanted pregnancy—the one major cause of maternal mortality that finds no remedy in any international treaty or agreement. Chapter 4 on the JOCAS in Chile notes multiple political and cultural barriers to programs that fulfill the right of adolescents to sexual and reproductive health education and services—a right that is fully supported by international human rights treaties and by ICPD.[1]

The issue of abortion is increasingly contentious, and yet, in every country around the globe whether abortion is legal or not, women who are determined to exercise their ''basic right to decide freely and responsibly the number and spacing of their children''[2] seek abortions. Even though the policy of making abortion illegal has proven to be ineffective in lowering abortion rates, religious leaders and many policymakers equate legalizing abortion with moral approval, and dismiss the possibility out of hand. Where abortion is illegal, low-income women and adolescents often seek the procedure at the risk of their lives and health, and unsafe abortions are a significant cause of maternal mortality. Those who take a public stand in favor of these women's interests may pay a price: elected officials can lose their posts, NGOs can lose contracts, grants, and potential allies, and individual leaders can be stigmatized.

Chapter 1 on the ''double discourse'' system analyzes the religious and political dynamics in Colombia and Chile surrounding advocacy on abortion and divorce, including the political costs for legislators. Chapter 2 on NGO advocacy networks looks at how advocacy on contested issues—or any advocacy that confronts governmental abuses—incurs costs that need to be taken

into account. Facing these costs can exacerbate internal tensions, shrink the membership base, incur financial risks, and entangle the decision-making of reproductive rights NGO networks. In Chapter 4, politicians who defended the JOCAS sex education program took a calculated risk of bringing the condemnation of the Catholic hierarchy on their heads.

In consideration of these political risks, short-term advocacy strategies tend to take the route of private negotiations outside of the public eye. Indeed, Mala Htun's analysis of the process of policy changes in abortion, divorce, and family law in Argentina, Brazil, and Chile concludes that technical committees on legal reform during periods of dictatorships were often able to introduce progressive changes in laws on gender (including laws on divorce and abortion), precisely because the debates took place solely among technical experts. One of the main propositions in her conclusion is that "transitions to democracy may not lead to liberalization of laws on gender, and may in fact lead to the opposite. . . . By enabling citizen groups to mobilize and express their views, democracy opens the door to both liberal and illiberal influences on gender policy."[3]

The theme of keeping advocacy and programs out of the public eye also arises in Chapter 4 on the JOCAS in Chile. The study describes how media exposure created a public scandal focused on this sex education program in which adolescents received comprehensive and accurate information on sexual and reproductive health, and enjoyed the right of free expression on these topics. Because of the unfavorable publicity, the political will to sustain the program faltered.

The long-term goal for Latin American democracies with expanded opportunities for citizen participation is that advocacy and programs break with this behind-the-scenes logic of the "double discourse" system, so that publicly stated positions in favor of sexual and reproductive rights are legitimized among a broad range of audiences.

DEMOCRATIZATION AND CITIZEN PARTICIPATION: ISSUES WITH REPRESENTATION

Democratizing trends influenced the global policy-setting arena in the United Nations system in the 1990s, leading to the important policy advances of the consensus agreements from ICPD and Beijing (FWCW). International human rights treaties and UN policy documents highlighted the importance of civil society organization input into global and national policymaking. UN donor agencies and other influential agencies such as the World Bank began to support civil society organizations (CSOs) as part of their support to national programs, and to urge governments to create mechanisms for civil society input into development planning.

Parallel democratizing trends in Latin American countries in the 1980s accelerated in the 1990s, including decentralization of state authority.

Channels for citizen participation—especially for organizations outside of the national capital—are usually limited when all decisions are made centrally. Three of these studies (Chapters 2, 3, and 4) illustrate how decentralization increased the political opportunities for input from social movements and community members into government programs and policies, and thus facilitated sexual and reproductive health advocacy and programs.[4] Decentralization presented opportunities for parents of students, community-based organizations, and NGOs to dialogue with local authorities regarding programs in public schools and health services.

