

# CIVIL SOCIETY GUIDE TO THE GFF

Suzanna Dennis, October 2016



## ABOUT THE CS COORDINATING GROUP ON THE GFF

This guide was commissioned by the Civil Society (CS) Coordinating Group on the GFF, which represents global, regional and nationally-focused civil society organizations that come together to share information, coordinate, and engage in the GFF. To learn more, please contact [pmnch@who.int](mailto:pmnch@who.int).

## ACKNOWLEDGEMENTS

This guide benefits hugely from the many individuals and organizations who were involved in shaping the concept, reviewing early drafts, and contributing their experiences and tips for success. The author would like to thank Kadidiatou Toure (PMNCH), Aminu Magashi Garba and Sarah Fox (Africa Health Budget Network) for their helpful suggestions, guidance and contributions throughout the development of this guide. The guide was greatly enriched by the following individuals contributing their valuable experience and tips: In Tanzania, Halima Shariff (CCP Tanzania) and James Mlali (Health Promotion Tanzania); In Uganda, Moses Muwonge (Samasha Medical Foundation) and Erica Belanger (IPPF); and in Kenya, Angeline Mutunga (JHPIEGO/ Advance Family Planning) and Melissa Kirowo (Management Sciences Kenya). Many thanks for the insights contributed from the reviewers of drafts: Danielle Heiberg (Global Health Council), Erica Belanger (IPPF), John Townsend (Population Council), Kjersti Koffeld (Save the Children Norway), Maty Dia, Mesfin Teklu (Save the Children), and Susannah Hurd (Global Health Visions). The guide benefitted greatly from the feedback, guidance and editing skills of PAI's Elisha Dunn-Georgiou, Jonathan Rucks, Dilly Severin; as well as valuable contributions from Taryn Couture. This document also benefitted from the wealth of knowledge that CSOs have already produced on the GFF, particularly "Global Financing Facility (GFF) Country Consultations Fact Sheet: Lessons Learned from GFF Front Runner Countries – Kenya and Tanzania" and "Civil Society Engagement in the Global Financing Facility: Analysis and Recommendations," both of which are listed in the resources. Any errors or omissions are the responsibility of the author.

# TABLE OF CONTENTS

|   |           |
|---|-----------|
| <b>Introduction .....</b>                                       | <b>1</b>  |
| About the Guide .....   | 1         |
| <b>Part 1. Overview of the GFF .....</b>                        | <b>2</b>  |
| 1.1 GFF Countries.....  | 2         |
| 1.2 GFF Governance.....   | 2         |
| GFF Secretariat .....   | 2         |
| Investors Group.....  | 3         |
| Trust Fund Committee.....                                       | 3         |
| <b>Part 2. CSO Engagement in the GFF .....</b>                  | <b>4</b>  |
| <b>Part 3. The GFF Process and Opportunities to Engage.....</b> | <b>10</b> |
| 3.1 Country Selection.....                                      | 10        |
| 3.2 Formation of the Country Platform .....                     | 10        |
| 3.3 Health Financing Strategy .....                             | 11        |
| 3.4 Investment Cases.....                                       | 11        |
| Steps and Opportunities .....                                   | 12        |
| Results framework.....  | 15        |
| 3.5 Prioritization and Division of Labor .....                  | 16        |
| Sources of Funding for the GFF .....                            | 16        |
| 3.6 Project Implementation.....                                 | 18        |
| World Bank-Funded Projects.....                                 | 18        |
| 3.7 Formal Review and Accountability .....                      | 19        |
| <b>Conclusions .....</b>  | <b>20</b> |
| Endnotes .....  | 20        |
| Annex 1. List of Resources on the GFF .....                     | 21        |
| Annex 2. GFF Country Platforms and CSO Contacts .....           | 22        |

## LIST OF ACRONYMS

|        |   |
|--------|---|
| CIP    | Family Planning Costed Implementation Plan                      |
| CRVS   | Civil Registry and Vital Statistics                             |
| CS     | Civil Society   |
| CSO    | Civil Society Organization                                      |
| DHS    | Demographic and Health Survey                                   |
| GFF    | Global Financing Facility in Support of Every Woman Every Child |
| HENNET | Health NGOs Network (Kenya)                                     |
| IG     | Investors Group   |
| M&E    | Monitoring and Evaluation                                       |
| PAD    | Project Appraisal Document (World Bank)                         |
| PID    | Project Information Document (World Bank)                       |
| RHMSU  | Reproductive Health and Maternal Services (Kenya)               |
| RMNCAH | Reproductive, Maternal, Newborn, Adolescent and Child Health    |
| SDGs   | Sustainable Development Goals                                   |

The Global Financing Facility in Support of Every Woman Every Child (GFF) is a new financing mechanism with the potential to help end preventable maternal and child deaths and improve the quality of life and health of women, children, and adolescents. The GFF is important as a vehicle that funders are using to support reproductive, maternal, newborn, child and adolescent health (RMNCAH). The GFF is also influencing country-level RMNCAH governance, through facilitating the development of a single, collaborative strategy for RMNCAH and long-term financing. The GFF is seen as a pathfinder, and the World Bank is looking to introduce this as a new funding modality in other sectors.

Civil society organizations (CSOs) play an important role in advancing RMNCAH through technical expertise, constructive engagement with decision makers, representing communities, and holding the government, donors and other key actors accountable. It is important that CSOs are able to meaningfully contribute in the development, implementation and monitoring of the GFF.

## About the Guide

This guide was commissioned by the Civil Society (CS) Coordinating Group on the GFF to help CSOs working in GFF countries meaningfully engage in the various stages of the GFF. The CS Coordinating Group represents global, regional and nationally focused civil society organizations that come together to share information, coordinate, and engage. The intended audiences for this guide are CSOs working on RMNCAH in GFF countries, or countries being considered for the GFF. This includes CSOs already active in national-level dialogues around the GFF and RMNCAH, as well as a broader group of local CSO partners that are looking for ways to meaningfully engage. We welcome that it may be useful to a wider range of stakeholders.

