

# THE GFF WE WANT CAMPAIGN

## SENEGAL CASE STUDY



## Acknowledgements

1. **Action Global Health Advocacy Partnership:-** Technical and Financial Support
2. **Global Civil Society Coordinating Group For the GFF:-** Collaboration and Partnerships
3. **E&K Consulting:-** Technical support

## Acronyms and Abbreviations

<b>CSOs</b>	Civil Society Organizations
<b>GFF</b>	Global Financing Facility
<b>IBRD</b>	International Bank for Reconstruction and Development
<b>IDA</b>	International Development Association
<b>MCP</b>	Multi-Stakeholder Country Platform
<b>MNCH</b>	Maternal, Newborn and Child Health
<b>RMNCAH-N</b>	Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
<b>SDG</b>	Sustainable Development Goals
<b>UHC</b>	Universal Health Coverage
<b>UN</b>	United Nations

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### Executive Summary

#### Overview of the country Global Financing Facility

The Global Financing Facility (GFF) has grown from four front runner countries to 36 since its inception. These countries are at different stages of the GFF process, with some starting the process while others are further into the implementing stage. Senegal is part of the GFF second-wave countries, with other countries including Bangladesh, Cameroon, India, Liberia, Mozambique, Nigeria and Uganda. The GFF in-country process for Senegal was supported by the GFF Secretariat, which is based in Washington, DC at the World Bank. The GFF formation process in Senegal involved national and donor governments, UN agencies, and civil society. Within Senegal, the GFF operates through a multi-stakeholder platform (MCP). The MCP is designed to be a forum or committee that is led by the national government to build on existing structures, and bring together ideal Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH-N) stakeholders. The MCP is currently headed by the General Secretariat of the Ministry of Health and Social Action, with two key directorates overseeing the implementation: *Direction de la Sante de la Mere et de l'Enfant (DSME)* and *Direction de la Planification, de la Recherche et des Statistiques (DPRS)*.

#### Evolution of CSO participation in the GFF framework

In February 2016, the former Regional PMNCH focal point, based in Dakar organized a CSO consultation, held in the presence of the Ministry of Health and the World Bank. The main outcomes of the meeting were for CSOs to coordinate into one national GFF Coalition and prepare a CSO engagement strategy for the GFF. The CSOs are presently coordinated under the COSC GFF. Through their integration into GFF, civil society brings unique value to the advancement of RMNCAH-N, by their breadth of expertise and deep reach to a wide range of communities, including the poorest and most vulnerable. Some of the major activities carried out by CSOs in Senegal include:

- Conducting trainings, and workshop sessions on RMNCAH-N services;
- Developing scorecards to evaluate how the health system is working;
- Annotating the map at the regional level to illustrate what each community's needs are; and
- Sensitization activities at the community level to ensure the community are empowered with knowledge on how to access services.

#### 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 Senegal include:

- Improved engagement of Civil Society Organizations (CSOs) in RMNCAH-N efforts;
- Increased funding of RMNCAH-N programmes. Senegal government's commitment to increase the share of its health budget from four percent to 10 percent by 2022;
- Increased focus on nutrition as a priority area;
- Improved capacity building for civil societies; and
- Prioritization of RMNCAH-N within the country agenda.

## Challenges facing the GFF

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. Some of the challenges noted include:

- Limited funds for CSO to undertake GFF activities;
- Poor coordination and communication among stakeholders dealing with GFF;
- Lack of GFF coordination with other mechanisms such as the Global Fund; and
- Limited contact of Senegal GFF stakeholder with other partners from francophone countries.

## 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

- The CSO coalition should work towards building the capacity of CSOs and youth to implement RMNCAH-N efforts;
- The GFF should explore opportunities to increase the participation of private sector and other donor agencies;
- The GFF should push for government to share critical information with the different partners to enhance joint accountability;
- The government should provide more clear timelines for the national platform meetings. This would ensure the relevant stakeholder plan themselves better around the relevant timelines;
- 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 government should incorporate a more robust M&E framework to track progress and inform decision making for RMNCAH-N programmes; and
- The private sector should be integrated across the entire health system – health financing, service delivery, policy and regulations, and health information systems, among others, to ensure a transformative impact.

