# Advocacy Strategy to Leverage CSOs for Maximum GFF Results

1. **Context & Overview**

The Global Financing Facility in Support of Every Woman Every Child (GFF) has enormous potential to improve the lives of women, children and adolescents in countries where progress is most needed. To date the GFF has primarily been a government-owned process. However, to reach its maximum potential the GFF must be owned by all key stakeholders in the development process: government; civil society (CS) including and youth-led organizations and networks, and other non-state actors. CS in particular plays important roles delivering health services, particularly in hard to reach areas; representing underserved and marginalized populations; providing technical assistance to augment government knowledge and capacity; sustaining engagement with government to keep shared priorities moving forward; advocacy; monitoring and accountability.

The GFF now has in place the policy framework to facilitate this broad-based participation and meaningful country ownership and ensure that partner governments take full advantage of CS’s potential contributions to reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH+N) outcomes. 2017 has proved to be a watershed year in the GFF’s framework for engagement with CS. The GFF released its [**Guidance Note: Inclusive Multi-stakeholder Country Platforms in Support of Every Woman Every Child**](https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF%20Country%20Platform%20guidance%20note.pdf), which sets explicit minimum standards for transparency, inclusion and accountability in country engagement with stakeholders including CS. The GFF Investors Group approved of the [**GFF CS Engagement Strategy**](https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG5-5%20CS%20Engagement%20Strategy.pdf)(CSES), and the GFF and Partnership for Maternal, Newborn, and Child Health (PMNCH) partially funded its corresponding [**Implementation Plan**](https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG6-10.pdf). With the governance framework in place, investment is urgently needed to ensure that these provisions are sufficiently implemented and progress is maintained.

This strategy document provides a roadmap to help CS realize its potential in the 16 priority countries identified before November 2017.  There is also an urgent need to capacitate CS in the 10 new GFF priority countries announced in November 2017, which were was not included in the costing of the CSES implementation plan, and strengthen global CS engagement with the GFF.  Annex 1 and 2 outline a strategy based on different country classifications as outlined in the CSES implementation plan; and Annex 2 highlights a number of countries for potential focus based on their unique circumstances.

It is important to emphasize that this document is a strategy on overall CS engagement with GFF as a mechanism and not CS engagement on a particular technical area, such as PHC, RH or MH, that may be contained in a country’s GFF implementation plan.  Given that one of the beauties of GFF is that each country can determine the direction and plan for their GFF funding based on individual country need, this strategy is in addition and not in replacement of current and complementary advocacy work on PHC or RMNCAH+N.  Additionally, as GFF is only one mechanism among many global and national initiatives working towards health outcome improvements, the scope of CS engagement for this strategy is not meant to replace any and all CS engagement with these other mechanisms.  It is equally important that initiatives seeking to better engage CS with improving national PHC and RMNCAH+N policies continue as the success of those efforts, although perhaps not directly targeted at GFF, is crucial to its success and sustainability.

1. **Goals, Anticipated Outcomes & Activities**

**Goal 1: Realize meaningful CS engagement in 7-9 GFF priority countries**

**Outcome 1: Strong CS RMNCAH coalitions** in 7-9 priority countries that are well equipped to contribute CS assets to the GFF. Specifically, CS coalition leadership has a strategic understanding of GFF processes and opportunities, and brings others up to speed. Coalition engagement is coordinated so that their actions are complementary (rather than duplicative). Government and other stakeholders are clear who the CS focal points are for different streams of work.

**Country-level Activities**:

* Convening grants to 1-2 core organizations in each country to coordinate or influence the CSO Country Platform in the country.
* Core organizations ensure the coalition represents CSOs working across the continuum of care (under a UHC umbrella where there is momentum), including youth networks.
* Understand GFF processes and opportunities, facilitated in countries that recently the GFF by:
	+ Technical support and information sharing from the global support hub (see below)
	+ South-south exchange for tier 2 and 3 countries, such as setting up a mentoring system for more advanced CSO network representatives to bring newcomers up to speed
* Coalitions develop and implement CS GFF Action Plans, detailing they ways in which civil society will contribute to the GFF Investment Case.
* At least 2 representatives from each country coalition are funded to attend the CS learning and strategy meetings around the IG every November.

**Regional and Global Activities**:

* A technical assistance (TA) hub provides support to CS coalition leaders across countries. This support depends on the country context, but would include:
	+ Information on the GFF process and opportunities, including how things are supposed to work (including the Minimum Standards and CESS);
	+ Sharing useful (but not confidential) information learned as part of the civil society coordinating group on the GFF or from GFF Secretariat or Investors Group members, including country progress and upcoming advocacy or funding opportunities;
	+ Connecting people in the same country working on different aspects of the RMNCAH+N spectrum who are not yet in touch to facilitate coordination of advocacy and accountability efforts and policy coherence;
* Facilitating south/south exchanges of information and lessons based on similar country contexts through learning meetings and exchanges.

