

**THE GFF** | **WE WANT**

# THE GLOBAL FINANCING FACILITY (GFF): A CIVIL SOCIETY PERSPECTIVE

# REPORT

**ACTION**  
— AFRICA —

**Hennet**  
Health NGOs' Network

**KANCO**  
Healthy people, empowered communities

**WACI**  
HEALTH



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# THE GLOBAL FINANCING FACILITY (GFF): A CIVIL SOCIETY PERSPECTIVE

## BACKGROUND

The Global Financing Facility (GFF) launched 2015 and hosted by the World Bank, seeks to close the funding gap in reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) by aligning domestic resources, external financing, and private sector contributions. It is a bold response to the urgent need for improved health outcomes among women, children, and adolescents in low- and middle-income countries.

The GFF model promotes country-led investment cases that prioritize cost-effective interventions. Civil society and communities are essential partners in ensuring transparency, accountability, and equity in health financing. Over the years, the GFF has scaled to support more than 30 countries, promoting multisectoral engagement and strengthening health systems.

However, from a civil society perspective, meaningful inclusion remains a challenge. While structures exist for engagement, implementation often falls short. Advocates continue to call for stronger participation of communities in decision-making, enhanced accountability mechanisms, and more deliberate funding to support CSO capacities.

At the regional level, the GFF We Want (GFFWW) Campaign aims to leverage the knowledge and capacity of the civil society working on the GFF. The campaign aims to capture lessons learned, identify best practices and strengthen cross learning by leveraging key relationships and moments including the GFF Resource Mobilization Campaign to drive country level work and global commitments to mobilize resources and ensure the success of the GFF.



## Amplifying Community and Youth Voices through Global Financing Facility Engagement

### Côte d'Ivoire

Côte d'Ivoire joined the Global Financing Facility (GFF) in 2017, with its Investment Case focusing on reproductive, maternal, newborn, child, and adolescent health (RMNCAH), nutrition, and health systems strengthening. While this marked an important step toward achieving Universal Health Coverage (UHC), civil society participation in the early stages was limited. Many CSOs reported unclear roles in GFF processes and a lack of structured engagement mechanisms.

In recent years, however, civil society in Côte d'Ivoire has gained momentum. Organizing through platforms such as the CSO GFF Coalition, national actors have stepped up efforts to advocate for greater transparency in health financing and more inclusive planning processes. Capacity-building initiatives supported by regional and global partners have played a critical role in equipping local CSOs to actively participate in monitoring, implementation, and accountability efforts.

A powerful moment came in 2022, when a women-led coalition facilitated a GFF accountability dialogue in Bouaké, convening local community leaders, youth advocates, and government officials. During the event, one woman shared how her sister had died from preventable complications due to a lack of maternal care in their region. The emotional weight of her testimony triggered immediate follow-up by government officials and led to upgrades at the local health facility's maternity ward, a distressing example of how lived experiences can drive real policy and service delivery changes.

Initially, CSOs had struggled to engage meaningfully due to limited technical knowledge of GFF structures and budgeting processes. This gap was addressed through targeted training sessions, which helped demystify fiscal documents and policy cycles. These capacity-building efforts have since enabled Ivorian CSOs to engage more strategically and assertively.

Because of their consistent engagement, Côte d'Ivoire's GFF Investment Case now includes community-led scorecards in its monitoring and evaluation framework a significant step forward for transparency and community-driven accountability. These tools empower communities to monitor progress, flag challenges, and hold duty bearers accountable.

*Civil society organizations have also innovated in their advocacy strategies.* Civil Society has infused innovative strategies, One notable example is the "Advocacy Caravan" — a mobile dialogue forum that traveled across GFF implementation districts. By bringing government representatives face-to-face with communities, this approach deepened mutual understanding and contributed to budget reallocations for underserved primary health centers in remote regions.

Youth engagement has also seen a major transformation. ASAPSU, a leading CSO, has been instrumental in advancing youth participation through its leadership in the JWAIP platform. In collaboration with regional partners, ASAPSU co-led a training initiative for youth organizations across francophone Africa, focusing on the evaluation of GFF investment portfolios particularly in relation to sexual and reproductive health (SRH). Their work has driven greater inclusion of youth voices in UHC dialogues and GFF platforms, increasing civil society participation in national processes from 20% to over 50%.

Despite this progress, challenges remain. Youth and CSOs still face limited formal representation within official GFF structures, and sustained collaboration with GFF mechanisms is needed to safeguard the gains achieved.

