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Accountability Note

Ten Dimensions of Network Strengthening: Lessons from Health Rights Advocates in Guatemala, Mexico, and the Philippines

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Asesoría, Capacitación y Asistencia en Salud A.C. (ACASAC) is a non-profit civic organization in Chiapas, Mexico. Along with the *Observatorio de Mortalidad Materna en México* (OMM), ACASAC helps to convene the *Comité Promotor por una Maternidad Segura y Voluntaria en Chiapas* (the Comité). For more, see https://omm.org.mx/ and https://www.instagram.com/comitepromotor.chiapas.

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Centro de Estudios para la Equidad y Gobernanza en los Sistemas de Salud (CEGSS) has worked since 2009 to promote the rights of indigenous populations to health care by engaging the network of volunteer health rights defenders that it established and supports, the *Red de Defensores y Defensoras Comunitarios por el Derecho a la Salu*d (REDC-Salud). For more, see https://cegss.org.gt/en/.

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Government Watch (G-Watch) is an independent action research organization embedded in constituencies of civic and advocacy-oriented organizations all over the Philippines. It has contributed to the deepening of democracy through the scaling of accountability and citizen empowerment since 2000. It consists of 11 local volunteer citizen monitoring groups and a convening hub spanning nine regions in the Philippines. For more, see https://www.g-watch.org/.

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Cover photo: REDC-Salud and Comité members doing an ice-breaker activity during a cross-border learning exchange in San Cristóbal de las Casas, Chiapas in 2024.

Credit: Juan Carlos Martinez, OMM

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Summary

Maintaining and strengthening networks of volunteers is central to the health rights advocacy work of four civil society organizations (CSOs) in Guatemala, Mexico, and the Philippines who have worked through networks to improve reproductive, maternal, newborn, child, and adolescent healthcare (RMNCAH) services for marginalized communities. Their experience shows that networks of volunteers that represent marginalized populations and have the skills to engage with public authorities at different levels of government can confront the political and policy issues necessary to improve RMNCAH care. This Accountability Note captures the reflections of these CSOs on ten dimensions of network strengthening that they consider critical to their efforts to strengthen volunteer networks.

1. **Strengthening core organizations that convene and support the network**. Staff who support volunteers and complete technical tasks (e.g. legal and communications) can strengthen volunteer networks, as can internal strategy work, planning, and record keeping.

2. **Recruiting and (re)engaging volunteers**. Enlisting new volunteers or motivating former volunteers to get involved again is essential to maintaining and expanding a volunteer network; volunteers become and stay involved only if they want to be there.

3. **Building capacity and activating volunteers**. Training volunteers so that they have the knowledge and skills needed to be effective and enabling them to do work that is meaningful to them is essential to volunteer networks.

4. **Developing network cohesion and trust**. Trusting relationships between network members and supporting organizations are built in many ways, helping both to keep people involved and supporting them to overcome challenges.

5. **Strengthening relationships with community members**. Outreach in communities and delivering information or services that are valued by community members motivates volunteers, increases demand for the network's services, and builds trust. This in turn is a sign that the network has operated ethically in the communities.

6. **Increasing network visibility and public recognition**. Communications, events, and alliances can help the public learn what the network does; the ability to attract positive attention is also a sign that the network has reached a certain level of formalization.

7. **Building alliances with counterpart organizations**. Strategic alliances with other organizations or organized social bases can build legitimacy, enable volunteer recruitment, and strengthen advocacy work.

8. **Developing relationships with government**. Building relationships with public officials is a sign that a network is sophisticated and organized in its advocacy. Strong working relationships with collaborative government officials can help a network meet its goals, and can also help manage less sympathetic officials.

9. **Broadening the frame of problems and solutions**. If volunteers can build knowledge and skills in new issue areas, they become stronger individually and collectively.

10. **Sustaining networks over time**. There are three aspects of sustainability: where the network resources come from, where the human capacity is built, and how the network develops. Balancing the complex dynamics of each of these aspects, particularly possible tensions between network growth and the capacity to support the network, is key to strengthening networks that are sustainable over time.

Introduction

In contexts of extreme socioeconomic inequality, people in marginalized communities are denied the opportunity to survive and thrive because of inadequate reproductive, maternal, newborn, child, and adolescent healthcare (RMNCAH) services, in addition to other essential needs not being met. Individual actions alone can seldom effect change in the services and care that people receive. But if organizations can educate, organize, and motivate networks of individuals to take coordinated actions, they can investigate problems and advocate for the rights of marginalized communities. Networks of volunteers[1] that represent marginalized populations and have the skills to engage with public authorities at different levels of government can confront the political and policy issues necessary to improve RMNCAH care.

The process of network strengthening—enhancing both the reach of grounded volunteer networks and their ability to take strategic collective action at different levels of government—has been the focus of a three-year project, *Action Learning with Grassroots Advocates for Equitable Access to RMNCAH*, carried out by four civil society organizations (CSOs) in Guatemala, Mexico, and the Philippines, in partnership with the Accountability Research Center (ARC).

The organizations engaged in the project are CSOs that support networks of community-based volunteers with the aim of improving different aspects of RMNCAH services and systems. They have diverse strategies and tactics to improve health systems, but they all utilize networks as part of their organizational approach. Networks can be defined as "social arrangements made up of individuals and representatives of institutions based on establishing and building relationships, sharing tasks and working on mutual or joint activities, enabling new learning and mobilizing alternative action."[2]

Health rights organizations and the networks they support

In Guatemala, the *Centro de Estudios para la Equidad y Gobernanza en los Sistemas de Salud* (CEGSS, Center for the Study of Equity and Governance in Health Systems), was founded in 2009 as a center for applied research in processes of legal empowerment and citizen monitoring for accountability. It promotes social inclusion, democratic governance, and equitable access of the indigenous rural population to public health and other essential services in five departments of Guatemala. It works closely with the network of volunteer health rights defenders that it established and supports, the *Red de Defensores y Defensoras Comunitarios por el Derecho a la Salud* (REDC-Salud, Network of Community Defenders of the Right to Health). REDC-Salud includes 111 volunteer health rights defenders who have been trained and are supported by CEGSS field staff.

In Mexico, *Asesoría, Capacitación y Asistencia en Salud A.C.* (ACASAC, Consulting, Training and Health Assistance) is a non-profit civic organization that has promoted health rights in the indigenous communities of the Altos de Chiapas region of Mexico since 1995. ACASAC plays a convening role, along with the *Observatorio de Mortalidad Materna en México* (OMM, Observatory of Maternal Mortality in Mexico) for the *Comité Promotor por una Maternidad Segura y Voluntaria en Chiapas* (the Comité, Committee for the Promotion of Safe and Voluntary Motherhood in

1 Each CSO uses a slightly different term to refer to the citizens whose work defending health rights and strengthening health networks is not compensated; in this publication we use the term 'volunteer' as an umbrella term even though this is not a term that the CSOs generally use.