**Outputs**:

* Voice of CS working on GFF unified;
* Capable and well informed CS leadership who can improve other network members capacity; and
* Strategic CS GFF Action Plans that are implemented and starting to show results.

**Outcome 2: Government-led multi-stakeholder country platforms in 7-9 priority countries are** functional, relatively transparent, and include participation by CS focal points and members of affected communities, particularly youth. The GFF Investment Cases and investments that they develop are evidence-based and align with commitments to FP2020, achieving UHC, Scaling Up Nutrition and other initiatives.[[1]](#footnote-1)

**Activities**:

* Coordinated CS engagement with the country platform leadership to identify and fill any gaps in country capacity.[[2]](#footnote-2)
* CS focal points on the country platform progressively ensure that the Minimum Standards are adhered to.
* CS focal points on the country platform coordinate with the broader CS community to shape CFF investment cases where progress is most needed and ensure policy coherence.
* CS uses accountability tools such as Scorecards to monitor GFF processes, investments and results; dissemination of the Scorecard results to country platform members.

**Outputs:**

* Effective multi-stakeholder country platforms that meet the Minimum Standards, where feasible.
* GFF investment cases and investments that align with FP2020, UHC 2030, SUN and other government commitments.
* Accountability tools including scorecards.

**Goal 2: GFF Policy Environment Continues to Maximize CS’s Potential Contributions**

**Outcome 1: CS experiences at country level shape the GFF’s policies and investments**

**Activities:**

* Documentation of positive and negative CS experiences contributing to GFF at country level through case studies.
* Sharing of country CS experience contributing to GFF influence global advocacy on GFF policy framework, particularly through engaging with the Civil Society Coordinating Group (CSCG) on the GFF.
* Targeted dissemination of key findings and recommendations at key moments to the GFF and Investors Group members.

**Outputs**:

* Case studies (by country or theme as appropriate)
* Recommendations to improve the GFF policy environment
* Evidence-based global advocacy strategies

**Outcome 2: Governments’ responsibility for multi-stakeholder engagement on GFF is clear**, and governments have the knowledge and skills to meaningfully engage CS and other non-state actors.

**Activities:**

* Constructive advocacy to ensure that the Guidance Note on effective multi-stakeholder country platforms informs World Bank and other donor dialogue with countries on GFF;
* Engagement with the World Bank to assess governments’ capacity gaps in multi-stakeholder engagement, and TA to fill those gaps.
* Independent monitoring of the GFF’s global progress on policy and practice that ensure meaningful CS engagement, and public celebrations of progress to continue building good will.

# Annex 1. Suggested Engagement Strategy by Country Classification

The table below gives an overview of the engagement strategy by country capacity, broadly speaking. Below is a further description of the context in the countries highlighted in the table and the list below. These countries are highlighted for their likely ability to demonstrate results quickly, or demonstration value. This tiered country classification system and approach was developed as part of the [Civil Society Engagement Strategy Implementation Plan](https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG6-10.pdf).

|  |
| --- |
| **Table 1. GFF Focus Country Classification and Needs[[3]](#footnote-3)** |
| **Country Classification** | **3 Year Goals for Engagement**  | **Type of Engagement**  | **Countries** |
| **Tier 1:** Medium to strong CSO engagement and capacity; high potential for results.  | * Maintain status in Tier 1 to maximize CS contribution to SRMNCAH outcomes through GFF;
* Document successes and lessons learned.
 | Coalitions in these countries are already strong, and simply need support for staff time, convening to develop their GFF Action Plans and Engagement Strategies, then deliver on those. Technical support for CSOs in these countries will primarily be strategic guidance. CSOs in Tier 1 countries can mentor Tier 2 and Tier 3 country CSOs on the GFF process and successful approaches, and share experiences for documentation purposes.  | Cameroon, Kenya, Nigeria, Senegal, Sierra Leone, Uganda |
| **Tier 2:** Weak to medium CSO engagement to-date and or a weak CSO platform.  | * Move up to Tier 1.
 | Countries in this tier are in a great position to avoid the growing pains of Tier 1 countries. Technical support should focus on accelerating capacity by learning from Tier 1 countries and technical support to map out GFF processes and opportunities.  | Bangladesh, DRC, Ethiopia, Liberia, Mozambique, TanzaniaNew countries TBD  |
| **Tier 3:** No CSO engagement to date and or a weak or nonexistent country platform.  | * Move up to Tier 2 or Tier 1
 | Engagement should focus on identifying potential coalitions to cultivate and bringing CSOs who are already involved with the GFF (or interested in getting involved) up to speed on the GFF process and opportunities, and helping them build a coalition.  | Guatemala, Guinea, Myanmar, VietnamNew countries TBD |

**Not Classified:**

10 additional GFF countries were announced in November 2017: Afghanistan, Burkina Faso, Cambodia, Central African Republic, Côte d’Ivoire, Haiti, Indonesia, Madagascar, Malawi and Rwanda. More work is needed to determine whether they are Tier 2 or Tier 3, and which have CS networks that are poised to contribute to GFF Investment Cases quickly.

