

A smiling woman with dark skin and short, dark, curly hair is seated at a table. She is wearing a light pink short-sleeved button-down shirt. The table is covered with a yellow tablecloth featuring a repeating diamond pattern. A clear glass bowl is visible on the table to her left. The background is a warm orange wall. The title text is overlaid in a white box in the upper left corner.

Assessment of the Status and Effectiveness of National Multistakeholder Country Platforms Used to Implement the Global Financing Facility

About Us

At PAI, we are motivated by one powerful truth: A woman who is in charge of her reproductive health can change her life and transform her community.

Our mission is to promote universal access to sexual and reproductive health and rights through research, advocacy and innovative partnerships. Achieving this will dramatically improve the health and autonomy of women, reduce poverty and strengthen civil society.

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Any errors and omissions are the responsibility of the author.

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AUGUST 2020

TABLE OF CONTENTS

LIST OF TABLES	1
LIST OF FIGURES	1
ACRONYMS AND ABBREVIATIONS	2
EXECUTIVE SUMMMARY	3
GOAL OF THE ASSESSMENT	9
METHODOLOGY	11
Sampling	12
Data Collection and Entry Process	12
Data Analysis	13
MCP ASSESSMENT FINDINGS	15
General Characteristics.....	16
Distribution of Respondents by Countries	16
GFF Country Governance Systems.....	17
GFF Country MCPs	17
Composition and Representation	19
Constituent Members of MCPs.....	19
Transparency of the Membership Selection Process and Representation	21
Roles and Responsibilities	21
MCPs Clearly Outlined Roles and Responsibilities	21
Challenges with RMNCAH+N IC Implementation.....	25
Scorecard Analysis	26
GFF Front-runner Countries	27

GFF Second Wave Countries	28
GFF Third Wave Countries	29
SUMMARY DISCUSSION OF FINDINGS	31
Existing MCP Challenges	32
MCP Challenges Vary by Country Wave	33
Front-runner Countries.....	34
Second Wave Countries	34
Third Wave Countries	34
Conclusions.....	34
ANNEXES	35
Annex 1: List of Resources.....	36
Annex 2: Questionnaire	37
Annex 3: Scorecard Scoring Methodology.....	44
REFERENCES	45

LIST OF TABLES

TABLE 1: TARGETED RESPONDENTS FOR EACH COUNTRY / PAGE 12

TABLE 2: ASSESSMENT VARIABLES / PAGE 13

TABLE 3: NUMBER OF RESPONSES PER COUNTRY ON CONSTITUENT MEMBERSHIP IN MCPs / PAGE 20

TABLE 4: FRONT-RUNNER COUNTRIES SCORING OF THE STATUS OF THE MCPs / PAGE 27

TABLE 5: SECOND WAVE COUNTRIES SCORING OF THE STATUS OF THE MCPs / PAGE 28

TABLE 6: THIRD WAVE COUNTRIES SCORING OF THE STATUS OF THE MCPs / PAGE 29

LIST OF FIGURES

FIGURE 1: GFF COUNTRIES / PAGE 8

FIGURE 2: NUMBER OF RESPONDENTS BY COUNTRY / PAGE 16

FIGURE 3: DISTRIBUTION OF RESPONDENTS / PAGE 16

FIGURE 4: RESPONDENT IDENTIFICATION OF GOVERNANCE SYSTEM IN GFF COUNTRIES / PAGE 17

FIGURE 5: TYPES OF MCPs / PAGE 18

FIGURE 6: PERCEPTION OF MCP CONSTITUENT COMPOSITION / PAGE 19

FIGURE 7: TRANSPARENCY IN THE SELCTION PROCESS / PAGE 21

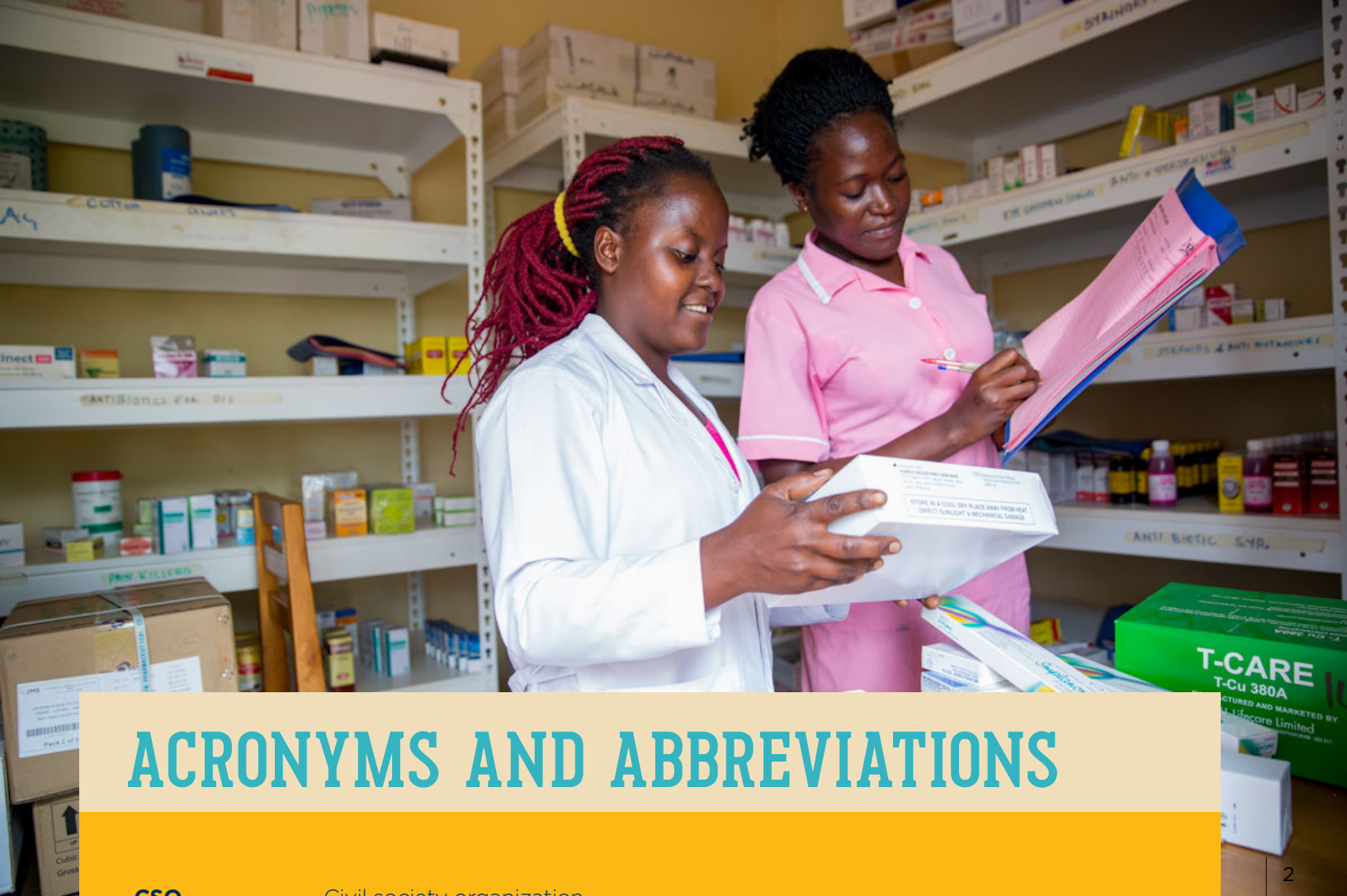
FIGURE 8: DISAGGREGATING "YES" BY CSO, WORLD BANK AND MoH / PAGE 21

FIGURE 9: ROLES AND RESPONSIBILITIES CLEARLY OUTLINED IN THE FORM OF AN MOU OR TOR / PAGE 22

FIGURE 10: CSO RMNCAH+N IC IMPLEMENTATION INTERNAL CONSULTATIVE PROCESS / PAGE 23

FIGURE 11: PUBLIC AVAILABILITY OF TECHNICAL AND FINANCIAL REPORTS / PAGE 24

FIGURE 12: MCP IMPLEMENTATION CHALLENGES / PAGE 25



ACRONYMS AND ABBREVIATIONS

CSO	Civil society organization
GFF	Global Financing Facility
The Hub	Civil Society GFF Resource and Engagement Hub
IC	Investment case
ICC	Interagency coordinating committee
MCP	Multistakeholder country platform
MoF	Ministry of Finance
MoH	Ministry of Health
MoP	Ministry of Planning
MOU	Memorandum of understanding
PAD	Project appraisal document
PMNCH	The Partnership for Maternal, Newborn & Child Health
RMNCAH+N	Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
SWAp	Sector-wide approach
TOR	Terms of reference

EXECUTIVE SUMMARY

3

This assessment provides a detailed analysis of the existence and status of the Global Financing Facility (GFF) multistakeholder country platforms (MCPs) in terms of their effectiveness and functionality in providing strategic coordination of stakeholders and funding sources for reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH+N) country investment cases (ICs). Guided by the minimum standards provided in the *Guidance Note: Inclusive Multi-stakeholder Country Platform in Support of Every Woman and Every Child* checklist, the assessment highlights the status of GFF countries' processes and the existence of the MCPs, the composition and representation of various MCP constituencies and how well the country-level MCP structure assumes its roles and responsibilities.¹ This assessment was supported by PAI, through its Civil Society GFF Resource and Engagement Hub (The Hub) and the GFF Civil Society Coordinating Group (CSCG) hosted and coordinated by The Partnership for Maternal, Newborn & Child Health (PMNCH).





The assessment targeted respondents from 27 of the 36 GFF countries, excluding the nine new countries that joined the GFF in August 2019. An online questionnaire — mainly targeting civil society and World Bank country focal points, as well as GFF Ministry of Health (MoH) focal points — was completed by respondents. Respondents from a total of 25 (93%) countries completed the survey with a response rate of 85% from targeted respondents. A descriptive cross-sectional study design was used which included a mixed-method approach, using both qualitative and quantitative variables. The results were also used to develop a scoring methodology for a scorecard to illustrate findings across GFF countries.

SUMMARY OF THE FINDINGS

Existence of the MCPs

All 25 GFF countries had some structure or mechanism that is used as an MCP; however, divergent responses from respondents in half of the countries indicate a lack of awareness among the constituencies of the MCPs.

Composition and Representation

There are gaps in MCP composition and representation in GFF countries, particularly in terms of representation of youth and adolescents, the private sector and Ministries of Finance and Planning (MoF and MoP, respectively). Out of all respondents, 56% viewed the constituent member selection process as transparent, 17% as not transparent and 27% were unsure.

MCP Implementation and Functionality

Only three (12%) GFF countries (Guatemala, Indonesia and Myanmar) had clear, public MCP terms of reference (TORs). Effective and meaningful MCP engagement requires members to be invited to and involved in regular meetings where they can provide strategic direction. Meetings should have clear agendas, reports should be openly shared and reviewed and member roles and responsibilities should include course-correction on the implementation process of the country IC. MCPs in only 10 of the 25 countries consulted on RMNCAH+N issues. No regular meetings were held in any of the 25 GFF countries. Clear RMNCAH+N and/or GFF agendas were also not included in country platforms or reports shared with

constituent members. Therefore, MCPs in GFF countries are not effective or operating optimally as mandated by the guidance documents.