2 Younis, Mona. 2017. "Evaluating Coalitions and Networks: Frameworks, Needs, and Opportunities." Center for Evaluation Innovation. https://evaluationinnovation.org/publication/evaluating-coalitions-and-networks-frameworks-needs-and-opportunities/.

Chiapas).[3] The Comité, founded in 1999, consists of 14 organizations and two academics who have been working on maternal, sexual, and reproductive health issues in Chiapas for decades and who coordinate to advance the mission of promoting safe and voluntary motherhood.

The Comité member organizations are ACASAC; Center for Ecology and Health Training for Campesinos; Center for Research and Higher Studies in Social Anthropology (CIESAS); Comitán Health Research Center; Formation and Training (FOCA); Global Pediatric Alliance; Health and Community Development (SADEC); House of the Women of Palenque; Joy Joy; National Institute of Medical Sciences and Nutrition Salvador Zubirán (INCMNSZ); OMM; Partners in Health; *Sakil Nichim Antsetik (Mujeres de Flores Blancas*); and Women Building from Below (CAMATI).

The Comité member organizations have their own networks, including: health providers (Partners in Health and SADEC); gender equity advocates (FOCA and House of the Women of Palenque); health promoters (ACASAC, Center for Ecology and Health Training for Campesinos, Global Pediatric Alliance, Joy Joy, and *Sakil Nichim Antsetik*); midwives (CAMATI, FOCA, Global Pediatric Alliance, Partners in Health, and *Sakil Nichim Antsetik* all support the *Nich Ichim* midwives movement); and government ministries, advocacy organizations, and academics (CIESAS, Comitán Health Research Center, INCMNSZ, and OMM).

In the Philippines, Government Watch (G-Watch) has contributed to the deepening of democracy through the scaling of accountability and citizen empowerment since it was founded in 2000. G-Watch is an independent action research organization embedded in widespread constituencies of civic and advocacy-oriented organizations. It consists of eleven local volunteer citizen monitoring groups and a convening hub spanning nine regions. In 2023, with the support of this project, G-Watch launched Promoting Rights Organizing in Health (PRO-Health), an initiative that aims to strengthen transparency, participation, and accountability in public health governance by bringing together networks of citizen volunteers, civil society organizations, and government. Volunteer monitors collect information from citizens and health posts about health system functioning, identify problems, and convene meetings with public officials to identify solutions. They then engage in policy advocacy with officials to encourage them to enact agreed-upon changes. PRO-Health volunteers and core staff also monitor budgets and national-level advocacy efforts to advance RMNCAH goals.

PRO-Health was established in partnership with two existing civil society networks—the Student Council Alliance of the Philippines (SCAP), and *Samahan ng Nagkakaisang Pamilyang Pantawid* (SNPP, Association of United 4Ps Families), a member-based organization of beneficiaries of a government conditional cash transfer program, the *Pantawid Pamilyang Pilipino Program* (4Ps).

Networks in the Action Learning with Grassroots Advocates project

The theory of change behind Action Learning with Grassroots Advocates holds that strengthening networks of RMNCAH advocates can improve respectful, quality care in contexts of extreme inequality and marginalization. We use the term 'network strengthening' as a shorthand to refer to processes of educating and mobilizing networks of grassroots community leaders, activists, volunteers, and public health advocates to protect and defend the rights of marginalized communities to respectful, quality public healthcare. These networks, and their strengthening, look different in each of the project countries, but network strengthening represents one important pathway to improving respectful and quality healthcare in all of them. The networks in Action Learning with Grassroots Advocates engage in various collective efforts, summarized in Box 1.

3 ACASAC is the formal partner of ARC, and it supports the Comité network using project funds. However, OMM staff are deeply involved in the project and the work with the Comité, so in some cases we refer to the activities of ACASAC/OMM.

Box 1. How do partners and their networks improve health systems?

- Educate volunteers about laws, citizens' rights, health issues, and health rights violations
- Build volunteers' skills, knowledge, confidence, and problem-solving abilities through supported practical work (e.g., collecting data from health services about medicine stock outs and staffing, accompanying patients and translating and advocating for them, mediating when problems arise between patients and health service providers)
- Support volunteers to educate the public about their health rights, health issues, and the services they can request (e.g., through communications via radio, print, reports, social media, one-to-one conversations, and information sessions)
- Engage volunteers to collect data on health rights violations, health system budgets and service problems, obstetric violence, birth registration problems, and challenges faced by traditional midwives
- Enable volunteers to advocate on behalf of indigenous and marginalized communities whose rights have been violated (e.g., educating public registry officials about the rights of parents and traditional birth attendants to register births and obtain identity documents for children, accompanying patients to hospitals to advocate for advanced medical care that is needed)
- Engage health and other public authorities to address problems, using a combination of collaborative and adversarial approaches (e.g., convening meetings with health authorities, filing legal complaints and comments on legislation, collaborating with national-level agencies, publishing technical reports drawing attention to the incidence of poor health outcomes such as maternal mortality)

A REDC-Salud Defender of the Right to Health educates K'iché speakers in their native language on a community radio program. The community radio programs reach citizens in their first language with information about what REDC-Salud does and about their rights to health care under Guatemala's constitution.

Credit: REDC-Salud

About this report

This report shares what was learned through interviews and observations about processes of network strengthening over the first two years of the Action Learning with Grassroot Advocates project (2023–2024). The lead author of this report, who serves as the project's Learning Advisor, reviewed existing theory and network evaluation literature, and then she conducted interviews with leaders of the four partner CSOs to understand how they had experienced and observed network strengthening. An analysis of the interview data, and the use of existing literature and project documents, led to the identification of the ten dimensions of network strengthening discussed below. These dimensions include both indicators of network strength and conditions or processes that build network strength. Each dimension of strengthening is elaborated on using multiple empirical examples.

The report highlights connections, synergies, and differences across the three organizations. The interviews surfaced dimensions of network strengthening that the author had not observed or been prepared for based on background research, demonstrating the value of an inductive, participatory learning process.

Box 2. Why is network strengthening strategic?

OMM views network strengthening as important for the following reasons:

- "We add voices to common goals, amplifying the visibility of our actions to different audiences, including decision-makers. Together we can highlight patterns of negligence, exclusion, and absence, as well as good practices, and demand structural solutions, not just local ones."
- "We share tasks and use our strengths: the network allows us to share for the benefit of a common goal. We can also take advantage of each organization's strengths, resources, networks, and contacts when needed for different purposes (e.g., graphic design, translation, dissemination, spaces, advocacy, among others)."

As CEGSS sees it:

- "It is important to strengthen local networks of community defenders because each member represents their community—they are the spokesperson for their needs, demands, and proposals for solutions to improve their living conditions, and specifically their access to culturally appropriate and comprehensive healthcare."

According to PRO-Health:

- "Accountability is political and therefore requires clout to make an impact. For health care to be prioritized in the Philippines, it needs to have a solid constituency with clout. Strengthening the network—consolidating the base and building coalitions and alliances—is indispensable in building clout. The resilience of an initiative also rests on the ability of its network to be adaptable to changes."