## Overview of the Global Financing Facility

### The country GFF formation process

Senegal is part of the Global Financing Facility (GFF) second-wave countries, with other countries including Bangladesh, Cameroon, India, Liberia, Mozambique, Nigeria and Uganda. The GFF in-country process for Senegal was supported by the GFF Secretariat, which is based in Washington, DC at the World Bank. The GFF formation process in Senegal involved national and donor governments, United Nation agencies, and civil society. As part of the requirements to joining GFF, Senegal made commitments to align to the vision of the GFF to contribute to universal health coverage (UHC) by supporting actions to end preventable maternal, newborn, child, and adolescent deaths and improve the health and quality of life of women, adolescents, and children.

## Governance structure

The multi-stakeholder country platform (MCP) is currently headed by the General Secretariat of the Ministry of Health and Social Action, with two key directorates overseeing the implementation:

- *Direction de la Sante de la Mere et de l'Enfant (DSME)*, with the head as the GFF country focal point and executive secretary coordinating the investment case implementation and ISMEA Project; and
- *Direction de la Planification, de la Recherche et des Statistiques (DPRS)* overseeing the national health financing strategy.

Unclear roles and responsibilities among other platform constituency members are major issues attributing to the low performance of the MCP. 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 governments to the Civil Society Organizations (CSOs) is weak among members.

## Senegal country investment cases

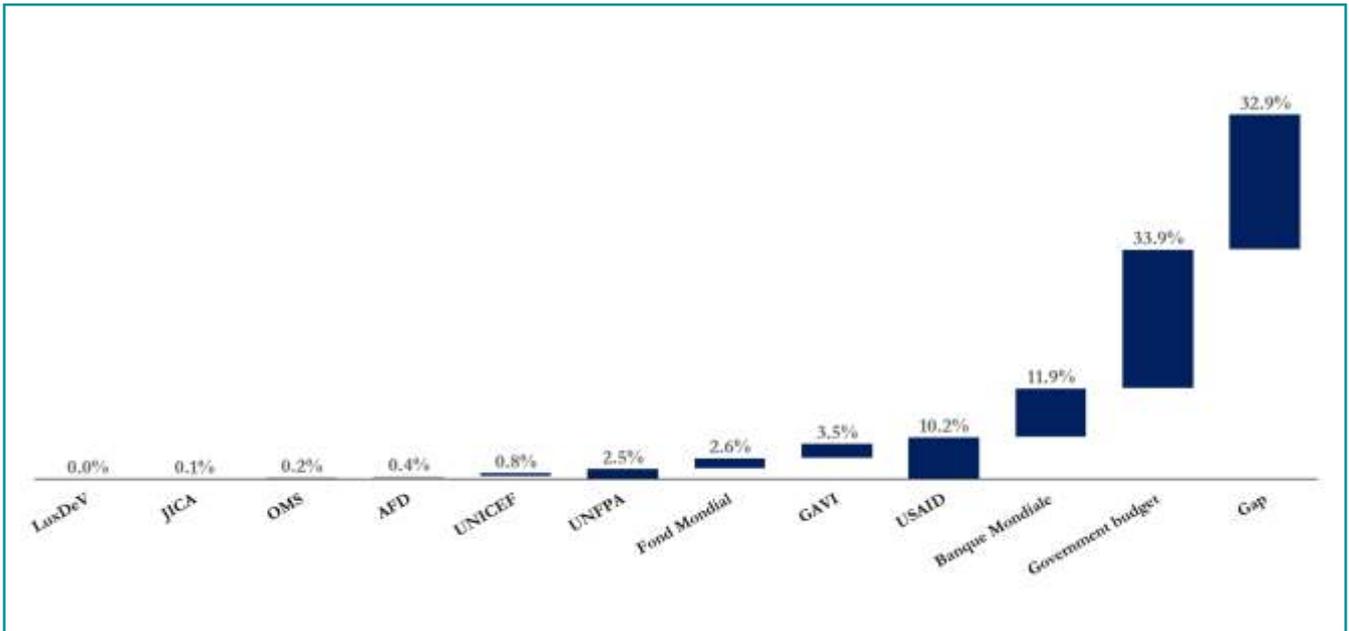
The investment case in Senegal is aligned with the national plans and priorities, including national planning cycles and budgeting processes, and is led by the Ministry of Health. The investment case was developed in 2017, with consultation from various stakeholders, including CSOs. The CSOs selected key priority regions and interventions they could focus on, to complement the government's actions and meaningfully contribute to the investment case in a more structured way, through the development of an action plan. The action plan highlights the role of CSOs in advocacy, sensitizing the population in generating demand and utilizing Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH-N) services, monitoring, accountability, and resource mobilization, and has been endorsed by the MCP and integrated in the country investment case.