Challenges affecting MCP formation and effective functioning include governance issues, particularly around host government stewardship, inadequate financial resources, poor communication and engagement and inadequate technical assistance. Respondents in front-runner, second wave and third wave countries ranked challenges differently. However, inadequate technical assistance was most notable in third wave countries.

GFF MCP Scorecard

The scorecard compares MCP performance across GFF countries with results clearly indicating a gap in effective functioning, which is compounded by the lack of formal platforms and clear stewardship, as well as inadequate financial resources leading to irregular meetings.



CONCLUSIONS

The GFF is implemented through government-led MCPs that bring together different actors working to advance RMNCAH+N. The existence of these platforms in GFF countries is positive. The GFF's guidance around inclusiveness and functionality of these platforms can ensure that all stakeholder contributions to the GFF partnership are realized and have impact. However, our research shows that in most GFF countries surveyed, these minimum standards are not being met.

Civil society in GFF countries is committed to supporting and engaging in these country platforms but does not have the power to ensure platform functionality. Leadership from other actors — the GFF Secretariat, other development partners and governments themselves — is needed to develop a plan to strengthen these country platforms to implement the GFF partnership as intended.



BACKGROUND

The GFF is a multistakeholder partnership that seeks to improve RMNCAH+N through aligning, harmonizing and increasing efficiency of investments. To access the GFF Trust Fund and aligned funds, a country develops a RMNCAH+N IC outlining evidence-based funding priorities.² The GFF then provides a relatively small grant from its trust fund to leverage funding from domestic resources and additional resources from the International Development Association or International Bank of Reconstruction and Development, as well as other external financing sources, including the private sector. Given the multiple funding sources and multisectoral nature of the GFF model, strategic coordination across the various stakeholders and entities that plan for and finance different components of the country RMNCAH+N IC is essential in reducing inefficiencies, ensuring harmonization and enhancing impact.

Currently, GFF countries include the 36 out of 67 eligible countries that have initiated GFF processes (Figure 1). An additional nine countries joined the GFF in 2019. The countries are at different stages of implementation. Most of the front-runner countries are within the third year or later, while the second and third wave countries are within the first two years of implementation or are developing the key documents required for the GFF implementation process. The recently announced fourth wave countries must begin

with an orientation as they embark on the development of key documents, such as RMNCAH+N ICs, health financing strategies and project appraisal documents.

The cornerstone of the implementation of the GFF process is the MCP, the government-led mechanism responsible for ensuring coordination and engagement across a range of actors. The MCP's role is to develop, implement, coordinate and monitor national RMNCAH+N strategies, ICs and health financing strategies and ensure that they are closely aligned with the countries' broader national plans. These roles are outlined in the GFF's 2017 *Guidance Note: Inclusive Multi-stakeholder Country Platforms in Support of Every Woman Every Child*, which includes minimum standards around transparency, inclusiveness and mutual accountability, to which every MCP is expected to adhere.

Governance of the MCPs varies considerably across GFF countries. In most countries, the MCPs are not created specifically for the GFF, but rather build upon an existing coordinating body that is used for implementing the GFF at the country level. Such MCPs exist in the health and allied sectors of most countries, although they may vary considerably in their configuration, inclusiveness, transparency and overall functionality.³ In most of the GFF countries, the MCPs are essentially preexisting national coordinating

mechanisms, such as the sector-wide approach (SWAp), interagency coordinating committees (ICCs) or working groups within the MoH, MoF or MoP, which are used to address the RMNCAH+N IC and health financing implementation agenda.

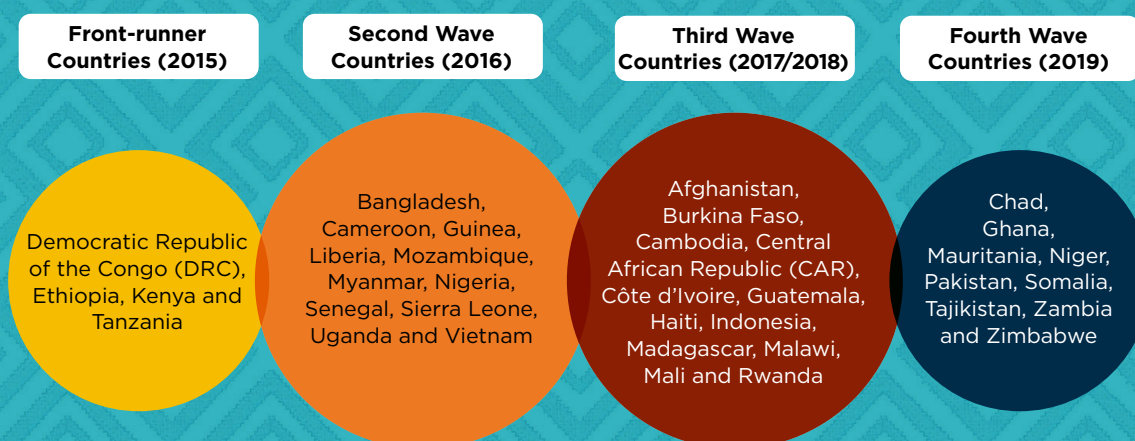
To be effective and functional, the MCPs must reflect the needs and context of each GFF country. Functionality is defined by the roles and responsibilities the MCP undertakes — mainly the development, implementation, planning, monitoring and review of national RMNCAH+N strategies or ICs and other strategies, such as health financing. Therefore, the effectiveness and functionality of the MCPs is determined by how well the MCPs undertake these roles and responsibilities to achieve the results outlined in the policies. For countries that have decentralized systems such as Kenya and Nigeria, intergovernmental coordination between the national and subnational levels is important.

Civil society engagement is crucial to strengthening country ownership and capacity of government-led MCPs. The first objective of the 2017 *Civil Society Engagement Strategy* approved by the GFF Investors Group recommends that country platforms support meaningful civil society engagement to achieve common goals. They should do so through successful implementation of the *Guidance Note: Inclusive Multistakeholder Country Platforms in Support of Every Woman Every Child*. Strong MCPs are so critical

for coordination that three out of the four PMNCH pilot grants to support civil society organization (CSO) engagement in GFF countries included CSOs drafting TORs for operationalization of the GFF MCPs.⁴ With an effective functioning country platform, civil society can play a critical role in ensuring that diverse constituencies like the private sector and adolescents and youth are included. Effectiveness and functionality can be guaranteed by meaningful engagement through the platforms that consistently discuss progress towards the goals and targets outlined in the RMNCAH+N IC. When country platform members develop annual work plans with clear goals, both programmatic and financing gaps can be addressed. Course-correction happens as well as regional peer-to-peer learning.

Anecdotal evidence suggests that MCPs in many GFF countries are not effectively functioning as a space for meaningful deliberation and decision-making on GFF processes, according to CSCG working group members and stakeholders. This can undermine the common understanding of the GFF approach and benefits across the multiple stakeholders in country, as well as sideline potentially important GFF stakeholders from the process. As the GFF matures and expands into more countries, it is crucial to independently evaluate lessons from the existing GFF countries for learning and future improvement for new countries that have already started the development of key documents and/or are just initiating implementation processes.

FIGURE 1: GFF COUNTRIES



GOAL OF THE ASSESSMENT

The goal of this assessment was to measure the status of MCPs in 27 GFF countries against the provisions outlined in the guidance note governing the MCPs and any other important criteria outlined in the business plan for the GFF as well as the GFF country implementation guidelines.⁵ The findings of this assessment will be used to provide the evidence base for advocacy to improve MCP effectiveness and functionality. Additionally, the findings will provide evidence in developing a common approach across civil societies for strengthening country platforms and creating a baseline for continuous monitoring of MCP status across countries.





Specifically, the assessment:

1. Examined existing or new structures that GFF countries use to coordinate the development, implementation, monitoring and review of the RMNCAH+N IC and health financing strategies;
2. Determined platform composition and representation;
3. Assessed the effectiveness and operationalization of the platforms as a space for meaningful civil society and constituent engagement in the GFF; and
4. Developed a country scorecard to measure the status of the MCPs against minimum standards outlined in the MCP guidance note.



METHODOLOGY

The assessment focused on the 27 GFF front-runner, second wave and third wave countries.

1. Front-runner: DRC, Ethiopia, Kenya and Tanzania
2. Second wave: Bangladesh, Cameroon, Guinea, Liberia, Mozambique, Myanmar, Nigeria, Senegal, Sierra Leone, Uganda and Vietnam
3. Third wave countries: Afghanistan, Burkina Faso, Cambodia, CAR, Côte d'Ivoire, Guatemala, Haiti, Indonesia, Madagascar, Malawi, Mali and Rwanda

The assessment reviewed existing reports, publications and other literature, including country GFF scorecards from Kenya, Tanzania and Nigeria, as well as other monitoring tools, such as the spotlight in Liberia and Sierra Leone, to identify areas that will be addressed by the survey instrument.^{6,7,8} The tool was developed based on the minimum standards and checklist set forth in the guidance note, as well as the GFF country implementation guidelines. The questionnaire was structured as follows:

Section 1: Overview of the GFF process and MCP
Section 2: Composition and representation
Section 3: Roles and responsibility of the MCP

The Hub team hosted at PAI and the CSCG Steering Group coordinated by PMNCH reviewed and approved the questionnaire, which was translated into French for Francophone countries. Both the English and French versions of the tools were uploaded to Survey Monkey and deployed to all potential respondents.

SAMPLING

Respondents targeted were civil society GFF focal points from the 27 GFF countries, one MoH GFF focal point and World Bank GFF country focal points or liaisons. Civil society respondents were purposely selected from the CSO focal points through the CSCG. The targeted number of respondents per country is shown in Table 1.

DATA COLLECTION AND ENTRY PROCESS

The assessment employed a descriptive cross-sectional study design, which included a mixed-method approach using both quantitative and qualitative variables. A cross-sectional study allowed the information of interest to be obtained at a certain point in time, while the descriptive design allowed for data collection that provided answers on the current status of some of the select parameters of measurement used for this assessment. Coordination of the data collection was done virtually.

Data collection duration occurred between September 2 and October 11, 2019. Regular follow-up with respondents was undertaken to ensure questionnaire completion and a high response rate. Data collection took four weeks.