Ten Dimensions of Network Strengthening

This section both describes how network strengthening is supported (how strengthening happens) and presents empirical evidence that networks are stronger because of the activities carried out by the project (what strength looks like). Network strengthening is not a strictly linear process, and many of the dimensions are interrelated and occur simultaneously, but they are presented in a somewhat chronological order, given that some tend to happen before others. Also, it is important to keep in mind that the social context and conditions for change within each dimension vary, and that progress is not unidirectional.

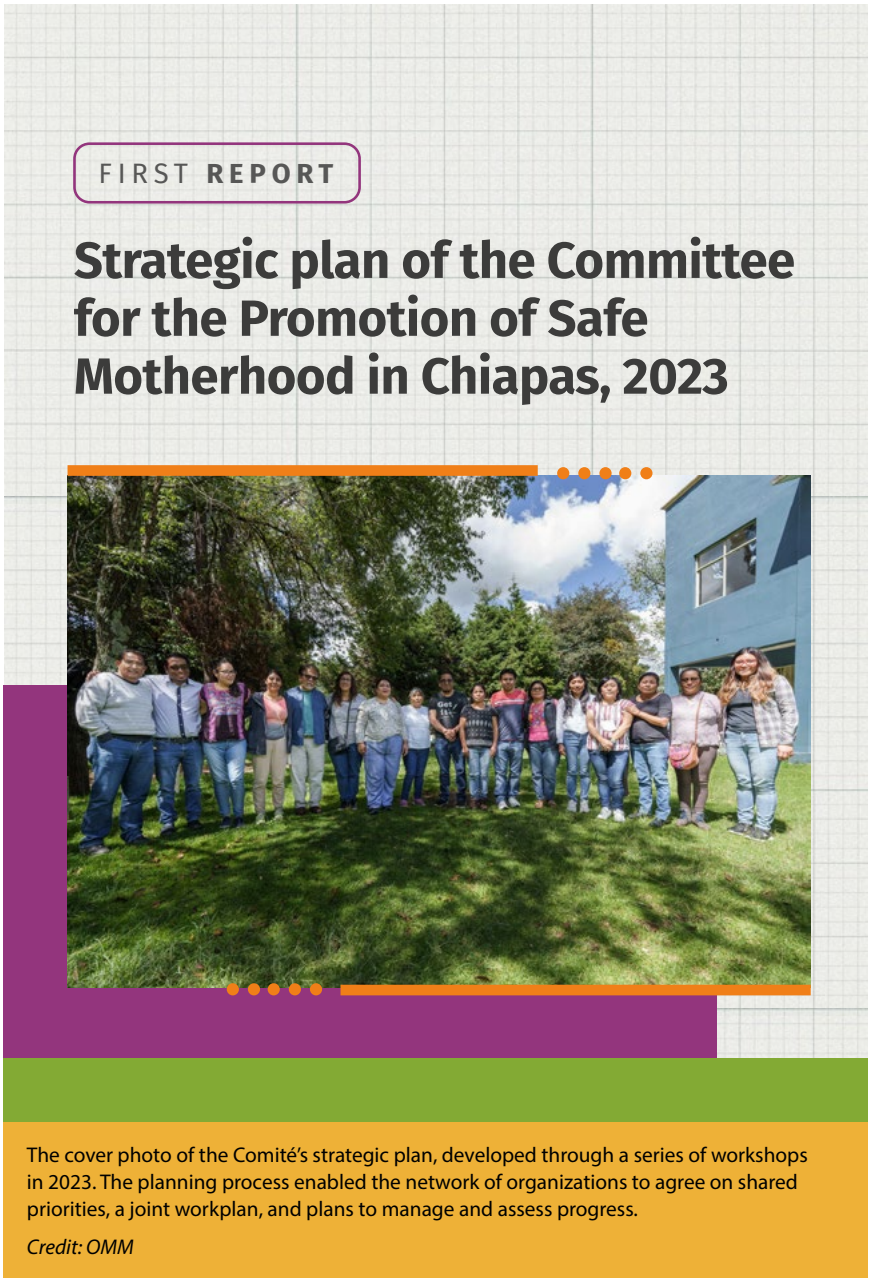
The leaders of the four CSOs who were interviewed for this report saw the strengthening of their own organizational capacity as an essential part of strengthening the networks they support. Network strengthening in this initiative has therefore focused on supporting core organizations, who are able to broaden their recruitment and engagement of volunteers and then bolster their capacity to assess and address health service delivery problems, advocate with public officials, build the capacity of citizens to know their rights and advocate for themselves, and build cultures of respect and accountability in which governments provide quality health services with respect and dignity for service users.

1. Strengthening core organizations that convene and support the volunteer network

The four CSOs involved in this initiative are organizations that form and activate networks of individuals and organizations to improve health system functioning. Once activated and supported, networks build collective power and have the potential to make system-wide change. However, in order to mobilize others, core organizations need to be strong. Strong means different things to the different organizations. They describe their strengthening in several ways, from hiring more and specially skilled staff, to undertaking strategic planning processes, to establishing processes and norms for information collection and sharing, face-to-face meetings, and stronger institutional processes. What follows are some examples of organizational strengthening that partners identified as significant.

Between 2023 and 2025, CEGSS doubled its core staff from four to eight. They hired a skilled communications lead, a second lawyer capable of leading advocacy efforts with the government, and field staff who can support more REDC-Salud defenders. CEGSS was also able to work with a specialized consultant to develop a safety and security plan, which was an important aspect of mental health and safety for staff and community defenders given the security risks they face in Guatemala. CEGSS also wrote a strategic plan; the participatory process of creating it enabled the team to reflect, debate, and come together around clarified shared objectives and strategies.

Support from this project has allowed ACASAC and OMM staff to dedicate time to the re-activation of the Comité, the development of its strategic plan, and the convening of regular in-person and virtual Comité meetings. They have been able to contract a close collaborator to provide monitoring and evaluation support, and to cover the costs of the communications staff who have supported the work of the Comité, including projects such as a podcast series that educates the public about the work of the Comité members.



The cover photo of the Comité's strategic plan, developed through a series of workshops in 2023. The planning process enabled the network of organizations to agree on shared priorities, a joint workplan, and plans to manage and assess progress.

Credit: OMM

2. Recruiting and (re)engaging volunteers

Enlisting new volunteers or motivating former volunteers to get involved again is essential for networks. Increasing the number of volunteers and the geographic area covered are both important aspects of recruitment. Each of the organizations involved in this project have different histories and ways of engaging network members.

Since Action Learning with Grassroots Advocates started in 2023, PRO-Health has mobilized almost 300 volunteer monitors, who are a mix of experienced and new participants. One subset of the PRO-Health volunteer network consists of individuals who have been engaged in other government monitoring projects led by G-Watch, but who

were not necessarily actively involved when this project started. G-Watch contacted these 'hardcore' volunteers—known affectionately as "G-Watchers," some of whom have been involved off and on for 10 years—and asked if they would be interested in a new health services monitoring project. G-Watch staff (referred to as G-Watch Center) developed partnerships and learning agendas with five local G-Watch core groups (Bicol, Bohol, Dumaguete, Lanao, and Puerto Princesa).