Although the GFF is relatively new, there is 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 to understand and evaluate

the context in which they are operating; or (2) helps CSOs influence the GFF, particularly at the country level. Additional resources are included in an annotated bibliography in Annex 1.

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 in contributing to RMNCAH, and describe the challenging experience of CSOs' engagement in the GFF thus far. Part 3 discusses the GFF process in-country, and highlights important information and opportunities to engage.

Throughout the guide, we share opportunities to engage (or lack thereof) based on CSOs' experiences. We also highlight tips designed to help CSOs meaningfully engage in the GFF, based on CSOs' experiences to date.

We have also **bolded** important words that are defined throughout the text.

# PART 1 OVERVIEW OF THE GFF

The GFF is a multi-stakeholder 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 (SDGs). It has five objectives:

- 1 Finance national plans to scale-up RMNCAH and measure results;
- 2 Support countries’ transition toward sustainable domestic financing of RMNCAH;
- 3 Finance the strengthening of civil registration and vital statistics (CRVS) 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 RMNCAH financing architecture.<sup>1</sup>

The GFF’s long-term vision is to mobilize significant additional resources to fill funding gaps for RMNCAH, and improve the efficiency of spending over time. Thus far, the GFF Trust Fund has US \$815 million worth of commitments. 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 RMNCAH. Domestic funding for health from the public sector (government) and the private sector (insurance for example) plays an important role in achieving this goal.<sup>2</sup>

## 1.1 GFF COUNTRIES

The GFF is currently active in 16 countries: four first-wave, or “frontrunner” countries, eight second-wave countries, and another four third-wave countries (Box 1). These countries are at different stages of the GFF process, with some just starting the process, and others already beginning implementation. These sixteen countries are part of the full set of 62 high-burden low- and lower-middle-income countries

### BOX 1. GFF COUNTRIES

| SEPTEMBER 2014<br>(FIRST WAVE)                                | JUNE 2015<br>(SECOND WAVE) <sup>4</sup>   | SEPTEMBER<br>2016                              |
|---|---|--|
| Democratic Republic of Congo<br>Ethiopia<br>Kenya<br>Tanzania | Bangladesh<br>Cameroon<br>Liberia<br>Mozambique<br>Nigeria<br>Senegal<br>Uganda | Guatemala<br>Guinea<br>Myanmar<br>Sierra Leone |

which are eligible to participate in the GFF.<sup>3</sup> The GFF intends to support the full set of eligible countries, but has not yet determined how.

## 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 (GFF Secretariat, Investors Group, 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 it is 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.<sup>5</sup>

| 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: <b>GFFSecretariat@worldbank.org</b></p> |

## Investors Group

The GFF is governed by an **Investors Group** (IG) which oversees the activities of the GFF. The IG 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, 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 the governments of Canada, Norway, the United States, Japan and the United Kingdom, the Office of the UN Secretary General, UNFPA, UNICEF, the World Bank, Gavi, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Bill and Melinda Gates Foundation, and the Partnership for Maternal, Newborn and Child Health (PMNCH). Implementing governments of Ethiopia, Kenya, Liberia and Senegal are also on the IG. The private sector is represented by two seats on the IG.<sup>6</sup>

Two civil society seats on the IG are filled by members of PMNCH’s CSO constituency on a rotating basis. The current CSO representatives are Mesfin

Teklu Tessema, vice president, health and nutrition, World Vision, Kenya and Joann Carter, executive director of Results. The PMNCH is responsible for facilitating the process to elect the two CSO representatives to the GFF IG. At the end of 2016, two new CSO representatives and alternates will be elected by the PMNCH NGO constituency and PMNCH Board from a pool of nominees.

For a current list of individual representatives of IG members, go to the IG webpage (<http://globalfinancingfacility.org/investors-group>), click on “Documents” related to the latest IG meeting, and open the membership list and attendance.

## Trust Fund Committee

The Trust Fund Committee is made up of all the donors of the GFF, plus the chair or vice chair of the Investors Group. It determines the funding approach and priorities for the GFF Trust Fund, including determining the financing arrangements between the Trust Fund allocation, World Bank funding, and influencing domestic financing. The Trust Fund Committee also agrees on the annual work plan and budget for the GFF Secretariat, and oversees the performance of the Trust Fund.

| 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, and are not accessible to most CSOs.</p> <p>The CSO representatives to the IG represent civil society, so they need to understand the challenges and concerns of CSOs working in GFF countries. They are a great point of contact for any issues.</p> <p>The CSO Coordinating Group on the GFF available at <a href="mailto:pmnch@who.int">pmnch@who.int</a> can connect you with the person or information that you’re looking for.</p> |

| TRUST FUND COMMITTEE  |  |
|---|--|
| How can this information help me?   | How can I reach someone?   |
| <p>Decisions around Trust Fund allocations are determined by Trust Fund Committee members, in consultation with governments and GFF Secretariat staff. It will be extremely challenging to influence these decisions.</p> | <p>It will be challenging to reach a member of the Trust Fund Committee.</p> <p>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.</p> |

## PART 2. CSO ENGAGEMENT IN THE GFF

CSO engagement in the GFF is critical to the success of the partnership. But CSOs have had challenges meaningfully engaging, particularly in GFF country platforms which are responsible for implementing the GFF at the country level.

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.<sup>7</sup> 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 be included in decision-making processes. It is up to governments to decide when and how to engage with CSO stakeholders, and which CSOs to engage with. An extensive review of CSO engagement reveals considerable gaps in frontrunner countries:<sup>8</sup>

- 1 Lack of consistent and timely communication necessary for meaningful engagement;
- 2 Timelines for CSOs 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 a unbalanced representation by international CSOs and those with prior relationships with government;
- 5 No widespread recognition of the value that CSOs bring to the GFF; and
- 6 Lack of space, funding, and technical assistance to support multi-stakeholder engagement in country platforms.

