

2019 GFF civil society workshop : Civil society engagement for resources and results

19-20 November, Abidjan, Cote d'Ivoire

Meeting report



Global Civil Society
Coordinating
Group for the GFF



The Partnership
for Maternal, Newborn
& Child Health

CSO GFF | Hub

Introduction and background

On 19-20 November, 80 representatives from civil society (CS) organizations including youth led organizations engaged in the GFF process in 34 of the 36 GFF countries and at regional and global levels, participated in the fifth annual GFF civil society workshop – see list of participants in annex 1. This workshop, which happens every year ahead of the November Investors Group (IG) meeting provides an opportunity for civil society in different GFF countries to share experiences and learn from one another on how to best engage in the GFF process. The 2019 workshop was also designed to address CS capacity building needs which have surfaced throughout the year, in particular understanding the GFF; sexual, reproductive, maternal, newborn, child and adolescent health and nutrition (SRMNCAH+N) planning, financing and monitoring; and budget advocacy.

The objective of the workshop was to build the capacity of CSOs working on the GFF to engage in GFF Investment Case development and effectively monitor implementation of GFF-funded projects. Specifically, it attempted to:

1. Improve the capacity of CS focal points in GFF countries to engage in GFF processes, by reflecting on experiences, lessons learned, and best practices to-date
2. Identify and build capacity on proven approaches to monitoring GFF Trust funds and World Bank loans/credits; government funds for sexual, reproductive, maternal, newborn, child and adolescent health and nutrition and private sector funding
3. Support monitoring and advocacy efforts around the aligned development partner funding in support of GFF Investment Cases (ICs).
4. Align around common priorities for CS advocacy at global and national levels, as well as priorities for the CSCG for the coming year

The meeting was organized around sessions – consisting mostly of background presentations, panel discussions and group work – see concept note and agenda in annex 2. Session themes were:

- Civil society and youth engagement in the GFF
- SRMNCAH+N planning and financing
- Monitoring the GFF
- Understanding the budget cycle, stakeholder and processes for improved domestic resource mobilization for women's, children's and adolescents' health
- Identifying civil society advocacy priorities for the GFF

Presentations linked to these sessions are available [here](#). This meeting report provides a summary of issues raised during the meeting.

Summary of discussions

CS engagement

There are continuing challenges to civil society engagement in the GFF. CS participating in the meeting note that while CS engagement has improved (earlier engagement of CS in new wave GFF countries, availability of limited resources to support CS engagement through the Small Grants Mechanism and

GFF CS Resource Hub, and increased tools and resources from the GFF and CS to support engagement); CS engagement still varies. CS engagement in many countries is also more pronounced in the IC development phase and dwindles during its implementation. Youth engagement on country platforms remains largely non-existent. This is evidenced in some countries through insufficient prioritization of adolescent health in ICs.

The contribution of civil society to the GFF process is apparent but insufficiently documented. CS have played an important role in prioritizing certain interventions / areas of work in ICs (for instance: Kenya, Uganda, Senegal – SRHR; Cameroon, DRC – community health; Burkina Faso – adolescents and nutrition), implementation (Afghanistan – CS are an important provider of service in 31 out of 34 provinces) and in particular accountability (Tanzania, Nigeria, Kenya, Guatemala). A report on the implementation of pilot grants issued by PMNCH documents some results of CS engagement, but more needs to be done to document outcomes and impact of CS engagement.

Some of the challenges and facilitating factors for effective civil society engagement follow:

There is an agreed and recognized value add of civil society engagement in the GFF by many governments, including civil society’s role in ensuring that investment cases align with communities’ priorities. However, this recognition does not result in effective civil society engagement.