G-Watch also engaged with community-based organizations, sectoral organizations, and schools' civic engagement programs to recruit volunteers and new members. In addition to the core groups, they partnered with one local government (Pasig City) and the on-the-job training course of one university (S. Leyte) to cover a total of 13 sites. G-Watch also partnered with two broad-based social organizations: the SCAP and SNPP. SCAP members are youth, a target group for the project, and they were particularly interested in mental health issues, as there is a mental health and suicide crisis among students in the Philippines. SNPP is a member-based organization of some of the poorest families in the country, beneficiaries of a government conditional cash transfer program, who are required to use certain maternal and child health services as a condition of their cash payments. Both SNPP and SCAP members were trained and became involved as volunteer monitors to assess the quality of services and issues facing service users in their communities. They participated in analyzing data, meeting with public officials to discuss findings, and following up on commitments of those officials to make changes.

CEGSS has worked for many years with a network of community defenders of the right to health (REDC-Salud), and the number of defenders has fluctuated from a high of 120 prior to 2020, to only 70 active defenders when Action Learning with Grassroots Advocates started. The economic and security problems of the country, combined with the effects of the Covid-19 pandemic and reduced resources and staff in CEGSS to support defenders, had led many defenders to migrate abroad or quit, and network membership had declined. When this project started, CEGSS began recruiting community leaders for their newly revised and formalized Citizens' School for Health Rights. The training program, described in the next section, is one way that new REDC-Salud members are recruited and trained.

Another aspect of the recruitment and engagement process has been to re-engage less active members by supporting them with more regular technical support from CEGSS field staff. Strengthening CEGSS through recruiting more technical staff, described above, therefore directly supports the recruitment and engagement of network members. Defenders are in regular contact with CEGSS staff and one another using WhatsApp, which allows them to share progress, ask questions, and discuss news.

In Chiapas, the Comité has been in existence for 25 years. However, in the last 10 years it has been relatively inactive due to a lack of dedicated support. Since this project started in 2023, ACASAC has re-engaged and activated the network of organizations that make up the Comité. They have had multiple in-person retreats, formed working groups, and engaged in collaborative projects. The recruitment of new organizations into the network is under way, starting with the indigenous children's organization CHIELTIK.

ACASAC recruits young people to work with them in developing health rights information materials and conducting outreach in their indigenous communities. To do this, they design safe, fun spaces for young people to learn, be creative, and empower themselves through meaningful action.

Youth health promoters holding the puppets they made with ACASAC to create educational videos on sensitive topics for other indigenous youth in their native languages.

Credit: Juan Carlos Martinez, OMM

A large portion of the funds the organizations receive are used to cover the costs of bringing volunteers together for in-person trainings and joint work, as well as covering the costs of their work in the field. The distances between communities in all three countries are large, and transportation is slow and costly. Because many volunteers have limited financial resources, the ability of core organizations to cover travel and materials costs often makes the difference between their being able to participate in gatherings or not. For those seeking to activate networks of volunteers, meeting the costs of transportation may be an essential component of success and sustainability over time.

SCAP Mindanao volunteer monitors pose with G-Watch members during their first training in Samal, Davao del Norte, where they learned about citizen monitoring, participation, transparency, and policies related to PRO-Health.

Credit: G-Watch

3. Building capacity and activating volunteers

Training volunteers so that they have the knowledge and skills needed to be effective health rights advocates and enabling them to do work that is interesting and meaningful to them is key to keeping them motivated and achieving the intended results.

CEGSS has formalized and revised its training program for community defenders to create the Citizens' School for Health Rights. All existing defenders were re-trained with standardized content and methodology in 2022. Since then, CEGSS and REDC-Salud recruited and trained a new cohort of 37 people from Sololá, who graduated in December 2024. Most of the course content is delivered virtually over a period of six months, with 14 video and text-based lessons delivered by WhatsApp and followed up with group chats with the trainers and participants. After the course content is completed, students undergo an in-person practicum, or practice monitoring exercise, before they formally graduate. Graduates of the school are given the opportunity to formally join the network of community defenders. This final step, the active choice to join the network, acknowledges the commitment required and the fact that not everyone is able to make such a commitment, and it increases the chances that those who have joined will be active members. In 2025, the Citizens' School is being replicated with new cohorts in the other provinces where CEGSS is active to recruit and train more members.

In addition to formal capacity-building efforts by CEGSS, some defenders are extending the training to other networks through organic, unofficial replication efforts. Some defenders are also part of midwife networks, and they are using the Citizens' School for Health Rights curriculum to build capacity among other midwives. CEGSS is unable to support every effort like this, but it answers questions and attends to these groups when it can.

Students in the CEGSS/REDC-Salud Citizens' School for Health Rights in Hueheutenango (above) and Sololá (below) share their group work and pose for a photo with their diplomas.

Credit: CEGSS

As mentioned above, the Comité member organizations have their own networks of health providers and promoters, gender equity advocates, midwives, staff in government ministries and advocacy organizations, and academics. Capacity building and engagement happens at the level of those organizations and at the level of the individuals that carry out their work. For example, Comité member CAMATI, which represents and supports midwives, is building its legal and policy advocacy skills by developing materials for traditional midwives about their legal rights to

register births and practice their profession. ACASAC works with youth health promoters, who develop multi-lingual educational materials and train indigenous youth about sexual and reproductive health. The young people build their own capacities through this process, and they also empower their peers by educating them about how to take care of their health.

The Comité has strengthened its capacity as a network of member organizations by transforming how it organizes itself, transitioning in 2024 to a new system of technical secretaries who lead the network, and adopting new organizational and information collection and sharing tools. They established fresh joint efforts, including collaboration on collective feedback on the government's *Norma 020*, which governs midwifery and has possible negative implications for traditional midwives. This process of drafting feedback on the *Norma* was difficult because the members of the Comité had different positions on certain aspects of it. They had built enough trust and rapport over time to work through their differences and produce a strategic, unified response to the government, which was important evidence of network strength.

PRO-Health builds on G-Watch's long history of training large numbers of volunteer monitors to understand key government services and to go out into their communities to conduct interviews and collect observational data on access to and quality of services. They do this with a series of well-established in-person training techniques, which ensure that volunteers learn, have fun, and make friends. Recruiting and retaining volunteers requires enthusiastic organizing skills and activities that volunteers believe are important, interesting, or useful.

PRO-Health has mobilized nearly 300 volunteers, who have monitored 255 public health posts all over the country and interviewed 1,364 citizen health service users and 795 health workers. As Joy Aceron, Director of G-Watch, puts it, "Whenever we are monitoring, it's not just that... Any monitoring we do is really organizing as well." The monitoring process is not only about the data collected but is also a way to engage volunteers who then become knowledgeable, empowered citizens who can be mobilized for different accountability efforts.

