

CIVIL SOCIETY ENGAGEMENT STRATEGY

Civil society includes the full range of formal and informal, non-governmental and not-for-profit, organizations that publicly represent the interests, ideas and values of citizens and their members.¹ Civil society organizations (CSOs) encompass a diverse range of groups, such as: international non-governmental organizations (INGOs), regional and national advocacy groups, service-delivery organizations, community-based organizations (CBOs), youth-led coalitions, professional associations, faith-based groups and service-providers, indigenous groups, charitable organizations, research and academic institutions, and more.

EXECUTIVE SUMMARY

The value of civil society engagement and contributions to advancing reproductive, maternal, newborn, child and adolescent health (RMNCAH) and nutrition is well documented (see Box 2 and Annex 3 for examples). Leading global initiatives and financing mechanisms have paved the way in demonstrating effective processes for effective and meaningful civil society engagement, and have documented results that show that those engagement efforts lead to improvements in reaching vulnerable communities, accountability, resource mobilization, and health outcomes.² Civil society engagement to date in the GFF has already yielded positive results, such as the alignment of the country Investment Case and the country Costed Implementation Plan for family planning, in Uganda, and the inclusion of nutrition in the Investment Case in Cameroon (see Box 1).

However, civil society capacities have not been fully harnessed because of constraints to their engagement thus far. To fully leverage the skills and expertise that civil society has to add to the Global Financing Facility (GFF), clear and strategic systems and processes will be put in place--to enhance communication, transparency, consultation, as well as civil society alignment and capacity--and a commitment to implementing them must be made by all GFF partners. Strengthening national multi-stakeholder Country Platforms, national CSO Coalitions, and civil society-led accountability efforts, with support from the Global CSO Coordinating Group, The Partnership for Maternal, Newborn and Child Health (PMNCH), the GFF Secretariat and the Investors Group, as well as other partners, will be at the heart of efforts to strengthen civil society engagement.

Country governments must work in partnership with civil society to operationalize the principles and standards outlined in the [Guidance Note: Inclusive Multi-Stakeholder Country Platforms in Support of Every Woman Every Child](#)³ ("Guidance Note on Country Platforms"), and the need for independent monitoring and accountability must be recognized and prioritized.

¹ United Nations. [Civil Society](#). Accessed 10 October 2016.

² Hurd S, Wilson R and Cody A. [Civil Society Engagement in the Global Financing Facility: Analysis and Recommendations](#). Global Health Visions and Catalysts for Change. February 2016.

Mokoro 2015. [Independent Comprehensive Evaluation of the Scaling Up Nutrition Movement: Final Report - Main Report and Annexes](#). Oxford: Mokoro Ltd, 1 May 2015.

Sherry J, S Mookherji, and L Ryan. [The Five Year Evaluation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria: Synthesis of Study Areas 1, 2, and 3](#). Macro International, March 2009.

³ PMNCH, Every Woman Every Child, H6, GFF. [Guidance Note: Inclusive Multi-stakeholder Country Platforms in Support of Every Woman Every Child](#), June 2017.

Civil society is highly diverse, and different types of CSOs can bring a variety of skills and assets to the GFF. This document outlines a strategic approach to engaging civil society in the GFF, at sub-national, national, and global levels. The intended audience includes: civil society, country governments, PMNCH, the GFF Secretariat, the GFF Investors Group, other donors, and other interested stakeholders. It highlights the unique value that civil society brings to the advancement of RMNCAH, by describing CSO's breadth of expertise and deep reach to a wide range of communities, including the poorest and most vulnerable. And, it describes the roles and responsibilities for civil society, country governments, and supporting partners, to ensure that civil society's full value can be leveraged to support the GFF and achieve common goals. These roles and responsibilities build upon existing structures, processes, coalitions, and platforms, and aim to align with other key global initiatives and financing mechanisms such as Gavi, the Global Fund, SUN, and UHC2030.

This strategy is rooted in the following overarching goal and objective:

GOAL: Civil society is meaningfully engaged in the GFF, from sub-national to national to global levels, such that the full breadth of their skills and expertise can contribute to determining and achieving mutual goals and targets, including those laid out by the GFF and GFF countries, the [Global Strategy for Women's, Children's and Adolescents' Health](#), and the Sustainable Development Goals.

OBJECTIVE: GFF stakeholders will agree and act upon a clear set of roles and responsibilities for enhancing civil society engagement in the GFF, that contribute to improved GFF systems and processes at all levels, with particular focus on countries, including development, implementation, and accountability for GFF country Investment Cases and health financing strategies.

In addition, 3 sub-objectives will guide the strategic approach to implementing the strategy, including:

- 1) **Country Platforms** are supported to meaningfully engage civil society, in support of common goals, through implementation of the [Guidance Note: Inclusive Multi-stakeholder Country Platforms in Support of Every Woman Every Child](#).
- 2) **CSO Coalitions** at national and global levels are strengthened to enhance civil society alignment and capacity, and to streamline communications and technical assistance
- 3) **GFF accountability** is strengthened through capacity strengthening and support for civil society's role in accountability, and increased transparency and space for accountability in GFF processes

In order to operationalize this strategy, it will be reviewed and mutually approved by civil society (represented by the civil society members of the GFF Investors Group), the GFF Secretariat and the GFF Investors Group; within 6 months of approval of this strategy by the Investors' Group, with appropriate resources allocated, a time-bound and budgeted work plan will be developed, to ensure appropriate steps are taken to put the strategic approach, including key partner roles and responsibilities, into action. In addition to regular, meaningful engagement in GFF processes (as detailed in this document), the GFF Investors Group will retain "Civil Society" as a regular item on their agenda; CSO representatives and the Secretariat will provide annual updates, to be given at the last Investors Group meeting of every year, on the status of the strategic directions laid out in this paper. The civil society representatives to

the Investors Group will also maintain quarterly check-in calls with the GFF Secretariat to discuss any challenges and opportunities in implementation of the strategy. As the pathways for civil society engagement mature, ongoing discussion and consultation between the Investors Group and civil society will contribute to revisions to this strategy, as needed.

BACKGROUND

The GFF seeks to contribute to global efforts and momentum to end preventable deaths of women, adolescents, children, and newborns by 2030 and to improve their health and quality of life, by mobilizing significant additional resources to fill funding gaps for RMNCAH and improve the efficiency of spending over time. The GFF is intended to expand, accelerate and direct domestic and international resources to scale sustainable financing of RMNCAH, in support of Every Woman Every Child and the Global Strategy for Women’s, Children’s, and Adolescents’ Health (“Global Strategy”), and the health financing goal of the Sustainable Development Goals (SDGs).⁴ Meeting these goals will require a comprehensive and holistic approach, drawing on the strengths of all interested players.