For NGO advocacy networks and women's community organizations in Colombia, Peru, and Chile, new official mechanisms for citizen participation created in the 1990s presented opportunities for influencing public policy related to sexual and reproductive health and women's health. Although these opportunities are a positive trend, the study of NGO advocacy networks in Chapter 2 illustrates problems in the ways that those who sit at the table are chosen, resulting in the underrepresentation of significant social sectors, such as rural women or indigenous women. In the same vein, Chapter 3 describes the barriers to the participation of low-income women in these participation mechanisms in Peru.

The goal of democratic participation can only be realized when the less powerful actors in a system gain more power. Reaching this goal involves simultaneously promoting changes in people's attitudes and devising organizational, political, and economic structures that stimulate power-sharing and mutual respect. The studies of the Chilean and Peruvian programs illustrate vividly how structures and programs encouraging participation could facilitate the transformation of traditional hierarchical structures in schools and medical services. The experiences in the Consorcio Mujer project point to the catalytic ability of a rights and citizenship framework to stimulate collaborative partnerships between health care providers and the people they serve. However, changes such as those shown in these programs are hard to sustain if the whole system is not changing in the same direction. These experiences from both the Peruvian and Chilean programs illustrate how "projectization" of funding leads to many promising experiences with valuable lessons, but no sustained impact.

While Chapter 1 (the "double discourse" study) does not specifically examine citizen participation mechanisms, it reveals how one sector of civil society—organized religion—has exercised a disproportionate influence on government policymakers. Chapters 2–4 describe the advantages and limitations of three citizen participation mechanisms: (1) multisectoral committees focusing on specific social issues; (2) state and national development planning committees (also multisectoral); and (3) education and health sector reform programs that encouraged community participation and/or oversight. The following sections discuss these issues in more detail.

Pressures of Organized Religion

Chapters 1 (''double discourse'') and 4 (JOCAS in Chile) directly examine the political influence and activism of the Catholic Church hierarchy, which affected the legal status of abortion and divorce, in the first case, and access to comprehensive information and free expression in sex education programs, in the second.

Claiming to represent the grassroots base of the Catholic Church, the hierarchy in Colombia and Chile engaged in direct dialogue with and pressure on the highest levels of government, including ministers and legislators, to defend legal structures that deny the sexual and reproductive rights of inhabitants of these countries. Opinion polls in both Colombia and Chile clearly demonstrated that the hierarchy's stance against modifications of divorce and/or abortion law does not represent the views of the majority of Catholics in these countries. Opinion polls in Chile consistently showed around 70 percent support for a divorce law, yet for fourteen years legislators were reluctant to act on various versions of a pending bill due to the pressure from the church hierarchy. The JOCAS sex education program was the second most popular program of the Frei government in Chile, yet controversies ignited by conservative media and direct pressures from church leaders on ministers decreased the program's political support, eventually leading to its demise.

In effect, the church's pressure constitutes a violation of the principle of separation of church and state, and subverts the process of democratic representation. Not only do the church leaders not represent the views of those they claim to represent, but their pressure also causes legislators to act in ways opposed to the wishes of the majority of their constituents.

Multisectoral Committees

These committees typically include civil society and governmental participants from various sectors, and convene various governmental agencies and CSOs interested in a particular social issue. The Consorcio Mujer study identified such committees in several departments in Peru on reproductive health, on women's health, and on violence against women. The study hypothesizes that the existence of these committees should have facilitated dialogue between women's organizations and the health sector, and served as a mechanism for continuing this dialogue once project funding ended. The findings of the study qualify this hypothesis, mainly because the CSOs involved in these committees tended to be women's NGOs—which are mainly professional organizations—and not community-based women's associations that better represent the low-income users of the health services. The study reveals some of the barriers to the participation of these grassroots leaders.

The Consorcio Mujer study also reveals another limitation of multisectoral committees, which are set up in order to facilitate cooperation to achieve shared goals. When the government is violating human rights, the civil society representatives on these committees are in an uncomfortable position that makes denunciation difficult. During the Fujimori government, the ''tri-partite'' committee in Peru established to monitor the government's implementation of the ICPD Programme of Action could not make any official declaration that opposed the government's coercive sterilization campaigns, even though the campaigns clearly violated both the spirit and the letter of the ICPD Programme of Action. Only NGOs or coalitions with no governmental representation could make such denunciations.

