

CIVIL SOCIETY GUIDE TO THE GFF

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Global Civil Society
Coordinating
Group for the GFF

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Acronyms and Abbreviations

CSCG	Global Civil Society Coordinating Group for the Global Financing Facility
CSO	Civil society organization
GFF	Global Financing Facility
IDA	International Development Association
IG	Investors Group
M&E	Monitoring and evaluation
PAD	Project Appraisal Document
PID	Project Information Document
SRMNCAH-N	Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
TFC	Trust Fund Committee
YAP	Youth Accountability Platform
YLO	Youth-led organization

INTRODUCTION

The Global Financing Facility (GFF) for Women, Children and Adolescents is a multistakeholder country-led global partnership housed at the World Bank that is committed to ensuring all women, children and adolescents can survive and thrive. Launched in 2015, the GFF partnership operates in 36 low- and lower-middle-income countries and provides catalytic financing and technical assistance to scale up evidence-driven investments to improve sexual, reproductive, maternal, newborn, child and adolescent health and nutrition (SRMNCAH-N). The partnership prioritizes strengthening primary health care systems and aims to accelerate progress on universal health coverage and the sustainable development goals.

The GFF is also influencing country-level SRMNCAH-N governance, by maximizing the use of domestic financing and external support for better, more sustainable health results. Civil society organizations (CSOs) and youth-led organizations (YLOs) play an important role in advancing SRMNCAH-N in GFF countries through providing technical expertise, engaging constructively with decision-makers, representing the needs and priorities of communities in GFF decision-making processes and holding the government, donors and other key actors accountable. Meaningful engagement of CSOs/YLOs is critical to the development, implementation and monitoring of the GFF.

About the Guide

This guide was commissioned by the Global Civil Society Coordinating Group (CSCG) for the GFF to help CSOs/YLOs working in GFF countries meaningfully engage in the various stages of the GFF. The CSCG represents over 500 globally, regionally and nationally focused CSOs that come together to share information, coordinate and engage. The intended audiences for this guide are CSOs/YLOs working on SRMNCAH-N in GFF countries or countries being considered for the GFF. This includes CSOs/YLOs already active in national-level dialogues around the GFF and SRMNCAH-N, as well as a broader group of local CSO partners that are looking for ways to meaningfully engage. We hope that it may be useful to a wider range of stakeholders. Since the establishment of the GFF, there has been a considerable amount of information available about it. One of the great challenges in writing this guide is to streamline this information to what is essential to facilitate meaningful CSO engagement. In this spirit, we have prioritized information that is either: **(1)** critical for CSOs/YLOs to understand and evaluate the context in which they are operating; or **(2)** helps CSOs/YLOs influence the GFF, particularly at the country level.

Part 1 gives an overview of the GFF's goals, geographic coverage and governance – setting the broad context for the GFF's operations. In Part 2, we highlight the value of CSOs/YLOs in contributing to SRMNCAH-N and describe the challenging experience of CSOs/YLOs' engagement in the GFF thus far. Part 3 discusses the in-country GFF process and highlights important information and opportunities to engage. Throughout the guide, we share opportunities to engage (or lack thereof) based on CSOs/YLOs' experiences. We also highlight tips designed to help CSOs/YLOs meaningfully engage in the GFF, based on

CSOs/YLOs' experiences to date. We have also **bolded** important words that are defined throughout the text.

UNDERSTANDING THE GFF PROCESS

Part 1: Overview of the GFF

The GFF is a multistakeholder partnership in support of the United Nations Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health and the sustainable development goals. It has five objectives:

1. Finance national plans to scale up SRMNCAH-N and measure results;
2. Support countries' transition toward sustainable domestic financing of SRMNCAH-N;
3. Finance the strengthening of civil registration and vital statistics systems;
4. Finance the development and deployment of global public goods that support strong health systems; and
5. Contribute to a better-coordinated and streamlined SRMNCAH-N financing architecture.¹

The GFF's long-term vision is to mobilize significant additional resources to fill funding gaps for SRMNCAH-N and improve the efficiency of spending over time. In an attempt to fill funding gaps and shift away from a primary focus on donor funding, the GFF brings together a mix of domestic and external sources of funding in support of SRMNCAH-N. Domestic funding for health from the public sector (government) and the private sector (including insurance) plays an important role in achieving this goal.² Using the \$2 billion donors have committed by June 2023, the GFF has catalyzed an estimated \$32 billion for women's, children's and adolescents' health in partner countries.

To date, every \$1 of GFF grant financing has brought in an additional \$7 in World Bank funds for country health investments, due to the GFF's ability to link its grants to the World Bank's International Development Association (IDA) and International Bank for Reconstruction and Development financing. In addition, GFF grants serve to link and align domestic resources for health, development aid, private-sector financing and funding from global health organizations to fund the country-led, prioritized health plan, to the extent that an extra \$6.3 and \$9.3 have been invested by other partners and domestic governments respectively against every GFF \$1 for country-led plans.³

1.1 GFF Countries

The GFF is currently active in 36 countries. These countries are at different stages of the GFF process: some are just starting the process, others are in the implementation phase, a third group are evaluating their first round of implementation and a fourth group are in their second round of funding and implementation. These 36 countries are part of the full set of 67 high burden low- and lower-middle-income countries which are eligible to participate in the GFF.⁴

Since its launch, the GFF has made the following significant gains across the 36 countries:

- 96 million women have received four or more antenatal care visits;
- 103 million women have delivered their babies safely;
- 111 million newborns have benefited from early initiation of breastfeeding;
- More than 500 women have received access to modern family planning; and
- 187 million unintended pregnancies prevented.⁵

Box 1: GFF Countries

Afghanistan	Ethiopia	Malawi	Senegal
Bangladesh	Ghana	Mali	Sierra Leone
Burkina Faso	Guatemala	Mauritania	Somalia
Cambodia	Guinea	Mozambique	Tajikistan
Cameroon	Haiti	Myanmar	Tanzania
Central African Republic	Indonesia	Niger	Uganda
Chad	Kenya	Nigeria	Vietnam
Côte d'Ivoire	Liberia	Pakistan	Zambia
Democratic Republic of Congo	Madagascar	Rwanda	Zimbabwe

1.2 GFF Governance

In order to engage in the GFF in a meaningful way, it is important to understand the institutional arrangements at the global level (e.g., the GFF Secretariat, Investors Group and Trust Fund Committee) because their decisions and practices influence the GFF's engagement at the country level. We highlight opportunities to influence these institutions' decisions where they are realistic, although experiences will vary.

GFF Secretariat

The GFF Secretariat is the team hosted at the World Bank headquarters in Washington, D.C., that is responsible for the day-to-day operations of the GFF. The Secretariat supports GFF implementation in countries. They manage the GFF Trust Fund and support the governance

of the GFF, including the Investors Group and the GFF Trust Fund Committee (explained below). The GFF Secretariat is also responsible for resource mobilization and encouraging donor investment in the GFF.⁶

GFF Secretariat	
How can this information help me?	How can I reach someone?
<p>The GFF Secretariat is a good source of information on the GFF's operations that cut across countries.</p> <p>The GFF Secretariat also knows the focal points in GFF countries and should be able to put you in touch with them.</p>	<p>To contact the GFF Secretariat, email: GFFSecretariat@worldbank.org.</p>

Investors Group

The GFF is governed by an Investors Group (IG) which oversees the activities of the GFF and has four core functions:

1. Building high-level support for the GFF;
2. Mobilizing resources for investment cases;
3. Monitoring the GFF's performance and ensuring accountability for results; and
4. Supporting learning and innovation around financing approaches.

In these roles, the IG drives funding decisions across GFF countries and is responsible for fundraising for investment cases. The IG also reviews the operational policies and guidance documents developed by the Secretariat.

Current members of the IG are:⁷

- The governments of partner countries: Burkina Faso, Cambodia, Central African Republic, Ethiopia, Côte d'Ivoire, Niger and Rwanda.
- Donor countries: Canada, Denmark, the European Commission, Germany, Japan (and Japan International Cooperation Agency), the Netherlands, Norway, Qatar (Qatar Fund for Development), the United Kingdom and the United States (U.S. Agency for International Development).
- United Nations Population Fund; UNICEF; World Health Organization; World Bank; Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Bill & Melinda Gates Foundation; the Susan Thompson Buffet Foundation; and the Partnership for Maternal, Newborn & Child Health.
- The private sector is represented by three seats: Abt Associates, Laerdal Global Health and Merck for Mothers.