The [GFF Business Plan](#) outlines GFF operations, structure and governance at both country and global levels. At the global level, the governance structure of the GFF includes the [Investors Group](#) that provides oversight and is comprised of representatives from GFF country governments, the UN Secretary General’s Office, UNICEF, UNFPA, the World Health Organization, the World Bank, Gavi, the Global Fund, PMNCH, bilateral donors, private foundations, the private sector and CSOs. There are two civil society representatives on the Investors Group, supported by two alternates (*more on the selection and roles of CSO representatives can be found in p.7*).⁵ A [GFF Secretariat](#), hosted by the World Bank, supports the governance and daily operations of the GFF, and supports GFF processes in country.

At the national level, the GFF process is managed by a multi-stakeholder Country Platform in each GFF country, which is responsible for developing, implementing, and monitoring the country [Investment Case](#) and [health financing strategy](#), as well as coordinating technical assistance and mobilizing resources, in coordination and alignment with broader health sector planning and financing processes. The Guidance Note on Country Platforms⁶ provides recommendations and minimum standards on the composition, functions, and processes of national multi-stakeholder country platforms, which are critical to successful implementation of the Global Strategy, including the GFF. The Guidance Note on Country Platforms emphasizes building on an existing platform, leadership by the Ministry of Health, and multi-stakeholder engagement, including working in concert with the H6 Partnership (UNAIDS, UNFPA, UNICEF, WHO, UN Women, and the World Bank) and PMNCH to support countries in strengthening their existing RMNCAH processes and platforms for delivering on the Global Strategy. Both the Guidance Note on Country Platforms and the Business Plan emphasize that all RMNACH stakeholders, including civil society, should be given opportunities to contribute to the process of determining priority investments, and developing and implementing programming under the GFF.

Civil society is well-positioned to contribute its unique and diverse knowledge, expertise, and connections to communities that the GFF aims to serve, as well as advocacy, accountability and resource mobilization skills, in ways that will ultimately strengthen the outcomes of the GFF and catalyze the

⁴ [GFF Business Plan](#), World Bank. June 2015.

⁵ At the time of writing of this strategy (March 2017), the two civil society seats on the GFF Investors’ Group are held by Angela Mutunga of Advance Family Planning/Jhpiego, and Aminu Magashi Garba of the African Health Budget Network.

⁶ PMNCH, Every Woman Every Child, H6, GFF. [Guidance Note](#), June 2017.

speed with which strategies are implemented. For instance, where civil society have been engaged systematically, their participation has already generated results (see Box 1).

While civil society has been acknowledged in the GFF Business Plan as critical stakeholders in GFF processes, both at global and country levels,⁷ the engagement of civil society at country level has been highly variable with key challenges and successes documented.⁸ However, there have been valuable lessons drawn from these experiences which can strengthen processes moving forward. In addition, though the GFF is a unique and new financing mechanism, unlike others before it, valuable lessons can also be drawn from other key global initiatives and funds – including the Global Fund, Gavi, and the Scaling Up Nutrition Movement (SUN) – about processes for and results from civil society engagement.⁹ Some of the key lessons learned include:

- Consistent and timely communication and planning facilitates more fruitful and meaningful engagement of a range of stakeholders
- Diverse representation of CSOs on key country and global governing bodies, and transparency in selection processes, is critical to facilitate input from, and leverage the skills and expertise of, a wide range of CSOs
- Multi-stakeholder platforms and civil society coalitions are essential for: facilitating greater dialogue and consultation between civil society and government, and among CSOs themselves; supporting alignment among CSOs; and coordinating technical assistance and capacity strengthening needs and opportunities for both government and civil society
- Adequate resources must be allocated to support strong multi-stakeholder consultation and engagement, particularly for local CSOs
- Meaningful civil society engagement contributes to better results

This paper seeks to draw on key lessons, research, and expertise to lay out an actionable strategy for civil society engagement in the GFF moving forward, in alignment with other global and country level mechanisms and processes, and building on existing platforms, wherever possible.

THE UNIQUE VALUE OF CIVIL SOCIETY TO RMNCAH

As countries deepen and broaden their engagement with the GFF, civil society is playing an increasingly important role in supporting this process, and examples are beginning to emerge that show how civil society has successfully engaged in, and contributed to results for the GFF to-date (see Box 1). However,

Box 1: Results of CSO Engagement in the GFF To-Date

- **Uganda:** Civil society ensured that the Investment Case aligned with the national Costed Implementation Plan (CIP) for family planning, by meeting with the Ministry of Health and other development partners engaged in drafting the Investment Case, and highlighting targets and strategies already agreed upon in the CIP.
- **Cameroon:** Civil society consultations with the Ministry of Health helped ensure that nutrition was included in the Investment Case, as civil society representatives were able to provide data and information that highlighted the added value of key nutrition strategies for reaching the country's RMNCAH goals.

⁷ [GFF Business Plan](#), World Bank. June 2015.

⁸ Hurd, Wilson, Cody. February, 2016. And, Hurd S, and Dia M. [Addendum to Civil Society Engagement in the GFF](#), February 2016 Report. Global Health Visions. January 2017.

⁹ Hurd, Wilson and Cody. February 2016. And, Hurd S, and Dia M. January 2017.

civil society has long been a leader and key contributor to successes in advancing RMNCAH, and this vast and varied experience must be leveraged for the GFF.

Across the RMNCAH continuum, myriad CSOs work on one or more issues critical to advancing the health and wellbeing of women, children, adolescents, and communities. The perspectives they provide through these experiences is unmatched by any other sector, because of their direct access to end users and community members. Through **advocacy** for resources and policies, **elevating voices of affected populations, monitoring and accountability, implementation, research, and technical assistance**, CSO's are critical contributors to advancing progress for RMNCAH (see Boxes 2 and 3). Grassroots CSOs and those representing marginalized communities often bring different, but equally valuable, perspectives and skills than large, international CSOs. Many CSOs can provide services and community engagement in places the government is unable to reach. And, because of the independent nature of CSOs, they can provide an essential oversight role in holding decision-makers accountable.

CSOs often work in a cross-cutting way with other health and development sectors that have a significant impact on RMNCAH, including nutrition, education, gender, water, sanitation, and hygiene (WASH), economic development and empowerment, and many more. CSOs also play an important role in developing innovative financing mechanisms, and in catalyzing public-private partnerships. This understanding and collaboration will be critical to reaching the goals of the GFF, as well as the Global Strategy, which the GFF aims to support, and the SDGs. Civil society was an integral player in the development of the Global Strategy, and remains a key partner in driving implementation and accountability for the Global Strategy.

