

THE GFF WE WANT CAMPAIGN

ZAMBIA COUNTRY CASE STUDY



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Acronyms and Abbreviations

CSOs	Civil Society Organizations
GFF	Global Financing Facility
ICC	Interagency Coordinating Committee
IDA	International Development Association
MCP	Multi-Stakeholder Country Platform
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health
RMNCAH-N	Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
SDG	Sustainable Development Goals
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization

Executive Summary

Overview of the country Global Financing Facility

Zambia is part of the GFF fourth-wave countries that joined in the year 2019. The government of Zambia used the existing Interagency Coordinating Committee (ICC) RMNCAH-N Steering Committee as the Technical Working Group in charge of driving the GFF. The GFF has aided the Ministry of Health in its efforts to bring out all the different stakeholders involved in advancing RMNCAH-N efforts in the country.

The GFF is currently focused to help the Ministry of Health in articulating a clear set of reforms to help strengthen the primary health sector in advancing RMNCAH-N initiatives. The present country focus for Zambia is developing the investment case and mapping its existing resources to help determine priority areas. The COVID-19 pandemic stalled the development process for the investment case.

The ICC RMNCAH-N steering committee consists of the technical taskforce tasked with developing the investment case and a separate country platform bringing over stakeholders. Current efforts are being pushed to bring together all the RMNCAH-N players. Currently, the civil societies, occupy three seats in the multistakeholder country platform and two seats in the technical taskforce. The CSOs currently do not have a coordinating group to serve as their platform to advocacy and accountability for the GFF.

Evolution of CSO participation in the GFF framework

In Zambia, CSOs were initially engaged in the GFF process through their representation from the Churches Health Association of Zambia (CHAZ) who was already a part of the ICC as CSO representative before the GFF process begun in country. In October 2019, CSOs lobbied for increased representation in the GFF platform, leading to Centre for Reproductive Health and Education (CRHE) and Population Council as additional representatives of CSOs. Insights gathered from the interviews conducted with CSOs suggest that CSOs seem to lack mechanisms to enhance inclusivity among themselves. There hasn't been a standardized mechanism for engaging CSOs in the GFF country strategy yet, and engagement at the national level has been inconsistent. There is presently no network platform for CSOs working on GFF processes, with early initiatives being led by CITAMPlus to form a coordinating network for CSOs.

Success stories from the GFF

The GFF has led to major gains in scaling up RMNCAH-N interventions across the implementing countries. These gains have led to the overall improvement of the primary health care systems across these nations. Some of the successes noted in Zambia include:

- Prioritization of RMNCAH-N within the country agenda;
- Increasing coordination efforts for RMNCAH-N;
- Raising awareness of RMNCAH issues to policy makers; and
- Increased transparency of the GFF process

Challenges facing the GFF

Several challenges have been identified through the GFF process, which have hindered the acceleration toward the RMNCAH-N targets. Some of the challenges noted include:

- Limited funds for the CSOs;
- Lack of synergy and coordination of interventions and actors;
- Lack of coordination in facilitation of efforts; and
- Lack of communication from the World Bank

Recommendations to enhance GFF

To ensure that the GFF meets its objectives, this report recommends the following set of actions for the different stakeholder groups:

- CSOs should get organized, either through existing mechanisms or by creating a new network specific to the GFF process;
- The CSO coalition should work towards building the capacity of CSOs and youth to implement RMNCAH-N efforts;
- The CSO representatives to the investors group should hold regular consultation and information sharing meetings to update CSOs on what is going on in the GFF process;
- The GFF should push for government to share critical information with the different partners to enhance joint accountability;
- The GFF should provide more funding opportunities for CSOs;
- National government needs to consider fiscal and policy interventions that will improve the fiscal space for health and transition RMNCAH-N service delivery away from donor-dependence to sustainable domestic financing mechanisms;
- The GFF should explore opportunities to increase the participation of private sector and other donor agencies;

Overview of the Global Financing Facility

The country GFF formation process

Zambia is part of the GFF fourth-wave countries that joined in the year 2019, with other countries including Chad, Ghana, Mali and Mauritania. The launch of the GFF in Zambia included the employment of a local liaison officer and the naming of a government focal point. The existing Interagency Coordinating Committee (ICC) RMNCAH-N Steering Committee was agreed upon as the Multistakeholder Country Platform (MCP). The GFF has aided the Ministry of Health in its efforts to involve CSOs and the business sector in investment development and as participants in the Country Platform.