TABLE 1: TARGETED RESPONDENTS FOR EACH COUNTRY

By country	
Organization	Number of respondents
CSO	1-2
World Bank	1
MoH	1



DATA ANALYSIS

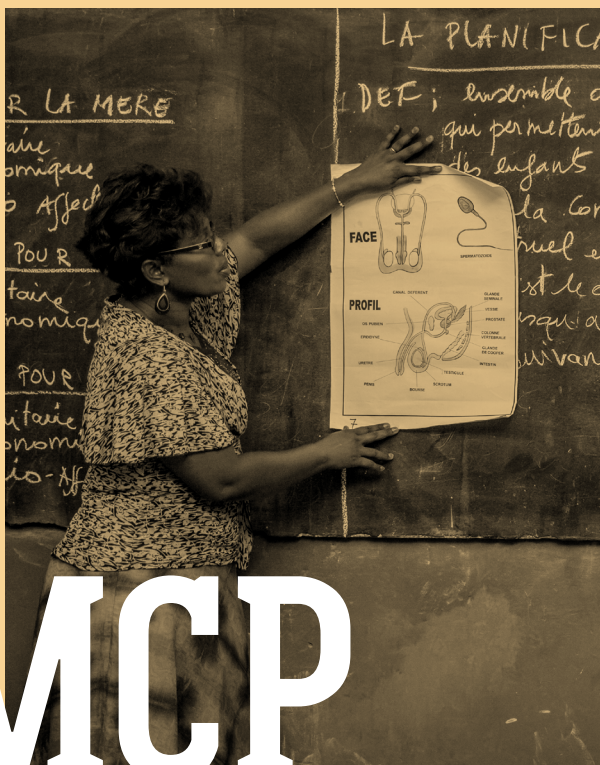
Before processing the data, questionnaires were checked for completeness and consistency. The data were exported to Microsoft Excel for further analysis. An Excel-based template was developed for analysis of various components of the assessment with the unit of analysis being the country. Qualitative data were analyzed using a content analysis method whereby data were coded into themes using similar words or phrases, while quantitative data were analyzed using descriptive statistics. Data were summarized as counts, averages, percentages and proportions to demonstrate the findings and importance of each variable under study. The following table provides the assessment variables that were studied across the GFF countries.

TABLE 2: ASSESSMENT VARIABLES

The assessment variables were adapted from the GFF country platform guidance note checklist for effective functioning of the MCPs. The checklist includes five components: composition and representation; functions; participation and communication; technical assistance and capacity needs; and reporting. A mixed-method approach that included both qualitative and quantitative data was applied. Descriptive statistics were used to analyze the quantitative data showing variability across countries. Thematic analysis was used to analyze the qualitative data.

Variable	Measurement	Nature of Data Collected
Section 1	Overview of the GFF process status by country	Quantitative, Qualitative
	Presence of national MCP by country	Quantitative, Qualitative
	Presence of subnational MCP by country in decentralized health systems	Quantitative
Section 2	CSO and constituent representation, membership and MCP composition	Quantitative, Qualitative
	CSO selection process	Quantitative, Qualitative
	Transparency and information sharing	Quantitative, Qualitative
Section 3	Availability of TOR or partnership framework guiding MCP engagement	Quantitative, Qualitative
	MCP agenda setting	Quantitative, Qualitative
	Technical and financial reporting on RMNCAH+N IC and health financing strategies	Quantitative, Qualitative
	Regularity of meetings	Quantitative
	Regular updates on RMNCAH+N IC and health financing strategy implementation	Quantitative, Qualitative
	Meaningful engagement by various constituents including CSOs	Quantitative, Qualitative
	MCP roles in ensuring effectiveness	Qualitative
	Challenges facing national MCPs	Qualitative
	Recommendations for improving the operationalization and effectiveness of national MCPs in GFF countries	Qualitative





MCP

ASSESSMENT FINDINGS

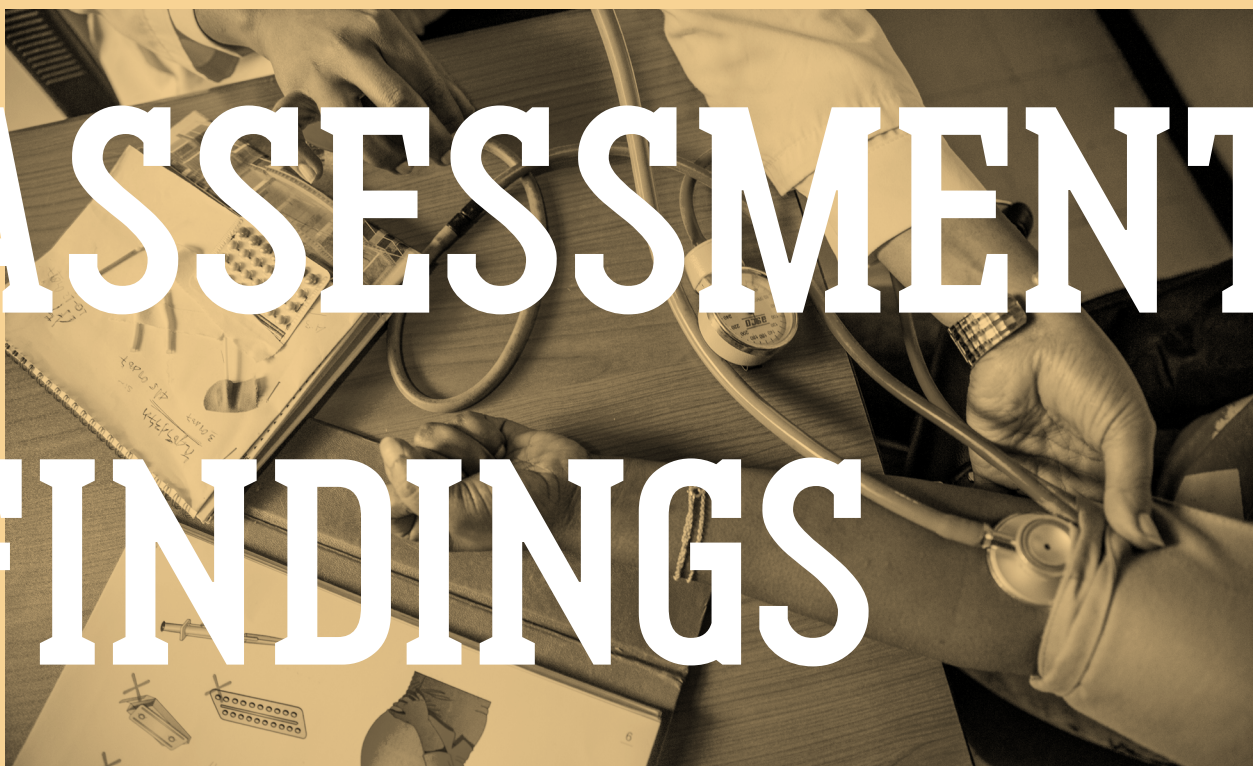
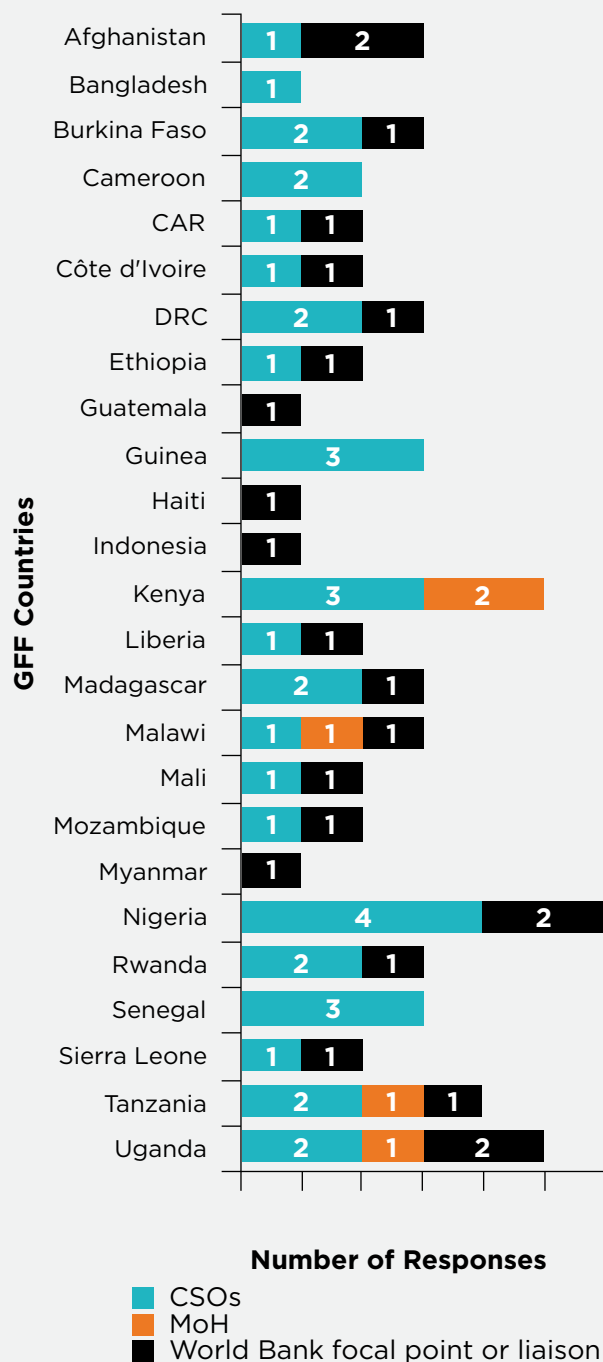


FIGURE 2: NUMBER OF RESPONDENTS BY COUNTRY



GENERAL CHARACTERISTICS

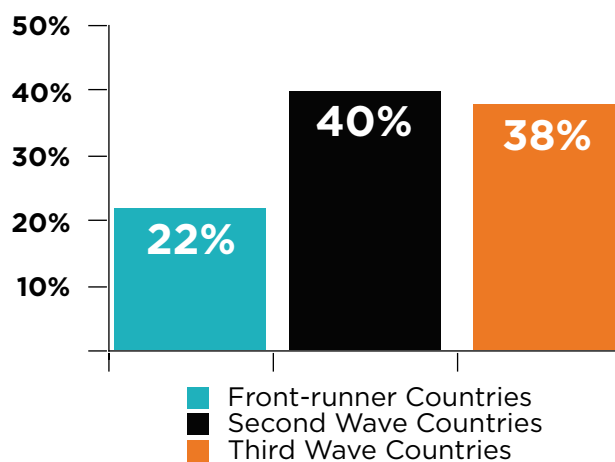
The assessment had a total of 69 respondents from 25 countries, comprising of one to two respondents from the CSO constituency, one MoH focal point and one World Bank focal point or liaison from each country. The response rate was 85%. Only two GFF countries — Cambodia and Vietnam — did not have any respondents. The average number of respondents per country was three. In some countries such as Guatemala, Haiti, Indonesia and Myanmar, all constituencies were not represented in the assessment due to lack of response.

Only four countries — Kenya, Malawi, Tanzania and Uganda — had an MoH focal point responding. The World Bank focal point or liaison responded in 20 of the 25 GFF countries.

Distribution of Respondents by Countries

Fifty-five percent of respondents were English-speaking. Across the constituencies, GFF focal points at MoHs had the least proportion of respondents at 7% of the total responses. The highest number of respondents were from civil society at 59%, followed by the World Bank focal points or liaisons at 34%. The four front-runner countries had 22%, second wave countries 40% and the third wave countries 38% of the total respondents.

FIGURE 3: DISTRIBUTION OF RESPONDENTS



GFF Country Governance Systems

Analysis by the system of governance in the GFF countries showed varied results across the countries. Six countries — Burkina Faso, CAR, Guinea, Indonesia, Kenya and Tanzania — had devolved systems of governance. Guatemala, Haiti and Myanmar had centralized systems. Responses from other countries such as Afghanistan, Cameroon and Mozambique varied between centralized and partially centralized systems, whereas DRC, Nigeria and Rwanda had variations between devolved and federal systems. Others such as Liberia, Madagascar, Malawi, Mali, Senegal and Sierra Leone varied across centralized, devolved and partially centralized systems.

