



The Gain and the Pain of Organisational Change

An Independent Evaluation of the International Planned Parenthood Federation's Accreditation System



FULL REPORT

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ABBREVIATIONS

BCC	Behaviour Change Communication
CEO	Chief Executive Officer
ED	Executive Director
IEC	Information, Education and Communication
IPPF	International Planned Parenthood Federation
MA	Member Association
Q of C	Quality of Care
SRH	Sexual and Reproductive Health

1. INTRODUCTION: THE ACCREDITATION PROCESS

1.1 Introduction

This report presents the findings of an independent evaluation of the International Planned Parenthood Federation's (IPPF) members' accreditation system. IPPF is a global Federation, with 150 autonomous Members associated with it. The Members are expected to be aligned with IPPF's vision, values and mission, and to implement its standards and policies. Membership of IPPF is restricted to one non governmental organisation per country, and the Member Association should be a leader in advocating for sexual and reproductive health and rights and provision of services.

As a Federation, IPPF divides the globe into six regions. Each of these IPPF regions has a Regional Office which provides support, technical advice and guidance to its Member Associations (MAs). The six Regional Offices together with IPPF Central Office constitute the IPPF Secretariat. Each Regional Office is headed by a Regional Director, who represents IPPF's Director-General in the region.

IPPF is one of the first global non-profit organisations to implement a process of accreditation of its Member Associations. By the end of 2007, the first five year cycle of accreditation reviews will be complete. During this time a total of 137 Member Associations will have been through the accreditation process.

1.2 Objectives of the Evaluation

The overall goal of the evaluation was: 'to determine, based on the first five years of experience, to what extent IPPF has benefited from the introduction of Member Association accreditation and whether there are improvements that need to be introduced to make it a more effective system for ensuring compliance with the Federation's essential Standards and Responsibilities of membership.'

As part of the overall evaluation, an independent evaluation was requested to focus specifically on capturing the perspective of Member Associations (MA) on their experience of the accreditation process, and to identify areas in which the system could be improved to make it more effective. The data collection for the evaluation was carried out using both qualitative and quantitative methods. A major aim of the evaluation was to enable Member Associations (MAs) to speak freely about their experiences and to document their perspectives.

At the time of the evaluation, 97 MAs had been through the accreditation review process. A sample of Member Associations was selected to be interviewed by external consultants skilled in qualitative evaluation methods. Given the number of Associations who had been through accreditation by the time of the evaluation, it was only possible to carry out in-depth interviews with a proportion of them. In total, 10% of MAs who had been through the process were interviewed by the external consultants. In order to capture the

views of all the remaining MAs, a survey questionnaire was sent to Executive Directors and Presidents. While the survey questionnaires enabled evaluators to gain an overview of opinions, the visits to MAs enabled evaluators to gain greater depth of insights into the accreditation process from the perspective of a wide range of stakeholders within the MAs.

1.3 The Accreditation Process

Why accreditation?

According to the IPPF literature, one of the core aims of the accreditation process is to ensure that: 'Members of IPPF are united by core values, shared principles and policies, a strong sense of solidarity and a single vision.' The accreditation literature states that: 'Each member Association advocates on behalf of sexual and reproductive health and rights in its own country in its own way. Despite the obvious diversity and the strength that IPPF draws from its differences, each member of the IPPF family also has a commitment to essential standards and the responsibilities that come with membership.' The accreditation process therefore tries to balance recognition of the importance of diversity and autonomy of Member Associations, with implementing a system which requires all MAs to comply with a set of agreed international standards. A key question that the evaluation addresses is: *Is the accreditation instrument flexible enough to accommodate the specific contexts in which MAs are working and recognise difference between MAs, while providing a workable framework for compliance to an international set of standards?*

What has the cost been?

The investment of IPPF resources in the accreditation process has been considerable. It is estimated that by the end of 2007 the accreditation review visits alone will have absorbed 3000 working days of IPPF volunteer and staff time. To this must be added time spent in reporting findings and the follow-up action plans. Non-staff costs (for travel etc), for all the review visits carried out in the period 2003-2007 are estimated at US\$700,000. However, Member Associations have also invested in the preparation for the review and in post-visit work, especially to address areas of non-compliance. *What has the relative cost of undergoing accreditation review been for the Member Associations involved, and does this balance with the perceived benefits?*

What are the standards?

Sixty-five standards form the basic building blocks of the IPPF accreditation system. These standards are categorised into four main areas:

- ***Constitution:*** principles; membership; governance; conflict of interest; accountability
- ***Governance :*** advocacy; resource mobilisation; stewardship; strategic planning; policy setting
- ***Programmes and services :*** strategic planning; advocacy; information and education; sexual and reproductive health services; quality of care; monitoring and evaluation

- **Management:** promoting and advancing the Association's mission and objectives; management of programmes and services; ensuring efficient financial systems; recruiting and appraising staff.

Do MAs perceive these standards to be appropriate, relevant and of utility to their work and role?

How are these standards assessed?

At its simplest, accreditation is intended to be a tool for assessing and reviewing the work of Associations to ensure it conforms to international best practice. The IPPF accreditation literature suggests that the process takes place on two levels: formal and informal.

At the **formal level** each Member Association takes part in a review every five years. There are several steps that an Association goes through as part of the review process:

- MA completes a self-assessment declaration
- Regional office reviews the Association's declaration
- Member Association prepares documentation for review team visit
- Review team comprised of regional volunteers and staff, makes an on-site visit to assess the Association's compliance with IPPF standards.
- Follow-up action is recommended by the review team for those Associations that do not yet meet all 65 standards
- MAs are accredited fully within one year of the review team visit

How is the accreditation review process perceived and experienced by the participating MAs?

At the **informal** level the accreditation aims to be a tool which allows 'universally agreed principles' to be embedded in the day to day culture and ethos of the Association, and facilitate a process of self-evaluation within the MA.

To what extent, therefore, do MAs feel ownership of the standards and review process, so that it can be adapted as a tool for self-evaluation?

What are the benefits of accreditation?

The aim of accreditation is that it has a 'mutually reinforcing effect,' and offers opportunities and benefits at every level of the Federation. It aims to strengthen Member Associations through 'empowering volunteers and staff to systematically reflect on all aspects of their work and identify the support they need to make improvements and better serve their clients.' Another intended outcome is that it strengthens the reputation of Member Associations and the Federation as a whole through improved accountability.

What impact has the accreditation process had on the MA's delivery of programmes and services?

How does accreditation link to IPPF's strategic vision?

The IPPF literature directly links the accreditation process to the achievement of IPPF's strategic vision, as set out in its Strategic Framework 2005-2015. The accreditation literature states that: 'the accountability being delivered through the accreditation system will help IPPF meet the ultimate challenge – to ensure that vulnerable populations are, and continue to be, served to a high standard all over the world.' IPPF's Strategic Framework sets out the Federation's strategic vision of addressing the UN Millennium Development Goals through ensuring universal access to sexual and reproductive health and information. To achieve this goal, the Framework emphasises five strategic priorities: adolescent/young people; HIV/AIDS; abortion; access and advocacy, (referred to as the five As).

Does the accreditation process place enough emphasis on the five As and is it sufficiently strategic in its focus?

What happens next?

By the end of 2007 all Member Associations will have been through the first round of accreditation. To ensure that follow-up action can be completed for all Member Associations before the commencement of a new cycle of reviews, Governing Council agreed at its November 2005 meeting that the second five year plan for accreditation reviews should cover the period 2009-2013. This will allow time during 2008, a transition year, to make any necessary changes to the accreditation system, approach and methodology.

Are changes needed to the standards and the accreditation process to make it a more effective instrument in the next round of reviews?

1.4 Evaluation Method

The independent evaluation sought to address the key questions highlighted in the section above. Prior to the design of the evaluation instruments, the external consultants observed one accreditation review visit, in order to gain an in-depth understanding of the process.

In-depth qualitative interviews with MAs

In total ten MAs were visited and interviewed in-depth by consultants. The Associations were not selected to cover every IPPF region. Rather, MAs were selected to ensure that the sample included the following:

- Large associations with complex branch or federal structures.
- Medium sized and small associations with limited staffing structures.
- Service providers and non-service providers
- Major grant receivers and non-grant receivers
- Associations with few or no areas of non-compliance and Associations with significant areas of non-compliance.
- Associations who were willing to take part in an evaluation of the accreditation review.

Each of the Associations was visited for a period of 1-3 days (depending on the size of the Association) by a member of the external evaluation team. In-depth interviews were conducted with a range of stakeholders in each Association including: Executive Director, President, board members, staff (including programme managers, finance managers, clinic staff) and volunteers (including youth members).

The Survey Instrument

A questionnaire was also sent to all Executive Directors and Presidents of MAs who had undergone accreditation review by the time of the evaluation. In total seventy-eight Associations responded from the ninety-seven who were sent surveys (80%).

The findings are summarised in the following section (section 2), followed by the recommendations in section 3. The detailed findings and data are presented in the section 4 and integrate the results of the survey questionnaire with the findings from the in-depth qualitative interviews. As much as possible quotes are used to illustrate the issues being highlighted by the MAs taking part in the evaluations. To maintain anonymity, and therefore to enable participants to speak freely, individual and Associations participating are not named in the evaluation report.

2. SUMMARY OF KEY FINDINGS

2.1 The principle of accreditation

IPPF is one of the first international NGOs to implement a process of accreditation and is to be congratulated on introducing an accountability mechanism within the Federation that ensures all of its Members are adhering to an agreed set of standards. The system has been implemented with professionalism and efficiency to meet the objectives of the first round of accreditation within the allotted time-frame.

There is no doubt that overall, the accreditation process (although painful at times) has been perceived by MAs to have been an extremely valuable process and there is a strong agreement among participating MAs of the value of being an internationally accredited organisation.

2.2 External benefits

Increasing the credibility of the MA in the national and international context is the major benefit that MAs have sighted for undergoing formal accreditation by IPPF. This benefit of accreditation is particularly highlighted by those MAs operating in contexts in which there are limited national regulatory frameworks and in which civil society organisations are often perceived as having weak accountability mechanisms. For the majority of MAs, being accredited by IPPF against a set of agreed standards provides an added value to their membership to the Federation.

The perception of increased credibility in the national and international context is directly linked to the accountability function of accreditation. The vast majority of MAs perceive that accreditation can be (and in some cases already has been) used to **improve their accountability to donors and clients.**

Key aspects of the accreditation process that strengthen MAs perceived accountability include: systematising and documenting policy and processes; strengthening financial systems; improved clinical protocols and referral systems; improved cohesion of branches and federal structures. These components all contribute to strengthening external relations through MAs being perceived as regulated members of an international federation.

2.3 Institutional benefits

The other important impact of accreditation has been in relation to the institutional environment of MAs. Accreditation has been an important tool for change management, especially among those MAs which have been struggling with internal management and governance issues. Key institutional issues that have been addressed as a result of accreditation are:

- Clarifying governance and management roles and specifically the relationship between the Board and Executive Director, and shifting the focus of some Boards from internal management to focus on external advocacy;

- Providing a mandate for capacity building of staff, and thereby increasing motivation;
- Providing an opportunity to re-define the role of volunteers and making the Board a more professional body, including reviewing terms of tenure and improving equity and representation on governing bodies.

Those MAs who are at a point in their development where they are able to embrace organisational change, and/or have the capacity to undergo internal review are the ones that have benefited most from accreditation as a tool for self-evaluation.

Those MAs that have undergone other certification and control processes such as quality of care certification and internal management and finance audits found themselves better prepared to undergo accreditation.

2.4 The accreditation instrument and process

2.4.1 The standards

The overall perception is that for the first round of accreditation the standards were appropriate and comprehensive.

There is a general perception that for the second round the standards need to be streamlined and that the level of detail is unnecessary and over burdensome. The current level of detail in the standards also constrains its adaptability and utility as a self-assessment tool.

2.4.2 Flexibility of the instrument

By far the most consistent constraint in the current accreditation instrument is that in implementation it is perceived to lack flexibility to take into account the local context in which MAs are operating. This issue has been particularly highlighted by those MAs operating in countries in which NGOs are bound by national regulatory frameworks.

In some cases, problems have arisen due to lack of awareness of review teams of national contexts in which MAs are operating and lack of skills in applying the accreditation instrument flexibly.

2.4.3 Review team skills

One of the great strengths and opportunities of the accreditation system as currently implemented by IPPF is that investment has been made in all MAs undergoing accreditation being visited by a review team, to allow face to face discussions. Overall, MAs have found review visits to be a supportive intervention.

In particular, MAs have found having a volunteer member on the team to be a major strength of the visit. Volunteers are valued for the understanding they bring of the complex realities within which MAs are operating. Volunteer members with experience in institutional development and change management were the most valued members of the review team.

While overall experience of the review team has been a positive one there are some important areas of weakness in skills and approach of some teams that have been highlighted in in-depth interviews. Most importantly:

- Teams are not always skilled enough to adapt the instrument flexibly to the reality of the MA;
- Team visits have often been experienced as box ticking exercises, with limited dialogue taking place with the MA;
- Some MAs have questioned the level of skill of review teams in institutional development and facilitation of dialogue, reducing the potential benefits of the visit to the MA.

2.4.4 Focus of the accreditation review visits:

The majority of MAs have indicated that they found accreditation to be a learning process which has facilitated greater understanding of the work of the MA in relation to IPPF.

The main limitations of review visits that have been identified are:

- There is an overall perception that they have focussed too much on checking documentation. There is a perception that this duplicates the workload for the MA as they have already submitted documents prior to the visit;
- There is a perception that the review visit has been unduly weighted towards discussing constitutional issues, and not enough emphasis has been placed on an assessment of performance, management and the strategic direction of the MA.

2.4.5 Strategic focus

While the first round of accreditation has been very successful in addressing governance issues, one of the major limitations in the implementation of the current approach is that very limited focus has been placed by review teams on strategic direction of the MA. For some MAs, especially those operating in well regulated national frameworks, the lack of strategic focus has undermined the relevance of the accreditation process.

There seems to be a lost opportunity for the accreditation review team to enter into an in-depth dialogue around the key issues that are of most relevance to the MA. Much of the time taken up on document checking could be completed prior to the review team visit.

3. RECOMMENDATIONS

1. **The evidence indicates that there have been substantial benefits of accreditation for the vast majority of MAs and that it should proceed to a second round.** There is also very strong indication among the MAs participating in the evaluation, that for accreditation to be of greatest value it should be an *ongoing process* as opposed to a one off event.
2. For the second round of accreditation the standards should be streamlined around a set of core principles.
3. The evaluation suggests that core principles that need to be addressed in accreditation include:
 - a. What is the strategic role that the MA is playing in the national context – is it appropriate and relevant to the MA being a leading SRH organisation?
 - b. Is the MA strategic in its focus, and its strategic plan based upon an effective analysis of its country situation?
 - c. Is the Association's mission and programmes led by the core IPPF goals and are policy documents related to the Five A's being effectively translated into practice?
 - d. Are programmes and services (where appropriate) relevant to the country context and meeting essential standards of quality?
 - e. Are programmes and services being effectively monitored with appropriate indicators?
 - f. In the national context - is the MA a credible, accountable and transparent organisation with appropriate governance structures?
 - g. Is the Association effectively managed with appropriate finance systems, staffing structures, policies and accountability mechanisms?
4. Review teams need to be skilled and coordinated to be able to work in a flexible way with MAs, to enable them to engage in dialogue with the MA around a number of key concerns that have been identified as of most relevance in the context of the MA.
5. To facilitate such a process, review teams need greater preparation time to allow them to conduct an assessment of the context and situation of the MA prior to the visit. As part of the preparation review teams should have been able to:
 - Review all relevant documentation and feed comments back on documentation prior to review visit.
 - Review results of other recent procedures and controls, both internal and external, that the MA has carried out (e.g. quality of care certification, management and financial audits) and take these into account as part of the accreditation review.

- Identify the specific and contextual concerns that the MA is confronting and that need to be addressed.
 - Develop terms of reference for the review visit that are specific to the MA and that are formulated around the specific issues that need to be addressed that have been identified by the review team in the preparatory process.
6. The review team visit should focus on dialogue and discussion with the MA to address the specific issues identified in the Terms of Reference for the visit, and to plan a strategic way forward for the MA.
7. To facilitate such a process, and ensure the review team visits are used to their optimum value, IPPF needs to consider the composition of the review team for the next round of accreditation, and identify who is best placed to coordinate the accreditation review process. It is recommended that the review teams should be led by someone with experience in institutional development, and who is skilled in facilitating a respectful assessment process in dialogue with the MA.

‘I would wish in general this process it has a conceptual framework that doesn’t need to be totally changed – but is translated and adapted – where there is an MA with an ED few or no staff and a small board – this process is overstretched – it has to be a core concept that guides it – but is adapted to context.’

‘It would be good investment to put money to prepare a good research programme – accreditation is not research – but you need to prepare a good methodology – not only quantitative – but also qualitative – to develop a robust methodology – so they can prepare for us very clearly – prepare a more balanced system.’

‘It is possible to discuss having different levels of accreditation – a maximum category or gold standard. The Associations that can take advantage of the accreditation – can take a role in assisting other Associations in the practices to comply.’

‘I don’t know how they will use this one year interval. To strengthen the next round they need better trained teams with better knowledge about the MA.’

‘We would be willing to go through the process and the sooner the better, because it keeps our momentum going and otherwise we fall asleep.’

4. DETAILED FINDINGS

4.1 Perceived Benefits

A key finding of the evaluation is that there is **a strong agreement among participating Member Associations (MAs) of the value in principle of undergoing an accreditation process**. The majority of MAs agree that there are some very distinct benefits of undergoing formal accreditation by IPPF. These can be divided into external and internal (institutional) benefits.

4.1.1 External Relations: Credibility and Accountability

Credibility

Increasing the credibility of the MA, in the national and international context is the major benefit that MAs have sighted for undergoing formal accreditation for membership to IPPF. The survey results indicated that 89% of MAs agreed in principle with the statement that the accreditation process is important for gaining them national and international recognition.

The credibility function has particularly been highlighted by new and emerging MAs, and MAs working in complex political environments, and contexts in which there are limited systems of regulation at national level. MAs have highlighted the high value placed on being recognised as a member of IPPF, both in terms of credibility in the national and internal context and providing an international mandate for their policy and programmatic focus. The process of going through an accreditation by IPPF is perceived to give an extra value to membership to the Federation, both nationally and internationally.

‘IPPF gives support to our association in various aspects – this is very important support. Some people on our Board thought the IPPF is above all a source of economic support for the organisation. Now the Board know very well that for our organisation it is very important to be a member of IPPF for our position in the country.’

‘The process was useful, because before there was no criteria for IPPF. The donors would ask us are you evaluated by IPPF? Do they provide technical support? We could not answer. Now we can say we have standards and we have to comply. This makes us a contemporary organisation and we can be competitive nationally and internationally.’

‘There are so many donors and different projects. Some donors are asking what kind of process of accreditation or transparency we go through. Now we can say we are fully compliant – it’s very significant.’

‘Once we get accreditation we will be in a very strong position to tell everyone we have the credibility, we are here, we can deliver - we are all really looking forward to getting it. These expectations are a very big achievement.’

'It helped us to become a credible and competitive organisation. We are accountable and therefore credible and an efficient organisation. Those standards they are kind of an excellent measure. When you go out there in the entire environment, you find we have a competitive edge.'

'It is good to know other associations have been through the same process. If all 65 standards apply we are judged by the same yard stick as others.'

'The results have been more internal – but externally the name of the Association has more value because they know it has been accredited.'

'If I think about this process – it seems we all understand how IPPF has changed and it was necessary to make it more formal and prepare an instrument of evaluation for every Member Association – it is the same problem in the European Union – if you have such a large system you need standards.'

Credibility in the external environment is given less importance by established MAs working in highly regulated mature democracies, in which the MA is bound by regulatory frameworks within the national law. One of the main issues raised by MAs especially in the Europe region is the problem of conforming to some of the standards (especially as regards the constitution) whilst remaining compliant to national legal frameworks.

'The accreditation process gains recognition internationally, however here in our country, it could have a negative impact.'

'We need to work much more effectively on using the IPPF brand in the national context.'