The Government of Zambia used existing structures for RMNCAH planning as the GFF country platform. The Inter-Agency Coordinating Committee (ICC) in particular was the major vehicle for GFF coordination activities.

-CSO SUN

The GFF's value add in Zambia will evolve as the investment case develops. The GFF appears to contribute value by assisting the Ministry of Health (MoH) in articulating a clear set of reform priorities related to RMNCAH-N outcomes across a variety of existing planning documents, such as the National Health Strategic Plan and the RMNCAH-N Roadmap. The GFF-supported process will assist the MoH in mobilizing increasingly coordinated foreign resources to support these priorities, as well as boosting the efficiency with which domestic resources are used.

The present country focus for Zambia includes:

- **Developing the investment case.** Zambia is currently developing its investment case to outline the strategic plan that will guide the country RMNCAH-N efforts. The country is currently validating the investment case.
- **Resource Mapping and Expenditure Tracking.** Zambia is currently mapping its existing resources to help them determine priority areas in its investment case.
- **Strengthening the outreach to the private sector.** Zambia has a diverse private sector with potential interest in the Investment Case, and preliminary discussions with representatives of the sector to participate in the Country Platform have already begun. These include companies that aren't directly involved in the delivery of health services through public platforms, such as the mining industry. The creation and execution of the investment case provides an opportunity for their activities to be better integrated into the mainstream Country Platform.
- **Data collection for decision making.** Zambia aims to use data from the launched Demographic and Health Survey (DHS) to improve equity analyses as an input to the investment case's situational analysis. This will provide a baseline from which to establish realistic targets and interventions in the investment case.

GFF governance framework

The GFF is run under the ICC RMNCAH-N steering committee under the Ministry of Health . The steering committee is currently driving the national dialogue to develop the investment case. The ICC RMNCAH-N steering committee consists of technical taskforce tasked with developing the investment case and a separate country platform bringing over stakeholders.

The GFF is relatively young in the country. Current efforts are being pushed to bring together all the players involved in pushing for access to Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N) initiatives in the country. Current efforts are bringing together the private sector, civil societies, faith-based organizations. The civil societies presently occupy three seats in the multistakeholder country platform and two seats in the technical taskforce.

The CSOs representatives to the country platforms include: Center for Reproductive Health & Education (CRHE), The Churches Health Association of Zambia (CHAZ) and Population Council. CHRE and Population Council were chosen by Civil Society at the first CSO engagement meeting on GFF held in October 2019 while CHAZ was already a part of the ICC as a CSO representative before the GFF process begun in country.

The CSOs representatives to the technical taskforce include: The Churches Health Association of Zambia (CHAZ) and the CSO Scaling Up Nutrition (SUN). CSOs at the country platform and investment case development were not able to access funds to participate in this platform, they had to look for funds from different areas to enable them to participate in the process.

The CSOs currently do not have a coordinating group to serve as their platform to advocacy and accountability for the GFF. Unclear roles and responsibilities among other platform constituency members are major issues attributing to the low performance of the MCP. Despite the formation of the platform, only a few members have access to the platform Memorandum of Understanding (MOUs) or Terms of Reference (TORs). Additionally, transparency of information sharing (especially from the government to the CSOs) is weak among members.

Development of the country investment case

The Technical taskforce is currently holding national dialogue to incorporate input to go into the investment case. The taskforce worked to ensure the inclusion of all stakeholders across the different stages of the investment case development. Key players in the RMNCAH-N space were involved across the different stages of the investment case development. Civil societies were involved across the different stages, ensuring the investment case fully reflects their voices and the voices of the local communities.

The COVID-19 pandemic stalled the development process for the investment case. The Technical taskforce has carried out a situational analysis of the health sector to determine reforms that will drive the country efforts to support RMNCAH-N initiatives. Subsequently, prioritization of reforms has been carried out and costing of initiatives for implementation in the country. Currently, the GFF is validated the investment case with a target to finalize on the investment case by the start of the new year 2022.