In Chile, the multisectoral committee overseeing the JOCAS at the national level consisted entirely of governmental representatives; it was multi-sectoral only in the sense that different ministries were involved. Therefore, the committee had no citizen participation. It seems likely that the dynamics within the committee would have been much more favorable to the continuation of the JOCAS if CSOs had been part of the committee, but we will never know.

However, returning to the issue of representation, in this hypothetical case, which CSOs would have been chosen to be part of such a committee? Who would choose, and through what process? Representation issues become more problematic as the level of authority of a policy or program committee increases. These questions lead to the issue highlighted in the next section: the lack of true representation in Colombian civil society participation mechanisms.

Representation Issues in State and National Development Planning Committees

In Colombia, municipal, state, and national planning committees with seats reserved for women's organizations also provided opportunities for social movement input. The new political constitution of 1991, complemented by law 152 in 1994, established new mechanisms for citizen participation. These ''territorial planning councils'' had seats reserved for other types of CSOs as well, including indigenous organizations and labor unions.

However, according to the respondents in the NGO network study, these councils—especially at the national level—gave rise to problems with representation. When civil society participation mechanisms seek to include excluded groups such as indigenous people or women's organizations, how are the representatives chosen? Which leaders represent the whole movement or class of people? The traditional participation mechanisms such as political parties and trade unions that were vehicles for citizen participation throughout most of the twentieth century in Latin America have established procedures for selecting their leaders, but social movements are

often fragmented and many organizations that form part of the movement have no such procedures.

The characteristics of most NGOs make them imperfect vehicles for civil society representation. Since most NGOs rely on funding for projects from foreign donors or local governments, they create a corpus of professional staff to carry out the projects. The NGOs are committed and technically competent nonprofits, not mass-based membership organizations. The staff are not elected by membership, so they do not represent any group. Although most of the NGO network leaders interviewed were aware of this issue, they still accepted invitations to sit on national or provincial planning committees representing the point of view of the women's movement.

It is important to be clear about what NGOs can legitimately contribute to such exercises. Within the framework of projects, the NGOs may have studied a problem, conducted advocacy on certain issues, or worked closely with certain marginalized sectors of the population, and so they can contribute invaluable expertise. Sometimes, an NGO or an NGO network organizes citizen consultation exercises in preparation for national or global consultations, such as the pre– and post–Beijing (FWCW) networks. In these cases, they provide an invaluable service when they analyze and report the main trends in these consultations.

However, NGOs and their networks usually do not represent the mass base of the women's rights movement, which is broader, more diffuse, and more diverse than the NGOs.[5] However, in Colombia, the NGOs and their networks were invited by the planning councils to fill the women's movement "seat," and they accepted. In many citizen participation mechanisms in Latin America, NGOs are invited because they are the most visible face of the women's movement or reproductive rights movement, and they are more likely to be sophisticated enough technically to hold their own in policy-setting venues.

The NGO network study revealed an additional representation issue: the relative exclusion of CSOs from outside the national capital. If national citizen participation opportunities do not have a budget for travel of far-flung CSOs, their diverse opinions and experiences will not be represented.

Global and Regional CSO Participation Opportunities

The NGO networks study revealed other representation problems in venues such as International AIDS Conferences and regional or global women's conferences. First, often the donors to a conference weigh in on who gets to attend, so that CSOs with few contacts among donors rarely attend. Second, global networks are set up at global meetings, so that the leadership—including the regional or country representatives—consists of those who had the funds and the time to attend. Third, global NGO meetings are usually in English, so that non-English-speakers are

under-represented. In summary, the representation issues for regional and global conferences and networks are of great concern.

School and Health Sector Reform

In concert with decentralization of authority to municipalities, an important feature of school reform in Chile and health reform in Peru has been the promotion of more egalitarian, horizontal relationships between teachers and students, and between health professionals and users. The obstacles to such changes in the medical and school cultures are manifold and deep-rooted.

Peru's decentralization in health sector reform was incomplete at the time of the Consorcio Mujer study; the results of the program suggested that having authority in the hands of local officials facilitates citizen participation and enables their input to be taken seriously, producing a favorable impact on the quality of care in health services. The decentralization of the Chilean school system meant that each school director made the decision on whether or not to hold a JOCAS. Although putting the power of decision at the community level has important advantages in gaining community support and reducing controversy, this decentralization also entails uneven levels of implementation, especially where key education or school officials are socially conservative.

