

Catalytic pilot grants to strengthen civil society
engagement in national Global Financing Facility
processes:
Implementation report



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Acronyms and abbreviations

BHCPF	Basic Health Care Provision Fund
CSOs	civil society organizations
E4A	Evidence for Action
GFF	Global Financing Facility
HENNET	Health NGOs Network
HERFON	Health Reform Foundation
PMNCH	Partnership for Maternal, Newborn & Child Health
NA4H	National Advocates for Health
NGOs	nongovernmental organizations
RMNCAH	reproductive, maternal, newborn, child and adolescent health
SRHR	sexual and reproductive health and rights
WCAH	women's, children's and adolescents' health

Background

Launched in July 2015, the Global Financing Facility (GFF), in support of Every Woman Every Child is a country-driven financing partnership that brings together stakeholders in women's, children's and adolescents' health (WCAH) under national government leadership. The GFF is intended to provide smart, scaled and sustainable financing to accelerate efforts to end preventable maternal, newborn, child and adolescent deaths, improve WCAH and address equity gaps by 2030. Working through country platforms, stakeholders agree on WCAH priorities, drive the development and implementation of investment cases, and mobilize and align resources.

It is essential that civil society meaningfully participate in these country platforms. The GFF recognizes civil society as an essential stakeholder in planning, implementation, resource mobilization, monitoring and accountability. Engaging civil society in the GFF at global and country levels has already generated important results, such as enhancing investment cases, improving multistakeholder coordination and increasing accountability. It has also yielded important lessons about how to further strengthen GFF processes and results.

The [GFF Civil Society Engagement Strategy](#) aims to strengthen civil society engagement in GFF processes at the global and national levels. After the GFF Investors Group endorsed the strategy in 2017, the Partnership for Maternal, Newborn & Child Health (PMNCH) and the GFF Secretariat committed US\$ 500,000 and US\$ 300,000 respectively in support of its implementation plan. These resources provided the inception funding for a small grants mechanism intended to improve WCAH through better coordinated civil society engagement in national GFF processes and programmes. This small grant mechanism was announced in November 2018 and the grant application process began in February 2019.

During the planning phase of the small grants mechanism in 2018, PMNCH, under the guidance of the GFF Civil Society Coordinating Group, which it hosts, issued catalytic pilot grants to civil society organizations (CSOs) in four countries. These grants were intended to stimulate civil society engagement in the GFF and to demonstrate potential contributions by CSOs to the objectives of their country investment cases.

Catalytic grants

Catalytic grants ranging from US\$ 10,000-20,000 were issued to CSO networks/coalitions in Cameroon, Kenya, Nigeria and Sierra Leone to implement programmes over a six-month period. Following consultative meetings, the four countries were selected by the GFF Civil Society Coordinating Group Steering Committee according to three criteria:

- the existence of civil society networks/coalitions able to lead GFF-related efforts;
- engagement in GFF processes to date; and
- government demand for civil society engagement.

Grant applications were invited for any of the following objectives:

- increasing CSOs' work on advocacy and accountability for WCAH;
- strengthening civil society's capacity to meaningfully influence the GFF process;
- strengthening CSO coordination, coalition-building and communication; and/or
- monitoring the implementation of investment cases.

Proposals were reviewed by the GFF Civil Society Coordinating Group Steering Committee with special consideration of the following criteria:

- relevance to GFF (advocacy and accountability in underfunded sectors, coordination, consultations, monitoring investment case, civil society engagement, etc.);
- clear and measurable objectives, outcomes and results;
- inclusion of adolescent health; and
- alignment with other global health initiatives.

Grants were issued throughout 2018. This report provides an overview of the grants' objectives and results as reported by the implementing CSO networks/coalitions.

Lessons Learned

A number of lessons can be learned from both the focus areas of the four grants and their implementation.