The Technical taskforce invited international agencies and local partners to help them develop the investment case. The taskforce relied on the combined strengths of six international organizations – UNFPA, UNICEF, UN Women, WHO, UNAIDS and the World Bank – H6 who advocated for the improvement of the sexual, reproductive, maternal, neonatal, child and adolescent health. WHO led efforts with the prioritization of health reforms while UNFPA led the costing of health reforms.

Current proposed health efforts to be included in the investment case include:

- Data management. Health reforms are being targeted to improvement efficiency in registration of country statistics of births and death. Efforts have been suggested on how to set up a national database to track these statistics.
- HRH capacity building. Targeted reforms to upskill Human resources for Health (HRH) and train on how best to deal with key health national issues. Additional capacity building has been proposed on the following areas: reproductive health management and how to deal with SGBV (Sexual Gender Based Violence) cases.
- Logistics and supply chain management: Targeted reforms on how to streamline the health sector supply chain in relation to transportation of vaccines.

- Finance reforms: Targeted reforms on how best to expand the National Health Insurance Scheme to insurance coverage. This is meant to ensure equitable access to healthcare in relation to affordability and help the country achieve its target to Universal Health Care (UHC) coverage.
- Collaborations and integration. Target reforms to bring together all ministries, government agencies and private players in advocating for RMNCAH-N initiatives. Suggestions include: the inclusion of the Ministry of Agriculture when dealing with initiatives to improve access to proper nutrition and the inclusion of the Ministry of Gender when dealing with reforms to deal with SGBV.
- Quality- Efforts to improve the standard of health facilities across the country.

CSO participation in the GFF framework

Evolution of the CSO participation in the GFF framework

In Zambia, CSOs were initially engaged in the GFF process through their representation from the Churches Health Association of Zambia (CHAZ) who was already a part of the ICC as CSO representative before the GFF process begun in the country. In October 2019, CSOs lobbied for increased representation in the GFF platform, leading to Centre for Reproductive Health and Education (CRHE) and Population Council as additional representatives of CSOs. Insights gathered from the interviews conducted with CSOs suggest that CSOs seem to lack mechanisms to enhance inclusivity among themselves. There hasn't been a standardized mechanism for engaging CSOs in the GFF country strategy yet, and engagement at the national level has been inconsistent. There is presently no network platform for CSOs working on GFF processes, with early initiatives being led by CITAMPlus to form a coordinating network for CSOs.

Due to a lack of information sharing among stakeholders, the GFF's progress in Zambia is unknown. CSO accountability initiatives in the country are hampered by a lack of information sharing.

-CITAMPlus

Role of CSOs within the GFF framework

CSOs have been involved in health-systems public policy advocacy, which involves monitoring various government investment plans, as well as strategic lobbying on issues impacting marginalized people. On the GFF mechanism, CSOs have been involved in advocacy efforts to ensure accountability of monies received. The SUN Movement together with CITAMPlus have been among key stakeholders actively involved in calling for inclusion of more CSOs within the GFF process. As a member of the multi stakeholder Food and Nutrition Commission, Zambia's SUN CSA coordinator ensures that the voices of civil society are heard by government on matters of nutrition. Some of the present key priorities of CSOs working within the GFF processes include:

- Participation in the prioritization workshops on GFF that are currently ongoing;
- Participation in development of theories of change which includes coming up with indicators; and
- Inclusion of young people in the GFF processes.

Role of CSOs within the GFF framework

CSOs play the critical role of bridging the gap between the GFF, government and the local communities. They work directly with members in their local communities to address the challenges facing access to maternal and child healthcare. CSOs also obtain and advocate for local communities' voices at both the national and global GFF level. The roles of CSO's in Zambia is highlighted below:

Mobilization of financial resources.

The CRH and the Planned Parenthood Association of Zambia collaborated with the government to restore the USD 9.3 million budget line for reproductive health supplies of which USD 1.9 million came from locally generated revenue. CSOs are also important stakeholders in the development of health policies and strategies that donors can support.