CSOs' breadth of expertise and deep reach to a range of different communities makes them uniquely positioned to ensure that efforts to improve RMNCAH through the GFF are driven by evidence, reflect the needs of target constituencies, and have the policies and resources in place to ensure results. Engaging civil society—including affected populations such as adolescents and women—in the GFF *from the beginning*, will allow countries to leverage their skills, experiences, and functions in the design, implementation, and monitoring of Investment Cases and health financing strategies. It will also allow civil society to contribute to the GFF's rigorous focus on results.

Some of the most valuable functions of civil society and the results they can deliver, are summarized in Box 3 below; for specific examples of each function, see Box 2 and Annex 3.

Box 2: Examples of CSO Contributions to RMNCAH

- **Advocacy:** In Zambia, Planned Parenthood Association of Zambia and the Centre for Reproductive Health and Education worked with the government to reinstate the budget line for reproductive health supplies, including a significant portion from locally generated revenue.
- **Monitoring and Accountability:** White Ribbon Alliance Uganda collaborated with local midwives, district health officers, and community members to conduct health facility assessments to identify gaps in services, supplies, and health workers; and then worked with government officials to respond to the gaps and challenges identified through the assessments, such as training and deploying additional health workers, improving the availability of lifesaving commodities, and addressing facility infrastructure deficiencies.
- **Implementation:** In Liberia, the Ministry of Health partnered with Plan International Liberia to leverage their expertise and skills in distributing long-lasting insecticide treated nets for malaria prevention to over 930,000 households, including the most hard-to-reach.

For more examples & citations, see Annex 3

Box 3. Key CSO Functions: Driving Change and Ensuring Results for RMNCAH¹⁰

CSOs contribute to tangible outcomes and results for RMNCAH in a variety of ways, outlined below. Each of these functions can be leveraged in support of national Investment Cases, GFF goals, and the Global Strategy:

- ✓ **Advocacy: Mobilizing resources and driving policy change** – In many countries, CSOs’ advocacy and engagement with government and donors contributes to the political prioritization of issues that are often neglected (e.g. family planning, non-communicable diseases), and to the mobilization of new resources for those and other important health areas. Civil society is often a driver for the policy change needed to create an enabling environment for scaling up effective interventions. CSOs also support grassroots advocacy and community groups that impact policy implementation at the local level; and they engage with the media to bring attention to key issues and priorities.
 - *For the GFF, CSOs can advocate for neglected but high impact areas in Investment Cases; and advocate for policies and mobilize resources that support implementation of Investment Cases.*
- ✓ **Monitoring and Accountability: Holding leaders accountable to ensure results** – CSOs play an essential role in holding leaders accountable to their commitments through targeted review, monitoring, and actions at the global, regional and national and subnational levels.¹¹ When done well, accountability activities amplify the experiences of local communities, helping to identify barriers, and bringing citizens’ voices to relevant policymakers to systematically address them, building citizen ownership and sustainability of investments. Social accountability mechanisms also create a feedback loop for strategic information (e.g. facility data) to be used by civil society to improve their own programs and services.
 - *To support accountability for the GFF, CSOs can provide independent monitoring of GFF processes and results, such as assessing Country Platform operations against the Guidance Note on Country Platforms, evaluating of the implementation of Investment Case workplans at sub-national levels, verifying reported results, and independently tracking key GFF financing indicators.*
- ✓ **Elevating Voices of Affected Populations: Ensuring that policies and programs reflect local communities’ needs and priorities** – CSOs have the experience, reach and relationships with many communities, including marginalized groups, to ensure that they are informing and shaping the programs, services, and policies that affect them. And, sharing information with communities about health policies and entitlements can increase demand for quality services. In some contexts, CSOs can gain access to communities where government actors cannot, making their involvement even more critical.¹²
 - *For the GFF, civil society can ensure that the priorities of local communities are reflected in Investment Cases, and can help to ensure that the inputs of local communities inform the design and monitoring of key government-led RMNCAH programs and services.*
- ✓ **Implementation: Improving health outcomes by introducing and scaling up evidence-based solutions and reaching the most vulnerable** – In many countries, CSOs provide a large proportion of health programs and services, particularly where government services cannot reach all people.¹³ CSOs are also often leaders in piloting innovations and/or facilitating equitable access to innovations in service delivery, integration, quality improvement, demand generation, and health technology; and they are pioneers in strengthening health systems that are critical for RMNCAH advancement.

¹⁰ Box 2 builds upon a table in: Dennis. [Civil Society Guide to the GFF](#). PAI, October 2016.

¹¹ Every Woman Every Child. 2015

¹² Every Woman Every Child. 2015

¹³ Gavi, the Vaccine Alliance. [Civil Society Organisation Support](#). Accessed 10 October 2016.

- *Civil society can support the implementation of GFF Investment Cases, particularly in implementing programs and services that reach marginalized communities, and in working with government and other partners to bring evidence-based interventions and innovations to scale.*
- ✓ **Research & Data Analysis: Driving effective services and programs** – CSOs are uniquely positioned to drive research and data analysis that is essential to determining the most effective services and programs. This includes gathering evidence on the barriers and gaps that communities are facing in accessing health services and programs, piloting and documenting new interventions and best practices for delivering services, strengthening supply chain systems and more.
 - *In support of GFF Investment Cases, CSO-led research and data analysis skills can be leveraged to support piloting and documenting key RMNCAH interventions and commodities, and gaps in service delivery or programs needed to accomplish national goals.*
- ✓ **Technical Assistance (TA): Supporting decision-makers to implement policies and programs based on the best available evidence** – CSOs’ depth of technical knowledge 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.¹⁴ This technical assistance can be directed towards policies and planning, and implementation; and it ensures that resources are targeted where they are most needed and will have the greatest impact.
 - *For the GFF, CSOs can provide TA to add necessary support or fill technical gaps in the development of evidence-based Investment Cases, supportive policies and national guidelines, health financing strategies, results frameworks, implementation plans and systems and more.*

STRATEGIC OBJECTIVES AND APPROACH

To achieve the overarching goal and objective of the Civil Society Engagement Strategy, enabling the participation of civil society in country-level GFF processes will be at the center of the approach. The strategic approach, is grounded in three sub-objectives focused on the Country Platform, CSO Coalition, and accountability:

- 1) **Country Platforms** are supported to meaningfully engage civil society, in support of common goals, through successful implementation of the *Guidance Note: Inclusive Multi-stakeholder Country Platforms in Support of Every Woman Every Child*
- 2) **CSO Coalitions at national and global levels** are strengthened to enhance civil society alignment and capacity, and to streamline communications and technical assistance
- 3) **GFF accountability** is strengthened through capacity strengthening and support for civil society’s role in accountability, and increased transparency and space for accountability in GFF processes

¹⁴ Every Woman Every Child. [Global Strategy for Women’s, Children’s and Adolescents Health: Survive, Thrive, Transform](#). September 2015.