Functional country platforms are required for effective engagement, and civil society can help strengthen these platforms. All four grants included objectives related to strengthening civil society organization. However, effective engagement by civil society in a national platform requires the existence of a functional platform based on principles of transparency, inclusiveness and accountability, as outlined in "Guidance Note: Inclusive Multistakeholder Country Platforms in Support of Every Woman Every Child". As such, in some cases, engaging with civil society also strengthened the country platforms.

For example, in Nigeria a CSO workshop increased the government's understanding of the principles outlined in the Guidance Note. CSOs then developed terms of reference for the country platform in support of the Ministry of Health. In Kenya, CSOs provided technical support to the Division of Family Health (part of the Ministry of Health) to develop the terms of reference for its country platform and also supported the organization of country platform meetings. In Sierra Leone, following the implementation of a grant programme focused on community engagement, the government asked CSOs to lead efforts to establish a functional and inclusive country platform. Such engagement, at which many CSOs excel, has benefited several country platforms.

Organizing civil society is essential and needs to be properly resourced. The large number of CSOs and the limited number of interlocutors in national governments together result in parallel initiatives targeting the same civil servants. Organizing civil society around the GFF has benefited governments by providing focal contact points within civil society. It has also increased CSOs' access to information and enabled them to align their efforts for more effective engagement in the investment cases. All the

grant proposals included a component on strengthening civil society organization, reflecting the fact that coordination is an essential function of civil society engagement and needs to be properly resourced. Civil society GFF working groups were formed in all four countries. Where a civil society platform for health already existed, the GFF working group was included within this broader platform.

For example, in Kenya the Health NGOs Network (HENNET) hosts the GFF working group; and in Sierra Leone the GFF working group is hosted by Health Alerts, a network of CSOs advocating for health. This approach facilitates the integration of GFF-related issues into other health issues being prioritized by civil society coalitions, including universal health coverage. It also provides for cross-fertilization with civil society-led programmes supported by other global health initiatives such as Scaling Up Nutrition, Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria. In countries such as Nigeria, where the GFF working group is part of the Health Reform Foundation (HERFON), the government-nominated CSO focal point on the country platform, its creation has fostered collaboration with other existing networks and broadened participation in HERFON.

In all cases the coalitions have played a vital role in providing information about the GFF to CSOs at national and community levels. But this engagement requires efforts to seek out CSOs, translate knowledge into palatable documents and inform and capacitate. CSOs' ability to achieve these functions is restricted by a lack of sustained funding.

Where CSOs have cooperated in coalitions or networks they have aligned advocacy and accountability in support of the investment cases. Civil society coalitions and working groups have distilled and built capacity on the priorities outlined in the investment cases, enabling CSOs to structure advocacy and accountability efforts at national and subnational levels to support the achievement of the investment cases.

For example, CSOs in Sierra Leone, in consultation with the Ministry of Health, identified the areas where their work and expertise was most needed to support the country's investment case and improve WCAH. This included empowering women and young people, particularly girls, to engage in policy and planning dialogues to shape government plans and strategies and make better decisions for their own sexual and reproductive health and rights (SRHR). To achieve this, CSOs briefed 180 women, girls and boys on SRHR service delivery, policy implementation and budget allocation through workshops in the six investment case focus districts. These workshops called for the engagement of women, girls and boys in the development of policies affecting their health. The workshops were complemented by radio and television broadcasts, which reached the broader community.

CSOs also organized community dialogues in all six districts to inform community members, service providers, local government and traditional authorities about the dangers and implications of early marriage, teenage/unwanted pregnancy and illegal abortion. In addition, they set up support groups for secondary school pupils in the six districts. Finally, CSOs organized town hall meetings, bringing together private sector investors and business owners, NGOs, government officials including ministers and permanent secretaries, and parliamentary representatives. These meetings enabled beneficiaries to voice the challenges they face in accessing family planning commodities, due to costs, stockouts and other structural issues, and to call for an increase in domestic resources for family planning commodities. As a result, in its 2019 budget, Sierra Leone's parliament increased health spending from 9% to 10%, with a specific budget line for procuring and distributing family planning commodities.