Civil society are still many times not involved in priority setting processes because of reasons ranging from a **lack of functionality of country platforms** (in many countries country platforms are only operational in name and do not adequately engage various constituencies or meet regularly); a **lack of transparency** (when civil society are present on country platforms or in IC development processes sometimes information is shared late, which compromises the ability for CS to review documents adequately, to consult broader CS or to ensure that the right partners with the appropriate expertise are at the table for the relevant conversations); and **engagement of CS that are not representative of broader networks** (in some countries, governments and partners engage CS that are not representative of broader coalitions thereby restricting the number of CS that have access to information on the GFF). Civil society congratulated the GFF for developing guidance documents that call for the inclusion of CS and youth in country platforms and for putting in place liaison officers responsible for engaging partners but called for sensitization of all parties on these documents. For instance, a presentation on an assessment of multi-stakeholder country platforms shows that there **is limited knowledge among government focal points of the GFF implementation guidelines** and the [Guidance Note on Inclusive Multi-stakeholder Country Platforms](#).

“Engagement varies country by country based on context. CSO in some cases are actively engaged in the GFF IC development, but the engagement ends there and are not involved in the implementation.”
working group summary on CS engagement – Group 1

CS also called **for continued political advocacy by the GFF secretariat and IG to government focal points for the effective inclusion** of CS and youth to counter limited and sometimes shrinking space for civil society engagement in these countries. In addition, CS called for the **setup of accountability mechanisms to ensure compliance with GFF guidance documents** – for instance making grant disbursement conditional on inclusive and transparent country platforms and including key performance indicators for liaison officers around CS and youth engagement. Many participants noted that they are not aware of or are not in touch with liaison officers regularly. CS note that while

many governments and partners agree with the principles of inclusion and “talk the talk” as it pertains to CS engagement, a carrot and stick approach needs to be implemented to promote compliance.

Civil society have an important role to play in fostering an environment that facilitates CS engagement: coalition building, representation and incentivizing engagement.

CS need to understand the value of engaging in the GFF.

CS at the meeting noted that because the GFF in part leverages loans (i.e. domestic resources) for improved women’s, children’s and adolescents’ health, they have a more pronounced responsibility in ensuring that these resources are used effectively to address the needs of communities, in particular the hardest to reach. While CS at the meeting were convinced of the value of engaging with the GFF they noted a lack of knowledge and understanding of the GFF and its relevance by many CS in their countries – pointing to the need for increased communication on the GFF and on the need to engage in SRMNCAH+N planning and monitoring – see box on Liberia. For instance, Malawi CS also note that although they are in the implementation phase of the IC, many CS do not know or understand the GFF.

“A lack of awareness around what GFF is (and what it can provide) creates disinterest or de-prioritization of engagement by CSOs and youth among competing priorities. CS need to create links between GFF activities and competing country priorities, promote a multisectoral approach and collaboration.” *working group example on CS engagement - Group 4*

Liberia example – structuring an effective CS coalition

In Liberia. The Health CSOs Network is leading CSO engagement with the Public Health Initiative Liberia which was nominated by the government as the CS rep on the country platform. The GFF CS working group has 22 members and developed and launched the GFF Spotlight as an advocacy tool to inform CSOs on GFF in Liberia. This document has been used to engage CS in the 3 GFF target counties in Liberia. As a result, CS in Liberia have been engaged at national and county level on the development of health financing strategy plan, have attended health sector coordination meetings and health coordinating committee meetings on monthly and quarterly bases, as well as other technical working groups on RMNCAH (such as the Reproductive Health Technical Working group, and Maternal and Newborn Death Review Group). The working group is currently mapping out youth led and county level CS for inclusion on the country platform. Liberia has received resources from the GFF CS Resource Hub for this engagement.

Structuring an effective coalition. Additionally, CS need to be organized in a way that enables governments and partners with a clear entry point for consultation, and in a way that provides CS with a structure that provides relevant and user-friendly information, access to policy / decision-making fora, builds capacity on identified needs and enables joint advocacy. CS in the countries where they have engaged effectively noted that this has happened because they have been organized (providing one entry point to the government), technically relevant (contributing effectively to the topics being discussed), politically savvy (aware of the political context for decisions and discussions and able to negotiate them), and had a proven track record of contribution (through engagement in Gavi, Global