Figure 4 shows the variation of understanding of the governance systems in GFF countries and suggests that there is confusion regarding the system of governance that exists in the country among assessment participants.

GFF COUNTRY MCPs

All 25 GFF countries had some form of MCP that coordinates all or some of the RMNCAH+N IC components. The platforms existed in the form of ICCs, national country platforms, SWAp structure, technical working groups and state-led mechanisms.⁹ Figure 5 shows the platforms identified by respondents. According to the analysis by number of responses, 58% of the responses use national country platforms, 20% technical working groups, 8% SWAp structure, 7% ICCs and 4% use “others,” such as the state-led mechanisms in Nigeria. About 3% of the responses reported that the respondent’s country had no platforms. However, analysis and scoring of the responses by country indicated the existence of a platform in all 25 GFF countries. The varying responses by the assessment participants

FIGURE 4: RESPONDENT IDENTIFICATION OF GOVERNANCE SYSTEM IN GFF COUNTRIES

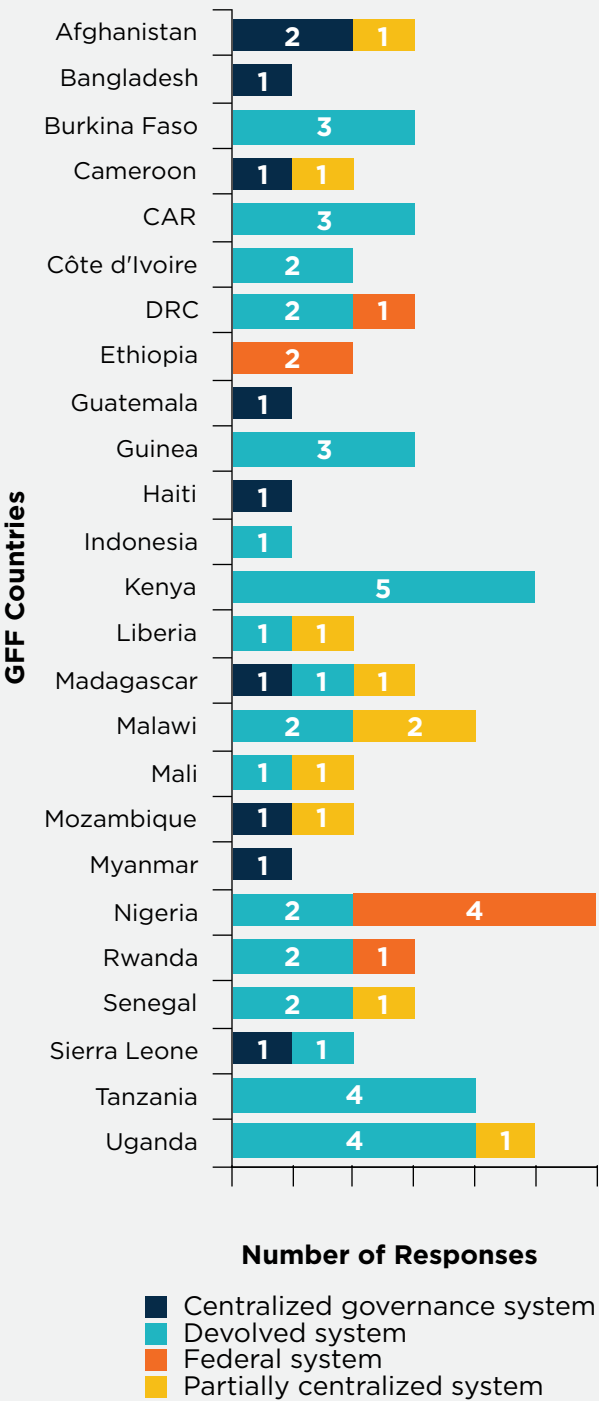
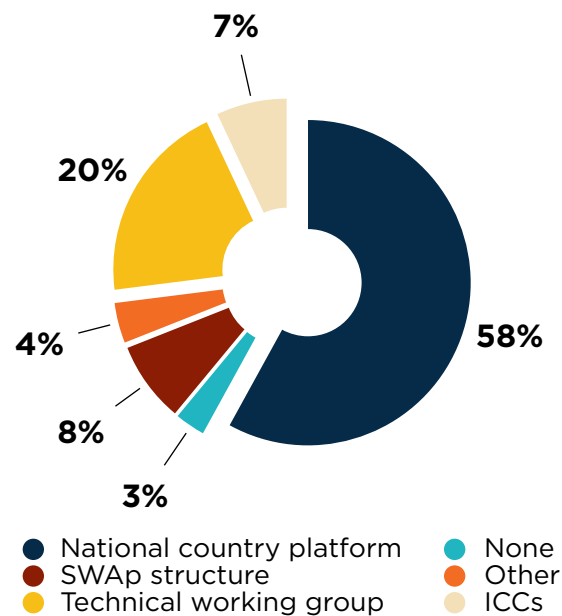


FIGURE 5: TYPES OF MCPs



showed the lack of awareness or involvement among the focal points of GFF activities and the lack of inclusivity in engagement. These varied responses were noted in 12 countries: Afghanistan, CAR, DRC, Guinea, Kenya, Liberia, Madagascar, Mali, Mozambique, Rwanda, Sierra Leone and Uganda.

The GFF country implementation guidelines provide for the formation of subnational platforms to build on and strengthen existing platforms. Usually, the role of the subnational platforms is focused on data use for management and overall improvement of the quality of RMNCAH+N services at the points of delivery.¹⁰ Seventy percent of respondents in decentralized or partially decentralized systems indicated there were subnational platforms in the form of technical working groups, state-led mechanisms and stakeholders' health forums. About 30% of respondents were not sure or did not know whether any subnational platforms existed.



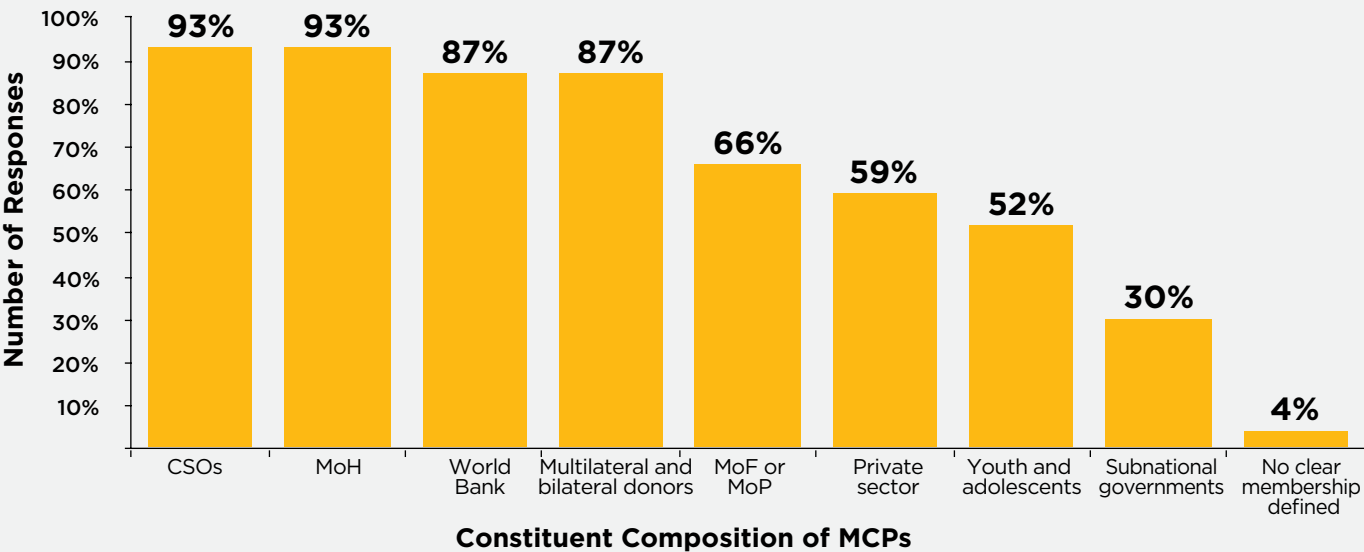
COMPOSITION AND REPRESENTATION

Constituent Members of MCPs

The guidance note sets the expectation that membership in the MCPs should vary in configuration, inclusivity, transparency and overall functionality. Membership should include MoH, World Bank focal points or liaisons, CSOs, youth and adolescents, private sector, multilateral — including the H6 partnership — and bilateral donors, MoF and/or MoP, global financing mechanisms, health care professional organizations and subnational governments depending on the country context.

Ensuring inclusivity in membership of country constituent members and functionality of the MCPs is a key component for strong consultative processes and meaningful engagement of the stakeholders. The results of the analysis show that the different constituent members had differing perceptions of the inclusivity of the MCPs. Figure 6 shows respondents' perceptions of the constituent membership in the RMNCAH+N MCP in their country.

FIGURE 6: PERCEPTION OF MCP CONSTITUENT COMPOSITION



In the 25 countries surveyed, respondents cited CSOs (93%), MoH (93%) and World Bank (87%) as among constituent members of country platforms. Other critical constituent members are the private sector, MoF, MoP, youth and adolescents (mentioned by more than 50% of respondents) and subnational governments (30%). About 4% of respondents reported that no clear membership was defined by their countries.

The responses in Table 3 indicate low representation of the private sector as well as youth and adolescents in the GFF countries. The exceptions are Kenya, Malawi, Nigeria, Tanzania and Uganda, where various constituent members are involved.

TABLE 3: NUMBER OF RESPONSES PER COUNTRY ON CONSTITUENT MEMBERSHIP IN MCPs

	CSOs	MoH	MoF or MoP	World Bank	Private sector	Multilateral and bilateral donors	Youth and adolescent organizations	Subnational governments and federal states
Afghanistan	***	***	***	***	***	***	*	
Bangladesh	*	*	*	*	*	*		
Burkina Faso	***	***	***	***	***	***	*	*
Cameroon	**	**	*	**	**	**	*	
CAR	***	**	**	**		**	**	*
Chad	*	*			*	*	*	
Côte d'Ivoire	**	**	**	**	**	**	*	*
DRC	***	***	***	***		***	**	*
Ethiopia	*	*	*	**		*		
Guatemala	*	*	*	*	*	*		
Guinea	*	*	*	*	*	*	**	*
Haiti	*	*	*	*	*	*	*	
Indonesia	*	*	*	*	*	*		*
Kenya	****	****	*	****	**	***	***	**
Liberia	**	**		**		**		
Madagascar	***	***	*	***		***		
Malawi	****	****	***	***	**	****	****	
Mali	**	**	*	*	*	*	**	*
Mauritania	*	*	*	*	*	*	*	*
Mozambique	**	**	*	**		**	*	
Myanmar	*	*		*	*	*		
Niger	*	*	*	*	*	*	*	*
Nigeria	*****	*****	*****	*****	*****	*****	***	****
Rwanda	*	**	**	**	*	*	**	
Senegal	***	***	***	**	***	***	**	**
Sierra Leone	**	**	**	*		**	*	*
Tanzania	****	****	**	****	***	****	*	
Uganda	****	****	**	****	****	****	****	***

* Denotes number of responses for each country

■ Well-performing countries in terms of inclusivity of the constituent membership in the country platform

**Transparency of the Membership Selection
Process and Representation**

Constituent members of the MCPs should be selected in a transparent manner by their peers. The GFF country platform guidance note outlines clear minimum standards on transparency in the composition of and selection process for constituent members. Transparency in the selection should be applied to all the constituencies in an open process to enhance transparency and ensure inclusivity.