For PRO-Health volunteer monitors, capacity building happens in three areas: knowledge about health services and governance; capacity to conduct monitoring; and capacity to engage government. PRO-Health sees individual capacity as a key element of organizational and network capacity, so they have developed an individual Capacity Self-Assessment Tool that volunteer monitors complete at the beginning of their involvement in PRO-Health. They will complete the tool again at the end of the initiative to see if they have made progress at the individual level.

A PRO-Health monitor interviews a student in Sogod, Southern Leyte, to collect data on how the health system is working for students and to build awareness of their rights to health.

Credit: G-Watch

Volunteers acquire technical knowledge in the training and then practice conducting site visits at health centers. They collect, tabulate, and analyze data. They are given real responsibility, and are engaged at several stages of the process, which helps them feel ownership and remain interested. Some volunteer monitors come to the problem-solving sessions that PRO-Health organizes with health and other government officials, and they play a role in documenting and tracking the agreements and promises that authorities have made. They transform themselves from monitors to advocates who are empowered to ask the government to fulfill its obligations.

Aside from learning monitoring skills and engagement with government officials, volunteer monitors are also developing skills to adapt to unexpected challenges they face. The volunteer monitors learn about the root causes of problems. For example, volunteer monitors in Naga realized that the lack of medicines in their health unit was due to city government budget decisions, which prompted them to also engage with the budget processes.

PRO-Health mobilized and trained 30 national-level volunteer monitors on budget and procurement monitoring, advocacy, and engagement. The volunteers are organized into three national accountability teams, and each prepared a budget and procurement monitoring, advocacy, and engagement plan on one of the three government programs PRO-Health targets (reproductive health, First 1,000 Days, and mental health).

Capacity building and volunteer activation as part of a civil society network can lead to self-empowerment. In the case of SNPP, the volunteers are mostly very poor women whom the authorities have treated as beneficiaries with obligations, not citizens with rights. The process of training these volunteers and organizing them to conduct monitoring activities reformulates their relationship to the health services. SNPP leaders who have participated in PRO-Health have noted how empowering it is for them not only to access services, but to be able to identify ways to improve them and demand that duty bearers respond to their findings and recommendations. As one leader of SNPP, Wermay, stated in one of the learning exchanges that PRO-Health conducts with volunteers to reflect and share insights, "We would not have been able to meet with our mayor and discuss ways to improve health in our locality without PRO-Health." The training, data collection, analysis and problem-solving processes, and collective power that PRO-Health builds can thus increase agency for participants and change the social dynamics of local communities.

PRO-Health has built the capacity of G-Watch Center staff to understand and engage with health policy issues. Although they had monitored medicine procurement as part of a previous project, their knowledge of RMNCAH issues was limited. The deep engagement with health laws, government reports on health problems in the country, and the monitoring data collected about problems at health centers has dramatically improved the capacity of the G-Watch team.

4. Developing network cohesion and trust

One element of network strength is the social ties between members, and the trust and closeness that they feel with each other. This trust is apparent in several ways in these networks—from the types of personal, informal, and warm conversations members of REDC-Salud share on their WhatsApp group, through the fun trust-building exercises PRO-Health monitors engage in at in-person trainings, to the trust-based management of travel reimbursements. The sense of belonging, unity, and trust was beautifully demonstrated in a recent meeting of the Comité, where members said they wanted to make pins or t-shirts so they could represent the Comité when they are out in the world engaging with authorities or peer organizations. This physical representation of collective identity is already established at CEGSS and REDC-Salud, where members wear vests and identity cards, and at PRO-Health, where they wear matching T-shirts. The organic emergence of the request from the Comité group after less than two years of re-engagement is a sign that there has been meaningful growth in cohesion and collective identity.

For all CSO project partners, in-person gatherings are an important part of building trust and relationships. Learning about one another as people and what the organization does helps them work together and feel committed to joint work. Joy Aceron also credits jointly developed learning agendas as an important part of building ownership within the network of volunteers.

Network cohesion also protects network members. As Hilda Argüello, Technical Secretary of the OMM, notes, having a unified network voice in a joint communiqué sent to local authorities on how violence was impacting the work of midwives meant that network members were less likely to be singled out as individuals than if they had spoken up alone.

The time spent working together, building trust and individual relationships, can enable effective conflict management. Hilda Argüello noted that the constructive handling of disagreements among members and the ability to maintain focus on shared goals and long-term impact is possible for the Comité due to the strength of the trust and commitment of members to their shared mission.

PRO-Health makes a strong effort to make trainings fun; laughter is an important social glue.

Trainings that are fun keep volunteers coming back and builds trust and camaraderie among volunteers. PRO-Health training participants play games and perform skits, which keeps the workshops lively.

Credit: G-Watch

5. Strengthening relationships between networks and community members

Some of the most important evidence of network strengthening comes from stronger relationships between networks and the communities of indigenous and marginalized people that their efforts seek to support. For these volunteer networks, service to their communities is their reason for being. Although they are for the most part not providing direct services, they are working on improving public services for the people through a combination of information, demands for transparency, public pressure, and engagement with authorities. The trust that the networks build with communities is essential to their legitimacy and is also part of their strategies to engage and involve citizens to pressure governments to improve public services.

A youth health promoter trained by ACASAC distributes pamphlets to young people arriving at a health education workshop held at their school. Reaching young people through educational institutions is a key strategy for ACASAC and the youth promoters they work with.

Credit: OMM

In Guatemala, the CEGSS team has seen increased demand among communities for engagement with defenders. This is attributed to the successes that defenders have had with solving problems with community members and accompanying them in their process of seeking healthcare. While earlier in the network's life, the focus was on collecting and aggregating data and using it to engage authorities, in recent years, the focus has been more on empowering defenders as problem solvers. With the support of the CEGSS field staff, defenders can mediate conflicts between health service users and providers and follow up on specific instances of neglect or poor care through different levels of authority or grievance redress mechanisms. As CEGSS Director Benilda Batzin explained, the network is more visible now because the defenders are not only documenting incidents, but they are called by people who need help when there has been a violation of the right to health. The defenders are not only language interpreters, but they also serve as problem solvers and mediators to help advocate for patients and resolve issues with health authorities. Benilda says,

> *I see that today, more than ever, the work of the network has been expanding, expanding, expanding. Before it was only monitoring, advocacy, monitoring, advocacy. But not now. In fact, right now, before this meeting, we were attending to a case in one of the national hospitals that a defender is accompanying. So, it is not only at the local departmental level that this is taking place, but also at the national level.*

As Rosaura Medina, Deputy Director of CEGSS, summarized, "The level of trust has grown because we have been responding to the demands of the people." A virtuous cycle is unfolding—the community sees positive results from the defenders' work, so they call on them more, which makes the defenders more active and visible, which helps recruitment and retention of defenders. This makes the network more capable, which creates conditions for more success, which then continues.

REDC-Salud community defenders working at an information table outside of a health center in Quiché explain the work of the network. Going into community spaces such as markets and town squares is an important strategy for reaching rural community members.