*Senegal's investment portfolio is presented as an instrument for the implementation of the national financing strategy around which the government, donors, civil society and private sector actors, in a participatory and inclusive approach, pledge to put in place actions to end preventable deaths of mothers, newborns, children and adolescents.*

## CONGAD

The resource mapping for Senegal's investment case showed a total need of USD 320 million, with a funding gap of USD 105 million which equaled 32.9 percent of the funding need (Figure 1). The investment case received commitments from IDA (USD 140 million) and GFF (USD 10 million). In this light, Senegal has one of the highest amounts additional of IDA funding that has been unlocked by GFF grant which stands at USD 14 of IDA funding for USD 1 of GFF grant. This was possible because the minister of finance in Senegal was proactive in the negotiation of GFF-related financing. The minister expanded the scope of the RMNCAH-N investment case to include measures (such as WASH and health facility electrification) that aren't directly related to RMNCAH-N but help provide RMNCAH-N services. Approval was given for the IDA facility and disbursement commenced in early 2020. It is important for more concerted effort to leverage the capacity of stakeholders within the sector to increase funding towards RMNCAH-N efforts and bridge the funding gap in the country.

**Figure 1: Commitments to Senegal GFF RMNCAH programme**



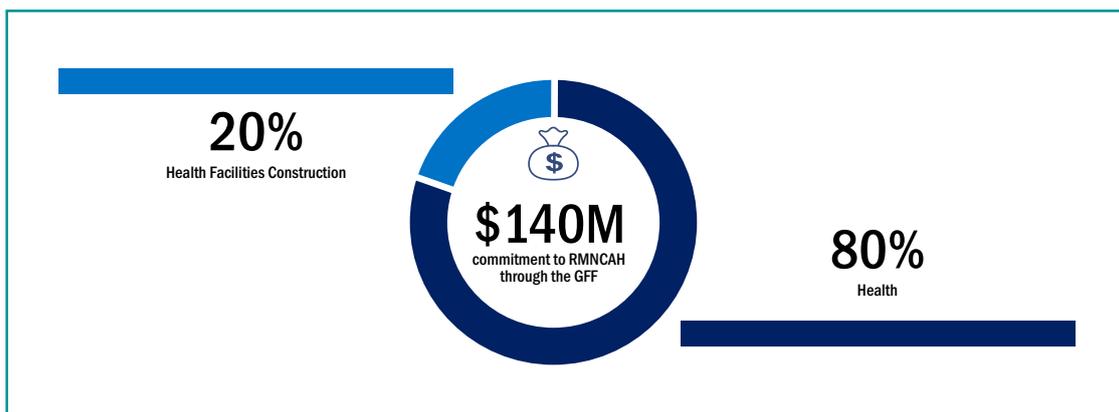
Six out of the total 14 regions in Senegal have implemented the GFF investment case so far. These regions include: Kaffrine , Tambacounda , Kédougou, Kolda , Sédhiou, and Ziguinchor region. There is need for increased funding in Senegal to ensure the country meets related RMNCAH-N targets