In Chile, a country recently emerging from a seventeen-year dictatorship in 1990, the trend to democratization with mechanisms for citizen input lagged behind Colombia and Peru. The JOCAS, however, dovetailed with a national school reform movement—"*MECE Media*"—designed to implement more participatory teaching methods, provide more opportunities for student participation, expand student-led extracurricular activities, and open the schools to the community. Although the JOCAS study did not focus on the participatory mechanisms in Chilean schools such as student or parent councils, it did highlight the effects of this highly participatory program on adult-student relationships, and the enthusiasm incited in both teachers and students by these new pedagogical models. The JOCAS put leadership of activities into students' hands, thus amazing many teachers and administrators, who saw even the worst "troublemakers" participating responsibly. The participatory methodology and face-to-face dialogue in the JOCAS encouraged new kinds of dialogue between teachers and students.

The Consorcio Mujer program in Peru aimed to transform patients in health services into citizens with rights, upending the traditional paternalistic model of provision of medical care. The program took advantage of experiments in citizen oversight of public health services—health centers called "CLAS"—that figured prominently in Fujimori's health sector reform. The passage of the new Health Law also enabled the Consorcio Mujer's work on improving attention to quality and to users' rights to find a receptive audience

among health professionals. Since the study captures a transitional moment in the Peruvian health sector, it documents different responses to the Consorcio Mujer program depending on which regions had not yet been decentralized. Clearly, the sites in Lima, which the central Ministry of Health still controlled, offered much greater resistance to experiments with citizen oversight.

The Consorcio Mujer and JOCAS studies both revealed patterns of paternalistic or hierarchical relationships between government institutions and community members that posed an obstacle to reaching the program's goals. In both cases, the pattern of "community participation" was that the public institutions were merely using community volunteers when they needed them to contribute money or labor to serve the goals set by the state institutions. The community members had no input into these plans or decisions. One official in Chile remarked on this relationship as the main reason why there was so little parent participation in the JOCAS: "They only call the parents when they want parents to help finance an activity or to work on tasks designed by the school." In Peru, many community health promoters were bitter about how peremptorily the health clinic workers ordered them to do unpaid volunteer work to increase the coverage of health campaigns.

In true rights-based participation, the state agencies and community members would decide on priorities together. Adult community members would have a say, directly or through elected representatives, in the design of policies and programs that affect their lives. Children and adolescent community members would have "the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child."[6]

Consorcio Mujer's strategy succeeded, at least in the short-term and in five of the six sites, in stimulating community participation and respect for users' rights. The separate training courses for health professionals and users were intensively participatory, drawing on the personal experiences of each group and demanding intense reflection on this experience. Such methodologies are necessary in attempts to change organizational cultures. The following discussion of this crosscutting theme draws on the findings of three of the studies.

DYNAMICS OF CHANGE IN ORGANIZATIONAL CULTURE

There is consensus among those who study organizational change and culture[7] that both explicit and implicit (or hidden) norms and assumptions guide the way that an organization carries out its mission, affecting the behavior of the people working for the organization. Schein provides a definition of organizational culture:

A pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, [which] has worked

well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to these problems.[8]

Although several subcultures might coexist within an organization, generally, there is a dominant culture, or set of norms and assumptions, shared by the whole organization. Top management in any organization can change the explicit written norms that govern behavior. However, changing the implicit norms is a more challenging task because most people in the organization are not conscious of them and do not articulate them as such. They tend to be deep-rooted attitudes and rules of behavior.

The double discourse article illuminates implicit norms and assumptions in the realm of public policy—norms that permeate the national culture, and affect most organizations in Latin America. In the double discourse system, public official speech cannot break certain unspoken taboos based in religious dogma; these taboos can only be broken with impunity if the actions remain in the private realm, and are not publicly defended as "rights." The promotion of sexual and reproductive health runs up against this system when a government aims to provide education and services to adolescents, or to promote condom use to prevent AIDS. The assumption that halts the provision of sexual and reproductive health services to sexually active adolescents is that protecting their health is equivalent to official approval of taboo behavior; ergo, official advocacy for such programs also becomes taboo. These norms pervade the culture of organizations, and need to change in order to fulfill the right to sexual and reproductive health.