To achieve these sub-objectives, a wide range of stakeholders must be committed to strategically improving GFF structures and processes, including: **civil society** itself, **country governments**, and **GFF leadership, partners and donors**. A summary of stakeholder roles and responsibilities is outlined below, and summarized in tables 1, 2 and 3. **These structures and processes will establish standard entry points and opportunities for CSO engagement; however, it will still be up to country governments and multi-stakeholder Country Platforms to decide exactly how to leverage the unique skills and expertise of civil society beyond these structures, based on each country's context and needs.** Other stakeholders also have an important role to play in supporting Country Platforms to determine how to leverage civil society. For example, PMNCH might work closely with the Country Platform to identify gaps that CSOs could fill, and support them in robust and broad-reaching civil society consultation processes. In addition, civil society could hold meetings with key Country Platform representatives from government and other constituencies to make recommendations for engaging civil society effectively.

Civil society is eager to respond to the needs of country governments to support the GFF. For CSOs aiming to understand where to get additional information, how to provide input and feedback, or how to identify opportunities to engage, please see Annex 1, as well as the [Civil Society Guide to the GFF](#).

GFF PARTNER ROLES AND RESPONSIBILITIES IN SUPPORT OF STRATEGIC OBJECTIVES

1. Roles and Responsibilities: Civil Society

Strengthening existing national RMNCAH CSO coalitions will be critical to support the GFF and the successful engagement of civil society in it; in countries with multiple RMNCAH coalitions, or with other relevant coalitions (e.g. nutrition), it is expected that these coalitions will work closely together to facilitate communication and alignment. As country Investment

Box 4: Engaging local, grassroots CSOs and those representing marginalized groups

- **Country Platform* CSO Representative(s):** CSO representative(s) should be selected by their own self-identified constituency, and should be selected from an RMNCAH coalition, to facilitate broader consultation; they should also be from organizations of different size and scope. There should be an agreed upon Terms of Reference developed by country CSOs outlining the terms and selection process for representatives. CSO representatives are expected to share information with the broader constituency, with particular attention to smaller CSOs and marginalized groups.
- **Consultations:** Country platforms will develop a plan for broad stakeholder engagement. Consultation will be carried out on an ongoing basis; broad participation from a range of CSOs, including grassroots CSOs and those representing marginalized groups, is essential so that all CSO voices can provide input into the development of Investment Cases and health financing strategies, and to support implementation, monitoring and accountability.
- **RMNCAH CSO Coalitions:** A strong national RMNCAH Coalition (or coalitions) will form the backbone of communication and consultation between grassroots CSOs, CSO Country Platform representative(s), the Global CSO Coordinating Group, and the CSO Investors Group members. RMNCAH Coalitions should make special efforts to outreach to and include grassroots CSOs and those representing marginalized groups in their meetings and communications.

* For additional recommendations and minimum standards on Country Platforms, that will support the engagement of local, grassroots CSOs, refer to the [Guidance Note on Inclusive Multi-stakeholder Country Platforms](#).

Cases are operationalized, the CSO coalition(s) will serve as a source of implementing partners, and as a “go-to resource” to provide technical assistance to the government when particular skills or expertise are needed. CSO coalition(s) will serve to improve the flow of information from CSOs and citizens to the CSO representatives on the Country Platform, and to the Global CSO Coordinating Group and Investors Group representatives. CSO Coalition(s) can also serve as a critical advocate and partner for mobilizing resources to support implementation of the Investment Case. And, Coalition(s) can be a source of CSOs with the skills to support the GFF with data collection and monitoring implementation of the Investment Case, expanding the reach of these efforts, particularly to hard to reach communities, and providing an independent assessment of progress.

One of the most valuable roles that civil society can play is in enhancing accountability, to independently track GFF commitments, indicators, and financing flows, where possible, to monitor how effectively GFF principles and goals are operationalized at national, sub-national, and community levels, and to provide mechanisms for citizen voices to be integrated into accountability and decision-making processes.

Efforts will be made to ensure that civil society stakeholders with expertise on traditionally neglected and under-funded health and development issues (e.g. sexual and reproductive health and rights, including family planning; nutrition; civil registration and vital statistics) and target populations (e.g. adolescents, communities in fragile settings) form part of GFF processes – including consultation, planning, implementation, and monitoring and documenting results. Particular focus will also be placed on the engagement of civil society stakeholders representing marginalized population groups, as well as smaller, local CSOs (see Box 3). And, civil society will seek to align GFF-related efforts and mechanisms with existing and/or evolving complementary efforts, such as UHC2030, the Global Fund, Gavi, and SUN, so as not to create parallel processes.

Table 1. Civil Society Roles and Responsibilities to Support Civil Society Engagement

Role	Sub-Objective(s) & Purpose	Responsibilities
CSO reps to the Investors Group (IG)	Sub-objective 2 (CSO Coalitions) GFF global governance; support and linkages between global governance and CSO Coalitions	Every two years, two CSO representatives to the IG are decided upon by the PMNCH Board representatives of the NGO constituency and the current civil society representatives to the IG, following an open call and application process. CSO representatives must have membership and/or connection to broad civil society networks and communities. ¹⁵ The two elected civil society representatives (and alternates) are tasked with: <ul style="list-style-type: none"> • Participating in the overall functions of the IG, representing the diverse voices of civil society. • Ensuring and supporting meaningful engagement of civil society in GFF processes, including consultation with the broader constituency of civil society. • Regular consultation and information sharing with CSOs through engagement in meetings and calls of the Global CSO Coordinating Group, sharing and soliciting relevant information and feedback by email via the Global CSO Coordinating group, webinars for civil society before and after each IG meeting, and other outreach to CSOs, as needed. • Enhancing communication and transparency around GFF processes, to ensure that all interested civil society stakeholders are well-

¹⁵ PMNCH. [Call for Applications: The GFF Civil Society Investors Group Representatives](#). August 2016.