CSOs/YLOs have three seats on the IG: one for civil society and one for youth. The three IG representatives are members of the CSCG and are elected for a two-year mandate. The CSCG is responsible for facilitating the process to elect the two principals and two alternate civil

society IG representatives, along with one principal and one alternate youth IG representative. At the end of 2023, two new alternate civil society representatives and one alternate youth representative will be elected by the CSCG Steering Committee from a pool of CSCG member candidates.

For a current list of individual civil society and youth IG principal and alternate representatives to the GFF IG, please consult the CSCG webpage on the GFF CSO Hub Website at <https://www.csogffhub.org/hub-resources/cscg> and scroll down to the list of CSCG Steering Committee Members.

For a recent full list of individual IG members, please consult the participants list from the most recent IG meeting (as of June 2023, the Fifteenth Investors Group Meeting (November 2022) at: <https://www.globalfinancingfacility.org/fifteenth-investors-group-meeting>.

Investors Group	
How can this information help me?	How can I reach someone?
<p>The IG members are privy to a wealth of information about the GFF operations and future plans. They make decisions regarding GFF operations that cut across countries, as well as funding decisions related to specific countries. In this role, they can be an important advocacy target and ally.</p>	<p>Most of the members of the IG are high-level officials and are not accessible to most CSOs/YLOs.</p> <p>The civil society and youth representatives to the IG represent the CSCG constituency, so they need to understand the challenges and concerns of CSOs/YLOs working in GFF countries. They are a great point of contact for any issues.</p> <p>The Coordination Unit of the CSCG is hosted by the GFF NGO Host (PAI) and is available at ngohost@pai.org for any liaison with IG representatives or any information that you are looking for.</p>

Trust Fund Committee

The GFF Trust Fund Committee (TFC) meets twice a year following IG meetings, to decide which countries are eligible as recipients or beneficiaries of the GFF. The TFC approves the selection of countries for GFF Trust Fund financing envelopes, approves the allocation of Trust Fund financing to global public goods; advises and reviews the Trust Fund strategy and operations; and mobilizes and promotes partner engagement and resources.

The TFC is chaired by the World Bank and is composed of all GFF donors. The IG country representative co-chair also joins TFC meetings to ensure continuity.

The GFF Secretariat works with the World Bank as chair to facilitate meetings, including developing the agenda, content and providing meeting minutes.

Trust Fund Committee	
How can this information help me?	How can I reach someone?
Decisions around Trust Fund allocations are determined by TFC members, in consultation with governments and GFF Secretariat staff. It will be extremely challenging to influence these decisions.	It will be challenging to reach a member of the TFC. To get information you may need on GFF Trust Fund allocations, you will likely need to go through the GFF Secretariat or Ministry of Health officials.

Part 2: CSO Engagement in the GFF

Meaningful engagement of communities and leadership of CSOs/YLOs is essential to unlocking progress for GFF goals and driving accountability for both human rights and health outcomes.

- Community monitoring – led by CSOs/YLOs – identifies real-world gaps in health service equity, quality and access, and generates locally relevant, innovative and impactful solutions.
- CSOs/YLOs have a critical role in ensuring universal and equitable access to health information and services.
- CSOs/YLOs mobilize domestic resources and push for budget transparency and accountability – including ensuring that funds actually reach affected communities.
- CSOs/YLOs also play a powerful role in bringing together technical and financial stakeholders from different health initiatives (e.g., Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria) to ensure their investments in health are aligned and serve to strengthen primary health care services and universal health coverage for women, young people and their communities.

Despite their critical role in driving progress for SRMNCAH-N, communities – and the civil society and youth leaders that represent them – face powerful barriers that prevent them from holding country governments and other GFF stakeholders accountable. Sometimes they are excluded from decision-making, including from government-led policy and budget-making processes. Additionally, many CSOs/YLOs don't have adequate funds to facilitate bottom-up, local-to-national feedback loops or to build and sustain momentum to drive policy and funding changes, track progress over time and push for accountability of all actors.

Country platforms are supposed to embody two key principles: inclusiveness and transparency. The GFF set very basic minimum standards for country platforms through which these principles should be adopted.⁸ While the GFF's focus on principles is intended to accommodate the diversity of contexts in which the GFF is operating, it means that there is no

requirement from the GFF that CSOs/YLOs be included in decision-making processes. It is up to governments to decide when and how to engage with CSO stakeholders and which CSOs/YLOs to engage with. An extensive review of CSO engagement reveals considerable gaps in frontrunner countries:⁹

1. Lack of consistent and timely communication necessary for meaningful engagement;
2. Timelines for CSOs/YLOs to attend consultation meetings are often rushed with little advance notice;
3. Lack of adequate resources to support CSO engagement in consultations and the GFF broadly;
4. Representation of civil society is not systematic or transparent, leading to an unbalanced representation by international CSOs/YLOs and those with prior relationships with a government;
5. No widespread recognition of the value that CSOs/YLOs bring to the GFF; and
6. Lack of space, funding and technical assistance to support multistakeholder engagement in country platforms.

Box 2: CSOs/YLOs' Important Roles in Advancing SRMNCAH-N

CSOs/YLOs possess considerable knowledge, expertise and access essential to improving the health and well-being of women, children and adolescents. Governments have officially recognized CSOs/YLOs as “independent development actors in their own right whose efforts complement those of governments and the private sector.”¹⁰ The GFF itself says, “Civil society plays an important role in advocacy and social mobilization, as well as accountability and service delivery. Advocacy and social mobilization by affected populations is similarly critical to ensuring accountability and strong national responses, in addition to unique insights into approaches to service delivery.”¹¹

CSOs/YLOs fill a diversity of roles, including:

Amplifying the voices of local communities to ensure that they are involved in decisions that affect them. In some contexts, CSOs/YLOs can gain access to communities where government actors cannot.¹² This is particularly important in conflict and humanitarian settings, where half of all maternal, newborn and child deaths occur.¹³

Country planning and implementation: CSOs/YLOs' depth of technical support complements and enhances the work of government, donors and the private sector in country planning and implementation – one of the three interconnected pillars that underpin the implementation of the Global Strategy.¹⁴

Health care service delivery: CSOs/YLOs are important health providers in many countries where government services cannot reach all people. For example, the Christian Health Association of Malawi (CHAM), an association of church-owned health facilities and training colleges, provides an estimated 37% of all health care services and trains up to 80% of health workers in Malawi.¹⁵ CHAM also provides 9% of contraceptive services in the country.¹⁶

Financial and policy advocacy: In many countries, CSOs/YLOs' engagement with governments contributes to the mobilization of new resources for important health areas. For example, in Zambia, Planned Parenthood Association of Zambia (PPAZ) and the Centre for Reproductive Health and Education (CRHE) worked with the government to reinstate the budget line for reproductive health supplies funded at \$9.3 million, of which \$1.9 million came from locally generated revenue.¹⁷ CSOs/YLOs are also important stakeholders in the development of health policies and strategies that donors can support.

Accountability: CSOs/YLOs play an essential role in holding governments and donors accountable through targeted review, monitoring and actions at the global, regional and country levels.¹⁸ When done well, accountability activities amplify the voices and draw on the experiences of local communities, thereby bringing citizens' voices to national and global policymakers.

Box 3: Recommendations for Effective CSO Engagement in SRMNAH-N Country Platforms

You can use these recommendations to encourage stakeholders in charge of GFF country platforms to ensure that CSOs/YLOs' valuable perspectives and inputs are included.¹⁹

To promote inclusiveness and participation, country platforms should:

- Reserve at least two seats for civil society and youth representatives, plus CSO/YLO observers.
- Representatives should be selected in a participatory and transparent manner.
- Give priority to CSOs/YLOs representing coalitions.
- CSO representatives should be fully and actively involved at all stages in the GFF process.
- Develop a stakeholder engagement plan for engaging CSOs/YLOs outside the country platform.
- CSO representatives on country platforms must consult with other CSOs/YLOs for broader input. The platform should provide funding for these consultations.