'It is important internationally, but nationally we have already been known as a strong organisation for years.'

'From our point of view, this would bring little benefit, but it could bring significant benefit in other countries where there is not such a rigorous regulatory framework. Therefore, the international recognition could be more important.'

Accountability

The perception of increased credibility in the national and international contexts is directly linked to the accountability function of accreditation. The survey indicated that 86% of respondents perceived that the accreditation process can be used to increase accountability to clients and donors.

Donor perceptions:

In terms of external relations, the most important aspect from the perspective of MAs is that donors perceive them to be accountable organisations, with regulated membership to an international federation, which also increases the value of membership to IPPF.

'The accreditation process does help with discussion with donors. In particular it clarifies our monitoring and evaluation against a set of specific criteria.'

'It ensures that Members are harmonised – it helps to maintain the credibility of IPPF. It assists us in discussions with donors. When organisations are accredited their corporate image improves as a result, and they gain a say as to issues when they are raised – it improves their ability to advocate. It also improves resource mobilisation. We have seen these strong systems increase our resource inflow. For example by employing international auditors – we have been able to mobilise resources easily –and IPPF also has at central level.'

'The accreditation has helped to define the roles and also transparency and accountability of the organisation. Now the donors can trust us. It could be a significant factor to see that IPPF is starting a process to accredit Member Associations –so that they are transparent and accountable.'

The accountability function to donors has been particularly highlighted in countries where civil society organisations are often viewed as unregulated and non-accountable bodies, and in which donors and the corporate sector are reluctant to invest.

'There is no domestic NGO here that has ever passed through such a process.'

'Here we have a lot of problems with donors, because there is a lack of trust of civil society organisations. Having a tool which says that we fulfil international standards is very powerful for us. Especially with big corporations which have social responsibility funds. When I recently made a presentation to a company to which we were applying for funds, they understood when I explained that we have this process of international recognition and that we are an accountable organisation – so it has been very helpful on the donor side. These tools are very crucial and very necessary for us to develop as an organisation and attract national and international funds.'

Systematising and documenting:

The first round of accreditation has placed a good deal of emphasis on systematising and documenting policy and processes. While this focus on documentation has also been the cause for a lot of the most critical comments on the accreditation process, there is a perceived major benefit of having policy and processes clearly documented for increasing the transparency and therefore accountability of Associations in the eyes of external partners. Again the benefits are highlighted mainly by emerging Associations and those functioning in environments with limited national regulatory frameworks, which make minimal demands on civil society organisations in terms of systematising their practice. Key areas in which accountability and transparency are perceived to have been improved in the internal operations of Associations as a result of Accreditation are:

Written policy

Formal documentation of policy, as a result of the accreditation process, has been highlighted as one of the major components of making MAs more transparent, accountable and credible organisations. It cannot be assumed that before accreditation that Associations had formal written policies to guide their practice in key programme areas.

'It is good to have policies in place: human resources policy; HIV programme policy; abortion programme policy. We were doing so many things, but we didn't have it written. But if you don't have a written policy, donors don't and can't know what you are doing. Before, we were implementing around HIV and abortion etc, but there was nothing written to explain or guide what we were doing.'

'Before accreditation we did not have clear-cut policies – these we are developing now. We did not have clear guidance on what we are doing – now we will have a policy in place and we will have to work towards that.'

'It has helped in that now there is a yard stick to assess how compliant you are to the policies – so they don't just remain on paper – it helped to translate the policies from just intentions to items that can be operationalized – so now they are operational.'

Strengthened financial systems

'Within the two years we have learned that the record-keeping is so important for NGOs like us. Previously we only had verbal things. Now we have written minutes, even with the Regional Office, even if we get verbal agreement on the phone, we ask for an e-mail to document it. This is one factor for us to receive the award for 2006 as an accountable organisation. Now systems have been developed. Developing financial policies etc. within institute guidelines etc. Makes me accountable because I have documentary evidence of what I have done in day.'

The results have been more internal – but the name of the Association now has more value because they know it has been accredited –that has a an international value – when I am in communication with external agencies as the Finance Director – I can say what protocols and systems exist – and it gives value to these systems because IPPF has accredited them.'

'We gained an overview of all finances - it has helped us understand the instruments that each department uses (e.g. programmes, clinics etc). The accreditation raised awareness of how each part of the Association relates to each other. I work a lot on budgets in all areas – e.g. with grants we work with the technical staff– but we are now more coordinated.'

Improved clinical protocols and referral systems:

'I am involved in the service delivery side. The accreditation process was tense for us, because we were being assessed. We were using guidelines, but they were not all in one place. After accreditation we developed specific systems for client rights, and also for referral. Before it was verbal and we had forms for referral. After accreditation we developed Memorandum of Understanding with hospitals to formalise the referral system.'

'It was constructive and had an impact on the quality of clinical services. It really had a place. When I looked at those in charge of the clinics – I asked if they know there are guidelines and standards. Of course some people mentioned a few things, but most of the staff didn't know of the standards, so we had to give them to them. The advantage of the standards is that they conform with the Ministry of Health standards. Most of the clinics do not have copies of the guidelines – the materials should be there. We are planning to use them now in all the clinics.'

Cohesion of branches and federal structure:

'The branches feel they are semi-autonomous, we were finding problems with these members and their Board of Directors. The standards assist the headquarters in developing clear management structures at branch level. It gives you a solid certificate.'

'During discussions it was made very clear that it is up to the branch AND the headquarters to develop a system that works for them. If there is an exception, it has to be clearly known WHY there is that exception.'

'We now need to develop an accreditation process for our members in our federal structure. We need a model to find out what happens in each region.'

'I propose to our branches to undertake accreditation light – they have to look over 30 or 40 centres sometimes – they have to support volunteers to do public relations work etc. I have to offer a model that is workable and profitable for them. We have translated the whole thing so we can feed back our experiences. I hope that I and others have the creativity to invent an accreditation process light to our branches. The process could be a contribution to building identity and cohesion.'

Accountability to clients:

A further impact of the accreditation requirement to have clearly written policy is that this provides an additional mandate for MA activities, and thereby increases accountability not only to IPPF and donors, but also to the end users. Increased accountability to clients is particularly emphasised in relation to written policies on the 'five As'.

'Now the standards clearly define our mandate and we can say to those demanding our services "this is, or is not in our mandate." The programme staff now has more power to design a focused programme around the five As.'

'At the facilities level, due to attitudes that they have, they often deny services to young people. But if the policy is there they can't deny them. It is important to make the programme effective.'

'Since accreditation we have started clients' evaluations. This will demonstrate to the clients the MA's effective functioning.'

'Due to the fact that the accreditation process methods and tools includes an assessment on the quality of care standards, it helps ensure it is an effective and accountable organisation to clients.'

'After the accreditation we adopted the rights based approach. Before we were doing it, but after we have really seriously adopted it. Also the quality of care - before at the branch we didn't have a doctor – we proposed to central office and they sent a provisional doctor who has training in safe abortion care, so this was very good for us. After that we also developed exit interviews for the clients from the branch offices and we strictly follow the service deliver guidelines set by IPPF and the government.'

'The other thing that we are conscious of is client dignity. They have also passed HIV and sexual harassment policy. Also youth friendly services in different youth centres - and policy on fee service charges –now the poor and marginalise and underserved are served free of charge. At the same time we used to distribute family planning free, but now at least we need to charge a nominal charge – to create ownership – to change their behaviour and use the condom for example. Also we are clear not to discriminate on race or sex. We are properly using IEC/BCC material. We give them the books whilst they are waiting. The quality of care and accreditation materials were translated into the local language.'

4.1.2 Institutional Environment.

A major impact of accreditation identified by Member Associations has been in relation to facilitating organisational change within the Member Association. The survey indicates that 92% of respondents considered that the accreditation assisted in making governance clearer and 90% in making management clearer. Ninety-five percent considered a major outcome was making statutory documents explicit to assist the governance and management functions.

A Tool for Change Management

One of the key impacts of accreditation process has been as a catalyst for change within the MAs. Those MAs which have either been struggling with internal management issues; are at a point in their development to embrace institutional change; or have already institutionalised ongoing internal review and self-evaluation are the ones who appear to have benefited most as organisations from the accreditation process.

'From outside it was a positive process – we wanted change and to grow you have to accept change.'

'Accreditation has given us some ideas, but there are a range of development activities going on to make the organisation more contemporary. It facilitated the Executive Director promoting change within the organisation – even if the ideas were there already...Honestly the impact will be very positive within a couple of years. It is seen as positive – it is not a threat. Improvements are always dynamic. We are already satisfied with our work this will inspire us to do better.'

'The principle of accreditation wasn't accepted by some MAs – but in reality it helped to create a possibility to evaluate themselves – to think about it – discuss it – look at other MAs – how they changed and why – so from this point of view it is very necessary to do it – otherwise there will be too much diversity in the system and it is necessary to guide the system – it is necessary for MAs to have this instrument and for donors. But the second wave should be a more simple instrument.'

'The process for us – was an opportunity to be observed from outside to see whether we have reached a point as an organisation – of the quality needed and to help us to improve. This was very important for us –in other words – the process from the point of view of the Board meant not just the formalisation of our organisation in relation to IPPF – it meant a valorisation – we have a permanent process of evaluation - what is logical in an organisation is a process of self-evaluation – but it also needs a professional evaluation.'

Clarifying the Relationship between Governance and Management

Above any other issue, the opportunity to clarify the relationship between governance and management roles, and in particular the role of the Executive Director in relation to the Board was the most valuable aspect of the accreditation process as regards organisational change within MAs.

In some instances, the accreditation process has been perceived as an opportunity to improve or strengthen dialogue between the Executive Director and Board, as both parties are required to play an active part in the review process.

'The Board has a great responsibility to staff. It facilitated a dialogue between the Board and the staff in areas of difficulty. We have maintained dialogue in these aspects – so that I understand what they need from me. It has helped the Board

understand where the staff need technical help - not a formal evaluation but where we can help improve things.'

'It forced the organisation to address and streamline its operations. The main thing was the modernisation of the constitution – there was a prevailing view that if it was not broke don't fix it - but it only covered the bare bones of our organisation. I particularly valued as an Executive Director (ED) that it spelled out the ED's role in relation to the Board. It forced the Board to recognise their role in policy and oversight of the organisation – this has been a weakness and still is to some degree.'

'It was a great opportunity to align my thoughts with the philosophy I want to pursue here with the standards of IPPF, as well as with national guidelines. It also helped in the relationship between the Executive Director and the Board. We had the opportunity to come together and review our core areas. It allowed me to work in more detail with the Board and staff and also to fine tune things that we thought were performing well.'

Clarity on management role of the Executive Director:

Most importantly the accreditation process has assisted with the clarification and definition of the role of the Executive Director (ED) in relation to the Board, and in de-linking the management and governance functions. The most important aspects of this (especially from the perspective of Executive Directors), has been giving clarity on authority of the ED to appoint staff and terminate contracts where appropriate.

'The issue around appointing staff has been a major enabling factor for us as professional staff. Accreditation clearly de-linked and demarcated the governance and management structure. And since it came from this process, the Executive Staff were not involved and so a very great change was achieved through this process. We were able to change without ruffling feathers or any political fall-out.'

'The standards were excellent to promote representation and democracy, and to protect the role of staff... Accreditation made certain MAs realise how to become professional organisations. We were 80% of the way there anyway. It just highlighted issues that were there on paper but weren't being done in practice.'

'I feel that the process has been very good because it has given us a clear guideline as to what is the role of each person. It has made the constitution crisper and in line with the IPPF constitution... It's a clear way to see the organisation and the role of the volunteers has become very clear. It gave a chance for new people to come in... With accreditation the cut off was revised so new people are now allowed on the Board. The role of the Executive Director became very clear.'

'It has given clarity between the management and governance. It is still not completely clear but it has made it clearer. Before it was the Board (President, Vice President and Treasurer), who were "to give guidance to the Chief Executive Officer (CEO)" - were they all to be the boss? Now in the constitution, following accreditation, it is the CEO who reports directly to the President. It is a clearer structure. In the branch it's the same – the role of the Branch Secretary, Branch President, Branch Vice President and Treasurer – all were acting to advise the Branch Manager. Sometimes for example if they have different opinions, then what will the staff do? Now the Branch Manager reports only to the Branch President.'

'It prevents the governance interfering in the day to day processes.'

'It clarified the role of staff and volunteers. This also improved working relationships. It has also enhanced the documentation of volunteer activities – good records of membership, holding of meetings etc, and clarity of the roles – this has been a good impact of the process.'

'The role of the Executive Director being able to hire staff was very good. The ED can appoint, but the rules and regulations are set by the governing body.'

'The only issue causing conflict [with the volunteers] was the requirement that the ED does the hiring and firing – before it was done by committee.'

'The clarification between roles of ED and Volunteers has been helpful. Volunteers have interfered with staff – commenting trying to appoint... We can prevent volunteers from interfering with staff or making policy decisions. The volunteers had to back off... It highlights areas for improvement. Before accreditation, the Board was specified as the employer – but after accreditation the employer was changed to be the FPA, and the Executive Director was made the person to whom staff were accountable.'

Capacity building and motivation of staff:

In addition to defining the management structure, accreditation has provided a mandate for technical capacity building of staff.

'The technical capacity of staff is very important to make an organisation deliver the mission that it has. It has helped us deliver quality services, and it increases the client flow. Also it talked about capacity building of staff. We have had some staff not trained for some time. Now immediately following accreditation we had a lot of training.'

'In the past, before 1990, there were few organisations working in sexual and reproductive health (SRH)- we were a mass movement, and there was not a technical focus. Now there are so many NGOs and we have to compete with these organisations. We need a more technical staff and expertise. The Standards specify

that a quality checking system must be in place. This focuses the MA to look for better people who have technical expertise – it has pushed up the technical standard of the services. We need technical volunteers and technical staff at both central and branch level. We have to focus more on the people who can provide technical input and bring them up through the staff- to be competitive in attracting good people.'

'We have identified the need for capacity building for staff in all sectors. Clinicians and programme staff etc. are being trained. Also upgrading of facilities and hiring more staff. Linking up and developing partnerships is ongoing. The accreditation came at the right time, we were looking for ways to improve.'

'People are more flexible to follow procedures – it was a very big step to pass accreditation with 100% - we really had to work to do it. We wanted it to help us to get more fund raising. Staff are aware we have many things to do. OK we achieved the certification with 100%. But we can't just go to sleep. It provides a motivation to maintain that standard.'

Clarity on Governance Role of Board

For many MAs, especially those operating in difficult political environments (for example in relation to the five As), the accreditation process has provided an opportunity to re-define the role of volunteers, and in particular to make the Board a more 'professional' body. A very important aspect has been to shift the function of the Board away from involvement in internal management to focus on external advocacy. The accreditation process has also stimulated internal debate on the concept of volunteers. While this process has been contentious in many MAs, the fact that clarity on the role of volunteers has been required as part of the standards of accreditation has enabled the ED and Board to address internal power issues that would not have been possible without a mandate from IPPF.

'The nature of the role of the volunteers needed to change. They said "we are just here for resource mobilisation", but we were able to say" you can play a role to guide us." They can plan for more of an advocacy role such as meeting donors. NGOs are changing we are appointing professionals with qualifications for working in NGOs –so the role of the volunteers has to change.'

'Another thing is the volunteers know more than they did before - they have ownership - they have been tied up to the state of the organisation. They know if the organisation goes down they are accountable. They have been involved in the process and now we are all boiling in the same pot. In the same boat.'

'Bringing volunteers in and on board has been good – but we have created some expectations – implementation required us to make policies and these outlined what was expected of the volunteers. However, we have minimal ability to direct the volunteers. We have opened up an expectation in the volunteers – that they be involved in monitoring activities and reporting. The policies specify

involvement of the volunteers, but we don't have money to fund the work – they require travel allowance etc.'

'One aspect where we were apprehensive was on having to meet the standard of the Board being independent to the management. This is our organisation as volunteers – we must know what is going on. We felt at first that we had given too many powers to the ED. But that was overcome because if you have a good ED it will run smoothly and we just intervene on policy matters.'

Term of tenure of board members:

One of the very contentious areas addressed by accreditation, has been defining the term of tenure of Board members. Ensuring greater turnover of volunteers on the Board through defining a maximum term of tenure in the constitution has been identified as a major benefit in strengthening the functioning of the Board.

'The retirement clause was good, new ideas come in and make the organisation more competitive. At the central level we don't have many very long standing volunteers, but at the branch level we do.'

'We have the regulation but it's good – it allows other people to come in if there are strained relations and they bring in new methods. If you have people who say "we are the funders and we are here to stay" it prevents new people coming on board, and this is dangerous. If anything, accreditation has helped solve this problem.'

Increased professionalism of the Board:

As a result of accreditation, several MAs have raised the issue of the need to revisit the whole concept of volunteers and volunteerism and the need for a much greater 'professionalism' in the role of volunteers.

'It clarified the role of volunteers – and the volunteers are now asking "how do we make our colleagues understand?" But we are challenged, I don't know how we do this. How do we make the volunteers appreciate the role they have and contribute to the organisation? In the region the concept of volunteerism needs to be revisited.'

'The accreditation process has come out that they want to professionalise the organisation and although the volunteers are professionals in their own right, we now need to professionalise them as volunteers. This era of volunteerism is coming to an end. There should be less interferences in day to day matters –this is the key thing that is coming out of the accreditation... I now see a change in attitude from volunteers – it was a training tool for the senior volunteers – they understood and it clarified things without upsetting the volunteers.'

Equity and Representation on Governing Bodies

Another key area benefit of accreditation as a tool for change management is that it has provided a mandate for increasing equity of representation on the governing bodies.

There is a perception that accreditation has assisted MAs in formalising representation of young people in governance structures.

'In terms of youth participation – we have told the branches that the youth must be given voting rights. We are fortunate that the volunteers are very competent – they have taken time to understand issues outside their professional area.'

'The accreditation process has given us a direction. The adolescent work was happening already. But there was no mention of youth members voting – to have their voices heard amongst the senior people. It was all there, but it needed to be there on paper [in the constitution] to become clearer and more evident.'

'For youth - I know in the constitution we have encouraged the recognition of young people in governance and programme activities. We are talking about 20% - do we really have this? We are now struggling to get them into the governance structure. It was a reminder - it's a self assessment - it's about-improving performance. So why were young people not participating? It was a reminder to improve, it was an eye opener.'

'The Board felt the standards were very useful, very clear, but some were difficult to implement. We are totally in agreement with the standard of anti-discrimination – but it is not included explicitly in our constitution, like gender and youth. There are 4 youth centres in the federation – to have guides on rights in the centres is very important – we have developed these under the constitution and included a recommendation on quorum to democratise the organisation. We did not have difficulty implementing these developments that were recommended.'

'Many years ago the Association said we need participation of youth. A youth committee has existed for many years, but was ad hoc. In the strategic vision of the Association it is logical that youth take decisions. We had questioned why we had an ad hoc committee. During the accreditation we were able to discuss this – then in a meeting afterwards the decision making committee said “OK we will change our statute so that we have a permanent youth committee.”'

Less emphasis has been given by MAs, to increased participation of women as a positive outcome of accreditation, than it has to youth participation. The gender equity clause in the constitution has often been viewed more as a bureaucratic hurdle than as a step forward in equity and participation.

'Since the accreditation we are conducting capacity building for women volunteers – in direct response to accreditation. We reallocated some budget for this. The regional office gave us some money. It's not sufficient, but it's a response and a beginning. At central level, it might be a problem but if we try and develop new, more professional volunteers then it will take 3-4 years to find enough women at a level to fulfil positions at the central committee.'

Accreditation as a Tool for Self-evaluation

The accreditation process appears to have been of most value as tool for self-evaluation, in those Associations which have embraced a culture of continuous internal review. A number of Associations with federal and branch structures have highlighted the importance of conducting a similar process with their own members (or branches) to ensure consistency of management, governance and quality throughout the Association.

'The accreditation helped us establish a standard so that we can use it to accredit ourselves.'

'It made us think that we should have it for branches. But there are 65 standards but and many are for constitutional issues. We will have 65 standards for the branches but with a greater focus on programme issues - like a management audit tool for us.'