Credit: REDC-Salud

For the Comité, community midwives are now 'front-and-center' in the way they work and the way they speak about maternal health issues. Midwives are represented within the Comité by CAMATI and other members, but this year, individual midwives attended meetings and the anniversary celebration of the Comité, as well as participating in the learning exchange with the Guatemalan midwives and CEGSS. OMM undertook an action research project with a group of midwives to understand how increased crime and insecurity were affecting them and to develop a plan to act with them. Together, they are launching a public campaign to improve the safety of midwives and pregnant women; strengthen the capacity and recognition of midwives; improve access to quality maternal health services; and simplify and facilitate the civil registration process.

PRO-Health volunteer monitors have become trusted sources of information within their communities and the communities they visit while monitoring. The training on health laws and government programs that they receive as volunteers with PRO-Health means they can answer many questions about services and citizen rights. As Joy Aceron notes, "Volunteer monitors were instrumental in educating communities about their rights and services during reproductive health monitoring." Thus, their relationship with communities may not simply be to collect data from them, but also to serve them as resource-persons.

6. Increasing visibility and public recognition

Visibility and public recognition of networks are a result of network strengthening and contribute to it. Communication efforts, strategic relationships, and past successes contribute to increased visibility and recognition.

Hilda Argüello Avendaño is interviewed by Gabriela Gomez, both of OMM, for one of a series of video podcasts featuring the work of the Comité network members.

Credit: OMM

ACASAC and the Comité have invested time and resources in producing a series of podcasts featuring the members of the network. This helps to educate the public about the work of the members. By branding the podcasts and introducing the organizations as members of the Comité, the visibility of the network itself is also strengthened. The Comité has increased its social media presence and has also convened in-person events, such as its 25th anniversary celebration, which have given the members an opportunity to draw attention to the important work of reducing maternal mortality and related failures of the health and social systems.

(Left to right) Francis Isaac (G-Watch), Matthew Silverio (SCAP), Annabelle Dela Peña Luna (SNPP), and Joy Aceron (G-Watch) make the PRO-Health 'H for Health' hand-sign while representing the Philippines at the 'Social Organizations and Democratic Futures in the Global South' gathering, in Choachí, Colombia in 2025.

Credit: G-Watch

For PRO-Health, the profile of the project and its networks are raised by regular social media posts—including updates about in-person meetings and events. The social media posts about the gathering of volunteers and the fun, in-person trainings they have not only raise awareness among those outside of PRO-Health, but they reinforce the collective identity and bond of the volunteers to their joint mission. Additionally, reflecting the successes of problem-solving sessions and alliances with duty bearers and other organizations helps to raise the credibility and clout of the project. They have found that they have been able to engage with well-established health and reproductive rights organizations even though they are new to health advocacy at the national level—and they attribute that access in part to their successful communications about who they are, what they stand for, and what they are doing together as PRO-Health.

CEGSS also uses digital tools to strengthen the network, and during the project has re-designed its website, including a separate website dedicated to the REDC-Salud network, and hired a full-time communications staff member who has dramatically increased social media content and audience size. As Benilda Batzin notes, "The [individual websites] that show CEGSS and the REDC-Salud network, as well as the social media networks, contribute to the work having more visibility for different audiences…there is a demand to share experience, to share strategies, but we also learn from [the other organizations] as well." As she describes, improved communication increases opportunities to connect and collaborate with other organizations and open possibilities for new alliances. She has been invited to present and collaborate at several regional and international conferences, which raises the profile of what CEGSS and REDC-Salud are doing and is therefore not only a sign of strength, but also a contributing factor in the process of strengthening.

7. Building alliances with counterpart organizations

Building formal and informal alliances with other CSOs has been an important part of building the strength of the networks. Peer allies offer opportunities to collaborate on joint efforts, to incorporate members of other organizations into the network, and to build visibility of their work. G-Watch worked with SCAP and SNPP from the beginning of PRO-Health, and as well as co-leading the project, their memberships have been key sources of volunteer monitors. For example, the SCAP members identified mental health as the main issue facing youth, so PRO-Health adopted that as one of its three target policy areas. PRO-Health has also convened other peer organizations by hosting strategy workshops with leading organizations in the reproductive rights field. They have benefitted from the knowledge and experience of others steeped in the health and mental health fields through these alliances and have been able to develop more effective strategies for engaging the government because of these new relationships and their shared knowledge and expertise.

SNPP and G-Watch members meeting in Tagaytay to share experiences and co-develop the PRO-Health strategy.

Credit: G-Watch

The Comité sees networking with peer groups in other states and geographies as an important way to grow the scope of their work in the future. Their focus is currently within Chiapas, but there are opportunities to link strategically with organizations in other states. The OMM has also established its own new allies during the project, such as collaborating with The Hunger Project Mexico on the prevention of early, child, and forced marriages. They are also starting to work with a network for HIV prevention and care.

CEGSS has long worked with many peer organizations and networks. As Benilda Batzin says: "CEGSS has cultivated alliances with ancestral authorities, with health committees, water committees, environmental committees, and midwives' organizations in the communities. We do not count them as defenders but as allies, because it is only when we have very specific activities that they are called upon and accompany us." Tackling structural determinants of health for rural indigenous communities requires a strong alliance of organizations and actors that share the same values and goals; increasing and diversifying alliances is therefore a key goal.

In an example of strengthening the alliance between the Mexican and Guatemalan organizations participating in the project, in July 2024, the Comité hosted a delegation of Guatemalan midwives and CEGSS staff members for a three-day learning exchange in San Cristóbal de las Casas, Chiapas. The delegation spent a day with the Comité member organizations, a day with Mexican midwives who are supported or represented by members of the Comité, and a day with ACASAC, OMM, and the youth health promoters they organize. Some of the Comité's takeaways from the exchange were that learning about the experiences of other organizations is important, and that listening to others' experiences gives them the strength to continue fighting for human rights. They identified many shared values, such as a belief in their own abilities to solve problems and their dedication to providing support and information to the most vulnerable groups.

A young health promoter who works with ACASAC shares a photo of a puppet used to educate indigenous youth about sexual and reproductive health issues with a REDC-Salud health rights defender visiting from Guatemala during the cross-border learning exchange in 2024.

Credit: OMM

8. Developing relationships with government

Strengthened relationships with authorities within government happen in many ways, at different levels. One is that people working in the public sector, from frontline health service providers to elected officials, have joined the networks as individuals. Some of the earliest members of REDC-Salud were health workers and publicly funded community health promoters. A municipal nutrition committee member was part of the most recent cohort of the Citizens' School for Health Rights in Sololá. The fact that he wanted to join the network is evidence of the value and legitimacy of the network's work, and an opportunity for the network to possibly collaborate and share knowledge with an official entity. In other cases, elected municipal officials have accepted invitations to accompany defenders while they do their work. They became interested in the right to health and the work that the network is doing, and many became allies of the network. As Rosaura Medina described:

> *The San Pedro Jocopilas councilor who oversees the Health Commission told me: "I don't know anything about laws. I don't know how to handle the health issue. And now that you have come, I am going to do something." It turned out that this man wanted to be part of the REDC-Salud network, because he said: "I have power in the municipality, but I don't know how to use this power. And now, if you advise me and accompany me, I can do things better."*

This is an example of how the work of the defenders, starting with their request to monitor services and their presentation of themselves to the authorities as an organized network, can bring well-meaning officials on board with the mission to defend the right to health. The relationships they are able to build with council members such as this one are extremely valuable in their efforts to strengthen public health services.