The Chilean and Peruvian program studies examine the experience of efforts to change the culture of high schools (Chile) and public health services (Peru). The designers of these programs devised creative solutions to chronic problems generated by the hierarchical nature of educational and health systems, and in Chile, by taboos related to reproduction and sexuality. The Chilean program aimed to break the silence around sexuality, legitimizing the topic so that more and better quality conversations on sexuality would take place among students and between teachers and students. The Peruvian program intended to transform the cultures of: (1) women's organizations so that they would actively demand their rights vis-à-vis the health services; and (2) public health services so that they would respect users' rights. The training strategies in both Peru and Chile emphasized the learners' active participation in constructing new knowledge and attitudes—through generating questions and answers in the case of the JOCAS in Chile, and through needs assessments, examination of personal experience, and dialogue in Peru. These participatory methodologies that encourage deep reflection on personal experience are appropriate for promoting internal change in organizations.

Studies of organizational change to increase commitment to gender equity in workplaces[9] show that this process is long-term, and requires

firm commitment and support for multiple interventions from leaders within the institution. The studies in this book illustrate strategies that could serve as the initial steps in an organizational change process to instill more demo-cratic, participatory cultures and power structures in schools and medical services. However, it is also clear from the Consorcio Mujer and JOCAS studies that a short-term project-based approach would not work; the pro-jects need to be embedded in a planned, deliberate process of long-term organizational change. An article based on experiences of training programs in gender issues and gender-based violence of affiliates of the International Planned Parenthood Federation/Western Hemisphere Region (IPPF/ WHR) emphasizes this point:

While each training session might last only 1–4 days, repetition was necessary over time and change was not immediate. For example, Belize reports that ''while staff members made the cognitive changes and understood the concepts, it took almost three years for the shift to be internalized and to constitute normal everyday operations.'' [10]

SUSTAINABILITY OF IMPACT: PROJECT VERSUS PROGRAM APPROACHES

Project-based approaches are limited in time, with a beginning and an end, and often tied to a specific funding opportunity that focuses on short-term results. Program-based approaches are strategic, aiming for sustainable and long-term effects, with multi-year comprehensive plans that address the multiple factors affecting sexual and reproductive health and rights.[11] In program approaches, any project fits into a coherent process that pre- and post-dates the project, with complementary activities that enhance the effects of the project. The time frame for the political and cultural changes needed to bring ICPD principles into practice in communities, agencies, programs, and policies demands a long-term and comprehensive program approach. The pattern of project funding for most NGOs in these Latin American countries poses a significant barrier to meeting this demand.

The Consorcio Mujer project in Peru and the JOCAS in Chile suffered from project funding patterns. An informal consortium of feminist NGOs designed and raised funds for the Consorcio Mujer project, which was the main activity of the consortium. The consortium disbanded once the project ended. Although a final grant ensured that a publication disseminated the experience of the project, there is no set of groups seeking to bring these successful experiences to a wider group of community organizations and health services in Peru and elsewhere. The JOCAS in Chile suffered from being a ''special program''[12] within the Ministry of Education, so that it was more vulnerable to the discontinuities that often occur when a new president brings in new ministerial teams. As a special program, it

was already likely to be given lower priority than a core program; the political controversies surrounding the JOCAS further weakened support for its continuation.

The NGO advocacy networks study reveals how dependence on short-term projects for financial support weakens the members of networks, and ultimately, the network itself. Projects that provide services to low-income women are more likely to receive financial support, while in Latin America, funding for advocacy is scarce. NGOs in Colombia, Peru, and Chile all complain that government contracts tend to have such limited budgets that when an NGO accepts a government contract, it incurs additional costs in unpaid staff time and administrative/operational expenses that are not covered in the budget. Often, the result is underpaid and overworked staff.[13] With project-based funding, most NGO staff have no spare time for unfunded activities, and many are hired on short-term contracts. However, the advocacy function of many NGO networks presupposes the availability of NGO member staff to do the work. Because of the financial vulnerability of the NGO members in this study, many networks were unable to carry out the sustained and concentrated advocacy effort needed to build relationships that could influence government officials, journalists, and other key audiences.