'Before only programme people visited branches. From 2005 we decided whenever there is monitoring and supervision, someone from finance and medical services will also visit – so we can be sure that all reporting is going on.'

'It has helped us quite a great deal, because we have been able to look at ourselves. It helped us look at how best we can be effective and the process involved almost everybody at different levels. We are regarding it as our own thing. It might not have been very easy at the beginning to see what we were going to face – but after the tension – we have been able to look at the programme more critically, and develop some of the aspects that were not looked at seriously.'

'We have a process for the evaluation of the Board. There is a self assessment tool for assessing Board performance –we appraise the Board and look at whether they are doing their role effectively or not. We pre-tested the self-evaluation tool recently. The difference between Board positions and staff roles is now very clear. It's written into the constitution so we can refer to it –so people will handover power with no hesitation or bad feeling.'

'Accreditation is an ongoing process – but it's a mindset that comes with it... It was perceived as an exercise that helped identify our strengths and weaknesses – and that we are not implementing programmes only to maintain our importance in the community. It maintains quality of care, and therefore staff morale. Our client load is therefore high.'

'The perception was very positive to understand in a clearer way our organisation – and a necessary process of self-criticism. We were able to build capacity of the Board – with a clearer idea of the weak points and strong points of the organisation. It set a form of obligatory standards for the institution. It also helped us because it showed us some areas of weakness – including we did not have a methodology for evaluation – we have managed to use the method for the standards on quality – for appraisal of 80% of the staff personal.'

Example of how a lower than expected 'score' rate at the time of the review has been used to motivate for improvements:

'At the head office myself (the ED) and my senior staff and senior volunteers, vice chairperson and other volunteers participated fully – we were interviewed and asked about the evidence. There were heated discussions on how we were providing evidence. The team differed saying that the evidence was not substantial – we argued and eventually reached a consensus. Only in a few instances we thought we had enough evidence – but when it came to the final results things were not as we had anticipated. In all we scored 37 standards out of 65.

The team (senior management and volunteers) were very unhappy – because they had done a lot of work and felt we deserved to score more. But later on from among the volunteers they said “no let's take this exercise as a lesson for future activities –and rather than complaining about history – let's address this and become an MA in line with what IPPF expects of us.” We agreed and it became a rallying point to address the shortcomings and make us a successful NGO. We then made a start at looking again at the standards. This created a real unity amongst the staff - here we will be judged as a failure or success depending on this. We have been doing well and up to now we have addressed all the shortcomings and are waiting for a statement from IPPF.

Last week we had a team from London, who came to introduce advocacy for country level resources for sexual and reproductive health - complemented by international advocacy. We were chosen because of the improvements we have made as a result of accreditation.'

Complementarity with other tools.

There is a very strong indication that those MA that were able to use the accreditation process as a positive tool for self-evaluation found it was of greatest benefit when combined with other evaluation or assessment tools. Those MAs who had undergone the quality of care certification process at the time of the accreditation certainly found that this helped with preparation for accreditation review. It is important for IPPF to bear in mind, that there is also some degree of confusion as to the difference between accreditation and quality of care certification, and for staff to be able to make distinction between the different benefits and outcomes of each. It would be of more value to the MAs for the two processes of quality of care certification and accreditation were aligned, so that if an MA has recently undergone quality of care certification this is taken into account as part of the accreditation review.

'We were given very strong support – they even looked for funding for us. Someone came and facilitated the quality of care (Q of C) workshop and helped us with standards for safe delivery.'

'We have the quality of care assessment which is also a standard in accreditation. We used some of the Q of C standards in the annual performance monitoring of branches. This is a process of ongoing accreditation. This started with the Q of C project. When accreditation came, we broadened the standards. Initially it was purely Q of C- after accreditation we included other things for the branch like best governance, or best resource mobilisation.'

'Before the accreditation team came we had a process of certification of quality of services – we started self evaluation on quality in all services. In the first meeting we had all the heads of regions – it was a self-evaluation of providers and users. It has had an impact in that we have improved our services – people know they are certified in quality. It was extremely helpful to have the certification of quality process just before the accreditation.'

'From my perspective handling clinical services – there were a lot to cross cutting issues, not just management. From that perspective I think it was useful. It gave us an opportunity to re-emphasise issues we had been wanting to discuss –but there was no forum. We understand its scope had to be broad because it had to be applicable to all countries. Some of the elements of accreditation were very broad. For example, is there a Monitoring and Evaluation system? – yes or no? - It didn't have the subtlety to improve quality. Not that that was a shortcoming, for IPPF they wanted to know if we had it. But we had the opportunity to address these issues in the quality of project and management audit.'

'The accreditation should be continuous – we don't know when the next one will be. The accreditation process also helped us in getting the quality of care certification.'

'There are better tools to assess programmes, for example, the quality of care framework. If there is any recommendation I would make it is that the programme component is left to the quality of care certification, rather than the accreditation system. We went through the quality of care review in 2005 and were certified last year – it is much more detailed and relevant than the accreditation tool which only touches on questions like “does the programme exist and function?” – but it does not go into detailed specifics. These should be transferred to the quality of care tool.'

The benefits of the accreditation process could also be improved if there were greater linkages between the accreditation instrument, management audits and performance indicators currently being used by member Associations. The lack of cohesion between accreditation, quality of care certification, ongoing audits and other performance

measures is perceived to greatly increase the burden of work for MAs and reduce the cost-benefit of time and resources invested in accreditation.

'We already had systems in place but the accreditation helps. We had already gone through audits - it was the audits with other donors that set us up for accreditation.'

'There have been a number of audits – management audits - and now this review of accreditation - there is a feeling of frustration about the lack of follow up of the evaluations and audits that we have undertaken.'

'Was there a profit for us here? –There was of course –but in 2 ½ years that was the third big examination of our work – before that – there was a federal audit – they came for a week and went into everything – they looked at the constitution – Board meetings – decisions for things in the budget – and we also have a regular audit by our Ministry and both of these we came through well with minor criticisms – so we thought this accreditation was going over the same issues again.'

'Performance indicators are imposed from the region. It felt as though the accreditation was as well - it should have been a process. We are told there will be flexibility, and we take it seriously. If the indicator is there we should do it. All performance indicators are accreditation based – but I think they are not linked.'

4.2 Constraints

While there is a majority view that the accreditation process has been of great benefit to MAs and has had significant impacts, the evaluation, has also identified a number of key areas in which MAs have identified constraints in maximising the benefits of the process. While these constraints, for most MAs, do not detract from the overall value and impact of accreditation, they highlight some very important issues for IPPF to bear in mind when designing the next round. The constraints outlined in this section point more to problems experienced with accreditation *in practice* than with the *principle*.

4.2.1 Lack of Flexibility to Take Account of Local Context

There is a strong perception among MAs that there has been a lack of flexibility in way the tool has been implemented in the first round of accreditation. **The need for a tool which has flexibility to be adapted to the reality of the social and political context in which MAs are operating was highlighted by all the MAs visited by the evaluators, as essential for the next round of accreditation.**

'In general the standards are useful and clear, but some of them are not easy to implement. The problem is to implement some in the political and legal context of the country.'

‘The process really does not take account of social and economic context of the MAs. What about for example if you look at the US, which is a huge established organisation? You simply can’t use the same tool as with an emerging MA in a complex political environment.’

‘Each MA has a different context. How can you compare a large MA with 40 branches to one in a small country, with only one office and a few staff. Some don’t have any branches at all. The diversities are not respected.’

Interestingly, the issue of lack of flexibility and adaptability to context has been highlighted more in relation to changes required to the constitution than to strategic issues related to the five As. The countries which have experienced most problems with the requirements of the accreditation process have been those operating in mature democracies and countries in which NGOs have to abide by strict national regulatory and legal frameworks. There is a perception that the accreditation instrument as it stands, is either not sophisticated enough or not applied in a skilled enough way, to be able to take account of complex political differences between the operational contexts of MAs.

‘This is a very regulated country – the accreditation team has had to learn how regulated we are in law – for us we don’t think about this – because we have internalised this – because of the political tradition against the background of our past. There are regulations which have come up which hinder us - we are in constant negotiations with government around them - we continually fight for autonomy - if a new law comes in we reflect on it internally - and if we think it is wrong we negotiate it – so the NGO operates at different levels through a federal structure. The key message I think is that the review team did not reflect on the situation of the country and we were frustrated by this. We thought how can you pose such a question? You have to tailor your strategy to the country to make it relevant, and this goes for accreditation.’

‘It was easy to visualise a framework for our organisation to be accredited – but the limitation was to find resources to comply with these standards, for example, the bureaucracy here is very long. To modify the constitution is a formal process that needs a lot of time and resources. There was a great mound of documentation – many times we needed to go to the capital for people to present to statutory bodies– we cannot change the constitution without meetings with government which cost a lot money.’

The process has been of particular frustration to small MAs, which have a very limited staffing structure, are non-service providers and non-grant holders, but have been obliged to go through complex procedures to change aspects of their constitution to be in line with IPPF regulations.

‘Our financial support from IPPF has stopped the same year as accreditation has started. The problem with it is IPPF is trying to make all Associations the

same – but it is impossible because every country has another tradition and other local laws - and it is impossible to have one accreditation process for all - this process is very complicated for our work in the legal context of our country.'

'One serious problem is that the accreditation process was started in the moment when the core grants to our Association were stopped – because they finance those that need help – our Association was evaluated that it has a sufficient level to help itself and it is not easy.'

'This tool of IPPF – it is a framework for reference – the problem is with the way it is carried out. One cannot isolate the functioning of the organisation from the context. For us, the framework functions absolutely, but that may not be the case for a small Association in a difficult political context. They need to understand the problems with compliance in the conditions specific to the country.'

'If you have time – of course such a procedure stimulates you to look with other eyes at your work and you can get reaffirmation about doubts you have – and we can identify some deficient areas – it is not a procedure in vein – but it is so resource demanding. The accreditation teams need to look at the concept – if you go with this accreditation to a small MA you will knock them out – my colleague from another MA was calling me constantly saying “what are they doing to us?”'

A major problem experienced by these MAs (especially – although not exclusively – in the Europe region), has been that in some instances amendments to the constitution that have been insisted upon by the review team, risk bringing the MA into conflict with their national legal framework, making them unconstitutional in their own country. There has been a perceived lack of flexibility on the part of some review teams in assisting MAs to find a way through this conflict.

'We had a long discussion with the review team as something was demanded in our constitution – some of which were already in the law of the land and so did not make sense to write into the constitution – but they also wanted us to put some things in that the law of the land wouldn't allow. The review team had a huge discussion amongst themselves to try and accommodate it. The volunteer member who came from a country with a similar legal framework understood the problem and argued for the position we were making.'

'Each MA has to abide by the rules and regulations of the country – you cannot tell us to do something because something may not be the law of the land. These are small things but we have to take this decision ourselves. We had to do a lot of negotiation to do this.'

'The IPPF accreditation wasn't flexible and was too concentrated on the literal understanding of IPPF policy without understanding of local legal context.'

In many instances the issue is not that the MA is against the constitutional change *in principle*. But rather, that *in practice* it becomes meaningless if the NGO's constitution is understood within the context of national legislation within which it is operating.

'IPPF asked us if we have some constitutional standards and management standards about how services are developed and how we guarantee sustainability – we could not work in this country if we didn't have these standards. I would say we already have those standards and we have systematised them – this is not something new for us – these standards are fundamental to us being registered as a non-governmental organisation here. We would have no chance of existing as an organisation here if we didn't comply.'

'We had a problem with the constitution because of gender equity. We have a problem with it saying you must have equal numbers of men and women because of democracy – it is a problem because in our country the government asks for the process of election in the constitution – it must be a democratic process – and so if IPPF ask us for the same or more women than men it poses a problem as they must be elected by our constitution.'

Case study of a small non-grant receiving non-service delivery MA – still grappling with constitutional amendments.

'Here an NGO has to abide by the law of the Ministry of Interior. All NGOs have to be registered with the Ministry of Interior. If we give the IPPF constitution to the Ministry we risk deregistration. The problem started in the so called accreditation process – because we were asked to change some paragraphs of our constitution, regarding the meaning of a volunteer and a volunteer organisation. When we asked our Ministry of Interior (MI) they said this type of organisation defined in the new constitution is not in accordance with national law. This problem did not exist before accreditation. Many letters came from the regional office and it has been impossible to convince them that this type of constitution is impossible for us – and so perhaps it will be the end of our accreditation with IPPF.'

We have now changed our constitution for IPPF. After all that we gained only one point more for accreditation and we don't know why. We are afraid to go with this constitution to the Ministry of Interior because we are not convinced all the paragraphs are good for our Ministry. This process has been going on now for 2 years the constitution we have changed about 5 or 6 times – and we have had to consult with our lawyers which has been very expensive.

The Ministry of Interior asks for a short and clear constitution and this is not

the case with IPPF. If we get the constitution approved by IPPF we do not think it will be approved by the Ministry of Interior – we are afraid it will lead us into a legal process with the Ministry of Interior – and they could suggest dissolving the organisation – that is a real threat to us. We ended up discussing having one constitution for IPPF and one for the Ministry of Interior – but this is impossible to legalise. We know our law is not a good law – but we have to abide by it.'

4.2.2 Compliance does not mean agreement.

Another very important point for IPPF to bear in mind is that compliance **does not necessarily indicate agreement or that a key for principle or value has been internalised by an MA.**

A major issue raised by some MAs is that the first round of accreditation has been conducted as a box-ticking or paper exercise, with the emphasis on ensuring that the documentation is worded correctly to meet the requirements of IPPF. However, several MAs have pointed out that compliance on paper does not necessarily mean that the principle behind the standard has been accepted or will be operationalized. This issue has particularly been raised in relation to youth and gender representation on the governing body.

'Another problem is that it is mandatory to have 20% youth representation. It is not a compulsion even for the governing council [sic] - but we have included it in the amendment. It should not become a non-negotiable - some things should be negotiable.'

'Accreditation is good for maintaining standards, like in a university. We welcome it. It's a set of standards, but there is variation country to country. There may be problems maintaining the standards in certain countries, like one of the things here is 50% women – the question is if we don't have 50% are we to compulsorily bring 50% in? But they cannot bring input – many women are illiterate and we cannot just bring Tom, Dick and Harry into our decision making body. What is going to happen? Even in the 90s when the standards were developed we felt that bit was a top to bottom approach.'

'There is a standard mentioning about the rights of the client - it's clearly mentioned that it should be in local language on the wall. But in practice no client will read it, we have high illiteracy. Even those who read won't look. In this way the standards are very uniform – but not relevant here. The rights of clients are well respected because of counselling. But the decision making power of women here is very small. They cannot make the decision, with all the information. Their decision making is very poor because of social factors. In fact, when the accreditation team came we just put up posters in the local offices where the team would see them.'

‘Some of the standards e.g. on abortion or homosexuality are not relevant to us but they are in there. You are asking the standard as if we are doing all the things. It should say if the law allows abortion... then go with this.’

‘What was laborious was the provision for conflict of interest – that went to far. I can understand spouses and immediate relatives – but it has gone to extreme lengths in that regards – because a small Association does not have those powers in conflict of interest, as it is difficult to find the skills that we need.’

4.2.3 A One-way Process

A further issue raised is that there is some frustration that accreditation is often currently experienced as a one-way process. This relates to both the development of standards which are perceived to have come from central office, with little prior ownership by MAs, and that standards are only applied to MAs. There is perception among some MAs, that IPPF is expecting MAs to conform a set of standards to which the IPPF Central and Regional Offices are not themselves held accountable. In recognition that the transparency of process would be strengthened by a more equitable system of accountability which holds the regions and central office equally accountable to member associations, a Secretariat Performance Review System was put in place in 2006, although many MAs may not be aware of this.

‘The question is also how to ensure that the same is reflected in the IPPF Regional and Central offices. Are the same standards reflected in the Regional Offices? We don't know – what is the role of the Regional Offices, who allocates money to who, where are the checks and balances? We have engaged in this transparent process. Do the Central offices conform to them? Where is the role for us to question them? Where is the real transparency?’

‘The process could have been used for internal advocacy, a lot of our members don't have a great understanding of IPPF and what they do. It could have been used as much as an education tool as an assessment. But this was constrained because we felt we sat across the table to fit into a suit that is already designed and pre-cut.’

‘We do not want to become clones of each other - this is not what a federation is about - we need strong ties and links - but also autonomy. A lot of power is devolved to regional offices. It's not a federation of 6 regions, it's a federation of 150 MAs. And what about accrediting the regional offices and regional councils. They have their own systems but that's not the same as volunteers and staff.’

4.3. Costs

There is no doubt that MAs perceive that they have had to invest a considerable amount of financial and human resources in preparation and post-accreditation follow-up. The

survey indicates that in terms of financial cost 53% of Associations estimate having spent between \$1,000 and \$10,000 on the accreditation process, with 27% having spent more than \$10,000. Despite the financial cost, by far the greatest cost emphasised by MAs during the evaluation visits is the cost in terms of staff and volunteer time. The survey indicates that fifty-eight percent of Associations spent 11 days or more in preparation time. Ninety-nine percent of Associations surveyed indicated that they considered that the preparation time had been helpful for the accreditation review.

It is not possible to carry out a cost-benefits analysis of inputs versus outcomes. For many the benefits are perceived to have balanced out the costs. However, a significant number of Associations have indicated that the accreditation process has placed an enormous administrative burden on Associations which comes at high opportunity cost.

'IPPF needs to take into account the huge opportunity costs involved for an MA like ourselves. We had to send in 2 boxes of documentation. I was there the whole time, the Vice Chair was also there the whole time with the review team. We had two senior members with them most of the time. It was a huge opportunity cost as my work involves advocacy, going out and meeting people, and it also took a large amount of the Financial Director's time in preparation.'

The administrative burden has especially been felt by small MAs with limited staffing capacity.

'The situation of our Association is that the ED is the only staff member – and for the work of the Association that is quite sufficient, but for the activities in connection with IPPF accreditation and related tasks we are fulfilling in this moment - her capacity is just not sufficient because of the administrative burden. It doesn't concern only the ED's capacity – we have many volunteers who cooperate with us – but even their time has been used for various works given to us by IPPF for this accreditation.'

'It has expanded the administrative work required of us. For small organisations it can overstretch them maintaining the process in order to comply and maintain systems. They all need computers to do the work or the ED will need an executive assistant.'

'For staff accreditation causes confusion in a sense of being overworked. The early part of this year has been taken up with a whole bunch of reports – it is confusing labour intensive and time consuming.'

Large MAs with complex federal or branch structure have also felt overloaded with the burden of trying to systematise the necessary documentation within the time frame of the review.

'A negative effect was that each and every activity which we conducted needs to be documented. This means its very, very, difficult to collect and document in one

centre – from grassroots, and district and HQ level. The major component is possible only in the major programme components - like annual programming, strategic planning, and broad programmes like IEC, and clinical programmes. The problem is the time it takes to manage all this information at HQ. The quantitative information is easy for the IMS section. But the qualitative information is very hard. Client views, community assessments, survey studies, the various studies conducted. These are needed to write programmes and design proposals – they are helpful but hard to manage.'

'At the beginning there was a lot of time invested. We had 2 people working on it for 8 to 9 months. It is a stressful process – because although it is friendly you are being evaluated – you have to stop the whole operation and you have to concentrate and focus. At least if you have it in two parts – you can dedicate part of your staff to that purpose and then keep going – otherwise you have everybody on their toes.'

One of the costs identified by a number of Associations (especially in Europe Region) was the necessity to translate all the accreditation documents into English, because review teams were unable to work in the native language of the country.

'We have lost 4 weeks of working time for the accreditation to translate everything into English. The translation and preparation costs were about 4,000 Euro. Staff time costs an additional 12,000 Euro – we paid for translation of everything so that all staff from the decentralised level can read in English text – 2 centres translated their programme into English so that they can profit from the accreditation. We had no facility to budget for that translation ahead of time – we couldn't put it into the budget because we could not anticipate the costs. Maybe we were too ambitious because we wanted to share so that the team got a concrete insight because we are proud of what we are doing.'

'For the Board – it was a problem because the board don't speak English and I had to translate everything for the Board.'

Finding a way to reduce the administrative burden on MAs will be important to increase the perception of the cost-benefit ratio from the perspective of MAs.