### BOX 2. PROOF POINTS: CSOS' IMPORTANT ROLES IN ADVANCING RMNCAH

CSOs possess considerable knowledge, expertise and access essential to improving the health and well-being of women, children and adolescents. Governments have officially recognized CSOs as “independent development actors in their own right whose efforts complement those of governments and the private sector.”<sup>9</sup> 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.”<sup>10</sup> CSOs 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 can gain access to communities where government actors cannot.<sup>4</sup> This is particularly important in conflict and humanitarian settings, where half of all maternal, newborn and child deaths occur.<sup>12</sup>
- **Country planning and implementation:** CSOs' 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 underpins the implementation of the Global Strategy.<sup>13</sup>
- **Healthcare service delivery:** CSOs 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.<sup>14</sup> CHAM also provides 9% of contraceptive services in the country.<sup>15</sup>
- **Financial and policy advocacy:** In many countries, CSOs' engagement with governments contributes to the mobilization of new resources for important health areas. For example, in Zambia, Planned Parenthood Association of Zambia and the Centre for Reproductive Health and Education (CRHE) worked with the government to reinstate the budget line for reproductive health supplies funded at US\$9.3 million, of which US\$1.9 million came from locally generated revenue.<sup>16</sup> CSOs are also important stakeholders in the development of health policies and strategies that donors can support.
- **Accountability:** CSOs play an essential role in holding governments and donors accountable through targeted review, monitoring, and actions at the global, regional and country levels.<sup>17</sup> 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 RMNCAH COUNTRY PLATFORMS

You can use these recommendations to encourage stakeholders in charge of GFF country platforms to ensure that CSOs' valuable perspectives and inputs are included.<sup>11</sup>

### To promote *inclusiveness and participation*, country platforms should:

- Reserve at least two seats for CSO representatives, plus CSO observers.
- Representatives should be selected in a participatory and transparent manner.
- Give priority to CSOs 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 outside the country platform.
- CSO representatives on country platforms must consult with other CSOs 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 Investors Group should establish an ombudsman and grievance mechanism and redress policy as a backup to the country mechanisms.

If you are having to justify why CSOs should be part of the GFF country platform, you can adapt the proof points in Box 2 to help make the case for what CSOs can contribute. You can bolster your points by adding local examples.

In response to these and other ongoing challenges, a learning meeting held in Nairobi in November 2015 brought together civil society representatives from 10 of the 12 GFF countries. The participants identified the need to strengthen the enabling environment to support CSO engagement in the GFF.<sup>19</sup> Building on previous efforts, this group produced very specific recommendations for enhancing engagement of civil

society and other stakeholders in country platforms. These recommendations to enhance the GFF's Minimum Standards for RMNCAH 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 bringing together global, regional and national civil society organizations that have been substantially engaged around the GFF. Uniting CSOs is important to ensuring better coordination and avoidance of duplication of efforts. This **CS**

## BOX 4. GFF CS COORDINATING GROUP

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 (CS) priorities and interest;
- 2 Coordinate GFF-related CS efforts to ensure efficient use of limited CS resources;
- 3 Promote access to information by CS for optimal engagement in the GFF processes at all levels;
- 4 Act as a resource group for the GFF CS IG representatives;
- 5 Act as a pool of experts to work on various GFF related working groups;
- 6 Disseminate to and consult broader networks on questions related to the GFF.

**Coordinating Group on the GFF** was formed in January 2016 (Box 4) and continues to play an active role in convening webinars, sharing information, and supporting the civil society representatives of the Investors Group and country level engagement.<sup>20</sup>

- Kadidiatou Toure, the PMNCH focal person for the CSO Coordinating Group on the GFF can be emailed at: [pmnch@who.int](mailto:pmnch@who.int).
- The CS Coordinating Group produces a bi-monthly newsletter on the GFF, compiled by the Africa Health Budget Network. You can view old editions of the newsletter here: <http://us8.campaign-archive1.com/home/?u=7a402c1f5b39bc7d6d0c9e413&id=7b01e99d1f>, and email [ahbn@evidence4ction.net](mailto:ahbn@evidence4ction.net) to be added to their mailing list.
- PMNCH and Global Health Council convene regular webinars to support CSO engagement. Contact [pmnch@who.int](mailto:pmnch@who.int) to be added to the invitation list.
- The Reproductive Health Supplies Coalition Advocacy and Accountability Working Group convenes regular meetings with CSOs to ensure that RH supplies are prioritized in the GFF, and generally support CSO engagement. Contact [secretariat@rhsupplies.org](mailto:secretariat@rhsupplies.org) if you are interested in joining the email list.