To ensure transparency, country platforms should:

- Release detailed documents about the country platform procedures, membership, rules, etc.
- They should be published on Ministry of Health and GFF websites and disseminated to a listserv with voluntary registration.
- Circulate draft documents for input with clear timelines on when feedback is needed.
- Circulate meeting minutes, specifying timelines and responsible parties for any action items.
- Announce consultation meetings at least two weeks in advance, including all documents, with a list of participants with emails so that representatives can be reached ahead of time.
- Make meetings available through live webcast.

To promote independence and accountability, the country platforms should:

- Align accountability and monitoring processes with and build on other national processes, such as annual health sector reviews.
- Include a working group to develop an accountability strategy for the implementation of the investment case. Strategy implementation should be funded independently from the GFF.
- Establish mechanisms for hearing and remedying grievances related to the GFF process and implementation. A review of adherence to country platforms' principles of inclusion and transparency should be conducted at least every two years and inform an update of country platform procedures.
- The GFF IG should establish an ombudsman and grievance mechanism and redress policy as a backup to the country mechanisms.

In response to these and other ongoing challenges, a learning meeting held in Nairobi, Kenya, in November 2015 brought together civil society representatives from 10 of the first round of 12 GFF countries. The participants identified the need to strengthen the enabling environment to support CSO engagement in the GFF.²⁰ Building on previous efforts, this group produced very specific recommendations for enhancing the engagement of civil society and other stakeholders in country platforms. These recommendations to enhance the GFF's minimum standards for SRMNCAH-N country platforms include measures to improve inclusiveness in CSO participation, transparency and access to timely information, as well as specific recommendations around fostering accountability (Box 3).

Participants also called for the establishment of a coordinating group to bring together global, regional and national CSOs that have been substantially engaged around the GFF. Uniting CSOs/YLOs is important to ensuring better coordination and avoidance of duplication of efforts. The **CSCG** was formed in January 2016 (Box 4) and continues to play an active role in convening webinars, sharing information and supporting the IG civil society representatives and country level engagement.²¹ Key CSCG contacts are listed below.

- PAI is serving as the NGO Host for the CSCG Please reach the NGO Host at ngohost@pai.org.
- The CSCG produces a quarterly newsletter, "Advancing Health for All," on civil society- and youth-led action for SRMNCAH-N, compiled by the NGO Host at PAI. Please subscribe at the following link here: <http://eepurl.com/innSkM>.
- The CSCG, through the NGO Host at PAI, convenes regular webinars to support civil society and youth engagement in the GFF, including an annual workshop. Please contact ngohost@pai.org to be added to the invitation list.
- To become a member of the CSCG, join one of its working groups (Accountability, Health Financing, Capacity-Building or the Global Youth Platform). Please consult the CSCG webpage and fill out the CSCG Registration and Contact Update Form at: <https://www.csogffhub.org/hub-resources/cscg>.

Box 4: The GFF CSCG

The goal of the CSO coordinating group is to promote meaningful engagement of civil society in the GFF processes both at national and global levels. Specific objectives are to:

1. Advocate for civil society and youth priorities and interests;
2. Coordinate GFF-related civil society and youth efforts to ensure efficient use of limited civil society and youth resources;
3. Promote access to information by civil society and youth for optimal engagement in the GFF;
4. Act as a resource group for the GFF civil society and youth IG representatives;
5. Act as a pool of experts to work on various GFF related ad-hoc working groups; and
6. Disseminate to and consult broader networks on questions related to the GFF.

2.1 Civil Society and Youth Efforts to Engage In-Country

In an effort to respond to the lack of CSO engagement to date in GFF countries, CSOs/YLOs with similar interests have organized themselves outside the GFF country platform, sometimes with other like-minded stakeholders, through consultations and informal meetings.

For example, in Senegal, the Partnership for Maternal, Newborn & Child Health convened CSOs/YLOs for a two-day meeting ahead of an official GFF information meeting hosted by the World Bank and the Ministry of Health. This preparatory meeting gave CSOs/YLOs an opportunity to start coming together in one national coalition, as opposed to fragmented platforms working toward the same goals.²²

In the Democratic Republic of Congo, the Multi-Sectoral Permanent Technical Committee on Family Planning organized a pre-meeting, supported by Advance Family Planning, ahead of the official GFF consultation.²³ At the pre-meeting, a diverse range of stakeholders came together behind key priorities for the GFF investment case. One CSO representative and the president of the CTMP attended the official GFF consultation. As a result of these preparations, the Ministry of Health recognized priorities from the National Family Planning Strategic Plan for inclusion in the GFF investment case.²⁴

If you are interested in getting involved in efforts to influence the GFF in your country, contact members of reproductive and child health coalitions in your country to get information and to team up with others who are involved. If country-level colleagues cannot help, the CSCG may be able to put you in touch with other CSOs/YLOs in your country. Contact the CSCG at: csogffhub.org.

Part 3: The GFF Process and Opportunities to Engage

As we discussed in the previous section, CSOs/YLOs have had challenges meaningfully engaging in the GFF in many countries throughout all stages of the process. This guide is designed to help remedy this situation: to prepare CSOs/YLOs with the knowledge to navigate the process, identify opportunities and resources and ensure that investments arising from the GFF benefit from valuable CSO perspectives.

This section outlines the process of implementing the GFF in focus countries. This is a complex process that does not follow the same sequence in all countries. However, there are some broad steps that happen in all countries which we outline here and are shown in Box 1.

3.1 Country Selection

Current GFF countries were selected through a multistep process. Decision-makers at the GFF used a set of criteria, including SRMNCAH-N indicators, domestic resources and World Bank financing for health, to generate a long list of potential countries. This list was then compared to countries that GFF funders had prioritized for their work. Consultations were then held with governments to gauge their interest in participating. The financiers to the GFF Trust Fund made the final selection of first and second-wave countries.²⁵

- The country selection process takes place outside the reach of most CSOs/YLOs. There is little space to influence this decision.
- To find out if your country is being considered for the next wave of GFF countries, try to access people in the Ministry of Health or other government officials that liaise with the World Bank, to find out if the GFF has come up in recent discussions.

Typically, a country has to go through a set of steps covered in Sections 3.2 through 3.4 before any GFF Trust funding or IDA funding linked to the GFF is released. However, some countries have received funding linked to the GFF (as described in Section 3.5) before completing these steps.

3.2 Formation of the Country Platform

The GFF **country platform** is a government-led multistakeholder platform responsible for GFF operations in each country. The GFF Business Plan, which describes how the GFF will operate, lists a number of important stakeholders who should be partners in the GFF process, including civil society.²⁶

Governments typically use existing structures for SRMNCAH-N planning as the GFF country platform. For example, Cameroon has been using its health sector strategy committee as its country platform, supported by two technical working groups.^{27,28} A detailed list of country platforms by country is included in Annex 2: GFF country platforms and contacts.

Country platforms play an important role in planning for and implementing the GFF in country, including:

- Developing a health financing strategy (Section 3.3);
- Developing an investment case (covered in Section 3.4);
- Mobilizing resources for different areas of the investment case (Section 3.5);
- Coordinating technical assistance provided to assist in developing the investment cases and health financing strategy; and
- Coordinating monitoring and evaluation (M&E) and quality assurance (Section 3.7).

Given the important role of the country platform, it is an important structure for decision-making and its members are a good source of information. Here are some tips:

- If you are trying to reach someone to learn more about the GFF stakeholder platform in your country, ask people in your professional network if they know which existing platform is being used and where and when the next meeting will be held. Typically, the official point of contact for the country platform is someone in the Ministry of Health.
 - If this doesn't work, you can contact the World Bank country office (see Annex 2) or the GFF Secretariat and request that they put you in touch with the in-country focal person for the GFF.
 - You can also reach out to the CSO Coordinating Group on the GFF to link up with other CSOs/YLOs in your country that are working on the GFF.
- Once you know who is on the country platform, figure out the key decision-makers and their interests. Are there any members who are potential allies for the issue(s) you work on?
- Figure out your best opportunities to engage. Can you be added to the invitation list for the next meeting, or can your feedback be expressed by an existing invitee?
- If CSOs/YLOs are under-represented in the country platform, adapt the talking points in Box 2 to help make the case for why CSOs/YLOs should have a seat at the table.
- Members of the country platform have the most up-to-date information about the GFF in your country. Talk to members and try to find out: At what stage is the country platform in implementing the GFF? What decisions are upcoming? What documents are being considered by the members, and how can you provide meaningful input?
- Use the minimum standards for country platforms in the business plan to hold the country platform accountable to the principles of transparency and inclusiveness and use the CSO recommendations (Box 3) to make recommendations for improvement.