Fund for AIDS/TB, Malaria or other programmes) – see box on Senegal. In building coalitions, CS will need to assess the right platform, for instance in Kenya, and Niger, existing health NGO platforms provided the right space to house GFF CS working groups. In countries like Chad and Mauritania CS had to map organizations engaged in health and develop a working group from the emerging findings. Coalitions will also need to assess engagement of sub-national organizations, for instance CS in Indonesia point to skewed engagement of Jakarta based organizations in the existing SUN CS coalition with little engagement of local organizations and youth led organizations. Similarly, countries like Kenya, Niger and Malawi point to the need for increased resources to better engage community-based organizations. Effective CS coalition building is an important step in ensuring CS engagement, particularly as issues of representation have been highlighted as a key point of contention for many countries.

CS capacity building is another priority identified by CS to support effective engagement.

CS called for increased capacity building for CS, particularly around better understanding the GFF and world Bank processes and budget analysis and advocacy – see figure 2. CS noted that capacity building efforts should focus on sub-national level organizations. All countries reiterated the need for systematic translation of GFF documents, pointing to some improvements for French documents, but a lack of Spanish and Portuguese translations.

“Afghanistan there are two CS focal points on the country platform and CS are implementing health services, especially RMNCAH services in 31 out of the 34 provinces under the SEHATMANDI project. While the CS Coalition has been involved in GFF process from its inception -Situation analysis, prioritization, strengthening of the country platform, developing the investment case and operationalization, the Afghan CSO coalition requires capacity building on how to ensure accountability on utilization of GFF trust fund resources.” *CS representative, Afghanistan*

CS also noted the importance of cross-country learning. For instance, in Mauritania, using the approach and materials developed by the Senegal coalition, CS were able to identify 75 organizations interested in joining a GFF CS coalition and undertake a preliminary mapping of activities and existing CS resources that can contribute to objectives of the IC. The Tanzania GFF CS working group has also shadowed the Health NGO Network of Kenya in its efforts around the GFF. Mali CS benefited from a learning visit from the Cote d’Ivoire CS and also visited CS in Burkina Faso to see how these partners organized themselves in a health NGO platform.

Linking global and the local CS. In countries like Cameroon and Tanzania, CS found out about the GFF from partners involved in the GFF at the Global level- i.e. RESULTS, PAI, IPPF, ACF – and undertook local fact-finding missions which stimulated engagement. This engagement by global level partners has had its benefits and drawbacks. While it has in some instances increased CS knowledge on the GFF and stimulated action, it has sometimes done so in an uncoordinated way, prompting multiple CS to lead parallel engagement efforts. Global and regional level efforts to support CS engagement need to be better aligned and designed in a way that facilitates collaboration in countries and that provides country partners with simple entry points for access to information and resources.

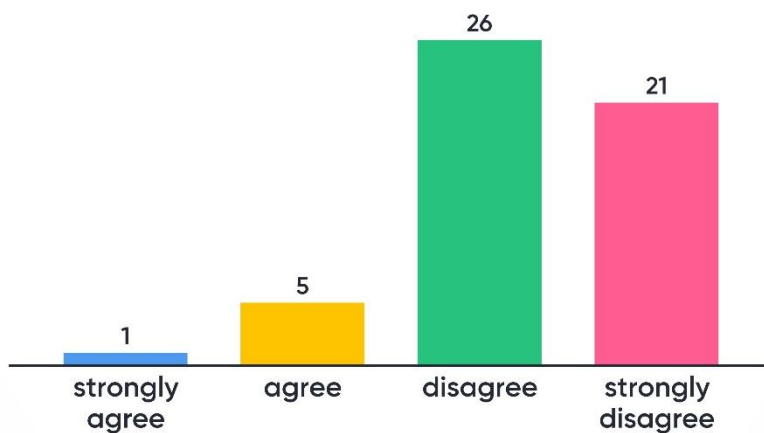
Resourcing civil society engagement. While CS engagement has and continues to improve, it is hampered systematically by a lack of resources for CS engagement – see figures 1 and 2. CS coalition building, capacity building and implementation of action plans developed by coalitions has been