Cameroon's investment case identifies the critical role played by civil society in improving health outcomes by strengthening community-based interventions through: multiskilled community health workers and qualified grass-roots community-based organizations; social mobilization targeting opinion leaders, including traditional leaders, men, mothers and mothers-in-law, as key partners; and strengthening social accountability and magnifying the voice of the community.

In line with their aim to improve social accountability, civil society increased the capacity of 20 community-based data collection agents to track the implementation of agreed indicators identified in the investment case in health centres in three regions of Cameroon with high burdens of mortality and morbidity. The coverage and quality of services was assessed in 69% of the health centres in these regions, focusing on antenatal care services, prevention of mother-to-child transmission of HIV, and family planning services. The report identified some gaps (e.g. lack of availability of medicines and supplies for administering tests and vaccines as well as a shortage of vouchers for free care for pregnant women, lack of specific provision for people with disabilities and pregnant women) and positive contributors to service provision (e.g. the ability of health workers to speak local languages). This information formed the basis for advocacy to health centres, local governments (including regional offices of the national programme to fight child mortality) and development partners for improvement. Advocates also presented the findings to religious and traditional leaders, who play an important role in community mobilization.

CSOs in Cameroon also prioritized information sharing and sensitization, training 30 peer educators to conduct outreach in 60 health centres and in communities. The peer educators taught 1,785 men, 4,363 women and 360 young people about the importance of demanding improved WCAH services and of changing behaviours for better health. Although successful, the scope of this project was constrained by the limited resources available. CSOs need to be sufficiently resourced to pursue accountability, not just for funding but also for equitable access to quality health services.

In Nigeria CSOs consulted stakeholders including the Ministry of Health to develop scorecards to track key indicators for the Basic Health Care Provision Fund (BHCPF) twice a year. The indicators reflect three themes: governance and leadership; budgetary allocation and disbursement; and transparency and accountability. Scorecard results are used to develop key messages for advocacy by CSOs. Key messages taken up by the media in 2018 included the need to increase funding for the BHCPF and to make such funding non-statutory, to prevent it from being cut in the event of budgetary shortfalls.

In Kenya in 2017, HENNET, through its member organization Evidence for Action (E4A)-MamaYe, was the first CSO to develop a GFF accountability scorecard to measure Kenya's readiness for an effective GFF roll-out. The scorecard served as an accountability tool to help CSOs track progress and present evidence to the government. The scorecard tracked: the status of the GFF process in Kenya; the establishment and functionality of the country platform; civil society engagement; the drafting and implementation of the investment case.

In 2018, again supported by E4A-MamaYe, HENNET developed a second version of the GFF accountability scorecard to track progress towards achieving the foundational indicators, as well new implementation indicators, such as disbursement of GFF funds and implementation of the investment case at the subnational level. The scorecard will accelerate the achievement of Kenya's investment case objectives by supporting more targeted civil society engagement and advocacy.

Conclusion

CSOs have helped shape investment cases that reflect community priorities. They have supported the implementation of investment cases by increasing demand for better health services and through community-based accountability efforts, and have advocated for increased resources for the health sector. They have also supported the development of inclusive country platforms. These CSO-led efforts have required coordination to enable working groups and coalitions to inform, capacitate and engage their members. Lack of funding has limited the scope of that work. Greater investment in civil society engagement in the GFF process is needed to accelerate the achievement of investment case objectives.

ANNEXES. COUNTRY GRANT IMPLEMENTATION SUMMARIES

Annex 1. Cameroon: Engaging communities in holding the government to account

The GFF investment case for Cameroon identified areas where civil society's contribution is essential for improving health outcomes. These include:

- strengthening community-based interventions by increasing the numbers of multiskilled community health workers and qualified community-based organizations;
- community-based advocacy targeting opinion leaders, including traditional leaders, men, mothers and mothers-in-law, as key partners; and
- social accountability and magnifying the voice of the community.