		<p>informed.</p> <ul style="list-style-type: none"> • Promoting and facilitating alignment with civil society engagement efforts in other relevant global initiatives and financing mechanisms (e.g. Gavi, Global Fund, UHC2030, SUN). • Holding regular calls with the GFF Secretariat to address challenges and opportunities for enhancing civil society engagement in the GFF.
Global CSO Coordinating Group	<p>Sub-objective 2 (CSO Coalitions)</p> <p>Coordination, communication and capacity strengthening for CSOs</p>	<p>The CSO Coordinating Group (hosted by PMNCH – <i>see GFF Partner Roles & Responsibilities, below</i>) – convenes a range of global, regional, and national GFF CSO stakeholders, with the aim of fostering and supporting engagement by civil society in the GFF at all levels. All CSOs are invited to join the Global CSO Coordinating Group. The core roles and responsibilities to be carried out by this group include:¹⁶</p> <ul style="list-style-type: none"> • Supporting the CSO representatives to the IG, and providing a platform for the CSO representatives to the IG to enhance engagement and communication with CSOs (a two-way communication and feedback channel). • Promoting effective implementation of the Minimum Standards for Country Platforms (outlined in Annex 2 of the Guidance Note on Country Platforms).¹⁷ • Expanding civil society access to information on the GFF through various communication channels (i.e. webinars, calls, written materials and tools etc.) • Holding and/or supporting consultations with a range of CSOs and networks to ensure adequate representation of diverse interests and perspectives, with special attention to those representing marginalized groups (e.g. youth groups, community-based organizations). • Providing guidance, technical support and capacity building for national CSOs, including the development of a CS Guide to the GFF. • Mobilizing resources for civil society coordination and accountability activities at all levels. • Developing annual costed workplans, to operationalize this civil society engagement strategy. • Synthesizing results of CSO engagement in GFF countries at least annually, and supporting CSOs to improve monitoring and evaluation of their contributions to the GFF. • Promoting and facilitating alignment with civil society engagement efforts in other relevant global initiatives and financing mechanisms (e.g. Gavi, Global Fund, UHC2030, SUN).
Country CSO Focal Points	<p>Sub-objective 2 (CSO Coalitions)</p> <p>Communication and alignment among CSOs</p>	<p>Civil society in GFF countries will select a country focal point to participate in the Global CSO Coordinating Group, to ensure that all GFF countries are represented. The Country CSO Focal Point should be an active participant or leader within an existing RMNCAH CSO coalition. Focal point engagement in the global CSO Coordinating Group will mirror the role of the CS representatives in the IG. The Country Focal Point will:</p> <ul style="list-style-type: none"> • Participate in the Global CSO Coordinating Group and act as a liaison between the global group and national efforts, sharing information (e.g. challenges, needs, opportunities, progress) between the global

¹⁶ Civil Society Coordinating Group on the Global Financing Facility. [Terms of Reference](#). May 2017.

¹⁷ PMNCH, Every Woman Every Child, H6, GFF. [Guidance Note](#), June 2017.

		<p>group and national RMNCAH coalition(s), and vice versa.</p> <ul style="list-style-type: none"> • Ensure that the needs and interests of CSOs in his/her country across the RMNCAH+N continuum are represented in the global CSO group. The CSO Country Focal point may or may not be the same as the CSO representative(s) to the Country Platform.
CSO Rep(s) to Multi-Stakeholder Country Platforms in support of EWEC	<p>Sub-Objective 1 (Country Platforms)</p> <p>Sub-objective 2 (CSO Coalitions)</p> <p>Technical inputs for Investment Case & health financing strategy development, implementation, and monitoring; communication with CSO constituency</p>	<p>Country Platforms will be grounded in the principles of inclusivity, transparency, and mutual accountability, and will build upon existing structures, where possible. CSO representatives (self-selected by civil society) will be active, contributing members of the Country Platform, with a range of responsibilities, such as:</p> <ul style="list-style-type: none"> • Providing technical assistance. • Representing community and CSO voices and reporting back to civil society and communities. • Supporting resource mobilization efforts. • Contributing to monitoring and accountability. • Ensuring adherence to the Minimum Standards for Country Platforms.¹⁸
National RMNCAH CSO Coalitions AND Individual CSOS	<p>Sub-objective 2 (CSO Coalitions)</p> <p>Sub-objective 3 (Accountability)</p> <p>Technical assistance, implementation, information sharing, elevating community voices, policy advocacy, resource mobilization, monitoring, & independent accountability for results</p>	<p>Existing national RMNCAH CSO coalitions will be strengthened, with particular focus on inclusion of local CSOs and those representing marginalized groups (e.g. adolescents). Strengthened coalitions will:</p> <ul style="list-style-type: none"> • Align civil society around the goals of EWEC, the GFF and the country Investment Case. • Ensure coordination with CSO engagement efforts in other related initiatives, such as Gavi, Global Fund, UHC2030, and SUN. • Provide a platform for sharing GFF information; supporting workplanning, budgeting and implementation that reflect community needs; advocacy and resource mobilization; elevating community voices, and supporting monitoring and accountability. <p>Civil society will play an important role in filling gaps in the current accountability architecture for the GFF, by:</p> <ul style="list-style-type: none"> • Independently tracking GFF commitments, indicators, and financing flows, where possible. • Tracking implementation of the Minimum Standards for Country Platforms. • Collecting and disaggregating data at the sub-national level; assessing implementation of Investment Cases, particularly at sub-national and community levels. • Independently verifying reported results. • Engaging communities in accountability and decision-making processes, including through citizen-led social accountability mechanisms. • Connecting data to action, when implementation is off track.

¹⁸ PMNCH, Every Woman Every Child, H6, GFF. [Guidance Note](#), June 2017.

2. Roles and Responsibilities: Country Governments

Government leadership of Country Platforms should capitalize on the diverse functions that civil society offers, when developing plans for GFF priorities, implementation, communication, resource mobilization, and accountability. As outlined in the Guidance Note on Country Platforms, the multi-stakeholder Country Platform “plays a central role in the country-level process to develop, implement and monitor national RMNCAH strategies or Investment Cases and health financing strategies, as part of, or closely aligned with countries’ broader national plans.”¹⁹

While recognizing that each country context is different, several key principles are expected to be part of all Country Platforms, including:

- Leadership by the Ministry of Health
- Meaningful engagement of a broad range of interested stakeholder groups
- Inclusiveness, transparency, and accountability

(See Box 5 for information about Country Platforms and CSO engagement in fragile settings.) As such, the government leadership is responsible for supporting and ensuring that more than one civil society member is engaged in the platform itself, wherever feasible; that the CSO representative(s) are selected by their own constituency; and that participation from youth and representatives of other affected communities and marginalized groups is prioritized. The Country Platform leadership will also ensure support for civil society representatives to establish mechanisms for consulting and information sharing with a broader network, with particular focus on including participation from grassroots CSOs and those representing marginalized groups (see Box 4).²⁰ Lastly, in order to ensure that engagement is meaningful and adds value, country governments must ensure that civil society input—via the Country Platform representative(s) and/or broader civil society constituency consultations—is received openly and with equal value to that of other partners, and is acted upon. Open communication about how civil society input is utilized will further contribute to transparency and accountability.