Respondents' perceptions of the transparency of the membership selection process showed that 56% felt the process was transparent, while 27% was not sure and 17% thought that the country process was not transparent (Figure 7).

The findings were further disaggregated by each respondent group. The results show that most respondents — 55% of CSOs, 35% of World Bank focal points or liaisons and 10% of MoH — felt that the process was transparent (Figure 8).

**ROLES AND
RESPONSIBILITIES**

MCPs Clearly Outlined Roles and Responsibilities

The assessment considered whether the roles and responsibilities of the MCPs are clearly outlined in the form of a publicly shared memorandum of understanding (MOU), TOR or partnership framework. Bangladesh, Cameroon, DRC and Liberia do not have MCP roles and responsibilities that are clearly outlined in the form of an MOU or TOR or were not sure if these existed (Figure 9). On the other hand, Afghanistan, Burkina Faso, Ethiopia, Haiti, Indonesia, Guatemala, Myanmar, Sierra Leone and Tanzania have clearly outlined roles and responsibilities contained in MOUs and TORs.

Varied responses across some of the countries suggest a lack of information sharing and poor functioning of the MCPs. The results suggest that 12 of the 25 countries did not have MOUs or TORs available publicly. Only three countries — Guatemala, Indonesia and Myanmar — appear to have public MOUs or TORs.

FIGURE 7: transparency in the selction process

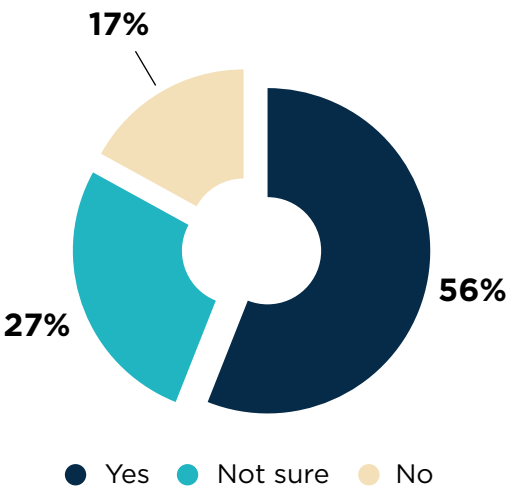


FIGURE 8: disaggregating “yes” by cso, world bank and moh

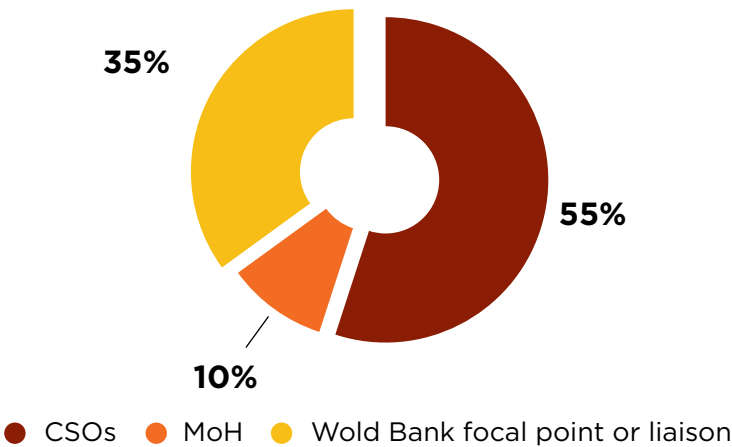
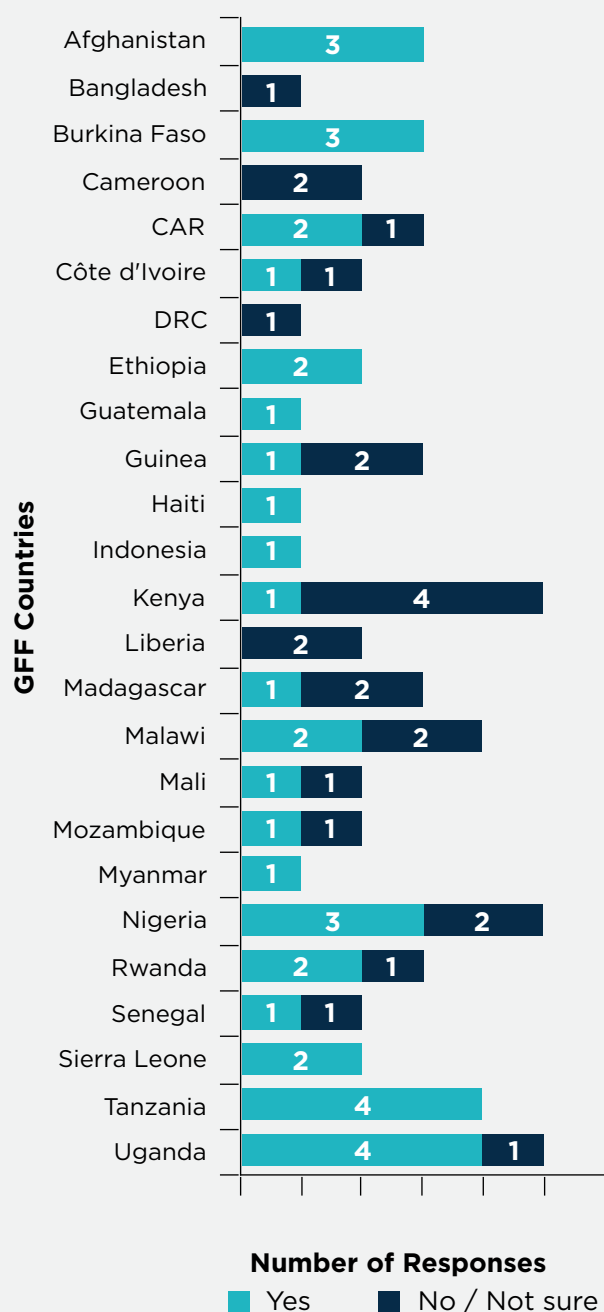


FIGURE 9: ROLES AND RESPONSIBILITIES CLEARLY OUTLINED IN THE FORM OF AN MOU OR TOR



For the MCPs to function effectively, meaningful engagement by all constituents on RMNCAH+N strategies, development, implementation, monitoring and review is required. Program financing strategies are also important. Linking them to health financing strategies and results frameworks helps facilitate a holistic approach in monitoring and reviewing the implementation process. Roles and responsibilities outlined for the MCPs include:

- Setting strategic directions for RMNCAH+N investments and financing in country.
- Providing input into policy, technical and financial decisions.
- Facilitating dialogue and enhancing communication among stakeholders.
- Aligning RMNCAH+N investments and resources around RMNCAH+N IC implementation.
- Strengthening collaboration among partners and enhancing coordination of all RMNCAH+N stakeholders.
- Implementing the results framework, monitoring, reviewing progress and correcting course where necessary.
- Fostering good governance, advocacy and communication in support of the RMNCAH+N IC implementation for GFF countries.

Constituent members need a clear understanding of the consultative process within the platform and their own constituencies. They also need to contribute to the RMNCAH+N IC implementation agenda in MCP meetings.

Effective functioning of the MCPs also requires engagement and inclusive participation by all stakeholders. Participation by the CSOs, youth and private sector constituencies in the country platforms is important to ensure that the expanded membership, which addresses

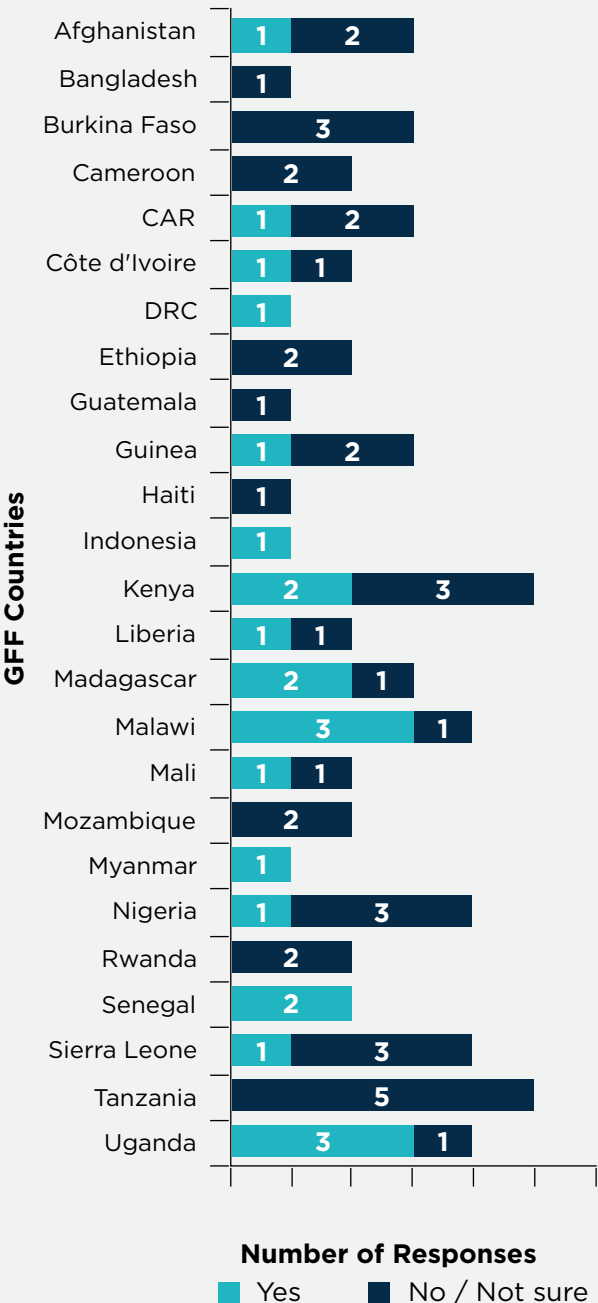
the full range of stakeholders, is met. Stakeholders are expected to fully engage by contributing to the agenda of the country platform meetings; moreover, open sharing of data across the stakeholders' constituents facilitates better decision-making and course-correction and provides evidence-based advocacy issues related to financing, policy decisions and implementation.

Regular MCP meetings can serve as a learning opportunity to ensure that the RMNCAH+N IC implementation progress is reviewed on a regular basis. Important RMNCAH+N indicators that are aligned to the IC objectives and targets can be tracked and presented during these meetings for discussion. Equally, additional financial commitments by bilateral donors, including domestic resources, can help track whether the GFF vision of mobilizing and aligning investments around a common RMNCAH+N IC has an additional effect. Country platform members can also provide new evidence, implementation research findings and advocacy strategies during meetings.