CONCLUDING REFLECTIONS

While the chapters in this book share the above crosscutting issues, the main shared focus is sexual and reproductive health and rights. Those of us working in this field share a passion for these issues because they touch every human being, at his or her emotional core. The positive experiences in this book testify to the healing and liberating power of communicating about these deeply personal issues in exercises that promote envisioning oneself as a bearer of rights, and that enable communication across hierarchical divides. In the policy arena, the controversies surrounding sexual and reproductive health are heated precisely because these issues provoke intense emotions. Different world views on women's role in society, on sexual morality, on dogma versus individual conscience, and on the proper relationship between religions and the state, clash repeatedly in global and national policymaking spheres and media, but also within communities and families.

At the time of this writing in 2005, in many countries and globally, it seems that the policy dialogue on issues such as women's right to safe abortion and adolescents' right to sexual and reproductive health services is more deeply polarized than when ICPD took place. This book is positioned squarely on one side of the controversies, but it attempts to increase the readers' understanding of the arguments and point of view of the other side. Some polarization may be inevitable, but listening carefully to all sides leads to more solutions.

One way to tell when enjoyment of basic rights is being denied is when people persist in exercising them at great personal cost, in spite of repression, in spite of laws, in spite of taboos. Censured speech oozes through the fissures in rigid social and religious norms, and people defy those in power to exercise their conscience in moral decisions. All over the world, women take enormous personal risks when they know that they are not ready or willing to assume the grave responsibility of another child. Young people look everywhere, often in inappropriate places, for information on sex and reproduction, and find ways to express their emerging sexuality, often at the risk of sickness and death. Organizations speak up in defense of the rights of these women and these young people, even where these topics are taboo, and suffer the costs. As democratic cultures deepen and take hold, human rights advocates struggle to ensure that states eliminate repressive norms that deny essential life-and-death choices and resources to a diversifying citizenry. In the long run, in democracies, we know that we must create policies that uphold the sexual and reproductive rights of human beings in order to create a life-affirming and just society.

NOTES

1. The Committee on the Rights of the Child's General Comment #3 on HIV and the Rights of the Child and General Comment #4 on Adolescent Health and Development; see also CESCR General Comment #14 on the Right to the Highest Attainable Standard of Health.

2. The Programme of Action of the International Conference on Population and Development, Report of the International Conference on Population and Development, September 5–13, 1994, UN Doc. A/CONF.171/13, Chapter 2, Principle 8. This principle repeats language from previous international agreements.

3. Htun 2003:172–173.

4. For a discussion of the concepts of political opportunities and mobilizing structures in social movements, see Doug McAdam, John D. McCarthy, Mayer N. Zald, "Introduction: Opportunities, mobilizing structures, and framing processes" in McAdam, McCarthy, and Zald 1996, 10.

5. See the writings of Sonia Alvarez on this point, and Korzeniewicz and Smith, "Civil Society Networks" 2001.

6. Article 12.1 of the Convention on the Rights of the Child. Article 25 of the Covenant on Civil and Political Rights recognize and protect the right of every citizen to take part in the conduct of public affairs; General Comment #25 of the CCPR elaborates on this right.

7. My thanks to Geri Augusto for a stimulating class on "Organizational Culture and Organizational Learning" taught at Harvard University's John F. Kennedy School of Government in spring 1999. Two key references used in the class were Schein 1992 and Martin 1992.

8. Schein 1992, 14.

9. Rao, Stuart and Kelleher 1999.

10. Helzner 2002.

11. One useful source that discusses this distinction within the framework of adolescent participation is: Rajani, Rakesh, and UNICEF, *The Participation Rights of Adolescents: A strategic approach*, UNICEF Working Paper Series, New York: UNICEF, 2001.

12. A special program is a new initiative within the ministry that shares some of the limitations of a time-bound project, that is, it is not incorporated into the core costs of an organization.

13. During the six years the author worked in Chile, she knew of four directors of NGOs who suffered ''nervous collapse'' from stress, and were ordered by their doctors to take one month or longer of bed rest.