Box 5: Country Platforms & Civil Society Engagement in Fragile Settings

As noted in the Guidance Note on Country Platforms, in fragile and humanitarian-settings, there may not be a multi-stakeholder Country Platform but coordination is ensured through Health Clusters that include bi-laterals, multi-laterals, civil society representatives and other stakeholders, and may or may not be led by government, depending on the situation. Health Clusters should uphold the same standards of inclusivity, transparency, and accountability, including meaningful engagement of civil society.

Civil society engagement may be particularly valuable in fragile settings, because of the deep reach of CSOs to populations and contexts that may be out of reach of the government.

Table 2. Country Government Roles and Responsibilities to Support Civil Society Engagement

Roles	Sub-Objective(s) & Purpose	Responsibilities
Ministry of Health AND	Sub-Objective 1 (Country Platforms)	The Country Platform, under the leadership of the Ministry of Health will: <ul style="list-style-type: none"> • Embody and operationalize the recommendations outlined in the Guidance Note on Country Platforms, including the Minimum

¹⁹ PMNCH, Every Woman Every Child, H6, GFF. [Guidance Note](#), June 2017.

²⁰ PMNCH, Every Woman Every Child, H6, GFF. [Guidance Note](#), June 2017.

Multi-Stakeholder Country Platforms in support of EVEC	GFF national governance, implementation, accountability	Standards, to ensure that civil society and other stakeholders are meaningfully engaged. <ul style="list-style-type: none"> Enhance timely communication and transparency about GFF processes, and opportunities for civil society to engage in them, such as a roadmap for Investment Case and health financing strategy development with consultation opportunities (<i>see Mozambique example in Guidance Note on Country Platforms</i>); and sharing and/or posting on a public website relevant documents such as: meeting minutes, Investment Case, health financing strategy, results framework, progress reports, financial disbursement records, MoUs etc. (<i>see Minimum Standards, Annex 2 in the Guidance Note</i>).²¹ Build upon, strengthen, and utilize existing platforms and mechanisms, wherever possible; and ensure alignment with complementary initiatives and financing mechanisms (e.g. Gavi, Global Fund, UHC2030).
Country Platform Focal Point	Sub-Objective 1 (Country Platforms) Sub-objective 2 (CSO Coalitions) Coordination, communication	Each Country Platform will identify a focal point to serve as a liaison between the Country Platform and other interested stakeholders, including civil society. Each country determines the specific terms of reference for this position but it includes: <ul style="list-style-type: none"> Support the functioning of the Country Platform to ensure effective governance and engagement of stakeholders in the process of developing and implementing Investment Cases and health financing strategies. Facilitate information sharing, communications, and documentation of processes in country. Support complementary financing by engaging key financiers in country.

3. Roles and Responsibilities: GFF Partners

The GFF Investors Group, Trust Fund Committee, PMNCH, UN partners, and other stakeholders have an important role to play in supporting civil society engagement that enhances the impact of the GFF, and ensuring that resources are made available to do so. This includes support for civil society to organize itself, and to enhance communication and “buy-in” so that the constituency can be effective advocates and partners to the GFF in accomplishing its goals. This includes support for civil society’s role in accountability – ensuring an independent, impartial review of GFF processes and results. The GFF Secretariat should take a leadership role in ensuring that the GFF principles of inclusivity, transparency, and mutual accountability are operationalized at all levels, by supporting the Investors Group and Country Platforms.

Finally, PMNCH will continue to play an important role in driving greater coordination, communication, and alignment among GFF civil society stakeholders, and between civil society and other relevant GFF partners, building on its broad network of constituency members, and its pivotal role in implementing the Global Strategy for Women’s, Children’s and Adolescents’ Health. This will include identifying and leveraging opportunities for alignment with [PMNCH’s strategic objectives](#), particularly around country engagement and accountability.

²¹ PMNCH, Every Woman Every Child, H6, GFF. [Guidance Note](#), June 2017.

Table 3. GFF Partner Roles and Responsibilities to Support Civil Society Engagement

Roles	Sub-Objective(s) & Purpose	Responsibilities
GFF Investors Group and Trust Fund Committee	Sub-Objective 1 (Country Platforms) Sub-objective 2 (CSO Coalitions) Facilitation and support for CSO engagement	The Investors Group members should actively facilitate and support CSO engagement at all levels of the GFF, including in policy formulation. GFF Investors Group members will be supported to attend meetings. In addition, an official stream of funding will be established and funded at the global level to: <ul style="list-style-type: none"> • Support civil society engagement at the national level including support for existing national RMNCAH CSO coalitions; CS representatives on Country Platforms; and consultations, communication, and information sharing to enhance transparency and engagement among the broader constituency of RMNCAH CSOs.
Donors (outside of GFF formal structures)	Sub-objective 2 (CSO Coalitions) Sub-objective 3 (Accountability) Funding for independent accountability efforts, resource mobilization, capacity strengthening	Bilateral and foundation donors have a critical role to play in supporting: <ul style="list-style-type: none"> • Civil society-led accountability efforts outside of formal GFF structures, to ensure independent, impartial review of GFF processes, resource flows, and results. • Other civil society efforts and needs that will enhance the GFF, such as: advocacy and resource mobilization, civil society capacity strengthening. • Efforts to align and harmonize civil society engagement in the GFF with other initiatives and financing mechanisms (e.g. Gavi, Global Fund, UHC2030, and SUN).
GFF Secretariat & Country Focal Points	Sub-Objective 1 (Country Platforms) Guidance on Country Platforms; technical assistance for country governments; convener at global and country levels	The GFF Secretariat will: <ul style="list-style-type: none"> • Finalize and disseminate the Guidance Note on Country Platforms, which includes the Minimum Standards, and serves as a resource for fully operationalizing a successful Country Platform, and leveraging the valuable contributions of all constituencies, including civil society. • Provide guidance for country governments that need support in implementing the Guidance Note on Country Platforms. • Hold regular (e.g. quarterly) calls with the civil society IG representatives to address challenges and opportunities for enhancing civil society engagement in the GFF. • Enhance communication channels, and improve the sharing of information about GFF processes, decisions, and results, including through regular updates to the GFF website with country and partner documents. • The Secretariat staff has a Focal Point for each GFF country, to serve as a contact person for information and feedback on country-specific processes, and opportunities for engagement.
PMNCH	Sub-Objective 1 (Country Platforms)	PMNCH will support civil society coordination, communication, and alignment including: <ul style="list-style-type: none"> • Supporting the election of CSO representatives to the IG, through the NGO constituency and Board representatives.