4.4 The Accreditation Review Process

4.4.1 The Standards

The overall perception is that for the first round of accreditation the standards were appropriate and comprehensive. However, there is a general perception that the level of detail in the standards is both unnecessary and over-burdensome for the second round of accreditation. The level of detail is perceived to be a constraint on the adaptability of the process as a tool for self-evaluation, dialogue and critical thinking.

'The standards are much too detailed, they need fewer standards in the next round. One thing they can do is have a process that is more streamlined and that can go into more depth around key issues.'

'The accreditation process is too long – too many standards and sub-questions – it makes dialogue almost impossible because you are focused on getting through it. We took it very seriously and were overwhelmed by the work it implied and created for us 'who thought all these insane questions' someone has tried to put in everything – we had that impression afterwards.'

One question arising out of the evaluation is whether it is necessary or appropriate to have one set standards to cover all Member Associations. One suggestion that has been reinforced by many of the Associations visited is that the review process and issues to be addressed should be adapted to the specific contexts of MAs for the second round. IPPF could consider a more streamlined framework organised around a number of key principles and functions of the MA, which are analysed in relation to the size of the MA and its strategic role within the national context.

'I think they must be adapted to Associations in line with time of operating, size of office and programme, - we cannot compare internationally, and they must be adapted to each one. We are huge, so we must have things organised – to process it helped us a lot.'

'There is a feeling that with accreditation they have to treat everyone the same. Well that is OK for the first round – but it needs to recognise that there is a difference between established organisations in highly regulated countries and those in countries that don't have that infrastructure.'

'For example in the health service here they now do self-declaration with random checks. They have some knowledge about where problems are. If we have ticked the box and provided supporting documentation then there is no need to go through it in a conversation with the review team.'

'Performance might stagnate if the standards are not developed. The next step should be for IPPF to grade different MAs – we are all facing different challenges –they need to grade them in different categories. This was a basic accreditation. For those who have been accredited they should now be required to get it at a higher level - so they are not complacent.'

'It is necessary to think deeply about the goals of the accreditation process. At the start there was a paradox – some of the oldest, most developed MAs have had problems being accredited – it seems a paradox that new ones were accredited without a problem because they accepted all criteria – without a history. Accreditation needs to balance the experience of oldest with the newest– and not have such a strict framework that is not adaptable – to try and gain 65

points has made problems for a very good organisation – because of the internal legislative system.'

'The standards were not part of our daily work – because of the number of staff and clinics we have – it has been hard work to achieve these - it has been a huge task. For us to maintain the standards will require a lot of resources. For example, policy documents have been developed, but disseminating and getting ownership and action at all the levels will take time and require resources.'

There is scope for IPPF Regional and Central Offices to make an assessment on the basis of the first round of accreditation of what level the second round needs to be pitched for different MAs. A review of documentation by the Regional Accreditation team could be used to determine the scope of enquiries at the time of the visit, so that the process builds in greater flexibility and adaptability to the level and context of operations of the MA. A full accreditation visit could be supplemented by more in-depth and focussed audits on key areas of operations, where these have already been conducted by MAs.

'You cannot have standards that work in every country – it could have been a little more consultative – it depends on who is sitting there. Governance is the same everywhere, but in terms of programmes you cannot cut and paste. We felt a little handicap at times to communicate that we are meeting the standards.'

'When the standards came they were clear, but should the standards be uniform for all MAs? The diversity of MAs may require different standards.'

'The accreditation scheme was good, but it must take account that here, for example, is very different to other countries. Even the working environment at central office is different to branches. Here, for example, caste and tribal representation is as important as gender.'

'The process should have been simpler. There should be space for the non-formatted inputs. How can we squeeze the very large Association in the framework?'

4.4.2 Expectations and understanding of the accreditation process

The survey results indicate that for the vast majority of MAs the accreditation review did meet their expectations. Most MAs expected the accreditation to be a rigorous process, in the form of a serious audit and it was valued as a process that posed some important challenges to the MA.

'There was a lot of advance preparation. We were prepared with tools – we had to do our own self appraisal. We were informed that it had been adopted by the governing council.'

'It was an evaluation followed by recommendations and technical and financial support for the implementation of the recommendations.'

'It was an objective assessment of the level of performance achieved by the MA.'

Value of the self- assessment document:

In some instances the self-assessment document has led to some false expectations of what the MA will achieve during the accreditation review visits. One of the problems appears to be that MAs have not been given a good understanding of how the accreditation teams are making their judgements on compliance and what to expect from the accreditation process, at the time of being sent the self-assessment document.

'The first meeting we had, according to our discussions we have complied with everything. Then the review team came- -they had a different set of questions to the ones we had been given and they said we were not compliant. They said – this is missing and this is missing. The initial document we were given did not go into enough detail – the review team had this assessment document – the person co-coordinating the process in the FPA should have been given that document. So you know what you are doing.'

'In the process of self evaluation – we tried to be true to ourselves. And that feedback went to the team, but when they came, it was like they judged us– there was not that friendliness in the process – there was a bit of bitterness – the team was sitting on one side and us on the other. But we faced the issues and addressed them. We were not well equipped to meet the standards.'

'At the beginning we were not aware of the IPPF standards, and we knew nothing about it. We were sent this booklet and we copied it and all sat around to discuss it. There was a form in the book. They asked us to fill it in ourselves (each of the 65 standards) and then send it to the regional office. Until we read the book, we had no idea what was inside it. We had previously has a telephone call from the regional office – we are sending a book – there is this accreditation process – it comes from central office and you will have time to be compliant.'

'We filled in the form saying how we saw ourselves, and they reviewed it at the regional office. They judged us according to their existing prejudices – but we decided to take the criticisms on board. We were feeling that we provided evidence but they said no this is wrong – it's like an opinion had already been formed.'

Scoring at accreditation review:

One of the common misunderstandings identified in the evaluation visit and survey questionnaire was the expectation of many MAs that they had to achieve 100% scoring by the end of the review visit, and that not to do so would result in loss of financial

support from IPPF. This misunderstanding clearly increases the level of anxiety within an MA undergoing accreditation review. For MAs to fully achieve the benefits of accreditation outlined in section 1, it is clear that they and the accreditation teams need a good understanding that accreditation is *a process* and not a one off pass or fail event.

'The MA expected to obtain its accreditation at the end of the visit.'

'Since it had a conditionality for continued membership of IPPF –the understanding was that if you don't go through you may lose membership and therefore financial support. It was like an audit and so we had to put in a lot of effort – it's not like a routine monitoring process - but the level of attention was at a high degree and we took it very seriously.'

'We were really worried about not getting 100%. We had 2 visitors from other Associations and they were really worried about not getting 100%. We were so relieved – but we thought what happens if we lose their support? We were really worried that if we did not get 100% we would lose IPPF support and those benefits like international recognition that we value from being an IPPF member –this was a real worry – we have very few donors and we were worried that if we had a reduction from IPPF the word would spread to the few donors we have.'

'In fact, we have to recognise that there was a lot of concern and tension at the documentation preparation stage. These documents were prepared with the hope of achieving the best opinion from the IPPF officials participating in accreditation.'

'I notice the MAs are in a stress by the process – they are not at ease at all – this first step has a mixture of controlling and analysis. The first step should just be an analysis of what is happening at the moment. It is always combined with the anxiety of not being accredited – that makes a negative stress – it felt as though it was just straight finding deficiencies – looking for where it was deficient.'

Financial support:

Another unspoken expectation among some MAs was that a good accreditation result would lead to increased financial support from IPPF, and also to increased salaries for MA staff.

'In one MA I had the impression that they had exposed themselves as positively as possible because they hoped to get money as a result of the accreditation. They had a misunderstanding that needed to be clarified – these misunderstandings you can feel they are not spoken and you have to clear them soon otherwise the process will go wrong.' (Volunteer on review team)

'I felt that staff were anxious to know if this was a way of upgrading them salary wise as we pay poor salaries.'

'We wanted to do the best we could, it was good to work on this, I enjoyed it. We spent time trying to inform people – why are we working on this – people said "if I participate, will I have an increase salary?" – we had to sensitise them about the process.'

Anxiety regarding job security:

A number of MAs have expressed that the accreditation was approached with a good deal of apprehension, and that although in retrospect the process has largely been viewed as positive, at the times it can create tension and stress within the MA. The anxieties largely emerge from MAs not having been through the process before and therefore not entirely understanding the process.

'We have a large number of employees, some relatively old people who have been working here a long time, who are not competitive and not used to being competitive within an employment market, and they may have felt apprehensive. For example, those not used to developing programmes with a requirement for evidence may feel apprehensive.'

'Initially it was approached with fear and apprehension. It was a bit like an audit – like police – rather than supportive and friendly. If you don't comply, you will be struck off, a win or die. It needed to be painted as something nice and good – a positive and fruitful process. Also it created fear of the unknown. Now we have gone through it, and in retrospect it was a positive process. Before meeting them this feeling of fear prevailed and during the visit this was how it was, confrontational. But we addressed it and moved forward.'

'Some of the other senior staff were really panicking – we may be penalised or something like that.'

'For Executive Directors there is a stress going through the process. Some colleagues, their relations with their Boards are not so healthy and they feel threatened if something goes wrong with the accreditation that their job would be at risk.'

At the same time as anxiety regarding their job security, there is also anxiety among volunteers that they may lose some of the privileges, power or authority that has been institutionalised within the MA for years.

'Some felt threatened by the maximum limit which prevented long term engagement.'

'There was thinking that this was a process to marginalise the volunteers. But even though the regional office representative is staff, she convinced the senior volunteers it will make the organisation more transparent and accountable.'

It is very clear from the examples above that as the accreditation process can challenge some of the vested interests or authority of senior staff and volunteers, the process has to be handled very skilfully by the accreditation review team. The next section considers from MA's perspective whether or not this has been the case.

4.4.3 Accreditation Team Skills

Strengths

Overall, the evaluation indicates that the MAs found the review visit to be a supportive intervention. According to survey results, 57% of MAs strongly agreed (in the range of 10-8 on a 1 to 10 scale) that the review visit was supportive and helped to identify areas for improvements and make appropriate recommendations.

'The principle of self-criticism is positive. We didn't feel controlled or examined – it was a tremendously useful process. In no moment was there a problem – it was very useful. The only problem was language, because IPPF assumed we spoke English.'

'All the support, comments and observations provided by those persons who participated in the visit meant a significant help for us to complete the three issues that were missing in order to meet the terms of the accreditation process.'

'They managed it as a candid and friendly visit. The team was very helpful but also strict because they said this is the standard and they do their job. It is a transparent process because you have the standards – and both agree – in this case the evaluation is not bound to money and so it is not punitive.'

'We had some very interesting discussions with the review team.'

'It was participatory and well conducted.'

'The exercise enabled us to undertake a self-assessment of our services and practices at every level of our Association.'

'The accreditation review visit allowed the Association to establish an action plan to consolidate achievements and improve weak aspects.'

'The team was overall supportive.'

Volunteer member of the review team:

Having a volunteer member on the team was perceived to be a great strength. Volunteer members are generally perceived to bring an understanding of the complex realities within which MAs are operating. Volunteers were considered to bring an essential expertise in understanding the management and governance issues facing MAs, and also in being able to put the point of view of the MA across to the Regional Office members of the review team.

'As a part of the process we were told we had to amend our constitution - we were groping in darkness of how to do that. The regional office was helpful but we were still groping in the dark. They wanted a 3 years term – but we had a 2 year plan and this would have meant changing everything. The volunteer helped us appeal with the regional office who went to central office and the 2 years was approved.'

'The accreditation team listened to our points of view. What was good was that it had a member from another Association. It is useful to have other volunteers – they share experience.'

'We recommend that the review team should be more leading persons from other MAs with experience in governance and management (other service NGOs) – you need one person who is really experienced in how to run and manage an NGO – really experienced to quickly step into the reality of the NGO – so the accreditation becomes an experience exchange rather than an examination.'

'I think they need professionals in evaluation to undertake this process – but this is a process for professionals –they could have outsiders who know IPPF and the Associations. It is important to have a member of an Association on the team. I have observed if a person understands how our organisations function they can understand how to make the process useful for us.'

Support from review team re identification of areas of non-compliance:

The majority of MAs have indicated that they found accreditation to have been a learning process, which facilitated greater understanding of the work of the MA in relation to IPPF. Survey results indicate that 69% of MAs considered that they were able to learn something about their own Association as a result of the review team visit.

'We were given a lot of support to implement the recommendations. We had a debriefing with the review team. We invited the volunteers and section heads. After they left we had to comply.'

'Many things were reinforced, especially in the area of governance.'

'The accreditation review has confirmed the presence of certain problems we had already picked up on.'

'We identified some areas that were being carried out in practice but were not documented.'

'The review offered the opportunity to know more about the Association's constitution and what needed to be done to make it more adequate.'

'We realised that documentation was lacking and misplaced in some areas and this had to be addressed,'

Weaknesses:

While overall the experience of the review visit has been a positive one, there are some important areas of weakness in the skills and approach of the review teams that have been highlighted in the in-depth interviews with MAs. Areas in which the skills of the accreditation team could be strengthened in the second round to maximise the benefit for MAs are:

A more flexible approach:

The first major area of criticism links to the perception among some MAs that the accreditation instrument is not implemented flexibly enough by the accreditation team (as discussed in section 2), and that some review teams had not understood the philosophy behind accreditation.

'The approach is wrong – if it were more flexible it could be useful but I am afraid our officers in the regional office are not able to do this.'

'It was an experience that challenged us and was not negative or superfluous – but I have more and more the feeling that there is an institution that is enormously under pressure by donors and not an autonomous concept of self-control and not sovereign – we know we are dependent at the same time we try not to be taken over by government and have our own identity. This is non-verbally projected through this process and hinders dialogue – something non-verbally is transmitted here.'

'One simple case in our original constitution we had the condition of membership – it was put quite simply and not expressed without discrimination on racial ground – (1.2) it was simply stated that any person can be a member – it means there is no discrimination – it is not necessary to write it in the formulation IPPF wants– it is a bit too formulaic – any person with no limitation means the same doesn't it?'

'It must be as much philosophical rather than technical. It was not a democratic process. It was top down “did you comply with this? No, you better fix it.” It was not meant to be implemented in this way – it was the implementing authority that misinterpreted the process.'

'The standards are more to check the system – do these things exist at the central level? The motivation and aspirational things are done in other ways – not through accreditation.'

Limited dialogue:

An important expectation was that the review team visit would allow dialogue around certain key areas and allow sharing of experiences and lessons learned. While in many

cases this expectation does appear to have been met, in a significant number it was not. In the latter cases, the review visit was experienced more as a box ticking exercise, and therefore one that did not build ownership of the MA. This seems to be a lost opportunity to enable MAs to benefit from experiences of others, especially of MAs of similar capacity, working within similar political and social contexts.

‘It would have been a better approach showing best practices from other MAs – we were told the constitution was not up to it, but we were not given examples beforehand of what they want to see. We missed the opportunities to learn from others only to be told “no, your constitution is not up to it.”’

‘I was involved by the review team, but not really as a key person. We were being questioned from the outside. It felt like us versus IPPF.’

‘My expectation was that this would be a dialogue between the MA and IPPF on how to advance our governing and programme practices – I thought there would be people in the review team who could discuss with our Board members and ED on an eye to eye level to exchange experiences – this was my expectation. But it was a little bit like an examination – the accreditation was sold to us as a process to facilitate the work of MAs which means you getting into dialogue – but that wasn’t facilitated at all in the review team – they had a hard time just to get through the questions.’

‘The accreditation was too structured. We had a lot of meetings and we were getting their points of view. It took at long time for us to voice our point of view. They just said: “This has to be there and all the standards must be met.” As a federation we all have to stand by a philosophy. It’s a great thing. Obviously this had to be put into a process, that at some point this philosophy became an exercise and in some ways it becomes a bureaucratic exercise. Is it all 65? Is it black and white? There are some grey areas. The feeling was that all standards were not applied uniformly. If an MA was behaving right, looking right, some standards were waived.’

Too much focus on documentation:

Linked to the above observation is an overall perception that the review visit was too focussed on checking that the documentation was correct. There is a sense that this creates a duplication of workload for the MA which has already submitted documentation to the regional office prior to the review team visit. There is a general feeling that the review of documentation can be carried out prior to the review visit and does not need to be the focus of the visits. Review visits should focus more on exchange of experience and in-depth analysis of the key programme areas.

‘The formulation of the question is only “do you have it or not?” All documents were sent to IPPF in past years so they should be well known by them. I don’t know if members of the accreditation team studied these documents beforehand.’

'The approach was nit picking – documents had to be signed by governance before submission.'

'The accreditation team came with checklists and they tried to define everything objectively. There should have been some preparation for the team – not just ask the question “do you have 20% youth on the Board?” They should have understood the philosophy not just a figure.'

Focus of the accreditation on the constitution:

There is a very wide perception that the focus of the accreditation is unduly weighted towards issues of the constitution, and much less to do with an assessment of performance, management audit and analysis of the strategic role that an MA is playing within the country context.

'The standards were mostly integrated within the organisation we only had 20 points to change and 17 of those required constitutional amendment.'

'The accreditation process is missing the heart of the issue re weak management. But perhaps the objective of the accreditation process is different, but it should have these 3 components on an equal footing – governance, management and programmes.'

'There should be linkages between accreditation, management audit and evaluation of programmes.'

'In some countries you may need to look at corruption etc – but here you know it is so well regulated then you need to make your focus on other things like the five As – most of the time the discussion was on the constitution.'

'The accreditation process is problematic in terms of small words -- we have spent 2 years since the review visit working on the constitution – I am tired of the constitution - and we have only one full-time staff – the work is not proportionate to size of organisation. During the whole accreditation visit – all the time was spent on the discussion on the constitution and the legal formulations – they had the form and just went through it one, two, three.'

Limited communication on how decisions were reached:

Linked to the feeling among some MAs that the accreditation review process has been conducted as a formal exercise with limited dialogue within the MA, is a perception that the review team in some cases did not make clear how they reached their decision regarding the scoring. The review under these circumstances becomes experienced as more of a policing exercise than institution building.

'We were not given a copy of the scoring document so I don't know how they assess us exactly, but it did not seem flexible.'

'It was presented as a "you have to do this or you are out." It would be useful to list non-negotiables and the negotiables so the Member Association knows where they stand. Now we have to sell this to our branches – how do we know what is negotiable and what is not? The final questions should be shared before the visit – we asked for them but were told we could not have them – this was not acceptable. Six people questioned us with others in the room.'

'Some MAs feel it on a very personal level and feel that after 10 years our activities are devalued – they identify with the process and feel it deeply – but it is good for the future and important that we are self-critical but it should be a transparent and open process.'

'I didn't know how the accreditation team made their decision. The way to improve the model may be to identify qualities within each standard to define the compliance or not – I don't know what the team used to reach an agreement.'

Organisational development skills of team:

A key recommendation is that the review team needs to be led by someone who has professional skills in organisational development. Regional office staff are often not perceived to have the requisite skills in evaluation and organisational change to undertake such a complex and sensitive process.

'The review team lacked someone with good experience of NGOs. Accreditation teams must adapt to 178 different realities – you need for that at least one in a team who can cope with these differences and can cope with the unknown and uncertainty.'

'As a volunteer I was also going round different countries. The review teams have been very different – for the future if asked I would always suggest that the team composition should be changed. I think it is not enough having a doctor or a pedagogue or a lawyer – but someone trained in organisational development – a doctor doesn't know how an organisation is working and cannot meet what is necessary – that is one point – the other is it needs an external facilitator to moderate the discussion.'

4.4.4 Follow-up support from the Regional Office

Strengths:

The majority of MAs who responded to the survey questionnaire have indicated that they were satisfied with the follow-up support they have received from the Regional Office. Sixty-two percent agreed in the range of 10 to 8 (on a scale of 1 to 10) with the statement that the regional office has been helpful in providing support and clarification on the follow-up work necessary.

'We had sufficient help from IPPF on the process of accreditation. It was excellent help – it is a good communication.'

'The regional office has given enough support to materialise the standard whenever we needed any clarification.'