Nevertheless, the impact is clear: a stronger, more organized civil society sector is contributing to health policy formulation, demanding accountability, and helping drive progress toward equitable and inclusive healthcare for all.

### **Kenya :- Centering community voices and institutionalizing community health through GFF**



*HENNET engaging communities and the media during World Health Day*

Kenya was among the earliest adopters of the Global Financing Facility (GFF), aligning its Investment Case with national goals of achieving Universal Health Coverage (UHC) and strengthening Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (RMNCAHN). From the beginning, civil society organizations (CSOs), coordinated through the Health NGOs Network (HENNET), have played a central role in ensuring that community voices shape GFF processes and national health policies.

Since 2016, HENNET has convened a vibrant RMNCAHN civil society platform that consults widely across grassroots, youth-, and women-led groups. While not an implementer, HENNET's strength lies in advocacy, coalition building, and continuous policy engagement to reflect the lived realities of Kenyan communities. Their influence became especially visible in 2021, during the drafting of Kenya's GFF Investment Case. At the time, adolescent and youth reproductive health was noticeably underrepresented. Civil society quickly mobilized testimonies from young people across three counties, presenting these during a multi-stakeholder dialogue with the Ministry of Health. The result was the inclusion of adolescent health indicators in the final Investment Case a pivotal moment that affirmed the value of community-informed advocacy.

Despite such wins, the path to effective participation has not always been smooth. Initially, CSOs struggled to access formal decision-making spaces. Strategic lobbying, however, opened doors: HENNET and its allies secured a permanent observer seat in the GFF's technical working groups. This milestone ensured continued pressure for inclusive and equity-focused health programming.

One particularly impactful initiative was the Community Voices Dialogue, a CSO-led event where women and youth from GFF priority counties shared their personal stories directly with Members of Parliament. The testimonies shifted the discussion from statistics to lived experience, prompting three MPs to publicly commit to advancing domestic financing for health, a tangible policy win driven by grassroots storytelling.

Advocacy efforts also focused on elevating Kenya's community health workforce. For years, Community Health Promoters (CHPs), often the only accessible health workers for rural and informal settlements, operated without formal recognition or compensation. This changed through coordinated civil society action. Organizations like KANCO, working alongside HENNET and engaging the Parliamentary Health and Budget Committees, successfully lobbied for the institutionalization of CHPs into Kenya's national health system. The policy now provides government stipends for CHPs, marking a historic shift in recognizing their essential role in delivering primary healthcare.

Beyond health workforce advocacy, CSOs aligned GFF priorities with domestic resource mobilization, pushing for increased budget allocations for critical services. This included enhanced support for adolescent-friendly health services and immunization campaigns, achieved through multisectoral advocacy that linked national health goals with community needs.



Strategic use of SMART advocacy and media engagement further strengthened CSO influence. One high-level achievement was the successful convening of a meeting with the Cabinet Secretary for Health, where HENNET and partners reinforced the urgency of investing in maternal, child, and adolescent health. These sustained engagements have gradually shifted the political and financial commitment toward more inclusive health investments.

Challenges persisting include, the GFF funding model and coordination structures such as the Multi-Stakeholder Country Platform remain poorly understood by many stakeholders, including CSOs and sub-national actors. Moreover, delays in finalizing the 2023 Investment Case initially raised concerns. Yet these delays offered a positive aspect: they allowed for more inclusive consultations, ensuring the final document better aligned with both national strategies and community realities.

To ensure no one is left behind, HENNET and its partners have consistently championed the integration of gender, youth, and nutrition priorities into RMNCAHN frameworks. At the same time, they have safeguarded long-standing priorities such as family planning, reinforcing the message that comprehensive health planning must reflect the diverse needs of the population.

In recognition of these efforts, HENNET's Executive Director was elected in 2025 as the civil society representative to the GFF Investors Group, a global leadership platform. This milestone reflects not only Kenya's civil society leadership but also the global relevance of its community-driven advocacy model.



Civil society engagement has led to tangible progress across multiple fronts. Adolescent health has been formally included in national GFF priorities, reflecting a growing recognition of youth needs. CSOs now have permanent seats at GFF technical working groups, ensuring sustained community voice in decision-making. Policy reforms have secured stipends for Community Health Promoters, boosting morale and service delivery. Political and financial commitments to maternal, child, and adolescent health have visibly increased, backed by stronger domestic advocacy platforms and a more prominent global civil society leadership. These gains signal a shift toward more inclusive, responsive, and accountable health systems.