**Reporters without borders**

In Senegal, investments in the GFF Trust funded projects is through the World Bank 'Investing in Maternal, Child and Adolescent Health' project, with a total investment of USD 140 million (Figure 2). The objective of the Project is to improve utilization of RMNCAH-N services through meeting quality standards in Priority Regions. This project consists of four components as highlighted below:

- Support key interventions to overcome bottlenecks identified as major constraints for health system performance and effective delivery of RMNCAH-N services;
- Promote adolescent health and women's empowerment;
- Support reforms to strengthen governance, equity, and financing sustainability in the health sector; and
- Contingent Emergency Response Component (CERC). This will allow for rapid reallocation of project proceeds in the event of a natural or man-made disaster or crisis that has caused, or is likely to imminently cause, a major adverse economic and/or social impact

**Figure 2: IDA commitments to Senegal GFF RMNCAH programme**



## CSO participation in the GFF framework

### Evolution of the CSO participation in the GFF framework

In February 2016, the former Regional PMNCH focal point, based in Dakar organized a CSO consultation, held in the presence of the Ministry of Health and the World Bank.<sup>1</sup> The consultation drew 33 participants from 21 organizations, two days ahead of the first national GFF information meeting hosted by the World Bank and the Ministry of Health. The main outcomes of the consultation were that CSOs were able to coordinate into one national GFF Coalition and prepare a CSO engagement strategy for the GFF.<sup>1</sup>

During the formation process the GFF, through the CSO coalition, trained organizations to be able to deal with health financing issues such as: budget advocacy for RMNCAH-N; understanding the national budgeting process; and accountability for RMNCAH-N which entails monitoring the effective execution of the health budget and formulating recommendations to resolve the bottlenecks identifies. Further, civil society also participated in the development of an action plan to address bottlenecks and improve RMNCAH-N per five focus areas:

- Strengthening the supply of RMNCAH-N services in disadvantaged and hard-to-reach areas, using advanced strategies, including mobile clinics;
- Generating demand to increase the use of RMNCAH-N services and address sociocultural barriers;
- Advocacy for the creation of an enabling environment for RMNCAH-N, and for the respect of human rights, particularly that of disadvantaged populations;
- Citizen oversight to monitor and review the effectiveness of commitments made by the government, technical and financial partners and civil society, as well as to measure the satisfaction of the population with a focus on disadvantaged groups; and
- Leveraging domestic and external resources to support Senegal in the implementation of the Investment Case.

Since the formation of the GFF in Senegal, many other CSOs working in RMNCAH-N have leveraged their own funds and gotten support from partners to organize several consultative meetings, over the two years since the country joined the GFF. The objectives of these meetings are to provide CSOs with national and global information and updates about the GFF, but also to discuss ways to structure CSO engagement in the GFF process. The CSOs are presently coordinated under the COSC GFF. In conducting GFF activities; CSOs are presently able to receive funds from three levels:

- Money from their own firm.
- Money from donors.
- Money from the government. e.g., Each year CSOs have received USD 200,000

*Before any CSO can receive funds, the coalition makes sure that they have a sound financial plan on the execution of funds they receive and that they are willing to be completely transparent about the usage of the funds*

## CONGAD

COVID-19 had an immediate, pervasive, and destabilizing effect on CSOs. Frontline CSOs had to adapt their work to meet the urgent needs of the community, and ensure continuity in RMNCAH-N services. This was done through shifting of GFF meetings to online platforms and leveraging on technology platforms such as radio programmes to reach the community.