'Following the accreditation review the regional office helped us by giving us advice and clarification on the follow-up work to be done. Communication with the regional office has been good and encouraging.'

'The regional office provided full assistance to the Association, and monitored the various stages of progress towards implementing the recommendations.'

'This kind of control should be followed by specific support by IPPF. We talked with the review team about this and we have received this support. Our idea was to present our need to improve our evaluation process in programmes and projects. IPPF had a small amount of resources to follow up the accreditation process – but we obtained support to develop an evaluation tool.'

'We were given a clear idea of what is expected – we were given a clear background – how it started, why it's important, not to find fault, if you can't meet the standards it's probably a resource issue and we can discuss it... we need to be in line with IPPF, much as we are autonomous, we should still be consistent. We had a lot of communication with the regional office.'

In some cases the accreditation is perceived to have improved communication between the MA and regional office as they both participated in the same process.

'Our relationship with the regional office has improved. We are communicating more often now and we can really understand each other. We know what IPPF expects of us and we want to impress on them what we need from them. The accreditation brought better communication with the regional office. It bound the two offices in the same fate. They have been supportive and the technical assistance has been forthcoming.'

The regional offices have also been able to facilitate technical assistance and additional resource flows to assist with addressing areas of non-compliance.

'We received a small amount from the regional office and we hired a consultant to review the constitution, administration and financial rules. Our draft revised constitution and rules were prepared by the consultant.'

'We got \$6000 to address the areas of non-compliance.'

'The accreditation has had some resource flows from the region – it was a blessing because we had identified areas that required resources – but we were not getting funds because they were not a priority for the regional office. The accreditation

process was time bound and the regional office had to respond – so this was a blessing.'

Weaknesses:

Inappropriate communication from regional office:

One issue that has caused some amount of frustration among some MAs is when there is a lack of consistency in what is recommended by different members of the regional office team. This has particularly been a problem for MAs who have been through a long post-review process to comply with recommendations and have received inconsistent feedback from different members of regional office staff.

'It is not good if one person from IPPF declares something should be corrected – and then someone else modifies them again because of change of staff in IPPF.'

'The perception is that they have not made clear why we have not complied and what needs to be done – the problem for us was that we communicated with one person and during the time that person changed.'

Another issue that has been raised during the evaluation is a concern that the accreditation review visit should not be used by the regional office as a basis from which to become involved in the day-to-day or micro-management of the MA. In particular concerns have been raised about members of the regional office communicating directly with staff over areas of non-compliance without the communication going through the Executive Director, causing potential for conflict within the MA.

'It is important that accreditation is not used to micro-manage the Association, this is a fear among EDs even if they don't express it – there is also a fear that regions will call staff directly without going through the ED which undermines authority.'

'What we felt from the regional office was interference and pressure. We have made it known to them we can only accommodate it to a certain extent. We cannot accommodate so many meetings and conferences.'

'We don't want them to communicate directly to the branches – we have had lengthy discussions and told them that we will not have this.'

The way that final compliance is communicated has also been raised as an issue. There is some perception that the work that MAs have put into to ensuring compliance is not reflected in the final compliance document.

'There should be a final report detailing all the standards and how we have made provisions for them. We have completed all the provisions within the timeframe agreed – we got a letter saying we had complied - but we did not get a whole report saying that these were the issues and that now we have complied and how - this would be helpful to share with the partners at local level.'

Volunteer involvement:

Another issue that was raised especially by volunteer members of review teams is that the follow-up is conducted by the regional office and the volunteer (who is a very valued member of the team) is not included in the post-review follow-up process.

‘I would like to know as a member of the review team the follow up: a proposal would be to have bilateral contacts – there is no follow-up with the volunteer member – they are then cut off.’

4.4.5 *Communication of accreditation results within the MA*

The evaluation indicates that there is a tendency for accreditation results to remain at the level of senior staff and the Board. Some MAs have made an enormous effort to ensure that all staff and volunteers were aware of the process and that findings were communicated to them. In some MAs, the accreditation process is perceived to have strengthened the relationship between the senior and junior staff, and head quarters and the branches.

‘We were responsible for informing everyone about the process – we coordinated it – we knew that the ED was responsible but can’t do everything - all personnel were informed – we informed all Directors of areas and operative people – from the highest to the lowest had to know the process and benefits.’

‘Professionalization – at HQ and branches – it will take time and will percolate. We made the volunteers aware at a first step. We told them it’s a matter of team work. We made them realise this. We also inducted the key staff at branches have to be brought in a professional way. ‘

‘It’s a process so it’s on-going. It needs time to professionalise. The partnership policy is a very key document at zonal level. This has been on the agenda – because most of the resources are going to the districts with the decentralisation process –if we can empower them then it’s a very important tool...’

‘The uniformity that this will instil in the system may be useful. We will have the flexibility to identify mandatory and flexible standards when we work with the branches. This is essential for us to maintain our working relationship with them.’

For some MAs with complex branch and federal structures the process of feeding the results of the accreditation through the decentralised system is one that will take a significant amount of extra time and additional resources. The constraints in feeding the findings and recommendations down to local level structures does not appear to be one that has been given due attention in the current accreditation process.

‘We finalised the constitutional change very recently – eventually this will be a process and this will flow down to the branch. Certain amendments need to flow down to branch constitution and will trickle down to branches.’

'Is there a process for the percolation of issues from the accreditation to filter down? We live in hope... There may be personality issues involved at the local level. The Manager may be over-awed by the volunteers; they may not be so empowered to make changes.'

'To the area managers is fine as they are senior staff – but to the clinical staff, there is more of a need to explain further – so it goes up to the zonal manager. For the junior staff they see it as something for the management. Not for them.'

'We are such a large organisation, most of the accreditation takes place at national level – there has to be investment in trickle down. We have so many branches and we have been working this way for so many years. It will take years... The next stage for us is to communicate these to our branches – we have 40 different branch constitutions to address.'

'It took time to change things the way we had discussed it and the difficulty was we have different levels – at national it fits with IPPF – but it cannot be met on regional and local level – this was a difficulty in the discussion. Everything we decided on at national level goes to all other levels. It could lead at local level to us losing members – there are even differences in one organisation when they have different levels of branches.'

4.5 Strategic Relevance

4.5.1 Understanding the strategic context of the MA

Currently the accreditation process lacks an emphasis on analysis of the strategic role that the MA is playing within the national context, and an assessment of the MA's overall strategic direction within this contextual understanding. As a result the accreditation process currently lacks a strategic focus. This lack of strategic focus undermines the perceived relevance of accreditation, especially among established and well regulated MAs.

'It is hard for us to say whether it was strategic in its focus, as honestly it wasn't very relevant to us. We are a well established and well run organisation. Well it was good to have this confirmed. It would need a much more high-powered tool to have strategic significance for us...Maybe they should not call it accreditation. Maybe it should be about strategic development and process and forward planning. What would be most useful would be to have those from similar situations come over and discuss strategy and development. They could combine with ticking the box on certain audits. The most useful would be to ask for audited accounts – they could just take the audited accounts for the long established MAs in mature democracies. They can't expect generalists in the regional office to do this – but they would learn more from audited accounts by doing less.'

'We want to be part of the system and support and make inputs where we can build up bilateral and trilateral systems – we have meetings of MAs in the region and we discuss political issues etc. We exchange experiences – management problems – and we bring in our experiences as an old NGO and that is really effective and personally more enriching.'

There is very limited emphasis on understanding the role that MA is playing in relation to other key players in the country, especially with government in the context of aid instruments such as sector-wide approaches and budget support. Understanding the relationship between the MA and external partners in the economic context of the country is a major gap in the accreditation process, and limits the value of the process in assisting the MA in strategy setting and forward planning.

'We have been doing a number of pilot projects, but its becoming increasingly clear from partners that things are moving to programmes and sector wide approaches. The challenge is linking our excellence into the mainstreaming with government initiatives.'

'Our FPA is a relatively small organisation and we are carrying out activities that are not covered by state organisations. The state provides services we supplement and we conduct activities in areas not covered by the state such as sex education. The accreditation did not allow for understanding our role within the country.'

'The relationship with the government – they do not judge our effectiveness on what we do to support government and so on.'

'We are part of a group of organisations involved in provision of SRH services, coordinated by the Ministry and Health (MoH). It was very good to have the process of certification and quality and accreditation at the same time – because the MoH participated in the certification of quality, and therefore understood what accreditation meant.'

'The process is missing the aspect of how far we are linking with external partners. You would be making us more accountable to link up with other partners.'

The most direct reference to strategy is in the requirement of Associations to have a strategic plan. Again the emphasis placed on the strategic plan in the first round has been simply checking whether the document exists, there has been little or no focus on the quality and appropriateness of the plan vis-à-vis the role that the MA is playing in the national context.

'The accreditation process was partly responsible for us starting to use logical frameworks in our strategic planning.'

'Well they were mostly cosmetic. OK they should be there but they don't have much affect. It's nice to be accredited to know where we stand. But essentially

the standards missed the point. Yes we have a strategic plan – but the question should be is it relevant, is it well implemented? The standards ask do we have a monitoring evaluation system –yes we do – but the question should be do we have a cohesive system?’

4.5.2 Impact on programmes and services

The current accreditation appears to be more focussed on governance and management issues, than on programmes and services. The greatest impact on programmes has been in terms of ensuring that there are policy documents in place, and written protocols for service provision. The main impact and value identified for programmes has been on strengthening quality of care protocols. There is a limited focus on assessing whether the programmes and services that the MA is providing are both *relevant* and *appropriate* to the country situation, are reaching the right clients (e.g. the most vulnerable) and ensure that the MA is assuming a role as a leading sexual and reproductive health NGO.

‘Even looking at the tool – it is intended to operationalize the constitution. For appraising the programme you need to go in-depth – to assess so many variables. There are key governance issues that the accreditation process can help with. The process required for programmes is in-depth analysis. The accreditation system is able to assess the ground work for effective functioning organisations - which can then be translated into good programmes.’

‘Impact on programmes – it was more on management structures at head office..’

‘We have guidelines and policies for programmes that have been enacted since accreditation. We have partnership policy, workplace security, human resource manual improved, financial management, logistics and supplies manual. A number of strategies have come in, including advocacy strategies. All these were in response to accreditation issues.’

‘Where we have the programmes functioning well, the spheres of advocacy and services are well addressed.. The process has started, but the impact has yet to be realised on the ground. We are developing staffing, but we are limited, we cannot hire full time doctors, so we use seasonal staff, but they are hard to control because they are already employed.’

‘At clinic level, the quality of work has always been of prime importance to all the branches. I am on the Medical Advisory Board, and so we sat down and developed the protocols. The accreditation has had some impact, we are more and more aware. It percolates down. Today the nurses who are standing around – they know that here is someone who wants to see our standards. Everyone wants accreditation. The industry is drastically changing.’

'At beginning the focus was on the document – but we have to apply them e.g. evaluation of personnel and we have to now put them into operation and try to let people know how to apply them in their areas – e.g. let people know how to implement them.'

'It addressed having a strategic plan in place and forced us to go through the process – with input from the Board and staff and committed us to look more closely at standards of practice and to see in the clinic that there were standards and systems to keep them at the requisite level.'

4.5.3 Defining strategic priorities: The 'five As'.

The major opportunity to address the strategic direction of the MA is in the standards that relate to the 'five As'. The survey indicates that most MAs perceive that accreditation has improved their ability to position themselves in relation to the 'five As', although there are very few concrete examples provided in the narratives of how this happened in practice. Some examples include:

'I can say we have to follow the IPPF strategic direction and allocate according to these priorities – it's easier to present these issues within the governance framework. I can convince the governance structure more easily mentioning the need to keep inline with the membership standards and programme priorities.'

Abortion:

'Now there is a framework to talk about abortion – to raise the awareness of women – on family planning, sex education, and education of youth. We can use the IPPF framework –the Association can use it to help us talk about it. There is a proposal on the part of IPPF to help us to understand the situation of abortion here. I was able to say we need a workshop here to explain the situation of abortion– so we know how to confront this situation – in law and medical practice. The heads of programmes held a workshop here on abortion. Now we have a new position on this.'

Youth Association (member of national federation):

'Our work is very new – and we didn't know at first how to incorporate our work in this accreditation process. The Associations are local organisations– the perception of our work in reality is very local and we don't have a bigger picture of the federation and IPPF.'

After the accreditation process in 2005, I had more opportunity to see how our work is connected to the federation. We have our norms and we can see how they are complemented by the norms of the federation and IPPF. Our aim is sexual and

reproductive rights of young people. We have learnt that other Associations are not so distant from us – maybe in their location but not in their work.

The accreditation tool is useful – but a bit formal to use. It is quite difficult to use in practice. Some important things have come out of it, for example, the user satisfaction survey that we have now implemented in our centres to gain client's views on quality. ‘

Access:

‘Now we have a clear definition of target beneficiaries – we can make better decisions about where to focus programmes. Some volunteers understand this, others don't have this perspective. Under such conditions the staff have more power to say “no, we cannot work there, it's a better off area, we have to focus on this area that is marginalised.” Recently we have been able to focus on marginalised ethnic groups. This has been an outcome of the accreditation process.’

However, the accreditation has not necessarily increased an accountability function of the Association in relation to the ‘five As’- and there is evidence of some internal resistance to do so. With the focus of the current accreditation review on assessing the presence or not of correct documentation there appears to be some complacency among MAs that if they have the correct documentation then there is nothing more that needs to be done as regards the ‘five As’. There seems to be a lost opportunity for the accreditation process to challenge MAs to operationalize the ‘five As’ in practice and to motivate MAs to better position themselves strategically in the national context as regards the overall IPPF policy goals.

‘For any institution you need to think broadly – the benefit is it gives a broader thinking of what needs to be covered, but it also poses a challenge – being a master of all trades. It could make you over stretched. It sets the road map - but the stretch of the map that can be covered by the MA is far fetched – in the sense that there are some level of duplications in the five As.’

‘It is difficult for us to divide activities according to five themes. Many activities cross over – e.g. adolescents. It is not possible to translate the five As into our language– we translate the divisions into our language and they are surprised. Why are we dividing our activities in such strange and questionable themes? For this reason we must write new reports one in our language and another in English because we cannot put it in the same way. One of our most important actions is on adolescents and AIDS – where do you put it when it is connected like this?’

‘There was very little focus on the five As, very little. Yes there are standards for programmes –but we are meeting these standards.’

‘There should have been flexibility with the five As – a lot of innovation came from our MA – but in accreditation with the five As there is no thinking out of the box. And we need money and opportunities to support this.’

‘The accreditation didn’t allow us to discover anything very new on the five As. Adolescents, abortion etc – this is the framework of all our work. There is a complete coinciding of issues. In respect to the five As we have strategy papers, we have a position on these aspects – so these standards are not difficult – to have these papers is fundamental for us.’

‘We were so occupied with the constitution – we kept trying to bring in the five As.’

‘The five As were not part of the IPPF strategy at this time, but it helped us in many ways with questions and research.’

‘It helped us focus. But we would not want to see accreditation moving into 5A’s – it’s not your monitoring system. You have committed and budgeted for the five As – other than the fact that your accreditation should just look 2do you have a significant role in each of the five As’ That’s enough. It’s just a right to be a member of the Federation. The 5A’s are important – they need to be mandatory – to promote abortion in Africa, youth work in the Middle East. However, we were doing them already.’

‘The five As have weaknesses, if you are talking about access you are also talking about abortion. Some things are cross cutting, but the accreditation is not specific about the five As – the standards apply for them all. Some of the five As are unnecessary.’

Overall, there is very a limited sense of the understanding of the linkage between accreditation and the five As, apart from looking at whether they are outlined in the strategic plan. The simple fact of having a strategic plan in place does not necessarily mean that the five As have been integrated the strategic thinking of the MA as an institution.

‘The accreditation did not mention these topics.’

‘The need to update the strategic plan at the time was raised in order to bring it in tandem with the five As.’

‘The MA already has a strategic plan that complies with the five As.’

‘The development of the strategic plan has afforded the staff and Board to revisit the role of the Association especially within the context of its IPPF membership.’

'Is the standards the same thing as the five As. I am totally confused with standards and five As – and what the standards are supposed to do – I know the five As are supposed to be worked into the work programme budget.'

'Five As are there to address current priorities in reproductive health. The strategy should be dynamic and can be changed. Accreditation is a permanent thing. There is not such a link between the two.'

'Accreditation is for policy, the five As are for programmes. Accreditations is monitoring for policies and procedures. The five As should come under quality of care – if you want to look at policy, governance and stewardship –then accreditation is appropriate. It would be a mix up to confuse the two.'

'They have tried to cover many areas. It's the first time, it takes time to see the effect. The problem is the five As. It is confusing, it swallows up family planning, its not attractive to the donors – and its not attractive to volunteers - I became a volunteers because there was a problem with child health and young people in matters of sex -responsible parenthood – that's a good cause – but they say you want to assist with SRH – what is it? It requires explanations. Money is now going to AIDS and not SRH, it does not include all the other priorities – for example we have the drugs and teenage pregnancies – where do you put these? It doesn't include governance – which is also important. Now these five As are in every country – there should be room for diversity.'

'Sometimes there are questions from the public who have seen us just in FP in the past – they say why did you leave FP –we say no, we have passed it on to other people and taken on new issues. This is true because when you talk about RH with young people – initially it was a taboo, but now a number of people are doing it. We wanted to get involved with HIV from the beginning, but we were barred from it – that is not family planning. But now we are doing it, and there are a number of ways we can show how things are done. The five As have been good for communicating objectives and setting them internally.'