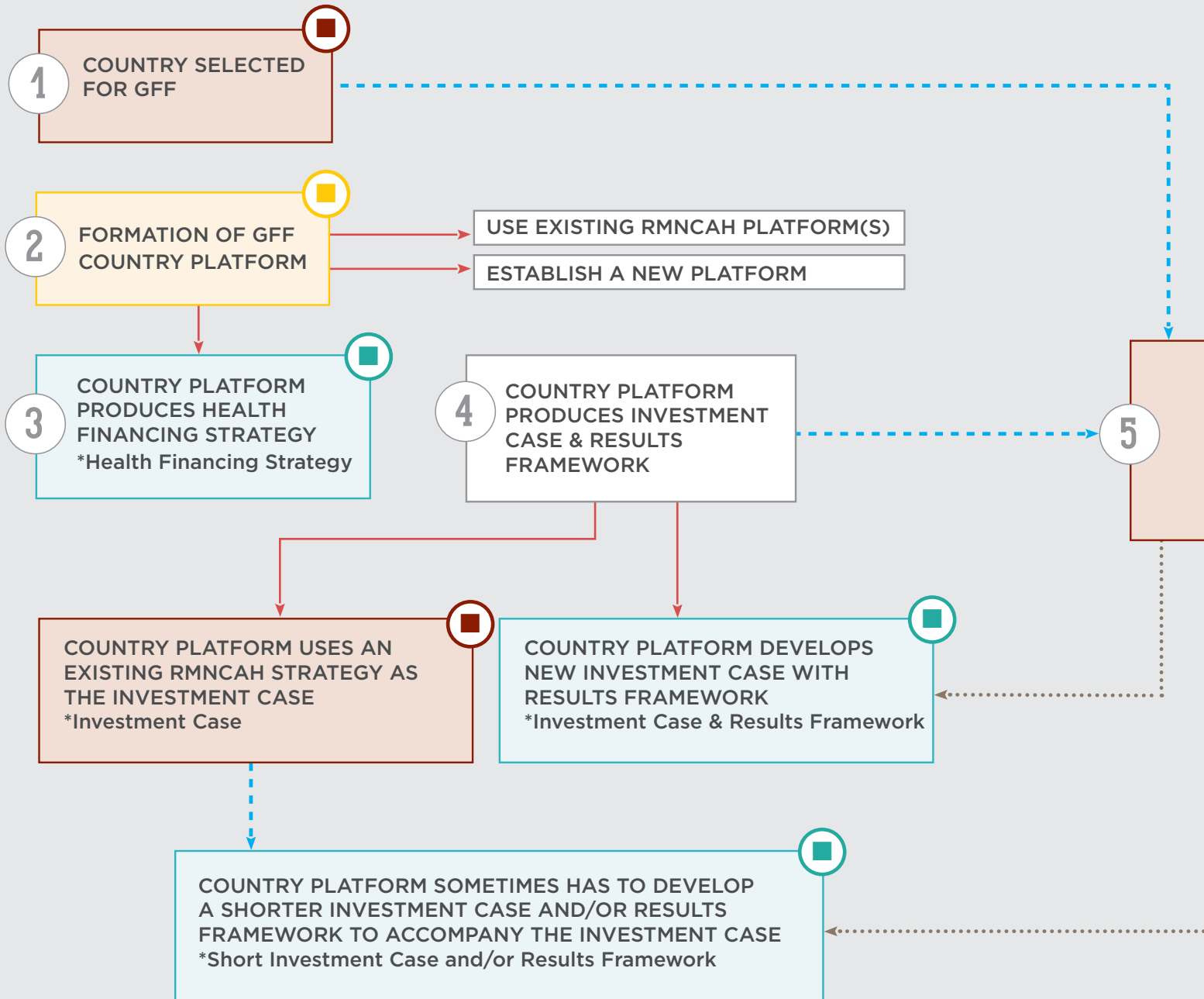
### CS Efforts to Engage In-Country

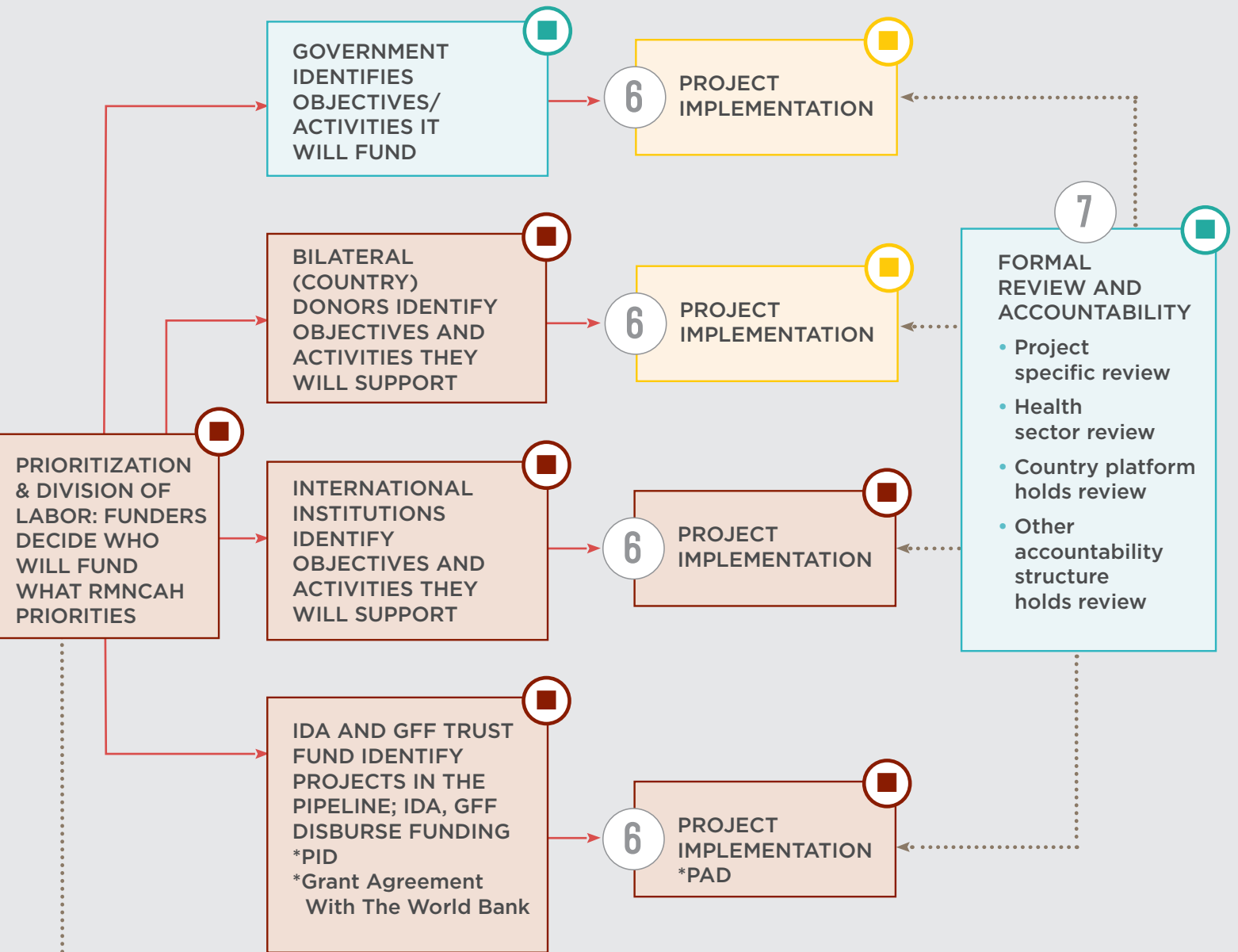
In an effort to respond to the lack of CSO engagement to date in GFF countries, CSOs with similar interests have organized themselves outside the GFF country platform, sometimes with other like-minded stakeholders, through consultations and informal meetings. For example, in Senegal, PMNCH convened CSOs 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 an opportunity to start coming together in one national coalition, as opposed to fragmented platforms working towards the same goals.<sup>21</sup> In the Democratic Republic of Congo (DRC), the Multi-sectoral Permanent Technical Committee on Family Planning<sup>22</sup> organized a pre-meeting, supported by Advance Family Planning, ahead of the official GFF consultation. 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.<sup>23</sup>