Participation in Public Policy

In certain instances, CSOs, and relevant state actors participate responsibly in the formulation, implementation and monitoring of RMNCAH policies in Zambia. Civil society umbrella organizations and consultation forums have influenced national policy processes such as the formulation, and implementation of the Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Communication and Advocacy Strategy 2018-2021.

Civil society is not sufficiently involved in Zambia's political decisions. Most often, CSOs are brought into policy discussions once decisions have already been made. In cases where they are brought in preliminary policy discussions, recommendations tabled by CSOs are often not implemented.

-CITAMPlus

Service Delivery

CSOs have been part of the in-country implementation of programs towards the achievement of the SDGs. CSOs play an important, if not crucial, role in the delivery of services to the population of Zambia. The principal areas where they play this role are: health, nutrition, education and in the provision of legal aid.

Engaging local communities

In some contexts, CSOs can gain access to communities where government actors cannot. CSOs are able to amplify the voices of local communities to ensure that they are involved in decisions that affect them. This is particularly important as the interest of the poor population of Zambia, particularly women, children and youth, are not considered sufficiently in decision-making and policy reforms, especially in the face of severe austerity measures

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Lessons learnt

Success stories

GFF portends huge potential to revolutionize the financing and implementation of RMNCAH-N priorities and the development landscape. Below are some of the successes noted in the GFF country process in Zambia.

1. Prioritization of RMNCAH-N within country agenda.

The GFF has created a mechanism to finance RMNCAH-N in member countries leading to its prioritization in Zambia's health agenda. This has led to improvements in health systems in primary health care facilities, leading to saving of lives for children and mothers. There has also been increases investment by the government to improve service delivery in health facilities.

2. Increasing coordination efforts for RMNCAH-N

There has been concerted efforts to include the private sector and civil societies who play a role in advancing RMNCAH-N efforts in the country into the country platform. This has increased coordination efforts for RMNCAH-N efforts increasing synergy efforts across members pushing for similar initiatives.

3. Increased transparency of the GFF process

Advocacy efforts by the CSOs led to an increase in the inclusion of the CSOs in the country platform (from one to three CSO slots). This has increased transparency of the GFF process and the progress by the CSOs in ensuring participation in the GFF process. Initial members of the country platform and the technical platform were civil societies proposed by the government and thus were not fully representative of CSO needs.

Challenges

Several challenges have been identified through the GFF process, which have hindered the acceleration toward the RMNCAH-N targets. Solving these challenges presents an opportunity to move closer to UHC.

1. Limited funds for CSO

CSOs struggle to raise funds to meet their operations with GFF funds being disbursed directly to national governments by the World Bank. CSOs have to depend on their own resources and donor funds to coordinate RMNCAH-N efforts in the country. This has also limited the involvement of the CSOs in the investment case development.

CSOs at the country platform and investment case development were not able to access funds to participate in this platform, they had to look for funds from different areas to enable them to participate in the investment case development.

-CSO SUN

The GFF is still at the initial stages in Zambia, with CSO participation at the ICC RMNCAH-N being less active. Meetings with the ICC RMNCAH-N steering committee have been on a hold since the onset of the COVID-19 pandemic. This has limited the visibility of the country focus by the private sector and the civil societies. The government is less active in sharing information on its progress leading to CSOs having less visibility on how the national focus of investment in the RMNCAH-N initiatives is being coordinated.

2. Lack of coordination in facilitation of efforts.

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3. Synergy and coordination of interventions and actors.

In Zambia, poor coordination and communication have been noted as major roadblocks to effective CSO participation in the GFF process. While certain CSOs demonstrated a great understanding of GFF processes, access to GFF material was unequal across the country, since those involved did not consistently interact with the broader CSO community. Many CSOs only learned about the country investment case and the role of CSOs through donor-supported national discussions, not through their peers.

4. Lack of communication from the World Bank

Zambia has been characterized by limited information flows from the World Bank officials. The World Bank has taken a quite approach since December 2020, leading to a lack of information flows on the progress of the GFF to other stakeholders. This has led to challenges in coordinating the investment case development by other stakeholders outside of the GFF and government officials

In Zambia, the World Bank has not put deliberate measure to engage CSOs on the status of GFF. This has hampered CSO attempts to guarantee that GFF funds received at the country level are properly accounted for.