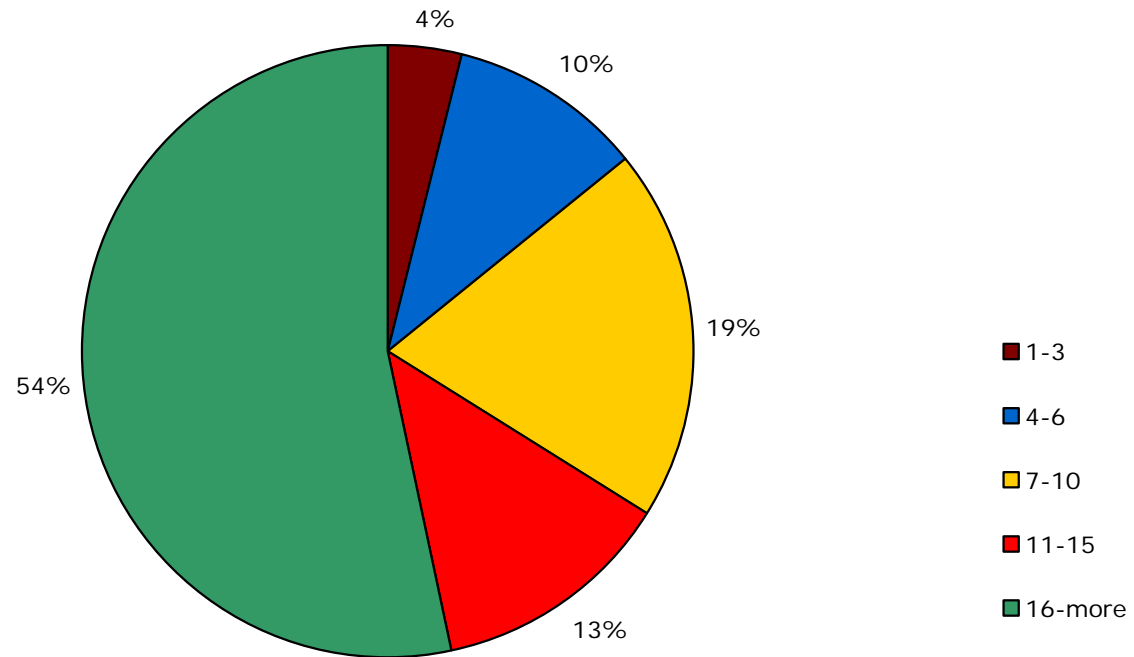
ANNEX 1: SURVEY RESULTS

Evaluation of the IPPF Accreditation System

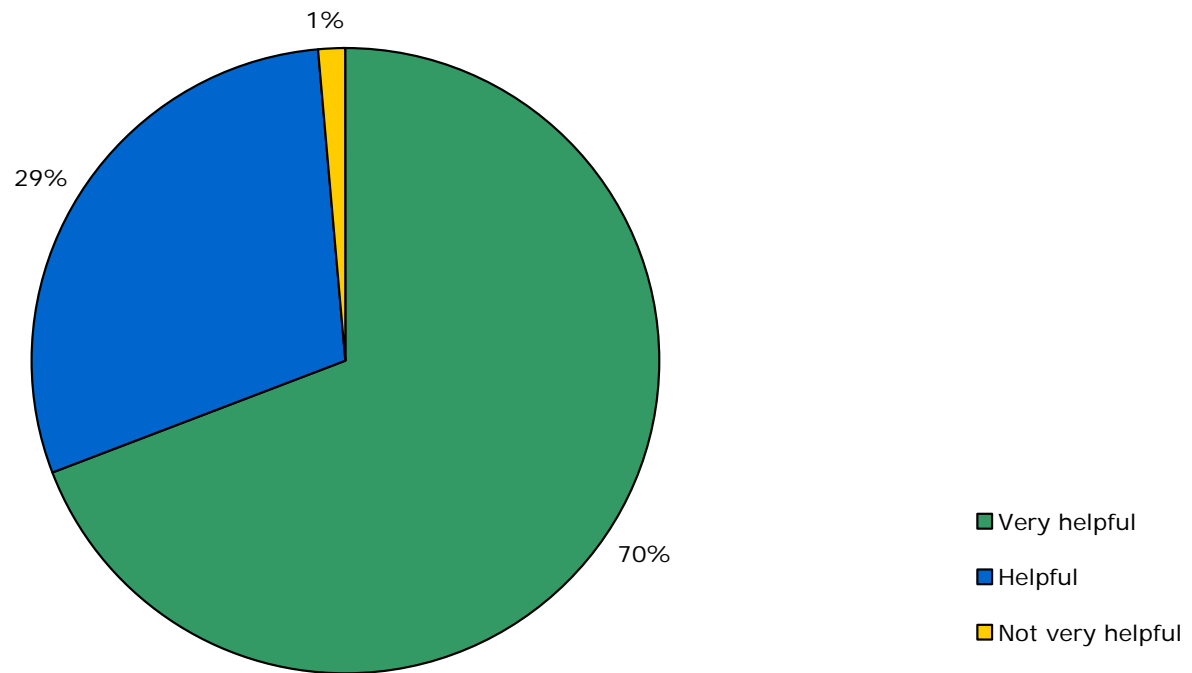
In 2003 IPPF implemented an accreditation system to assess the level of compliance of its Member Associations with the Federation's 65 essential Membership Standards. During the five year period 2003 – 2007 each of IPPF's full members, throughout the Federation's six regions, underwent an accreditation review. A review team of between 3 – 5 people, consisting of staff from the Regional Office and a volunteer from another Association within the region, spent on average five days conducting interviews and reviewing documentation relating to the constitution, programmes and services, governance and management of the Association.

As part of the evaluation of the accreditation system the Presidents and Executive directors of 97 Member Associations that had undergone a review during the period 2003 – 2006 were asked to complete a questionnaire in consultation with the staff and volunteers of the Association. Seventy eight Associations (80%) responded and the results of the questionnaire are provided in the following pages.

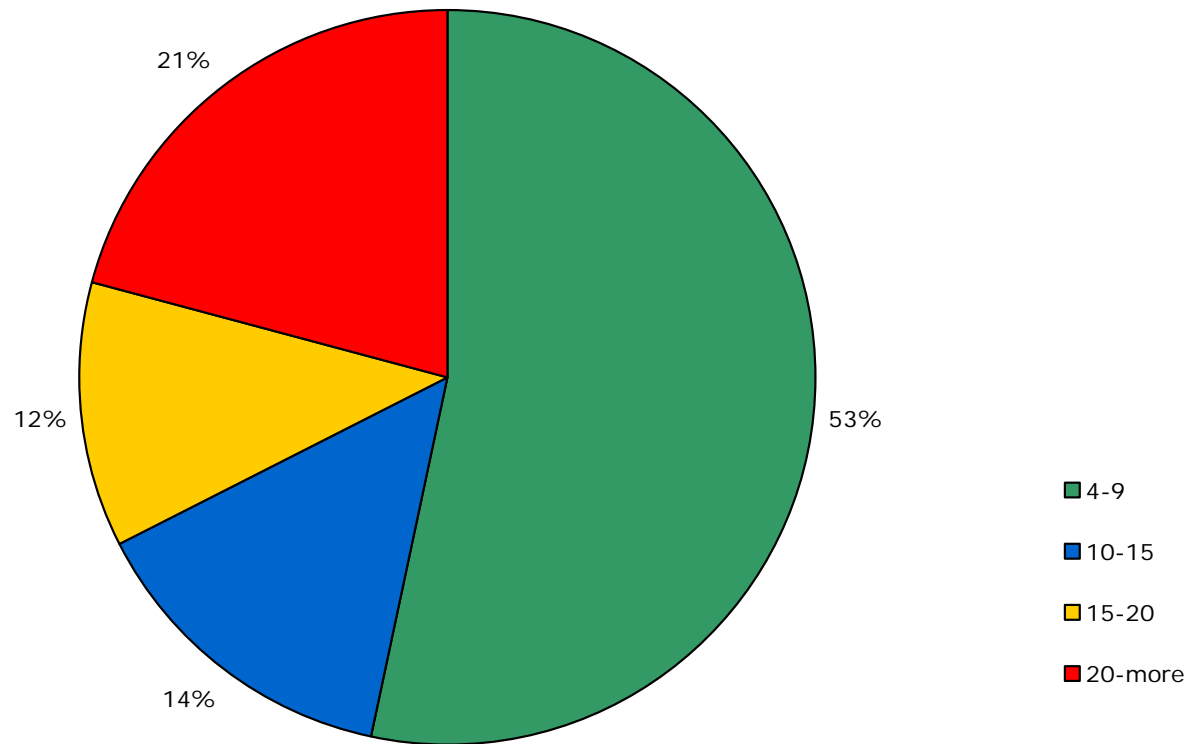
Please give an estimate of how many days the Association spent preparing for the accreditation review visit (person days).



Do you consider your preparations effective in the sense that they were helpful for you and the accreditation review team during the review visit?

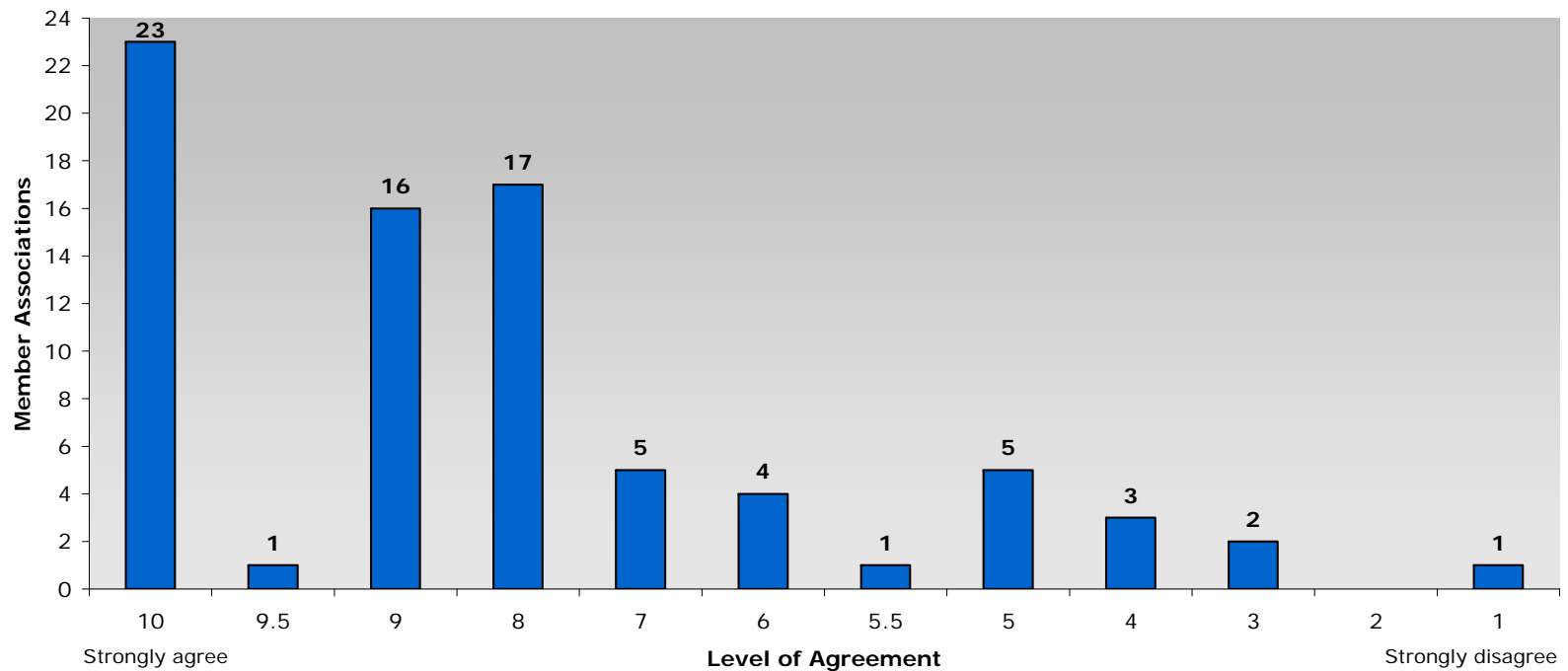


Please give an estimate of how many days the Association dedicated to the accreditation review visit (person days).

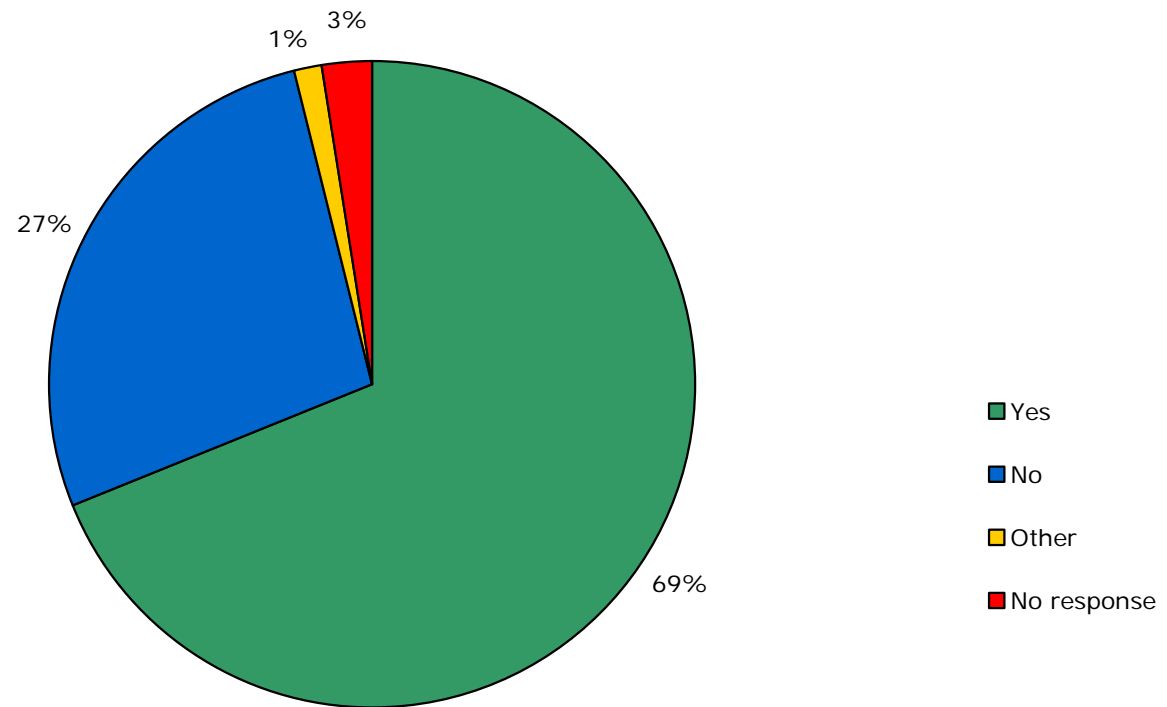


To what extent do you agree with the following statement:

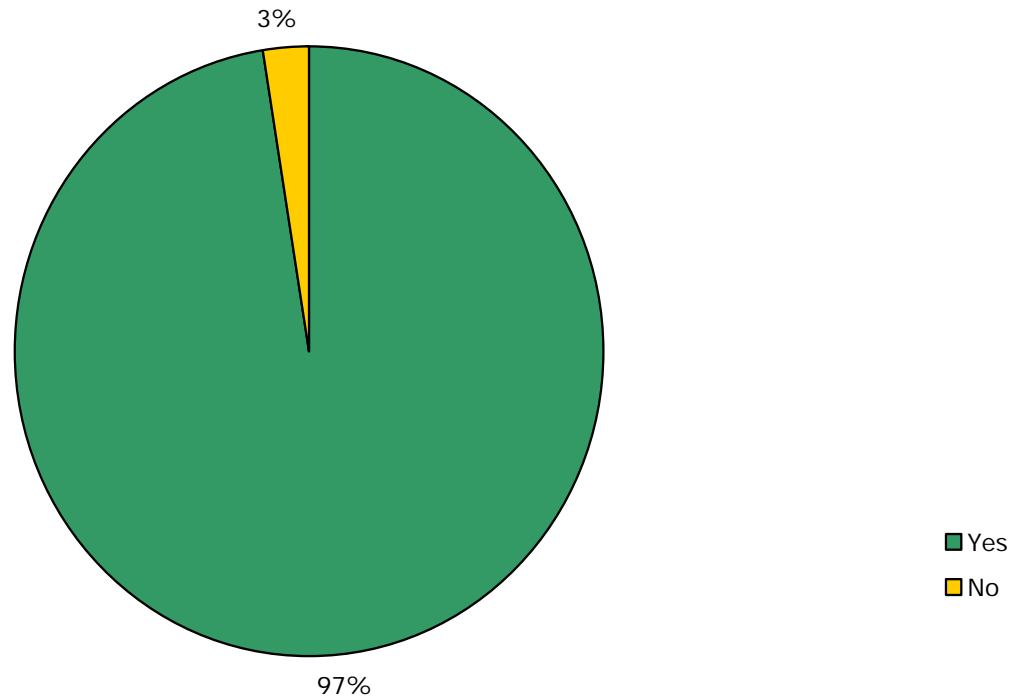
The accreditation review visit was a supportive intervention that assisted the Association to identify areas for improvements, made recommendations how they could be addressed and offered assistance in doing this?



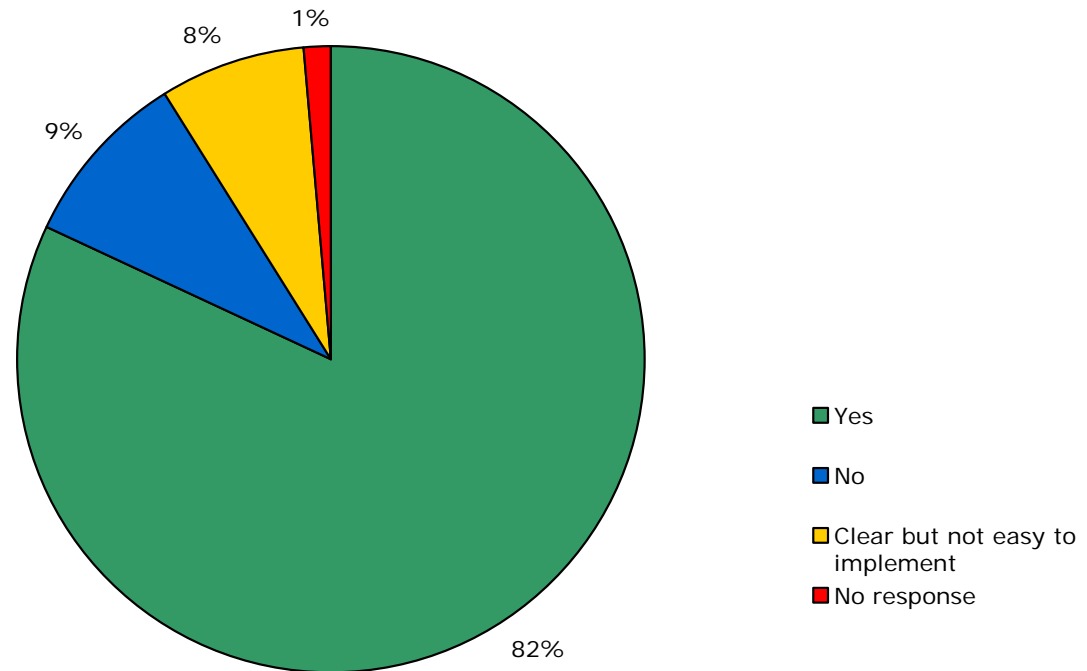
Did you learn something about your own Association during the accreditation review visit which you did not know before?



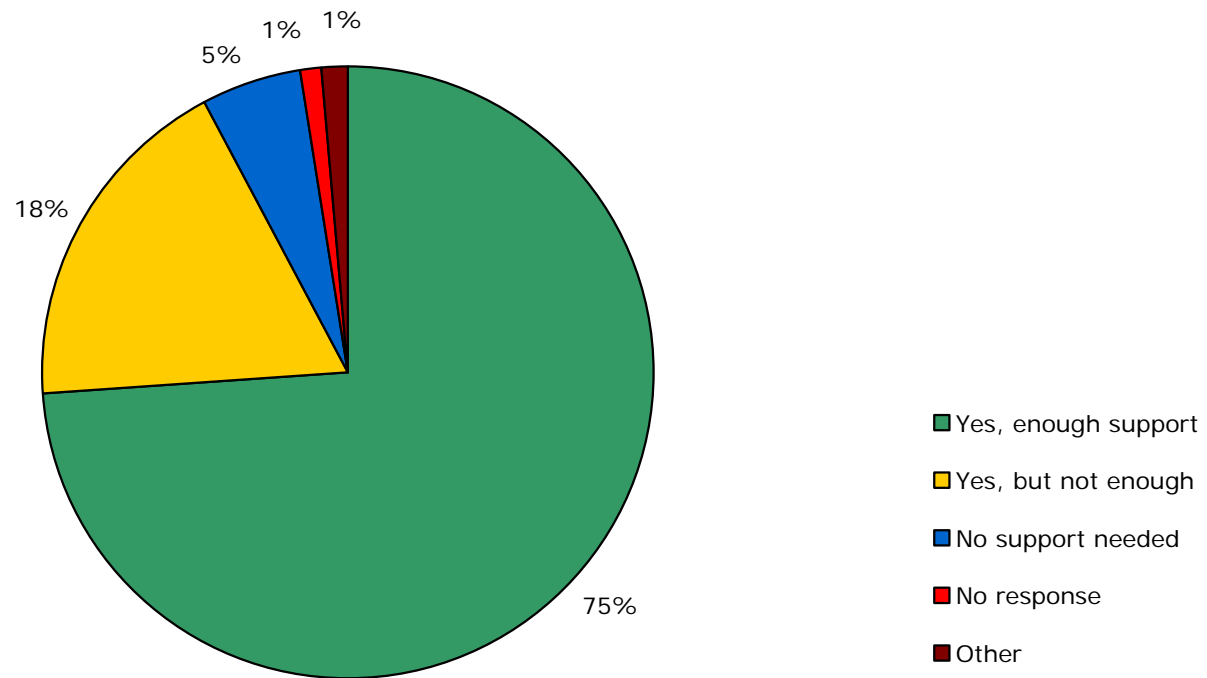
Following the review visit, did you manage to communicate the recommendations of accreditation review to those volunteers and staff who had not participated in the process?



In your view, were the recommendations given by the review team clear and easy to implement?