- 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 global CSO coordinating group on the GFF may be able to put you in touch with other CSOs who are involved in your country.



FIGURE 1. GFF PROCESS AND OPPORTUNITIES FOR CSO ENGAGEMENT





**LEGEND**

\* Documents produced that can be used for information and accountability

There are little or no opportunities for CSOs to influence this step

Sometimes this is an opportunity to engage, or very advanced advocacy is possible here

There is typically space for CSOs to influence this step

Next step

Next step does not always follow sequentially

Accountability Opportunity

# PART 3. THE GFF PROCESS AND OPPORTUNITIES TO ENGAGE

As we discussed in the previous section, CSOs 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 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 Figure 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 RMNCAH 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.<sup>24</sup>

- The country selection process takes place outside the reach of most CSOs. 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 3.2-3.4 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 multi-stakeholder 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.<sup>25</sup>

Governments typically use existing structures for RMNCAH planning as the GFF country platform. For example, Cameroon is using its health sector strategy committee as its country platform, supported by two technical working groups.<sup>26</sup> 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 an investment case (covered in section 3.4);
- Developing a health financing strategy (section 3.3);
- 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 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 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 are under-represented in the country platform, adapt the talking points in Box 2 to help make the case for why CSOs 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 you can 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.”<sup>27</sup> The health financing strategy is typically based on analysis of the main sources of health funding, 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.<sup>29</sup>

Ultimately, CSOs want the same results and impact that the GFF is pursuing. Developing strong national

financing strategies that can unlock funds for RMNCAH 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.<sup>29</sup>

### 3.4 Investment Cases

**Investment cases** are country-owned RMNCAH 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 monitoring and evaluation of progress towards the desired results.<sup>30</sup>

If a country has an existing plan for improving RMNCAH that meets these criteria, it can be used as an investment case. For example, Tanzania is using its RMNCAH One Plan II as its investment case.<sup>31</sup> Ethiopia is using its newly-completed Health Sector Transformation Plan to guide the investment case and health financing strategy.<sup>32</sup> 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 RMNCAH, using it as the investment case is a good thing. Even if it is not strong on RMNCAH (or a particular issues), pushing for a separate GFF investment case may be counter-productive or a waste of time and resources. Either way, there are other opportunities to engage during prioritization and implementation. Skip ahead to the next section.

## BOX 5. ENSURING POLICY COHERENCE IN UGANDA'S INVESTMENT CASE

In Uganda, CSOs 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 government to ensure that family planning was adequately prioritized.

The GFF process in Uganda began without any CSO engagement. CSOs were alarmed because they were not aware what was happening with the GFF, but had heard that consultants had been hired and had commenced work. The process shifted in October of 2015, when a meeting in Mukono brought together government, development partners and CSOs 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 with the World Bank mission in November 2015, where the mission provided a detailed briefing and addressed questions and concerns from CSOs. World Bank mission staff demonstrated a willingness to share information and accept feedback, and took time to listen to CSOs and explain the process. This meeting culminated in the selection of one CSO representative to the November, 2015 GFF Learning Meeting in Nairobi. 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 and World Bank missions. These meetings included presentations to CSOs on the progress made so far in developing the investment case and the priority investment areas.

During the presentations, CSOs including Partners in Population and Development Africa Regional Office realized that Uganda's draft investment case had not utilized the Family Planning Costed Implementation Plan (CIP). 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 CIP, and worked closely with UNFPA to ensure its inclusion. The CIP was a valuable resource for making a strong case for RH inclusion in the investment case, with 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 were not included in this process. The next step will be to seek parliamentary approval. This presents a further opportunity for CSOs to be involved.

### ■ Steps and Opportunities

For countries developing a new investment case, the GFF Secretariat has outlined the following potential steps in a guidance document.<sup>33</sup> At each step, we have identified entry points and questions that can lead to valuable information. A few tips cut across steps:<sup>34</sup>

- Coordinate CSO leadership so that CSOs are organized through existing mechanisms or by broadening existing coalitions or creating a new coalition to engage in the GFF. Working together, CSOs can orient each other on processes and develop advocacy targets and messages. Since not all CSOs will be invited to all GFF

consultations, it is important to build consensus around key advocacy priorities that the chosen CSOs can deliver.

- Engage in **SMART advocacy** where joint CSO objectives are specific, measurable, attainable, realistic and time-bound. CSOs 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.<sup>35</sup>



- CSOs 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 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.<sup>36</sup>
- 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 may have to be persistent, and sometimes attend meetings to which they are not invited.
- Be sure to maintain the credibility of CSOs 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 roadmap 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 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 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? 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, 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 expected to be engaged throughout the investment case development and implementation, or just the initial stages?
- What is the process for CSOs who 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 should be at the table.
- Use the CSO recommendations in Box 3 to make suggestions on how CSOs 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 RMNCAH 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 LGBTQ 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 multi-sectoral 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 RMNCAH? 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 RMNCAH 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 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. Monitoring and evaluation:** Each investment case should include a results framework with indicators for monitoring progress, as well as a plan for monitoring and evaluation. 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 monitoring and evaluation (M&E) plan should include sources of data and systems to track progress, which may include household survey data, facility-level survey data, CRVS, 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 bi-annual?
- 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 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?