Senegal example – Getting CS resourced within the IC

CS in Senegal understood that early engagement in the GFF process was important and looked for entry points in the beginning of discussions. CS set up a cross coalition working group to map out CS priorities, roles and potential contributions to the investment case development and implementation. The working group developed a costed action plan and submitted it for inclusion in the investment case. This was approved and constitutes a budget line accounting for approximately 2.5 % of the investment case. CS in Senegal were involved in the IC and health financing strategy development. The working group has nominated a representative that sits on the country platform. The success of CS in Senegal was dependant on early engagement, CS generation of resources to engage in the GFF process and in speaking in a unified voice to the government. CS engagement also benefited from capacity building from PMNCH, E4A and the GFF CS Resource Hub. While CS engagement in Senegal occurred from the beginning of the GFF process, youth engagement started much later – and this is seen through the low funding attributed to adolescent health in the IC. CS and youth are now working jointly to advocate for increase the budget line for adolescent health. While CS organized themselves, the government and liaison officer have also instilled practices that promote transparency and access to information. For instance, the liaison officer publishes a regular newsletter that is distributed widely in Senegal informing CS, youth and other partners of key developments and entry points.

stalled in many countries because of a lack of resources. CS in all countries highlighted the gap and called for a percentage based (figures between 3-5 % were floated) allocation of trust fund resources to be directly attributed to CS to fulfil their accountability mandate, with an additional 3-5% of grants to countries to be allocated to CS to fulfil advocacy and monitoring functions. The youth cohort called for 30% of these resources to be earmarked to youth led organizations – pointing to the limited funding attributed to youth, resulting dependency on INGOs for funding, and voluntary nature of youth led work which compromises the pace of implementation and sustainability of programmes.

Figure 1: participant perspectives on whether CS adequately resourced to play its role in advocacy, accountability and elevating the voices of affected populations in regard to the GFF



Putting a deliberate focus on youth led organizations. In many countries youth have not been engaged from the beginning of the GFF process (for example: Cambodia, Senegal, Zimbabwe, Rwanda) and this has resulted in poor prioritization of adolescent health in certain ICs. Where youth have been engaged, they have had to be proactive (Malawi, Uganda) and engage in existing entry points. These have for the most part been CS coalitions as few country platforms attribute seats for youth led organizations (Malawi has a youth seat on the country platform). Youth organizations note a number of issues including, low awareness of the GFF among youth led organizations, little understanding of how youth organizations should engage in the GFF, lack of formal seats for representation on country platforms, a lack of deliberate space for youth voices to emerge within CS coalitions (leading to youth priorities being subsumed within broader CS priorities), and a lack of resources for youth led organizations to coordinate themselves and develop and implement action plans and in particular engage constituents in communities.

Figure 2: Participant perspectives on global advocacy priorities



SRMNCAH+N planning, financing and monitoring

Sessions on planning, financing and monitoring pointed to a **dearth of understanding by CS participants, both old and new, on the GFF process**. Questions emerged included: what is an investment case? With a lack of understanding of how the prioritization exercise translates in countries that have chosen to use existing RMNCAH plans as investment cases; and what is the relationship between the GFF and the World Bank? With the GFF often seen as a World Bank initiative rather than a multistakeholder partnership; where should CS source data for shadow reporting?

Questions continued to emerge on the **sequencing of the Project Appraisal Documents (PAD) and ICs**, pointing to whether the PAD truly adds value if it is finalized ahead of an investment case that is meant to provide the evidence for smart financing.

CS raised concerns about the **low disbursement rates in many of the GFF countries**. For instance, CS in Uganda noted that while they are in their third year of implementation only 33% of the funding has been disbursed. CS have developed an action plan for advocacy focusing on disbursement but have not been resourced to implement this plan. Late disbursement emerges as a recurring issue. Kenya CS through their scorecard identified disbursement as a key bottleneck and undertook advocacy at the county level to address this need. Sierra Leone CS noted that the PAD has yet to be finalized despite an agreement to use the SRMNCAH plan as the IC.