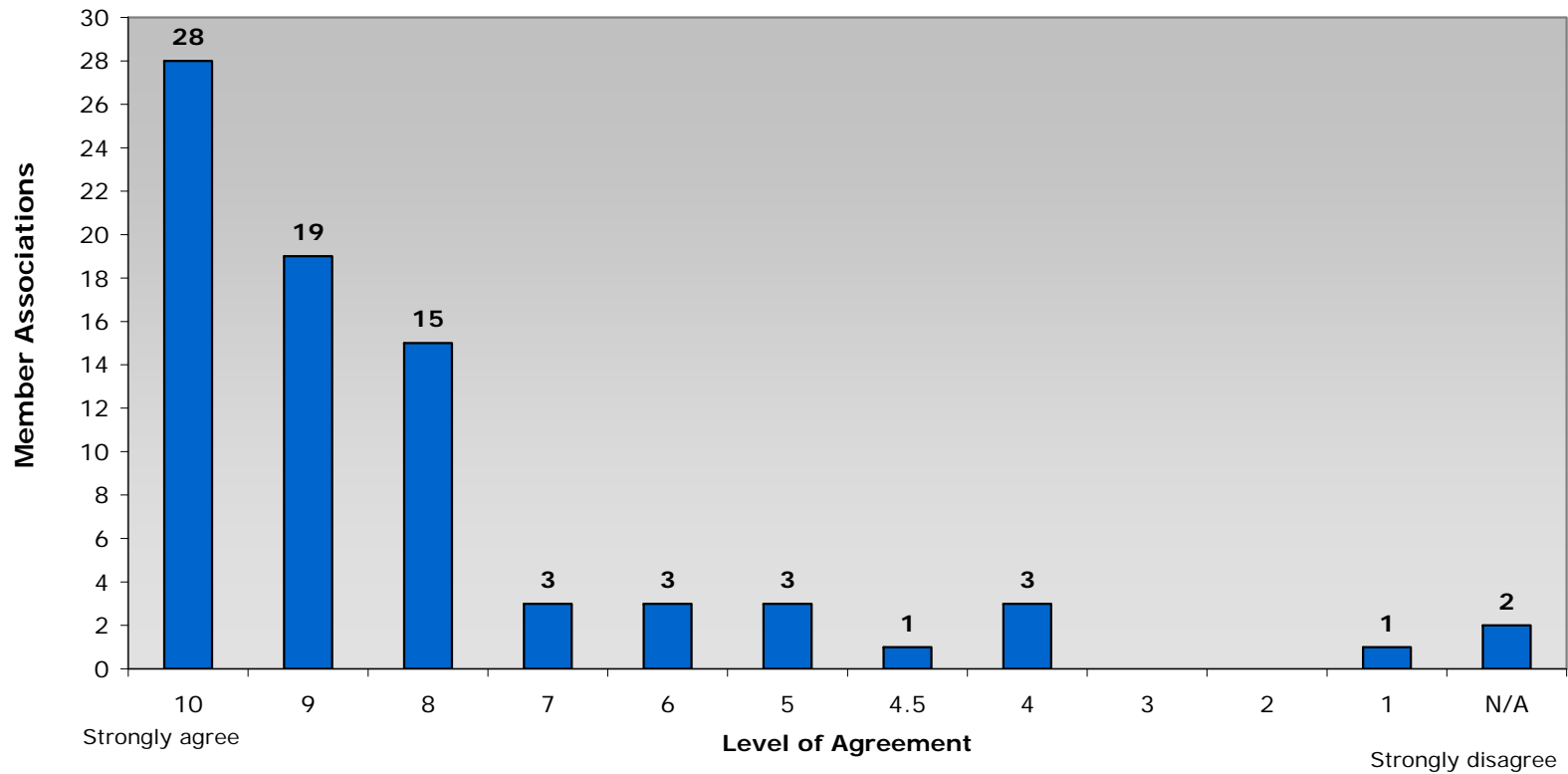


Did your Association receive support and advice from the IPPF Regional Office to effectively implement the recommendations according to the agreed timeframe?

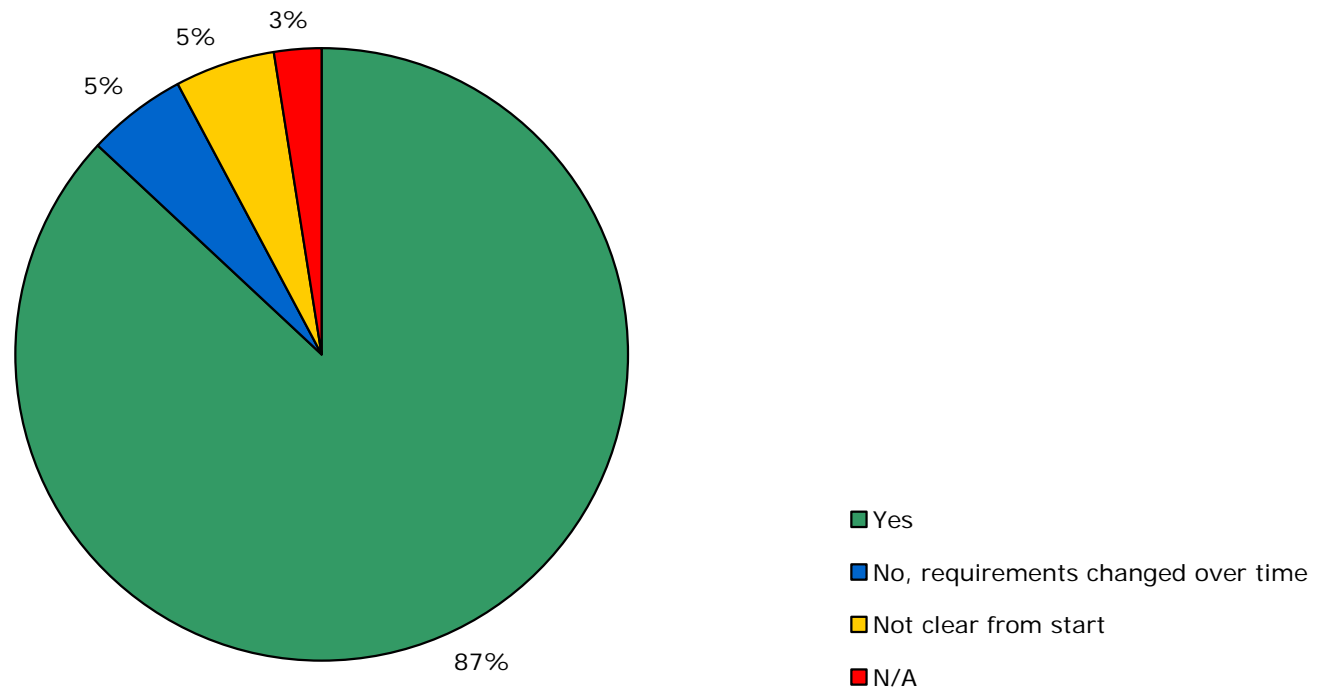


To what extent do you agree with the following statement:

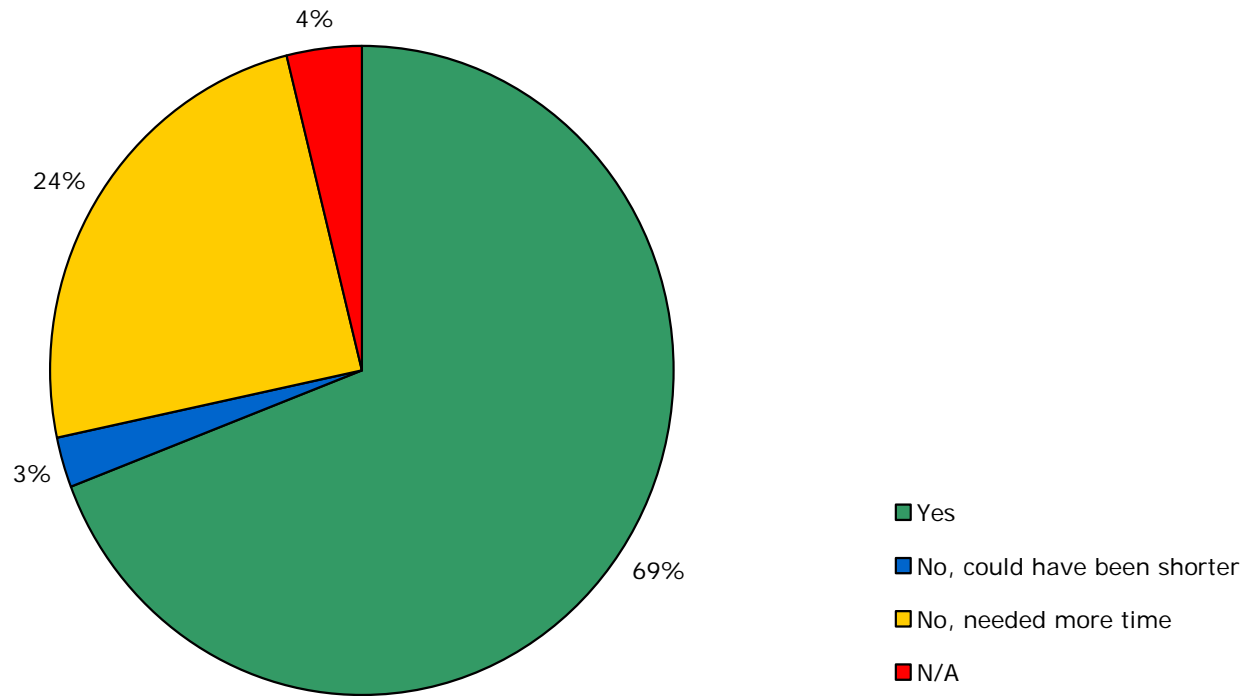
Following the accreditation review, the persons in the Regional Office were helpful in providing support and clarification on the follow up work which needed to be done. There was good and supportive communication from the Regional Office.



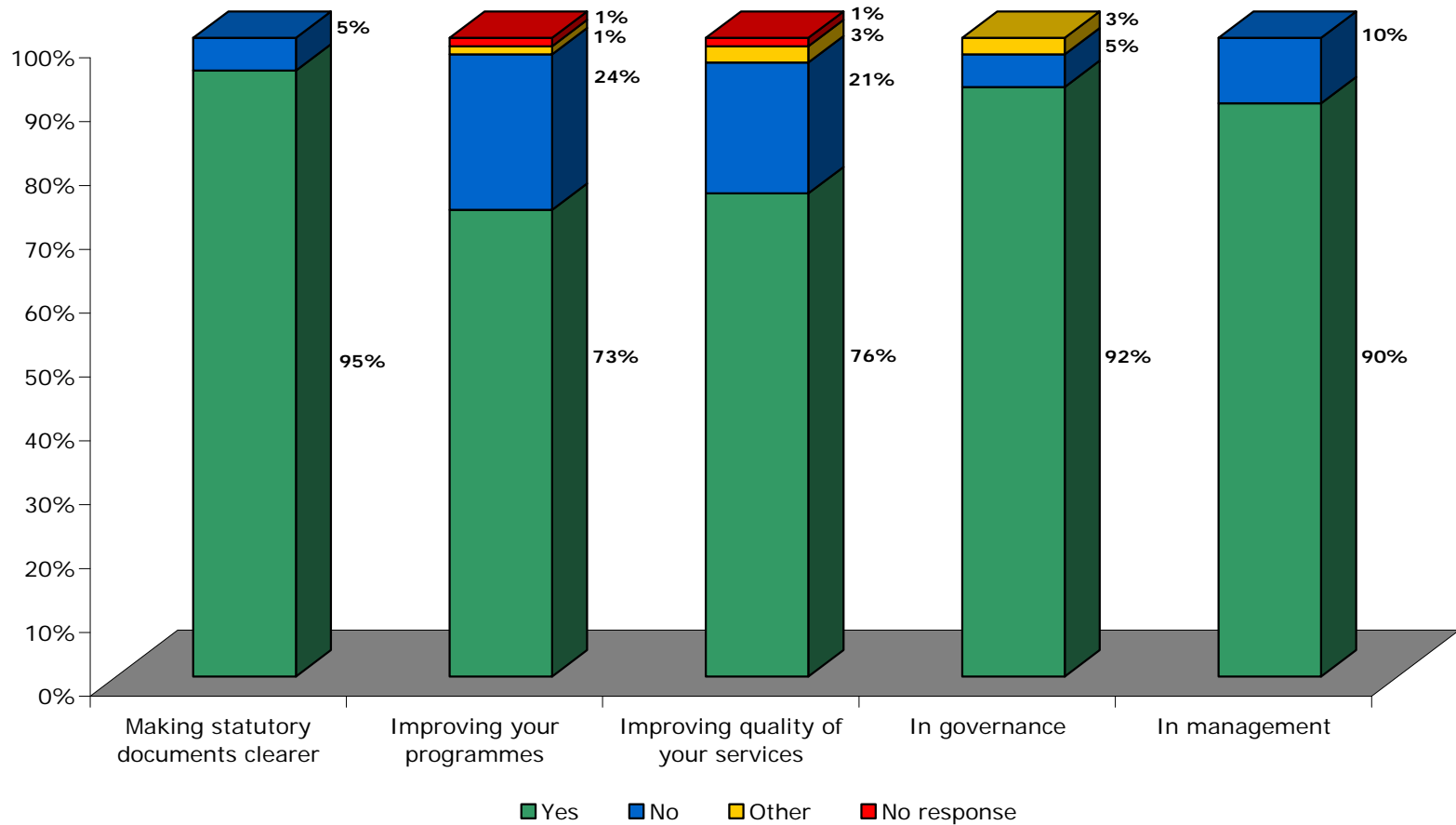
Was it clear to you how and when you had to report on the follow-up to the Regional Office and what kind of documentation you were expected to provide?



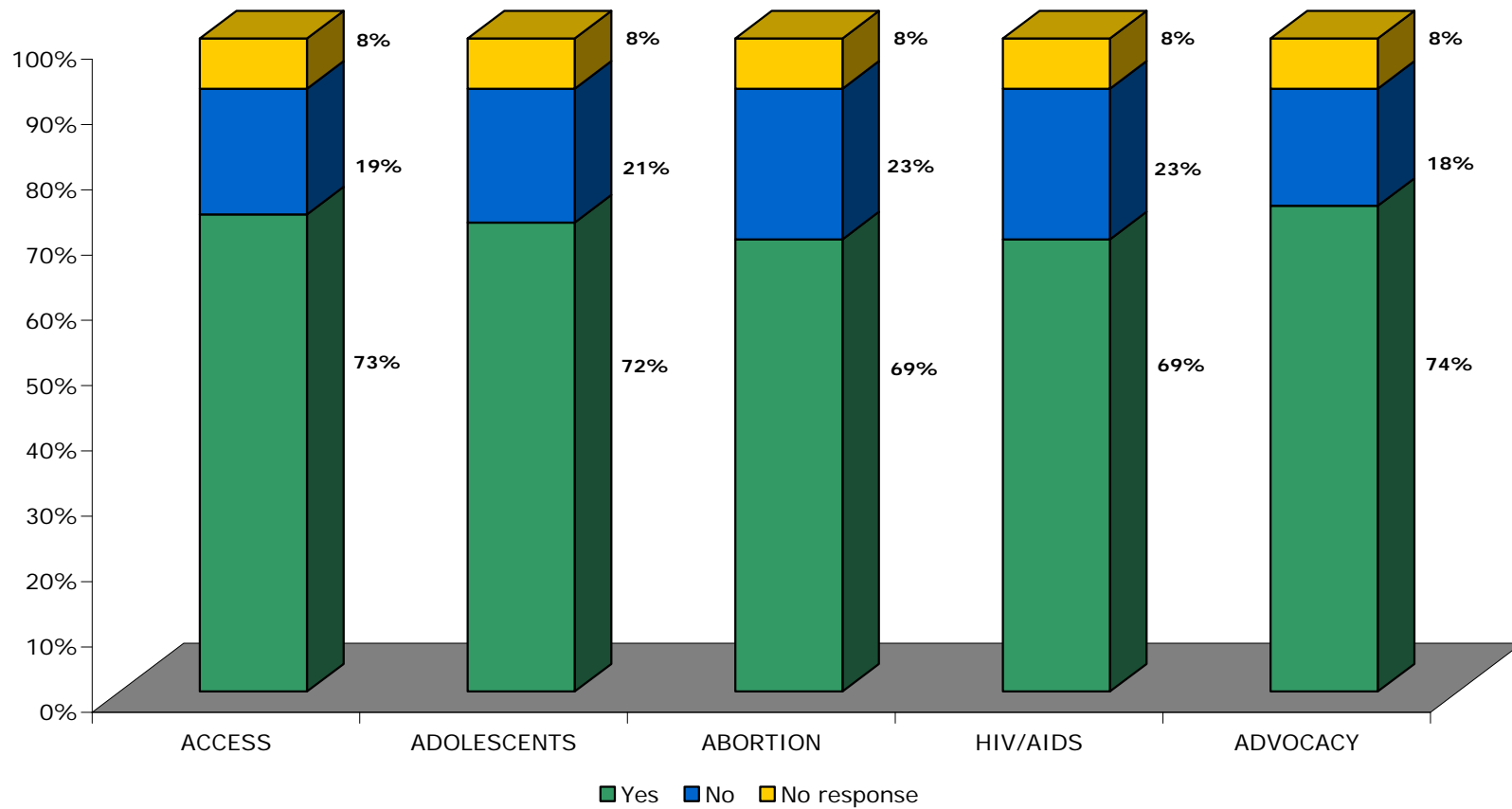
Looking back at the agreed timeframe for follow up action, was it realistic?



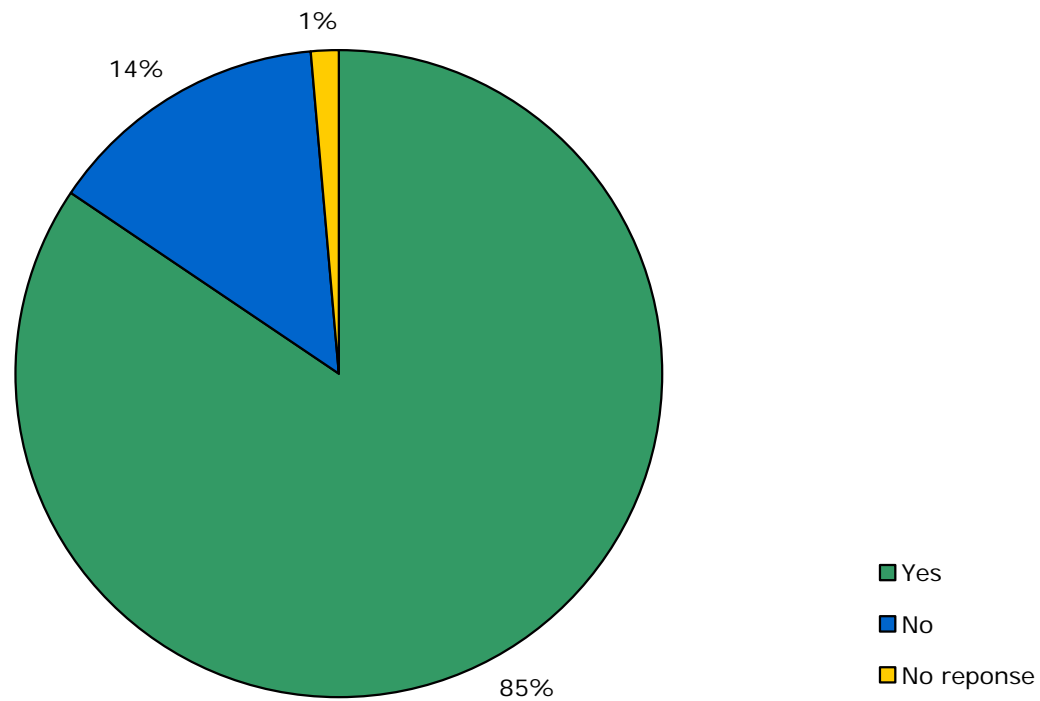
As a result of your Association's involvement in the accreditation process, do you consider that the operations of your Association has improved in regard to:



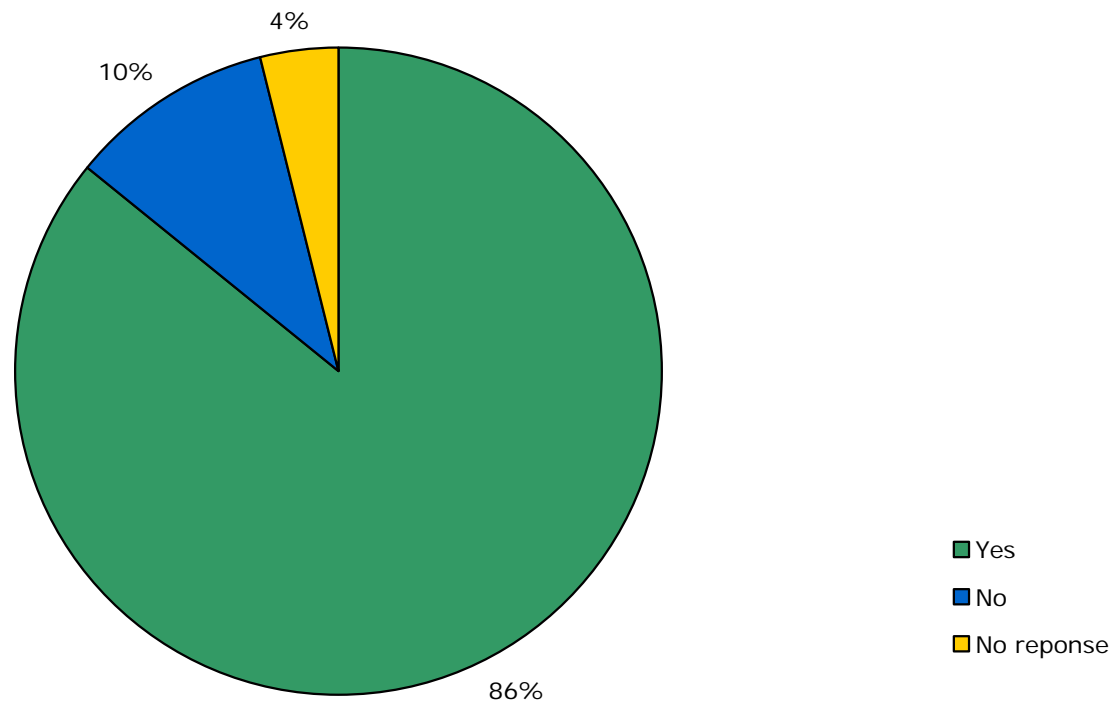
Did the accreditation process help your Association to position itself more clearly with regard to the 5 A's in context to the SRHR of your country?