Kenya's GFF journey illustrates the transformative power of structured, strategic, and sustained civil society engagement. It is a model where local voices once marginalized are now shaping national policies and influencing global dialogue, driving health investments that reach every community, no matter how remote.

### **Nigeria :- Youth leadership, nutrition accountability, and system strengthening through the GFF platform**

My journey with the Global Financing Facility (GFF) began in 2017/2018, when I was appointed as Nigeria's Youth Focal Person. At the time, I was new to health financing spaces, but what I lacked in experience, I gained through mentorship, exposure, and an unwavering commitment to youth empowerment and system accountability. A pivotal moment came early on when I had the chance to learn from renowned health financing expert Dr. Aminu Magashi Garba. His guidance helped me navigate complex GFF policy documents and frameworks, transforming them into actionable advocacy tools.

With the technical and financial support of Options (through Esther Agbon), I co-led a nationwide youth-led campaign advocating for the inclusion of adolescent and youth-friendly sexual and reproductive health (AYFSRH) in Nigeria's health budget. This work, driven by a coalition of passionate young advocates, led to the creation of a dedicated budget line for youth health, marking a historic policy win that continues to shape service delivery for adolescents across the country.

Our early-stage NGO was also a recipient of catalytic GFF small grants, which enabled us to host Nigeria's Joint Learning Agenda through WACI Health. This initiative produced accountability scorecards tracking implementation of the 2022 National Health Insurance Authority Act and fostered collaboration between civil society and government actors. I also documented this experience in a case study that highlighted the importance of aligning global health initiatives with national priorities, an approach now strongly emphasized by Nigeria's Coordinating Minister of Health.



***WASH activity in Karonmajigi Community, Abuja, Nigeria led by the Executive Director Gem Hubs Initiative.***

The GFF platform has allowed civil society organizations (CSOs) to meaningfully influence Nigeria's health financing and service delivery frameworks. A standout example is the Accelerating Nutrition Results in Nigeria (ANRiN) project, which positioned CSOs as implementing partners, marking a shift from policy observers to frontline actors. Organizations like CS-SUNN and NHED have led trainings for Community Health Influencers, Promoters, and Services (CHIPS) agents and frontline workers, delivering micronutrient supplements, promoting optimal feeding practices, and using digital tools like the ANRiN mobile app for real-time data collection.

This model not only enhanced transparency and community ownership but also demonstrated how grassroots actors can successfully implement, monitor, and improve service delivery at scale especially for pregnant women, children, and adolescent girls.

A lasting outcome of my GFF engagement is the sustained work I now lead in Rivers State, where 40 adolescent girls from riverine communities are being equipped with advocacy and leadership skills. These young women are being mentored to lead conversations around integrating HIV, TB, malaria, and SRHR into Nigeria's Universal Health Coverage (UHC) framework. With plans to reach over 5,000 AGYW with information, education, and referrals to youth-friendly services, this initiative is already multiplying impact shaping confident advocates and informed health consumers.

Through the GFF, I gained more than exposure; I gained tools, networks, and a renewed sense of purpose. This investment is bearing fruit through every young woman now speaking up, every policy shift that includes youth voices, and every community that feels heard.



## **Zimbabwe :- Civil society advocacy secures health budget wins and elevates youth leadership**



***The GFF Zimbabwe CSO Platform Chairperson Itai Rusike with the World Bank Country Manager in Zimbabwe and her team to discuss the GFF Processes***

Zimbabwe became a GFF partner country in 2019, with its Investment Case centered on strengthening primary health care, improving adolescent health, and reducing maternal mortality. Despite alignment with national priorities, early civil society engagement was constrained by a challenging socio-political environment, funding limitations, and limited formal mechanisms for CSO participation.

Nevertheless, CSOs led by the Community Working Group on Health (CWGH) and dynamic youth-led platforms steadily advanced their role as critical stakeholders in national health governance. Through consistent advocacy and strategic alliances, the Zimbabwe GFF Coalition helped shape GFF implementation in the country, achieving both policy influence and budgetary milestones.

One of the most notable victories was achieved in 2024, when CSOs, working in coordination with the Ministry of Finance and the World Bank, successfully advocated for the establishment of a dedicated budget line for community health worker (CHW) stipends in Zimbabwe's 2025 health budget a historic first in the country's health financing framework. This achievement was the result of years of advocacy to professionalize and support CHWs, who are often the frontline actors serving the most underserved populations.