Out of the 25 respondent countries, 10 are able to contribute to the RMNCAH+N agenda at the country platform level — including Afghanistan, Burkina Faso, CAR, Ethiopia, Indonesia, Madagascar, Malawi, Mali, Myanmar and Sierra Leone. Most country platforms do not hold regular meetings; instead, they host ad hoc meetings with no clear GFF items included in the agenda. Even in countries where meetings are held regularly, the GFF or RMNCAH+N IC agenda is not addressed.

CSOs play an important role in ensuring that there is accountability in implementation of the RMNCAH+N ICs. They therefore need to organize themselves and build consensus in a consultative manner, while representing community needs. They must also form a unified voice to address issues emerging from RMNCAH+N policy development as well as implementation, monitoring and review. However, an analysis of the level of consultation among the CSOs themselves on RMNCAH+N IC issues showed that nine countries did not consult, or respondents were not sure whether there was any consultative process on RMNCAH+N IC implementation, monitoring and review.

FIGURE 10: CSO RMNCAH+N IC IMPLEMENTATION INTERNAL CONSULTATIVE PROCESS

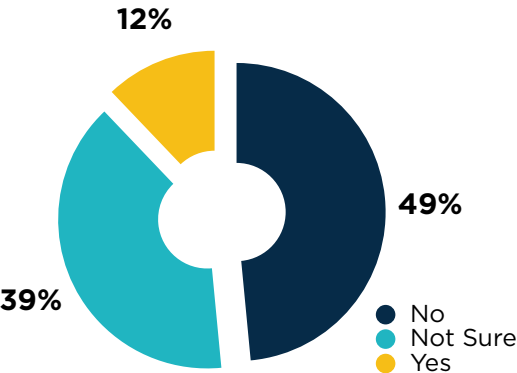


Only three of the 25 country respondents reported that CSOs consulted internally on RMNCAH+N IC formulation and implementation. Thirteen of the countries had disparate responses. Further, only in DRC and Senegal did respondents report that progress reports are shared among constituents who received updates on the implementation of the RMNCAH+N IC. However, for CSO focal points this was not the case: updates were only received by the World Bank and MoH focal points.

The results also show that very few countries share timely health and nutrition data, including expenditure data, among MCP constituent members. Developing and sharing technical and financial reports as well as progress and evaluation reports with all constituent members in the country platform is one of the minimum standards for effective functioning MCPs, since this fosters dialogue around RMNCAH+N IC implementation.¹¹ These progress reports should be shared publicly and be accessible to most platform members.

Most (60.6%) respondents are not able to access country progress reports. Respondents reported that technical and financial reports are not readily available online or posted on a public website as per the requirements around transparency and data sharing. Figure 11 shows the assessment results on availability of technical financial reports. Among respondents, 39% said the reports were not shared publicly, 12% did not know and only 48% said that the reports were available.

FIGURE 11: PUBLIC AVAILABILITY OF TECHNICAL AND FINANCIAL REPORTS

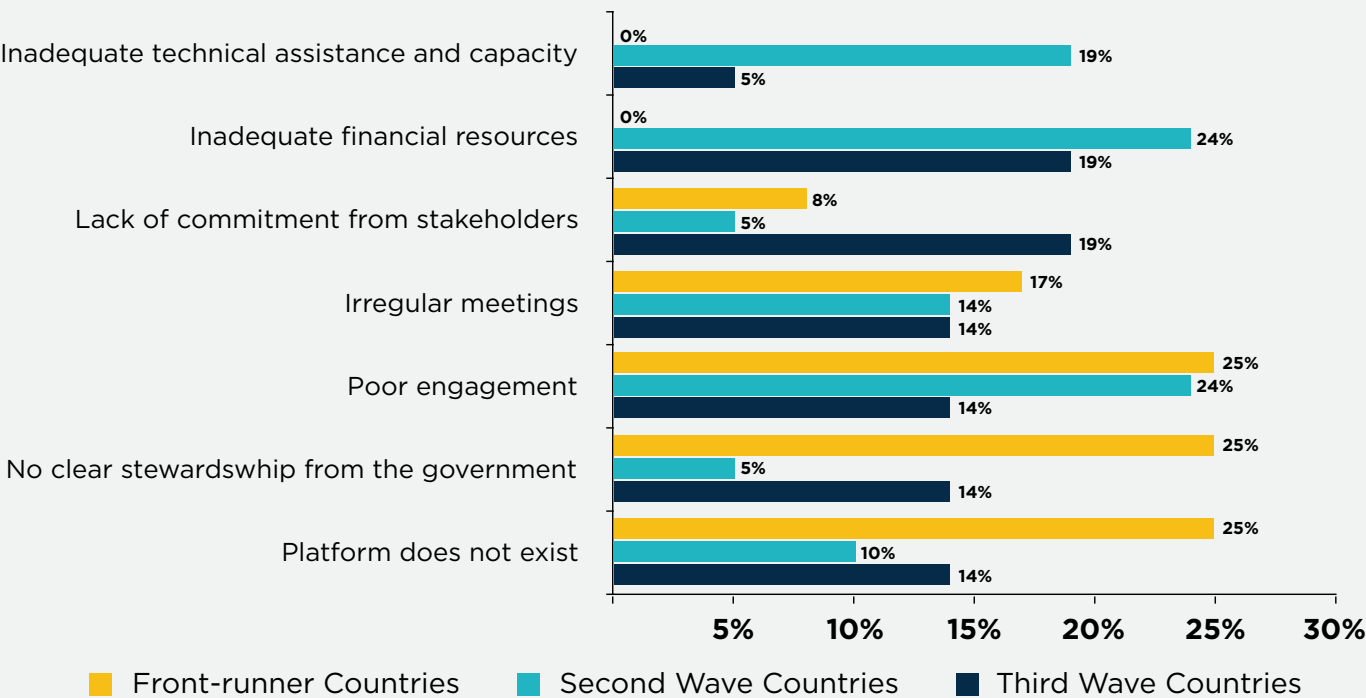


CHALLENGES WITH RMNCAH+N IC IMPLEMENTATION

GFF countries are at different stages of RMNCAH+N IC implementation. Front-runner countries are in the third year or later of implementation, while second wave countries are between years one and three, and the third wave countries have had the country RMNCAH+N IC and project appraisal document (PAD) approved or about to be finalized and ready for implementation. As countries progress with IC formulation and implementation processes, many challenges have emerged that, if addressed, could provide learning opportunities and lead to improved MCP engagement among RMNCAH+N stakeholders. The challenges identified varied across the different implementation stages but respondents indicated that inadequate financial resources and irregular meetings, as well as lack of clear stewardship and formal platforms, are common challenges facing GFF countries.

In front-runner countries, challenges include lack of clear stewardship from the government in ensuring effective and functional MCPs. Some of the front-runner countries do not have functional, inclusive platforms. Matters around the GFF RMNCAH+N IC are not discussed entirely within the platform and as a result, poor communication and engagement continue to challenge constituent members. Additionally, respondents reported that government engagement with CSOs is not inclusive and selection of representatives is not conducted in a transparent and inclusive manner. As such, CSOs and other stakeholders are unable to assume roles and responsibilities, such as representing the voice of communities, monitoring and fostering accountability.

FIGURE 12: MCP IMPLEMENTATION CHALLENGES





Among second wave countries, challenges affecting effective functioning of the country platforms include poor communication and engagement, inadequate financial resources and inadequate technical assistance. Third wave countries have similar challenges — inadequate financial resources, lack of commitment among the stakeholders, poor communication and irregular meetings inhibit the proper functioning of platforms. Figure 12 shows challenges that GFF countries face, disaggregated by front-runner, second and third wave countries.

SCORECARD ANALYSIS

This assessment included a scorecard analysis to establish the status of the MCPs at the country level in three thematic areas:

1. Overview of the GFF process and MCP
2. Composition and representation
3. Roles and responsibility of the MCP

26

The scoring methodology is included in Annex 3. The findings are presented in the following section. The scoring of the scorecard was validated by CSOs and the CSCG Steering Group. The findings were shared with all assessment participants for feedback.

GFF FRONT-RUNNER COUNTRIES

Table 4 summarizes the results of the scorecard analysis for this group of countries.

**TABLE 4: FRONT-RUNNER COUNTRIES
SCORING OF THE STATUS OF THE MCPs**

MCP: Front-runner Countries					
		DRC	Ethiopia	Kenya	Tanzania
GFF process and platform	<i>Existence of MCP</i>				
Composition and Representation	<i>Constituency members representation in MCP</i>				
	<i>Transparency of the selection process of members</i>				
	<i>Number of slots allocated to CSO constituents</i>				
	<i>CSO constituency elects its own representatives</i>				
MCP functionality	<i>MOUs and TORs clearly outline MCP roles and responsibilities</i>				
	<i>MOUs and TORs publicly available</i>				
	<i>MCP member participation (contribution to meeting agenda)</i>				
	<i>MCP regularity of meetings</i>				
	<i>CSO consultative process on RMNCAH+N issues</i>				
	<i>RMNCAH+N IC implementation regular updates and progress to members</i>				
	<i>Implementation progress reports shared</i>				
	<i>Technical and financial reports available</i>				

The results suggest that most front-runner countries continue to face challenges with the functionality of the country platforms. While the platform exists in these countries, the selection of members to represent the entire constituency spectrum — as outlined in the minimum standards guidance note and the GFF country implementation guidelines — lacks transparency and inclusivity. Youth and private sector constituencies are among those that are missing in most platforms.

The results also suggest that the effectiveness and functionality of the existing platforms are weak. There is no structured engagement within the existing country MCPs in front-runner countries, despite these countries being in their final stages of implementation. There is noted poor communication, and technical and financial reports are not shared and discussed. Meetings are irregular and do not address the RMNCAH+N IC implementation progress or GFF agenda.

GFF SECOND WAVE COUNTRIES

Table 5 summarizes the results of the scorecard analysis for this group of countries.

TABLE 5: SECOND WAVE COUNTRIES SCORING OF THE STATUS OF THE MCPs

MCP: Second Wave Countries		Bangladesh	Cameroon	Guinea	Liberia	Mozambique	Myanmar	Nigeria	Senegal	Sierra Leone	Uganda
GFF process and platform	Existence of MCP										
Composition and Representation	Constituency members representation in MCP										
	Transparency of the selection process of members										
	Number of slots allocated to CSO constituents										
	CSO constituency elects its own representatives										
MCP functionality	MOUs and TORs clearly outline MCP roles and responsibilities										
	MOUs and TORs publicly available										
	MCP member participation (contribution to meeting agenda)										
	MCP regularity of meetings										
	CSO consultative process on RMNCAH+N issues										
	RMNCAH+N IC implementation regular updates and progress to members										
	Implementation progress reports shared										
	Technical and financial reports available										

Vietnam was not included in the assessment.