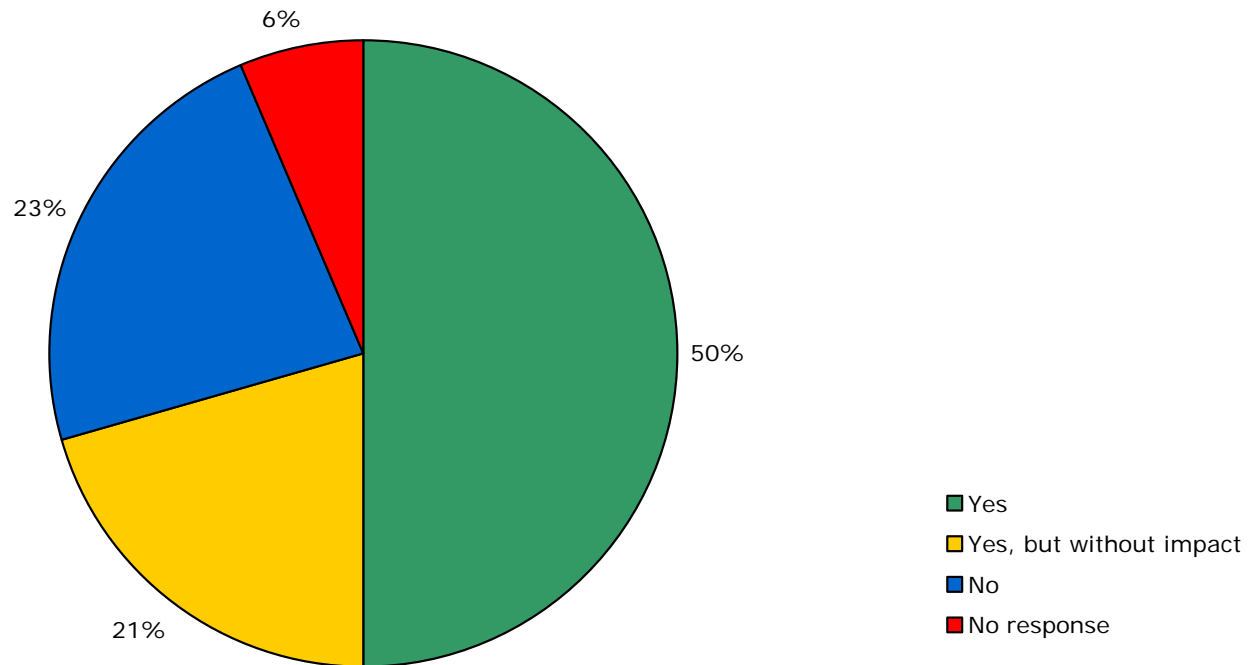
Has the accreditation process been helpful for you in mobilising resources from supporters and donors?



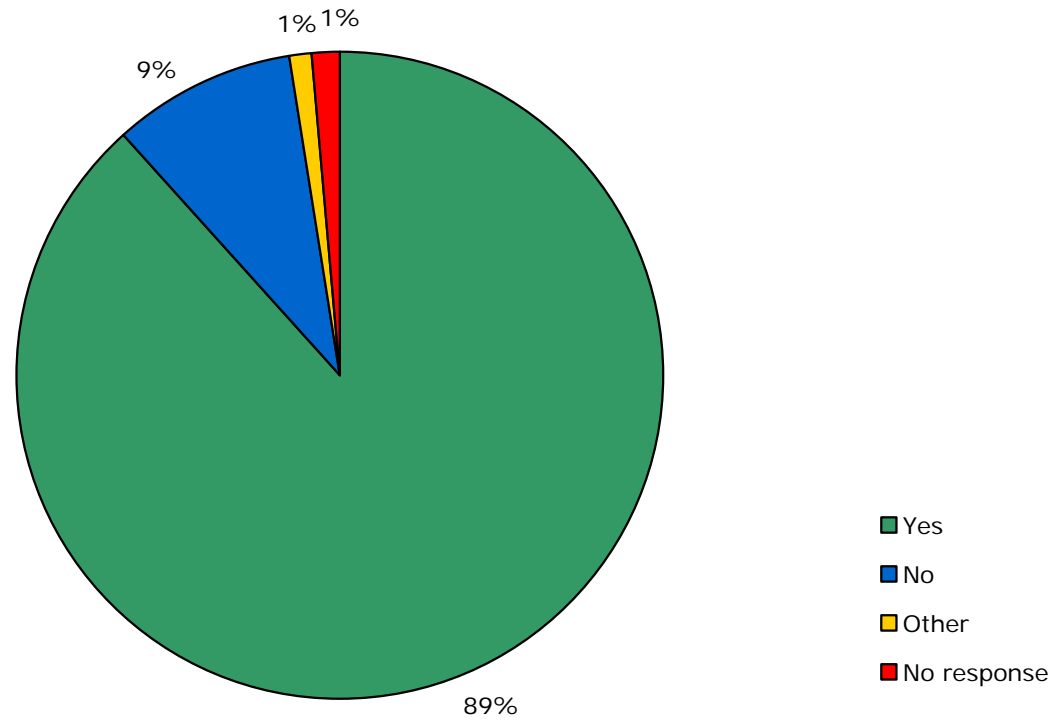
Do you think the accreditation process can be used to assure clients and supporters that your Association is an effective and accountable organization?



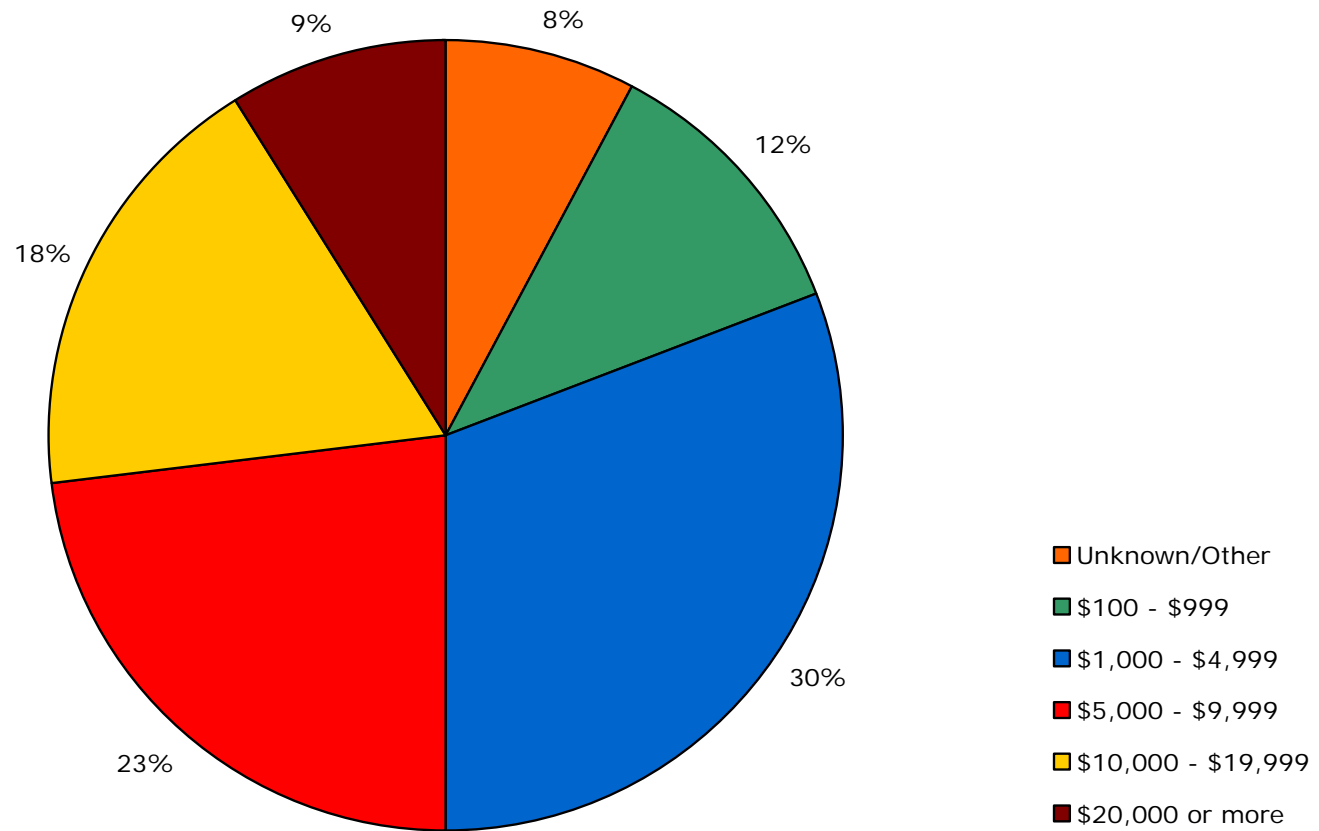
Have you used the fact of having gone through the accreditation process or being accredited in your communication to supporters and donors?



Do you think it is important that the accreditation process gains recognition in your country and internationally?



Could you give an estimate of the resources your Association has spent in order to go through the accreditation process?



ANNEX 2: OVERVIEW OF ACCREDITATION REVIEW RESULTS

The table below provides a snapshot of where we stand in the accreditation process as we enter the final months of the current accreditation system. After four and a half years, and 117 reviews, 57 Member Associations have been accredited. With the current system due to end in less than six months there are 18 Full and 14 Associate Members yet to be reviewed. Twenty of these Associations are scheduled in the 5 Year Plan to undergo an accreditation review before the end of this year. This will bring the total number of accreditation reviews conducted during the first phase of the IPPF accreditation system to 137.

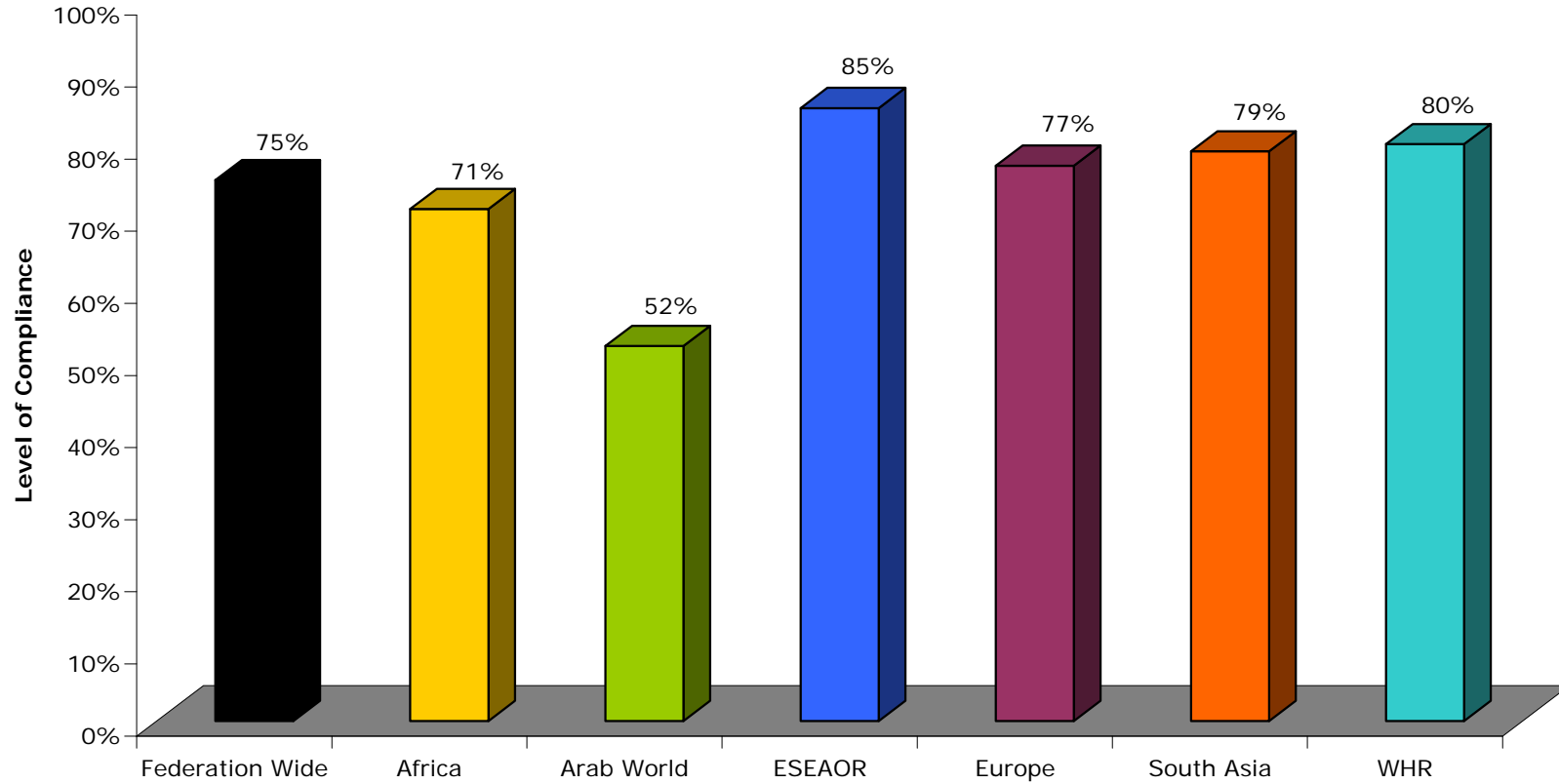
	Africa	Arab World	East & South East Asia and Oceania	Europe	South Asia	Western Hemisphere	Total
Number of Reviews Conducted	27	12	13	35	7	23	117
Number of Accredited Member Associations	7	8	9	13	6	14	57
Number of Full Members not yet Reviewed	7	1	3	5	0	2	18
Number of Associate Members not yet Reviewed	5	0	5	1	1	2	14
Number of Member Associations	39	13	21	41	8	27	

It is worthy to note that the following 9 Member Associations complied with all Standards at the time of the accreditation review:

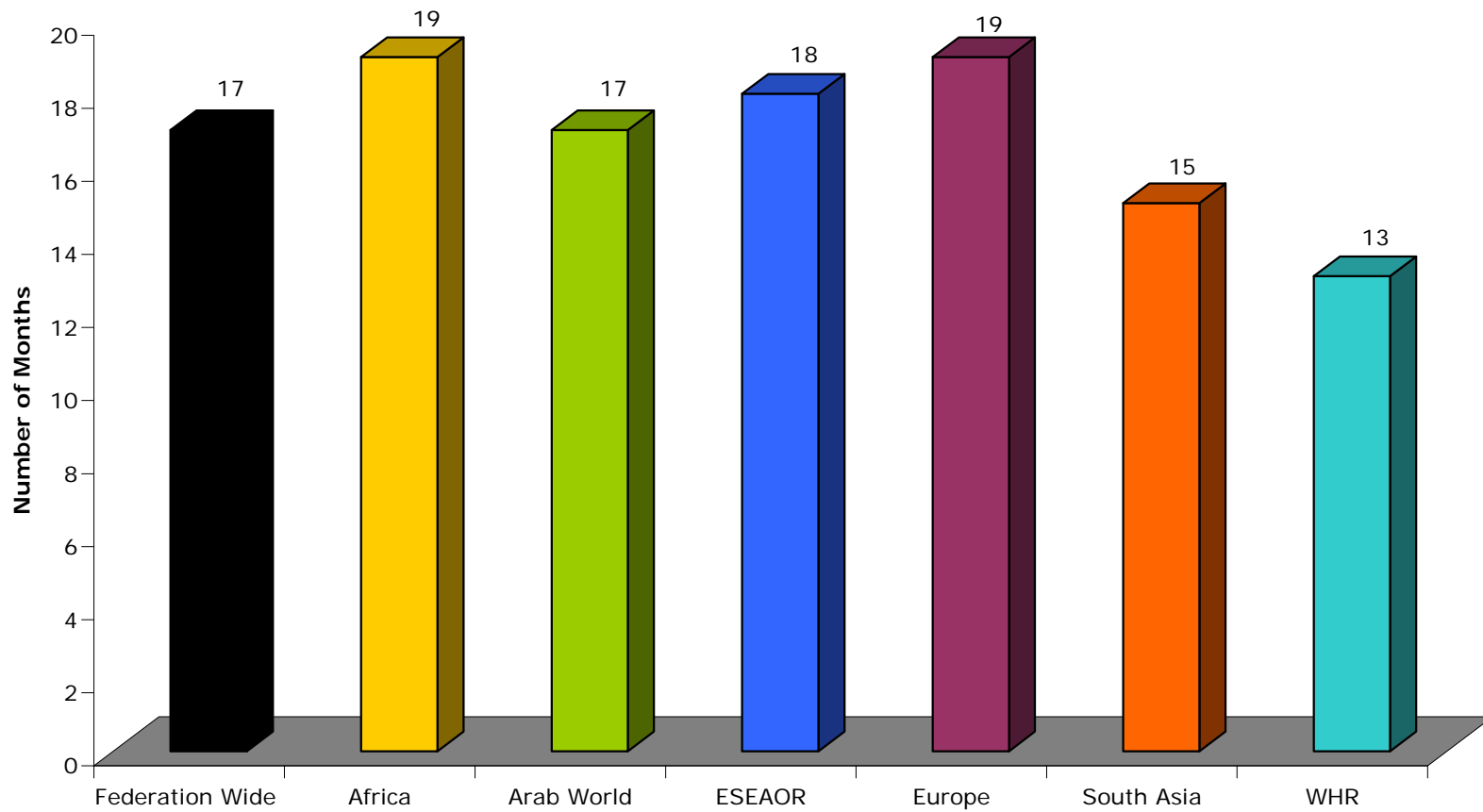
Ghana, New Zealand, Brazil, Mexico, China, Hong Kong*, USA*, Puerto Rico*, and Australia*

* Will be recommended for accreditation at the November 2007 Governing Council

At Time of Review: Average Percentage Compliance



Average Time Taken to Achieve Full Compliance



Breakdown of Areas of Compliance 2003 - 2006