The networks sometimes work collaboratively with the government. For example, the meetings that PRO-Health has with authorities where they share the network's monitoring findings are called 'problem solving sessions'—a term that suggests that all parties are jointly seeking solutions to problems. As Joy Aceron describes: "We built alliances as we did the monitoring, reminding governments of their responsibilities. In problem solving sessions, government officials and community groups worked together to address health service gaps."

In one case, a government official who attended a problem solving session, and who had been a student of Joy Aceron's many years before, invited her to discuss issues further. He shared important information about how the health budget process works that enabled PRO-Health to focus its energies on the most relevant aspect of budgeting. This type of intelligence from someone inside the bureaucracy would not have happened if PRO-Health had not been engaging large numbers of officials in a collaborative manner.

The mayor of Pasig City has been a key partner of the PRO-Health project, and several city workers from other localities have also joined. In other cases, former members of the network have joined the government, either as elected officials or bureaucrats. These relationships serve as potential openings for information sharing and collaboration. They also mean that at least some government officials see the network as legitimate and important, which is a sign of its strength and a potential asset for the official. Officials who are part of G-Watch learn about participatory reforms and build strong alliances within civil society.

PRO-Health volunteers meet with the Mayor of Bontoc, Southern Leyte.

Credit: G-Watch

This collaborative stance does not mean that PRO-Health is naïve about inertia within the bureaucracy or the existence of actors within it who are hostile to their agenda. One of the ways they gently attempt to influence the government is by sending letters asking to observe official meetings. Then, if the meetings are not happening, the authorities may feel some pressure to operate as they are supposed to do. As Joy Aceron explains, "Writing letters asking to observe mechanisms... is an effective way to activate government processes." For example, they noticed that their requests to observe reproductive health policy implementation group meetings pushed the Department of Health to reactivate a dormant program.

When CEGSS and REDC-Salud began their work, many health center workers viewed health rights defenders as adversarial. Now, they recognize their valuable skills and trust that they have the best interests of the community in mind. Word has gotten out that the network can help the government do its job better too, and there is demand for that. In some cases, health center workers now call defenders to help solve service delivery problems. Therefore, the network is strengthening the health system through its capacity building and collaborative relationship with officials who are well-intentioned and open to them.

REDC-Salud defenders can navigate various levels of bureaucracy because they are known by the authorities and viewed as legitimate actors in the health system. The network's reputation and visual collective identity assists the defenders as they help community members navigate bureaucracies to claim benefits. As Benilda Batzin described,

> *Where there are cases of child malnutrition, the defenders have not only accompanied the parents, but they have also acted as interpreters, because the parents do not speak Spanish, and with the ID card they have and the vest they wear, they have more access to public agencies. Now many times the authorities do not ask them where they come from, who they are, but just by the fact that they see them with a vest and their ID card, they allow them to enter and ask for information.*

REDC-Salud members share information with community authorities in Quiché.

Credit: REDC-Salud

The Comité members have various relationships with government officials. ACASAC and OMM have historically shared knowledge products with the government, and state agencies now house many of the sexual and reproductive health educational materials they have created. The Comité's recent comments on *Norma 020* is an example of official engagement with health authorities, but a change in government in 2024 is one factor meaning that the opportunities for a close working relationship with government are yet to become clear. This is a reminder that working relationships with government are fluid and can be dependent on electoral outcomes.

9. Broadening the frame of problems and solutions

As CSOs and their volunteer networks build their individual and collective capacity and advance their work with communities, authorities, and other stakeholders, they can broaden their framing of problems and solutions. Using

a wider-angle lens on the issues they care about, they can address issues more holistically and target different pressure points within social and governmental systems. More holistic approaches may include incorporating related issues into their portfolio or using new skills and approaches to engage public authorities. It may also mean identifying and working with a broader range of actors to address interconnected issues that harm communities. Examples of this frame-broadening process are described below.

The Comité has expanded its focus to new, related health topics. While it previously focused exclusively on safe and voluntary motherhood, members have now recognized how integral HIV/AIDS is to this core concern. They have formed working groups to investigate and build work plans on issues around HIV/AIDS. As a voluntary network of professionals, the fact that people are motivated to take on a new issue and work together on it is a sign of the network's value to the members. It is also evidence that Comité members feel secure and confident in what they have already committed to. By embracing the issue of HIV/AIDS, which is highly stigmatized and involves some different stakeholders, the Comité can address RMNCAH care more holistically.

REDC-Salud defenders are beginning to work on chronic and non-communicable diseases as well as climate change impacts and the right to education. Healthcare facilities in rural areas provide little support for chronic conditions and non-communicable diseases. Extreme weather events associated with climate change affect public infrastructure (heath facilities, schools, roads), and food security. School closure affects students' daily meals, important for rural families. All these problems directly or indirectly contribute to poor health outcomes. REDC-Salud defenders, by following the needs of the communities wherever they lead, have naturally expanded their work to include these inter-related but new issues.

For example, community leaders asked a defender for help addressing the two-year closure of their children's school through the lack of a teacher. CEGSS's Deputy Director Rosaura Medina explained how CEGSS and REDC-Salud managed the process of addressing the closed school. After hearing about the problem, CEGSS asked the defender, Don Transito, to bring the leaders of the affected communities together to draw up a formal document stating how long their children had been deprived of a school. Within two weeks, CEGSS's attorney staff members had drafted legal documents and organized a meeting with the technical Vice-Minister of Education. A week after that, a delegation of leaders from the four affected communities came to the capital and met with the Technical Vice-Minister of Education to present a dossier with their demands. As Rosaura Medina recounted:

> *Two things were achieved. The Vice-Minister said, "we are going to create a technical working group at the national and departmental level to follow up on the demand for schools." Then the people went back to their communities and were happy with this achievement. They said "we never sat down with a Vice-Minister of Education before. We had never been to Congress or a Vice-Minister's office. We have only come to the municipal government and the only thing we have delivered is a request, but we had never seen how our requests move forward." And suddenly, the following week we already have more demands from communities. People say, "ah, look, I heard that CEGSS and REDC-Salud are having responses from authorities and now we want you to help us manage the water problems for our community." So, we have been seeing that the demands and complaints from citizens are increasing.*

This example demonstrates the sophistication of the CEGSS's engagement with public officials. It also demonstrates how REDC-Salud's success contributes to the demand for more help on more issues. The defenders have applied their health advocacy skills to other sectors and issue areas. The fact that the network has built skills in advocacy that are recognized in and transferable to issue areas handled by non-health agencies is a sign of agility and strength. It allows them to expand their focus from the healthcare system to the entire system of public services charged with serving the indigenous population—all of which impacts health. Defenders have also been learning mediation and problem-solving skills through ongoing accompaniment by CEGSS staff, and accompaniment and mediation will be future training modules for the Citizens' School for Health Rights.