CS also pointed to the **importance of data verification**, highlighting concerns that performance-based financing might drive certain health workers to falsely input data to show that their performance is better than it really is to have resources released. Youth in Uganda and CS in Cameroon have also prioritized community monitoring of service provision to ensure services reach the intended populations.

Couching the GFF within broader domestic resource mobilization efforts for SRMNCAH+N. CS in Nigeria and Afghanistan pointed to the need for CS to place GFF funding within the broader health financing envelope as it undertakes advocacy for domestic resource mobilization. Nigerian CS have structured their DRM efforts around the Basic Health Care Provision Fund to which the GFF Trust Fund committed 20 million USD.

Conclusion: 2019 / 2020 advocacy priorities

The 2019 CS workshop surfaced a number of challenges and lessons learned for CS engagement in the GFF. It has emerged with specific asks that will serve as the basis for evaluating progress in 2021. Participants in the meeting, building on the asks outlined in the [CS advocacy priorities paper](#) and discussions over the two days, called on IG representatives to carry forward the following advocacy asks in 2019/2020 conversations:

- The allocation of a percentage of trust fund resources issued at the global level (3-5% to be refined based on the evidence) (to enable accountability) and the allocation of a percentage

of grants to countries to enable CS to fulfil additional functions around advocacy and monitoring, including a 30% earmarking for youth

- The set up by the GFF secretariat of accountability measures such as conditionality of grants on functional country platforms and, and key performance indicators for liaison officers that pertain specifically to CS and youth engagement
- The provision of expenditure data on the GFF website
- The development of learning agenda for civil society that addresses capacity building needs (including around planning, financing, monitoring, budget advocacy, understanding the GFF and world bank processes etc) of CS at the national and subnational levels – supported by the GFF secretariat and CS partners
- Better CS and youth representation on country and global platforms (French and English)
- Improved coordination and communication from global and regional CS partners
- Access to information in all official languages

Annex 1 - List of participants

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Annex 2 - 2019 GFF civil society workshop: civil society engagement for resources and results, Concept note and agenda

Background

The Global Financing Facility (GFF), launched in 2015, and currently supporting efforts in 36 of 67 eligible countries, contributes to filling the financial gap for women's, children's and adolescents' health (WCAH) by supporting governments to prioritize high impact WCAH interventions, align external and private funding and increase domestic resources for health.

Civil society (CS) has important knowledge, expertise, and access to a range of communities, which can be leveraged to make the GFF processes and outcomes in countries stronger and responsive to country populations. Recognizing this, the GFF Investors Group has approved a [Civil Society Engagement Strategy](#) (CSES) and [Implementation Plan](#) (including an [Adolescent and Youth Addendum](#)) to support CS, including youth led CS, engagement in the GFF.

These resources developed by civil society engaged in the GFF to date and the [Guidance Note on Inclusive Multi-stakeholder Country Platforms](#), developed by the GFF, the Partnership for Maternal, Newborn and Child Health (PMNCH), Every Woman Every Child (EWEC), and the H6 and [the GFF Country Implementation Guidelines](#) developed by the GFF, provide guidelines for ensuring robust multi-stakeholder engagement in the GFF mechanism.

CS engagement in the GFF has steadily improved since its inception. The [GFF Civil Society Coordinating Group](#) (CSCG) hosted by PMNCH, provides support and guidance to civil society organizations (CSOs) engaging in the GFF at country and global levels and aims to align a broad and diverse CS constituency around common priorities, in support of the GFF and national goals. To date CS working groups and coalitions have emerged in some countries, providing a space for consultation and coordination. These groups have undertaken advocacy around investment case priorities, have implemented activities in support of achieving the investment case goals and have undertaken advocacy and accountability efforts in support of the achievement of investment case goals.

Meeting objectives

On November 19-20 2019, the GFF CSCG will convene a two-day workshop in Abidjan, to build the capacity of CSOs working on the GFF to engage in GFF Investment Case development and effectively monitor implementation of GFF-funded projects.