To respond to these needs, Positive Generation received a small grant in August 2018 from PMNCH to implement a six-month project to support civil society's contribution to the implementation of the GFF investment case and its tracking. Specifically, the project aimed to:

- increase engagement by CSOs in community mobilization and communication, in order to generate demand for WCAH services;
- promote accountability through monitoring the implementation of Cameroon's GFF investment case; and
- ensure coordination of civil society interventions concerning the GFF through institutional support to the Technical Secretariat of the Platform of Civil Society Organizations.

Tracking the implementation of the investment case

Positive Generation, working through its independent observatory on access to health, Treatment Access Watch, built the capacity of 20 community-based data collection agents to track agreed indicators for WCAH in health centres in the investment case focus regions: Adamawa, North and Far North. The coverage and quality of services was assessed in 69% of health centres in these regions, focusing on antenatal care services, prevention of mother-to-child transmission of HIV, and family planning services.

Assessments found general satisfaction among those receiving health services, mostly linked to health workers' ability to speak local languages. However, specific provision for people with disabilities and pregnant women was lacking. Access to services was high but there were gaps in the availability of some tests that should be performed during antenatal consultations (hepatitis, urine), funding to cover care costs for pregnant women, some vaccines (particularly BCG and tetanus) and choice of contraceptive products. The North tended to perform less well than the other two regions.

The report findings formed the basis for advocacy to health centres, local governments (including regional offices of the national programme to fight child mortality) and development partners for improvement. Advocates also presented the findings to religious and traditional leaders, who play an important role in community mobilization. The team in charge of implementing the project arranged a meeting with the administrative authorities to present the results and provide a copy of the data collection report. This detailed account of the availability and accessibility of WCAH services enabled stakeholders to adapt their actions in the areas concerned. Such reports are produced monthly, allowing progress to be monitored.

Increasing knowledge about the GFF and demand for WCAH services

Thirty peer educators received training relating to the GFF investment case, the availability of WCAH services in health centres in the three GFF regions, the importance of increasing demand for WCAH services and behavioural change communication. These peer educators conducted outreach activities in 60 health centres and surrounding communities, reaching 1,785 men, 4,363 women and 360 young people. Community outreach provided information to people who would not normally have received it, particularly men who rarely attend health centres. Outreach to men focused on why accessing WCAH services is important; men's support is necessary because many women cannot leave the home without their husband's permission. Dialogues with women and young people about increasing demand for services revealed a general lack of knowledge about available services.

Supporting an effective civil society coalition

Positive Generation also used the PMNCH grant funding to host the Secretariat of the GFF CSO coalition. Various meetings were held during the six-month grant period to finalize key governance documents, on matters including its mode of operation and statutes. The GFF CSO coalition in Cameroon has 30 CSOs who promote health in general and sexual and reproductive health in particular. Among them are members of the country platform who have been nominated by the government and involved since the launch of the GFF process in Cameroon. Various areas were identified by civil society as being in need of intervention by the GFF CSO coalition: monitoring and evaluation of GFF implementation; communication (including information and education); resource mobilization; and advocacy. This led to the development of an action plan, through which each member association contributes to achieving the coalition's objectives in its area of intervention.

Annex 2. Kenya: Mobilizing partners for better accountability for health

CSOs are important actors in Kenya's health sector and play a leading role in achieving both national and subnational goals. The value of civil society engagement and its contributions to advancing WCAH are well documented. However, its capacity to enhance transparency and communication and to reach the most vulnerable has not yet been fully harnessed because of the limited engagement by CSOs in the GFF process to date.

HENNET became the formal representative of civil society on the WCAH multistakeholder country platform at the outset of the GFF process in 2015. The platform is responsible for developing, implementing and monitoring WCAH strategies, investment cases and health financing strategies. However, in early 2018 the country platform was not fully functional and needed strengthening. CSOs in Kenya also needed to be better organized under a common umbrella to engage in the GFF, and HENNET needed to increase and strengthen its membership.