	<p>Sub-objective 2 (CSO Coalitions)</p> <p>Coordination, communication, alignment, shared learning, capacity strengthening for civil society</p>	<ul style="list-style-type: none"> • Hosting and supporting the global CSO Coordination Group. • Supporting coordination and capacity strengthening for civil society at country level. • Supporting broad constituency engagement in EWEC and the GFF in country, for a range of constituencies, including civil society. This includes support and technical assistance for multi-stakeholder Country Platforms, in alignment with PMNCH’s Strategic Objective 1, focused on country engagement through multi-stakeholder platforms. • Supporting coordination and alignment of GFF monitoring and accountability efforts with the broader Unified Accountability Framework under the Global Strategy, including the engagement of civil society in those efforts.
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Expected Results: What Does Success Look Like?

With civil society meaningfully engaged in the GFF at global, national, and sub-national levels, civil society can help countries to meet their goals, by supporting implementation of investment cases – particularly in reaching the most marginalized communities – ensuring accountability for results, and supporting efforts to mobilize additional resources for the GFF (see Box 3).

Many examples exist that show how civil society has contributed to tangible results for RMNCAH (see Annex 3). These examples, together with experience from other global initiatives and funding mechanisms such as the Global Fund, Gavi, and SUN, have shown **that involving civil society and communities in the design, implementation, and monitoring of programs, and in advocacy and governance, will lead to:**²²

- ✓ Programs and services that respond to community needs
- ✓ Reaching the most vulnerable and hardest to reach communities
- ✓ Increasing community demand for health services
- ✓ Evidence-based decision-making
- ✓ Enhanced monitoring, data analysis, and accountability
- ✓ Improved policies that create an enabling environment for scaling up evidence-based interventions and innovations
- ✓ Increased domestic and international resources for programs, initiatives, and services
- ✓ Improved health outcomes

Building civil society and community ownership in the design, implementation, and monitoring of the GFF will ensure that they are invested in the results.

Conclusion

The SDGs set out a broad vision for the future, and women, children, and adolescents must be at the heart of efforts to achieve that vision. The GFF plays a critical role in financing for the SDGs, in support

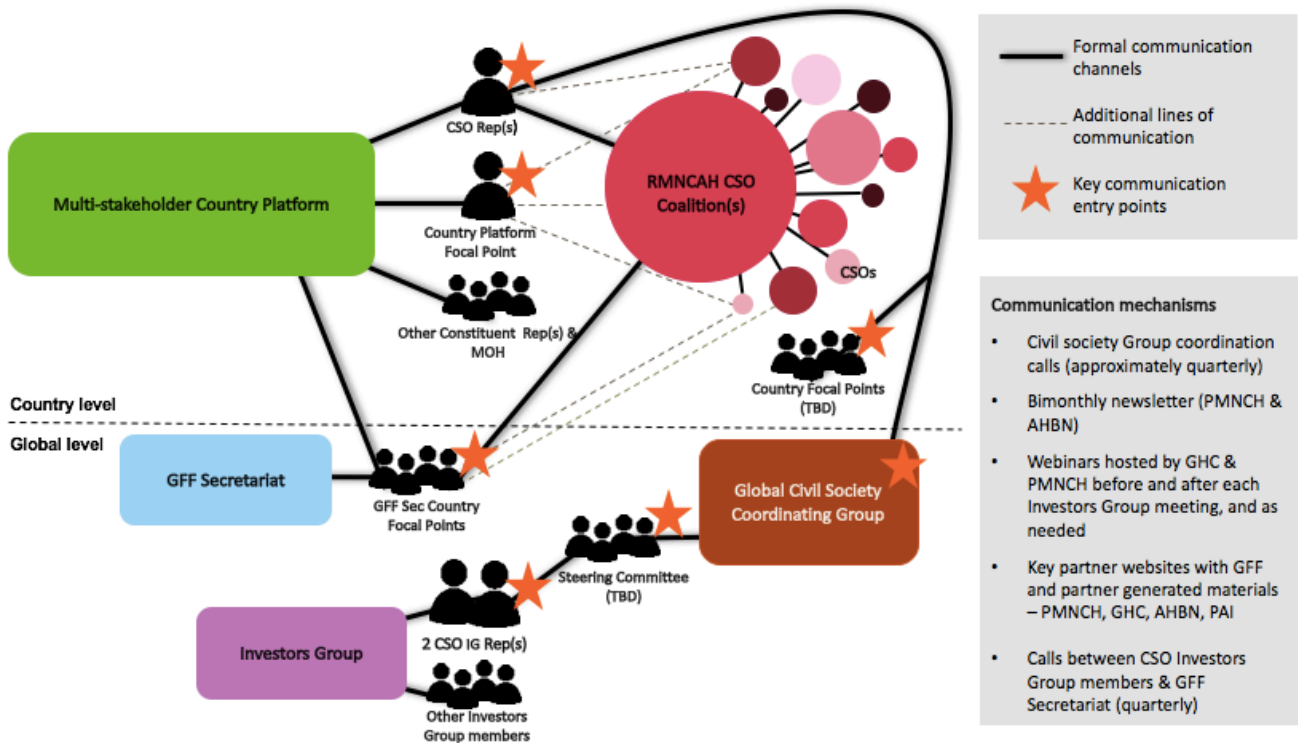
²² Baran C, Messerschmidt L, and O’Connor M. [Independent Multi-country Review of Community Engagement in Grant Making and Implementation Processes: Lessons Learned, Key Principals, and Ways Forward](#). The Global Forum on MSM & HIV (MSMGF), 2017. The Global Fund. [How We Engage: Stories of effective community engagement on AIDS, tuberculosis, and malaria](#). November 2016. Blanchard, C. Scaling Up Nutrition. [Accountability for Nutrition: The key role of civil society](#). December, 2015.

of the health goal (SDG 3), and more specifically, the Global Strategy. Civil society is invested in ensuring that financing supports evidence-based, essential interventions and reaches the poorest and most marginalized communities, with sustainability and long-term impact. Civil society's engagement in the GFF is essential for meeting common goals for accelerating progress on women's, children's and adolescents' health, particularly in reaching the poorest and most vulnerable.