## Results Framework

The **results framework** is the set of targets and indicators used by the government, partners, and the GFF Investors Group to measure progress towards RMNCAH 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.<sup>37</sup> 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 RMNCAH 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.

### BOX 6. A BUMPY ROAD IN KENYA

The consultations on the development of Kenya's RMNCAH 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 are working through the Health NGOs' Network (HENNET), an existing network officially recognized as the platform through which CSOs 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 RMNCAH 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 organized with appropriate and timely messages for decision makers, despite limited engagement opportunities, made a huge difference in realizing prioritization of pertinent issues. However, the final RMNCAH investment framework was not shared directly with Kenyan CSOs. Instead, it was made available to them—and the rest of the world—only when it was posted on the GFF website. There has not been further engagement with CSOs, as the health finance strategy was finalized by the World Bank and Ministry of Health.

Renewed efforts by CSOs have yielded new avenues for continued CSO engagement around an accountability framework. The HENNET secretariat, supported by Jhpiego/Advance Family Planning, is spearheading these efforts. By the end of October 2016, it is expected that a concept for an advanced accountability mechanism for the GFF will be in place in consultation with Ministry of Health and the World Bank Kenya office.

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

- 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 RMNCAH from the investment case are being prioritized.<sup>38</sup>
- 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?

### 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 RMNCAH 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 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 can help shape first-year investment priorities by presenting an evidence-based position paper on certain critical areas in the RMNCAH 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 RMNCAH 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, UNFPA was a valuable resource in Uganda in ensuring the inclusion of family planning.

### Sources of Funding for the GFF

Although opportunities for CSOs to engage in prioritization is 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 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.<sup>39</sup>
- 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.<sup>40</sup>
- 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 Trust Fund Committee 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: (a) a grant from the Bank's International Development Association (**IDA**), low-income country financing window; or (b) an **IDA Credit**, or loan with highly favorable terms that includes a grant element.<sup>41</sup> 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."<sup>42</sup> 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.

## BOX 7. KENYA: HOW THE FINANCING FITS TOGETHER

The final national RMNCAH 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 socio-cultural, geographic, and economic barriers to health service utilization, and emphasizes multi-sectoral 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 RMNCAH Investment Framework prioritized investments in 20 counties selected on the basis of low coverage rates for RMNCAH services, large underserved 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 RMNCAH 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. The UK's Department for International Development, the Japanese International Cooperation Agency, the United Nations Children's Fund, and the U.S. Agency for International Development have committed complementary funding to support Kenya's RMNCAH Investment Framework.

Sources:

GFF. June 2016. GFF Portfolio Update.

World Bank. June 2016. Kenya Receives \$191.1 Million to Support Primary Health Care Services. *Press Release*.

- International organizations including GAVI and the Global Fund to Fight AIDS, Tuberculosis and Malaria provide unspecified amounts of co-financing in GFF countries, including through pooled funds.<sup>43</sup>
- 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 Investors Group ahead of each IG meeting. The latest public update is available following an Investors Group meeting on the GFF website under the "Investors Group" tab (<http://globalfinancingfacility.org/investors-group>), "Documents," and "Meetings." We have included an example of how the GFF process and financing is coming together in Kenya (Box 7).

### 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 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 sub-national level decision makers to focus on critical emerging priority areas following the release of new data. For example, in Tanzania the RMNCAH One Plan II has key priorities already set. However, a new Tanzania DHS 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 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 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 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>) includes some 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 RMNCAH 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.<sup>44</sup> 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.<sup>45</sup>

- A **project appraisal document** (PAD) is the Bank's feasibility assessment and justification for the project, and is used to help decision makers at the Bank approve or reject a project. It is published after a project is approved, unless a government approves it for earlier release.<sup>46</sup>

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.<sup>47</sup>

PIDs and PADs can be found by searching the health sector under the projects and operations tab (<http://www.worldbank.org/projects>), and 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 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 can use the PADs to monitor and hold the government accountable for promises laid out in the document.
- The FP2020 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 who are unfamiliar with its processes.

### 3.7 Formal Review & Accountability

We understand **accountability** to be a cyclical process of monitoring, review and action that emphasizes human rights principles of equality, non-discrimination, and partnership.<sup>48</sup> 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 Bank’s Environmental and Social Framework (formerly known as Safeguards). New safeguards were recently adopted, and will be rolled out between

2016 and 2018. More information can be found at: <http://web.worldbank.org/WBSITE/EXTERNAL/PROJECTS/EXTPOLICIES/EXTSAFEPOL/0,,menuPK:584441-pagePK:64168427-piPK:64168435-theSitePK:584435,00.html>.

- There are global accountability processes that CSOs working on accountability at the national and subnational levels can feed into. For example, PMNCH 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 (IAP) 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 UN General Assembly. The IAP’s annual report will include strong, independent national and sub-national assessments of RMNCAH progress as long as those assessments are conducted and shared with the panel.<sup>49</sup> 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 RMNCAH, particularly at the sub-national level. However, CSOs are being looked to as focal points on accountability for the GFF. To be able to serve as an independent watchdogs, CSOs may need to quickly get organized to develop innovative and contextually relevant accountability mechanisms.

There are significant efforts that can be adapted or applied.<sup>50</sup> For example:

- In Kenya, a group of CSOs led by HENNET, Advance Family Planning/Jhpiego, 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 is in the process of developing a scorecard to track effective CSO participation in GFF country platforms across the Africa 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.