In 2018, HENNET received a grant from PMNCH to promote meaningful engagement by Kenyan civil society, at both national and subnational levels, in the implementation of and accountability for the GFF investment case and related processes. It focused on the 20 high-burden counties prioritized in the investment case. The specific objectives of the grant were to:

- develop and implement an advocacy strategy to strengthen the national platform and engage CSOs;
- strengthen the capacity of HENNET to mobilize resources and advocate for policy change and increased multistakeholder representation, as part of its role on the country platform;
- implement the GFF accountability scorecard, using its results to inform the GFF process, track progress and financing, and support advocacy on GFF commitments nationally;
- map WCAH CSOs at local level with a view to increasing HENNET's membership; and
- build the capacity of 130 CSOs, including youth-led organizations, through training and workshops on GFF processes and on CSOs' potential contributions.

Using scorecards to assess the GFF process and measure progress on investment case implementation

In 2017, HENNET, through its member E4A-MamaYe, was the first CSO to develop a GFF accountability scorecard to measure Kenya's readiness for an effective GFF roll-out. The scorecard was designed to help CSOs track progress and present evidence to the government. It tracked indicators such as the status of the GFF process in Kenya, the establishment and functionality of the country platform, CSOs' engagement in the drafting of key documents, and investment case implementation. Data from the first scorecard revealed delays in paying out funding in 2017, partly due to the elections. CSOs cited these when calling on the government to disburse the funds. They also called for resources to fill the funding gap for family planning. Both these calls were successful. Funds were disbursed to all 47 Kenyan counties between November 2017 and January 2018. The GFF now provides 25% of funding for family planning commodities, helping to remedy the 60% funding gap, and addressing issues concerning the security of maternal and newborn health commodities. CSOs are also advocating to ensure that GFF funding is additional to, and does not replace, government funding for family planning

commodities. Conversations are also ongoing with the private sector to ensure their sustained engagement in WCAH through the country platform.

In 2018, again supported by E4A-MamaYe, HENNET developed a second version of the scorecard to track progress towards achieving the foundational indicators, and to include new implementation indicators, such as disbursement of GFF funds and implementation at subnational level. The main purpose of the scorecards was to identify gaps and draw lessons for continuous improvement. The scorecards continue to help CSOs to participate in the GFF process to accelerate achievement of Kenya's WCAH investment case goals.

Calling for adequate civil society participation in the country platform

HENNET continues to help strengthen the multistakeholder country platform at national level under the leadership of the Ministry of Health. As the umbrella body for CSOs, HENNET continues to advocate for adequate multistakeholder representation on the platform. It has proposed additional representatives from a youth-led CSO, a religious CSO and two technical implementing partners. The functions envisaged for these non-state actors are to:

- support country planning and implementation, including the investment framework and county investment cases, health financing strategies and technical assistance;
- voice priorities and support the development of effective strategies for reaching communities intended to benefit from investments in WCAH, including women, young people and religious groups;
- advocate for domestic and external resource mobilization and policies;
- promote improved service delivery and generate demand, particularly in hard-to-reach areas, for vulnerable populations and in fragile settings;
- conduct independent monitoring to strengthen national and county responses, and support tracking and promote transparency of financial flows;
- enhance communication and transparency with a large and diverse network of CSOs and with communities; and
- provide unique insights into aspects of service delivery (e.g. based on user experiences).

Organizing civil society

Through the Kenya GFF CSO coordinating group, HENNET has developed a civil society engagement strategy whose goal is to meaningfully engage CSOs in the GFF, at national, subnational and global levels, in order to benefit from the full breadth of their skills and expertise. This knowledge can contribute to the formulation and achievement of mutual goals and targets, including those set out in Kenya's investment framework and health financing strategy, and in the Global Strategy for Women's, Children's and Adolescents' Health and the Sustainable Development Goals. HENNET will operationalize the civil society engagement strategy in 2019, and will provide quarterly updates to the Steering Committee for the global GFF Civil Society Coordinating Group. HENNET is also currently mapping its members at county level to strengthen the county chapters by increasing membership, coordination and meaningful engagement in social accountability advocacy.