In April 2019 a survey identified budget analysis and advocacy as a key capacity building need of civil society organizations engaged in the GFF. The survey also identified peer-to-peer learning as an important aspect of capacity-building for CS engagement in the GFF. The workshop will draw on the rich experiences of CSOs from GFF countries as experts in the work they are doing. Where CSOs in long-standing GFF countries know the GFF processes well, they will be called upon to share their knowledge and perspectives with CSOs from new countries. Building on the results of the survey, and inputs from CSCG and Steering Committee representatives, the following specific meeting objectives have been developed:

5. Improve the capacity of CS focal points in GFF countries to engage in GFF processes, by reflecting on experiences, lessons learned, and best practices to-date

6. Identify and build capacity on proven approaches to monitoring GFF Trust funds and World Bank loans/credits; government funds for reproductive, maternal, newborn, child and adolescent health and nutrition and private sector funding
7. Support monitoring and advocacy efforts around the aligned development partner funding in support of GFF Investment Cases.
8. Align around common priorities for CS advocacy at global and national levels, as well as priorities for the CSCG for the coming year

Participants

Two CS focal points (including one youth) will be invited to participate for each of the 36 GFF countries, resource people and CS representatives to the Investor's Group.

Preparatory data collection

CS focal points attending the meeting are asked to collect the following information for use during and after the workshop:

- RMNCAH investment case (including results frameworks) and the Project Appraisal Documents, if available
- Costed RMNCAH+N investment Cases, if available
- Health financing strategy, if available
- Completed questionnaire on civil society engagement and related annexes

Background documents and Resources

The following resources can be used by civil society to support meaningful engagement in the GFF process

GFF guiding documents on structuring the country platform

- Guidance note: inclusive multistakeholder platforms in support of EWEC [EN/ FR](#)
- GFF implementation guidelines [EN](#) / [FR](#)

Guiding document to support civil society and youth engagement and advocacy

- Civil society engagement strategy [EN](#) / [FR](#)
- CSES Implementation plan [EN](#) / [FR](#)
- Youth Addendum to the CSES [EN/FR](#)
- Youth Action Plan [EN](#) / [FR](#)

Case studies / analyses on engagement

- Meaningful adolescent and youth engagement in the GFF [EN](#) / [FR](#)
- Senegal case study [EN](#)

- Kenya case study [EN](#)
- Malawi case study [EN](#)
- Uganda case study [EN](#)

[List of GFF focal points and liaison officers](#)

Understanding the GFF process, investment cases, project appraisal documents

- CSO GFF engagement toolkit [EN](#) / [FR](#)
- GFF ecosystem infographic [EN](#)

Civil society advocacy and position statements on the GFF

- Civil society Communique on the GFF [EN](#) / [FR](#)
- Joint Open Letter to the Secretariat of the Global Financing Facility [EN](#)

Agenda

19 November 2019

Time	Session
	Video: What is the GFF
8.30 – 9:30	Welcome and introductions , Solange Kone, Coordinator, National Federation of Health NGOs – Cote d'Ivoire, Kadi Toure, Coordinator, Civil Society Coordinating Group
	Video: Civil society engagement in the GFF / FR
9:30 - 10:30	Civil society and youth engagement in the GFF Session chair: Suzanna Dennis, Manager, GFF CS Resource Hub Session objectives: ensure understanding of the objective and value of civil society and youth engagement in the GFF, entry points and best practices for engagement Presentation: Civil society engagement in the GFF – lessons learned for success , Kadi Toure, Coordinator Civil Society Coordinating Group Moderated discussion
10:30 – 11:00	Coffee break
	Video: Meaningful youth engagement / FR
11:00 – 13:00	Civil society and youth engagement in the GFF cont'd

Session objectives: ensure understanding of the objective and value of civil society and youth engagement in the GFF, entry points and best practices for engagement