-CITAMPlus

Recommendations

To ensure that the GFF meets its objectives, this report recommends the following set of actions for the different stakeholder groups:

Civil societies

Lack of coordination in facilitation of efforts.

It is critical for a CSO to get organized, either through existing mechanisms or by creating a new network specific to the GFF process. CSOs can educate one another about the process, reach an agreement on which channels to employ, and create/adapt focused, evidence-based advocacy messaging.

Capacity building for CSOs

CSOs require training in order to better fulfill their responsibilities within the GFF framework. This could involve enhancing CSOs' abilities to perform analytical work and generate evidence-based justifications to justify and drive more domestic funding for RMNCAH-N activities. This would be accomplished in practice through having formalized CSO working groups for GFF. Part of the capacity building can be done through peer-to-peer learning, in which CSOs learn from each other inside working groups.

Periodically update CSOs on what is going on in the GFF process

The CSO representatives to the investors group should hold regular consultation and information sharing meetings to ensure that all interested civil society stakeholders are well-informed about ongoing GFF processes and address challenges and opportunities for enhancing civil society engagement in the GFF.

GFF

Enhance joint accountability

The GFF mechanism envisions the multi-stakeholder country platform as an inclusive forum that leads and manages GFF activities at the level of individual GFF participating countries, under the supervision of the national ministry of health. Findings from the interview shows a lack inclusion, openness, and accountability systems in the MCP in Zambia. The GFF should hold periodical quality meetings in Zambia to bring different stakeholders up to date with recent initiatives in the RMNCAH-N efforts.

Provide funding opportunities for CSOs.

The GFF should make existing grants more predictable and consistent to allow for increased financing opportunities for the CSOs networking, coordination and alignment around the GFF. Opportunities for engagement are often hampered by the lack of resources to organize meetings, pay for transportation and logistics.

Government

Allocate more resources to RMNCAH activities to ensure fiscal space sustainability

The additionality aspect of the GFF mechanisms is important since the sustainable attainment of UHC as well as RMNCAH-N health outcome targets is contingent on sustainable domestic financing of health. The national governments need to consider fiscal and policy interventions that will improve the fiscal space for health and transition RMNCAH service delivery away from donor-dependence towards being funded by sustainable domestic financing mechanisms. Improvements in fiscal space will enable the expansion of the essential benefit package to cater for RMNCAH services and guarantee universal access to these services as a non-contributory benefit by all citizens.

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Ensure timely and transparent communication about GFF and its process

The lack of clarity about GFF processes, and potential roles and entry points for CSOs, was noted as a barrier in Zambia. To stimulate meaningful engagement by civil society and other stakeholders, it is critical to provide publicly and easily accessible, up-to-date information on the GFF priorities, processes, policies, and outcomes — at the global, regional, national, and subnational levels. The creation of a specialized civil society platform and communications strategy, as well as civil society engagement on the GFF editorial committee, are among the recommendations.

Investor group

Document progress made in RMNCAH activities

Periodical quality meetings should be held to bring different stakeholders up to date with recent initiatives in the RMNCAH-N efforts. Accountability should be enhanced across the entire ecosystem identifying and holding the different stakeholders (e.g., government, CSOs, faith-based institutions, citizens, youth, donors) to their unique roles that they play.

Private sector

Enhance inclusiveness of the private sector

The private sector, despite their low level of involvement in the development of the investment case, provide RMNCAH-N as part of their Corporate Social Responsibility. There is need to see how the private sector can contribute to public health. For instance, there is merit in exploring how resources in the mining sector (i.e., copper mining is largely controlled by the private sector) can be used to enhance public health.

Annex

Annex 1: List of participant organizations in the case study

#	NAME OF ORGANIZATION	STAKEHOLDER
1	CITAMPlus	CSO
2	Centre for Reproductive Health and Education	CSO
3	Scaling up Nutrition (SUN) Zambia	CSO
4	EEAS Europa	International agency
5	Chamber of Commerce	Private sector
6	GFF	GFF
7	WHO	UN agency
8	UNICEF	UN agency
9	Ministry of National Development and Planning	Government

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