Focusing on young people

Through the Organization of African Youth, HENNET held a workshop in August 2018 to inform young people about the GFF and the opportunities it provides for them. Discussions covered: health literacy and how it affects young people's sexual and reproductive health; GFF interventions in Kenya, particularly those benefiting young people; and advocacy, monitoring and evaluation, and reporting of interventions by young people. The meeting allowed young people to identify shared challenges and key advocacy asks. Challenges facing youth-led organizations include limited resources and the lack of capacity to engage partners across all counties. The advocacy priorities identified will be addressed by youth-led initiatives, including:

- advocacy for GFF resources to enhance access to information and education on reproductive health for all physically challenged adolescents;
- advocacy for GFF resources to counter drug abuse among adolescents; and
- increasing awareness and understanding of GFF within Nairobi City County.

Annex 3. Nigeria: Engaging civil society in the GFF country platform

In Nigeria, the GFF country platform brings stakeholders together to advance WCAH nationally. However, the existing platform needed strengthening to ensure broader engagement of stakeholders and better alignment with the minimum standards for inclusive platforms outlined in the GFF’s “Guidance Note: Inclusive Multistakeholder Country Platforms in Support of Every Woman Every Child”. For example, prior to the grant:

- the country platform was not fully inclusive, with only a limited number of constituencies being represented;
- the platform had no terms of reference;
- information about its members, including focal government officials, was not publicly available;
- meetings were not held regularly; and
- documents of meetings, such as minutes, attendance sheets, communiqués and reports, were not made available in a timely manner.

In April 2018, the Community Health Research Initiative, which provides technical support to the GFF CSO Working Group (a group of 15 health NGOs that meets quarterly and supports and aligns civil society engagement concerning the GFF), was awarded a small six-month grant by PMNCH to strengthen non-state actors’ participation and transparency in the country platform.

The Community Health Research Initiative used this grant to:

- ensure the adaptation and adoption of the GFF Guidance Note by the Federal Ministry of Health and the country platform by developing terms of reference for the platform, embodying the principles espoused in the Guidance Note;
- meaningfully engage three leading CSOs – the Health Reform Foundation of Nigeria, National Advocates for Health (NA4H) and Nigerian Youths Champions for Universal Health Coverage (see Box 1) – in the country platform and all related planning processes; and
- enhance non-state actors’ capacity to support coordinated implementation of the investment case.

Box 1. Three CSO coalitions engaged in the GFF process in Nigeria

Established in 2017, NA4H is a 26-member policy and advocacy think tank of individuals from diverse professional backgrounds, with a seat on the country platform. It aims to influence national and state-level health financing policies and programmes, and to ensure adequate allocation and timely disbursement of the health budget in an efficient, transparent and accountable manner.

Nigerian Youth Champions for Universal Health Coverage works to achieve universal health coverage in Nigeria. Established in 2018, this youth-led coalition of vibrant, passionate and resourceful young individuals advocates for high-quality, accessible health services in Nigeria.

The Health Reform Foundation of Nigeria comprises NGOs, women's groups, young people, faith-based groups and health professionals committed to promoting civil society participation and engagement, and accountability and transparency in national health policy and planning. It hosts the GFF CSO Working Group.

The grant funded activities that built on existing work, including various consultations in 2017 with the GFF CSO Working Group and its development of a CSO action plan. The following approaches were used to achieve the outcomes listed above.