# CONCLUSIONS

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

## Endnotes

- 1 P. 1, GFF. 2014. Concept Note. World Bank.
- 2 <http://globalfinancingfacility.org/our-approach>
- 3 <http://globalfinancingfacility.org/our-approach>
- 4 India was announced with the second wave of countries, but seems to have withdrawn.
- 5 <http://globalfinancingfacility.org/secretariat>
- 6 <http://globalfinancingfacility.org/investors-group>.
- 7 GFF. 2015. Business Plan. World Bank.
- 8 P. 10 Hurd, Wilson and Cody. 2016. Civil Society Engagement in the GFF: Analysis and Recommendations. Global Health Visions and Catalysts for Change.
- 9 September 2008. Accra Agenda for Action. Organization for Economic Cooperation and Development.
- 10 <http://globalfinancingfacility.org/about/partners>
- 11 p. 65, Every Woman Every Child. 2015. Global Strategy for Women's, Children's and Adolescents Health: Survive, Thrive, Transform. Every Woman Every Child.
- 12 Trends in maternal and child mortality from WHO, UNICEF, UNFPA, The World Bank, United Nations Population Division cited in p. 64, Every Woman Every Child. 2015
- 13 P. 77, Every Woman Every Child. 2015
- 14 More information about CHAM can be found at: <http://www.cham.org.mw/index.php/2013-07-22-16-50-42/background-of-cham>.
- 15 National Statistical Office and ICF Macro. 2011. Malawi Demographic and Health Survey 2010. Zomba, Malawi, and Calverton, Maryland, USA: NSO and ICF Macro.
- 16 Kyongo, Brian and Amos Mwale cited in Couture, Taryn and Suzanna Dennis. July 2014. Towards A Common Framework for Measuring Government Spending on Family Planning. Washington, DC: PAI.
- 17 P. 72 Every Woman Every Child. 2015
- 18 These are based on the CSO "Recommendations for Minimum Standards for RMNCAH Country Platforms to Enhance Participation, Transparency, and Accountability." See annex B of Hurd, Wilson & Cody 2016 for the full recommendations.
- 19 Hurd, Wilson and Cody. 2016
- 20 See the Civil Society Coordinating Group on the GFF Terms of Reference.
- 21 PMNCH. 2016. CSOs Outline Steps for Greater Engagement Ahead of Global Financing Facility Learning Meeting. PMNCH.
- 22 The *Comités Techniques Multisectoriels Permanents* or CTMP is a platform that brings together Ministry of Health leaders, local and national CSOs, as well as international partners to increase the prioritization of family planning.
- 23 P. 9-10 Hurd, Wilson & Cody. 2016.
- 24 <http://globalfinancingfacility.org/our-approach>
- 25 P. 23, World Bank. 2015.
- 26 From <http://globalfinancingfacility.org/cameroon>, supplemented by unpublished September 2016 GFF Portfolio Update.
- 27 p. 20 GFF. 2015; <http://globalfinancingfacility.org/our-approach>
- 28 p. 20 GFF. 2015; <http://globalfinancingfacility.org/our-approach>
- 29 A directory of BMET contacts in 102 countries is here: <http://www.internationalbudget.org/budget-work-by-country/findgroup>
- 30 P. 3-4, GFF. 2016. Guidance note: Investment Cases. World Bank.
- 31 <http://globalfinancingfacility.org/tanzania>
- 32 Source: GFF Third Investors Group Meeting Portfolio Update.
- 33 GFF. 2016.
- 34 Most of the tips here are taken from Mutunga, Shariff, Fredrick, Belanger, Sundaram and Marshall. 2016.
- 35 See the Advance Family Planning Advocacy Portfolio for more guidance and tools on SMART advocacy: <http://advancefamilyplanning.org/portfolio>.
- 36 For more, see: GFF. Quality Assurance of Investment Cases.
- 37 GFF 2015; GFF 2016; <http://globalfinancingfacility.org/our-approach>.
- 38 Annex 1, GFF 2016.
- 39 Mutunga et al. 2015.
- 40 See: <http://globalfinancingfacility.org/about/partners> and the GFF's Private Sector Engagement Strategy for more.
- 41 Definitions taken from the World Bank's IDA Lending Terms Effective as of April 1, 2016; DSA guide
- 42 <http://globalfinancingfacility.org/about/partners>
- 43 <http://globalfinancingfacility.org/about/partners>
- 44 Bank Information Center. 2014. Unlocking the World Bank's Access to Information Policy: Your key to the vault.
- 45 World Bank. 2016. Transforming Health Systems for Universal Care Project Information Document Appraisal Stage.
- 46 Bank Information Center 2015.
- 47 World Bank. 2015. International Development Association Program Appraisal Document on a Proposed Credit in the Amount of SDR 145 Million (US\$200 Million Equivalent) to the United Republic of Tanzania for the Strengthening Primary Health Care for Results Program.
- 48 WHO, Every Woman, Every Child: from commitments to action: the first report of the independent Expert Review Group (IERG) on Information and Accountability for Women's and Children's Health, 2012. Cited in [http://www.who.int/pmnch/topics/part\\_publications/KS23\\_human\\_rights.pdf](http://www.who.int/pmnch/topics/part_publications/KS23_human_rights.pdf)
- 49 Hurd, forthcoming.
- 50 This section is excerpted from Hurd, forthcoming.



## LIST OF RESOURCES ON THE GFF

Advance Family Planning. 2015. Advocacy Portfolio. Baltimore: Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health

Bank Information Center. 2014. Unlocking the World Bank's Access to Information Policy: Your key to the vault. Washington, DC: Bank Information Center.

Every Woman Every Child. 2015. The Global Strategy for Women's, Children's and Adolescents Health: Survive, Thrive, Transform. Every Woman Every Child.

Global Financing Facility. 2014. Concept Note: A Global Financing Facility in Support of Every Woman Every Child. Washington, DC: World Bank.