Second wave countries have some form of a platform. However, as with the front-runner countries, the selection process and the composition of members of the platform are weak. Scores on the effectiveness and functionality of the country platform are also weak. For most second wave countries, there are no MOUs or TORs to guide the functionality of the platform. Only four of the 12 countries have clear MoUs or TORs for country platforms and only one country has them

shared publicly. Meetings are ad hoc and only five countries have regular meetings. Country platform constituent members do not contribute to the meeting agenda. Only three countries provide updates on the RMNCAH+N IC formulation and implementation, and in only two countries — Guinea and Sierra Leone — do constituent members receive progress reports. In all second wave countries, technical and financial reports are not shared publicly.

GFF THIRD WAVE COUNTRIES

Table 6 summarizes the results of the scorecard analysis for this group of countries.

TABLE 6: THIRD WAVE COUNTRIES SCORING OF THE STATUS OF THE MCPs

MCP: Third Wave Countries		Afghanistan	Burkina Faso	CAR	Côte d'Ivoire	Guatemala	Haiti	Indonesia	Madagascar	Malawi	Mali	Rwanda
GFF process and platform	Existence of MCP											
Composition and Representation	Constituency members representation in MCP											
	Transparency of the selection process of members											
	Number of slots allocated to CSO constituents											
	CSO constituency elects its own representatives											
MCP functionality	MOUs and TORs clearly outline MCP roles and responsibilities											
	MOUs and TORs publicly available											
	MCP member participation (contribution to meeting agenda)											
	MCP regularity of meetings											
	CSO consultative process on RMNCAH+N issues											
	RMNCAH+N IC implementation regular updates and progress to members											
	Implementation progress reports shared											
	Technical and financial reports available											

Cambodia was not included in the assessment.

Most GFF third wave countries are still in the formulation stage, where the country RMNCAH+N IC is being formulated or was just approved and implementation is yet to start. The PAD is either being formulated or was just approved and funds are yet to be disbursed to facilitate implementation. The scorecard results indicate that there are clear roles and responsibilities during formulation of the policy documents. However, when implementation begins, there is a lack of commitment and clear guidance from the nodal ministry on implementation and monitoring of the results. Composition and representation are

strong. However, it is not clear whether formalized MOUs or TORs for the MCPs will exist when these countries progress to implementation. While progress reports should be shared at all stages, only three countries provided updates on implementation progress. CSOs and other constituent members are expected to consult within each constituency on RMNCAH+N IC formulation and implementation issues as guided by the GFF country implementation guidelines and the guidance note. However, only two countries in the third wave consult on these issues.

TEENAGE CENTRE



A photograph of a bedroom interior. On the left, there are blue curtains. In the center, a bed with a white headboard and a floral patterned bedspread is visible. To the right, there is a blue and white nightstand. A small cartoon character sticker is on the wall above the nightstand. The text "SUMMARY DISCUSSION OF FINDINGS" is overlaid in large white capital letters across the center of the image.

SUMMARY DISCUSSION OF FINDINGS

All 25 GFF countries assessed have some form of the MCP in place either in the form of a technical working group, national country platform, SWAp, ICC or state-led mechanism. These platforms serve as governance mechanisms that facilitate coordination of RMNCAH+N stakeholders, learning, course-correction and mutual accountability. At the subnational levels, these structures exist in the form of stakeholders' fora and state-led mechanisms, especially within decentralized health systems. Most countries are using existing structures but very few include the GFF and RMNCAH+N IC formulation and implementation as part of a standard agenda item in convenings.

EXISTING MCP CHALLENGES

Overall, the MCPs continue to face a myriad of challenges. The mere existence of platforms does not necessarily mean that GFF countries are realizing the expected outcomes and impact of well-functioning platforms. As such, the existence of a platform will not have any positive effect on outcomes and expected impact unless it is made functional through regular meetings and ensuring that the RMNCAH+N IC or GFF agenda items are included in the standard agenda of platform meetings.

Unclear roles and responsibilities among platform constituency members are major issues attributing to the low performance of the platforms. Despite the formation of the platforms, only a few members have access to the platform MOUs or TORs. The guidance notes on the MCPs and the GFF country implementation guidelines set minimum standards for the formation, membership and functionality — requiring clear definition of roles and responsibilities. However, few members are aware of or understand the roles and responsibilities. Additionally, transparency of information sharing is weak among members.

Irregular meetings and poor communication among members, including the MoH, have affected the effective functioning of platforms. Unclear MOUs and TORs, which do not define meeting frequency, agendas and information sharing, only lead to inefficiencies in the GFF and RMNCAH+N IC implementation processes. These inefficiencies arise from: (1) duplication of activities given that multiple sources of funding are being used to support implementation; (2) interventions that are not aligned with the RMNCAH+N IC high-impact interventions; (3) poor peer learning, monitoring and review; (4) unclear course-correction processes; and (5) a lack of accountability among constituency members. The lack of a coordinated, transparent and inclusive approach may delay the realization of targets set within the RMNCAH+N IC results framework.

MoH or the nodal ministry is expected to share and disseminate information on RMNCAH+N IC implementation progress with all members. One of the key functions of the country platforms is to ensure information sharing and dissemination to facilitate an enabling environment that fosters meaningful engagement and accountability among members.

CSOs are recognized as important members of the MCPs; however, the selection process in some of the GFF countries is not transparent or inclusive. Depending on the country context, various members should be engaged, selected in a transparent manner and included as members of the country platform. For countries that use existing structures, membership should be reviewed to include the private sector as well as youth and adolescents, among others.

The MCPs should have clear annual work plans with concrete objectives and activities that are monitored and reviewed at the end of the year. This will ensure support for increasing the space for accountability and transparency in RMNCAH+N programming. These annual work plans should be anchored on the country RMNCAH+N IC, taking into account the roles and responsibilities of the MCPs.

MCP CHALLENGES VARY BY COUNTRY WAVE

The functioning of the MCPs at the country level requires effective participation from various constituents, such as civil society, youth, the private sector, subnational governments (where necessary), intergovernmental coordination (where there are two levels of government) and bilateral and multilateral partners depending on the country context. The platforms can be viewed as promising vehicles to stimulate collective action on RMNCAH+N IC formulation and implementation. Effective functioning of country platforms can also create opportunities and challenges that influence the overall performance impact of the RMNCAH+N IC. The assessment highlighted challenges most GFF countries face in ensuring effective functioning of the MCPs. These vary between country waves and RMNCAH+N IC formulation and implementation stages.



Front-runner Countries

The front-runner countries are expected to have constituted functional MCPs or used existing structures to ensure that the RMNCAH+N IC implementation progress is included in the agenda. However, this is not the case for the four front-runner countries. They continue to face challenges around inclusive stakeholder engagement, as well as transparency in information sharing. The MCPs that exist are also not functional.

Second Wave Countries

Second wave countries have the MCPs, but the level of functionality is low. Meaningful engagement of the MCPs is affected by inadequate capacity and lack of resources, as well as poor communication and engagement of the MCP members.

Third Wave Countries

With lessons observed from the front-runner and second wave countries, the challenges in third wave countries revolve around collective engagement and constituent member commitment. The lack of commitment may be a result of inadequate resources and poor MCP governance by the nodal ministry.

1

DRC, Ethiopia, Kenya and Tanzania

2

Bangladesh, Cameroon, Guinea, Liberia, Mozambique, Myanmar, Nigeria, Senegal, Sierra Leone, Uganda and Vietnam

3

Afghanistan, Burkina Faso, Cambodia, CAR, Côte d'Ivoire, Guatemala, Haiti, Indonesia, Madagascar, Malawi, Mali and Rwanda

CONCLUSIONS

The GFF is implemented through government-led MCPs that bring together different actors working to advance RMNCAH+N. The existence of these platforms in GFF countries is positive. The GFF's guidance around inclusiveness and functionality of these platforms can ensure that all stakeholder contributions to the GFF partnership are realized and have impact. However, our research shows that in most GFF countries surveyed, these minimum standards are not being met.

Civil society in GFF countries is committed to supporting and engaging in these country platforms but does not have the power to ensure platform functionality. Leadership from other actors — the GFF Secretariat, other development partners and governments themselves — is needed to develop a plan to strengthen these country platforms to implement the GFF partnership as intended.

ANNEXES

35

LA PLANIFICATION FAMILIALE

DEF ; ensemble des moyens ou méthodes qui permettent aux couples d'avoir des enfants au moment voulu, la connaissance du cycle menstruel et ses différentes phases, est le début du 1^{er} Regle jusqu'à la veille de la 2^e Regle suivant.

FACE

PROFIL



CANAL DEFERENT

GLANDE SEMINALE

VESICULE

PROSTATE

COLONNE VERTÉBRALE

GLANDE DE COULPEAU

UTERUS

OVARIES

EPIDIDYME

UTERUS

VAGIN

OVARIES

EPIDIDYME

UTERUS

VAGIN

VAGIN

VAGIN

AVANTAGE POUR LE P COMMUNAUT

- Sanitaire
- Economique
- Socio affectifs

2 APPROCHES : a) M
b) ME

ANNEX 1: LIST OF RESOURCES

1. World Bank. (2015, May). *Business Plan for the Global Financing Facility in Support of Every Woman Every Child*. <https://www.worldbank.org/content/dam/Worldbank/document/HDN/Health/Business%20Plan%20for%20the%20GFF%2C%20final.pdf>
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3. Global Financing Facility. (2017, April 24). *Civil Society Engagement Strategy*. https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG5-5%20CS%20Engagement%20Strategy.pdf
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11. Salisbury, N.A., Asimwe, G., Waiswa, P., & Latimer, A. (2018). Operationalizing the Global Financing Facility (GFF) model: the devil is in the detail. *BMJ Global Health*, 4(2). <https://www.doi.org/10.1136/bmjgh-2018-001369>

ANNEX 2: QUESTIONNAIRE

MULTISTAKEHOLDER COUNTRY PLATFORM DRAFT QUESTIONNAIRE

The Global Financing Facility (GFF) is multistakeholder partnership that seeks to improve reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH+N). The GFF is implemented through a multistakeholder country platform (MCP). The MCP is a forum or partnership under the leadership of the national government that mobilizes and coordinates efforts around the development, implementation and monitoring of national RMNCAH+N investment cases (ICs) and health financing strategies. Effective MCPs are required for coordinating implementation of the RMNCAH+N investment case and realization of health targets within the results framework.

For effective implementation of the GFF process, various guidelines such as the guidance note on MCPs, Civil Society Guide to the GFF and the GFF country implementation guidelines serve as tools that accelerate the learning process across countries.^{12,13,14} GFF countries are expected to apply and implement the guidelines in order to ensure effective GFF processes. Additionally, civil society is expected to play a critical role in ensuring that these guidelines are adhered to depending on what stage a country is at in the GFF process implementation.

This questionnaire seeks to assess the effectiveness of the national MCPs in mobilizing and coordinating efforts among various stakeholders on the development, implementation and monitoring of RMNCAH+N IC and health financing strategies in GFF countries. The findings of this assessment will inform advocacy efforts on strengthening the functioning of the national MCPs and enhance collaborative action across multiple country stakeholders through strong coordination mechanisms, as well as inclusive and transparent decision-making.

The assessment comprises of three sections mainly:

Section 1: Overview of the GFF and MCP

Section 2: Composition and Representation

Section 3: Roles and Responsibilities

This assessment should take a maximum of 15 to 20 minutes to complete. Please complete the survey no later than **September 15, 2019**. For any questions on the assessment, please feel free to contact **Joyce Kyalo**.