Annex 2. Select Examples of Countries for Priority Engagement

**Tier 1:**

* **Cameroon:** Cameroon has a strong CS platform that is drawing on its experience from the HIV/AIDS movement. This network is also very plugged into the UHC movement in the country, which suggests synergies that could be further explored for demonstration purposes for other countries.
* **Kenya**: A network of CS in Kenya has been a driving force behind the GFF process since inception. The CS platform, HENNET, very strong and can be a model for GFF coalitions. In fact, in the coming year HENNET will be engaging leadership of the GFF Country Platform to ensure it is strong and well-functioning. HENNET also has a GFF Action Plan for contributing to the GFF Investment Case, and is piloting the use of a GFF Scorecard for accountability, which can be adapted for other GFF countries.
* **Nigeria**: CS working on GFF is also very strong, and they are using the scorecard approach. CS in Nigeria is also developing ways to link up tracking of domestic resources (or government investments) towards GFF with budget and expenditure tracking. Nigeria also has a GFF Action Plan that needs support for implementation.
* **Uganda**: Uganda also has a strong RMNCAH CS platform working on GFF. They have developed a GFF CS Engagement Strategy, modeled after the global CS engagement strategy. They also have a GFF action plan that CS is rallying behind. Uganda is unique in its GFF engagement, because any World Bank operations—including GFF investments—must be approved by Members of Parliament.

**Tier 2:**

* **Ethiopia:** TheEthiopian CS coalition led by the Consortium of Reproductive Health Associations (CORHA) is developing and engaged into other important initiatives such as FP2020. Despite the intent to deepen work on GFF, engagement continues to be a challenge. Great progress could be made with dedicated technical and financial support for GFF.
* **Mozambique:**Following the November 2017 GFF Investors Group meeting in Maputo, the Mozambican Civil Society Platform for Health (PLASOC-M) has stepped forward as the coordinator of CS on GFF (previously there had been none). They are determined to learn from the experiences of Tier 1 countries and avoid known pitfalls so their contribution can be maximized.
* **Tanzania**: Despite being a first-wave country, Tanzanian CS engagement in the GFF process has been hampered by a variety of factors. CS is currently re-organizing with strong advocacy organizations driving the efforts. With the right support, CSs contribution to GFF in Tanzania will grow at a fast pace. CS efforts will help in contributing to the GFF investment that Tanzania received in support of strengthening PHC systems to improve maternal and newborn health.

**Tier 3:**

* **Myanmar/Asia:** Myanmar’s CS engagement in the GFF has been led by MSI. Both MSI in Myanmar (and CS in Bangladesh) are keen to learn from Tier 2 and 3 countries but it has been a challenge. There is potential to build out an Asian regional strategy targeting a few countries (say Myanmar, Bangladesh, Cambodia and Indonesia) for support and shared-learning. If there is no targeted support for CS in the region, there is a high likelihood that CS’s contribution to the GFF will continue to be minimal and tokenistic.

**Not Classified:**

* **Burkina Faso:** CS in Burkina Faso is very capable, and the potential for CS to ensure GFF priorities and investments are alignment with other important initiatives such as FP2020 and the Ouagadougou Partnership is strong.
* **Cambodia**: See Myanmar/Asia
* **Indonesia**: See Myanmar/Asia
* **Malawi:** CS in Malawi is highly motivated to engage in GFF. ). In fact, the GFF presents a great opportunity for Malawian CS to convene an advocacy coalition. Currently, CS sits on Technical Working Groups but there is no independent space for CS to strategize. Such a coalition would help strengthen CS in Malawi to put more pressure on its government to take ownership of health outcomes in the country, providing a counter-balance to the heavy reliance on donor aid. White Ribbon Alliance started laying the ground work for the formation of a CS advocacy coalition in December 2017 around the PMNCH partners meeting in Lilongwe, but sustained engagement is needed to see it through.
* **Rwanda**: Given its leadership’s strong vision for the country, Rwanda will be a good test case for how strong government leadership can leverage the full potential for the GFF behind its vision. The likely challenge, however, will be ensuring that the country’s engagement is truly a multi-stakeholder-led (as opposed to government led). Efforts to set clear expectations about the minimum standards for effective multi-stakeholder country platforms, both with the government and civil society, can facilitate this process.
1. Policy coherence can be a challenge in many countries. In Uganda, CSOs were instrumental in aligning the GFF Investment Case with Uganda’s Family Planning Costed Implementation Plan. [↑](#footnote-ref-1)
2. In Kenya, HENNET has been asked by the government to strengthen the country platform by ensuring that they meet regularly and are on task. [↑](#footnote-ref-2)
3. See page 11 of the Implementation Plan. [↑](#footnote-ref-3)