3.3 Health Financing Strategy

The GFF supports country platforms in developing a **health financing strategy**, or a long-term strategy for financing the health sector in a sustainable manner. It is developed typically alongside an investment case. The strategy includes a costed implementation plan that “sets out shorter-term steps for achieving the strategy’s milestones and investments.”^{29,30} The health financing strategy is typically based on analysis of the main sources of health funding and the financing systems, as well as processes, policies and practices that shape the systems. Domestic government resources – internally generated funds, sovereign loans and anticipated donor funds that are on-budget – are important for long-term sustainable health financing, so some mix of domestic resources will feature prominently in the health financing strategy.³¹

Ultimately, CSOs/YLOs want the same results and impact that the GFF is pursuing. Developing strong national financing strategies that can unlock funds for SRMNCAH-N means that more resources will be aligned to a focused and coordinated implementation framework. Given that the GFF funding mechanism requires matching of funds and emphasizes domestic resource mobilization, it is important to know the targeted sources for this funding as taxpayers and for accountability purposes. Here are some tips for engagement:

- If possible, donate time to help with an important input for the strategy. Your feedback will be particularly important if you can contribute a perspective that may be under-represented by the existing team drafting the strategy, such as experience with resource mobilization.
- Connect with CSO colleagues working on budget monitoring and expenditure tracking. They typically have knowledge of domestic and external financing in the country and can potentially contribute valuable perspectives to a health financing strategy. If there is no health specific budget organization in your country, affiliates of the International Budget Partnership typically have strong budget monitoring and expenditure tracking skills.³²

3.4 Investment Cases

Investment cases are country-owned SRMNCAH-N plans required to access GFF funds. Countries have flexibility in what their investment case will look like, but it must include the intended results the country wants to achieve; a priority set of investments; a costing of the priority investments that matches the available resource envelope; and the M&E of progress toward the desired results.³³

If a country has an existing plan for improving SRMNCAH-N that meets these criteria, it can be used as an investment case. For example, Tanzania is using its SRMNCAH-N One Plan II as its investment case.³⁴ Ethiopia is using its newly completed Health Sector Transformation Plan to guide the investment case and health financing strategy.³⁵ Many health strategies include similar components: identification of problems and activities to address the priority problems

identified, etc. If this strategy is still under development, stakeholders can use the suggestions below.

CSO engagement opportunities are very slim or nonexistent when a country chooses to use an existing strategy as its investment case. If the existing policy is strong on SRMNCAH-N, using it as the investment case is a good thing. Even if it is not strong on SRMNCAH-N (or a particular issue), pushing for a separate GFF investment case may be counterproductive or a waste of time and resources. Either way, there are other opportunities to engage during prioritization and implementation.

Box 5: Ensuring Policy Coherence in Uganda's Investment Case

In Uganda, CSOs/YLOs working to promote access to rights-based family planning were able to overcome considerable obstacles to engage positively in the GFF process. They developed relationships with World Bank consultants and country mission staff to gather information about the GFF process and decision points. They then engaged with decision-makers in the government to ensure that family planning was adequately prioritized.

The GFF process in Uganda began without any CSO engagement. CSOs/YLOs were alarmed because they were not aware of what was happening with the GFF but had heard that consultants had been hired and had commenced work. The process shifted in October 2015, when a meeting in Mukono brought together the government, development partners and CSOs/YLOs to discuss the proposed methods for developing the Uganda investment case, and to determine the bottlenecks and associated priority investment areas.

The Mukono meeting was followed by a meeting of CSOs/YLOs with the World Bank mission in November 2015, where the mission provided a detailed briefing and addressed questions and concerns from CSOs/YLOs. World Bank mission staff demonstrated a willingness to share information and accept feedback and took time to listen to CSOs/YLOs and explain the process. This meeting culminated in the selection of one CSO representative to the November 2015 GFF Learning Meeting in Nairobi, Kenya. The CSO representative was sponsored to attend the meeting.

In November and December 2015, two meetings were held involving the permanent secretary for health, CSOs/YLOs and World Bank missions. These meetings included presentations to CSOs/YLOs on the progress made so far in developing the investment case and the priority investment areas.

During the presentations, CSOs/YLOs – including Partners in Population and Development Africa Regional Office (PPD ARO) – realized that Uganda's draft investment case had not utilized the family planning costed implementation plan. In fact, family planning had not been prioritized as an investment area, with the exception of post-partum family planning. Subsequently, more than three meetings were held at the Ministry of Health in the Maternal Child Health Cluster, and included meetings with the World Bank missions that further explained the process and set expectations. During one of the meetings, the CSO community in Uganda presented a signed global petition to ensure a rights-based approach to family

planning was included in the investment case. In January 2016, a draft investment case (Revised Sharpened Plan) was shared among stakeholders and family planning was presented as a costed priority investment area for the GFF.

The Uganda Family Planning Consortium, a CSO platform of the largest family planning providers, was also actively involved in calling for inclusion of the costed implementation plan and worked closely with the United Nations Population Fund to ensure its inclusion. The costed implementation plan was a valuable resource for making a strong case for reproductive health inclusion in the investment case, which detailed interventions and costed focus areas.

In the costing and finalization of the investment case, negotiations began between the government and the World Bank. CSOs/YLOs were not included in this process. The next step will be to seek parliamentary approval. This presents a further opportunity for CSOs/YLOs to be involved.

Case Study: CSO-GFF Coalition Launches in Chad for SRMNCAH-N Progress

Chad has one of the highest maternal mortality rates in the world, with 856 deaths for every 100,000 live births.³⁶ One in 10 children die before reaching their fifth birthday, and 35% suffer from stunted growth.³⁷

While these alarming statistics demonstrate significant improvement compared to prior decades, there remains a dire need for long-term sustainable investment in SRMNCAH-N.

As part of the GFF's efforts to catalyze the mobilization of domestic resources for SRMNCAH-N, the Chadian government, civil society and other stakeholders must collaborate to develop and implement an investment case.

To support meaningful engagement of CSOs/YLOs in the process, Cellule de Liaison et d'information des Associations Féminines (CELIAF), with the support of PAI, led the creation of a CSO-GFF coalition for coordinating work on the GFF investment case at the national, regional and local levels in Chad.

What is the importance of civil society in advancing SRMNCAH-N?

CSOs:

- Create space for at-risk populations to raise issues and shape the development of policies and practices affecting them.
- Manage health and nutrition programs or provide direct services.
- Create demand for services by raising awareness and connecting populations in need with providers.

- Monitor the implementation of interventions and hold commitment makers accountable.
- Conduct research and analysis to identify gaps or inefficiencies in programs as well as evaluate impacts.
- Provide technical assistance to stakeholders to improve interventions.

What are the benefits of a CSO-GFF coalition?

- The coalition facilitates the alignment of objectives and actions among members, allowing them to avoid duplicating efforts and build toward the same goal.
- Members can share resources and responsibilities to lower the costs of effective engagement.
- Members can pool their expertise and skills to build the capacity of the coalition and individual members to carry out advocacy.
- By forming a united front and speaking with one voice, the coalition can have outsized influence when conducting advocacy.

How did it happen?

- In September 2022, CELIAF held a three-day workshop in N'Djamena which brought together 34 CSOs/YLOs from across Chad as well as representatives from PAI, the World Bank and the Organisation d'Afrique Francophone pour le Renforcement des Systèmes de Santé et de la Vaccination (OAFRESS).
- The workshop helped participants come to a shared understanding of the GFF, the steps required to develop and implement an investment case for Chad and the role of CSOs/YLOs in the process.
- Participants closed the workshop by establishing a six-person task force to lead the drafting of the coalition's governing documents.
- In November, the GFF NGO Host (PAI) worked with CELIAF and the secretariat to develop the governance documents and supported the official launch of the CSO-GFF coalition in December.
- In the first quarter of 2023, the national coordination office of the CSO-GFF coalition, with the support of CELIAF, established regional coordination units in eight provinces.