In PRO-Health, volunteers took on new roles to hold public authorities accountable. After learning to monitor health centers and collect data through interviews with health service users and providers, the local groups of volunteers learned to engage with public authorities on their monitoring data during problem-solving sessions, track the commitments the authorities made, and then follow-up with them. These public advocacy skills enable citizens to connect the problems they see on the ground with the duty-bearers responsible and utilize their collective power as civil society actors to pursue positive change. As Joy Aceron noted, "The core groups transformed from monitoring to advocacy groups." This growth of skills and abilities was achieved through a process of learning by doing, combined with technical capacity building by G-Watch.

Strong networks help members feel supported, energized, and powerful, which may give them the fortitude to take on additional areas of work. Developing increasingly holistic approaches to problems improves the likelihood that CSOs and their networks can make systemic changes.

10. Sustaining networks over time

After the interviews with the CSO leaders were conducted and analyzed, and the draft findings report was shared with them and other project team members, the concept of sustainability was identified as something that was missing from the report. Sustainability was then discussed in a validation workshop with the CSO leaders, and the following insights and reflections were shared.

REDC-Salud and CEGSS members pose for a photo during their 2024 annual assembly, which is a key moment during the year when the network members from distant geographies can be present in the same space to reflect, share, and plan.

Credit: CEGSS

The concept of network sustainability can be approached from three angles: where resources for the network come from, where the human capacity is built, and how the network expands.

- A network may be more robust and sustainable if it evolves organically with local resources, rather than being induced by an outside organization. Paying attention to the relationship between internal resources (volunteers'

time, knowledge, energy) and external resources (money, skilled staff, training or travel opportunities) is important to the sustainability of the network over time as both types of resources change.

- It is important for sustainability that the network's activities build human capacity in people who will likely remain active in communities, such as community leaders and long-time residents who can continue the work when supporting organizations depart or lose funding.

- Supporting organizations must balance the desire to grow the network with the need to support volunteers over time. Making health systems respectful and inclusive is a long-term goal, and rapid network growth may be counter-productive if volunteers become inactive because they do not receive sufficient, ongoing support. During the December 2024 assembly of defenders in Guatemala, some defenders commented that increasing the number of municipalities covered by the network would be very easy because there is a great deal of demand for their work. However, others, including CEGSS staff members, argued that expansion to new municipalities should only be undertaken if new defenders can be supported with ongoing training, technical assistance, and accompaniment. REDC-Salud has built a great deal of trust with communities and public authorities, and to maintain this trust, it must be able to respond to issues in a timely manner and with the required skill and technical support to manage complex issues. If the network expands but its reputation suffers because it is not consistent in its support to communities, this will harm its long-term work. This illustrates how the goals of growth and sustainability can be in tension with one another. The strategy that CEGSS has adopted has been to be cautious in expanding so that they can maintain their trust with the network and to support the collective effort of the network over the long term.

For their 25th anniversary in 2023, the Comité hosted a public event to bring together members of the network and the larger reproductive health community to celebrate accomplishments and consolidate strategies.

Credit: OMM

Conclusion

This report has presented the work carried out across the *Action Learning with Grassroots Advocates* project as ten dimensions of network strengthening. The CSOs have strengthened networks of health rights advocates according to their specific strategies and contexts. They work at multiple levels of government and geographic scale and in different sectors. At the international level, the project has created a network across continents that provides resources, ideas, and solidarity for members. In addition to the ten dimensions described here, there are crosscutting themes, such as intercultural communication, which influence several dimensions.

The inductive, participatory approach to collecting data about network strengthening enabled us to hear from the actors involved in their own words and to share what they feel are the most significant changes under way. The various expressions of 'strengthening' include both indicators of strength and conditions or processes that build strength.

We wish to leave the reader with two final points: These are interdependent, mutually reinforcing dimensions of strengthening, and the successes we describe are made possible because these organizations and networks have been built over decades.

Interdependent, mutually reinforcing dimensions

The ten dimensions of network strengthening have been discussed separately for the sake of conceptual clarity, but they are deeply interdependent. Each partner provided an example of how the different dimensions relate and reinforce each other.

As Benilda Batzin of CEGSS explained, the different dimensions are sometimes approached sequentially and enable each other:

> *In 2024, the Citizens' School for Health Rights was launched in the region of Sololá to strengthen participants' knowledge about the right to health, citizen participation, citizen oversight, political advocacy, and strategic alliances (dimension 3). CEGSS recruited recognized and emerging community leaders to be trained, which also builds ties with communities (dimension 7).*
>
> *Once the training process is complete, the graduates conduct monitoring of the health services and engage in health rights promotion activities. They apply the tools and new knowledge to collect data, prepare reports of health rights violations, and work with communities to develop solutions to problems (dimension 5 and 3).*
>
> *Once the monitoring reports are available, they are presented to the relevant authorities, and from there, alliances with the authorities begin through the establishment of roundtables for public health policies (dimension 8). Monitoring findings are presented so that solutions to these problems can be jointly sought with community participation. Then, the agreed action items are pursued.*
>
> *An example of this process is: one of the monitoring findings was that users could not afford their prescribed medicines, or they found that they were not available. We coordinated with the Vice Minister of Regulation, Monitoring and Control of Health and with the Program for Access to Medicine to ensure that pharmaceuticals arrive in communities at low cost. In this way, we have a strategy to work with the administration to be able to solve one of the community's needs.*

As Hilda Argüello of OMM noted, visibility enabled coordination with key actors and the expansion into new issues:

> *The outreach campaigns of the network (dimension 6) positioned the Comité as a regional coordinating organization, which allowed us to reopen channels of dialogue with the government (dimension 8). For example, we were able to present a joint report on drug shortages to health authorities. This, in turn, expanded our portfolio of issues (dimension 9).*

As Joy Aceron of PRO-Health described, working in different dimensions is part of the overall strategy:

> *Doing advocacy work involves pushing for reforms in health governance to address the issues and problems identified in monitoring. This involves developing relationships with government and building alliances with counterpart organizations (dimensions 7 & 8). To broaden its base of supporters and allies, communicate the changes that it wants to see and scale up its actions, PRO-Health strengthened networks' relationships with community members (dimension 5), increased network visibility and public recognition (dimension 6) and expanded the networks' portfolio of issues (dimension 9). Critical to all its work is the development of network cohesion and trust (dimension 4), and sustaining motivation of volunteers over time is crucial to ensure resilience and sustainability (dimension 10).*

Built over decades

We hope these insights are instructive to others engaged in similar work, but we want to emphasize that these experiences have been the result of decades of individual and collective experience represented by each partner organization. These are CSOs, not short-lived projects, and their effectiveness is possible because of the track records of the organizations and their leaders. The successes described here were possible because of the relationships, credibility, and skills that were already in place long before this collaboration began.

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