*COVID-19 limited the ability of CSOs to reach the communities through the outreach programmes; there was also discontinuity of health services as people were afraid of going to hospital.*

## CICODEV

### Role of CSOs within the GFF framework

Civil society brings unique value to the advancement of RMNCAH-N, by their breadth of expertise and deep reach to a wide range of communities, including the poorest and most vulnerable. CSOs in Senegal enjoy a relatively favorable enabling environment. They are key actors in education, health service provision, as well as other sectors, filling the gaps in essential services and remote areas not covered by the government.<sup>1</sup> Some of the major activities carried out by CSOs in Senegal include:

- Conducting trainings, and workshop sessions on RMNCAH-N services;
- Developing scorecards to evaluate how the health system is working;
- Annotating the map at the regional level to illustrate what each community's needs are; and
- Sensitization activities at the community level to ensure the community are empowered with knowledge on how to access services.

*Community engagement is the key strategic orientation of the CSOs, where they aim to ensure communities are well informed and the government is held accountable for service delivery on RMNCAH activities. For instance, CICODEV has signed partnerships with BAJEMU GOX (women leaders in the district) to orient and help women in underserved areas be able to access services*

## CICODEV

### 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 Senegal.

### Improved engagement of CSOs in RMNCAH-N efforts

The CSO coalition at the national level has enhanced civil society alignment and capacity to streamline communications and technical assistance. The CSO coalition has additionally enabled them to actively take part in technical meetings of the GFF country platform and has gone further than improving their coordination and communication around the GFF. Through these engagements, CSOs have been able to provide inputs and influence key priorities of the investment case and health financing strategy, such as youth and adolescent health.

*Successes achieved by CSOs in the GFF include: formalized participation of CSOs in discussions on GFF; contribution of CSOs in developing policies (i.e. CSOs were able to bring about the refocus of nutrition in RMNCAH policies); advocacy for increased sustainable financing from the Government, where CSOs were able to push for the increase of the Government budget to get towards the 15% Abuja allocation; and bringing community voices through Bajenu Gox, religious leaders and youth leaders.*

## CEFOREP

### **Increased funding of RMNCAH-N programmes**

The GFF has created a mechanism to finance RMNCAH-N in Senegal leading to its prioritization in the country's health agenda. The GFF partnership supports the Senegal government's commitment to increase the share of its health budget from four percent to 10 percent by 2022; strengthen public financial management in order to better track resources going to the health sector; improve budget and planning; and increase budget execution. The partnership also supports the implementation of the universal health insurance scheme by consolidating the community-based health insurance schemes while effectively exempting the poor. Partners financing Senegal's investment case include the governments of France (AFD), Gavi, the Global Fund, GFF, JICA, UNICEF, World Bank, the United States (USAID), and various UN agencies.

### **Improved representation of the CSOs in the GFF country platform**

The national GFF CSO platform is well established, with a clear governance structure, and thematic groups covering communication and advocacy, demand and service generation, monitoring and citizen watch, resource mobilization, and youth sexual reproductive health. Three elected CSO representatives sit on the GFF country platform and represent their constituencies in global meetings. This is an improvement from the initial two representatives in 2017. Information is shared through email and regular meetings held by the Steering Committee.

### **Increased focus on nutrition as a priority area**

The Senegal investment case emphasized a new, innovative, and resolute shift toward a multisectoral approach for nutrition. The new approach expanded the coverage and reach of nutrition services, across several sectors and prepared the country for future nutritional difficulties, such as the rising prevalence of overweight and obesity; and external shocks.

### **Improved capacity building for civil societies**

There has been a coordinated effort to train CSOs to better understand the existing GFF framework in Senegal and assessment tool, e.g., the scorecards. Regional workshops have been organized to train representatives from countries' civil societies to better understand the GFF. These workshops have given civil society in Senegal the tools they need to take the lead in advancing the GFF agenda in the country.

### **Prioritization of RMNCAH-N within country agendas**

The GFF has created a mechanism to finance RMNCAH-N in member countries leading to its prioritization in Senegal'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.