Demonstrating value added by civil society to the country platform

Following an advocacy visit by the GFF CSO Working Group and NA4H to the Federal Ministry of Health, CSOs participated at the inaugural meeting of National Steering Committee on Universal Health Coverage and were invited to observe committee meetings. The GFF CSO Working Group and NA4H were also invited to attend National Steering Committee (country platform) meetings of the Basic Health Care Provision Fund (BHCPF) where they identified the following actions that they could implement in support of BHCPF:

- develop a simple accountability framework to track funds from the Central Bank of Nigeria to the first three states to be supported by the GFF via scorecards, and provide feedback to the National Steering Committee, as a means of strengthening accountability;
- engage leaders of the National Primary Health Care Development Agency and the National Health Insurance Scheme via advocacy visits and meetings to encourage better coordination with the Federal Ministry of Health; and
- convene meetings between advocates and the Federal Ministry of Health to achieve better understanding of the BHCPF operational manual to build confidence and foster partnership.

These activities were supported by the Community Health Research Initiative. Today, NA4H formally represents CSOs through its seat on the country platform (in addition to HERFON's seat). Its representation on the BHCPF Steering Committee has encouraged the Nigerian government to work in partnership with other CSOs. It has also increased CSOs' access to financial data following rigorous advocacy to the Ministry of Finance.

Civil society continues to advocate for a third seat on the country platform to enable youth participation. The data gathered from scorecards also highlighted other ongoing challenges for CSOs on the BHCPF Steering Committee, including delays in receiving advance notification about meetings, which sometimes prevented CSOs from being able to attend. CSOs are vigorously engaging the secretariat to ensure timely notification.

Using accountability and advocacy to support the implementation of the BHCPF

Following the identification of key activities to be undertaken by CSOs in support of the BHCPF, the Community Health Research Initiative and NA4H convened a one-day symposium: "Framing for advocacy and accountability for effective implementation of the 2018 National Health Budget, Basic Health Care Provision Fund and Global Financing Facility". The symposium, attended by the Federal Ministry of Health, agreed a list of indicators for BHCPF implementation, to be tracked every six months via a national scorecard, and aligned advocacy recommendations. The scorecard indicators

relate to: governance and leadership; budgetary allocation and disbursement; and transparency and accountability. The meeting also enabled CSOs to publicize, through the media, key messages about increasing funding allocation for the BHCPF and making the funding non-statutory to prevent it from being cut due to funding shortfalls.

A subsequent meeting of CSOs, also attended by representatives from the Federal Ministry of Health, National Assembly/Health Committee, the MacArthur Foundation, the Bill & Melinda Gates Foundation, One Campaign, Pathfinder International, Integrated Health Project Plus and the World Bank's GFF Liaison Officer among others, led to the completion of the scorecard. The scorecard ran from January to September 2018, and served as a tool for advocacy promoting accountability, transparency and timely disbursement of BHCPF and GFF funds in Nigeria. It will be revised in early 2019 to run until December 2019.

Supporting coordinated civil society inputs and actions

As part of the PMNCH grant programme, the Community Health Research Initiative organized a two-day retreat for NA4H, Nigerian Youths Champions for Universal Health Coverage, the GFF CSO Working Group and CSO representatives from GFF piloting states to review Nigeria's GFF investment case. The aim was to identify priorities, gaps and potential bottlenecks for implementation, and to define messages and tools for use in national and subnational advocacy. The Community Health Research Initiative also supported Nigerian Youth Champions for Universal Health Coverage to review the Adolescent and Youth Addendum to the GFF Civil Society Engagement Strategy and to incorporate its principles into their practices.

Annex 4. Sierra Leone: Delivering on the investment case

The Government of Sierra Leone agreed with the GFF to use the existing reproductive, maternal, newborn, child and adolescent health (RMNCAH) plan as its investment case, with SRHR as a key priority. CSOs held discussions with the Ministry of Health to identify how they could best support the implementation of the investment case. The government noted that, while it focuses its efforts on service delivery, it is essential for partners to complement this work through communication, information and advocacy for better accountability. Gaps were identified in the RMNCAH plan that could be covered by civil society. In May 2018, Health Alerts received a six-month grant from PMNCH to empower women and young people, particularly girls, to engage in policy and planning dialogues that would inform government plans and strategies and to make better decisions concerning their own SRHR.