Steps and Opportunities

For countries developing a new investment case, the GFF Secretariat has outlined the following potential steps in a guidance document.³⁸ At each step, we have identified entry points and questions that can lead to valuable information. A few tips cut across steps:³⁹

- Coordinate CSO leadership so that CSOs/YLOs are organized through existing mechanisms or by broadening existing coalitions or creating a new coalition to engage in the GFF. Working together, CSOs/YLOs can orient each other on processes and develop advocacy targets and messages. Since not all CSOs/YLOs will be invited to all GFF consultations, it is important to build consensus around key advocacy priorities that the chosen CSOs/YLOs can deliver.
- Engage in **specific, measurable, achievable, relevant and time-bound (SMART) advocacy**. CSOs/YLOs can then develop messages to reach different GFF stakeholders in the Ministry of Health and World Bank country offices, identify messengers to engage with these stakeholders and improve the chances of CSO advocacy priorities being included in investment cases. It is best to have multiple allies to represent CSO interests and advance the discussion.⁴⁰
- CSOs/YLOs can elect official CSO representation to various decision-making tables based on their relevant skill sets and abilities to deliver the CSO agenda. For example, some CSOs/YLOs are experts on what interventions are most impactful for different aspects of the continuum of care. They can make sure an investment case represents a technically sound approach and is in line with international standards, thereby playing a quality assurance role.⁴¹
- Intelligence and information gathering is essential for engagement, but also very challenging. When pressed, GFF consultants and World Bank mission staff may share information about the GFF process, which meetings are planned and where meetings will take place. CSOs/YLOs may have to be persistent, and sometimes attend meetings to which they are not invited.
- Be sure to maintain the credibility of CSOs/YLOs as valuable stakeholders in the process. Always use solid evidence to back up your advocacy. Pay attention to speakers in meetings, and always be respectful when raising concerns with decision-makers.

STEP 1. Define the approach to investment case development: The government and the GFF Secretariat come to agreement on what form the investment case should take. The government is supposed to produce a road map for the process: identifying timelines, stakeholder engagement in the country platform and roles and responsibilities. Some countries have designed their investment case process to facilitate CSO input. In Mozambique, the government reportedly developed a road map for the GFF investment case production and advertised it to ensure that people knew when and where to engage. Unfortunately, CSOs/YLOs were reportedly only invited for a half-hour meeting in June, and very limited information was shared afterwards.

Defining the approach is crucial to shape procedures around inclusion and transparency, to ensure that CSOs/YLOs are engaged in a meaningful way:

- Who do you need to influence to be part of the country platform? Which individual in the Ministry of Health is deciding the composition of the country platform?

- What is their proposed plan for developing the investment case?
- How will the government engage CSOs/YLOs? Are they developing a stakeholder engagement plan?
- When is the first stakeholder consultation? Is adequate advance notice given? Are any materials distributed in advance to help stakeholders understand the process?
- Who will be part of the country platform? Do government and other officials understand the value of engaging with CSOs/YLOs, or is more work needed to bring them on board?
- How are any CSO representatives chosen, and by whom? Are there any members of affected communities that should be represented but are not? People from certain geographies?
- Are CSOs/YLOs expected to be engaged throughout the investment case development and implementation, or just the initial stages?
- What is the process for CSOs/YLOs that are part of the country platform to engage the wider CSO community? How can the wider CSO community support the CSO members of the country platform?
- Once you know who is deciding the composition of the country platform, use the talking points in Box 2 to make the case for why CSOs/YLOs should be at the table.
- Use the CSO recommendations in Box 3 to make suggestions on how CSOs/YLOs can be meaningfully engaged in the country platform.
- Get to know your World Bank country office, which will likely be coordinating the consultants who will facilitate the GFF process and develop the investment case. These staff and consultants can also be important contacts to engage and share your core concerns with.

STEP 2. Situational analysis and key results: The country platform outlines the country context to help identify key priorities. It provides the starting place for identifying the intended results. It should draw on existing research and may require additional analytical work.

At this stage, it is important to make sure that key CSO challenges and priorities are appreciated by other stakeholders and expressed in any documents produced. Important questions are:

- What are the biggest SRMNCAH-N challenges in the country? Watch out for challenges that can be politically sensitive but have a big impact on health outcomes, such as child marriage, contraception for unmarried youth, unsafe abortion, harmful traditional practices or reproductive rights of ethnic minorities, people with disabilities or members of LGBTQIA+ communities.

- Do these challenges adequately translate into the intended results? Was anything left out that should be included?
- What kind of existing research is accepted in developing the country context? Is CSO-produced literature part of the review? If not, are there any government-sanctioned sources that contain the same information?

STEP 3. Bottlenecks and potential investments: The country platform identifies the bottlenecks (or challenges) that will be overcome, and the priority interventions for the investment case. It may include addressing systemic or multisectoral challenges like supply chain problems, commodity shortfalls, health worker shortages, the need for demand generation or strengthening civil registrations and vital statistics.

This key stage identifies the potential interventions and core strategies to address systemic bottlenecks. At this point, it is important to understand:

- How the challenges identified in the situation analysis are going to be addressed.
- Are any systemic issues being overlooked?
- Are priority interventions targeting communities or populations with the highest burden of poor SRMNCAH-N? Are any communities or populations being overlooked?
- Does the geographic focus of the potential investments match where resources are most needed?
- Has the investment case drafting team sought feedback from the CSO community and other important stakeholders on potential interventions?
- Were members of communities identified for potential investment meaningfully consulted in designing how services will be delivered to them?
- Compare the bottlenecks and potential investments with the challenges and priority interventions suggested earlier in the process and highlight any important areas that have not been carried forward.
- To ensure that your concerns are prioritized, offer evidence demonstrating how a particular area of SRMNCAH-N will produce results. The point of the investment case is to identify the high impact investments that are going to deliver results. It is not a list of approaches, and some will be left out.

STEP 4. Costing, cost-effectiveness and resource mapping: Members of the country platform make comparisons between different proposed interventions and strategies based on the combination of expected costs and benefits. Officials including ministers of finance help map domestic and external resources.

This step is important background for the prioritization that happens in the next stage. Important questions to ask here are:

- Have the cost-effectiveness estimates included variables that are hard-to-quantify, such as diminished quality of life?
- Is the resource mapping realistic?
- Are there any assumptions about rising out-of-pocket (consumer) spending, which can push low-income people further into poverty or deter health seeking behavior?
- This is a largely technical exercise that CSOs/YLOs may not be invited to participate in. If possible, it is important to try to understand the assumptions behind the numbers, to make sure the right factors are being counted.
- Review past government-led costing and cost-effectiveness activities such as family planning costed implementation plans. Use this information to identify gaps with the current list of proposals and draw on the evidence used.

STEP 5. Prioritization: In this important step, the list of potential interventions is trimmed down to fit the available resource envelope. Donors sometimes start funding projects in support of the GFF before an investment case is final, so we discuss this step separately in Section 3.5: Prioritization and Division of Labor.

STEP 6. M&E: Each investment case should include a results framework with indicators for monitoring progress, as well as a plan for M&E. We discuss the results framework in the next section, because in countries using an existing strategy as their investment case, the results framework may be developed separately.

The M&E plan should include sources of data and systems to track progress, which may include household survey data, facility-level survey data, civil registration and vital statistics, administrative systems such as health management information systems, and systems for tracking government and donor funding flows. The plan should also clearly indicate roles and responsibilities.

The M&E plan can be a powerful tool for accountability. It is important to understand:

- Who is responsible for monitoring? Are they sufficiently independent from the GFF implementers to present an unbiased perspective?
- Who do they present their findings to?
- Will monitoring be ongoing, annual or biannual?
- How will the information be presented? Will there be a monitoring report?
- What role will country platform members have in monitoring?
- Will there be an opportunity for CSOs/YLOs to review and provide feedback on draft M&E reports?
- Is the data publicly available, so it can be verified (or monitored) independently?

- Given widely acknowledged problems with financial tracking systems, how will funding be monitored from donors and government?

Case Study: Leveraging Community-Led Monitoring to Improve Youth Sexual and Reproductive Health Services in Uganda

Uganda has one of the fastest-growing youth populations in the world, with nearly 78% of its population under 30 years of age. As the country continues to grow, substantial gaps in meeting the sexual and reproductive health needs of adolescents and youth have led to high rates of unmet need for contraception, unintended pregnancies, maternal mortality and sexually transmitted infections.

To address these challenges, Naguru Youth Health Network (NYHN), a YLO based in Kampala, has been working since 2018 to empower young people to advocate for high-quality sexual and reproductive health services.