With this strategy, civil society is poised to contribute to strengthening global and country based GFF processes and results, including stronger planning, implementation, and accountability. And, with civil society meaningfully engaged as a partner in those processes, civil society will also step in to support the GFF with advocacy and communications, with champions, and with resource mobilization efforts. The concrete roles and responsibilities outlined in this strategy will ensure robust and meaningful participation by civil society in the GFF at all levels moving forward, and civil society and all GFF stakeholders must commit to implementing it.

Annex 1: Communication Channels & Entry Points for CSOs in the GFF

The graphic below provides an overview of key communication channels and information sources for civil society within GFF processes and structures, including entry points and contacts for those CSOs looking to obtain more information or get involved. For additional information, see the Recommended Reading List below and the [Civil Society Guide to the GFF](#).



Annex 2: GFF and Civil Society Resources: Recommended Reading List

This Strategy does not provide an exhaustive overview of all GFF processes and structures, or of key gaps, challenges, and lessons learned to-date. For additional information, the following resources are recommended, as supporting documentation for the Civil Society Engagement Strategy:

- GFF. [GFF Business Plan](#), World Bank. June 2015.
- Every Woman Every Child. [The Global Strategy for Women’s, Children’s and Adolescents Health: Survive, Thrive, Transform](#). Every Woman Every Child, August 2015.
- Hurd S, Wilson R and Cody A. [Civil Society Engagement in the Global Financing Facility: Analysis and Recommendations](#). Global Health Visions and Catalysts for Change. February 2016.
- Dennis, S. [Civil Society Guide to the GFF](#). PAI, October 2016.
- Hurd S, and Dia M. [Addendum to Civil Society Engagement in the GFF](#), February 2016 Report. Global Health Visions. January 2017.
- Civil Society Coordinating Group on the Global Financing Facility. [Terms of Reference](#). May 2017.
- PMNCH, Every Woman Every Child, H6, GFF. [Guidance Note: Inclusive Multi-stakeholder Country Platforms in Support of Every Woman Every Child](#), June 2017.

Annex 3: Examples of Civil Society Contributions to RMNCAH

Building on the key CSO functions outlined in Box 2 of the strategy, below are a series of illustrative (not exhaustive) examples of how civil society operationalizes those roles, towards the achievement of tangible outcomes and results for accelerating progress on RMNCAH.

- ✓ **Advocacy: Mobilizing resources and driving policy change**
 - **Example:** In Zambia, Planned Parenthood Association of Zambia and the Centre for Reproductive Health and Education worked with the government to reinstate the budget line for reproductive health supplies, including a significant portion from locally generated revenue.²³

- ✓ **Monitoring and Accountability: Holding leaders accountable to ensure results**
 - **Example:** White Ribbon Alliance Uganda collaborated with local midwives, district health officers, and community members to conduct health facility assessments to identify gap in services, supplies, and health workers; and then worked with government officials to respond to the gaps and challenges identified through the assessments, such as training and deploying additional health workers, improving the availability of lifesaving commodities, and addressing facility infrastructure deficiencies.²⁴

- ✓ **Elevating Voices of Affected Populations: Ensuring that policies and programs reflect local communities' needs and priorities**
 - **Example:** In Uganda, the MACIS CSO network supports a local-to-national immunization information chain by working with community health volunteers to collect data and report on immunization gaps, health worker shortages, and supply problems to inform district health officers and national health officers in planning and policymaking.²⁵

- ✓ **Implementation: Improving health outcomes by introducing and scaling up innovative solutions and reaching the most vulnerable**
 - **Example:** In Liberia, the Ministry of Health recently partnered with Plan International Liberia to leverage their expertise and skills in distributing long-lasting insecticide treated nets for malaria prevention to over 930,000 households, including the most hard-to-reach.²⁶
 - **Example:** The Planned Parenthood Federation of Nigeria piloted the ClusterPLUS program in Oyo State, working in partnership with local government and communities to implement an innovative service delivery model that significantly improved uptake in family planning and sexual and reproductive health services, with a focus on the poorest and those who could not otherwise afford contraception.²⁷
 - **Example:** In Bihar, India, Project Concern International's Parivartan women's self-help group program, has increased the adoption of key maternal and child health, and sanitation behaviors

²³ Kyongo, Brian and Amos Mwale cited in Couture, Taryn and Suzanna Dennis. [Towards A Common Framework for Measuring Government Spending on Family Planning](#). Washington, DC: PAI, July 2014.

²⁴ White Ribbon Alliance. [Preventing Maternal and Newborn Deaths: Prioritizing Emergency Obstetric and Newborn Care in Uganda](#). 2015.

²⁵ Catholic Relief Services. [Completing the Chain: Bridging the Gap Between Policymakers and Communities](#). Gavi CSO Constituency, June 2015.

²⁶ Plan International. 2015. Amid Liberia's Ebola Crisis: Mass Mosquito Net Distribution to Prevent the Spread of Malaria.

²⁷ International Planned Parenthood Federation. [Changing Lives in Nigeria](#). Accessed 17 January 2017.

in marginalized communities, through an innovative approach to health education, women's empowerment, and microfinance support.²⁸

✓ **Research & Data Analysis: Driving effective services and programs**

- **Example:** In Tanzania, the Population Council worked with the Tanzania and Zanzibar AIDS Commissions and UNICEF to analyze data from three key national surveys, and develop a comprehensive report on the situation of adolescents in Tanzania, with recommendations to inform policies, programs, and monitoring and evaluation across sectors.²⁹

✓ **Technical Assistance: Supporting decision-makers to implement policies and programs based on the best available evidence**

- **Example:** In Ghana, PATH worked alongside the Ghana Health Service to capitalize on evidence from local and global research, provide technical assistance to key decision makers, and convene a multi-stakeholder technical working group to develop a national strategy for the prevention of post-partum hemorrhage.³⁰

²⁸ Mehrotra, P., Saggurti, N., Porwal, A., (2015). *Community mobilization project (Parivartan) for improving family health behaviors in Bihar: Midterm Evaluation*. New Delhi, India: Population Council. And: Project Concern International. [Parivartan Project: Mobilizing Communities for Maternal and Child Health and Sanitation](#). Accessed 18 January 2017.

²⁹ Population Council, Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC), and UNICEF Tanzania. 2015. [The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People, Tanzania 2009-2012](#). Dar es Salaam: Population Council, TACAIDS, ZAC and UNICEF Tanzania.

³⁰ PATH. December 2014. [Saving Mothers' Lives by Preventing Post-Partum Hemorrhage in Ghana](#).