Parallel to these wins, Zimbabwe's GFF civil society movement also nurtured a new generation of youth leaders. A defining moment came in 2023, during a GFF civil society dialogue in Harare, when a 19-year-old youth advocate presented district-level data showing a spike in adolescent pregnancies. Her courageous testimony sparked immediate attention and contributed to the inclusion of youth-friendly services in national health planning.

CSOs employed a co-creation model, inviting government representatives to jointly design and implement community scorecard processes, helping to build trust and accountability in an environment previously marked by mistrust. This approach improved transparency and supported better monitoring of GFF interventions.

Sustained engagement also led to the integration of adolescent health indicators into the national Health Management Information System (HMIS), a strategic move ensuring that real-time data from the ground informs national and GFF decision-making processes.

To further amplify community concerns, CSOs launched targeted storytelling and digital advocacy campaigns, connecting community narratives to Zimbabwe's development agenda. These campaigns reached donors and parliamentarians, galvanizing political will and securing increased domestic allocations for maternal health and primary healthcare services.



***Community Engagement on SRMNCAH-N in rural Matebeleland Provinces in Zimbabwe - CWGH***

In recognition of their growing credibility and influence, civil society representatives were nominated to key national technical and governance platforms, including the Maternal and Perinatal Death Surveillance and Response (MPDSR) Committee and the Health Financing Technical Working Group placing CSOs at the heart of health decision-making processes.

Zimbabwe's CSOs have navigated major constraints, including funding limitations, political sensitivities, and logistical hurdles. They responded with creative solutions such as leveraging virtual engagement platforms, building evidence through data-driven advocacy, and cultivating champions in both government and international agencies.

Yet, deeper engagement still requires dedicated and predictable funding for CSOs. Zimbabwean advocates continue to call for the GFF to allocate specific resources for local, context-responsive engagement, warning that reforms will remain superficial if they fail to reach communities most at risk of exclusion.

Zimbabwe's civil society engagement in the GFF process has led to significant milestones, including the creation of the first-ever dedicated health budget line for community health worker (CHW) stipends in the 2025 national budget. CSOs have also successfully secured institutional representation on strategic national health governance platforms, ensuring that community perspectives inform high-level decision-making. Notably, youth leaders are now actively co-shaping sexual and reproductive health and rights (SRHR) programs and influencing national policies through their participation in technical working groups. Advocacy efforts have also strengthened accountability mechanisms, with community scorecards and performance tracking systems improving transparency and responsiveness. Overall, these gains have contributed to expanded domestic investment in maternal and adolescent health, driven by the sustained pressure and evidence-based advocacy of civil society.

## Lessons learned implementing GFF at country level

### 1. Stronger Coordination among CSOs significantly amplifies impact.

When CSOs organize through unified platforms and coalitions, they are better able to speak with one voice and influence policy processes more effectively. However, CSO engagement in GFF processes remains inadequate, particularly when they are not included from the beginning. To truly reflect community priorities, civil society must be engaged from the outset especially during the development of the GFF Investment Case.

Defined and formal spaces for CSOs within GFF governance structures such as the multi stakeholder platform, steering committees or technical working groups are essential. These mechanisms not only lend legitimacy to civil society engagement but also provide concrete avenues for influence. Yet, the reality remains that most GFF implementation happens at subnational levels, where grassroots CSO engagement is often limited or under-resourced, despite being vital for ensuring accountability and relevance on the ground.

A major barrier to consistent CSO participation is lack of funding. Sustained involvement requires dedicated financial resources, which are often not provided, making engagement inconsistent and unsustainable.

## 2. Domestic Resource Mobilization

CSOs have also learned the importance of advocating for domestic resource mobilization. As donor funding plateaus or declines, civil society plays a critical role in tracking national health budgets, pushing governments to increase and sustain domestic investments in health especially for women, children, and adolescents.

## 3. Capacity Strengthening

To engage meaningfully, capacity strengthening is key. Civil society actors need continuous training in areas such as health financing, budget advocacy, policy processes, and data use. Peer-to-peer learning has proven to be an effective approach to building these capacities across countries and regions.

## 4. Leaving no one behind

Despite growing recognition, community voices are still not sufficiently centered. Marginalized groups, especially youth, women, and persons with disabilities continue to be underrepresented in decision-making processes, and more must be done to amplify their perspectives meaningfully.

Moreover, CSOs have found that evidence is a powerful tool for advocacy. Using data, community feedback, and budget analysis enables civil society to engage more strategically and hold decision-makers accountable.

## 5. Political and institutional context.

Navigating national and local political dynamics allows CSOs to identify strategic entry points and build alliances that enhance their advocacy effectiveness.

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