“Young people’s issues are most times swept under the carpets,” says Arafat Kabugo, the programs manager at NYHN. “They are also rarely consulted and engaged as key stakeholders in designing, implementing and monitoring health services that respond to their needs because it is believed they are less informed and lack capacity to engage in informing key issues.”

In 2019, NYHN led a three-district pilot of i-Report – an innovative community-led monitoring tool that enables young people to develop key indicators and collect data on sexual and reproductive health service delivery. Youth advocates are then able to use the findings to engage decision-makers and providers to improve health services delivery.

Why is community-led monitoring important?

Community-led monitoring engages and empowers community members – including young people – to take the lead in identifying and routinely monitoring the availability and quality of the health services that matter to them. Community members create indicators to track prioritized issues, undergo training to collect data and analyze results, and engage with providers and other stakeholders to share insights from the data to co-create solutions.

Community-led monitoring is critical for youth-led social accountability, person-centered care and ensuring that young people have a voice in the decision-making process, all of which can lead to more effective and impactful interventions to improve health services for youth.

How does i-Report work?

i-Report is a digital community monitoring platform that encompasses both needs- and rights-based approaches to health. It allows community members and health advocates to express their evolving needs and preferences around health services, demand improved service delivery and systemic reforms and hold providers accountable for meeting the needs of the communities they serve.

In 2021, the Civil Society GFF Resource and Engagement Hub supported NYHN's rollout of i-Report in 10 districts across Uganda. Youth monitors conducted more than 400 interviews with young people at health facilities, asking questions about their views on the availability of informational materials for adolescents and whether providers were respectful and accommodating to youth.

The youth monitors worked with these facilities and other stakeholders to review the feedback from clients, identify key issues or challenges in the data and discuss how these challenges could be addressed. Together, they developed a joint action plan for improving the quality and accessibility of the services provided at the health point.

What was the impact?

Within six months of using i-Report:

- All 14 health facilities had committed to displaying a patient charter in the waiting areas, up from just one before the intervention.
- Three participating facilities designated spaces for youth, with dedicated health workers to support youth-friendly services.
- One facility now invites youth to participate in monthly department meetings to share ideas.

Health facilities began posting informational materials on sexual and reproductive health and rights in multiple languages to improve accessibility.

Results Framework

The **results framework** is the set of targets and indicators used by the government, partners and the GFF IG to measure progress toward SRMNCAH-N results they are trying to achieve through the investment case. The indicators and targets in a results framework are taken from the priority areas in a country's investment case. The World Bank is also developing a set of indicators that must be included in each country's results framework.^{42,43,44} The indicators will include financing indicators – a set of core, impact-level global strategy indicators – and will be drawn from additional internationally recognized indicator frameworks.

The results framework is important for two reasons: **(1)** the indicators and targets express a country's priorities within SRMNCAH-N and suggest where resources should be directed; and **(2)** measures of progress over time will be used to monitor what is working well and identify areas that need deeper attention and investment.

- If your country is using an existing strategy as its investment case and that strategy already has a results framework, the GFF will likely use those measures (as in Tanzania).
- If your country is using an existing strategy as its investment case and that strategy does not have a results framework, the country platform may need to develop one.

Here are a few ways to help shape your country's results framework:

- Volunteer or appoint a CSO with technical expertise to be part of the drafting or review team, so you have an opportunity to ensure that the most important components of SRMNCAH-N from the investment case are being prioritized.⁴⁵
- Determine if the proposed indicators are useful for monitoring progress and accountability purposes. If not, suggest alternatives. For example, including an indicator that is disaggregated by age group can help reveal if a particular intervention is helping to improve outcomes for young women and girls.
- Find out what data sources will be used to track each indicator to make sure the information is actionable. Do you have confidence in the data? Is it publicly available? Are the data updated annually or semi-annually? Which areas of monitoring, evaluation and data collection need to be improved? Whose responsibility is it to make sure these systems are strong?

Box 6: A Bumpy Road in Kenya

The consultations on the development of Kenya's SRMNCAH-N investment framework started in January 2015. The framework was vetted in forums with varied representation of stakeholders, including county governments, civil society and private sector, among others. CSOs/YLOs are working through the Health NGOs' Network (HENNET), an existing network officially recognized as the platform through which CSOs/YLOs engage in the GFF in Kenya.

At the first main stakeholders meeting, the Ministry of Health shared a detailed timeline for the process. At the second meeting, the unit of Reproductive Health and Maternal Services at the Ministry of Health presented a proposed prioritized set of SMART interventions that could be scaled up during the next five years to rapidly improve the health outcomes of Kenyan women, children and adolescents. A revised version of the SRMNCAH-N priorities along with the first draft of the health finance strategy was presented at the largest forum which included the Health 6+ partners. Partners were then given a deadline to submit input as organizations or as individual experts.

As in many other countries, CSO involvement did not just happen. Getting CSOs/YLOs organized with appropriate and timely messages for decision-makers, despite limited engagement opportunities, making a huge difference in realizing prioritization of pertinent issues. However, the final SRMNCAH-N investment framework was not shared directly with Kenyan CSOs/YLOs. Instead, it was made available to them – and the rest of the world – only when it was posted on the GFF website. There was no further engagement with CSOs/YLOs, as the health finance strategy was finalized by the World Bank and Ministry of Health.

Renewed efforts by CSOs/YLOs ended up yielding new avenues for continued CSO engagement around an accountability framework. The HENNET secretariat, supported by Jhpiego/Advance Family Planning, spearheaded these efforts. By the end of 2016, a concept

for an advanced accountability mechanism for the GFF was developed in consultation with Ministry of Health and the World Bank Kenya office.

Diminished CSO engagement in the later stages of framework development was a missed opportunity for inclusiveness and mutual partnership that could have set an immediate foundation for success. CSOs/YLOs have always and will continue to successfully fundraise to support in-country work on SRMNCAH-N. Embracing CSO potential through close working ties is likely to accelerate progress on GFF country goals.

3.5 Prioritization and Division of Labor

At this stage, the investment case with results framework is usually finished (or almost finished). The investment case includes a list of SRMNCAH-N priorities that urgently need to be funded. But who decides what will be implemented first? And where will the money come from? Answers to these questions will vary from country to country.

In this important step, potential funders prioritize what can be financed within their available resources. Sometimes this step is part of the development of the investment case; other times investments are rolled out as the case is still being developed. Since funding comes from government, World Bank and bilateral donors, they ultimately decide what parts of the investment case are funded and when.

Most decisions around funding from external donors (or institutions) are made between donor staff and government officials, based on a particular donor's funding previously allocated for a country or issue area. Opportunity to influence these decisions may be limited.

That said, here are a few tips:

- The GFF is supposed to be driven by country priorities (as expressed by the government). Your best approach may be engaging with the government to clearly prioritize a particular set of issues in its own investments and its dialogue with external donors and World Bank staff.
- If a key concern comes out strongly in the investment case, it will be difficult for decision-makers to ignore it during the prioritization and implementation process. Bring key policymakers on board with your priorities early on in the process.
- CSOs/YLOs can help shape first-year investment priorities by presenting an evidence-based position paper on certain critical areas in the SRMNCAH-N continuum of care that require urgent investment. For instance, in Kenya, since the investment case has been finalized, this paper is going to influence annual priorities for immediate funding. This means working closely with the Ministry of Health to address SRMNCAH-N priorities already in the implementation plan.

- There may be opportunities to shape what gets prioritized based on emerging information such as the release of new data showing an alarming rise in teenage pregnancy or declines in maternal health.
- To ensure that your particular area of interest is prioritized, develop advocacy messages to target specific GFF stakeholders who share your concerns.
- Working in a coalition is often more powerful than acting alone. Key partners can help strengthen arguments for priority setting. For example, the United Nations Population Fund was a valuable resource in Uganda in ensuring the inclusion of family planning.

Sources of Funding for the GFF

Although opportunities for CSOs/YLOs to engage in prioritization are often limited, it is important to understand the key players who finance the GFF – and how. This information can help organizations understand the context they are operating in, identify opportunities for engagement and be able to critically evaluate the different actors and the GFF as a whole. CSOs/YLOs can also be an important supportive force, particularly in domestic resource mobilization.