## 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.

### **Synergy and coordination of interventions and actors**

In Senegal, 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 have learned about the country investment case and the role of CSOs through donor-supported national discussions, and not through their peers.

## **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. Though CSOs have used their own resources and donors have funded meetings and national consultations, the coalition's ability to organize meetings, run programs, build monitoring and accountability tools, is still hampered by a lack of financing. For a substantial number of groups based in outlying areas, distance and transportation expenses remain major hurdles, restricting their participation in critical Dakar meetings.<sup>1</sup> This has led to difficulty in coordinating the CSO efforts as much funding is required for the coalitions to convene meetings, run activities, develop monitoring and accountability tools, etc. the multi-Stakeholder Country platform and the CSO Working Group

*Obtaining funding to pay the CSO coordinator was a hurdle for the CSO coalition throughout its establishment. This problem was partially resolved thanks to global support from the GFF and money from MamaYe.*

## **CICODEV**

### **Limited contact from other partners from francophone countries**

The idea of better integrating African regions has long been promoted by political leaders and formal treaties, although with only limited results on the ground. In recent years, the concept has acquired greater urgency. The regional integration is very crucial in health systems strengthening in Africa. Integration is also important for fighting emerging and re-emerging diseases through the setting up of regional preparedness and response plans for emergencies.

## **Recommendations**

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

### **Civil societies**

#### **Strengthen the capacities of the civil society coalition**

To fully leverage the skills and expertise that civil society has to add to the GFF, clear and strategic systems and processes need be put in place to enhance communication, transparency, consultation, as well as civil society alignment on issues on RMNCAH-N. Reinforcing the capacity building for their coalition will ensure the CSOs have an opportunity to be stronger in the community than they currently are.

### **GFF**

#### **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 CSO alignment around the GFF. Opportunities for engagement with CSOs are often hampered by the lack of resources to organize meetings, pay for transportation and logistics.

#### **Increase participation by other donor agencies and the private sector**

The GFF should explore opportunities to increase the participation of private sector and other donor agencies in the GFF framework. This will drive the additional growth of the funds intended to invest in RMNCAH-N initiatives in countries. The GFF should consider partnering with African foundations and donors to obtain sustainable financing for RMNCAH-N initiatives. The GFF should consider mobilizing commercial banks to support RMNCAH-N activities through their Corporate Social Responsibility (CSR) initiatives.

## **Enhance communication to stakeholders**

It is necessary that the invitations are sent on time and avoid agenda conflicts. Additionally, the GFF should have more documents and programs in French. GFF interventions need to be harmonized to mobilize more resources and achieve the goals.

## **Government**

### **Allocate more resources to RMNCAH-N 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.<sup>4</sup> The national government need 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. Improvements in fiscal space will enable the expansion of the essential benefit package to cater for RMNCAH-N services and guarantee universal access to these services as a non-contributory benefit by all citizens.

### **Incorporate a more robust Monitoring and Evaluation (M&E) framework**

The government should incorporate a more robust M&E framework to track progress and inform decision making for RMNCAH-N programmes. M&E can help improve governance in a variety of ways. First, the data gathered can be used in government decision-making and prioritization of activities, particularly during the budgeting process. Second, it can assist policy makers by giving information (especially on costs and benefits) that can be used in planning or monitoring the progress of ongoing initiatives.

## **Investor Group**

### **Document progress made in RMNCAH-N 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**

### **Increase participation from the private sector**

For transformative impact, the private sector must be integrated across the health system – health financing, service delivery, policy and regulations, and health information systems, among others. Withing access to essential medicine for instance, the private sector can be leveraged upon to bring expertise in logistic and supply-chain management to enable increased access medicines and health commodities and family planning services.

**Annex****Annex 1: List of participant organizations in the case study**

<b>#</b>	<b>NAME OF ORGANIZATION</b>
1	Reporters without borders
2	CONGAD
3	CEFOREP
4	RESOPOPDEV
5	CICODEV

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