The project aimed to lay the foundation for increased access to and uptake and utilization of family planning commodities and other SRHR services through advocacy, media and community engagement and mobilization in the six targeted districts highlighted in the GFF investment case (Bombali, Bonthe, Kailahun, Kambia, Koinadugu and Kono). The specific objectives of the project were:

- to increase young people’s understanding of social accountability and community participation and how these can influence SRHR policies and programmes;
- to complement the government’s interventions on SRHR by addressing teenage pregnancy and early marriage by raising awareness of and generating demand for SRHR services; and
- to lobby the government and the private sector for increased investments in community-based SRHR services for adolescents.

The following approaches were adopted to reach those objectives.

Strengthening the ability of women and young people to influence SRHR policies and budget allocation through multistakeholder workshops

Training workshops in six districts brought together 120 adolescent girls and women, 60 adolescent boys, 30 parliamentarians, 60 district officials and 30 media representatives to learn about advocacy and social accountability in SRHR service delivery, policy implementation and budget allocation. Participants discussed perennial challenges, including: late payment of funds to local councils and ministry and development agencies (identified by budget analyses); user fees and out-of-pocket spending on health; and the need for government and the GFF to support civil society and youth-led organizations to promote social accountability, launch campaigns to raise domestic revenue and address financial barriers. In addition, 10 discussions, broadcast on radio and television, were organized at national and district levels to raise awareness of the need to increase investment in SRHR, including family planning. Over 2.5 million people were reached through media publications and documentaries. Following the workshops, a RMNCAH/GFF CSO WhatsApp group was established to share information about SRHR issues.

Setting up community-based initiatives to increase take-up and demand for high-quality WCAH services

Community-based dialogues in the six districts involved 180 community members, service providers, local government representatives and traditional authorities in discussions about SRHR issues, particularly the negative consequences of early marriage, teenage/unwanted pregnancy and illegal abortion. Participants also discussed the controversial Abortion Law passed by parliament in 2016 and the Reproductive Health Bill being championed by the Directorate of Reproductive Health at the Ministry of Health and Sanitation to replace the 2016 Law. The Bill is vital for the attainment of the RMNCAH plan, emphasizing the requirement for investments to improve health outcomes, including preventing maternal deaths related to birth complications and practices such as illegal abortion. The passage of this bill into law will be central to the CSO coalition's advocacy efforts. Following the dialogues, community support groups and clubs were established in six senior secondary schools, each with six girls and four boys acting as peer-to-peer educators on family planning services.

Mobilizing the private sector and government to commit to improving WCAH

Mobilization meetings were organized between the private sector, the government, community members, health service providers, local councillors and members of parliament. Community members explained the challenges they faced in accessing family planning commodities, caused by costs, stockouts and other structural issues. Ten private sector investors and business owners, 60 NGOs, 30 government officials, including ministers and permanent secretaries, and 30 parliamentary representatives were reached with advocacy messages to increase budgets and domestic resources for life-saving and family planning commodities and services across the country. Members of parliament pledged their support to strengthen the judicial system, and the police Family Support Unit undertook to accelerate investigation of complaints alleging sexual violence or abuse, including rape and domestic violence. The advocacy efforts led to the imposition of the death penalty for any perpetrator of sexual abuse or violence causing the death of any woman, girl or boy. The Minister of Health and Sanitation approved the construction of safe spaces for girls in 10 peripheral health units in the six targeted districts. Family life education was reintroduced into primary and secondary school curricula, having been abolished for over 10 years. The government committed to increase health spending from 9% to 10% of the 2019 budget in an attempt to get closer to the Abuja Target and the Chatham House recommendation for health financing.