- Governments must mobilize funds in support of their countries' investment cases. Domestic resources can include internally generated funds, donor grants, loans or a mix of these. GFF country governments can raise money through taxes, or by borrowing money from the World Bank, bilateral donors or financial markets. Sovereign loans must be repaid, and typically come with service fees and interest charges. Reproductive health advocates engaged in the GFF in Tanzania and Kenya have expressed concern that the mobilization of domestic resources primarily based on loans is not sustainable. Domestic resource mobilization should be based on increasing state capacity to collect taxes and good governance.⁴⁶
- The private sector in GFF countries is also a potential source of domestic financing for health, but to date, the private sector has been more engaged at the global level.^{47,48}
- The GFF Trust Fund is used to support the development of investment cases. Once an investment case is final and funding is approved, the GFF Trust Fund disburses a grant to support priorities identified in the investment case. The GFF TFC decides how much funding from the GFF Trust Fund will be spent and where.
- World Bank funding always accompanies GFF trust funding. It can take the form of: **(1)** a grant from the IDA, low-income country financing window; or **(2)** an IDA credit or loan with highly favorable terms that includes a grant element.^{49,50} In countries where GFF funds have already been committed, funding from IDA has tended to be three-to-six times larger than amounts from the GFF Trust Fund.
- Bilateral donors provide co-financing (or complementary financing) that is “explicitly aligned ... at country level with GFF Trust Fund investments.”⁵¹ These donors are supportive of the GFF, but they do not put their funding into the GFF Trust Fund. Instead, they provide funding to governments or project implementers directly, or

into a pooled fund for the GFF in a specific country. Co-financing takes the form of both grants and favorable loans. International organizations including Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria provide unspecified amounts of co-financing in GFF countries, including through pooled funds.⁵²

- At this point there is no public source of information that shows the total funding committed or disbursed in support of a country's investment case from the government and donors. Funding information is shared by GFF Secretariat to the IG ahead of each IG meeting. The latest public update is available following an IG meeting on the GFF website under the "Investors Group" tab (<https://www.globalfinancingfacility.org/investors-group>), "Documents" and "Meetings."

Case Study: Bringing Civil Society into Health Financing

In 2001, African Union heads of state committed to allocating 15% of their annual budgets to health sector financing through the **Abuja Declaration**. However, in 2022, Zimbabwe's health budget was only 10.6% of total spending. Inadequate public financing for health means Zimbabweans are largely forced to pay out-of-pocket – if and when they have the personal funds to do so – in order to access health care. The country's health sector is also extremely fragile given its reliance on foreign aid and shifting donor priorities, which the World Bank reports accounted for nearly 56% of health expenditures in 2020. No country has made significant progress toward universal health coverage without relying on public funds to support the dominant share of health sector costs. Given these financing gaps, many Zimbabweans lack access to basic primary health care services like reproductive, maternal and antenatal care; contraception; and newborn and child nutrition (nearly one in four children under five experience stunting).

Bringing Civil Society into Health Financing

For decades, the Harare-based Community Working Group on Health (CWGH) – a network of Zimbabwean civil society and community-based organizations – has been working to change this paradigm and improve government accountability by expanding community participation in public health policies and participating in the development and monitoring of health budgets. In its role as the host and coordinator of the World Bank's GFF CSO platform in Zimbabwe, CWGH has worked to ensure that CSOs and YLOs are at the table with government to shape and inform the development and implementation of Zimbabwe's investment case to mobilize domestic resources for SRMNCAH-N.

Impact of the Work

Since 2021, the GFF has provided CWGH with grants to support its advocacy work, including developing Zimbabwe's GFF 2022-2025 CSO Strategy, which is comprised of a shared work

plan and an M&E framework that facilitates member collaboration, evidence-based advocacy and alignment of advocacy efforts.

In 2022, CWGH gathered community and civil society inputs to develop a domestic health financing position paper that was submitted to Parliament, the Ministry of Finance and the Ministry of Health and Child Care and advocated for increased health spending in the national budget. Traditionally, the national health budget has been formulated by technocrats at the ministerial level without direct input from the community. Participation at the community level in budget formulation gives greater depth to the discussion and facilitates achieving the country's overall health goals. Thanks to the community participation enabled through CWGH's position paper, Zimbabwe's government increased spending on health and child care from 10.6% of total public expenditure in 2022 to 11.2% in 2023.

The GFF CSO platform has also enabled civil society to provide input into Zimbabwe's 2021-2025 National Health Strategy, which identifies 11 health priorities, including SRMNCAH-N and health financing reforms that rely more on public financing and the creation of a national health insurance scheme. To pay for the implementation of the National Health Strategy, CWGH also facilitated civil society engagement in developing the investment case for the National Health Strategy (2021-2025). These strategies are essential for domestic resource mobilization and transitioning Zimbabwe's health system from one dependent on external financing to a self-sustaining and equitable system.

In 2023, CWGH received a new GFF grant to continue its advocacy work on domestic resource mobilization for SRMNCAH-N services and maintain civil society's role in monitoring the implementation of the National Health Strategy and investment case.

Box 7: How the Financing Fits Together in Kenya

The final national SRMNCAH-N investment framework proposes innovative supply-side performance incentives to address health system bottlenecks pertaining to human resources for health, health commodity management and quality health management information systems, among others. It also proposes vouchers and conditional cash transfers to overcome sociocultural, geographic and economic barriers to health service utilization, and emphasizes multisectoral interventions, including interventions aimed at strengthening the civil registration and vital statistics systems and improving birth and death registration.

To address equity and increase coverage, the SRMNCAH-N investment framework prioritized investments in 20 counties selected on the basis of low coverage rates for SRMNCAH-N services, large under-served populations and marginalization. However, after further consultation with the county governments, it was agreed that implementation will take place in all the 47 counties. As such, the SRMNCAH-N investment framework is aligned with the Kenyan devolved health system and guides the ongoing development of county annual work plans focused on evidence-based, prioritized and locally relevant solutions.

The forthcoming health financing strategy aims at ensuring sustainable financing for achieving these results by 2030. In its early stages, the thinking was to strengthen domestic resource mobilization – including harnessing the potential of the informal and private sectors.

The World Bank recently approved a \$191 million project to support primary health care services in Kenya, including a \$40 million GFF Trust Fund grant linked to a \$150 million IDA credit.⁵³ The United Kingdom’s Department for International Development, the Japanese International Cooperation Agency, UNICEF and the U.S. Agency for International Development have committed complementary funding to support Kenya’s SRMNCAH-N investment framework.

3.6 Project Implementation

Opportunities to influence GFF-funded projects during implementation vary from place to place, and by funder. The majority of this section focuses on helping CSOs/YLOs access information on GFF-funded World Bank operations. These are typically implemented by governments, but there are some general tips on influencing projects funded by other sources:

- There may be opportunities to shape implementation through engaging national- and subnational-level decision-makers to focus on critical emerging priority areas following the release of new data. For example, in Tanzania the SRMNCAH-N One Plan II has key priorities already set. However, a new Tanzania Demographic and Health Survey shows that adolescent pregnancy is on the rise. Decision-makers within government, service delivery organizations who are implementing projects as well as international institutions could be influenced to re-prioritize policy and funding in response to this new information, as opposed to implementing using a “business as usual” model.
- Countries may develop implementation documents that CSOs/YLOs can feed into. For example, in Tanzania, partners working on family planning and the Ministry of Health held discussions to review activities and indicators to ensure that they respond to the overall indicators in the One Plan II. The result of these discussions was an annual plan for implementing the One Plan II.
- An important opportunity is influencing the key actors’ decision on what objectives/activities should be given priority and in which geographical sites/areas. In Tanzania, CSOs/YLOs have been part of the implementation process even at times when they have had difficulty in deciding on some of these national frameworks/plans.
- In a decentralized governance system, CSOs/YLOs can influence prioritization and division of labor for counties or districts after the finalization of the national-level investment case based on the latest health indicators in that particular locality.

World Bank-Funded Projects

The GFF website (<http://globalfinancingfacility.org>) and the GFF Data Portal (<https://data.gffportal.org>) include information about the status of the GFF process and GFF-funded operations in each focus country.

For example, at the time of writing, the Kenya country page on the GFF website (<http://globalfinancingfacility.org/kenya>) gives an overview of the GFF process, includes a link to the Kenya SRMNCAH-N investment framework (investment case) as well as a press release about a \$191.1 million GFF-funded project to support primary health care services. It also includes a list of partners supporting the GFF in Kenya, although it does not specify their role in the country.