Conversational panel: Best practices in engaging in the GFF process in country

Moderator: Kosi Izundu, Youth Representative to the GFF Investors' Group

- **Structuring an effective coalition with limited resources**, Safietou Diop, Coordinator, Network for the Promotion of Women, Senegal
- **Getting a seat at the table – advocating successfully for CS engagement**, Mercy Onsando, Director, HENNET Kenya
- **Engaging in the face of non-functional country platforms**, Joyce Kyalo, Independent Consultant
- **Structuring effective youth engagement**, Arafat Kabugo, Adolescent and Youth Representative on the Uganda GFF CS Steering Committee

Working group session on engagement

13:00 – 14:00 Lunch break

14:00 – 16:00 **SRMNCAH planning and financing: Maximizing civil society and youth engagement for better results**

Session chair: Raffaella Dattler, Financing for Development Advisor, IPPF

Session objectives: ensure an in depth understanding of the SRMNCAH planning / investment case development and financing process

Presentation: Smart, Scaled and Sustainable Financing: an overview of SRMNCAH planning and financing, Joyce Kyalo, Independent Consultant

Working group session on planning and financing

16:00 – 16:30 Coffee break

16:30 – 17:30 **Interactive session - Identifying civil society advocacy priorities for the GFF**

Session objectives: agree on advocacy priorities for civil society to take to the investors' group meeting

Interactive presentation: Civil society advocacy priorities – Have we seen change? Susannah Hurd, Vice President for Global Health, Global Health Visions

20 November 2019

Time

Session

8:30 – 9:30 **Recap of day 1 and overview of day 2**

9:30 – 10:00 Coffee break

10:00 – 12:00 Overview of tools for monitoring the GFF

Session chair: Maty Dia, Consultant, GFF CS Resource Hub

Session objectives: provide information on available tools to monitor the GFF process and results in countries

Presentation: Monitoring the GFF, Xochitl Sanchez, Senior Advisor, Development Finance, RESULTS / ACTION

Country experience sharing panel

- Joyce L. Kilikpo Jarwolo, Executive Director, Public Health Initiative Liberia
- Oyeyemi Pitan, Communication Lead, Nigerian Youth Coalition for UHC
- Lightness Charles, Program Manager Advocacy Health Promotion Tanzania (HDT)

Working group session on monitoring

12:00 – 13:00 Domestic resource mobilization for women's, children's and adolescents' health

Session chair: Delou Gonsan-Zeo, Health Policy & Advocacy Adviser (RMNCH), Save the Children UK

Session objectives: ensure an understanding of the budget process and entry points for advocacy for improved health financing

Presentation: Understanding the budget cycle, stakeholder and processes, Aminu Magashi Garba, Coordinator, African Health Budget Network

13:00 – 14:00 Lunch

14:00 – 15:30 Domestic resource mobilization for women's, children's and adolescents' health cont'd

Conversational panel: effective advocacy for increased DRM

Moderator: Esther Agbon, Snr. Health Financing Advisor & Deputy Country Lead, Nigeria, Options

- Jean Sebastien Kouassi, Scaling Up Nutrition
- Paul Patrick Endeke, Positive Generation, Cameroun,
- Solange Kone, National Federation of Health NGOs, Cote d'Ivoire

Working group session on budget advocacy

15:30 – 16:00 Coffee break

16:00 – 17:30 Interactive session – coffee with donor representatives to the GFF Investors’ Group and the GFF secretariat

Session chair: Pauline Irungu, Civil Society Representative to the GFF Investors’ Group

Session objective: promote an understanding of civil society perspectives, successes, challenges and needs by investors’ group representatives, in particular donors

Oral presentation: Civil society priorities for the GFF, Venuste Muhamyankaka, Coordinator, SUN Civil Society Network, Rwanda

Panel discussion

- Monique Vledder, Practice Manager, Global Financing Facility
- Frank Van De Looij, Health Expert, Health and AIDs Division, Ministry of Foreign Affairs, Netherlands
- Paul Fife, Director of Education and Global Health Department, Norwegian Agency for Development Cooperation
- Zohra Balsara, Senior Program Officer, Global Development, Bill and Melinda Gates Foundation
- Helga Fogstad, Executive Director, Partnership for Maternal, Newborn and Child Health

17:30 – 18:00 Closing and next steps