[Thank you for taking time to complete this assessment.](#)

GENERAL INFORMATION

DATE	
COUNTRY	
ORGANIZATION NAME	
NAME OF PERSON COMPLETING THE QUESTIONNAIRE	
TITLE OR POSITION	
ADDRESS OR PLOT NUMBER	
TELEPHONE CONTACTS	
EMAIL ADDRESS	

GFF MCP

SECTION 1: OVERVIEW OF THE GFF AND MCP

1. What **governance system** is used in delivering health care services in your country?
 - ☐ Centralized governance system
 - ☐ Devolved system
 - ☐ Federal system
 - ☐ Partially centralized system
 - ☐ Other
Please specify:
2. How familiar are you with the **GFF mechanism** in your country?
 - ☐ Very familiar
 - ☐ Slightly familiar
 - ☐ Somewhat familiar
 - ☐ Not familiar
3. What **stage** is the **GFF mechanism** process in your country?
 - ☐ RMNCAH+N IC and project appraisal document (PAD) under development
 - ☐ PAD developed
 - ☐ RMNCAH+N IC and PAD approved
 - ☐ RMNCAH+N IC within one year of implementation
 - ☐ RMNCAH+N IC within one to three years of implementation
 - ☐ RMNCAH+N IC over three years of implementation
 - ☐ Other
Please specify:
4. What **mechanism** (existing or new) has your country put in place at the **national level** to enhance multistakeholder participation and coordination of the RMNCAH+N IC development and implementation?
 - ☐ Technical working group
 - ☐ Sector-wide approach (SWAp) mechanism structure exists
 - ☐ Interagency coordinating committees (ICCs)
 - ☐ National country platform
 - ☐ Other
Please specify:
Please provide additional information.

-
5. What **mechanism** (existing or new) has your country put in place at the **subnational level** to enhance RMNCAH+N multistakeholder participation and coordination?
- ☐ Technical working groups
 - ☐ Stakeholder health forums
 - ☐ State-led mechanisms
 - ☐ Not sure
 - ☐ Other
Please specify:
Please provide additional information.
6. How does the RMNCAH+N MCP at the **subnational level** in your country **support national-level efforts** on RMNCAH+N IC development and implementation? Check all that apply.
- ☐ Develop subnational-level annual work plans aligned to the RMNCAH+N IC
 - ☐ Report health service delivery data
 - ☐ Provide progress reports
 - ☐ Identify service delivery gaps at the subnational level
 - ☐ Other
Please specify:
Please provide additional information.

SECTION 2: COMPOSITION AND REPRESENTATION

7. Who are the **constituent members** of the **stakeholder coordination** platform? Check all that apply.
- ☐ Civil society organizations (CSOs)
 - ☐ Ministry of Health
 - ☐ Government Ministry of Finance and/or Ministry of Planning
 - ☐ World Bank
 - ☐ Private sector
 - ☐ Multilateral and bilateral donors
 - ☐ Youth and adolescent organizations
 - ☐ Subnational governments/federal states (within decentralized systems)
 - ☐ Other
Please specify:
8. Was the **process of selection** of the CSO members of the MCP transparent to other members of civil society, generally speaking?
- ☐ Yes
 - ☐ No
 - ☐ Not sure
Please provide additional information of the selection process.
-

9. How many **slots are allocated** to the **CSO coalition members** in the RMNCAH+N MCP?

- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four
- ☐ More than four

10. Did **CSOs** themselves decide who would **represent** them on the RMNCAH+N MCP?

- ☐ Yes
 - ☐ No
 - ☐ Not sure
- Please provide additional information.

SECTION 3: ROLES AND RESPONSIBILITIES

Subsection 3.1: Clearly identified roles and responsibilities

11. What are the **roles and responsibilities** of the MCP in your country? Check all that apply.

- ☐ Set national strategic directions for RMNCAH+N investments and financing
 - ☐ Mobilize and coordinate efforts around RMNCAH+N IC
 - ☐ Provide policy and technical inputs into the RMNCAH+N IC
 - ☐ Facilitate dialogue and enhanced communication among multiple stakeholders
 - ☐ Advocacy and communication on RMNCAH+N issues
 - ☐ Review performance and discuss actions that address challenges as they arise with the country multiple stakeholders
 - ☐ Others
- Please specify:
- Please provide additional information.

12. Are the roles and responsibilities of the MCP clearly outlined in the form of a **memorandum of understanding (MOU)**, **terms of reference (TOR)** or a **partnership framework**?

- ☐ Yes
 - ☐ No
 - ☐ Not sure
- Please provide additional information.

13. Is the **MOU, TOR or partnership framework** that outlines the objectives, roles and responsibilities of the MCP available publicly (online, public website or partner's website)?

☐ Yes

☐ No

☐ Not sure

Please provide additional information on how or where these are shared.

14. Are MCP members provided with an opportunity to **contribute to the agenda** of the meetings?

☐ Yes

☐ No

☐ Not sure

Please provide additional information.

Subsection 3.2: CSO and other constituencies participation, communication and engagement

15. In the past year, how **regularly** were MCP **meetings** held?

☐ Annually

☐ Biannually

☐ Quarterly

☐ Other

Please specify:

16. Are the following **agenda items** included in national MCP meetings? Check all that apply.

☐ RMNCAH+N IC implementation progress review

☐ Updates on the RMNCAH+N scorecard

☐ Health financing strategy implementation progress review

☐ Universal health coverage

☐ Other

Please provide additional information on the agenda that is included in these meetings.

17. Are **meeting invitations** shared with the members at least one week before meeting with a clear agenda?

☐ Yes

☐ No

☐ Not sure

18. Is there a **consultative process** on specific RMNCAH+N issues within the CSO constituency members coalition prior to key discussion during the meetings?

☐ Yes

☐ No

☐ Not sure

Please provide additional information.

Subsection 3.3: Monitoring, evaluation and learning

19. Are there **regular updates** to all the CSO members and other constituency members on the implementation of the RMNCAH+N IC and health financing strategies?

☐ Yes

☐ No

☐ Not sure

Please provide additional information.

20. How often are **progress reports** on the RMNCAH+N IC implementation shared?

☐ Annually

☐ Biannually

☐ Quarterly

☐ Not sure

☐ Other

Please specify:

21. Are all the **technical and financial reports** made available (online or posted on a public website)?

☐ Yes

☐ No

☐ Not sure

22. Do members **participate and engage** in reviewing progress and evaluation reports on the RMNCAH+N IC?

☐ Yes

☐ No

☐ Not sure

Please provide additional information.

23. What **important roles** does your national RMNCAH+N MCP fill? Check all that apply.

- ☐ Coordination of multiple health sector stakeholders (including RMNCAH+N)
- ☐ Communication on health sector issues (including RMNCAH+N)
- ☐ Health policy formulation and planning
- ☐ Health policy implementation, review and feedback
- ☐ Other
Please specify:

24. What do you see as the **major challenge** that your country's national RMNCAH+N MCP faces?

- ☐ No clear stewardship from the government
- ☐ Inadequate technical assistance and capacity
- ☐ Inadequate financial resources
- ☐ Platform does not exist
- ☐ Lack of commitment from stakeholders
- ☐ Irregular meetings
- ☐ Poor communication and engagement
- ☐ Other
Please specify:

25. What would you suggest your country and other GFF countries do to improve the **operationalization and effectiveness** of RMNCAH+N national MCP?

END

Thank you for taking time to participate in this assessment.

ANNEX 3: SCORECARD SCORING METHODOLOGY

MULTISTAKEHOLDER COUNTRY PLATFORM (MCP) STATUS ASSESSMENT SCORECARD SCORING METHODOLOGY			
GFF Process and Platform	GREEN	YELLOW	RED
Existence of MCP	<i>The MCP is in place, including technical working group, state-led mechanisms, SWAp, national country platform and GFF Taskforce</i>	<i>The MCP is in the process of formulation and MOUs and TORs are drafted</i>	<i>The MCP is NOT in place</i>
Composition and Representation	GREEN	YELLOW	RED
Representation of constituent members in the MCP	<i>List of constituent members is available AND includes at least six of the following constituents: CSOs, MoH, MoF/MoP, World Bank, private sector, multilateral and bilateral donors, youth and adolescents and subnational/federal states</i>	<i>List of constituent members is available OR it includes three of the following constituents: CSOs, MoH, MoF/MoP, World Bank, private sector, multilateral and bilateral donors, youth and adolescents and subnational/federal states</i>	<i>List of constituent members is NOT available and fewer than three members are included</i>
Transparency of the selection process of constituent members	<i>The election process is transparent AND CSOs decide who represents them</i>	<i>Process of elections is transparent OR CSOs decide who represents them</i>	<i>Process of election is NOT transparent AND CSOs do NOT decide who represents them</i>
Number of slots allocated to CSO constituency	<i>At least two slots are allocated for CSOs</i>	<i>One slot is allocated for CSOs</i>	<i>NO slots are allocated for CSOs</i>
CSO constituency elects its own representatives	<i>More than 60% of the respondents said "YES"</i>	<i>At least 50% of respondents said "YES"</i>	<i>More than 60% of the respondents said "NO"</i>
MCP Functionality	GREEN	YELLOW	RED
MOUs and TORs clearly outline MCP roles and responsibilities	<i>MOUs and TORs are available AND outline the roles and responsibilities of the MCP</i>	<i>MOUs, TORs OR outlined roles and responsibilities of the MCP are available</i>	<i>MOUs and TORs, as well as outlined roles and responsibilities of the MCP, are NOT available</i>
MOUs and TORs are publicly available	<i>MOUs and TORs are publicly available</i>	<i>MOUs and TORs are available, sometimes publicly online</i>	<i>MOUs and TORs are NOT publicly available</i>
Participation of MCP constituent members in contributing to the meeting agenda	<i>Constituent members contribute to the agenda in at least one annual meeting</i>	<i>Irregular constituent member contribution to the agenda of the meeting</i>	<i>Constituent members DO NOT contribute to the agenda of the annual meeting</i>
Regularity of MCP meetings	<i>Regular meetings are held at least biannually as per the MOUs and TORs</i>	<i>At least one irregular meeting AND ad hoc meetings are held</i>	<i>NO meetings are held</i>
CSOs have a consultative process on RMNCAH+N issues	<i>More than 60% of respondents said "YES"</i>	<i>At least 50% of respondents said "YES"</i>	<i>More than 60% of respondents said "NO"</i>
Regular updates on RMNCAH+N IC implementation and progress to constituent members	<i>More than 60% of respondents said "YES"</i>	<i>At least 50% of respondents said "YES"</i>	<i>More than 60% of respondents said "NO"</i>
Sharing of implementation reports	<i>Progress reports AND regular updates are shared with constituent members</i>	<i>Progress reports OR regular updates are shared with constituent members</i>	<i>Progress reports and regular updates are NOT shared with constituent members</i>
Technical and financial reports available online	<i>Technical reports AND financial reports are available online</i>	<i>Technical reports OR financial reports are available online</i>	<i>Technical reports and financial reports are NOT available online</i>

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