From the GFF website, you can turn to the World Bank project portal to access more detailed information on GFF-funded projects and other projects in the pipeline (<http://www.worldbank.org/projects>). Two documents in particular provide a unique set of project details:

- A project information document (PID) describes a proposed project that is in the pipeline for funding by the World Bank. Sometimes a project has different PIDs for each stage of the project development, and sometimes there is only one PID.⁵⁴ This document is often publicly available while a project is still under consideration. A recent PID for Kenya's GFF-funded project includes proposed development objectives, components of the project, financed activities and any co-financing, how the project will be implemented (including responsibilities and any hiring or capacity building required), and a World Bank contact for the project.⁵⁵
- A project appraisal document (PAD) is the World Bank's feasibility assessment and justification for the project, and is used to help decision-makers at the World Bank approve or reject a project. It is published after a project is approved, unless a government approves it for earlier release.⁵⁶

A recent Tanzania PAD includes: key outcome and impact indicators; phasing of the project, including disbursement amounts and timeframe; cost of the project; and percentage covered by funders and implementation arrangements, including roles and responsibilities.⁵⁷

PIDs and PADs can be found by searching the health sector under the projects and operations tab (<http://www.worldbank.org/projects>) selecting "Browse by Country/Area" and selecting a country. Then you can select the "Projects" tab and scroll down for projects mentioned on the GFF website. You can also search for health sector projects to see if they are funded by the GFF.

PIDs and PADs can be used by CSOs/YLOs for providing project input and monitoring implementation in the following ways:

- Monitoring the World Bank website for PIDs that are related to your country and reviewing the documents. If your organization has questions and comments, each document lists a World Bank contact person to reach out to.

- Once completed, the PADs are binding agreements between the government and the World Bank. CSOs/YLOs can use the PADs to monitor and hold the government accountable for promises laid out in the document.
- The Family Planning 2030 initiative is producing a World Bank Operations primer, which will provide a simple explanation of how World Bank operations are designed, financed and implemented. This can be an important overview of the World Bank for CSOs/YLOs that are unfamiliar with its processes.

3.7 Formal Review and Accountability

We understand accountability to be a cyclical process of monitoring, review and action that emphasizes human rights principles of equality, nondiscrimination, and partnership.⁵⁸ Throughout this guide, we have highlighted opportune moments to promote accountability. In particular, we emphasized holding decision-makers accountable for the priorities and principles they have committed to supporting, as expressed through the investment case.

There are a few formal mechanisms that can be used to review progress on the GFF in a particular country and hold actors accountable for their commitments:

- Depending on how it is set up, the country platform and any formal mechanism for monitoring the investment case is probably the best starting place for accountability efforts.
- Currently, there is no process in place to address grievances related to CSO involvement in country platforms or GFF implementation.
- If a complaint is related to a World Bank-funded project, it may be covered under the World Bank's Environmental and Social Framework, which was approved in 2016 and can be consulted here: <https://thedocs.worldbank.org/en/doc/837721522762050108-0290022018/original/ESFFramework.pdf>. More information can be also found at: <https://www.worldbank.org/en/projects-operations/environmental-and-social-framework>.
- There are global accountability processes that CSOs/YLOs working on accountability at the national and subnational levels can feed into. For example, the Partnership for Maternal, Newborn & Child Health is in the process of developing a Unified Accountability Framework for the Global Strategy for Women's, Children's and Adolescents' Health.
- As part of the framework, an independent accountability panel will develop a report on "the State of Women's, Children's and Adolescents' Health" to assess progress and make recommendations every year alongside the U.N. General Assembly. The panel's annual report will include strong, independent national and subnational assessments of SRMNCAH-N progress as long as those assessments are conducted and shared with the panel.⁵⁹ There is likely to be an open call for submissions to the panel every year.

At this moment, in most countries there is a gap in independent monitoring and accountability mechanisms for SRMNCAH-N, particularly at the subnational level. However, CSOs/YLOs are being looked to as focal points on accountability for the GFF. To be able to serve as an independent watchdog, CSOs/YLOs may need to quickly organize to develop innovative and contextually relevant accountability mechanisms.

There are significant efforts that can be adapted or applied.⁶⁰ For example:

- In Kenya, a group of CSOs/YLOs led by HENNET, Jhpiego/Advance Family Planning and Management Sciences for Health's Family Care International Program are collaborating to develop an accountability framework for the GFF in Kenya. This effort is being led by civil society working in coordination with government and World Bank colleagues. If successful, this initiative could serve as a model for other GFF countries.
- Scorecards can be an effective way to present information for accountability purposes. For example, the Africa Health Budget Network (AHBN) is in the process of developing a scorecard to track effective CSO participation in GFF country platforms across the African region. The scorecard will assess different indicators based on the standards and assign a country green, yellow or red based on its performance as measured through a variety of sources. The scorecard approach can be adapted to monitor the priority areas of the GFF investment case or CSO engagement at the country level. The product could then be used to inform advocacy with GFF decision-makers at the country level.

Case Study: Driving Change in Senegal Through Youth-Led Accountability

Senegal has one of the highest fertility rates in the world, with an average of 4.5 births per woman, making it one of the fastest-growing countries.⁶¹ As it grows, so does the demand for quality SRMNCAH-N services. Currently, the unmet need for family planning among married women is nearly 22% and almost 18% of children under five experience stunting.⁶²

To improve SRMNCAH-N services in Senegal, health system interventions must be guided by real-time information with input and feedback from communities. With this understanding, Alliance Nationale des Jeunes pour la Santé de la Reproduction et de la Planification Familiale (the National Youth Alliance for Reproductive Health and Family Planning, ANJ-SR/PF) began working on a community social accountability mechanism as part of its Nafooré Project.

In 2019, ANJ-SR/PF launched the Youth Accountability Platform (YAP) – a tool allowing users to leverage data to identify issues and direct actions – in two districts. In 2021, ANJ-SR/PF received funding from the Civil Society GFF Resource and Engagement Hub to improve the structure of the online site, including highlighting its youth section, and expanded the platform to two additional districts in Senegal. YAP – a tool allowing users to leverage data to identify issues and direct actions – in two districts. In 2021, ANJ-SR/PF received funding from the GFF-CSO Hub to improve the structure of the online site, including highlighting its youth section, and expanded the platform to two additional districts in Senegal.

How does the YAP work?

- The YAP collects and analyzes data on the performance of youth and adolescent services using health system scorecards, which are then color-coded and published on the site.
- CSOs/YLOs, health providers and other stakeholders can use the data to develop action plans for improving services in underperforming areas and measure progress. The YAP health management team drives this process by regularly meeting with district partners to review data and help develop interventions.
- To hold stakeholders accountable, the YAP sends periodic emails to SRMNCAH-N advocates and actors with the results of scorecards, highlighting unsatisfactory results.
- The YAP additionally provides advocates with tools and best practices to improve their government advocacy efforts, including around the implementation of the GFF investment case.

What has been the impact of the platform?

- ANJ-SR/PF used evidence and the resources generated by the platform to conduct advocacy on health financing for adolescents and young people in select municipalities.
- The municipality of Thiétty allocated 2.5 million West African CFA franc (\$3,700) in its 2023 budget to support services promoting health and nutrition for adolescents and young people.
- Thiétty allocated an additional 10 million West African CFA franc (\$15,000) for the purchase of two ultrasound devices, enabling health facilities to provide services that pregnant women in the community were previously forced to travel 40 kilometers to access.
- The municipality of Sédhiou allocated 4.5 million West African CFA franc (\$6,700) to support services promoting sexual and reproductive health and rights for adolescents and young people, including repairing toilets in a school identified by the female students as a menstrual hygiene management problem that negatively impacted their schooling.
- ANJ-SR/PF developed an accountability roadmap with the Ministry of Health (Maternal and Child Health Division) to share the YAP as an example of a good practice to be developed in other programs of the Ministry.
- The YAP has so far tracked 19 indicators and served as a framework for 25 activities reaching more than 1,000 people.

Conclusion

The success of the GFF ultimately rests on how well it will improve the health of women, children, adolescents and newborns. CSOs/YLOs play an important part in advancing SRMNCAH-N, and thus have a lot to contribute to SRMNCAH-N strategy development, implementation and accountability for results. This guide is designed to support CSOs/YLOs to play this critical role.