Global Financing Facility. 2015. Business Plan. Washington, DC: World Bank.

Global Financing Facility. 2016. Guidance Note: Investment Cases. Washington, DC: World Bank.

Global Financing Facility page: <http://globalfinancingfacility.org>

Hurd, Susannah, Rachel Wilson, and Aubrey Cody. February 2016. Civil Society Engagement in the Global Financing Facility: Analysis and Recommendations. Global Health Visions and Catalysts for Change.

Hurd, Susannah. Forthcoming. GFF Accountability Brief. Global Health Visions.

Mutunga, Angela, Halima Shariff, Beth Fredrick, Erica Belanger, Preethi Sundaram and Alison Marshall. 2015. Global Financing Facility (GFF) Country Consultations Fact Sheet: Lessons Learned from GFF Front Runner Countries - Kenya and Tanzania. International Planned Parenthood Federation, Advance Family Planning and the Reproductive Health Supplies Coalition.

Raja, Sangeeta. 2016. World Bank Operations Primer. Washington, DC: FP2020. (Forthcoming)

Sochas, Laura and Suzanna Dennis. October 2015. Raising the Bar: Recommendations to Strengthen the GFF Minimum Standards to Country Platforms to Enhance Participation, Transparency, and Accountability. Washington, DC: PAI and London: Africa Health Budget Network.

Note: This paper was the basis for discussion at the fall, 2015 Nairobi learning meeting. For the final CSO recommendations, see Annex B of Hurd, Wilson and Cody (2016)

Sundaram, Preethi. June 2015. Briefing on Global Financing Facility. London: International Planned Parenthood Federation.

World Bank projects & operations page: <http://www.worldbank.org/projects>

# ANNEX 2

## GFF COUNTRY PLATFORMS AND CSO CONTACTS

| COUNTRY                      | COUNTRY PLATFORM   | GFF CONTACT  |
|------------------------------|--|--|
| BANGLADESH                   | According to the latest GFF portfolio update, “Bangladesh has strong existing partnerships and coordination mechanisms in place that will be used for the GFF process”   | N/A  |
| CAMEROON                     | According to the latest GFF portfolio update, Cameroon will use its Health Sector Strategy Steering Committee, supported by technical working groups to oversee the work related to both its investment case and health financing strategy     | World Bank Country Office<br>Nouvelle Route Bastos Yaoundé,<br>Cameroon<br>Tel : +33-1-4069-3029<br>ohebga@worldbank.org   |
| DEMOCRATIC REPUBLIC OF CONGO | According to the latest GFF portfolio update, “The DRC has an established platform already in place”   | World Bank Country Office<br>Louise Mekonda Engulu<br>49, Boulevard Colonel Tshatshi Kinshasa/<br>Gombe, RDC<br>Tel : +243-0817-005-215<br>lengulu@worldbank.org   |
| ETHIOPIA                     | Joint Core Coordination Committee (JCCC)   | World Bank Ethiopia Country Office<br>Gelila Woodeneh<br>Africa Avenue (Bole Road)<br>Addis Ababa, Ethiopia<br>Tel : +011-5-176000<br>gwoodeneh@worldbank.org  |
| KENYA                        | Ministry of Health Maternal and Newborn Health Technical Working Group (TWG) & Health Financing TWG. CSOs are mobilized through HENNET   | World Bank Country Office<br>Peter Warutere<br>Delta Center Menengai Road, Upper Hill<br>P.O. Box 30577-00100 Nairobi, Kenya<br>Tel : +254-20-293-6444<br>pwarutere@worldbank.org                        |
| LIBERIA                      | According to the latest GFF portfolio update, Liberia’s country platform is composed of two technical working groups, one that works on health financing; and the other on RMNCAH. Both are overseen by a health sector coordination committee | World Bank Country Office<br>Michael Nyumah Sahr<br>German Embassy Compound Tubman<br>Boulevard, Oldest Congo Town Monrovia,<br>Liberia<br>Tel : +231-886-606-967/<br>886-514-321<br>msahr@worldbank.org |

| COUNTRY    | COUNTRY PLATFORM  | GFF CONTACT   |
|------------|---|---|
| MOZAMBIQUE | According to the latest GFF portfolio update, the Ministry of Health (MISAU) established a task force led by the director of public health to lead the GFF process  | World Bank Country Office<br>Rafael Saute<br>Av. Kenneth Kaunda, 1224 Maputo, Mozambique<br>Tel : +258-21-482-944<br>rsaute@worldbank.org   |
| NIGERIA    | According to the latest GFF portfolio update, a technical working group created as a result of the new National Health Act serves as the country platform. There is a thematic sub-committee on health financing which will develop the health financing strategy | World Bank Country Office<br>Obadiah Tohomdet<br>102 Yakubu Gowon Crescent Opposite ECOWAS Secretariat P.O. Box 2826, Garki<br>Abuja, Nigeria<br>Tel : +234-703-583-0641<br>otohomdet@worldbank.org |
| SENEGAL    | According to the latest GFF portfolio update, an RNMCAH platform that was installed at the end of April and will likely be formally launched in June.   | Bureau de la Banque mondiale Mademba Ndiaye<br>Corniche Ouest X Rue Leon Gontran<br>Damas Dakar, Senegal<br>Tel : +221-33-859-4140<br>mdiaye@worldbank.org  |
| TANZANIA   | Tanzania is using the Sector Wide Approach health sector coordination mechanism   | World Bank Country Office<br>Loy Nabeta<br>50 Mirambo Street<br>P. O. Box 2054 Dar es Salaam<br>Tel : +255-22-216-3246<br>lnabeta@worldbank.org   |
| UGANDA     | Uganda is using an existing health sector coordination mechanism  | World Bank Country Office in Kenya<br>Peter Warutere<br>Delta Center Menengai Road, Upper Hill<br>P.O. Box 30577-00100 Nairobi, Kenya<br>Tel : +254-20-293-6444<br>pwarutere@worldbank.org          |

